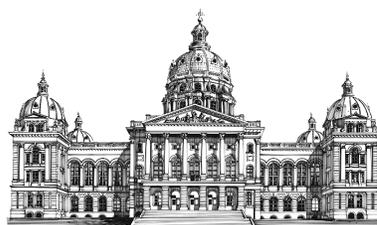

Iowa Legislative Fiscal Bureau

Dennis Prouty
(515) 281-5279
FAX 281-8451



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An Update of the Case Management Program

ISSUE

This **Issue Review** is an update of the Department of Elder Affairs' Case Management Program for Frail Elderly, including individualized client plans and impact to individuals remaining in the home.

AFFECTED AGENCIES

Department of Elder Affairs
Department of Human Services
Department of Inspections and Appeals

CODE AUTHORITY

Section 231.56, Code of Iowa

BACKGROUND

The 1986 General Assembly established a Long-term Care Coordinating Unit, which included staff from the Departments of Elder Affairs, Human Services, and Inspections and Appeals. Also, two consumer members are appointed by the Governor to the Unit. One of the responsibilities of the Unit is to develop mechanisms and procedures to implement a community-based, case-managed system of long-term care services delivery based on the use of a comprehensive assessment tool.

Initiated in 1987, with two demonstration projects in Cerro Gordo and Linn Counties, the Program is currently utilized by all 13 Area Agencies on Aging administering case management programs for the frail elderly. As of April 1, 1999, all 99 counties in the State of Iowa have a Case Management Program.

The Program is a comprehensive system in which an individual case manager monitors each client's care. The case manager assists the client in making appropriate use of the long-term care continuum. The Program has several functions, including:

- Screening
- Assessment

- Interdisciplinary case conferences
- Written care plan
- Information about, referral to, or provisions of services
- Care monitoring
- Ongoing follow-up and reassessment to assure proper placement within the service array
- Evaluation of service results
- Discharge planning

Entry into the Case Management Program occurs through the Functional Abilities Screening Evaluation (FASE). The purpose of the Evaluation is to identify persons with multiple problems or service needs and recommend participation in a comprehensive assessment of health status and functional ability through the Iowa Assessment Tool. The Iowa Assessment Tool supplies information about an individual that is needed to make long-term care decisions by projecting multiple service needs. The presence of multiple areas of partial or total dependence are indicators of the need for coordination of services and case management. A person with multiple needs is invited to participate in an interdisciplinary team staffing where an individualized care plan is developed, initial arrangements for services are made, and a case manager is appointed.

Case management services are then provided. The services include:

- Implementation of the care plan
- Regular client communication
- Advocacy on behalf of the client
- Regular communication with the client's service providers
- Monitoring of services appropriateness
- Quality and frequency of services
- Regular reassessment of the client's needs

In addition, the Federal Social Security Act authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements to cover an array of home and community-based services as an alternative to institutionalization.

The targeted population served by the Program included persons age 60 and over with potential for the following:

- Multiple or complex problems, often chronic in nature
- Multiple service needs
- Problems that are vague, poorly defined, or indicate a change in status
- Need of a personal advocate
- Circumstances exist making it difficult to remain at home
- Institutional care is being considered
- Evidence of physical or emotional abuse

CURRENT SITUATION

The following activities were reported to the Department of Elder Affairs by the 99 counties that participated during FY 1999:

FY 1999 Case Management Activities

ACTIVITY	NUMBER	NOTES
Functional Abilities Screening Evaluation (FASE)	8,712	
lowa assessment	7,509	
New clients	3,893	
New clients meeting Medicaid medical necessity criteria for intermediate level of care	2,683	69.0% of new clients
Total clients served in FY 1998	8,770	
Total active case management clients	5,578	
Program clients currently receiving Medicaid home and community-based services elderly waiver services	2,911	52.0% of active clients
DISCHARGES:		
	Number	Percent of Total
Rehabilitated/no longer need services	441	13.8%
Institutionalized	1,210	37.9%
Death	730	22.9%
Request of client	468	14.7%
Moved from area	171	5.4%
Client's needs could not be met	47	1.5%
Inactive	47	1.5%
Other	78	2.4%
Total Discharges	3,192	100.0%

Average Length of Stay in Case Management Program of Discharged Clients: 12.9 months

Range of Length of Stay of Discharged Clients: 1 month to 11 years

The typical Case Management client during FY 1999 was a 79-year-old white female, widowed, and living alone. The typical client required assistance with one or more of the following activities of daily living: feeding, dressing, grooming, bathing, toileting, and incontinence.

BUDGET IMPACT

- The FY 1999 State General Fund appropriation for the Program was \$2.6 million. In addition to the State appropriation, a total of \$6.5 million of federal funding was available for the Program as follows:

- \$6.1 million - Federal Participation (64.0%) Medicaid Expenditures for Home & Community-Based Services Elderly Waiver Clients (HCBS-EW)
- \$0.3 million - Federal participation (50.0%) Medicaid Reimbursement for Client Assessments
- \$0.1 million - Federal participation (75.0%) Medicaid Level of Care Program Data Contract
- This is an estimate of FY 1999 dollars and not the final report. The one significant change between FY 1998 and FY 1999 was the decrease in funding for the HUD Congregate Housing Services Program from \$330,000 to \$0.

The following chart illustrates the typical actual (federal and State) payment for an elderly waiver client and a nursing facility client after client participation.

STATEWIDE AVERAGE MONTHLY PAYMENT PER CLIENT

ESTIMATED FY 1999 COST DATA

Home and Community-Based Cost Per Client

\$1,692	Per Nursing Facility (Does not include payment for medical services under Title XIX, such as physicians or medications).
336	Per Home & Community-Based Services Elderly Waiver Clients Served (Waiver Services only, does not include medical services.)
\$1,356	Statewide average savings per Home & Community-Based Services Elderly Waiver client per month

STAFF CONTACT: Valerie Thacker (Ext. 15270)