

# IOWA DEPARTMENT OF ELDER AFFAIRS

Presentation to:  
Health and Human Services Joint  
Appropriations Sub Committee

January 26, 2006

Also available at:  
[www.state.ia.us/elderaffairs/](http://www.state.ia.us/elderaffairs/)

## 297\_HHS\_001 – Elder Abuse Awareness and Intervention Initiative

The Governor's Budget recommendation maintains the current funding levels for the existing Elder Abuse Initiative (EAI) projects serving 19 counties through four (4) area agencies on aging (Generations, Hawkeye Valley, Heritage, and Northwest).

**What is it?** The Elder Abuse Initiative (EAI) focuses on the prevention, intervention, detection and reporting of elder abuse, neglect and exploitation. EAI is a service delivery system created through partnerships with the Area Agencies on Aging, the county Department of Human Services (DHS), local law enforcement, county attorney's, providers, and other community stakeholders.

### Objectives include:

- Reduce incidence of elder abuse through:
  - Increased public awareness on elder abuse issues;
  - Efforts to increase the reporting and confirmation rates of reported allegations of dependent adult abuse;
  - Direct intervention when abuse or neglect does or is likely to occur;
  - Networking and coordination of community resources to respond to the needs of the at-risk targeted population;
  - Serve as a resource for case managers, physicians, law enforcement, county attorneys, DHS, domestic violence agencies and long term care facilities.

### **Past Impact:**

- FY04 data showed a 38% increase in confirmation rates in the EAI counties since the FY01 baseline, compared to the 1% decrease in confirmation rates in non-EAI counties, with a confirmation rate of 24% in EAI counties compared to 19% in non-EAI counties.

Data Analysis for FY'05 is not yet available, but in the first half of FY05, 35% of the total confirmed reports occurred in the EAI counties.

### **Expected Performance:**

Maintain the confirmation rate of 24% in EAI counties compared to 19% in non-EAI counties

### **The Cost:**

\$ 7,590 – General Fund

\$345,091 – Senior Living Trust

\$352,681 – Subtotal equals Governor's Recommendation

\$ 64,711 – Federal Older Americans Act

\$ 2,089 - Other

**\$419, 481 – Total**

## 297\_HHS\_002 - Caregivers Retention Project

The Governor's Budget recommendation continues current funding levels to maintain our contract with the Iowa CareGivers Association (ICA) to develop and support strategies to 1) recruit and retain certified nursing aides in facilities and home and community based services, thereby reducing staff turnover, promote the values to Iowa society of the caregiving occupations and 3) increase the number of people who choose professional care giving as a career.

**What is it?** The need for sufficient and trained direct care workers has been an alarming concern as Iowa's population ages. Additionally, the need for caregivers for younger persons with disabilities is a problem consistently articulated through the activities of the Task Force working on Iowa's response to the Olmstead decision.

Constant turn-over in staff, excessive use of temporary staff workers and under trained caregivers and supervisors can and often does result in serious negative medical outcomes. Provision of services to those with chronic health care needs relies heavily on knowledge of the resident. Inconsistent caregivers diminish the resident's quality of life/care by reducing the resident to merely a series of "tasks."

**Past Impact:** Surveys of providers and direct care staff show that both groups benefit from this program. When providers and direct care staff use the information provided by this program, it results in better care for consumers.

**Expected Performance: The reduction in the statewide nursing facility staff turnover ratio as calculated by the Department of Human Services**

### **The Cost:**

\$ 2,424 – General Fund

\$127,525 – Senior Living Trust

\$129,949 – Subtotal equals Governor's Recommendation

\$ 3,340 – Federal Older Americans Act

\$ 667 - Other

**\$133,956 – Total**

## 297\_HHS\_003 - National Family CareGiver Support Program

The Governor's Budget recommendation provides for current funding levels for maintenance of the existing National Family CareGiver Support Program, which provides more than a 2000% return on investment of state support.

**What is it?** The National Family CareGiver Support Program (NFCSP) was authorized by U. S. Congress through the Older Americans Act of 2000, and is based on the concept of providing support to Family CareGivers who provide the vast majority of the assistance that enables older people to live independently in their homes and communities. In 1997, 277,866 family caregivers provided 258.6 million hours of care. The value of this care equates to \$2.1 billion. Family caregivers face substantial stresses and burdens as a consequence of caregiving obligations; often adversely affecting one's physical and psychological health, current and future employment status and earning capability, ability to balance the needs of older parents and children and the ability to meet personal needs. Services that sustain a caregiver's role and maintain their emotional and physical health are an important component of any home and community-based care system which in turn can delay or defer more costly institutional care for the older adult family member.

Services include, but are not limited to the following:

- Information and assistance to family caregivers about available services and gaining access to the services
- Individual counseling, organization of support groups, and caregiver training to assist family caregivers in making decisions and solving problems
- Respite care to enable family caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services to complement the care provided by the family caregiver

**Past Impact:** The 2004 Survey of Iowa's Older American's Act Participants, showed a 94% satisfaction rate; 71% of the caregiver respondents were "very satisfied" and 23% were "somewhat satisfied" with the assistance and services they received through the Family CareGiver Program. In addition, caregivers gave high ratings to the quality of services they received as well as the services received by the care recipients.

**Expected Performance:** The maintenance target for measurement of success of the Family CareGiver Program will be to increase the number of documented caregivers served from 1930 caregivers to 2025 caregivers

### **The Cost:**

\$ 32,168 – General Fund  
\$ 33,505 – Senior Living Trust  
\$ 65,673 – Subtotal equals Governor's Recommendation

\$1,703,378 – Federal Older Americans Act

\$ 8,854 - Other

**\$1,777,905 – Total**

## 297\_HHS\_004 – Long Term Care Ombudsman/Resident Advocate Committees

The Governor's Budget recommendation provides the current funding level to maintain the activities and services of the Office of the Long Term Care Ombudsman and Resident Advocate Committees.

**What is it?** The Older Americans Act states that the Office of the State Long-Term Care Ombudsman must:

1. Identify, investigate and resolve complaints that are made by, or on behalf of, residents.
2. Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents.
3. Inform the residents about means of obtaining services provided by providers or agencies.
4. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the office to complaints.
5. Represent the interests of the residents before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the residents;
6. Provide administrative and technical assistance to entities participating in the program.
7. Analyze, comment on, and monitor the development and implementation of federal, state and local laws, regulations and other governmental policies and actions.

Iowa's Long Term Care Ombudsman's Office works to resolve complaints made by, or on behalf of, residents in nursing facilities, residential care facilities and assisted living.

The Resident Advocate committees is a volunteer based system in each health care facility that helps be the eyes and ears of the resident and brings concerns to the attention of both the facility administrative staff and to the Ombudsman office.

**Past Impact:** The regional ombudsmen assisted over 51,250 residents living in over 600 long-term care facilities and over 200 assisted living facilities and elder group homes. Preliminary federal fiscal year 2005 data show that cases up over 56% compared to federal fiscal year 2004.

**Expected Performance:** The long-term care ombudsmen will strive to maintain a complaint resolution rate of 74% and 230 facilities will resolve 60% or more of RAC identified resident issues.

### **The Cost:**

\$ 145,408 – General Fund

\$ 228,125 – Senior Living Trust

\$ 373,533 – Subtotal equals Governor's Recommendation

\$ 255,979 – Federal Older Americans Act

\$ 3,151 - Other

**\$ 632,663 – Total**

## 297\_HHS\_006 – Senior Internship Program (SIP)

The Governor's Budget recommendation provides status quo funding to maintain the older workers activity under the Senior Internship Program (SIP) which incorporates the federally funded Senior Community Service Employment Program (SCSEP).

**What is it?** The program offers the only workforce development program designed exclusively to maximize the productive contributions of a rapidly growing older population through training, retraining and community service. It provides job placement for persons 55+ and funds part-time community service jobs at public libraries, parks, and other public non profit agencies and provides lowans:

- Enhanced employment opportunities for lowans age 55+
- Substantial cost savings to public non-profit entities by providing a subsidized mature workforce, equal to a minimum of \$6,214 annually.
- Blended services in a 49 county area between the area agencies on aging and the Iowa Workforce Development and other community agencies. Program participants often provide services in their local workforce center by serving as receptionists and/or resource staff.

**Past Impact:** In fiscal year 2005 the program served 255 low income older lowans with the following characteristics:

- 10% did not complete high school
  - 19% reported a disability
  - 20% are veterans (or spouses to veteran)
  - 71% had incomes at or below the poverty level (**\$9,570 or less for one person family**)
  - 74% are female
  - 62% are age 60 and older
- 88,646** community service hours were provided during program year 2005.

**Expected Performance:** That 50% percent of participants who receive employment will remain employed for at least 6 months.

### **The Cost:**

\$ 88,079 – General Fund

\$ 24,083 – Senior Living Trust

\$ 112,162 – Subtotal equals Governor's Recommendation

\$1,159,391 – Federal Older Americans Act

\$ 6,365 - Other

**\$1,277,918 – Total**

## 297\_HHS\_007 – Healthy Aging

The Governor's Budget recommendation maintains the current funding levels in support of various Healthy Aging activities, with approximately a 2000% return on the investment of state funding on behalf of Older Iowans.

**What is it?** The Older American Act (OAA) Nutrition Program is a foundation service. Its purpose is to promote health, provide nutritious meals, decrease social isolation, and link older adults to other social and health programs, thus helping them to remain at home in the community. The OAA Nutrition Program provides congregate and home delivered meals, nutrition education, nutrition counseling, and linkages to health promotion and disease prevention programs such as physical activity. Most programs provide one meal a day, 5 days a week and provide benefits to high risk, vulnerable, low-income older adults.

Unfortunately, the congregate and home delivered meal programs have been challenged with increased food costs, increased nutrient requirements to meet the needs of older adults, and flat federal funding over the past decade. The program participants and charitable organizations have increased their contributions to offset state and federal shortages. Additional state and federal funds are needed to be able to provide the benefits of this nutrition program to the growing numbers of older adults. Currently, Area Agencies on Aging are developing procedures for waiting list for people they can not serve because of limited funding.

**Past Impact:** In FFY04, these nutrition programs served:

- 2,002,376 congregate meals & 1,402,188 home delivered meals to 61,225 older Iowans
- brought \$9,579,782 in federal funds into Iowa communities throughout the state using \$925,866 in state funds and generating \$10,532,836 in individual contributions and local funds.
- 84% of the program participants were below 185% poverty
- 74 percent of older Iowans served who had high nutrition risk documented by multiple nutrition risk assessments, maintained or improved their nutrition scores.

**Expected Performance:**

- Maintain the rate of 60yr+ persons per 1000 receiving congregate, home delivered meals or nutrition counseling: 150/1000
- Maintain or improve nutrition risk scores of 75% of participants determined to be at high nutrition risk and receiving congregate, home delivered meals or nutrition counseling.

**The Cost:**

\$ 240,221 – General Fund

\$ 222,337 – Senior Living Trust

\$ 462,558– Subtotal equals Governor's Recommendation

\$9,360,848 – Federal Older Americans Act

\$ 49,164 - Other

**\$ 9,872,570– Total**

## 297\_HHS\_008 – DEA Special Projects

The Governor's Budget recommendation maintains current funding levels to support the departments Special Projects, which offers better than a 2,000% return on investment of state funds provided.

**What is it?** The Department of Elder Affairs actively pursues and receives federal, state, foundation and private funding to pursue innovative practices, systems improvement, policy change and quality assurance issues.

**Past Impact:** Over the past few years the Department of Elder Affairs has aggressively and successfully pursued numerous competitive grants from the Robert Wood Johnson Foundation, the Department of Justice, and Center for Medicare/Medicaid and the U. S. Department of Human Services. Projects funded include the Seamless Grant [\$3 million+], Resource Center Initiative [\$800,000], Alzheimer's Disease Demonstration [\$1,712,750], the Department of Justice-Violence Against Women [\$188,815] and Performance Outcome Measures Projects [\$350,000]. However our success in attracting grant funding has taxed the departments available funding available for match [typically ranging from 10 – 50 percent] as well as those of our major partners. DEA depends upon our partners (area agencies on aging, other state departments, universities, and service providers) to provide additional dollars to match grant funds when all state funding is obligated.

**Expected Performance:** Maintain state funding to provide match for discretionary grants so that grants can be pursued that demonstrate quality assurance, improved efficiency & effectiveness, system change, and increased service delivery and service in rural areas for Iowa's 60+ . Outcome Measure: 2% of the DEA budget, or about \$830,000 will be from discretionary federal, foundation or other special grants.

### **The Cost:**

\$ 15,809 – General Fund

\$ 23,273 – Senior Living Trust

\$ 39,082 – Subtotal equals Governor's Recommendation

\$ 830,316 – Federal Older Americans Act

\$ 4,351 - Other

\$ 873,749 – Total



## 297\_HHS\_009 - Winning Compliance

The Governor's budget recommends new funding for this initiative.

### What is it?

Implementation of the "Winning Compliance" strategy will focus resources on providing to consumers information related to adult day programs, assisted living programs and elder group homes. The information provided will be accurate and easily understood by Iowa's elders, their families and other stakeholder in Iowa's long-term care system.

Public policy has been and will continue to evolve regarding Iowa's adult day service, assisted living and elder group home industries. While the concept of shared risk has been utilized for a number of years, it was formalized in 2003 statutory changes. Changes were again made to Iowa's administrative code in 2004 and again to Iowa Code in 2005.

### Objectives include:

The experience of the department has been that consumers are often uninformed and confused in a number of areas related to adult day services, assisted living and elder group homes. The objective of this budget offer is to educate elder Iowans, their families and others in:

1. Understanding that regulation in HCBS settings places responsibility on both the consumers and providers.
2. Understanding and negotiating occupancy/written agreements.
3. Understanding managed risk agreements.
4. Understanding the application of tenant landlord law and its impact on the tenant.
5. Understanding staffing requirements.
6. Understanding the scope of services each type of product provides and how each product may fit into a long-term care plan.
7. Understanding tenant/participant rights in the event of an involuntary discharge.
8. Understanding how to access specific code and administrative rule requirements.
9. Understanding which executive branch agencies has responsibility for policy, enforcement, life safety and Medicaid.
10. Understanding how to access services.

### Expected Performance:

- Development of standardized brochures and consumer oriented power point presentations related to adult day service programs, elder group homes and assisted living programs.
- Distribution of brochures and other educational materials via DEA website.
- Distribution of hard copy brochures and other educational materials to Iowa's Area Agencies on Aging and other interested stakeholders for distribution at the local level.

### The Cost:

\$ 1,592 – General Fund  
\$146,273 – Senior Living Trust  
\$147,865 – Subtotal equals Governor's Recommendation  
\$ 2,194 – Federal Older Americans Act  
\$ 438 - Other  
**\$150,497 – Total**

## 297\_HHS\_010--CASE MANAGEMENT PROGRAM FOR FRAIL ELDER (CMPFE)

The Governor's Budget recommendation maintains the current funding level of CMPFE and recommends increased funding for this program in the amount of 3 million dollars.

**What is it?** The Case Management Program for Frail Elders (CMPFE) has been providing service to lowans age 60 and older for over 18 years. Area Agencies on Aging administer the program at the local level and partner with provider and service agencies to create a support network that is vital to keeping older adults independent. Through CMPFE, thousands of older lowans have delayed expensive institutionalization and have been able to stay in their homes. The CMPFE also enables clients to maximize use of their personal financial resources by coordinating access to available services that meet their unique personal situation.

Case management is operationally defined as: *“Activities undertaken by a qualified case manager to help an older adult gain access to needed medical, social, and other appropriate services.”* Case management activities include initial screening to determine if the client would benefit from case management, identification of the client's needs and supports, development of a service plan to address those needs, contacting providers and setting up services, and on-going monitoring of the services.

**Past Impact:** In SFY 05, 13,164 lowans were served through the case management program. On average, there were 9,463 active clients per month, 75.5% of whom were Medicaid recipients.

### Current CMPFE System

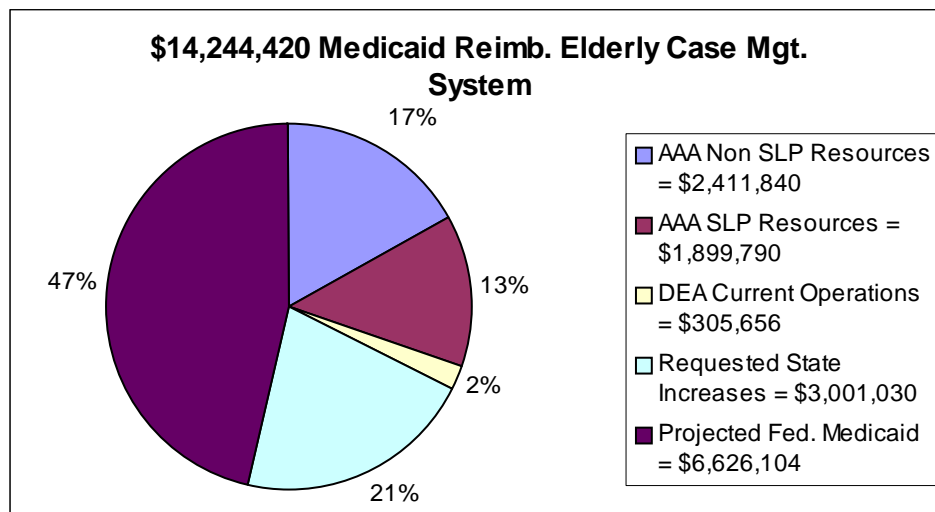
The current CMPFE is supported by federal, state, and local resources.

Total CMPFE existing funding: (Includes Older Americans Act, state general funds, SLP, other local funds, and Medicaid Assessment reimbursement)	\$5,100,883
Actual Expenditures per client per month (based upon number of active clients and total funding)	\$44.93
Value of donated case management time per client per month	\$34.39
<b>Total case management resources per client per month</b>	<b>\$79.32</b>

### Proposed CMPFE System

The following graph illustrates the composition of the funds for CMPFE, including the additional state funds being requested and the amount of federal matching Medicaid funds. This graph does not include funds used to provide other direct services such as home health, transportation, meals, etc. that are coordinated by the case manager.

## Proposed CMPFE Funding



Based upon the estimated costs of the enhanced CMPFE system, the average cost per client per month is \$113.58. (estimate based upon service to 10,115 clients per month). This represents a \$34.26 increase in cost per client per month in addition to the \$34.39 per client per month needed to purchase previously donated services. The value received for the increased cost is outlined below.

### **I. Improved Services for CMPFE Clients**

Additional funding for case management services will enhance services to clients and solidify the operational foundation of this vital program. Some changes will impact the client directly, specifically:

- + **More frequent client contact based on client need.** The current system frequently relies on the client to initiate contact with the case manager. Too often clients may be reluctant to call or don't want to "bother" someone else even when they need help. Under the proposed program structure, case managers, who are knowledgeable about available community services, would initiate more frequent contact with the client.
- + **More concentrated client contact related to needs and services.** Over 69% of current CMPFE clients receive case management assistance from someone whose primary function is to provide another service, such as home health nursing. Utilizing staff whose sole responsibility is case management will improve service delivery and allow for longer visits and greater focus on the client's total situation and individual service plan.

- + **Enhanced focus on prevention of escalation of existing problems.** Increased time with the client will result in efforts to implement interventions that reduce the need for more costly health and medical treatments, as well as delay in need for more costly institutional care.

## **II. Increased Operational Support**

Other programmatic changes will serve to make the program more consistent, operationally efficient, and in compliance with CMS/DHS requirements. Specifically included are:

- + **Creating client-specific tracking and billing systems to submit and process claims for services.** There currently is no system in place to generate claims for each client on a monthly basis. With 10,115 clients served each month, this represents a significant addition to current financial operations.
- + **Increased efficiencies through utilization of Seamless technology.** Further programming of Seamless will facilitate information exchanges, more opportunities for producing information for program decision-making, and enable greater supervision of case management activity.
- + **Funding time for case management staff to meet CMS requirements related to documentation of services provided.** The case management staff will utilize the Seamless system for documentation of necessary data and activities of the coordination of services to support the client in their home.
- + **Enhanced quality assurance activities** such as developing a more formalized structure to generate client input on case management services, expanded file reviews, more frequent compliance reviews, and analysis of data to identify patterns, trends, and service issues.
- + **Other Related Costs.** Other related costs include technology support, equipment purchase and repair, and depreciation.

### **Case Study Comparison of Current and Proposed Case Management Model**

*The following case example demonstrates how the proposed case management model is different from the existing model as it relates to direct client intervention and assistance.*

Ruth was admitted into the Case Management Program for Frail Elders and determined eligible for the Medicaid Elderly Waiver program in December. She lives alone, has multiple health concerns but is determined to live in her own home as long as possible. The following is a 3-month chronology of activity comparing case management intervention based on operations as currently funded and case management intervention under an enhanced model.

## **December:**

Ruth's Service Plan is developed and put into place in late December. Services are:

- Home Delivered Meals– 5x/week through Mom's Meals;
- Emergency Response System provided by the local hospital;
- Homemaker Services – 1x/week through ABC Home Health Services.
- Transportation to the grocery store - 2x/month provided by Ruth's neighbor. Her neighbor also brings her dinner every Sunday.

Two weeks after the plan is in place, the case manager calls Ruth to check that the services are being delivered per the plan. The case manager tells Ruth to call if she has any problems.

## **January:**

During the month of January, Ruth falls on two separate occasions during the night when she gets out of bed to go to the bathroom. She sustains bruises but no serious injuries.

**Current case management model:** Case manager contact during the month is unlikely unless initiated by Ruth or a concern is expressed by a service provider to the case manager.

**Enhanced case management model:** The case manager calls Ruth during the month to check with her about how things are going with the services. Ruth tells her that she has fallen twice during the past few weeks and that this is making her very fearful. The case manager questions Ruth about the circumstances that lead to the falls and then suggests that a grab bar might help her sustain her balance when she gets up at night. The case manager stops by Ruth's home and they discuss adding a grab bar. Ruth agrees that it would help. The case manager revises the service plan to add the grab bar and contacts the provider to install one.

## **February:**

In February, Ruth goes to the doctor because her shoulder is bothering her and she is concerned that something happened to it when she fell. The exam shows no long term injury. As part of the routine examination, the doctor checks Ruth's blood pressure and suggests Ruth reduce her salt intake as a way to help with her elevated blood pressure.

**Current case management model:** Case manager contact during the month is unlikely unless initiated by Ruth or a concern is expressed by a service provider to the case manager.

**Enhanced case management model:** The case manager calls Ruth to see if the grab bar is helping. Ruth tells the case manager about the visit with the doctor and also the doctor's comment about salt intake. The case manager asks Ruth if she would be interesting in trying the low-salt menu available through Mom's Meals. Ruth agrees to try it for a few weeks. The case manager revises the service plan and contacts Mom's Meals to revise Ruth's order.

**March:**

No changes in Ruth's physical status or home situation.

**Current case management model:** The case manager visits Ruth in her home for the quarterly visit. The visit lasts about 15 minutes. The case manager hears about Ruth's falls in January. The case manager suggests a grab bar for the bed. Ruth agrees to the grab bar and the case manager revises the service plan. Ruth forgets to tell the case manager about the doctor's recommendation that Ruth reduce her salt intake. No other changes to the plan.

**Enhanced case management model:** The case manager visits Ruth in her home for the quarterly visit. The visit lasts about 40 minutes. They review each service being provided. When the case manager asks about going to the store with the neighbor, Ruth mentions that her neighbor is going to Arizona for two months to stay with her son. The case manager discusses transportation options available to Ruth during her neighbor's absence. She also suggests adding another Mom's Meal to replace the Sunday meal provided by the neighbor. Ruth decides to think about it for awhile. The case manager will call her next week.

## 297\_HHS\_011 - Home & Community Based Services and Community Supports

The Governor's Budget recommendation maintains the current funding levels to support the numerous programs and activities.

**What is it?** Programs and services which keep elder lowans out of institutions and allowing them choice of options to live independently and receive services in the their own homes and communities through safe, quality, cost effective home and community based services. These types of Home and Community Based Services are nationally recognized as cost effective mechanisms for helping delay or avoid institutionalization and re-balancing the long tern care system, which in turn slows the growth of related Medicaid funding.

Working in partnership with the area agencies on aging (AAA's) and their community partners, we plan, coordinate, implement, fund and monitor a wide range of services that allow older lowans to remain living independently. The array of services provided include: Homemaker, chore, respite, adult day, transportation, personal care, emergency response systems, medication management and many other services all of which are provided above and beyond services provided under the elderly waiver; in most cases prior to the individual older lowan becoming eligible for Medicaid, therefore delaying that eligibility and expense.

**Past Impact:** Over 100,000 older lowans received services under the full array of services.

**Expected Performance:** Maintain the rate per 1000 of elder lowans who access one or more home and community based services. Preliminary FY'05 data shows that to be 180/1000, or approximately 100,000 older lowans. Please note that because of rising costs and the increased severity of frailty, maintenance of the current number of clients is a major challenge.

### **The Cost:**

\$ 734,163 – General Fund

\$ 7,003,914 – Senior Living Trust

\$ 7,738,077 – Subtotal equals Governor's Recommendation

\$ 4,211,930 – Federal Older Americans Act

\$ 187,787 - Other

\$12,137,794 – Total

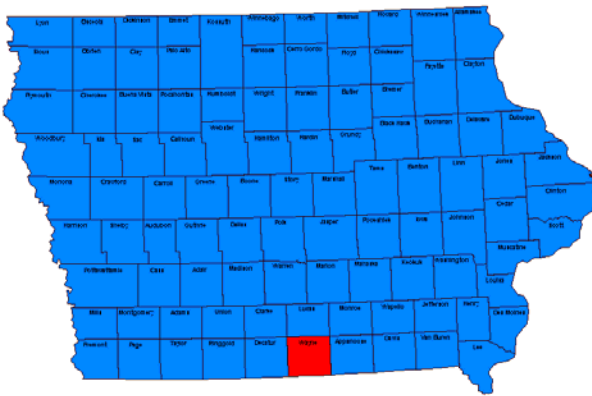
# Iowa Department of Elder Affairs

## Iowa's Graying Population by County

Data and projections from Woods & Pool Economics, Inc.

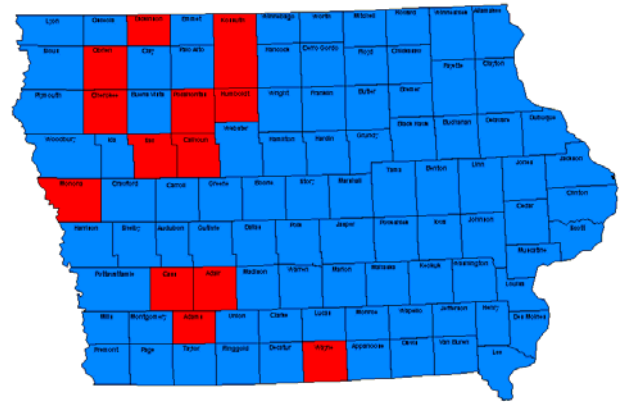
More residents by age:  
**Blue** = more age 17 and under  
**Red** = more age 65 and over

**2000**



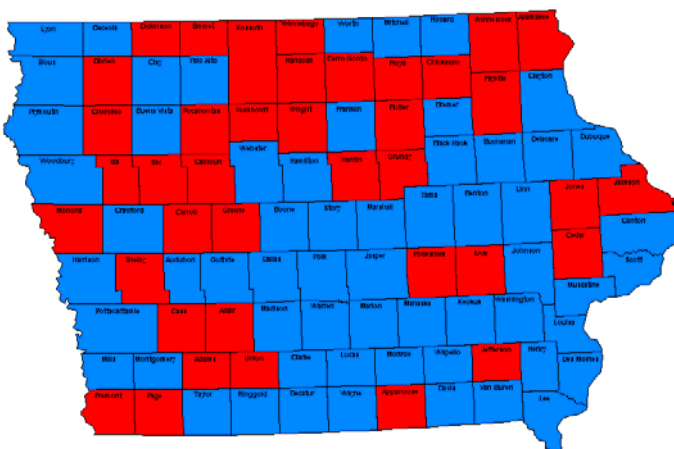
1 out of 99

**2010**



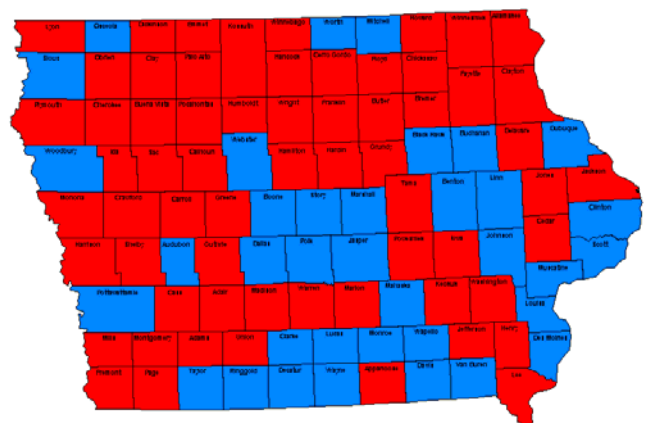
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**2020**



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**2030**



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# Iowa Department of Elder Affairs

## FY 2006 Funding Resources

