

2011 Program Report Card: CT Home Care Program For the Elderly (DSS – Alternate Care Unit)

Quality of Life Result: CT elders live with dignity in the setting of their choosing.

Contribution to the Result: The CT Home Care Program for Elders (CHCPE) builds flexible service plans that address the changing needs of an aging population of varying economic means; enabling them to continue to reside in the community. The people served by CHCPE require assistance with both personal care needs such as bathing, dressing, toileting, and eating, as well as, household management needs such as shopping, cleaning, laundry, cooking, and transportation. These needs are met via Care Management Services, Adult Day Health Services, Companion Services, Home Delivered Meals, Homemaker Services, Assisted Living Services, and Personal Care Attendant Services.

Total Program Funding SFY 2010: \$265,902,110
SFY 2011: \$273,605,908

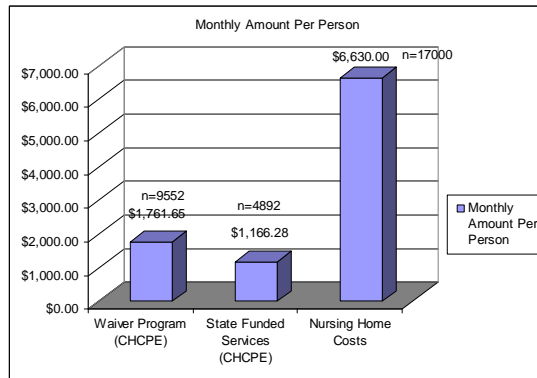
State Funding: \$143,552,953
State Funding: \$146,366,411

Federal Funding: \$122,349,157
Federal Funding: \$127,239,497

Partners: Access Agencies, Provider Communities and Home Care Advisory Committee, Long Term Care Planning Committee, families, advocates, Hospitals, Nursing Homes, other state agencies such as DSS and DMHAS

Performance Measure 1:

Per capita cost to program as opposed to per capita cost of nursing home care.



Story behind the baseline:

All of the Medicaid Waiver program participants, as well as approximately half of the state funded clients, meet Connecticut medical necessity criteria for nursing home level of care. Home Care Program services for these individuals costs the state less than a third of the cost of nursing home care. In comparing the per capita cost of program participants to projected costs of LTC for the same number of participants for the same number of months, the program costs show a

cost savings of up to \$864,028,900 in SFY 2010. There is no waiting list for this program. Implementation of the cost sharing requirement for the state funded program effective January 1, 2010 has resulted in the loss of nearly 500 clients.

Proposed actions to turn the curve:

The goals for the program in the next year are:

- To improve cost effectiveness and contain costs through the utilization review process
- To enhance our Quality Assurance/Improvement functions
- To provide training around person centered planning, care plan development and service utilization

Performance Measure 2:

Percent of client records reviewed that provided evidence that the client was afforded choice between community services and institutionalization, informed of the availability and variety of service types and providers, and informed of their right to receive quality care. The Alternate Care Unit completes record audits of the Access Agency's clinical records on a rotating basis among the five providers. The following chart identifies the number and percent of records reviewed that met this performance measure. This measure is one of many contract deliverables for the program.

	2008	2009	2010
	North Central Region	Eastern Region	Northwest Region
Number	20 of 25	13 of 15	26 of 27
Percent	80%	87%	96%

Story behind the baseline:

This supports the foundational philosophy that all CT residents have the right to self determination and choice, allowing all, including those living with disability, to self direct. We complete at least one record audit per fiscal year on a rotating basis.

Proposed actions to turn the curve:

We intend to build a data base to track and trend record audit results. We have also developed a supervisory record review tool for the Access Agencies. This expands the audit capacity beyond what Alternate Care Unit staff is able to accomplish. The data is compiled and forwarded to Alternate Care on a quarterly basis. This data is being analyzed for trends and potential remediation. Our intention is to increase the frequency of on site record audits in the current fiscal year to expand the baseline data.

2011 Program Report Card: CT Home Care Program For the Elderly (DSS – Alternate Care Unit)

Performance Measure 3:

Number of serious incident reports that are reported to the ACU Nurse consultant.

Year	2008	2009	2010
# of Participants	14139	14756	14444
# of Critical Incident Reports	45	49	39

Story behind the baseline:

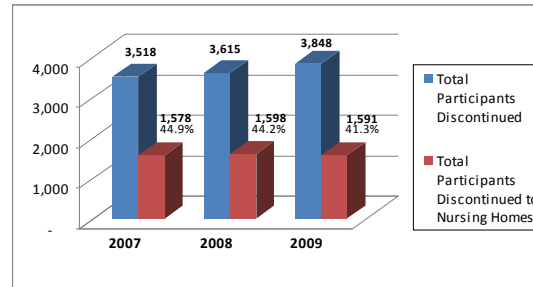
One of the primary goals of CHCPE is to provide for a safe plan to enable CT residents to remain in the community. One of the assurances that states make to CMS when they are operating a waiver is that the health and safety needs of clients are addressed and protected. CHCPE has worked to develop service plans that meet needs while allowing for clients to live as independently as possible, relying on the community supports that naturally exist around them. The number of incident reports demonstrates that CHCPE has found a way to provide SAFE, cost effective service plans.

Proposed actions to turn the curve:

Continue to utilize existing resources while developing service plans that meet the identified needs of clients. It is a goal of the Alternate Care Unit to utilize a web based system for tracking critical incidents similar to the system that was developed for the Money Follows the Person demonstration. The definition of a critical incident is being expanded. An electronic data base will facilitate analysis of the data for trends and remediation. Until the electronic data base is developed, Alternate Care has developed a critical incident reporting form and a data base to capture and analyze the reports.

Performance Measure 4:

Number of clients who have been discontinued from program and placed in nursing homes.



Story behind the baseline:

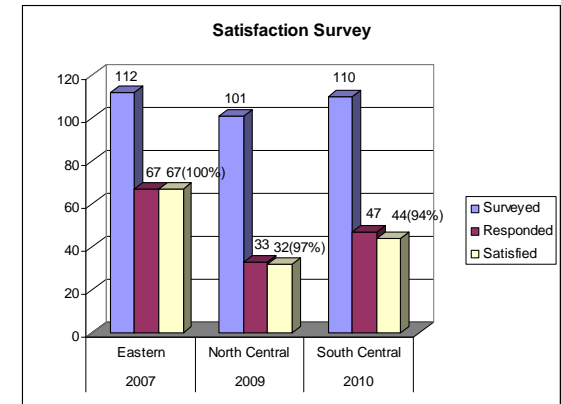
In preparation for the renewal of the Medicaid Waiver portion of the Home Care Program, the Alternate Care Unit identified the need to evaluate the program to identify potential gaps or shortcomings that could be addressed in the renewal. A study conducted by the UCONN Health Center reflected that the addition of a personal care assistant service could address a recurrent and major impediment to keeping clients in the community. The study's conclusions noted that "Making PCA services available not only would address one of the most severe unmet needs (lack of evening/weekend care), it would also respond to the preferences of family members to remain at home as caregivers."

Proposed actions to turn the curve:

Federal approval was received on August 9, 2010 to offer PCA services as a Medicaid Waiver Service to qualifying CHCPE participants. This is expected to reduce the incidence of discontinuances from the program due to placement in a nursing home. We will track and trend the data on discharging Home Care Program clients to nursing homes and monitor the average cost per client to evaluate the effectiveness of this intervention.

Performance Measure 5:

Number and percent of clients expressing satisfaction of services provided.



Story behind the baseline:

The Quality of Life Result that "CT elders live with dignity in the setting of their choosing" is accomplished when a CHCPE client expresses satisfaction with the services rendered allowing them to live in the community. It is also the Department's goal to provide quality services to our frail elders. This is one of many measures captured in the client satisfaction surveys conducted by both the Access Agencies and the Department. Questions regarding satisfaction with specific services allow us to identify areas that might require improvement.

Proposed actions to turn the curve:

Data needs to be trended to identify the need for remediation. This is part of the Alternate Care Unit's overall Quality Assurance/Improvement Plan. We are exploring the possibility of implementing a performance reporting process with the Access Agencies to maintain or improve quality outcomes.