

# 2013 Program Report Card: CT Home Care Program for Elders (CHCPE), Department of Social Services

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

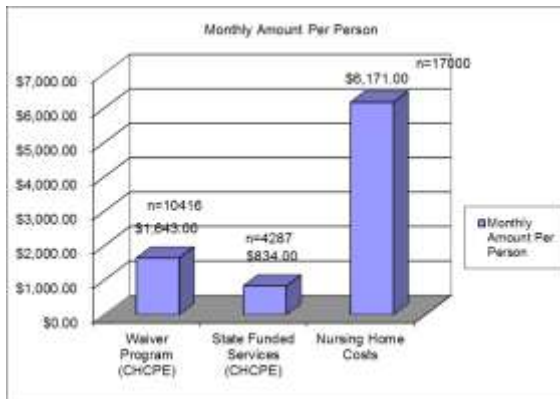
Contribution to the Result:

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	\$155,857,412	\$108,248,911		264,106,323
Estimated FY 13	\$165,774,242	\$120,875,072		286,649,314

Partners: Access Agencies, Home and Community-Based Service Providers, Home Health Agencies, Hospitals, Nursing Homes, Area Agencies on Aging, Home Care Advisory Committee, Long Term Care Planning Committee, families, advocates, other state agencies such as DMHAS and DDS

## How Much Did We Do?

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 cost 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 \$732 million in SFY 2012. There is no waiting list for this program. The cost sharing requirements for the state funded program increased from 6% to 7% effective July 1, 2011.

**Trend:** Cost savings projections have been consistent in this program.

## How Well Did We Do It?

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.

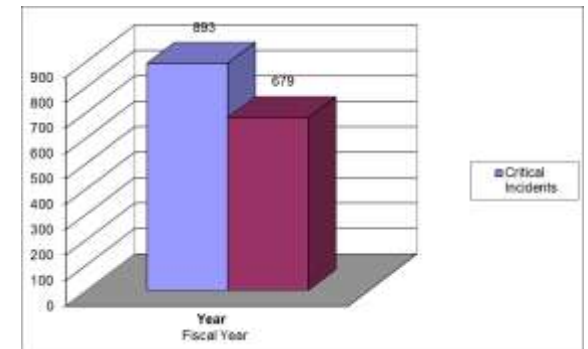
	Nov 2011	Mar 2012	May 2012	Sept 2011	Aug 2011
	North Central Region	Eastern Region	NW Region	SW Region	South Central Region
<b>Number</b>	25 of 25	24 of 25	25 of 25	25 of 25	25 of 25
<b>Percent</b>	100%	96%	100%	100%	100%

**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 a disability, to self direct. We complete record audits on average of one per quarter on a rotating basis.

**Trend:** Alternate Care staff has increased the frequency of record audits. The data indicate that elders have been afforded choice in their long term care options. Performance on this indicator demonstrates improvement since the last report card.

## Is Anyone Better Off?

Number of serious incident reports that are reported to the Alternate Care Unit clinical staff.



**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 client needs while allowing clients to

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live as independently as possible, relying on the community supports that naturally exist around them.

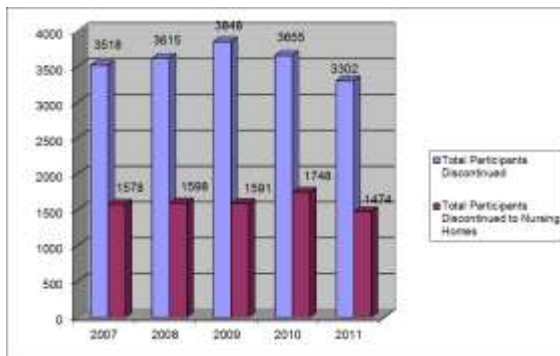
**Trend:** The definition of a critical incident has been expanded. The most reported incident is the number of participants with four or more Emergency Department visits and/or hospital admissions in a six-month period. This accounts for 76% of the reported critical incidents. The general increase in reported incidents is also attributable to increased reporting requirements. Until the electronic data base is developed, the Alternate Care Unit has developed a critical incident reporting form and an database to capture and analyze the reports.

### Proposed Actions to Turn the Curve:

The initiation of a web-based critical incident reporting system is on schedule for a March 2013 implementation.

### Is Anyone Better Off?

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



**Story behind the baseline:** For SFY 12 it appears that there has been a decrease in the number of participants discharged from the program overall and several hundred less clients were discharged to nursing homes. Further research as to whether the length of stay in nursing homes is different for these clients might yield some beneficial data.

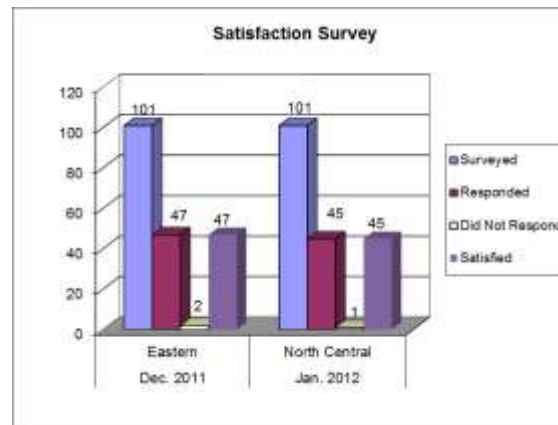
### Proposed Actions to Turn the Curve:

We will continue to track and trend these data to assess the impact of programmatic changes on program participants. Further research and additional data appear to be needed.

**Trend:** A minimal decrease in the number of persons discharged from the home care program to nursing homes.

### Is Anyone Better Off?

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. Two regions were surveyed in SFY 2012. A total of 101 surveys were mailed out in each region.

### 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 implemented a performance reporting process with the Access Agencies to maintain or improve quality outcomes. We continue to follow up with clients who express dissatisfaction if they indicate a desire to be contacted.

**Trend:** Overall participants continue to be satisfied with the services received under the home care program.

### Data Development Agenda:

We are targeting March of 2013 to implement a web-based application system and database to more efficiently capture data on the 15,000 program participants. This will allow for enhanced tracking of trends in our program and a better analysis of meeting program performance measures.