

# 2012 Program Report Card: CT Home Care Program for Elders, Department of Social Services

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

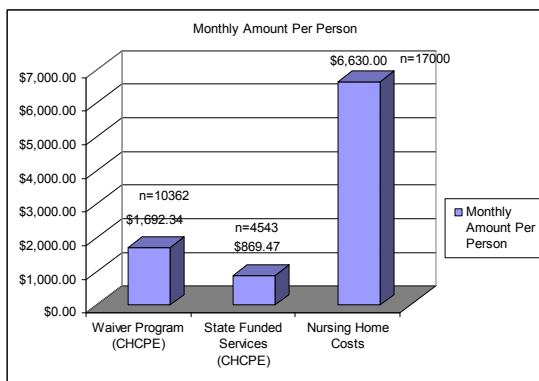
*Contribution to the Result:* [Insert Contribution]

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 11	132,463,740	125,361,459		257,825,199
Estimated FY 12	155,505,220	107,377,054		262,882,274

*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 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 \$805 million in SFY 2011. 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.

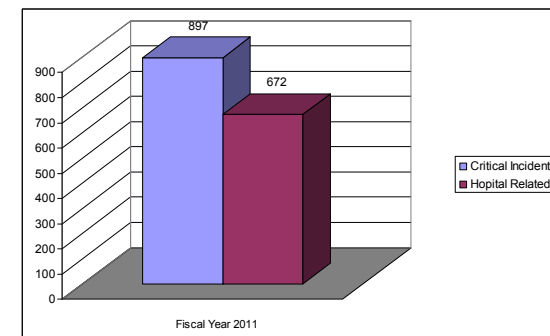
	Jan 2011	Mar 2011	May 2011	Dec 2010	Sept 2010
	North Central Region	Eastern Region	NW Region	SW Region	South Central Region
<b>Number</b>	25 of 25	25 of 25	23 of 25	14 of 15	23 of 25
<b>Percent</b>	100%	100%	92%	93%	92%

**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 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.

## 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 needs while allowing for clients to 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

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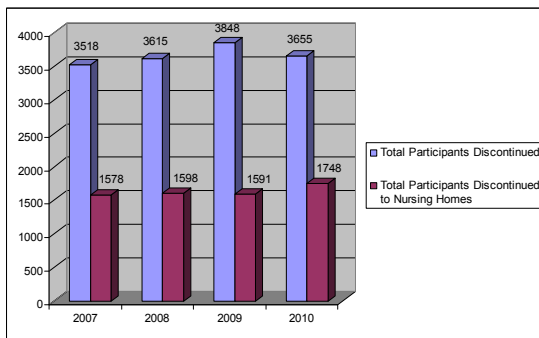
Department visits and/or hospital admissions in a six month period. This accounts for 75% of the reported critical incidents. The general increase in reported incidents is also attributable to increased reporting requirements. Until the electronic data base is developed, the Alternate Care Unit has developed a critical incident reporting form and an access database to capture and analyze the reports.

### Proposed Actions to Turn the Curve:

**It is still our intention to utilize a web-based reporting system for critical incidents and to identify system level remediation to improve the outcomes.**

### Is anyone better off?

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



### Story behind the baseline:

For SFY 11 it does not appear that programmatic changes such as adding Personal Care Assistants have impacted the percent of clients who are discharged to nursing homes. It does raise more questions particularly as to whether the length of

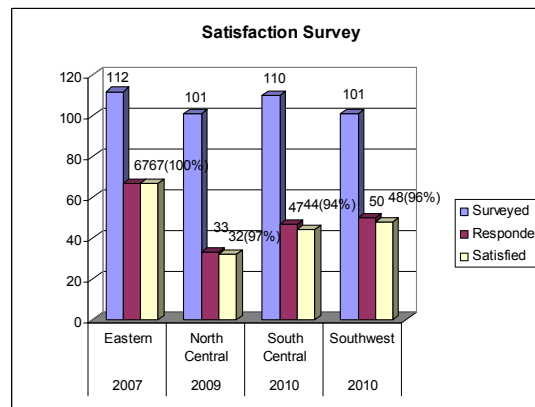
stay of Connecticut Home Care clients is shorter than other nursing home residents.

**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 appears to be needed.**

**Trend: No decrease in the percent of clients discharged to nursing homes was accomplished by the addition of services under the home care program.**

### 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.

### 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.

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

### Data Development Agenda:

**We hope to develop 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.**