

Moving Forward

The Critical Role of Access Agency Care Management



Complex Care Committee

Legislative Office Building

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Presented by:

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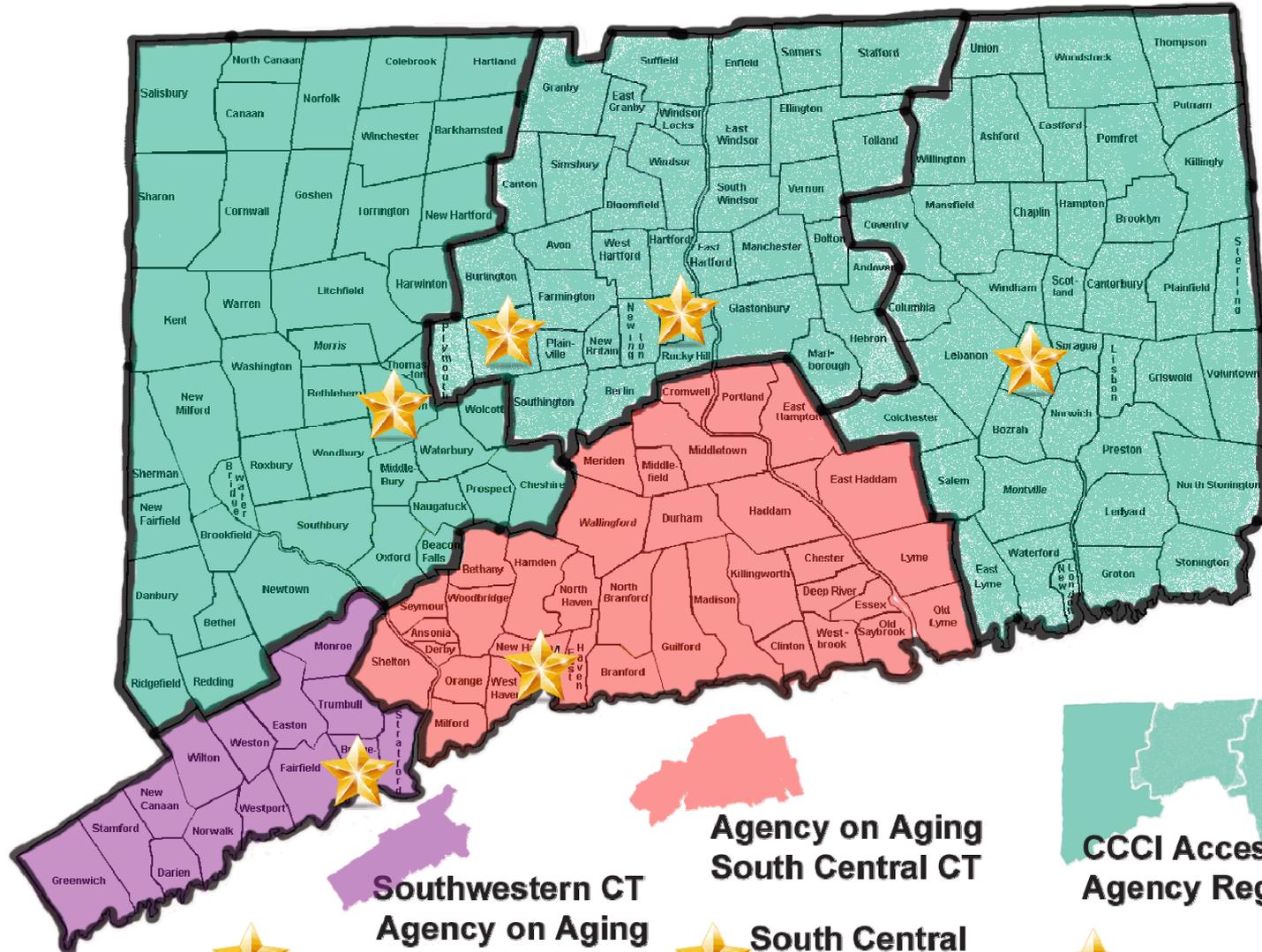
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Where We've Been

- Connecticut pioneered both the concept and practical application of unbiased and objective “conflict-free” care management
- Since 1974, the Connecticut Home Care Program for Elders (CHCPE) and its predecessors have provided a community-based alternative for older adults at risk of premature or unnecessary nursing home care
- The Access Agencies embraced person-centered planning before the term was coined - care managers work with individuals to maximize independence and to maintain dignity
- In 2007, CHCP expanded to include a pilot program for younger individuals with disabilities (age 18-64)
- In 2008, expanded again to include services for those wishing to return to the community from a nursing home environment under Money Follows the Person (MFP) program

Where We Are



 **Southwestern CT Office**

 **South Central CT Office**

 **CCCI Offices**


**Agency on Aging
South Central CT**


**CCCI Access
Agency Regions**

Who We Are

- Not-for-Profit, board-governed, constituent-advised health and social service organizations
- Community-based: local, known to and familiar with the communities served
- Access Agencies selected through rigorous, competitive bidding process: enrolled in good standing through the CT Medical Assistance Program (CMAP)
- Responsible for vetting, oversight and audit of more than 300 provider/subcontractors
- Cost savings to the State and its taxpayers; in 2010, \$106,946,882 in savings generated as a result of reduced nursing facility utilization (source: Home Care at a Glance SFY 2010 Annual Report)

Who We Are

Care Management Staff

- 200 highly qualified, dedicated staff
 - 29 Registered Nurses, 17 LCSW, 75 MSW & 50 Certified Care Managers
 - 118 Bachelor's and 7 related Master's Degrees
 - 16 languages including American Sign available on staff
- Rigorous training & orientation program
- 24/7 availability of highly qualified support
- Significant role in the success of Money Follows the Person
 - people in skilled nursing facilities want are going home in increasing numbers
 - Through our experience and community knowledge, we are working well with individuals who want to transition back to the community

What We Do



What We Do

Care Managers (licensed nurses and social workers and other social service professionals with advanced clinical and care management skills):

- respect individuals' choice and work with them to identify needs and achieve their goals
- provide an objective and holistic approach to care, assessing the seven domains: health, functional performance, behavior/emotion, cognition, environment, social supports, financial
- work with individuals and their loved ones to develop a person-centered plan of care that fosters independence
- are knowledgeable regarding community resources & options; guiding people through the health care maze and linking them to vital services
- are flexible and adapt to constantly changing situations

What We Do (continued)

Care Managers:

- provide at a minimum monthly monitoring contact, bi-annual home visits and annual reassessments using a standardized assessment tool to achieve quality, cost-effective outcomes
- are available 24 hours/7 days a week
- cultivate partnerships in the community for greater impact
 - Aging and Disability Resource Centers/Networks,
 - CMS/AoA Care Transitions Initiatives
- advocate on the individual and long-term care system level for access to quality care
- focus on the big picture taking the whole person into consideration

Who We Serve

- 10,362 Medicaid eligible people at nursing home level of care
- 4,179 with income slightly above 200% of poverty or more than maximum \$1,600 assets
- 43 CHCP adults with disabilities (degenerative neurological conditions)
- 74% female; average 85 years old; 56% live alone
- 37% diabetes; 31% heart disease; 24% Alzheimer's; 13% stroke, 74% report co-occurring arthritis

Participation data as of January 31, 2012; profile data from SFY 2010 Annual Report

Care Management...



...where the rubber meets the road.