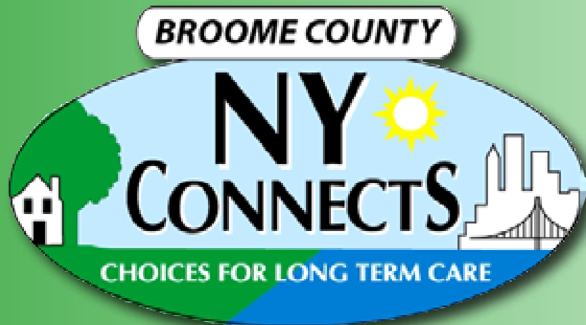
Broome County CASA



Annual Report 2011

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CASA PROGRAM COORDINATOR'S MESSAGE

TO: County Executive Debra Preston

On behalf of the staff of Broome County CASA and the residents of Broome County we serve, it is my pleasure to present the 2011 Annual Report.

CASA has always been about change. We are a resilient agency with resilient staff. In May 2011 our Clinical Nurse Supervisor of 10 years, Diane LeFever, took a medical retirement. Our Director of 20 years, Michelle Berry, also took a medical retirement in May 2011 and later died in August of the same year. We had a nurse leave to return to college to further her education. One of our nurses transferred to another department and another nurse suffered an injury and went out on compensation. One of our keyboard secretaries, Bonnie Quarella, took a medical retirement in September 2011. These were huge losses and changes for CASA, but we have persevered. Our staff at CASA has over 372 years of nursing experience, 51 years of case worker experience, 102 years of secretarial experience and our Management Associate has 25 years of experience. This is a tremendous amount of knowledge for one agency to have. I feel very blessed to have such a qualified group of individuals working with me. All of these staffing changes have caused us to make frequent caseload reassignments which can be stressful for the staff. If it were not for the dedicated, hardworking staff at CASA pulling together we would not have been able to withstand these changes and staff shortages. To all of our CASA staff I convey a gigantic *"Thank You!"*

2011 also brought us the Medicaid Redesign Team (MRT) and Managed Medicaid. The Medicaid Redesign Team is a group of individuals appointed by Governor Cuomo to totally redesign the way New York State provides Medicaid services. Many of the members of the MRT come from insurance companies. New York wants to get away from "fee for service" which can be expensive and develop a more economic choice for Medicaid clients. On September 1, 2011, CASA transitioned 28 of our Medicaid-only Personal Care Aide clients to Managed Medicaid Organizations (MCO). The Governor feels these organizations can do a better job of authorizing and managing services for a capitated rate per client. CASA was not successful in obtaining contracts with any Managed Medicaid Organizations. The nursing assessments CASA completed for the Personal Care Medicaid-only clients were transferred to the Licensed Agencies that were successful in obtaining contracts with the MCOs. Over the next two to three years the MRT's plan is to transition all Medicaid programs to Managed Care.

September 2011 brought a devastating flood to the Southern Tier as well. This was the area's second flood in five years. CASA was assigned the task of discharge planning for over 100 flood victims housed on the Medical Unit at Binghamton University. When the Red Cross saw the work that our staff performed, they started bringing some of their clients to us for assessments. CASA staff spent many hours at Binghamton University assessing clients and determining the proper level of care for them. We worked closely with the Office for Aging staff and the Department of Social Services (DSS) staff to find a temporary home for these displaced clients where they could receive the care they required. DSS was assigned the task of determining payment. I authorized our clients who were at Binghamton University to continue to receive their homecare services, after all, this was their temporary home for a couple of weeks. When the Binghamton University shelter was closed some of the clients were transferred to Broome Developmental Center (BDC) temporary housing. From the BDC housing many individuals went home with their family and some moved to Family Type Homes. Whether they were with family or in a Family Type Home our clients continued to receive their homecare as needed. CASA staff had to re-write care plans as clients could receive only the care that was not provided at their temporary locations. I later heard from other counties that their residents were not allowed to receive homecare services at their shelters. One evening I volunteered at the BU West Gym providing hands on care to the medical clients. I also worked closely with Broome Security to help plan the logistics of the temporary housing at BDC. CASA completed level of care evaluations and determined who could move there and who could manage at a lower level of care.

In the fall of 2011 Gentiva Health Care closed their licensed agency in Broome and Chenango Counties. This meant the loss of another Personal Care provider in our community. A few years earlier Americare closed their licensed agency causing a shortage of aides. In December 2011 Gentiva closed their Certified Home Healthcare Agency in Broome and Chenango Counties. This now leaves our community with only two Certified Agencies.

CASA continues to see a great need for our services. We also continue to see a large number of disabled individuals who are less than 60 years of age. Obesity remains a main contributor to disability. Diabetes, heart disease and mental health disorders remain primary diagnoses for our clients. The Medicaid Redesign Team has recommended the development of Health Homes to serve clients with Mental and Behavioral Health problems. A Health Home is not a physical structure, it is a group of agencies and various types of providers joining together to provide care to clients with chronic Medical and Mental or Behavioral Health diagnoses. This population can be very difficult to serve. CASA has been invited to participate and is actively involved in the planning meetings for the Health Home models in Broome County.

CASA staff is continually challenged to assist some of the most vulnerable residents of Broome County. We strive to keep clients as independent as possible and to live with as much dignity as possible wherever they call home. Broome County CASA has a statewide reputation for long term care service delivery at the most economical cost to the tax payer.

Respectfully submitted,

Barbara M. Travis

IN MEMORIAM – MICHELLE M. BERRY

On August 21, 2011, our beloved CASA Director of 20 years, Michelle M. Berry, passed from our lives to Heaven.

Michelle fought a yearlong battle with brain cancer. From the time she was diagnosed in August 2010 to the time of her death she continued to teach all of us. Even in death, Michelle decided she could still be a teacher by donating her body to SUNY Upstate Medical Center. She was very open about her diagnosis and kept everyone updated on CaringBridge, a web based site for cancer patients. Michelle knew so many people all over the world and CaringBridge was a way for her to keep in touch with all of her friends, family, coworkers and professional contacts. It was incredible to see the outpouring of love for Michelle and her family.

During her illness Michelle continued to be a part of CASA. I met with her frequently to discuss work and the best way to handle projects or agency concerns.

Michelle was a strong, influential woman who fought for what she believed in – and she believed in this community we all call home. She was a compelling proponent for long term care services in our community and all of New York State. She sat on many state committees for Long Term Care Reform and was the President of the New York State CASA Association for several years. She coauthored the "*CASA White Papers*" which was presented to the former Governor Patterson and the state legislature. The feather in her cap at CASA was the development of the Nursing Home to Community Program. This program was the first of its kind in the United States and has become the model for similar programs throughout the country. Michelle was also instrumental in writing and receiving many grants for CASA and the Office for Aging.

Michelle was a business woman who received her Bachelor's degree in Social Work from SUNY Plattsburgh and her MBA from Binghamton University. She co-taught a Human Services course at Broome Community College, but foremost Michelle was a Social Worker at heart! She would give anyone a chance. We all miss Michelle very much.

Namaste Michelle!

Restructuring Medicaid Home Care in New York State - 2011

With the election of Governor Cuomo came a change in plans for Medicaid in New York State. The demonstration program of private assessment centers suggested by Governor Patterson was scrapped. Governor Cuomo appointed a Medicaid Redesign Team (MRT). Managed Medicaid Programs were recommended in an effort to save Medicaid dollars. The first program recommended for change was the Personal Care Aide (PCA) Program. The first change for CASA was the change in the management of the PCA Program. On September 1, 2011, CASA transitioned 28 Medicaid-only personal care clients to the Managed Medicaid Organizations (MCO). Excellus, Fidelis, and CDPHP began operating in Broome County and have contracted with licensed agencies to do the nursing assessments that CASA had previously completed for PCA recipients.

To improve management and health outcomes of the Medicaid clients with chronic medical, mental health or behavioral health diagnoses, the MRT is proposing the development of Health Homes. This is not another institution or a group of homes, but a partnership between a Hospital System and Homecare Partners working together to serve clients with diagnoses which have been hard to manage in the past. There will be a Care Coordination Model. All partners will meet on a regular basis to discuss cases and to make recommendations for improvements with client compliance. CASA may have the opportunity to become one of the partners in this program.

Over the next two to four years the MRT is proposing moving the rest of the Medicaid programs to Managed Care. Even Medicaid-only clients in nursing homes are proposed to come under Managed Care. These are mandatory transitions and clients will be able to choose which MCO they want. We will see an end to the current "fee for service" structure. The MCOs will be given a capitated rate to provide all services for the Medicaid population and these services will then become benefits of the plans.

The Governor has proposed taking control of Medicaid away from the counties and giving the control back to the state. However, with the cuts that have been made to state employees it will remain to be seen how they will be able to manage the additional work load. Those of us who have been involved in health care as medical professionals since the 1990's are trying to remain optimistic about this change. We have memories of Managed Medicaid coming to town and leaving after a couple of years. For the clients in our community and all of New York State we remain cautiously optimistic and will continue to work cooperatively with the Managed Companies for the benefit of all Broome County clients.

MISSION STATEMENT and DESCRIPTION OF SERVICES

MISSION STATEMENT

CASA serves as a central access point for providing long term care needs assessments for chronically impaired individuals and their families in order to promote maximum independence in a fiscally responsible manner by utilizing all applicable community resources. CASA nurses and case managers provide comprehensive assessment of individuals of all ages regardless of income, care planning and case management services based on client condition and need, with respect and consideration for the personal wishes of clients and their families. CASA assists individuals to live as independently as possible. CASA informs the consumer and their families of available resources and coordinates an individualized plan of care in partnership with the consumer, their family and the provider community to help meet their needs.

As a central access point for long term care needs, CASA seeks to provide:

- Improved quality of life for the chronically impaired and their informal supports based on informed choices of all community resources.

- Efficient, cost-effective long term care system that advocates for individual's independence while recognizing constraints and avoiding unjustified or duplication of expenditures or services.

- Effective and cooperative coordination among service providers to meet the needs and challenges of serving people with chronic conditions and disabilities by recognizing the value and benefits of each type of service and their contribution to the quality of consumer care.

Limits of Authority:

CASA authorizes payment for Medicaid personal care and long term care programs in regard to the following programs: Assisted Living Program (ALP), Adult Medical Day Care (AMDC), Care At Home 1 & 2 (CAH) Program for Children, Consumer Directed Personal Assistance Program (CDPAP), Family Homes for the Elderly (FHE), Long Term Home Health Care Programs (LTHHCP), Nursing Home Respite, Personal Emergency Response System (PERS), Personal Care Aide (PCA), Private Duty Nursing Program (PDN), and Shared Aide (SA). CASA is directly responsible for approximately $10,000,000 in Medicaid community care expenditures. Additionally, CASA develops an individualized client budget to maintain costs of service for the LTHHCP under the Department of Health (DOH) guidelines. CASA completes a PRI and Screen (DOH paperwork) for Nursing Home Placement (NHP) which determines the reimbursement rate.

DESCRIPTION OF SERVICES

CASA assumes all responsibilities pursuant to NYS Social Services Regulation 18 NYCRR 505.14 (Personal Care Services – Scope and Procedures), except that Social Services retains authority to monitor CASA's performance. CASA assumes responsibility, in conjunction with the relevant provider agencies, for the coordination and implementation of the Long Term Home Health Care Program in Broome County in conformance with guidelines and limitations set under Department of Social Services regulations. CASA, as the central entry point into the long term care system, provides case management, assessment, care planning, and evaluation of long term care needs of the elderly and chronically ill of all ages, encouraging families to remain involved in their care, and seeking placement at the appropriate level of community resource. CASA was first established in 1983 by Resolution No. 65 and is designed to contain the growth in Medicaid expenditures for long term care.

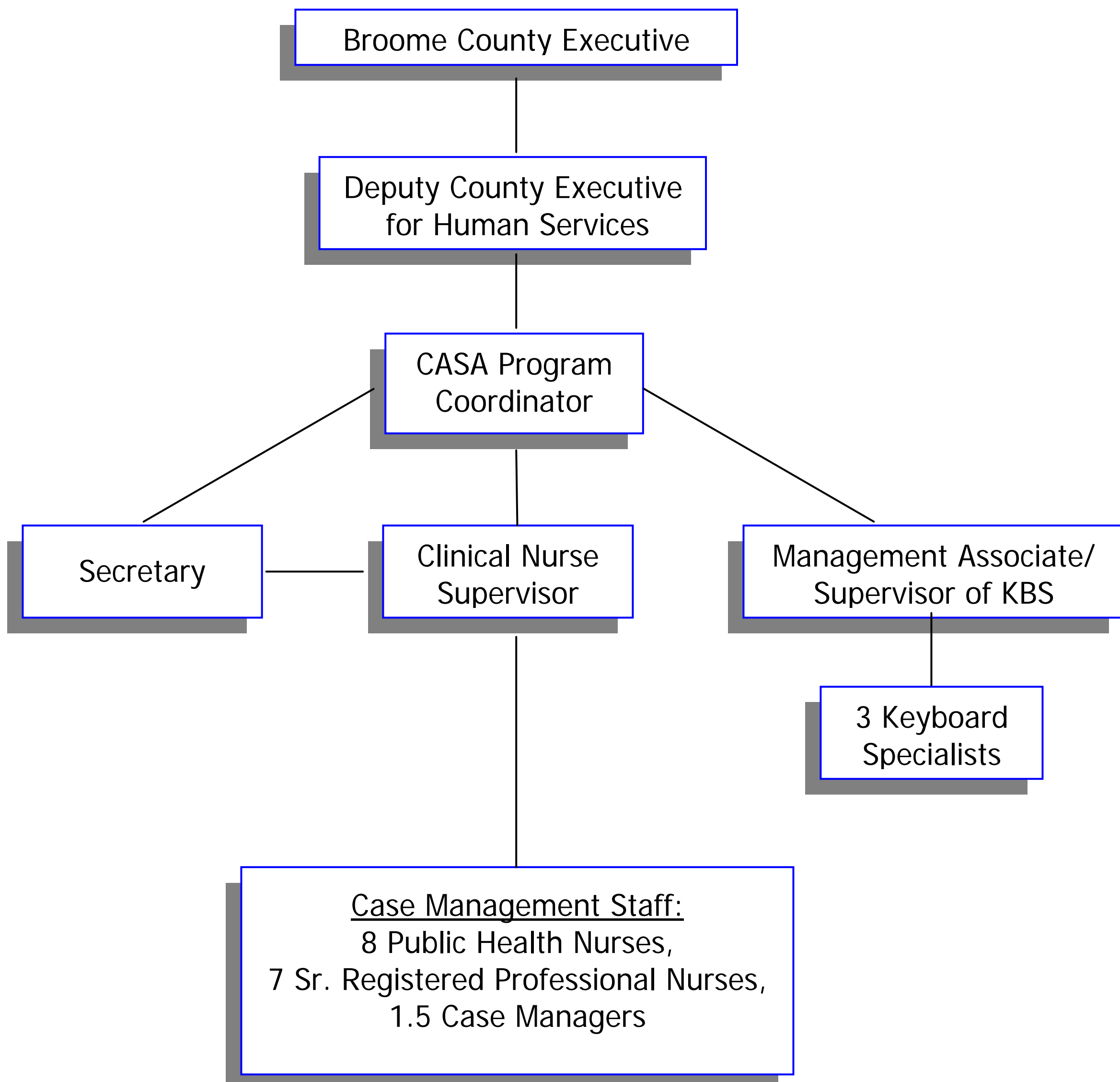
CASA's primary focus is on assessing clients of all ages to ensure appropriate utilization of long term care services.

BUDGET AND STAFFING

Broome County CASA's approved operating budget for 2011 was $2,188,927.

The majority of the CASA operating budget is reimbursed by Federal and State Medicaid administrative dollars.

CASA, when fully staffed, is authorized to have 24 staff members.



PROGRAM DESCRIPTION AND FUNDING

Broome County CASA began operations in 1983. "If CASA is to manage effectively, it is essential that potential long term care clients be promptly identified; that those for who community based care appears a viable option be thoroughly assessed; and that CASA ensure that, wherever possible, the long term care system is accessed at the appropriate points. None of these functions can adequately be performed at a distance. In short, each CASA will need to become that partnership between government and providers envisioned by the New York State Long Term Care Systems Development Project; and each of the CASAs will need to intervene, directly and indirectly, in the long term care system to ensure the availability, accessibility and delivery of long term care services in the most appropriate and cost efficient manner possible." (CASA Operations Notebook, NYS DSS 1983.)

- **CASA serves people with chronic disabilities OF ALL AGES.**

- **CASA receives approximately 200 new referrals every month.** In 2011, CASA received 2,176 referrals for people in need of long term care.

- **CASA is the gatekeeper for those in need of long term care.** CASA assesses clients to determine their level of care and makes referrals to the appropriate programs and services.

- **CASA staff performs numerous functions:**

    1. Pre-Admission Program Assessments
    2. Medical Eligibility (level of care determination)
    3. Case Management
    4. Data Systems
    5. Long Term Care Systems Planning and Development

- **CASA has developed innovative programs and services.** Broome County CASA began operating a Nursing Home to Community program in 1996 and the In-Home Mental Health program in 2001.

- **CASA was designated as the local NY Connects partner in 2006.** NY Connects provides information and assistance on available long term care services (see page 13).

CASA PROGRAMS AND PARTNERSHIPS

- ✓ NY Connects
- ✓ Personal Care Aide
- ✓ Shared Aide
- ✓ Consumer Directed Personal Assistant Program
- ✓ Long Term Home Health Care Programs
- ✓ Nursing Home to Community
- ✓ Nursing Home Placement
- ✓ Private Duty Nursing
- ✓ Family Homes for the Elderly
- ✓ Medical Day Care
- ✓ Assisted Living Programs
- ✓ Care At Home
- ✓ Home Community Based Waiver
- ✓ In-Home Mental Health Program
- ✓ Partnership with Tioga County DSS
- ✓ Personal Emergency Response Systems
- ✓ Nursing Home Transition and Diversion Waiver
- ✓ Traumatic Brain Injury Waiver

CASA PROGRAMS

CASA operates AND/OR authorizes Medicaid payment for the following programs, which are MANDATED by the state of New York.

1. PERSONAL CARE PROGRAM

This program operates under three models: traditional **Personal Care, Consumer Directed Personal Assistance Program, and Shared Aide**. Between these three models, Personal Care serves 500 clients on a monthly average.

- The Personal Care Program represents the largest Medicaid home care program in the state, as well as in the United States.
- In New York State, personal care is a billion-dollar program.
- CASA assesses every person receiving personal care on a bi-annual basis.
- CASA develops a care plan for every person in the program on a bi-annual basis.
- CASA authorizes the Medicaid payment and coordinates the care with the assistance of five contracted licensed nursing agencies and the Southern Tier Independence Center (STIC).
- 47% of the people receiving this service on a monthly basis are less than 60 years old.
- Beginning in the early 1990's, the Personal Care Program became available to developmentally disabled children and adults via the Home and Community Based Waiver programs and the Traumatic Brain Injury program.

2. LONG TERM HOME HEALTH CARE PROGRAM

This program is referred to as the "Nursing Home Without Walls Program." It provides a higher level of nursing case management and assessment than the Personal Care Program. There are two providers in Broome County that service approximately 203 clients on a monthly basis. CASA assesses and authorizes the Medicaid services for these clients and is the number one referral source for both programs.

3. ***ASSISTED LIVING PROGRAM***

There are four ALP providers in Broome County: Good Shepherd Fairview, Hilltop, Ideal, and St. Louise. There are a total of 105 ALP beds of which approximately one-third are Medicaid recipients. CASA assesses all clients, private pay or Medicaid, for initial assessment and completion of a PRI and Screen on clients wanting to access the ALP level. CASA authorizes payment for the Medicaid clients. Assisted Living supports seniors in need of long term care, but who are not in need of skilled nursing home care.

4. ***MEDICAL DAY CARE***

Susquehanna Nursing Center operates the only Medical Day Care Program in Broome County. CASA assesses and authorizes the care for all Medicaid clients served by the program.

5. ***PRIVATE DUTY NURSING***

On behalf of the state, CASA assesses all Medicaid private duty nursing cases in Broome County for an average of 20 clients per month. People in receipt of this care are mainly children with high tech nursing and intense nursing management needs.

6. ***CARE AT HOME***

CASA provides nursing assessment for the Care At Home Program which serves children who require long term care. CASA also assesses for personal care, consumer directed or private duty nursing in combination with the Care At Home Program. If children are appropriate for these additional programs, CASA authorizes Medicaid payment.

The goal of every CASA assessment is to develop the best care plan, at the least cost for all payers, whether private pay or Medicaid.

Combined with the referrals we receive on a monthly basis, CASA staff manages approximately 1,000 clients per month.

CASA PARTNERSHIPS

During CASA's existence, we have worked with many community agencies to implement new programs in an effort to better manage long term care Medicaid expenditures. Programs that have resulted in these partnerships are as follows:

1. ***FAMILY HOMES FOR THE ELDERLY***

   One provider coordinates approximately 23 private homes and serves an average of 55 clients on a monthly basis. CASA determines eligibility and authorizes the Medicaid payment for clients served in this program. The program is operated by Family & Children's Society and is the most successful program of its kind in New York State. It is one of only two such programs in New York State.

2. ***NURSING HOME PLACEMENT***

   CASA assesses residents in the community who are in need of nursing home care and assists the families in accessing care.

3. ***NURSING HOME TO COMMUNITY***

   This effort is a model program for the state and nation. Since 1996, Broome County CASA has assisted over 5,000 people achieve nursing home discharge.

4. ***IN-HOME MENTAL HEALTH PROGRAM***

   Broome County CASA recognized the need for greater management of psychotropic drugs in home care. Community Mental Health Reinvestment money was obtained by Family & Children's Society to assist people in their homes stay on their medication regime. There are no Medicaid dollars involved in the delivery of this service, yet it has the potential to save Medicaid dollars by assisting clients in managing their care. Fifteen to seventeen clients are served on average. As clients improve, they "graduate" from the program which allows other clients to then be served.

5. ***PARTNERSHIP WITH TIOGA COUNTY***

   Broome County CASA entered into a partnership with Tioga County DSS in 1998 to review their residents for post-hospital or nursing home care who are served by Broome County hospitals and nursing homes.

6. PARTNERSHIP WITH SOUTHERN TIER INDEPENDENCE CENTER

Broome County CASA assesses clients for the Traumatic Brain Injury Program and the Nursing Home Transition and Diversion Waiver Program. CASA nurses complete a PRI and Screen initially and yearly for these programs.

2011 HIGHLIGHTS

1. NY CONNECTS

In October of 2006 the NYS Departments of Aging and Health provided financial assistance to counties across New York State to create or support long term care points of entry or NY Connects. CASA, in partnership with the Broome County Departments of Aging and Social Services, is one of the designated NY Connects partners in Broome County. CASA has been functioning as a point of entry for long term care in Broome County for over 20 years. The support provided by the state for NY Connects has allowed us to enhance our information and referral services and educate both the public and provider community on the benefits of having one place to call for information on long term care.

The contract year (September 2010 – August 2011) represented the fourth full year of operation under the NY Connects "banner." At the end of the third year of operations it was not clear if the state would continue to fund the project. However, entering into 2011 the state did restore money for NY Connects.

NY Connects has provided our community with the resources to develop two well received educational initiatives: *My Little Book…A Health Diary* and the *Know the ABC's of Broome County Senior Services*.

2. NURSING HOME TO COMMUNITY

Nursing Home to Community remains a touchstone for Broome County CASA. In learning more about other areas of the nation where similar programs have developed, it must be noted that CASA developed this program in 1996 by reorganizing existing resources. We did not receive any grant dollars as have other agencies, or any additional operating dollars. We recognized the need in our community for this activity in the early 1990's and by 1996 began by servicing two out of nine skilled nursing facilities. Today we serve all ten skilled nursing facilities in Broome County and in 2011 we received 440 referrals and assisted in coordinating discharges for 205.

TRENDS IN LONG TERM CARE (LTC)

In order to understand the factors that have contributed to the increase in the number of hours of service delivered by the Personal Care Program, as well as an increase in the number of people served under the age of 60, it is important to acknowledge the following national trends.

- Decrease occupancy in nursing homes
- Increase in Medicaid spending on home care services
- Decrease in disability rates of elders
- Increase in disability rates of young adults
- Increase in public policy initiatives around the issues of deinstitutionalization and disabled rights: Olmstead, New Freedom Initiatives, Medicaid Buy-In
- Growth in Medicaid Waivers
- Advances in medicine enable people to live longer: traumatic brain and spinal cord injuries, developmental disabilities, advances in cancer treatment and most obvious, how HIV/AIDS has quickly become a chronic disease due to drug therapy
- Obesity as a defining factor in disability, especially among young adults.

Disability and Obesity

The Rand Corporation Research Brief Series 2004, (updated in 2007) titled *Obesity and Disability, The Shape of Things to Come,* reported the following key findings:

- Obesity in the U.S. population has been increasing steadily over the last two decades – and severe obesity is increasing the fastest.
- Obesity is linked to higher health care costs than smoking or drinking.
- Obesity plays a major role in disability at all ages.
- The cost consequences of disability among the young could swamp recent Medicare and Medicaid savings stemming from increasingly good health among the elderly.
- **The explosive increase in bariatric surgery has had no noticeable effect on the prevalence of severe obesity.**
- Obesity in adults in New York State per the 2010 Census is 56 percent.

The following chart represents the number and percentage of people assessed in 2011 by CASA.

BODY MASS INDEX (BMI) BY AGE GROUP

Age Groups	BMI > 30	Total Assessments	% BMI > 30	Percentage change from 2010 to 2011
18 – 49	65	188	35%	down 5%
50 – 54	54	97	56%	up 7%
55 – 59	52	93	56%	same%
60 – 64	54	99	55%	up 5%
65 – 74	101	225	45%	up 1%
75 – 84	101	295	34%	up 5%
85+	56	299	19%	up 7%
TOTAL	483	1296	37%	up 2%

The National Long Term Care Studies

A National Institute of Health news release in December of 2006 noted the following: "chronic disability among older Americans has dropped dramatically, and the rate of decline has accelerated during the past two decades, according to a new analysis of data from the National Long-Term Care Survey (NLTCS). The study found that the prevalence of chronic disability among people 65 and older fell from 26.5 percent in 1982 to 19 percent in 2004/2005. The findings suggest that older Americans' health and function continue to improve at a critical time in the aging of the population."

The analysis also showed that from 1982 to 2004/2005:

- Chronic disability rates decreased among those over 65 with both severe and less severe impairments, with the greatest improvements seen among the most severely impaired. The researchers note that environmental modifications, assistive technologies and biomedical advances may be factors in these declines.
- The proportion of people without disabilities increased the most in the oldest age group, rising by 32.6 percent among those 85 years and older.
- The percentage of Medicare enrollees age 65 and older who lived in long term care institutions such as nursing homes dropped dramatically from 7.5 percent to 4.0 percent. The emergence of assisted-living options, changes in Medicare reimbursement policies and improved rehabilitation services may have fueled this decrease in institutionalization.

While it has been interesting to follow the NLTCS and their findings on an aggregate decrease in disability in the 65 and older population, a public policy alarm must be sounded in regard to obesity and its potential impact on disability rates for both adults under the age of 60 and for this population as they approach their golden years.

The gains in decrease in rates of disability among the 65+ age group could rapidly be eroded by the increase in disability among those less than 60 years of age.

Increase in Disability Rates Among the Young

47% of people served by CASA in the 2011 total unduplicated Personal Care caseload were less than 60 years old.

An article in Health Affairs, 29, no. 4 (2010) titled: Trends In Disability And Related Chronic Conditions Among People Ages Fifty To Sixty-Four noted:

"Although still below 2 percent, the proportion of people ages 50–64 who reported needing help with personal care activities increased significantly from 1997 to 2007. The proportions needing help with routine household chores and indicating difficulty with physical functions were stable. These patterns contrast with reported declines in disability among the population age sixty-five and older. Particularly concerning among those ages 50—64 are significant increases in limitations in specific mobility-related activities, such as getting into and out of bed. Musculoskeletal conditions remained the most commonly cited causes of disability at these ages. There were also substantial increases in the attribution of disability to depression, diabetes, and nervous system conditions for this age group."

CASA staff is experiencing the changes in the population as described by these researchers. CASA is serving more adults under the age of 60 as their disability rates increase and fewer adults over the age of 60 as their disability rates have declined.

Implications for serving an increased number of young adults in long term care:

- *They will spend a longer time in receipt of long term care services.*
- *They will make many transitions between care settings over the course of their lifetime.*
- *They will reverse the trend of declining disability among elders as they age.*
- *They will have a major impact on health care expenditures over their lifetimes.*

COMPARISON OF AGES OF CLIENTS

Age Range	Total Referrals in 2011	Total Unduplicated Count (PCA)* in 2011	Total Unduplicated Count (LTHHCP) in 2011
Unknown	2	0	0
21 & under	22	74	0
22 – 24	7	19	0
25 – 29	11	14	2
30 – 34	10	15	1
35 – 39	16	11	4
40 – 44	30	27	7
45 – 49	45	27	14
50 – 54	89	64	16
55 – 59	124	53	25
60 – 64	107	47	24
65 – 69	144	62	33
70 – 74	180	47	43
75 – 79	230	51	26
80 – 84	330	55	28
85 & over	829	78	56
TOTALS	**2176**	**644**	**279**

Note the following:

- 16% of total referrals are less than 60 years old.
- 53% of total referrals are 80 and over.

- 47% of active PCA recipients are less than 60 years old.
- 21% of active PCA recipients are 80 and over.

- 25% of LTHHCP clients are less than 60 years old.
- 30% of LTHHCP clients are 80 and over.

*PCA includes: Traditional Personal Care, Shared Aide, and Consumer Directed Personal Assistance, and Home & Community Based Waiver.

MAJOR PROGRAM & PERFORMANCE MEASURES

PROGRAMS	2008	2009	2010	2011
PCA Hours Billable to Medicaid	188,610	211,768	184,600	184,272
Shared Aide Sites *	18	18	18	15
Client Referrals (Total)	2,530	2,386	2,307	2,176
AVERAGE CASES MANAGED/MONTH				
Personal Care:				
• Traditional	173	181	164	143
• Shared Aide	171	166	158	142
• Consumer Directed Personal Assistance Program	167	174	180	171
SUBTOTALS	511	521	502	456
Long Term Home Health Care Program	182	190	204	203
Nursing Home Placement	74	59	49	53
Family Homes for the Elderly	35	36	38	39
Assisted Living Program	27	51	52	57
Care At Home	7	7	9	9
Home & Community Based Waiver	56	53	53	57
Nursing Home to Community	253	145	124	151
Golden Days	23	26	29	31
Private Duty Nursing	21	22	23	20
Case Management Only	345	337	356	329
Traumatic Brain Injury	12	11	10	8
TOTALS	1,546	1,458	1,449	1,413
Personal Emergency Response System	231	248	228	198
PRIs Completed/Reviewed	416	484	520	518
UNDUPLICATED COUNT				
Personal Care Programs	740	760	702	644
Long Term Home Health Care Programs	270	278	281	279

- Shared Aide sites decreased when the licensed agency Americare closed.

PERSONAL CARE AIDE BY LEVEL OF CARE

Program	PCA Level I*		PCA Level II*		Totals
Personal Care Aide	90	*45%*	109	*55%*	199
Shared Aide	107	*51%*	103	*49%*	210
Consumer Directed Personal Assistance Program	22	*12%*	169	*88%*	191

* See Page 20 for description of PCA Level I and Level II.

Personal Care Aide: Levels of Care

Personal Care Aide services can be accessed in three main standards of operation:

- ***Personal Care Aide (PCA):***
  CASA assesses, authorizes and case manages services to individual consumers and contracts for the services through traditional licensed care agencies. Service is billed in one hour time increments.

- ***Shared Aide (SA):***
  CASA assesses, authorizes and case manages services for consumers who live in clusters that allow CASA to authorize care for many consumers delivered by one agency. Each agency aide is able to serve more clients in shorter periods of time by being centralized in one area and/or building. Aide time is billed in 15-minute increments instead of hourly.

- ***Consumer Directed Personal Assistance Program (CDPAP):***
  CASA assesses and authorizes care for self directing consumers who hire their own aides and manage their own care.

Care Plan Development

Within these categories of care, CASA works with the consumer to determine a care plan that best meets the consumer's needs. CASA builds the care plan around three basic questions:

1. **What are you able to do for yourself?**
2. **Who is helping you now?**
3. **How do you maintain your maximum level of independence?**

While cost of care is a factor in all of our care planning, it is not the overruling or overriding factor.

Determining Need for PCA Level I or PCA Level II

CASA works with the consumer to determine the type and amount of home care needed: hands off (PCA I) or hands on (PCA II) care, or a combination.

- **PCA Level I:** These are services that are referred to in the vernacular of long term care and aging as "Instrumental Activities of Daily Living" (IADLs). They include meal preparation, shopping, housekeeping, laundry, assistance with bill paying, and other essential errands.

- **PCA Level II:** These services are called the "Activities of Daily Living" (ADLs). They include bathing, dressing, grooming, toileting, transferring, and assistance with walking, feeding, and meal preparation.

Which level of service a consumer receives is based on the three questions listed in the "Care Plan Development" section, as well as the consumer's desire, determination, or physical need for the service.

Many of our PCA Level I clients could use assistance with Level II tasks as a result of their physical limitations, yet due to their desire to remain as independent as possible, they prefer that we take care of the PCA Level I tasks while they take care of their bathing and grooming needs.

2011 DMS-1 SCORES BY PROGRAM

DMS-1 Score	CASA Case Management		Traditional PCA		Shared Aide Program		Lourdes LTHHCP		Ideal LTHHCP		CDPAP		PDN		TOTALS	
0 – 59	86	*46%*	128	*62%*	138	*67%*	17	*30%*	21	*30%*	74	*30%*	0	*0%*	464	*47%*
60 – 179	68	*37%*	59	*29%*	53	*26%*	23	*41%*	27	*39%*	65	*26%*	1	*4%*	296	*30%*
180 +	32	*17%*	19	*9%*	15	*7%*	16	*29%*	22	*31%*	107	*44%*	22	*96%*	233	*23%*
Totals	186	*100%*	206	*100%*	206	*100%*	56	*100%*	70	*100%*	246	*100%*	23	*100%*	993	*100%*

0 – 59 Indicates a need for a minimal amount of service, much of it related to housekeeping and chores.

60 – 179 Referred to as the Health Related level of care and at this level people begin to need personal care assistance.

180 + Referred to as the Skilled Nursing level of care and often indicates a high level of physical disability or related inability to care for oneself due to dementia.

PRIMARY DIAGNOSIS OF CLIENTS

Ages 22 – 59		*60 Years & Over*		*Combined Age Groups*	
Nervous System Disorders*	146	Mental Health Disorders	173	Nervous System Disorders*	242
Musculoskeletal Problems & Injuries	29	Respiratory/Pulmonary Disease	105	Mental Health Disorders	200
Mental Health Disorders	27	Nervous System Disorders*	96	Respiratory/Pulmonary Disease	129
Diabetes	27	Cardiovascular Disorders	94	Cardiovascular Disease	116
Respiratory/Pulmonary Disease	24	Arthritis	91	Diabetes	114
Cardiovascular Disorders	22	Diabetes	87	Musculoskeletal Problems & Injuries	109
Congenital	12	Musculoskeletal Problems & Injuries	80	Arthritis	100
Cancer	9	Hypertension	45	Hypertension	50
Arthritis	9	Heart Disease	35	Heart Disease	42
Obesity**	7	Cancer	31	Cancer	40
Heart Disease	7	Genitourinary System Disorders	26	Genitourinary System Disorders	31
Infectious Immune Disorders	6	Sensory	19	Sensory	23
Digestive System Disorders	6	Digestive System Disorders	11	Digestive System Disorders	17
Skin Disease	6	Miscellaneous	9	Congenital	13
Genitourinary System Disorders	5	Skin Disease	6	Skin Disease	12
Hypertension	5	Obesity**	5	Obesity**	12
Sensory	4	Infectious Immune Disorders	1	Miscellaneous	12
Miscellaneous	3	Congenital	1	Infectious Immune Disorders	7

* Nervous System Disorders have a potentially high impact on the ability to perform ADL's and IADL's.
** Obesity is not often listed as the primary diagnosis.

REFERRAL STATISTICS

TOTAL NUMBER OF REFERRALS

	2008	*2009*	*2010*	*2011*
Community	1,560	1,574	1,621	1,479
Hospital	970	812	686	697
TOTALS	2,530	2,386	2,307	2,176

REFERRALS BY PAYOR SOURCE

	MEDICAID				NON-MEDICAID			
	2008	*2009*	*2010*	*2011*	*2008*	*2009*	*2010*	*2011*
Community	483	519	560	486	1,077	1,055	1,061	993
Hospital	246	207	199	188	724	605	487	509
TOTALS	729	726	759	674	1,801	1,660	1,548	1,502

HOSPITAL REFERRALS

	MEDICAID				NON-MEDICAID			
	2008	*2009*	*2010*	*2011*	*2008*	*2009*	*2010*	*2011*
Greater Bing. Health Center	1	1	4	2	0	0	2	0
General	64	61	40	37	101	99	56	41
Lourdes	89	51	48	59	290	192	156	130
Wilson	90	92	105	88	332	313	273	337
Other	2	2	2	2	1	1	0	1
TOTALS	246	207	199	188	724	605	487	509

COMMUNITY REFERRALS

	MEDICAID				NON-MEDICAID			
	2008	*2009*	*2010*	*2011*	*2008*	*2009*	*2010*	*2011*
Neighbor/Friend	11	11	10	9	25	27	12	19
Self/Family	156	151	174	136	594	554	572	518
Community Agencies	119	162	160	167	155	134	95	124
CHHA	56	53	53	49	45	56	67	63
ACF	11	21	36	15	39	49	54	56
LTHHCP	2	3	4	3	0	0	3	1
PCA Providers	15	16	20	13	5	4	6	8
Physicians	27	29	22	28	63	58	64	74
RHCF	86	73	81	66	151	173	188	130
TOTALS	483	519	560	486	1,077	1,055	1,061	993

NURSING HOME TO COMMUNITY PROGRAM

	Nursing Home Residents Assessed by CASA						**Nursing Home Residents Discharged with CASA Involvement**				
Year	Age 0-59	*%*	Age 60+	*%*	**Totals**		Age 0-59	*%*	Age 60+	*%*	**Totals**
2004	57	*8%*	616	*92%*	**673**		62	*10%*	556	*90%*	**618**
2005	37	*6%*	582	*94%*	**619**		55	*8%*	607	*92%*	**662**
2006	56	*9%*	559	*91%*	**615**		44	*9%*	423	*91%*	**467**
2007	44	*8%*	475	*92%*	**519**		36	*9%*	372	*91%*	**408**
2008	31	*5%*	648	*95%*	**679**		23	*5%*	452	*95%*	**475**
2009	47	*7%*	617	*93%*	**664**		29	*7%*	377	*93%*	**406**
2010	39	*9%*	397	*91%*	**436**		25	*13%*	172	*87%*	**197**
2011	28	*6%*	412	*94%*	**440**		14	*7%*	191	*93%*	**205**

In 2011 CASA continued to experience staff shortages due to extended health related absences, retirements and vacated positions. Previously we had two CASA nurses covering all the nursing homes, but we changed this approach and all nurses were given a case load and were also assigned a nursing home in an effort to cover all the programs. Although the number of referrals for this program did have a slight increase in 2011, we have not reached the number of clients assessed to the levels in previous years. The flood of 2011 has also had an impact on this program as Vestal Park has not been able to return to their former site. We still have nursing home clients being sent out of the area and we anticipate these numbers will increase in the next year.

IN-HOME MENTAL HEALTH CARE PROGRAM

17 Active Clients

GENDER	Number of Clients	*Percentage*
Male	4	*24%*
Female	13	*76%*
TOTALS	17	*100%*
AGE RANGES		
Less than 60 years old	8	*47%*
60 years old and over	9	*53%*
TOTALS	17	*100%*

CLIENT DEMOGRAPHICS

Profile of Personal Care Aide, Shared Aide, Consumer Directed Personal Assistance Program
Long Term Home Health Care Program and Home & Community Based Waiver Active Clients

Gender	Clients	%
Male	166	31
Female	378	69
Total answering the question	544	100

Housing	Clients	%
Own	61	11
Rent/Public	140	26
Rent/Senior/Disabled	131	25
Rent Private	113	21
No Rent; Shared Residence	56	11
Life Use	27	5
Mobile Home	2	0
Single Room Occupancy	1	0
Other	6	1
Boarding Home	1	0
Skilled Nursing Facility	1	0
Total answering the question	539	100

Marital Status	Clients	%
Married	88	16
Widowed	142	26
Separated	33	6
Divorced	131	25
Never Married 18 and over	148	27
Total answering the question	542	100

With Whom Do You Live?	Clients	%
Alone	292	55
Spouse Only	66	12
Child/Children (Not Spouse)	55	10
Parent/Guardian	41	8
Family Member other than Spouse or Child	42	8
Lives with Spouse and Child	13	2
Non-relative	16	3
Significant Other	9	2
Total answering the question	534	100

Means of Transportation	Clients	%
Assisted Transportation	34	6
Bus	49	9
Drives Self	60	11
Escort Needed	65	12
Handivan	61	11
Medivan with Stretcher	8	1
Medivan with Wheelchair	129	24
Others Drive	402	74
Senior Van	5	1
Taxi	135	25
(Client may have more than one means of transportation)		

Source of Income	Clients	%
Social Security/General	216	40
Social Security/Disability	163	30
SSI	277	51
(Client may receive income from more than one source)		

Personal Hygiene	Clients	%
Totally Able	213	39
Needs Some Assistance/Supervision	245	45
Needs Maximum Assistance	85	16
Totally Unwilling to Perform	0	0
Total answering the question	543	100

Bathing	Clients	%
Totally Able	192	36
Needs Some Assistance/Supervision	262	48
Needs Maximum Assistance	89	16
Totally Unwilling to Perform	0	0
Total answering the question	543	100

Shopping	Clients	%
Totally Able	31	6
Needs Some Assistance/Supervision	215	40
Needs Maximum Assistance	295	54
Totally Unwilling to Perform	2	0
Total answering the question	543	100

Housekeeping	Clients	%
Totally Able	16	3
Needs Some Assistance/Supervision	245	45
Needs Maximum Assistance	282	52
Totally Unwilling to Perform	0	0
Total answering the question	543	100

2011 CASA ADVISORY BOARD MEMBERS

Lisanne P. Bobby Lourdes Hospital 169 Riverside Dr. Binghamton, NY 13905	Kathleen Burke GHS Federal Credit Union 910 Front St. Binghamton, NY 13905	Dee Dee Camp BC-OFA P. O. Box 1766 Binghamton, NY 13902
Dr. Kathleen Colling Consultant 421 Castleman Rd. Vestal, NY 13850	Karen Conn Medicine Shoppe Pharmacy 1188 Vestal Ave. Binghamton, NY 13903	Shelli Cordisco Action for Older Persons 32 West State St. Binghamton, NY 13901
Jill Cunningham UHS Home Care 4401 Vestal Parkway East Vestal, NY 13850	Michele Gordon UHS, Care Management 33-57 Harrison St. Johnson City, NY 13790	Candace Gregory First Call For Help P.O. Box 550 Binghamton, NY 13902
Mary Haupt Binghamton University P.O. Box 6000 Binghamton, NY 13902	Denise Johnson Vestal Nursing Center 860 Old Vestal Rd. Vestal, NY 13850	Rosemary Mahon Independent Advocate 37 Broome St. Binghamton, NY 13903
Rick McCarthy AVRE 174 Court St. Binghamton, NY 13901	Laura O'Hara STIC 135 E. Frederick St. Binghamton, NY 13904	Sharon Phipps Ideal LTHHC 508 High Ave. Endicott, NY 13760
Jeanne Randall Family & Children's Society 257 Main St. Binghamton, NY 13905	Sandra Sanzo BC-DSS - Medical Services 36-38 Main St. Binghamton, NY 13901	