Broome County CASA

BROOME COUNTY CASA
NY CONNECTS
CHOICES FOR LONG TERM CARE





Annual Report 2007

Table of Contents

This Page Intentionally Left Blank

DIRECTOR'S MESSAGE

To: County Executive Barbara J. Fiala:

On behalf of the staff of Broome County CASA and the people we serve, it is with great pleasure that I submit the 2007 Annual Report.

In October of 2006, CASA was designated as the NY Connects point of entry for long term care. 2007 represented the first full programming year. In Broome County we work in partnership with the Office for the Aging to provide residents of the county with the most up-to-date information on long term care for people of all ages, regardless of income.

During this first full year of programming CASA and OFA were able to implement a new computer based information system to track information and referral phone calls. We also contracted with Kathleen Colling, Ph.D. R.N. to conduct focus groups of both consumers and professionals to determine their impressions of the current long term care system and how it might be improved.

- Consumers recognize that entry points to long term care are varied and multiple. While some entry points are well defined, others may be difficult to locate. Consumers find multiple information sources useful and appreciate information being repeated, as they are stressed and it may take more than one time to incorporate the information.
- Professionals noted that the number and kind of entry and transition points has increased. Transitions between entry points are key pivotal events. Health outcomes can be positively or negatively impacted by the quality of communication among professionals during transitions. Long term care is labor intensive and professionals believe that face-to-face communication enhances the relationships between consumers and professionals.
- Both professionals and consumers noted that transportation can be an issue for some consumers as well as access to mental health services.

People are living longer with chronic conditions that impact their ability to manage their day-to-day lives. CASA staff is continually challenged to assist the people we serve to be as independent as possible. CASA has a statewide reputation for long term care service delivery. I am proud of the work the staff does on a daily basis to assist many of the most vulnerable people in our community to live lives of dignity.

Respectfully submitted,

Michelle M. Berry

MISSION AND PURPOSE STATEMENTS

MISSION: To serve as a central access point for assessing long term care needs of individuals and families to promote maximum independence and optimal use of available community resources.

PURPOSE: CASA will provide comprehensive assessment, care planning and case management services based on client need, regardless of age or income, and with consideration for the personal wishes of clients and their families. CASA will seek to assure that all services are designed to assist clients to live as independently as possible. CASA, in partnership with the consumer, family and provider community, will assist individuals in determining how best to use available resources in coordinating care that meets their needs in a dignified, individualized manner.

The three principle outcomes to be achieved through our central access point:

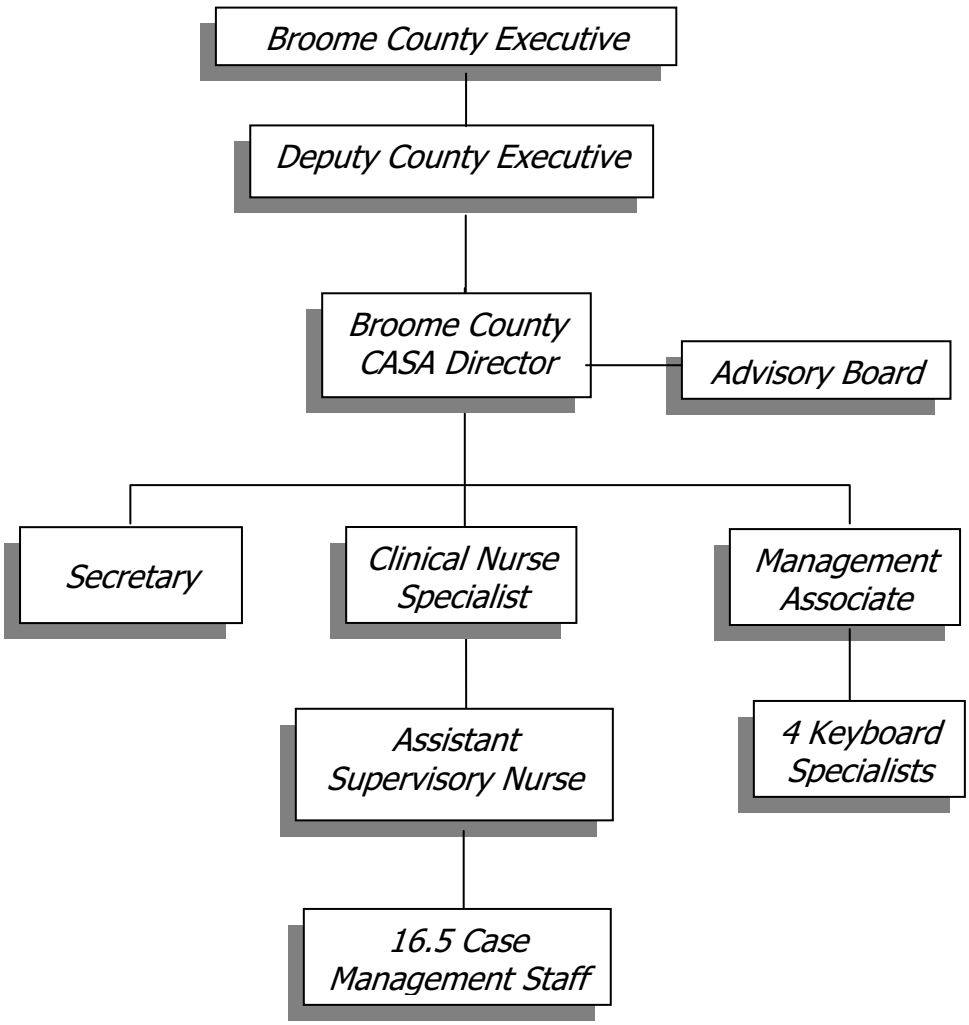
- Improved quality of life for the chronically impaired and their informal supports based on informed choices.
- Efficient, cost-effective long term care system that recognizes constraints and avoids unjustified expenditures.
- Effective coordination among service providers to meet the challenges of serving people with chronic conditions and disabilities by recognizing the value and worth of each type of service and their contribution to the overall quality of consumer care.

BUDGET AND STAFFING

Broome County CASA's approved operating budget for 2007 was $1,842,778.

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

In 2007, CASA employed 26 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 200 new referrals every month.** In 2007, CASA received 2,378 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 and locus of care determination)
    3. Case Management
    4. Data Systems
    5. Long Term Care Systems Planning and Development

- **Because of our planning function, 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.

- **During the 1990s we were mandated by New York State to create new methods of service delivery to include new populations needing care,** primarily children and young disabled adults. We accomplished this with no new staffing.

CASA PROGRAMS AND PARTNERSHIPS

- 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

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 490 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 seven contracted licensed nursing agencies and the Southern Tier Independence Center (STIC).
- 46% 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 200 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 three providers of these residential care programs in Broome County with a total of 70 beds, approximately one-third are Medicaid recipients. CASA assesses all clients, private pay or Medicaid, who want to access the program and authorizes payment for Medicaid residents. Assisted Living supports seniors in need of long term care, but not infirmed enough for skilled nursing 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***

CASA assesses and authorizes all Medicaid private duty nursing cases in Broome County for an average of 25 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 assessment and Medicaid payment authorization to this program designed to serve children.

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 1,200 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 20 private homes and serves an average of 35 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.

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. CASA also generates a waiting list of those waiting for placement and forwards the list to nursing homes on a weekly basis. This process is unique to Broome County CASA.

3. NURSING HOME TO COMMUNITY

This effort is a model program for the state and nation. Since 1996, Broome County CASA has assisted over 3,000 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.

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 care who are served by Broome County hospitals. We receive $20 for every case we review on Tioga County's behalf.

2007 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 the designated NY Connects partner 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 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 year 2007 represented the first full year of operation under the NY Connects "banner." One of the goals of the NYS Departments of Aging and Health is that every citizen in New York State comes to recognize the NY Connects logo and what it stands for. To that end, and with the dollars provided, CASA contracted with Action for Older Persons to create NY Connects public service announcements which ran in the last quarter of 2007. CASA also developed a print advertisement for the local newspaper.

Another goal of NY Connects is that each community conducts a needs assessment. In 2007, Broome County CASA contracted with Kathleen Colling, Ph.D. RN, to conduct focus groups of both professionals and consumers to determine what their impression was of the current long term care system and how it might be improved. Recommendations from this report served as the basis for our year two NY Connects program plan. Year one ended on September 30, 2007. Copies of the report "*Consumers and Professionals Evaluate Long Term Care in Broome County*" can be accessed at www.gobroomecounty.com/casa.

Lastly, we ended our first program year with a luncheon that featured James R. Tallon, President and CEO of the United Hospital Fund in New York City, and Joseph Baker, Assistant Secretary for Health and Human Services in New York State, as featured guest speakers.

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 1990s and by 1996 began by servicing two out of nine skilled nursing facilities. Today we serve all nine skilled nursing facilities in Broome County and in 2007 we received 519 referrals and assisted in coordinating discharges for 408. This program is now an integral part of CASA. CASA Director, Michelle Berry, and Vestal Nursing Center Administrator, Denise Johnson, were invited to speak at the New York State Department of Health's statewide symposium, *Planning Today for Tomorrow*, which was held in Albany, NY on June 21, 2007. The title of the presentation was *An Overview of Broome County's Nursing Home to Community Program.*

3. CLIENT PROFILES

For Christmas 2007, the CASA staff decided to create a pool of people from our caseload to buy gifts for. Each nurse put the names of their candidates in a hat and four names were drawn. These profiles are a reflection of the people we serve and the magnitude of, not just their need for home care, but their need for human contact and the basic necessities of life. Here are the profiles of the people that were chosen (the names have been changed).

SCOTT is a 40 year old man who lives with his elderly parents in a rural area. He receives 35 hours of personal care per week. His mom has lung cancer and his Dad also has some health issues. Scott is mentally retarded, has cerebral palsy, a seizure disorder, contractures of his arms, and a feeding tube. He is allowed nothing by mouth. He is wheelchair bound and must use a hoyer lift for transfer. Scott smiles but can not speak. He is very childlike and has a toy that he loves that plays music with the touch of one button on the front of the toy. He is capable of using this toy. The family is quite poor yet they have cared for Scott at home his entire life. In the summer of 2007 more misfortune was experienced in the family when Scott's brother became a quadriplegic as a result of an accident. At the time CASA was planning on buying Christmas gifts, the family was making plans to bring Scott's brother into the home to be cared for. This meant that one brother would have his bed set up in the living room and the other in the kitchen. Since Scott is in the Consumer Directed Program, his brother was going to utilize some of the same aides who care for Scott. Scott's mother

noted he could use new pajamas, sheets or any toy with a button that he could push so the toy would play music or make some kind of noise.

SUSAN is 47 years old with a diagnosis of Multiple Sclerosis (MS). She is bed bound and unable to walk and receives 35 hours per week of personal care aide services. Her MS has progressed over the years and she now has upper extremity arm weakness and is unable to read due to poor vision. No longer able to live on her own, she moved in with her aging mother who is also in poor health. Susan is a very humble individual. Her little room is where she spends all of her time. There are no pictures on her walls. An old bath towel half covers the only window in the tiny room. She can not reach the old floor lamp that stands by her bed or the table lamp that sits on the floor in the corner. She does not drink coffee or tea. She likes toast and strawberry jam for breakfast. She occasionally eats English muffins, and loves banana nut muffins. She drinks a lot of cranberry juice and her favorite is cran-peach. She drinks a lot of water – a refillable water bottle might be a nice gift idea. She uses straws to drink her liquids. For snacks she enjoys nuts and Wise lightly salted potato chips. Her favorite candy is chocolate covered cherries. She likes pizza. She loves fresh fruit including apples, bananas, peaches and plums. She also likes the caramel dips for apple slices. Susan could use new sheets for her hospital bed. She uses several pillows in her bed for positioning, under her head, sides and feet. Her pillows are worn and stained. Susan has shoulder length hair. She watches television, enjoys movies and has a DVD player. She likes to listen to soft rock and roll – a CD player with headphones and extra batteries and some CDs might be a good gift idea.

MARY is 66 years old. She suffers from mental health problems that make it difficult for her to establish and maintain relationships with others; however, she greatly enjoys interacting with others. She has no family or friends to speak of. Her support system consists of an adult protective worker, a personal care aide (five hours per week) and her CASA nurse. She is generally very excited and appreciative of even small things. She has a few old stuffed animals that she is very fond of and one or two crafty, hanging rugs that she is proud of. She often says she is home-schooling herself. She might appreciate notebooks, pens and pencils. She occasionally orders out to Pizza Hut and might like a gift certificate. Mary could also use socks, gloves and hats as she likes to walk around town.

ANN is 43 years old and lives with her spouse who is mentally challenged and works at the Sheltered Workshop. Ann has a 15 year-old son and a 14 year-old disabled daughter. They live in a third floor apartment which is a challenge for Ann as she is morbidly obese. CASA assists Ann three hours per week with her personal care. She has diabetes and her mobility is limited. She often uses a wheelchair. Ann and her family do not have much and would benefit from anything. Household and personal items such as towels, sheets, toothbrushes, socks, mittens, or gift certificates would be most useful.

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.
- National Public Radio (NPR) reported on February 13, 2004, that "Social Security Disability Insurance is one of the government's costliest social programs; it is more expensive than welfare. It costs more than unemployment insurance and it's bigger than the earned income tax credit for low-income workers. In fact, it costs more than those programs combined, and it's growing rapidly."
- NPR continued to report: "There are nearly six million Americans under the age of 65 on the Social Security disability rolls. The yearly cost of their income and Medicare health benefits is more than $100 billion. Every payday you and your employer together contribute nearly two percent of your wages to pay the cost of SSDI. That's double the rate 20 years ago."
- For people who receive SSDI benefits, the return to work rate is about 2/10ths of 1 percent, or close to zero!

Disability and Obesity

The Rand Corporation Research Brief Series 2004, 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.

Other findings noted in the report:

- The fastest-growing group of obese Americans consists of people who are at least 100 pounds overweight.
- Individuals 100 pounds overweight increased from 1 in 200 adults in 1986 to 1 in 50 adults in 2000.
- Weight has a dramatic effect on people's ability to manage five basic activities of daily living: bathing, eating, dressing, walking across a room, and getting in or out of bed.
- If historical obesity trends continue to 2020 the number of residents in U.S. nursing homes would likely grow 10-25 percent more than historical disability trends predict.

Examples of consumers who meet the criteria for obesity:

- Two 40 year old males both weighing in excess of 300 pounds sharing the same apartment, each with limited mobility trying to assist each other and stay at home with the assistance of personal care aides.
- A 63 year old woman with morbid obesity, asthma, chronic back pain and diabetes. Limited ambulation and frequent use of a wheelchair. Aides assist her with housekeeping, assistance with dressing and shopping.

The National Long Term Care Studies

The National Long Term Care Studies have noted "the aggregate prevalence of chronic disability among the elderly has declined significantly over the 15 year period, from 22.1 percent in 1984 to 19.7 percent in 1999."

However, as researchers continue to study the data some interesting trends are beginning to emerge that beg more questions as to how to assist people with chronic disability.

- The majority of the decline occurred in the Instrumental Activities of Daily Living (IADL) category. Tasks included in this service category are: money management, grocery shopping, laundry, and housekeeping.

- Nearly all IADLs declined over the period, but the most dramatic change was a 3.7 percentage point drop in help with money management during the period of time 1984 to 1989 when Social Security direct deposit became the norm.

- This raises the question whether IADL declines reflect improvements in health or improvements in the physical environment.

- In three activities of daily living (bathing, dressing, getting in and out of bed) an increasing percentage of elderly manage these activities with use of equipment in combination with formal or informal care.

- By modifying the environment an elder lives in (housing, location of services, equipment), can we impact their ability to remain independent longer?

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 number of older persons with a chronic disability has remained essentially unchanged at 7 million since 1989.

- Based on 1982 rates this has resulted in 2.3 fewer older persons with a disability than would have been predicted for those 65+ by 1999.

- The future depends on the assumed rate of declines in disability rates. Chronic disabilities would rise sharply to 15.9 million in 2030 if rates stay at 1994 levels, increase more modestly to 8.9 M if rates decline to 1.5 percent per year (as they did between 1989 and 1994), and decrease to 6.1M if rates continue to decline 2.6 percent per year (as they did between 1994 and 1999).

However, 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

46% of people served by CASA in the 2007 total unduplicated Personal Care caseload were less than 60 years old.

The Rand Health Study in 2003 found that the number of people ages 30-49 who were disabled in their ability to care for themselves or perform other routine tasks increased by more than 50 percent from 1984 to 2000.

For people ages 30-39, the number reporting disabilities rose:

- 118 per 10,000 people in 1984
- 182 per 10,000 people in 1996

For those ages 40-49, the numbers rose:

- 212 per 10,000 in 1984
- 278 per 10,000 in 1996.

In addition, researchers found smaller but still significant increases for those ages 18-29 and those ages 50-59. In contrast, disability declined by more than 10 percent for people ages 60-69.

Researchers found that the only trend to account for this increase in young disabled adults that increased proportionally to the increase in reported disability is the increase in **obesity** found in the U.S. population over the same period.

Increase in Public Policy Initiatives to Address the Young Disabled

The disability rights movement is the next civil rights movement.

U.S. Supreme Court Olmstead Decision 1999

This decision is in response to two developmentally disabled individuals in Georgia who wanted to leave the institution they were in and live in the community. The Supreme Court found the state in violation of these individuals' rights under the Americans with Disabilities Act, and ruled that:

"States are required to provide community-based services for persons with disabilities if treatment professionals determine that it is appropriate, the affected individuals do not object to such placement and the state has the available resources to provide community-based services."

The New Freedom Initiative

As part of a nationwide effort to remove barriers to community living for people with disabilities, President Bush announced the New Freedom Initiatives in 2001.

Goals:

- Increase access to assistive and universally designed technologies;
- Expand education opportunities;
- Promote homeownership;
- Integrate Americans with disabilities into the workforce;
- Expand transportation options; and
- Promote full access to community life.

Ticket to Work and the Work Incentives Improvement Act

Medicaid Buy-In permits Medicaid eligible disabled individuals to work without the loss of their Medicaid benefits. Designed for people between the ages of 16 to 65, people with disabilities can retain their attendant and health care coverage under Medicaid while working and earning as much as $45,000 per year. At some point, CASA staff will be assessing people with disabilities in the work place to authorize aide service during hours of work.

Outcomes Achieved/Outcomes Expected/Effectiveness

CASA strives to deliver quality Medicaid home care services in the most cost effective manner.

- Personal care aide (PCA) services can be delivered with both quality and cost efficiency.
- CASA constantly adjusts hours of service as client needs change.
- We open and close clients to different programs as needs change. For instance, since taking over the Private Duty Nursing Program in 1998, we have decreased the number of billable hours to Private Duty Nursing (PDN) by over 20% per week.
- Many of the same clients in PDN now receive service from a Consumer Directed Personal Assistant (CDPA).

History of PCA Billable Hours

- Billable hours to personal care in 1991 were 198,316.
- The ages of those served in personal care at that time was 80% over the age of 60 and 20% under the age of 60.
- We instituted shared aide and took a more task-based approach to delivering PCA services in the 1990s, thus impacting billable hours downward.
- PCA billable hours bottomed out in 1998 at 127,039.

Increase in PCA Billable Hours

- CASA serves an increasingly younger and severely disabled population.
- Consumer Directed has enabled clients to fill more authorized hours of personal care.
- Consumer Directed has enabled us to move clients from the high cost of Private Duty Nursing to the lower cost CDPAP.
- Our average length of stay in the program has increased.
- Shorter nursing home stays may contribute to longer lengths of stays in the community.

The programs CASA administers are **mandated** by NYS and CASAs operating expenditures are funded by Medicaid administrative dollars.

COMPARISON OF AGES OF CLIENTS

Age Range	Total Referrals in 2007	Total Unduplicated Count (PCA)* in 2007	Total Unduplicated Count (LTHHCP) in 2007
21 & under	18	93	0
22 - 24	5	11	1
25 - 29	12	17	0
30 - 34	12	15	1
35 - 39	18	25	2
40 - 44	37	21	5
45 - 49	70	44	8
50 - 54	80	57	12
55 - 59	105	73	19
60 - 64	129	79	17
65 - 69	115	70	24
70 - 74	197	65	20
75 - 79	302	57	26
80 - 84	452	60	47
85 & over	826	83	59
TOTALS	**2,378**	**770**	**241**

Note the following:

- 15% of total referrals are less than 60 years old.
- 54% of total referrals are 80 and over.

- 46% of active PCA recipients are less than 60 years old.
- 19% of active PCA recipients are 80 and over.

- 20% of LTHHCP clients are less than 60 years old.
- 44% of LTHHCP clients are 80 and over.

*PCA includes: Traditional Personal Care, Shared Aide, and Consumer Directed Personal Assistance.

MAJOR PROGRAM & PERFORMANCE MEASURES

PROGRAMS	2004	2005	2006	2007
PCA Hours Billable to Medicaid	196,930	206,497	212,548	206,803
Shared Aide Sites	18	18	18	18
Client Referrals (Total)	2,388	2,509	2,324	2,372
AVERAGE CASES MANAGED/MONTH				
Personal Care:				
• Traditional	158	143	131	155
• Shared Aide	203	212	211	191
• Consumer Directed Personal Assistance Program	126	150	169	168
SUBTOTALS	487	505	511	514
Long Term Home Health Care Program	222	228	211	180
Nursing Home Placement	96	112	112	80
Family Homes for the Elderly	32	36	39	37
Assisted Living Program	30	31	25	26
Care At Home	12	9	7	7
Home & Community Based Waiver	49	48	49	51
Nursing Home to Community	253	271	288	221
Golden Days	15	14	16	17
Private Duty Nursing	28	29	25	23
Case Management only	310	322	331	317
Traumatic Brain Injury*	0	0	0	7
TOTALS	1,534	1,605	1,614	1,480
Personal Emergency Response System	220	207	212	228
PRIs Completed/Reviewed	327	332	319	398
UNDUPLICATED COUNT				
Personal Care Programs	736	742	731	770
Long Term Home Health Care Programs	328	325	280	241

* Prior to 2007, these numbers were not tracked.

PERSONAL CARE AIDE BY LEVEL OF CARE

Program	Level I		Level II		Totals
Personal Care Aide	94	*39%*	149	*61%*	243
Shared Aide	142	*49%*	151	*51%*	293
Consumer Directed Personal Assistance Program	19	*10%*	174	*90%*	193

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 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, assistance with walking, feeding, and meal preparation.

Which level of service a consumer receives is based on the three questions asked above, 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.

PRIMARY DIAGNOSIS OF CLIENTS

Ages 22 – 59		*60 Years & Over*		*Combined Age Groups*	
Nervous System Disorders*	63	Diabetes	49	Nervous System Disorders*	82
Mental Health Disorders	31	Hypertension	44	Diabetes	68
Musculoskeletal Problems & Injuries	24	Respiratory/Pulmonary Disease	39	Mental Health Disorders	63
Diabetes	19	Heart Disease	36	Respiratory/Pulmonary Disease	53
Respiratory/Pulmonary Disease	14	Mental Health Disorders	32	Hypertension	49
Cardiovascular Disease	12	Arthritis	23	Musculoskeletal Problems & Injuries	42
Congenital	9	Cardiovascular Disease	22	Heart Disease	40
Cancer	6	Nervous System Disorders*	19	Cardiovascular Disease	34
Obesity**	6	Musculoskeletal Problems & Injuries	18	Arthritis	27
Hypertension	5	Cancer	11	Cancer	17
Digestive System Disorders	4	Miscellaneous	10	Miscellaneous	13
Arthritis	4	Genitourinary Systems Disorders	6	Genitourinary System Disorders	9
Heart Disease	4	Digestive System Disorders	5	Digestive System Disorders	9
Genitourinary System Disorders	3	Skin Disease	3	Obesity**	9
Skin Disease	3	Obesity**	3	Congenital	9
Miscellaneous	3	Sensory	2	Skin Disease	6
Infectious Immune Disorders	2	Infectious Immune Disorders	1	Sensory	4
Sensory	2			Infectious Immune Disorders	3

* 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

	2004	2005	2006	2007
Community	1,544	1,548	1,463	1,568
Hospital	844	961	861	808
TOTALS	2,388	2,509	2,324	2,376

REFERRALS BY PAYOR SOURCE

	MEDICAID				NON-MEDICAID			
	2004	2005	2006	2007	2004	2005	2006	2007
Community	402	395	384	485	1,142	1,153	1,079	1,083
Hospital	206	207	171	201	638	754	690	607
TOTALS	608	602	555	686	1,780	1,907	1,769	1,690

HOSPITAL REFERRALS

	MEDICAID				NON-MEDICAID			
	2004	2005	2006	2007	2004	2005	2006	2007
GBHC	4	9	0	6	1	2	0	5
General	55	42	42	69	78	105	73	94
Lourdes	70	91	61	63	182	267	266	216
Wilson	75	65	67	62	377	379	351	292
Other	2	0	1	1	0	1	0	0
TOTALS	206	207	171	201	638	754	690	607

COMMUNITY REFERRALS

	MEDICAID				NON-MEDICAID			
	2004	2005	2006	2007	2004	2005	2006	2007
Neighbor/Friend	9	4	3	11	3	7	11	15
Self/Family	145	138	111	177	485	505	502	546
Community Agencies	98	106	124	142	135	181	188	165
CHHA	36	33	34	34	65	54	30	48
ACF	15	5	9	17	55	48	56	55
LTHHCP	4	5	5	4	0	10	11	1
PCA Providers	11	4	8	5	15	13	10	8
Physicians	16	12	28	40	56	78	77	97
RHCF	68	87	62	55	328	246	194	148
TOTALS	402	394	384	485	1,142	1,142	1,079	1,083

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**
2000	24	*6%*	378	*94%*	**402**		16	*6%*	271	*94%*	**287**
2001	18	*4%*	432	*96%*	**450**		16	*5%*	311	*95%*	**327**
2002	35	*6%*	541	*94%*	**576**		28	*6%*	462	*94%*	**490**
2003	40	*6%*	597	*94%*	**637**		31	*5%*	539	*95%*	**570**
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**

The following table depicts the average length of stay for Nursing Home to Community Clients that were discharged back into the community during the year 2007.

Payor Source	**Number of Nursing Home to Community Clients**	**Percentage of Nursing Home to Community Clients**	**Total Days in a Nursing Home**	**Average Days in a Nursing Home**
Medicaid	36	*9%*	2,484	69.00
Medicare / Medicaid	84	*21%*	4,739	56.42
Medicare / Private Pay	245	*60%*	15,215	62.10
Private Pay	43	*10%*	3,105	72.21
TOTALS	**408**	***100%***	**25,543**	**62.61**

IN-HOME MENTAL HEALTH CARE PROGRAM

16 Active Clients

GENDER	**Number of Clients**	***Percentage***
Male	5	*31%*
Female	11	*69%*
TOTALS	16	*100%*
AGE RANGES		
Less than 60 years old	6	*38%*
60 years old and over	10	*62%*
TOTALS	16	*100%*
IS CLIENT COMPLIANT WITH TAKING MEDICATIONS?		
Yes	16	*100%*
No	0	*0%*

Activities of Daily Living

Activities	**Clients**	***Percentage***
Bathing	6	*38%*
Mobility	0	*0%*
Transferring	0	*0%*
Dressing	1	*6%*
Personal Hygiene	8	*50%*
Toileting	0	*0%*
Eating	1	*6%*

Instrumental Activities of Daily Living

Activities	**Clients**	***Percentage***
Shopping	13	*81%*
Getting to places	11	*69%*
Housework/Cleaning	13	*81%*
Meal Preparation	6	*38%*
Personal Business	11	*69%*
Telephone	1	*6%*
Medications	12	*75%*

CLIENT DEMOGRAPHICS

Our client demographics tell the following story about the people we serve in the Medicaid home care programs (Personal Care, Consumer Directed and Long Term Home Health Care).

They are overwhelmingly female.
Two-thirds of the people in the Personal Care or Long Term Home Health Care Programs are women.

Most likely they are not married.
They are either widowed, divorced or never married.

By virtue of the fact that they are served by Medicaid programs, they are low income. Their primary source of income comes from three government programs: Social Security, Supplemental Security Insurance, or Social Security Disability.

Ninety percent of the people we serve depend on others to transport them around town, thus the high percentage (over 90%) who require their aides to shop for them. While they report being dependent on others for transport, 10% or less report using public transportation.

Home ownership is low among the people we serve. Seventy percent of them rent or live with someone else and 50% of them live alone.

In the Personal Care Program which includes Consumer Directed Care, 46% of the recipients are under the age of 60. When combined with the LTHHCP, 40% are under the age of 60 (LTHHCP tends to care for a higher percentage of elders). However, these numbers are still high and indicate the large numbers of young disabled adults using home care.

CASA authorizes shopping and housekeeping for almost the entire population of people receiving home care from any program. Two-thirds of the population requires assistance with bathing and personal hygiene.

So who is being served in the Medicaid home care programs in Broome County? Out of the 1,011 people served in 2007, they were mostly low income women who are not necessarily elderly. They live alone, do not own their own homes and are dependent on others for transportation. The most frequently requested services are shopping, housekeeping, and personal care. Most likely they each have more than one chronic condition related to the top five diagnostic categories: nervous system disorders, diabetes, mental health disorders, respiratory/pulmonary disease, and hypertension.

2007 CASA Advisory Board Members

Barbara Bear Willow Point Nursing Home 3700 Old Vestal Rd. Vestal, NY 13850	Steve Brozost RR #1 Box 1090 Brackney, PA 18812	Kathy Bunnell BC OFA P.O. Box 1766 Binghamton, NY 13902
Dee Dee Camp BC OFA P. O. Box 1766 Binghamton, NY 13902	Maria Dibble STIC 24 Prospect St., 5th Floor Binghamton, NY 13901	Karla Dotts Twin Tier Home Health 4401 Vestal Parkway East Vestal, NY 13850
John J. Dubay P. O. Box 83 Corbettsville, NY 13749	Angela Furch Caregivers 700 Harry L. Dr., Ste. 120 Johnson City, NY 13790	Michele Gordon UHS, Care Management 33-57 Harrison St. Johnson City, NY 13790
Kathy Imm-Banovic Family & Children's Society 257 Main St. Binghamton, NY 13905	Rosemary Mahon Home Instead Senior Care 81 State St., Ste. 201 Binghamton, NY 13901	Rick McCarthy AVRE 174 Court St. Binghamton, NY 13901
Joan Mitchell 15 Sharon Dr. Conklin, NY 13748	Sharon Phipps Ideal LTHHC 508 High Ave. Endicott, NY 13760	Jeanne Randall 37 Rochelle Rd. Binghamton, NY 13901
Sandra Sanzo BC DSS - Medical Services 36-38 Main St. Binghamton, NY 13901	Marcia Ward 406 Main St. Johnson City, NY 13790	Judy Whiteman BC OFA P. O. Box 1766 Binghamton, NY 13902