

**LONG TERM CARE COORDINATING UNIT**  
**REPORT**

to the

**HONORABLE TERRY E. BRANSTAD**

and

**SEVENTY-SEVENTH GENERAL ASSEMBLY - First Session**

**JANUARY 15, 1997**

# **LONG TERM CARE COORDINATING UNIT**

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**REPORT**  
to the  
**HONORABLE TERRY E. BRANSTAD**  
and the  
**SEVENTY-SEVENTH GENERAL ASSEMBLY - First Session**  
by the  
**LONG TERM CARE COORDINATING UNIT**

**Background:**

The departments of Elder Affairs, Human Services, and Public Health and their predecessor departments have long recognized the need for a coordinated approach to long-term care services for individuals. Since 1980 the three departments have been working together with other organizations in the Community-Based Adult Services Committee to develop a common approach to assessment and case management for Iowa.

In August of 1984, Governor Branstad appointed a task force of 14 Iowans to study the long-term care system and identify needs. Among the recommendations ultimately made by this group was the establishment of a "Long-Term Care Commission" composed of the Commissioner of the Iowa Department of Human Services, the Director of Public Health, and the Executive Director of the Commission on Aging and a number of at large members appointed by the Governor.

In response to these recommendations, the 1986 session of the Iowa General Assembly established a Long Term Care Coordinating Unit whose current membership consists of the Executive Director of the Department of Elder Affairs, the Director of the Department of Human Services, the Director of the Department of Inspections and Appeals, and the Director of the Department of Public Health. Two public representatives appointed by the Governor also serve on the unit.

The coordinating unit is charged with responsibility for developing:

- Mechanisms and procedures to implement a case-managed system of long-term-care service delivery based on the use of a comprehensive assessment tool.
- Common intake and release procedures for long-term care services.
- Coordinated procedures at the state and local levels.
- Rules and procedures for long-term care.
- A long-range plan for long-term care.

The Iowa Department of Elder Affairs has general administrative responsibility for carrying out the policies established by the Coordinating Unit.

Staff support for the Coordinating Unit is provided by the Community Based Adult Services Committee (CBAS) which draws its membership from the Iowa Departments of Elder Affairs, Human Services, Inspections and Appeals, and Public Health, and from the Iowa Association of Area Agencies on Aging, the Iowa Foundation for Medical Care and the Iowa State Association of Counties.

The Long Term Care Coordinating Unit met five times during 1996. The Coordinating Unit and the CBAS committee are currently chaired by the Iowa Department of Elder Affairs.

#### **Accomplishments Prior to 1996**

- \* Promulgation of operational rules of the Coordinating Unit.
- \* Development of a long-range plan for the provision of long-term care services using the strategic planning method.
- \* The Case Management Program for the Frail Elderly had been expanded to all thirteen area agencies on aging, with 45 counties participating.
- \* The Medicaid Home and Community-Based Services (HCBS) Elderly Waiver was approved for implementation on August 1, 1990. The Department of Elder Affairs assisted the Department of Human Services with training for implementation of the waiver. The waiver is available in counties with the Case Management Program for the Frail Elderly.
- \* Rules were adopted establishing the application process for the designation of case management programs to provide comprehensive long-term care and community-based services to the frail elderly.
- \* Methods for equitable funding of the Case Management Programs for the Frail Elderly were developed cooperatively with the Iowa Association of Area Agencies on Aging.
- \* The Case Management Cost Analysis report was completed by the University of Iowa in 1990 and accepted by the Long Term Care Coordinating Unit.
- \* A process for reimbursing for completed case management assessment tools through Title 19 was developed and implemented on December 1, 1992. In 1995, DHS added

payment by Medicaid for case management annual re-assessments used as screens for the Home and Community-Based Services (HCBS) Elderly Waiver.

- \* An interagency committee reviewed the application process for the Title 19 elderly waiver to determine the reasons for the lack of applications for the waiver. The committee recommended additional training, elimination of client participation fees for waiver services and inclusion of additional services to the waiver. These recommendations were implemented and there has been a significant increase in the number of waiver applications.
- \* The Long Term Care Coordinating Unit (LTCCU) approved a common intake tool to be recommended for use by long-term care providers and a common assessment tool for Case Management Program for Frail Elderly (CMPFE) participating agencies.
- \* A long-range plan for specialized, long-term care units for those individuals displaying combative behavior was developed using the strategic planning method.
- \* Consolidated six "Release of Information" forms into one, multi-purpose release.
- \* An interagency committee reviewed the time frame for processing applications for the Title 19 elderly waiver to identify the reasons for delays in determination of eligibility. The following actions were taken:
  - ◇ The Health Care Financing Administration approved elimination of physician written approval of the plan of care.
  - ◇ Staff from the Departments of Human Services and Elder Affairs have provided, on request, additional training to local Iowa Department of Human Services and Area Agency on Aging staff regarding acceptable variations on steps required to process applications.
  - ◇ It was determined that DHS Service Workers may use the Case Management Program for Frail Elderly (CMPFE) assessment and care plan rather than duplicating these efforts.
  - ◇ Staff from IFMC continued to provide educational sessions to local providers on the level of care determination process.
  - ◇ Following training and reduction of duplicate efforts, the time frame was reduced substantially from a norm of three months to a norm of one month.

## Accomplishments, 1996

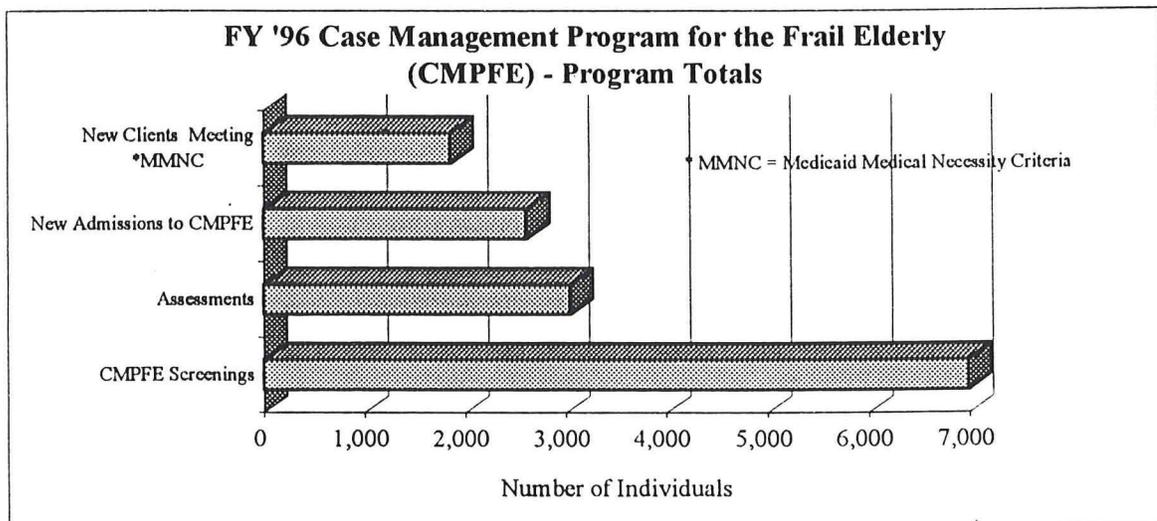
Following is a listing with a brief explanation of the progress and accomplishments that have been facilitated by the Long-Term Care Coordinating Unit. The activities of the Coordinating Unit for 1996 included:

- ⇒ Supported allocation of additional moneys for the expansion of the Case Management Program for the Frail Elderly in State Fiscal Year 1997.
- ⇒ Expansion of the Case Management Program for the Frail Elderly (CMPFE) through the addition of 26 new counties during calendar year 1996.
- ⇒ An interagency committee continued to explore the possibilities of using Title 19 as a resource to pay for case management services. This committee also began consideration of developing a managed long-term care system in response to potential federal changes in the Medicaid program.
- ⇒ An interagency committee was formed to restructure the multiple sets of rules governing respite care and adult day care into a cohesive, consistent whole. It was determined that although the state agencies were willing to create a common set of rules, inconsistency between federal rules governing the various sources of funding for adult day care prevent having identical rules. The committee will continue to search for alternative ways to resolve the difficulties experienced by adult day care providers.
- ⇒ The Long-Term Care Coordinating Unit (LTCCU) approved and implemented a common care plan to be used for all CMPFE and Medicaid Home- and Community-Based Services Elderly Waiver (HCBS-EW) clients. The LTCCU common care plan was also made available to long-term care service providers to use with non-CMPFE clients as desired.
- ⇒ An interagency committee reviewed the time frame for processing applications for the Title 19 elderly waiver to identify the reasons for delays in determination of eligibility. The following actions were taken:
  - \* Staff from the Departments of Human Services and Elder Affairs provided extensive training to local Iowa Department of Human Services and Area Agency on Aging staff in 26 counties new to the program regarding acceptable variations on steps required to process applications.

- \* Staff from IFMC continued to provide educational sessions to local providers on the level of care determination process. Unisys trained local providers in 26 new counties on correct billing procedures.
- \* Following training and reduction of duplicate efforts, the time frame was reduced from a norm of four weeks to a norm of three weeks for complex financial cases and one week for non-complex applications. The interagency committee continues to explore ways to reduce the time line further without compromising accuracy or quality.

- ⇒ A report was submitted to the Governor and the General Assembly regarding the activities of the Long Term Care Coordinating Unit in 1995.
- ⇒ The Medicaid Home and Community-Based Services Elderly Waiver paid for services to low-income elders in 71 counties with the Case Management Program for the Frail Elderly. Fifteen of the counties were added to the program since the start of SFY 1997 (nine in September and six in November 1996).
- ⇒ An interagency committee developed a plan of action to implement the special long-term care units for persons displaying combative behavior and consultation services for staff providing services to violent residents. The LTCCU determined that before a plan could be implemented a more reliable estimate of the numbers of potential clients and cost projections need to be obtained. In addition, the future role of the Clarinda psycho-geriatric program needs to be incorporated.

**Case Management Program Statistics -- State Fiscal Year 1996**



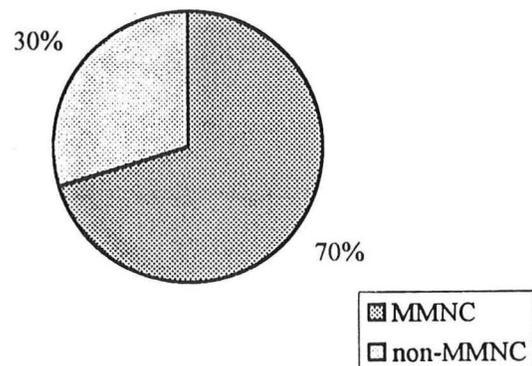
In the thirteen case management programs, 6,987 persons were offered the Functional Abilities Screening Evaluation (FASE). The FASE is the screening tool used in the case management projects. Its purpose is to indicate those persons who may have multiple problems or service needs. It is also used to identify those persons who may participate in a comprehensive assessment of their needs with the IOWA Assessment Tool.

The IOWA is an assessment tool that was adapted from the Florida Assessment Tool which had been tested for reliability and validity. The IOWA has been approved by the Coordinating Unit for use in the Case Management Program as well as in other long-term care programs administered by the Coordinating Unit's member departments. The assessment tool provides information regarding the individual's ability to function independently. From that information, a projection of the need for multiple services and/or multiple service providers is made. This projection is an indicator of the need for coordination of services through case management. A comprehensive assessment was completed with 3,039 persons. Of the individuals assessed, 2614 were admitted to the Case Management Program for the Frail Elderly as new clients. There were 1,424 updates or reassessments completed with the IOWA Assessment Tools.

An interdisciplinary team staffing is used to develop individualized care plans, to make initial arrangements for services and to appoint case managers.

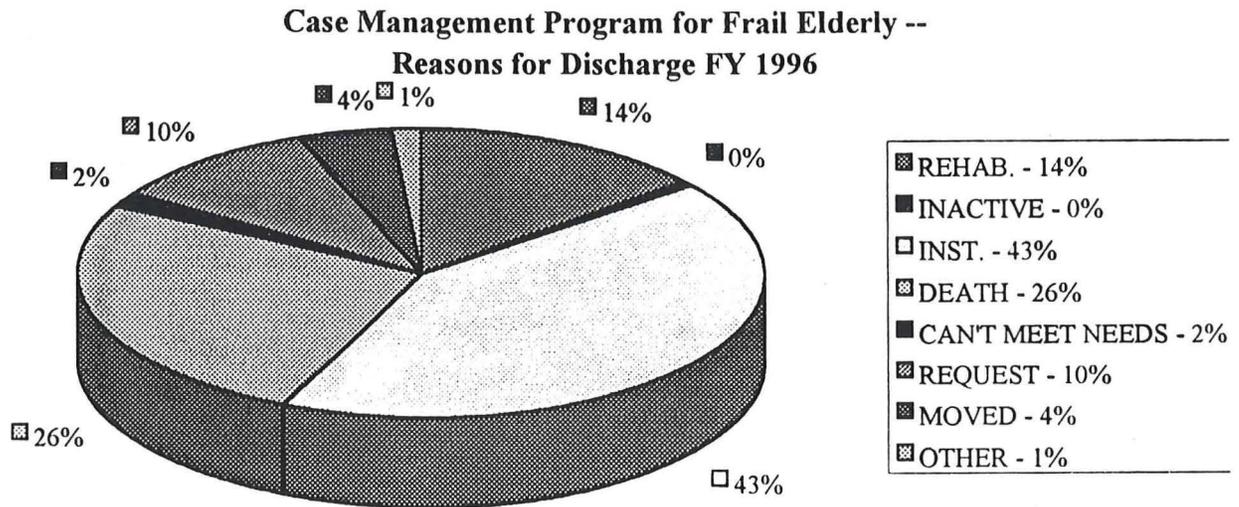
Although the number of counties participating in CMPFE increased by 42% (to 64 counties), the number of older individuals served increased by 54% in SFY 1996. In the thirteen case management projects, 4598 persons received case management services, which include implementation of the care plan; regular

**Case Management Clients Who Meet/Do Not Meet Medicaid Medical Necessity Criteria (MMNC)**



communication with the client, advocacy on behalf of the client and the clients' service providers; monitoring of appropriateness, quality and frequency of services; and regular reassessment of clients needs. Seventy percent (70%) of the year's case managed clients (3,236 individuals) were determined by the Iowa Foundation for Medical Care to meet Medicaid medical necessity criteria for intermediate or skilled level of care in a nursing facility.

During fiscal year 1996, there were 1,473 persons discharged from the program. The chart below summarizes the reasons for discharge. Of note, the number of clients who were able to live out their lives at home rose by two percent (to 26% of discharges).



**Proposed Initiatives for 1997**

The Long Term Care Coordinating Unit (LTCCU) has committed to the following activities in 1997:

- ◇ Continue to seek Title 19 and other sources of funding for case management.
- ◇ Continue to develop and implement the Long Term Care Coordinating Unit Strategic Plan including objectives related to:
  - + long-term care data

- + expansion of the Case Management Program for the Frail Elderly including the addition of more counties and outreach to previously-unidentified or newly qualified, eligible individuals in established counties
  - + educational programs
  - + further development of the action plan to implement the special long-term care units for persons displaying combative behavior, incorporating a more reliable estimate of the numbers of potential clients, cost projections and the future role of the Clarinda psycho-geriatric program needs to be incorporated..
- ◇ Complete a full review of the progress made on objectives outlined in the “Long-Term Care Strategic Plan.”
  - ◇ Completion of biennial quality assurance audits of all active CMPFE counties.
  - ◇ Continue to search for alternative ways to resolve the difficulties experienced by adult day care providers.
  - ◇ Continue to identify ways to shorten the time frame for processing applications for the HCBS Elderly Waiver.
  - ◇ Continue to identify ways to reduce unessential and duplicative paper work involved in the community-based care system. This includes determining the fit of Medicare’s OASIS B long-term care medical assessment with the LTCCU IOWA comprehensive assessment.
  - ◇ Consideration of a managed long-term care system in response to potential federal changes in the Medicaid program.