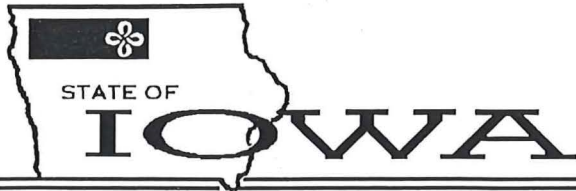


[JAN 27 1999]



THOMAS J. VILSACK
GOVERNOR

SALLY J. PEDERSON
LT. GOVERNOR

DEPARTMENT OF ELDER AFFAIRS
BETTY L. GRANDQUIST, EXECUTIVE DIRECTOR

MEMORANDUM

January 15, 1999

TO: State Librarian, Department of Education
Historical Building
600 E. Locust
LOCAL

FROM: Betty Grandquist, Chairperson
Long Term Care Coordinating Unit (LTCCU)

SUBJECT: Annual Report

As chairperson of the Long Term Care Coordinating Unit (LTCCU) for the current year, I am pleased to present the annual report of the LTCCU's accomplishments and goals as required in Iowa Code 231.58.

Additional copies of this report are available from the Iowa Department of Elder Affairs (IDEA), 515-281-7597. Thank you for your continued interest and support of the Long Term Care Coordinating Unit.

BLG/JW
Enclosure

LONG TERM CARE COORDINATING UNIT
REPORT

to the

HONORABLE THOMAS J. VILSACK

and

SEVENTY-EIGHTH GENERAL ASSEMBLY - First Session

JANUARY 15, 1999

LONG TERM CARE COORDINATING UNIT

1998 MEMBERSHIP

Betty Grandquist -- Chair
Executive Director
Department of Elder Affairs

Christopher Atchison -- Vice Chair
Director
Department of Public Health

Charles Palmer
Director
Department of Human Services

Kim Schmett
Director
Department of Inspections and Appeals

Frances Hawthorne
Consumer Member
Des Moines, Iowa

Norman Johnson
Consumer Member
West Des Moines, Iowa

1998 REPORT
to the
HONORABLE THOMAS J. VILSACK
and the
SEVENTY-EIGHTH 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 Iowa Department of Elder Affairs currently chairs the Coordinating Unit and the CBAS committee.

Accomplishments Prior to 1998

- * 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 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 has 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, 1998

The Long Term Care Coordinating Unit sponsored two events in 1998.

New Directions in Long Term Care

The National Academy for State Health Policy based in Portland, Maine conducted this workshop. It was held September 23, 1998, at the Airport Holiday Inn in Des Moines, Iowa. A brief overview of each session follows:

Session 1:

- Betty Grandquist, Executive Director of the Iowa Department of Elder Affairs, opened the session with the welcome and introductions.
- Marcia Clark, Senior Program Analyst User Liaison Program, Agency for Health Care Policy and Research and Robert Mollica, Deputy Director of the National Academy for State Health Policy, presented an overview of the workshop.

Session 2:

- A System for Managing Chronic Care was presented by Deborah Paone, Senior Research Associate, National Chronic Care Consortium, in Minneapolis, Minnesota.

The needs of people with chronic illness were reviewed, as well as settings in which services are best delivered. Implications for financing services was discussed, as well as challenges posed by demographic trends.

Session 3:

- Involving Key Stakeholders was presented by Chris Gianopoulos, Director of the Bureau of Elderly and Adult Services in Augusta, Maine. Also presenting were Joyce Allen, Director of the Long Term Care Redesign Project, Madison, Wisconsin and Ralph Smith, Assistant Secretary of Aging and Adult Services Administration, Olympia, Washington.

Major initiatives involve not only executive and legislative branches of state, but also all groups affected by the policy that is developed. This includes providers, consumers, families, and advocates. Strategies were discussed on creating a public process for shaping long term care policy changes.

Session 4:

- A Case Study – Maine: Comprehensive System Reform was presented by Chris Gianopoulos.

This session examined comprehensive changes in Maine's long term care system which reduced nursing home use and expanded residential and home and community based programs. Also discussed was the restructuring of the case management system and also a managed care program to integrate acute and long-term care in selected rural counties.

Session 5:

- Wisconsin's Long Term Care Systems Redesign Project presented by Joyce Allen, Director of the Long Term Care Redesign Project, Madison, Wisconsin.

Project goals are more care options, cost effectiveness, and consumer defined quality of service. Care centers are being designed to provide flexible funding based on an individual's ^{needs} functional capacity, to offer choice and access to cost effective long term care services.

Session 6:

- A Case Study – Washington – Creating Balance presented by Ralph Smith, Assistant Secretary of Aging and Adult Services Administration, Olympia, Washington.

This session focused on developing and implementing a strategic plan to offer consumers more choices of long term care services and providers. Also discussed were ways to reduce reliance on institutional settings and to expand residential and community care while controlling total long term care spending.

Session 7:

- Managed Care Systems for Older People: The Arizona Long Term Care System presented by Alan Schafer, Administrator of the Arizona Long Term Care System, Phoenix, Arizona.

This session presented components of a state managed care model for combining Medicaid acute and long-term care services for people needing a nursing home level of care. Topics included creating financing mechanisms with incentives to

use home and community-based care, case management, and quality of care standards and monitoring.

Session 8:

- Summary and Wrap Up was presented by Cindy Havercamp, Division of Medical Services, Iowa Department of Human Services, Robert Mollica, National Academy for State Health Policy and Marcia Clark, User Liaison Program, Agency for Health Care Policy and Research.

The final session highlighted the primary points made by the speakers and their implications and lessons for the State of Iowa.

Special Session – Labor Shortage

The Department of Elder Affairs hosted a special meeting regarding the labor shortage in nursing facilities, home health agencies, and assisted living facilities. This session was held on December 2nd, 1998 at the Hotel Fort Des Moines. The Iowa Peace Institute was asked to facilitate a discussion and problem solving session among a select group of people familiar with eldercare issues.

The risks identified with dependent care worker shortages were:

- Increased potential of bedsores for clients
- Increased risk of use of unauthorized restraints
- Malnutrition
- Injury to both staff & clients
- Potential for abuse due to stress and fatigue

The top five overall priority issues identified were:

- Over ½ of Iowa's nursing home residents receive Medicaid; Iowa's Medicaid reimbursement among lowest in nation
- Lack of affordable major medical insurance
- Minimum mandatory staffing ratios
- Requirement is to have a minimum of 75 hours of training to become certified. In Iowa, certification test can be taken without the training

- Low level of priority for aging issues.

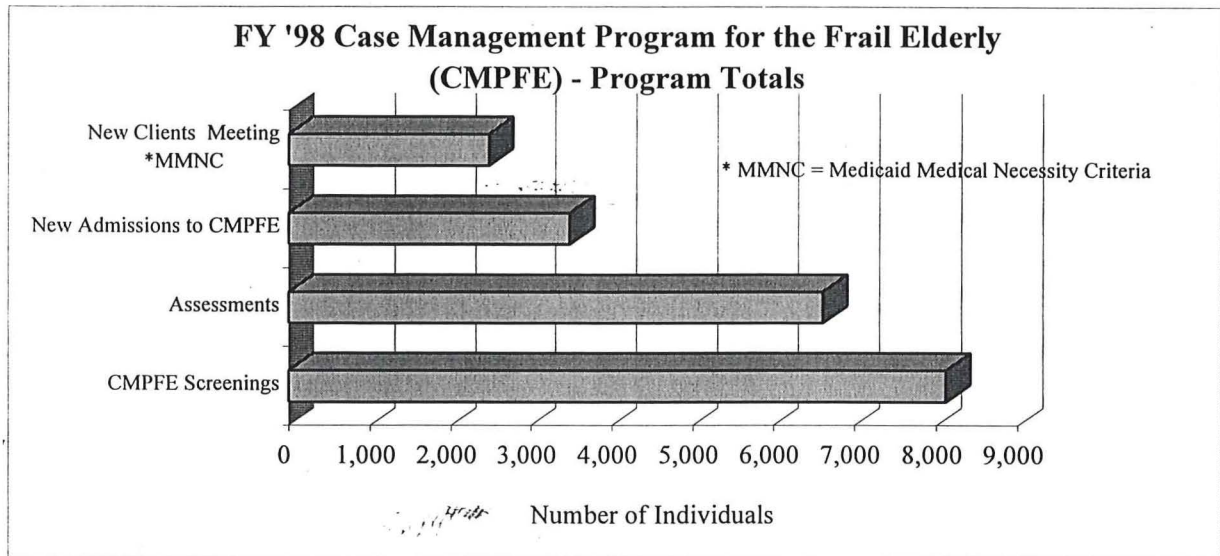
A report was developed on the responses in both the large and small group sessions with an explanation of the process.

Additional Accomplishments, 1998

Additional accomplishments include:

- ⇒ Supported allocation of additional moneys for the expansion of the Case Management Program for the Frail Elderly in State Fiscal Year 1998.
- ⇒ The Case Management Program for the Frail Elderly (CMPFE) and waiver services were available to residents in 94 Iowa counties by the end of calendar year 1998.
- ⇒ 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. Staff continues to work on ways to improve processing time.
- ⇒ Staff from IFMC continued to provide educational sessions to local providers on the level of care determination process.
- ⇒ A report was submitted to the Governor and the General Assembly regarding the activities of the Long Term Care Coordinating Unit in 1997.
- ⇒ The Medicaid Home and Community-Based Services Elderly Waiver paid for services to low-income elders in 89 counties with the Case Management Program for the Frail Elderly.

Case Management Program Statistics -- State Fiscal Year 1998



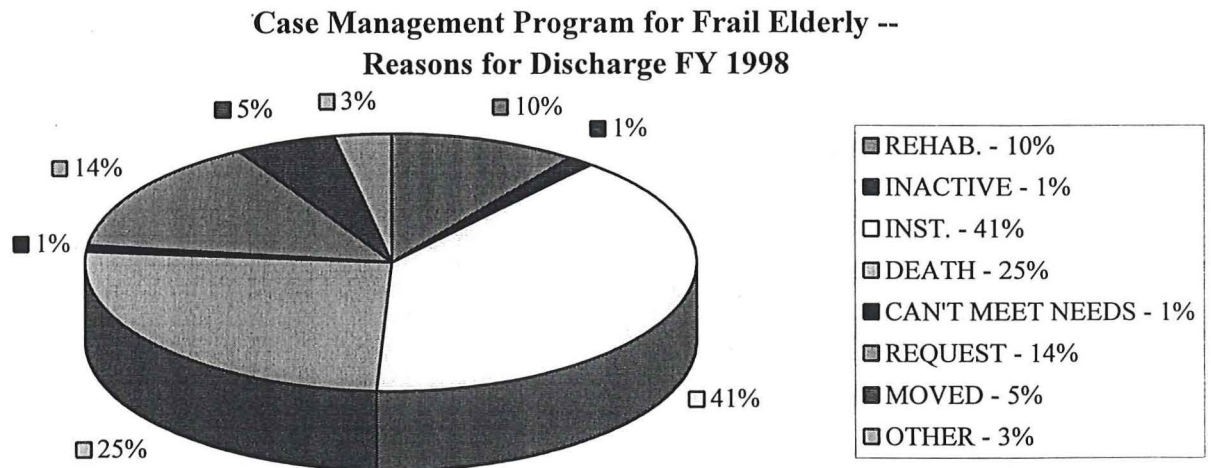
A total of 8,115 of Iowa's elderly population were referred to the case management program. A Functional Abilities Screening Evaluation (FASE) was performed on everyone that was referred to the program. The FASE is the screening tool used in the case management program. Its purpose is to indicate those 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 individuals 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. During state fiscal year 1998, a

comprehensive assessment was completed for the first time on 3,738 persons. There were 2,870 annual updates or reassessments completed using the IOWA Assessment Tool.

In the thirteen area agencies on aging, 4,877 individuals remained active case managed clients at the end of the fiscal year. A number of services were provided to each of these clients after implementation of each individualized care plan. Besides receiving needed services, there is ongoing 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 each client's needs. Seventy one percent (71%) of the year's case managed clients, or 2,472 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 1998, a total of 2,700 persons were discharged from the program. The chart below summarizes the reasons for discharge. Twenty five percent of all case managed clients were able to live out their lives in their own home.



Proposed Initiatives for 1999-

The Long Term Care Coordinating Unit (LTCCU) has committed to the following activities in 1999:

- ◇ 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:
 - + Collecting long-term care data.
 - + Expansion of the Case Management Program for the Frail Elderly into the five final counties. These counties will be waiver eligible April 1st, 1999. At this time, all of Iowa's 99 counties will be participating CMPFE counties.
 - + 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 quality assurance audits of all active CMPFE counties. Each county will have its program evaluated to identify ways to improve the coordination and delivery of in-home services to frail elders at least once every four years.
- ◇ 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 combining Medicare's OASIS-B assessment with the LTCCU's "IOWA" comprehensive assessment tool.
- ◇ Consideration of a managed long-term care system in response to potential federal changes in the Medicaid program.