

**DEPARTMENT OF HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION**

NURSING CASE MANAGEMENT

PROGRAM MISSION: To support and empower individuals and families to achieve and maintain an optimal level of health and well being in the community through home visits to adults and elderly persons who are disabled or have multiple chronic illnesses and live in their own homes.

The program impacts the community at large by maximizing knowledge of health care issues. Services are designed to prevent unnecessary emergency room visits, hospitalizations, and premature institutional placement. The following are components of the program:

- ❖ **Nursing Case Management** provides a medical model of case management to persons through home visits as prescribed by a physician. The focus is on improving or maintaining the patient’s level of functioning through a comprehensive medical and psychosocial assessment, health education, monitoring of the patient’s medical condition, and coordinating the provision of needed services in the patient’s home. Two major areas of focus are medication management and nutrition. Joint visits are also made with Adult Protective Services social workers for an evaluation of critical medical needs. Consultations are also provided to the Mental Retardation/Developmental Disability case managers, social workers and mental health therapists in Adult Services and Senior Adult Mental Health. Also offered, as a part of Nursing Case Management, is assistance by Human Service Aides with bathing and personal care one or two times per week. The fee for the bathing services is based on the patient’s income.
- ❖ **Community Outreach** activities include liaison with six area hospitals for discharge planning; conducting state required nursing home and community-based care pre-screenings for Medicaid; coordinating the flu immunization program, including outreach to senior centers and buildings with elderly residents; and presenting health and wellness programs in the community with a focus on prevention, providing individuals with information and resources they need to safely manage their health care issues independently in their own homes.
- ❖ **Cluster Care** provides eligible adults with long-term maintenance or support services enabling individuals to remain at or return home after hospitalization or skilled facility discharge. Services may include personal care, nutritional support, environmental maintenance, and support services such as grocery shopping and running errands. Services provided are not medical in nature and, therefore, are not reimbursed by Medicare, Medicaid, or most health insurance.

Program Budget Summary				
	FY 2004	FY 2005	FY 2006	% Change:
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>'05 to '06</u>
Nursing Case Management	783,170	706,530	720,632	2%
Cluster Care	1,120,530	1,718,685	1,762,551	3%
Total Expenditures	1,903,700	2,425,215	2,483,183	2%
Total Revenue	550,950	1,016,099	1,046,792	3%
Net Tax Support	\$1,352,750	\$1,409,116	\$1,436,391	2%

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Nursing Case Management				
	FY 2004	FY 2005	FY 2006	% Change:
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>'05 to '06</u>
Personnel	\$676,519	\$715,920	\$725,378	1%
Non-Personnel	1,227,181	1,709,295	1,757,805	3%
Total Expenditures	1,903,700	2,425,215	2,483,183	2%
Fees	5,002	2,500	4,000	60%
State Share	208,000	792,295	821,488	4%
Federal Grants	337,948	221,304	221,304	-
Total Revenue	550,950	1,016,099	1,046,792	3%
Net Tax Support	\$1,352,750	\$1,409,116	\$1,436,391	2%
Authorized FTEs	11.8	11.8	11.7	
Funded FTEs	11.8	11.8	11.7	

SIGNIFICANT BUDGET HIGHLIGHTS:

- ↑ Non-personnel primarily reflects an increase in LPACAP funding (\$29,193) and local funding (\$17,170) for the Cluster Care Program.
- ↑ Fees increased to reflect improved collections for the Bathing Program (\$1,500).
- ↑ State share increased to reflect an adjustment (\$29,193) in LPACAP funding for the Cluster Care Program.
- ↓ FTEs are reduced due to the internal reallocation of a 0.1 FTE to the Agency on Aging.

PERFORMANCE MEASURES:

	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2006
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Estimate</u>	<u>Estimate</u>	<u>Goal</u>
<i>Mission Outcome Measures</i>						
Percent of patients for whom the nurse prepours medications or prefills insulin syringes who demonstrate compliance or partial compliance with medications after this intervention	96%	93%	90%	90%	90%	90%
Percent of patients with hypertension who maintain blood pressure within established norm for patient 80% of the time	88%	88%	91%	85%	85%	85%

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	<u>FY 2002 Actual</u>	<u>FY 2003 Actual</u>	<u>FY 2004 Actual</u>	<u>FY 2005 Estimate</u>	<u>FY 2006 Estimate</u>	<u>FY 2006 Goal</u>
Percent of patients identified as obese, underweight, or with unexplained weight loss who have improved or maintained weight status	85%	87%	86%	85%	85%	85%
Percent of patients in bathing program who have maintained or improved skin condition	94%	92%	97%	92%	92%	92%
Number/percent of Cluster Care clients maintained in own home	N/A	N/A	285/80%	300/75%	300/75%	75%
<i><u>Customer Measures</u></i>						
Percent of patients satisfied with nursing case management service	N/A	N/A	98%	90%	90%	90%
Percent of clients satisfied with home-based cluster care services	N/A	N/A	93%	90%	90%	90%
Percent of Cluster Care staff who have transitioned to a vendor provider of services that report an average satisfaction rating of 4.0 based on a 5.0 scale	N/A	N/A	94%	95%	95%	95%
<i><u>Workload Measures</u></i>						
Number of persons served in each program component:						
Nursing Case Management	425	552	433	435	435	435
Activities of Daily Living	80	78	71	75	75	75
Home-Based Cluster Care	116	300	358	400	400	400

- ❖ The decrease in the number of patients receiving Nursing Case Management Services and the Activities of Daily Living Program in FY 2004 was the result of staffing vacancies which continue into FY 2005.