

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 eligible 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. **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. These contracted services 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 health insurance.
- **Human Service Aide Team** serves as a safety net for the Division, providing assistance with personal care, environmental maintenance, and other support services. The Team also provides immediate assistance to the clients in the Adult Protective Services Unit, serves high need clients who cannot be served by our vendors, and provides interim services to clients until ongoing services can be arranged. Also offered 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.

NURSING CASE MANAGEMENT

PROGRAM FINANCIAL SUMMARY

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Personnel	\$801,801	\$946,275	\$970,067	3%
Non-Personnel	1,087,237	918,101	962,914	5%
Total Expenditures	1,889,038	1,864,376	1,932,981	4%
Fees	3,172	4,100	4,100	-
State Share	310,083	57,815	57,815	-
Federal Grants	237,871	221,304	221,304	-
Total Revenues	551,126	283,219	283,219	-
Net Tax Support	\$1,337,912	\$1,581,157	\$1,649,762	4%
Authorized FTEs	14.7	14.7	14.70	
Funded FTEs	14.7	14.7	14.70	

Financial Details by Program

	FY 2006 Actual	FY 2007 Revised	FY 2008 Proposed	% Change '07 to '08
Nursing Case Management	\$705,518	\$648,266	\$698,568	8%
Service Aide Team	1,183,520	1,216,110	1,234,413	2%
Total Expenditures	1,889,038	1,864,376	1,932,981	4%
Total Revenues	551,126	283,219	283,219	-
Net Tax Support	\$1,337,912	\$1,581,157	\$1,649,762	4%

SIGNIFICANT BUDGET HIGHLIGHTS

- ↑ Personnel expenditures reflect an increase (\$23,792) due to normal salary increases, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a 15 percent increase in employer health insurance rates.
- ↑ Non-personnel expenditures include increases in rent (\$2,822), a contractual increase for the cluster care providers (\$25,820), funding for Home Care Partners (cluster care program) to support normal salary and fringe benefit increases (\$20,171), and a decrease that includes reallocation of funds to Adult Services for the meal program at Claridge House (\$4,000).
 - FY 07 revised and FY 2008 proposed columns for non-personnel expenses reflect a decrease in local funds (\$31,980) and LPACAP funds (\$663,673) that supported the cluster care program due to the loss of LPACAP funds.
 - FY 07 revised and FY 2008 proposed columns for state share revenues reflect a reduction in grant support for the cluster care program (\$663,673) due to the loss of LPACAP funds.

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PERFORMANCE MEASURES

Critical Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of patients with hypertension who maintain blood pressure within established norm for patient 80% of the time	88%	91%	92%	89%	88%	88%	88%
Percent of patients identified as obese, underweight, or with unexplained weight loss who have improved or maintained weight status	87%	86%	79%	90%	85%	85%	85%
Percent of patients receiving bathing who have maintained or improved skin condition	92%	97%	97%	97%	95%	95%	95%
Supporting Measures	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate	FY 2008 Estimate	FY 2008 Goal
Percent of patients satisfied with nursing case management service	N/A	98%	100%	100%	95%	95%	95%
Percent of clients satisfied with home-based cluster care services	N/A	93%	91%	96%	90%	90%	90%
Percent of staff satisfied with employment by cluster care vendors	N/A	94%	95%	86%	86%	86%	86%
Number of persons served: Nursing Case Management	552	433	423	482	425	425	425
Number of persons served and maintained in their home: Home-Based Cluster Care	300	358	467	506	400	350	350