



Office of Program Policy Analysis And Government Accountability



John W. Turcotte, Director

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Follow-Up Report on the Comprehensive Assessment and Review for Long Term Care Services (CARES) Program Administered by the Department of Elder Affairs

Abstract

- The Department of Elder Affairs (DOEA) and the Legislature have addressed all of the issues we raised in our prior report.
- CARES staff have recently developed an improved performance measure to show their impact in diverting clients from nursing homes to less expensive community placements.
- Legislative actions since 1995 have affected the CARES Program. Located now in DOEA, the Program is better coordinated with community outreach efforts, other long-term care programs, and training needs. Increased staffing support allows staff to verify that Medicaid recipients in nursing homes continue to require that level of care. Staff also now conduct in-person assessments on almost all clients. In a pilot project in two counties, staff meet with hospital discharge planners to assess clients earlier than was formerly the case.
- These changes have the cumulative effect of allowing CARES staff to assess more clients, assess many of them more thoroughly, and assess many of them earlier in the process. These actions improve the chances of clients being placed in lower-cost community settings.

presents our assessment of the extent to which our recommendations have been implemented.

Background

An individual seeking Medicaid coverage for nursing home care must meet both fiscal and medical eligibility criteria. Staff with the CARES Program in DOEA make the medical eligibility determinations. (Fiscal eligibility determinations are made by Adult Payments staff in the Department of Children and Families.)

To make the medical eligibility determinations, a CARES team (a social worker and a registered nurse) assesses an applicant's physical and mental capabilities and limitations, health care needs, and social support systems. The team then reviews this assessment with a consulting physician to make the medical eligibility determination; the team also makes a recommendation for the least restrictive placement that will meet the applicant's service needs. It may be for permanent or temporary placement in a nursing home, or it may be for lower-cost placements in community settings, such as assisted living facilities, or the client's own home with supportive care services.

The Legislature appropriated \$8.1 million for CARES for fiscal year 1996-97, of which 25% (\$2 million) was general revenue and the remaining 75% (\$6 million) was from the Federal Grants Trust Fund. There are 189 staff operating from field offices located throughout the state. During fiscal year 1995-96, CARES made medical eligibility determinations and placement recommendations for 28,916 clients.

Purpose

In accordance with s. 11.45(7)(f), F.S., this follow-up report informs the Legislature of actions taken by the Department of Elder Affairs in response to Report No. 94-33, issued February 27, 1995. This report

Prior Findings and Recommendations

Our prior report included four findings related to the efficiency and effectiveness of the CARES Program and one finding about CARES Program data. For each finding we made appropriate recommendations for DOEA or the Legislature.

- The CARES Program performance measure overstated the diversions attributable to CARES, but the Program diverted enough people from nursing homes to cover its cost and produce a net savings to the state. We recommended that the CARES Program adjust its performance measure.
- CARES could be more effective in diverting individuals if it assessed them earlier. We recommended making CARES assessments mandatory for all nursing home applicants, discontinuing assessments of applicants already in nursing homes, and expanding outreach efforts.
- The CARES Program's ability to divert clients from nursing homes could be improved if the state expanded the availability of placement alternatives and community services. We recommended development of a plan to expand long-term care alternatives, and a study of eligibility criteria.
- Programs in the Department of Health and Rehabilitative Services (now called the Department of Children and Families) and DOEA performed similar functions and served similar populations. To eliminate duplication of services and clarify responsibilities, we recommended the transfer of CARES and Adult Payments to DOEA. We also recommended that CARES oversee training and assess clients for all long-term care programs.
- The management information system used in the CARES Program relied on old equipment and did not meet information needs; data were often inaccurate and incomplete. New equipment was being installed at the time we concluded our fieldwork. We recommended they continue seeking funding to complete the computer upgrade.

Current Status

Actions Taken

DOEA and the Legislature have addressed all of the issues we raised in our prior report. Of our 11 recommendations, 7 have been implemented, alternative actions have been taken for 3 others, and 1 was not implemented after the Legislature decided not to transfer Adult Payments to DOEA at this time.

- DOEA changed its performance measure, but differently than we had envisioned. However, recent OPPAGA discussions with CARES staff have resulted in an improved measure that can be generated periodically on their now-upgraded information system. It shows the Program's impact in diverting clients from nursing homes to less expensive community placements. DOEA will continue to refine this measure while developing a performance-based program budget for fiscal year 1999-2000.
- The Legislature transferred CARES to DOEA in 1995. (It declined to transfer Adult Payments.)
- The Legislature, in both 1995 and 1996, expanded the CARES Program. This has enabled DOEA to incorporate CARES into its community outreach efforts and coordinate CARES with other long-term care programs and training needs.
- In response to a legislative directive, CARES staff conduct continuing residency reviews to verify that Medicaid recipients in nursing homes continue to require that intensity of medical care.
- CARES staff now conduct in-person assessments (rather than desk reviews) for all CARES clients except those known to be terminally ill.

In a pilot project in Orange and Palm Beach Counties, CARES staff now meet regularly with hospital discharge planners in order to assess clients earlier than was formerly the case. These earlier interventions improve the clients' prospects to be served in lower-cost community settings.