

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 Intellectual and 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.
- **In-Home Services** 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 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Personnel	\$909,454	\$983,587	\$1,004,799	2%
Non-Personnel	1,236,987	982,914	1,236,777	26%
Total Expenditures	2,146,441	1,966,501	2,241,576	14%
Fees	2,428	4,100	4,100	-
State Share	599	57,815	57,815	-
Federal Grants	471,798	221,304	402,767	82%
Total Revenues	474,825	283,219	464,682	64%
Net Tax Support	\$1,671,616	\$1,683,282	\$1,776,894	6%
Permanent FTEs	14.7	14.70	14.70	
Temporary FTEs	-	-	-	
Total Authorized FTEs	14.7	14.70	14.70	

Financial Details by Program

	FY 2007 Actual	FY 2008 Revised	FY 2009 Proposed	% Change '08 to '09
Nursing Case Management	\$645,733	\$706,578	\$729,717	3%
In-Home Services/Service Aide Team	1,500,707	1,259,923	1,511,859	20%
Total Expenditures	2,146,440	1,966,501	2,241,576	14%
Total Revenues	474,824	283,219	464,682	64%
Net Tax Support	\$1,671,616	\$1,683,282	\$1,776,894	6%

SIGNIFICANT BUDGET HIGHLIGHTS

- ↑ Personnel expenditures reflect an increase due to normal salary increases, an increase in employer retirement contributions to maintain full funding of the retirement fund, and a ten percent increase in employer health insurance rates.
- ↑ Non-personnel expenditures primarily increase due to increases for rent (\$2,058), a contractual increase for the In-Home Services providers (\$34,226), funding for Home Care Partners (In-Home Services) to support normal personnel increases (\$14,106), the reallocation of funds from Senior Adult Mental Health to support the In-Home Services Program (\$26,802), and additional state funds that support the In-Home Services Program (\$181,463). These increases are partially offset by decreases in the telephone and training budgets.
- ↑ Federal Grants increased due to new funds for the reimbursement of expenses for the In-Home Services Program (\$181,463).

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PERFORMANCE MEASURES

Critical Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of patients with hypertension who maintain blood pressure within established norm for patient 80% of the time	91%	92%	89%	85%	85%	85%	85%
Percent of patients identified as obese, underweight, or with unexplained weight loss who have improved or maintained weight status	86%	79%	90%	81%	80%	80%	80%
Percent of patients receiving bathing who have maintained or improved skin condition	97%	97%	97%	99%	95%	95%	95%

Supporting Measures	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Actual	FY 2008 Estimate	FY 2009 Estimate	FY 2009 Target
Percent of patients satisfied with nursing case management service	98%	100%	100%	100%	95%	95%	95%
Percent of clients satisfied with home-based cluster care services	93%	91%	96%	92%	90%	90%	90%
Percent of staff satisfied with employment by cluster care vendors	94%	95%	86%	98%	90%	90%	90%
Number of persons served: Nursing Case Management	433	423	482	501	425	425	425
Number of persons served and maintained in their home: In-Home Services	358	467	506	404	404	404	404

- The decrease in the number of persons served by Nursing Case Management is the result of vacancies that occurred during FY 2008.
- The decrease in the number of persons served by In-Home Services is the result of the loss of Local Public Assistance Cost Allocation Plan (LPACAP) funding in for In-Home Services in FY 2007.