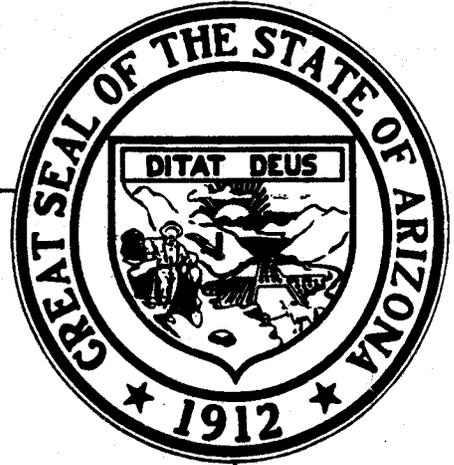


Arthur Andersen

State of Arizona



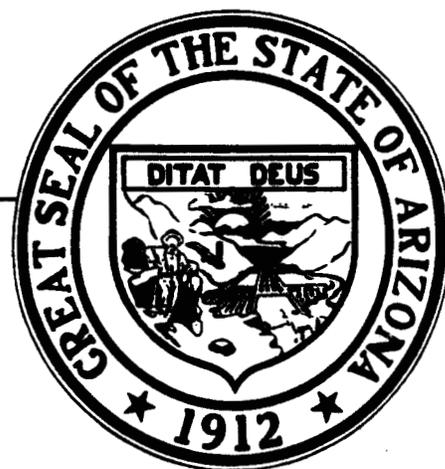
**Select Committee on Funding Systems
for Long Term Care**

**Department of Economic Security
Long Term Care System**

**ARTHUR
ANDERSEN
& CO**

April 4, 1988

State of Arizona



**Select Committee on Funding Systems
for Long Term Care**

**Department of Economic Security
Long Term Care System**

**ARTHUR
ANDERSEN
& CO.**

April 4, 1988

ARTHUR ANDERSEN & Co.

ONE RENAISSANCE SQUARE
2 NORTH CENTRAL
SUITE 1000
PHOENIX, ARIZONA 85004
(602) 257-9234

April 4, 1988

Select Committee on Funding Systems
for Long Term Care
c/o Senator Greg Lunn and
Representative Bart Baker
1700 West Washington
Phoenix, Arizona 85007

Ladies and Gentlemen:

Enclosed are twenty copies of our report on the Department of Economic Security Long-Term Care System dated April 4, 1988. The financial information included in this report was accumulated from various sources as indicated. We did not apply auditing procedures to the financial information and accordingly we do not express an opinion on it.

Please extend our thanks to the members of the Select Committee, Area Agencies on Aging, Department of Economic Security, AHCCCS and the provider community who willingly and quickly assisted us in completing this project in a very short timeframe. If we can be of any further assistance to you, please do not hesitate to call.

Very truly yours,

Arthur Andersen & Co.

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EXECUTIVE SUMMARY

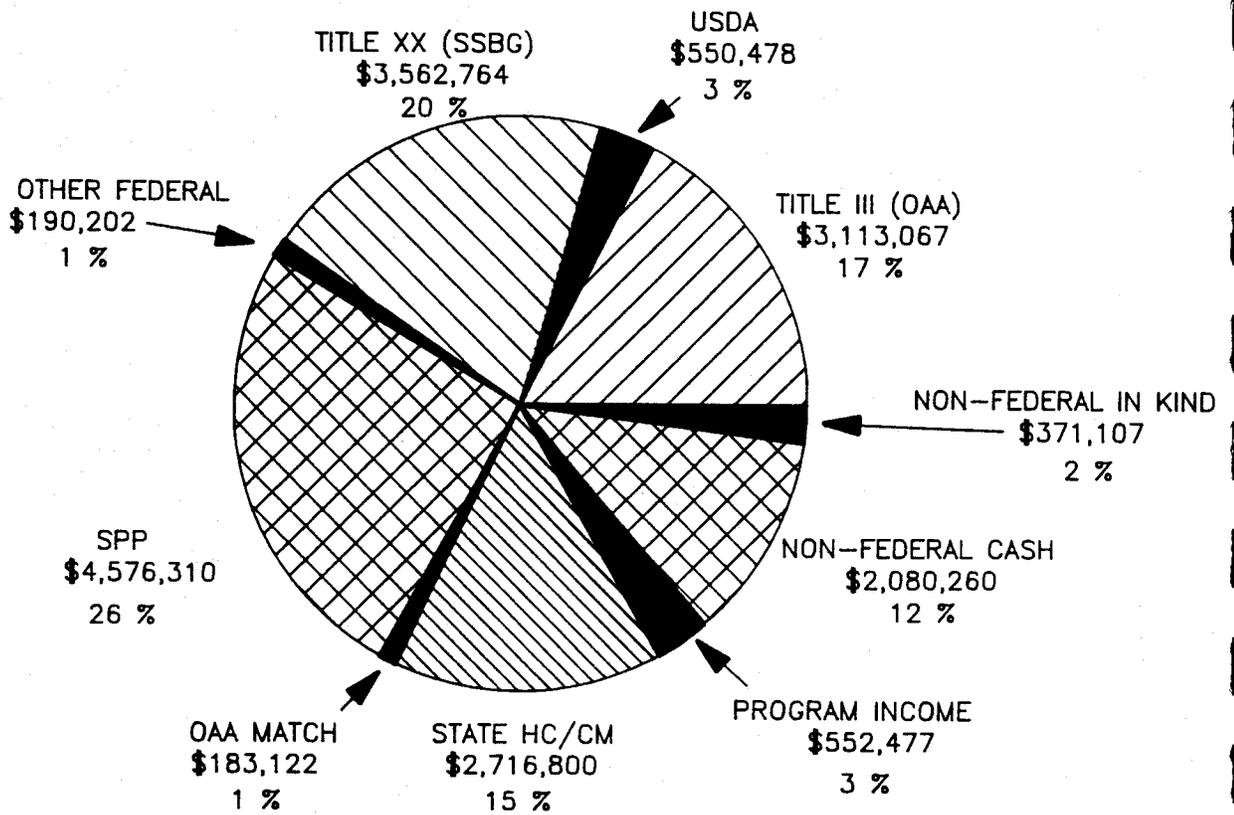
The Select Committee on Funding Systems for Long-Term Care contracted with Arthur Andersen & Co. to conduct a financial analysis of present and proposed Long-term Care funding. The three primary objectives of this study were to:

- o Determine the amounts of federal, state and all other monies currently expended on Department of Economic Security (DES) Long-Term Care Services;
- o Determine the amounts of federal and state monies that will become available at DES due to a shift of eligible persons into the Arizona Health Care Cost Containment System (AHCCCS) Long-Term Care system beginning October 1, 1988; and
- o Present detailed options for the expenditure of these available federal and state monies.

The key findings of this study are summarized on the following pages.

EXHIBIT I-A

DES LONG TERM CARE SYSTEM
FISCAL YEAR 1988
(BUDGET)



TOTAL: \$17,896,587

SOURCE: APPENDIX E

EXECUTIVE SUMMARY

CURRENT SOURCES AND USES OF FUNDS

In fiscal year [1987, \$15,325,942] was reported as expended on DES long-term care services. This expenditure amount was comprised of approximately 43% federal, 41% state and 16% locally-reported funds. In fiscal year 1988, the budget for DES long-term care services totals \$17,896,587. Refer to Exhibit I-A for an overview of the funding sources. A brief identification of these funding sources follows.

FEDERAL SOURCES

Title III - Older American's Act: This federal funding source is used to provide a number of services to the elderly. Title III was a catalyst in establishing the DES long-term care system in place today.

United States Department of Agriculture (USDA): This funding source provides cash and commodities to provide meals to elderly persons.

Title XX - Social Services Block Grant (SSBG): The federal funds utilized from Title XX for long-term care are only about 10% of all services covered by Title XX. This study only documents Title XX funds associated with delivering long-term care services to the elderly and physically disabled.

Other Federal: This includes funds received by individual providers from Title V of the Older American's Act and the Community Service Block Grant. These funds are used to support operations primarily through employment of elderly individuals.

STATE SOURCES

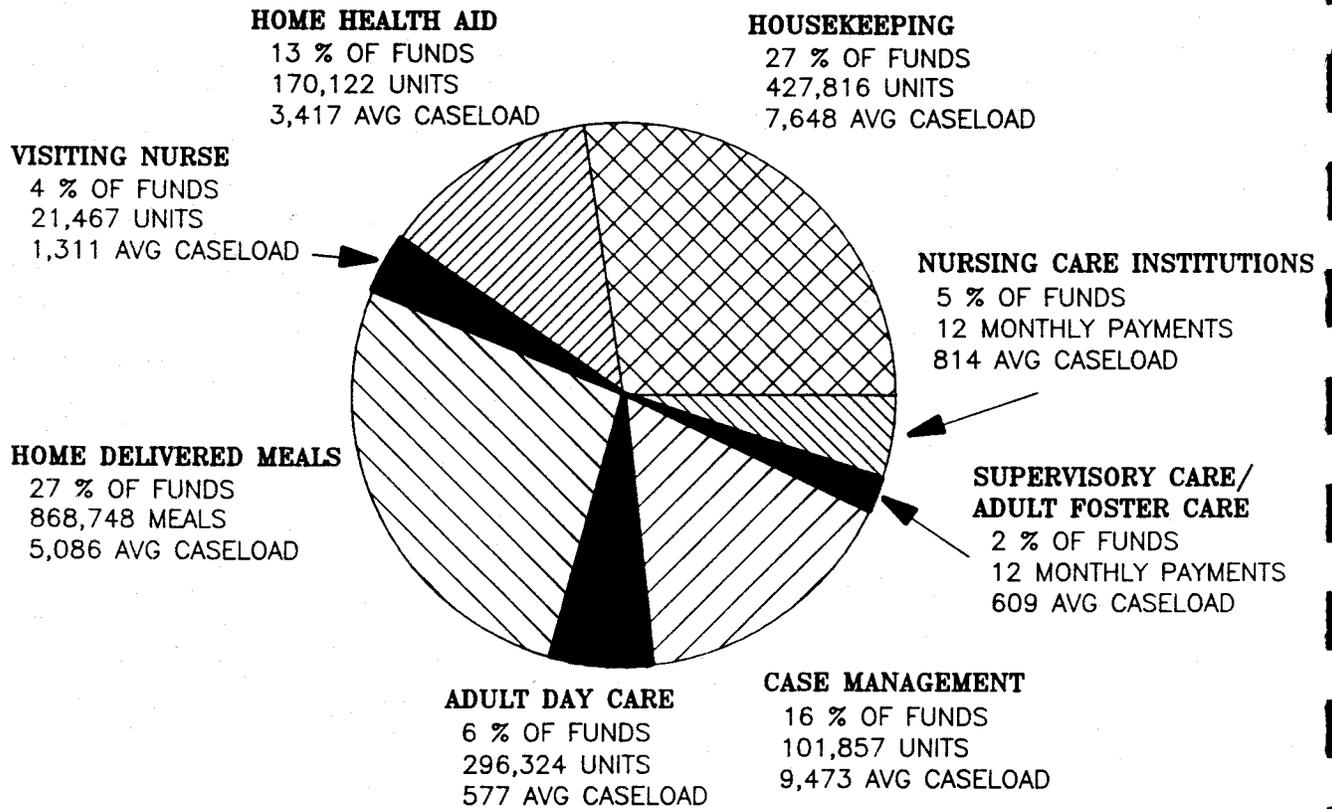
Supplemental Payment Program (SPP): This study focused on two SPP components - institutional care and home and community-based care. The institutional care component provides fixed payments for eligible individuals who reside in a private nursing home, county operated nursing home, supervisory care home, or adult foster care home. The home and community-based component provides funds for eligible individuals to cover housekeeping, home health and visiting nurse services.

Older American Act's (OAA) Match: This is the state match to federal monies received through Title III.

State Home Care/Case Management (HC/CM): This state appropriation is utilized to provide home health aide, visiting nurse, housekeeping and case management services to elderly and physically disabled adults.

EXHIBIT I-B

DES LONG TERM CARE SYSTEM
USE OF 1988 FUNDS



UTILIZATION DATA DOES NOT INCLUDE REGIONS VII AND VIII - NATIVE AMERICANS

SOURCE: APPENDIXES J AND K

EXECUTIVE SUMMARY

LOCAL SOURCES

Program Income: These are the funds that are reported by Area Agencies on Aging and individual providers. The funds are obtained primarily through client contributions.

Non-Federal Cash: These are revenues that Area Agencies and providers report as received through such sources as third party reimbursement and United Way.

Non-Federal In Kind: This is the value of commodities and volunteer time contributions reported by the Area Agencies and providers.

The focus of this study was on long-term care services provided in the DES system that will be covered under the AHCCCS program for AHCCCS eligibles. These long-term care services include:

- o housekeeping
- o home health aide
- o visiting nurse services
- o home delivered meals
- o adult day care
- o case management
- o services provided in skilled and intermediate nursing care institutions

The DES long-term care system currently serves about 9,500 persons on any given day. For an overview of how the DES funds are used, refer to Exhibit I-B. For each service, the following is provided:

- o Percent of funds expended for the service.
- o Number of services provided. This is reported as meals, monthly payments or units. A unit is one hour of service.
- o The average caseload of persons served.

- Over fifty percent of funds are used to provide housekeeping and home delivered meals.

AHCCCS IMPACT

To determine the potential DES population shift to the AHCCCS long-term care program. Our analysis involved three studies which are described in detail in this report. The results of these studies indicate that between 10% and 20% of the DES population being served in the home and community-based programs could be AHCCCS eligible. For the DES clients receiving SPP payments for institutional care, we assumed that all persons residing in nursing care institutions could be shifted to AHCCCS.

*3.1.87
Don't
know
if this has
to be
true.*

EXECUTIVE SUMMARY

EXHIBIT I-C

POTENTIAL RANGE OF POPULATION SHIFT FROM DES TO AHCCCS

	<u>Low</u>	<u>Midpoint</u>	<u>High</u>
Home and community-based clients	853	1,279	1,705
SPP clients in nursing care institutions	813	813	813
Total clients	1,666	2,092	2,518

EXHIBIT I-D

POTENTIAL RANGE OF AVAILABLE FUNDS

which one increasing to determine how 5% cap on HCB affected this

	<u>FUNDING SOURCE</u>	<u>LOW</u>	<u>MID POINT</u>	<u>HIGH</u>
FEDERAL	TITLE III	\$209,047	\$358,367	\$477,822
	TITLE XX	225,134	385,945	514,593
	USDA	23,035	39,488	52,651
	OTHER FEDERAL	22,635	38,803	51,737
STATE	OAA MATCH	12,301	21,088	28,117
	STATE HC/CM	220,235	377,546	503,395
	SPP	219,442	376,186	501,581
LOCAL	PROGRAM INCOME	36,831	63,139	84,185
	NON-FEDERAL	121,213	207,793	277,058
	NON-FEDERAL IN KIND	11,566	19,827	26,436
TOTAL HOME & COMMUNITY BASED FUNDS		\$1,101,439	\$1,888,182	\$2,517,575
SPP INSTITUTIONAL CARE FUNDS		526,890	602,160	602,160
TOTAL AVAILABLE FUNDS		\$1,628,329	\$2,490,342	\$3,119,735

ASSUMPTIONS:

% HOME & COMMUNITY BASED POPULATION SHIFT

10%

15%

20%

% SPP NURSING HOME POPULATION SHIFT

100%

100%

100%

ENROLLMENT PERIOD BEGINNING OCTOBER 1, 1988

5 MONTHS (Due to delay in legislation)

3 MONTHS

3 MONTHS

EXECUTIVE SUMMARY

The potential range of the population shift from the DES long-term care system to the AHCCCS program, is shown in Exhibit I-C. The low estimate is based on a population shift of 10% of the DES home and community-based clients. The mid-point is based on a shift of 15% and the high is based on 20%. All three estimates assume 100% of SPP clients residing in nursing care institutions will shift. In summary, the potential population shift from DES to AHCCCS ranges from 1,666 to 2,518 clients.

When the population shift occurs, funds will become available in the DES system. These funds become available because they will no longer be used to cover the care provided to the DES population which shifts to the AHCCCS program. The potential range of available funds is shown in Exhibit I-D. The mid-point was selected to project available funds for use in analyzing expenditure alternatives. The midpoint available funds are \$2,490,342 which include \$1,376,980 in state appropriated monies.

EXPENDITURE ALTERNATIVES

Several alternatives exist for expenditure of the funds that may become available in the DES long-term care system due to the population shift to the AHCCCS program. Available federal funds generally must be spent in accordance with approved state plans for Titles III and XX. Alternatives for expenditure of the \$1,376,980 in state monies are detailed in our report. The Select Committee may wish to pursue any combination of the alternatives presented or pursue alternatives not described. A brief description of these alternatives is provided below.

Alternative I - Cover Projected Increases in SPP for Home Care: Approximately \$624,938 of new funding will be required in fiscal year 1989 to cover a projected growth in SPP clients requiring home care services.

Alternative II - Fulfill Waiting Lists: A survey of Area Agencies on Aging identified 1,472 people on waiting lists for long-term care services. The demographics of people on the waiting lists are described in our report. The cost to fulfill these waiting lists is projected at \$602,592 for fiscal year 1989.

Alternative III - Fulfill Unmet Need: An estimated 6,300 people are in need of some form of formalized, long-term care services. Over ten million dollars would be required to fully serve this population. Options available within this alternative are to set certain penetration levels. For example, the cost to fulfill 10% of the unmet need is \$1,008,000.

EXECUTIVE SUMMARY

Alternative IV - Fund Other Programs or Develop Systems: Our alternatives focus primarily on continuing to serve the elderly population in need of long-term care services. The available state appropriated monies could also be used for other non-long-term care purposes or to develop a needed long-term care automated system. However, the Select Committee needs to be aware that if these available funds are diverted elsewhere and the projected availability of funds is not achieved, then reductions in DES long-term care services will have to be implemented.

ISSUES AND RECOMMENDATIONS

During the course of this study, our project team identified several issues that the Select Committee may wish to explore. These issues and related recommendations are briefly outlined below.

- Issue:** The current DES long-term care program is managed with information collected in a manual intensive manner. This causes difficulties with management of clients, providers and funds. With the implementation of the AHCCCS program, it will become critical to have greater control over payment and client identification data.
- Recommendation:** A statewide automated long-term care system should be developed to manage the total long-term care population and all funding sources.
- Issue:** Current methods of reimbursing providers and Area Agencies for services do not encourage control over utilization and expenditures.
- Recommendation:** Alternative reimbursement systems should be explored including those based on case-mix and fixed capitations.
- Issue:** The current administrative structures in place for planning and distribution of funds have overlapping responsibilities in several areas.
- Recommendation:** Procedures for streamlining the planning and distribution of funds should be explored at both the state and local levels.
- Issue:** Under current laws there will be overlap in payment for services for individuals who are both AHCCCS and SPP eligible.
- Recommendation:** Legislation should be passed to assure that duplicate payments are not made by SPP and AHCCCS.

Do think we did this in 1986?

Probably will be completed on 12/29 in #B 2525.

EXECUTIVE SUMMARY

- Issue: It is possible that DES clients may not apply for AHCCCS eligibility. This would have the effect of reducing the amount of funds projected to be available in this report.
- Recommendation: Legal analysis should be performed and consideration given to mandating that DES clients which are potentially eligible apply for AHCCCS coverage.
- Issue: Several different methods and forms are used in assessing DES clients. This makes it difficult to maintain a uniform statewide database.
- Recommendation: One statewide instrument for client assessment should be utilized that incorporates the AHCCCS preadmission screening requirements as well as any DES specific requirements.

It has been a pleasure to work for the Select Committee. We wish to express our appreciation to all the people who have participated in this effort.

- ① 15% of DES clients would transition into ALTCS
- Is this holding true? 5% cap.
- ② \$2.4M in fed, state and local funds will be freed up as a result of Title XIX funds, including \$1.3M in state.

PROJECT APPROACH

The Select Committee on Funding Systems for Long-Term Care contracted with Arthur Andersen & Co. to conduct a financial analysis of present and proposed Long-term Care Funding. The three primary objectives of this study were to:

- o Determine the amounts of federal, state and all other monies currently expended on Department of Economic Security (DES) Long-Term Care Services;
- o Determine the amounts of federal and state monies that will become available at DES due to a shift of eligible persons into the Arizona Health Care Cost Containment System (AHCCCS) Long-Term Care system beginning October 1, 1988; and
- o Present detailed options for the expenditure of these available federal and state monies.

Arthur Andersen & Co. organized a project team and an advisory panel which worked in conjunction with the Select Committee and legislative staff in completion of this study. Refer to Exhibit II-A.

The work effort was organized into five major segments. These segments and the major tasks involved were:

- I. Organize and administer the project. This segment involved the development of a detailed work program and assignment and supervision of personnel.
- II. Review current system information. This segment consisted of data gathering and documentation of the current DES delivery system, expenditures and utilization data. Data was gathered through interviews with DES, Area Agencies on Aging and others and review of existing documentation (i.e. expenditure reports, laws, rules and regulations, etc.). Refer to Appendix A for a list of persons interviewed during the course of this study.
- III. Determine the AHCCCS long-term care program impact on the DES system. An extensive effort was involved to determine the potential DES population shift to the AHCCCS long-term care program. Our analysis included:
 - Review of a sample study conducted by AHCCCS and Maricopa and Pima counties. In this study an analysis of 90 DES clients using the AHCCCS Preadmission Assessment Screening (PAS) instrument was completed.
 - Development of a computer model to analyze a statewide database prepared by the University of Arizona's Long-term Care Gerontology Center.

PROJECT APPROACH

- Utilization of a computer model jointly developed by the Region I Area Agency on Aging and John C. Lincoln Hospital to assess the functional requirements level of 400 DES clients residing in Maricopa county.
 - Analysis of service mix data in Maricopa County to estimate utilization of services by the potential AHCCCS population.
 - Development of a computer model to project the cost, utilization of services and funding sources of the potential population shift.
- IV. Analyze alternatives for expenditure of long-term care monies. The analysis of options for expenditure of available funds was completed after quantifying the population shift and available federal and state monies. This analysis included collection and analysis of information concerning persons on waiting lists. We also projected estimates of unmet long-term care needs.
- V. Prepare the report. The preparation of this report included drafts, reviews with committee members and final revisions.

The following report presents the findings of our study.

- o Current DES System: This section documents the current expenditure levels, services provided and population served in the DES long-term care system. This information provides the basis for projections of the AHCCCS impact on the DES System.
- o AHCCCS Impact: This section contains our analysis of the potential population shift from DES to the AHCCCS long-term care program. This shift will result in funds becoming available in the DES system and these estimated dollar amounts are documented.
- o Expenditure Alternatives: This section explores options for expenditure of the available funds. Focus is given to additional needs in long-term care.
- o Issues and Recommendations: This section discusses organizational, administrative and policy issues raised during the course of this study. Recommendations are made where appropriate.

CURRENT DES SYSTEM

OVERVIEW OF DES DELIVERY SYSTEM

The Department of Economic Security's long-term care system was fully initiated with legislation passed in 1980. Legislative intent stated that the goal of the system was "to provide...a wide variety of coordinated services that enable older Arizonans to maintain an independent lifestyle of their own choice, avoid premature and unnecessary institutional care, and live in dignity." Prior to this time, the only expenditure formally associated with long-term care services in DES was the State Supplemental Payment Program (SPP). SPP then, and still provides, payments for institutional and home services to a limited population. For a more detailed description of SPP, refer to "Overview of DES Funding Sources."

The organizational entities which comprise the DES long-term care delivery system consist of DES, Area Agencies On Aging, Councils of Government, Tribal Governments, Pima County Department of Aging & Medical Services and individual health care providers. A conceptual organizational overview of this delivery system is presented in Exhibit III-A. The specific roles of these entities are briefly described below.

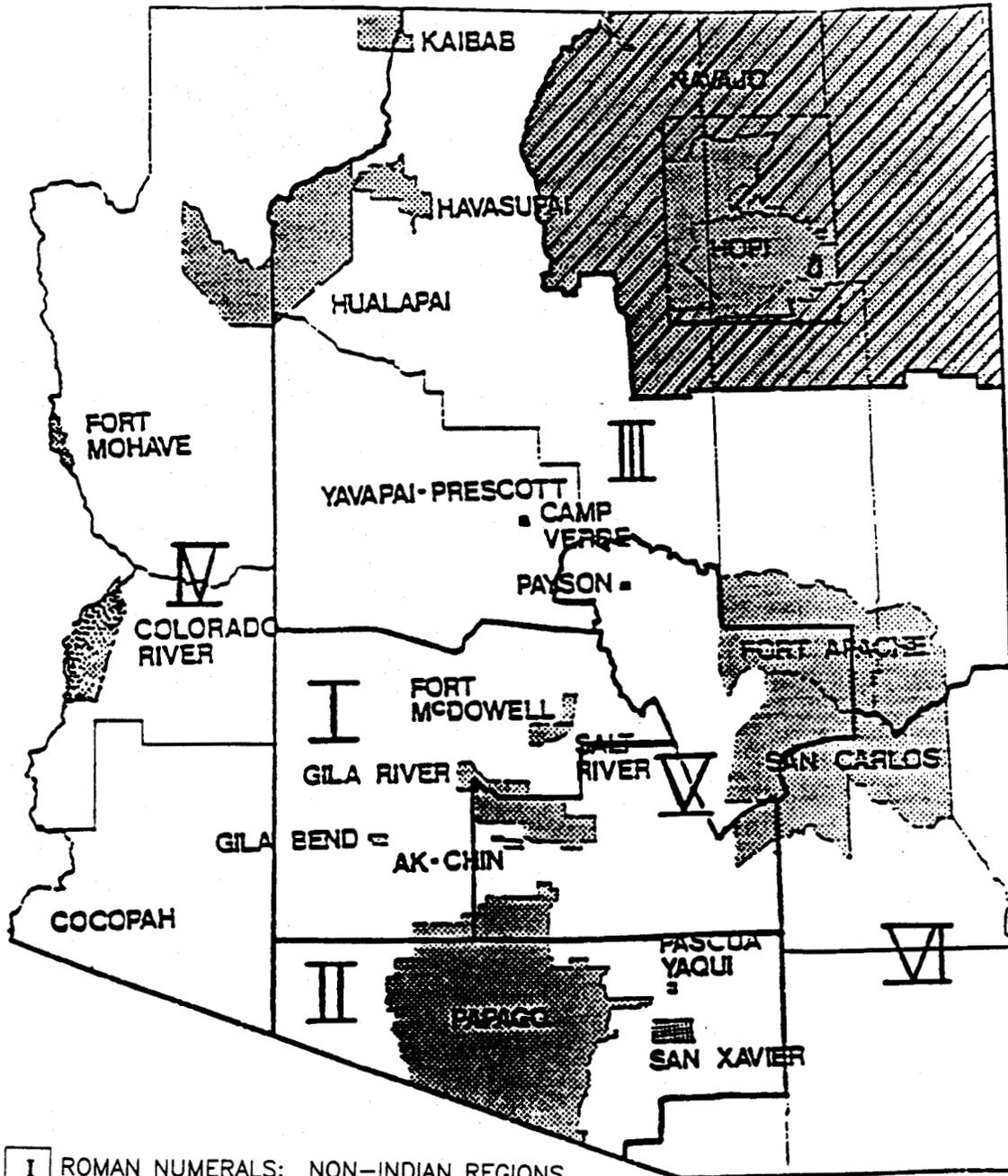
Department of Economic Security - DES is designated as the single state agency to administer the provisions of the Older Americans Act of 1965 (Title III) and the Social Services Block Grant (Title XX). Aging & Adult Administration (A&AA) is the specific administration within DES responsible for:

- o Developing a plan for providing long-term care services to the elderly;
- o Arranging contracts for and distributing Title III, Supplemental Payment Program (SPP), and State home care/case management monies; and
- o Monitoring and evaluating the long-term care services funded by all federal and state sources.

Community Services Administration is a subdivision within DES responsible to arrange contracts for and distribute all Title XX monies.

Area Agencies On Aging - There are eight Area Agencies designated by the State to carry out the provisions of Title III of the Older American's Act at the sub-state level. Each Area Agency plans for, establishes and coordinates a delivery system in their individual planning and service area (PSA). The Area Agencies contract with, monitor and evaluate the performance of healthcare providers.

EXHIBIT III-B



- I ROMAN NUMERALS: NON-INDIAN REGIONS
- INDIAN RESERVATIONS: INTER TRIBAL COUNCIL OF ARIZONA PSA - REGION VIII
- NAVAHO INTERSTATE PSA - REGION VII

CURRENT DES SYSTEM

For a map which identifies the eight Area Agencies by PSA/Region, refer to Exhibit III-B. These Area Agencies must report all funding sources (federal, state and local) to DES to be in compliance with Title III regulations. The funds reported also include expenditures reported to the Area Agencies by contract providers.

Council of Governments (COGS) - Arizona's six COGS provide the primary mechanism for local planning for Title XX services. This planning includes the identification of Title XX services for the elderly and physically disabled as well as other needy populations.

Tribal Governments - The tribal governments, in coordination with Indian Health Services and the Bureau of Indian Affairs, provide long term care services for Native Americans. These tribal governments provide local planning for Title XX services in their areas. In addition, tribal governments serve as the Area Agencies in PSA/Regions VII and VIII for management of Title III funds.

Pima County Department of Aging & Medical Services (AMS) - The Pima County Department of AMS has a home and community based system which utilizes county, federal and state funding sources. DES contracts directly with Pima County Department of AMS to administer Title XX and SPP funds for PSA/Region II. The Area Agency in Region II, Pima Council on Aging, contracts with the Pima County Department of AMS to provide Title III funded long-term care services. In both roles, Pima County Department of AMS provides and contracts for home and community based services.

Individual Health Care Providers - There are a number of public and private health care providers which deliver long-term care services to the elderly and physically disabled. These providers deliver housekeeping, home health care, visiting nurse services, adult day care, meals in the home and case management services. Contracts with these providers may be made directly with DES and/or the Area Agencies.

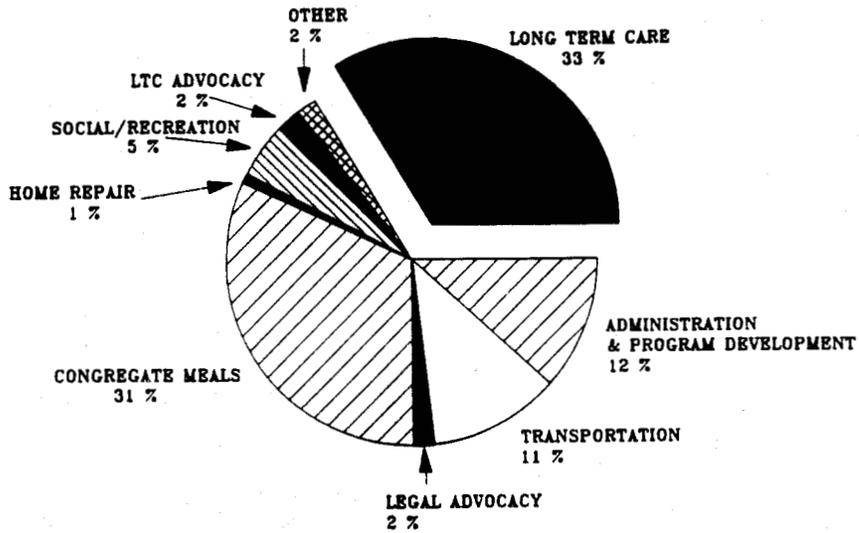
The specific focus of this study was on long-term care services delivered to the elderly and physically disabled which will be covered under the AHCCCS program for AHCCCS eligibles. Long-term care as used in this report is defined as providing the following services:

- | | |
|---------------------------|---|
| - housekeeping | - adult day care |
| - home health aid | - case management |
| - visiting nurse services | - services provided in skilled and intermediate nursing care institutions |
| - home delivered meals | |

For an overview of the availability of home and community based services by region, refer to Appendix B. This study also includes the identification of Supplemental Payment Program expenditures associated with institutional care.

EXHIBIT III-C

TITLE III FUND ALLOCATIONS
FOR ALL SERVICES
1987/1988

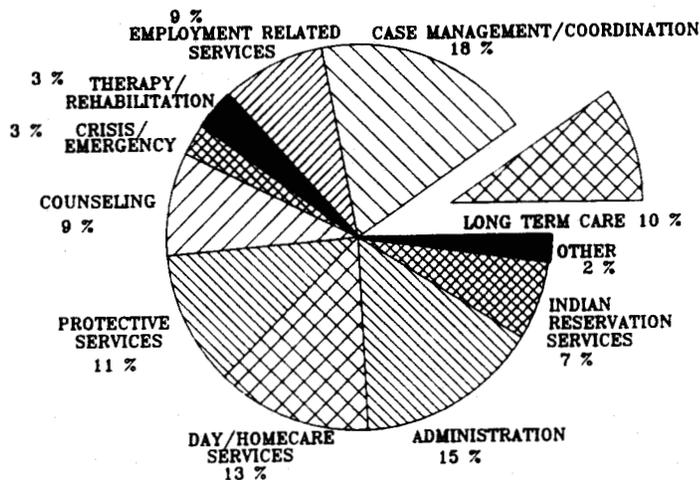


TOTAL: \$9,460,208

SOURCE: DES 1987/1988 BUDGET

EXHIBIT III-D

TITLE XX FUNDING ALLOCATIONS
FOR ALL POPULATIONS AND SERVICES
1987/1988



TOTAL \$35,559,967

SOURCE: TITLE XX STATE PLAN FOR FY 1987/1988

CURRENT DES SYSTEM

It is important to note that the DES system of care includes other services not specifically covered under AHCCCS and excluded from the scope of this study. These services include, but are not limited to, congregate meals, protective advocacy and legal services, education, employment services, and job development. Transportation services are also excluded from this study because the DES System primarily provides transportation for shopping and to meals (this will not be covered under AHCCCS).

OVERVIEW OF DES FUNDING SOURCES

The DES long-term care system is funded by a mix of federal, state and local funding sources. Refer to Appendix C for an overview of the long-term care services covered by each funding source. Each of these funding sources is briefly described below.

FEDERAL SOURCES

Title III - Older American's Act: This funding source is used to provide a number of services to the needy elderly. The amount dedicated to long-term care services represents approximately 33% of all Title III fund uses. Refer to Exhibit III-C for an identification of all services covered by Title III.

Title XX - Social Services Block Grant (SSBG): The funds utilized from Title XX for long-term care are only a small portion (approximately 10%) of all Title XX funds. Refer to Exhibit III-D for a summary overview of services covered by Title XX. The populations to be served by Title XX funds include children, elderly, developmentally disabled, physically disabled, alcoholic and drug addicts, and other needy populations. For purposes of this study, we have only documented Title XX funds associated with delivering long-term care services to the elderly and physically disabled.

United States Department of Agriculture (USDA) Food Distribution Program - This federal funding source provides cash and commodities to provide meals to elderly persons.

Other Federal Sources - This includes funds received by individual providers from Title V of the Older American's Act and the Community Service Block Grant. These funds are reported by individual providers to the Area Agencies and subsequently to DES. The funds are used to support operations primarily through employment of elderly individuals.

EXHIBIT III-E

ELIGIBILITY REQUIREMENTS BY FUND SOURCE

FUND SOURCE	AGE			INCOME LIMIT			NO SPECIFIC LIMITS	FUNCTIONAL ASSESSMENT REQUIRED	RESOURCE REQUIREMENTS
	< 65 y/o & Blind, Disabled or Chronically Mentally Ill	60-64 y/o	>=65 y/o	(100% SSI) \$4248 single \$6384 couple	(50% State Median) \$7656 single \$10008 couple	(70% State Median) \$10716 single \$14004 couple			
Title III - O.A.A.	NO	YES	YES				YES	YES	NO LIMITS
Title XX - S.S.B.C.	YES	YES	YES		PIMA COUNTY	GILA, MORAVE, PINAL COUNTIES	REMAINING COUNTIES	YES	NO LIMITS
U.S.D.A.	NO	YES	YES				YES	NO	NO LIMITS
S.P.P.	YES - Housekeeping, Adult Foster Care or Supervisory Care Only	NO	YES	YES				YES	\$25,000 House \$2,200 assets for single person \$2,600 assets for couple
State HC/CM	YES	YES	YES				YES	YES	NO LIMITS

NOTE: Actual delivery of services is prioritized based on an individual's economic, social and functional need.

SOURCES: Title III - 42 USCS: 3027 - 3030.
Title XX - 42 USCS: 1397.
SPP - ARS 46: 251 - 253.

CURRENT DES SYSTEM

STATE SOURCES

Older American's Act (OAA) Match - This is the required state match to federal monies received through Title III.

State Home Care/Case Management - This state appropriation is utilized to provide home health aide, visiting nurse, housekeeping and case management services to elderly and physically disabled adults.

Supplemental Payment Program (SPP) - SPP has two program components. The mandatory SPP component provides payments to any person who received monies under the old categorical federal aid grants to the States (prior to 1974) and is eligible for Supplemental Security Income (SSI). There are only three persons left in the mandatory SPP component and payments to these individuals will not be affected by the AHCCCS long-term care system. The second Optional SPP component provides funds for long-term care services for individuals who meet specific eligibility requirements. This Optional SPP component provides a fixed payment directly to the eligible individual who resides in a private nursing home, county operated nursing home, supervisory care home or adult foster care home. Payments made to these individuals will be referred to in this report as covering "institutional care." The optional SPP component also provides funds for eligible individuals to cover housekeeping, home health and visiting nurse services. These funds are distributed either through contracts with providers or, for a certain number of clients requiring housekeeping services, directly to the eligible person.

LOCAL SOURCES

Program Income - These are the funds that Area Agencies and providers report as receiving primarily through client contributions.

Non Federal Cash - These are revenues the Area Agencies and providers report as receiving through such sources as third party reimbursement and United Way.

Non Federal In Kind - This is the value of commodities and volunteer time contributions received and reported by the Area Agencies and providers.

The eligibility requirements for each of these funding sources varies. Refer to Exhibit III-E for eligibility requirements for federal and state fund sources. Frequently a person is eligible for more than one fund source and the actual source of payment for that individual's service may vary each month.

CURRENT DES SYSTEM

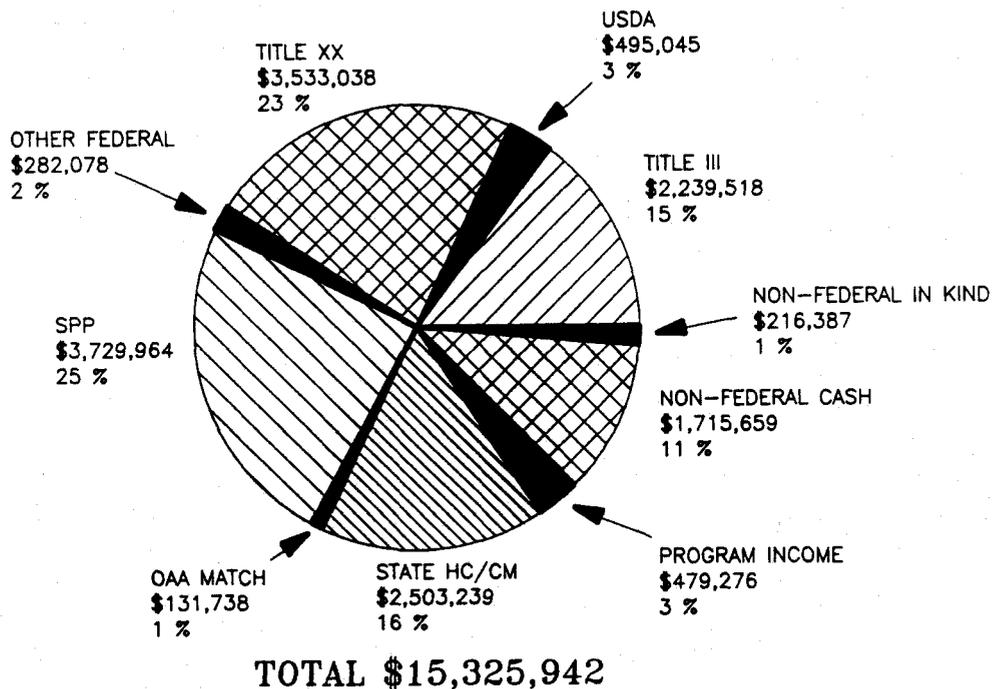
1986/1987 EXPENDITURES

In fiscal year 1987, \$15,325,942 was reported as expended on DES long-term care services. Refer to Exhibit III-F. This expenditure amount was comprised of approximately 43% federal, 41% state, and 16% locally-reported funds. As can be seen, the funds received from SPP and Title XX comprise almost 50% of total fund sources. For the detail of expenditures by fund source and service refer to Appendix D.

All expenditures contained in this report are as reported by the Department of Economic Security. It should be noted that the amounts are not audited by Arthur Andersen & Co. as part of the preparation of this report.

EXHIBIT III-F

DES LONG TERM CARE SYSTEM FISCAL YEAR 1987 (EXPENDITURES)



SOURCE: APPENDIX D

CURRENT DES SYSTEM

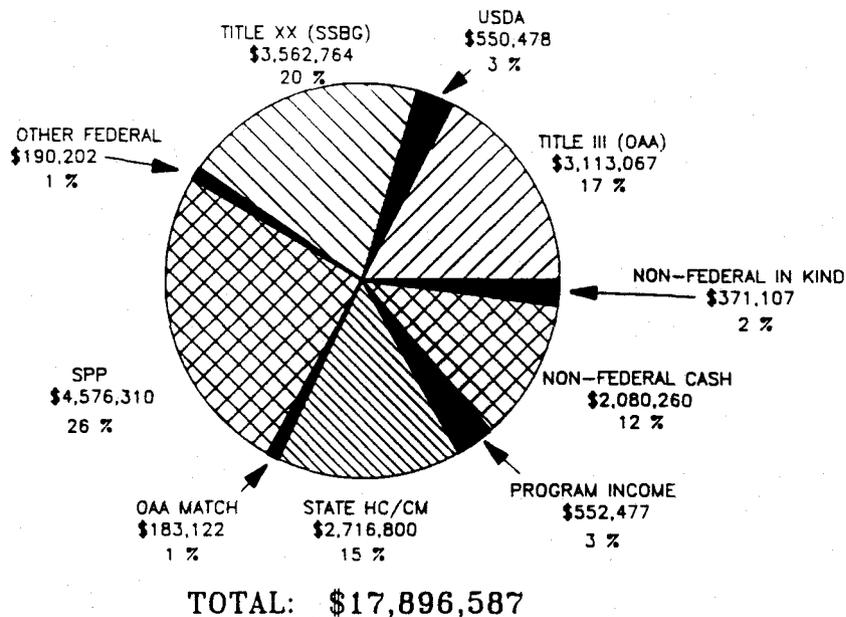
ESTIMATED 1987/1988 EXPENDITURES

The budget for DES long-term care services in fiscal year ending June 30, 1988 totals \$17,896,587. Refer to Exhibit III-G. This budget represents a 14% increase over fiscal year 1987. The two largest sources of the increase are Title III (an increase of \$873,549) and SPP for housekeeping (an increase of \$653,959). For the detail budget amounts by fund source and service refer to Appendix E.

To determine the reasonableness of budget amounts, we performed an analysis of the first six months' expenditures. Appendix H reflects the expenditures reported as of December 31, 1987, a straight-line projection for the year and a comparison to contract. This analysis revealed projected deficits in Regions I and II. At the time of this report preparation, DES Aging and Adult Administration was exploring budget amendments which would increase funds to Regions I and II. The exact dollar amounts and sources to fund the contract amendment were not finalized. However, DES anticipates using currently available internal funds. Without increased funding, Regions I and II will be forced to reduce service levels or obtain increased funding from local sources if these projections are realized.

EXHIBIT III-G

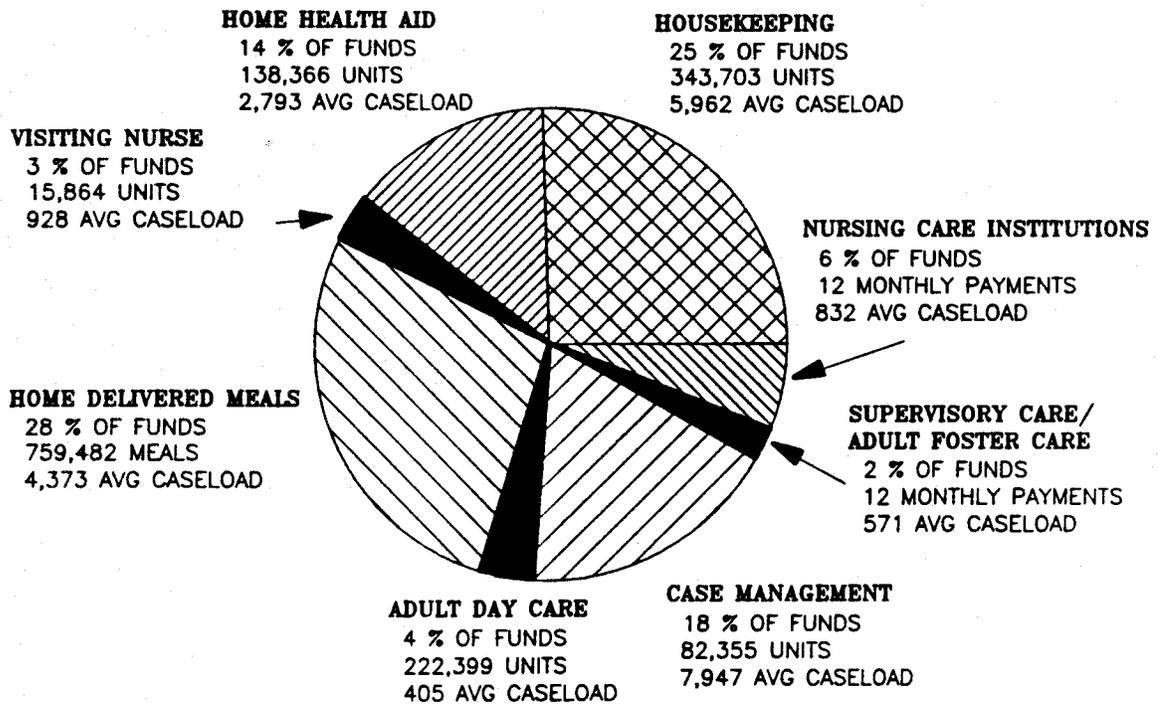
DES LONG TERM CARE SYSTEM FISCAL YEAR 1988 (BUDGET)



SOURCE APPENDIX E

EXHIBIT III-H

**DES LONG TERM CARE SYSTEM
USE OF 1987 FUNDS**



UTILIZATION DATA DOES NOT INCLUDE REGIONS VII AND VIII - NATIVE AMERICANS

SOURCE: APPENDIXES I AND K

CURRENT DES SYSTEM

1986/1987 UTILIZATION OF SERVICES

The data contained in this report is the result of manual compilation efforts by DES Aging and Adult Administration, Area Agencies and providers. While checks have been made for reasonableness, we could not attest to the accuracy of this data due to the lack of an automated or an integrated manual reporting system.

Estimated 1986/1987 utilization data for the total DES System is summarized in Exhibit III-H. For each service, the following is provided:

- o Percent of funds expended for the service.
- o Number of services provided. This is reported as meals, monthly payments or units. A unit is one hour of service.
- o The average caseload of persons served.

The utilization data shown does not include Regions VII and VIII. These regions represent Native Americans and the data is unavailable due to the difficulty posed to the Area Agencies in separating DES fund use from other funds (i.e., Bureau of Indian Affairs and Indian Health Services funds). In addition, the contract for this study specifically excluded Native Americans from detailed analysis.

Utilization data for home and community-based services by region is presented in Appendix I. There are two population figures identified for each service. The unduplicated persons served represents the total number of unduplicated persons which are served during the course of the year in that particular service. Average monthly caseload indicates approximately how many persons are being served at any given point in time. The units and cost amounts for both populations are estimated.

The rural areas (Regions III-VI) have a higher utilization of nursing services compared to the urban. This may be due to the greater availability and use of nurses in lieu of social workers in these areas.

The detail for institutional care (nursing care institutions and supervisory/adult foster care) is shown in Appendix K.

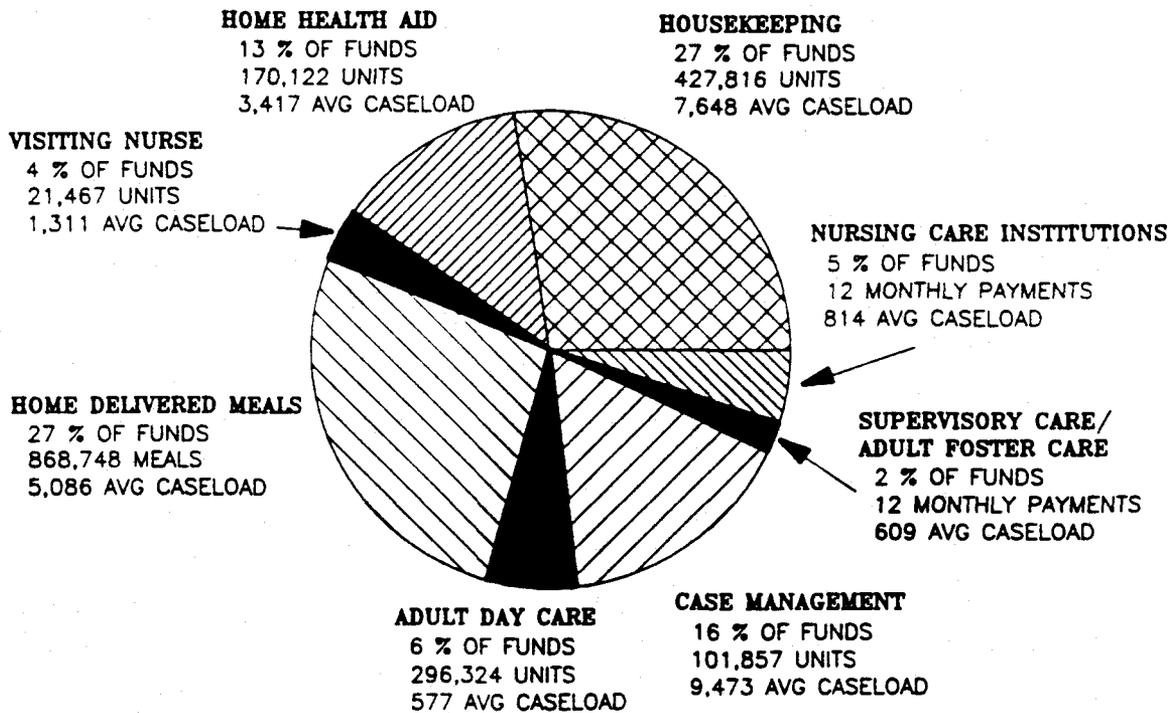
ESTIMATED 1987/1988 UTILIZATION OF SERVICES

It was necessary to project 1987/1988 utilization of services to reasonably estimate the cost impact of the population shift to the AHCCCS program. The utilization data for 1987/1988 is based primarily on projections from the 1986/1987 experience. Refer to Exhibit III-I. A greater portion of the elderly population in need of service is projected to be served in 1987/1988 due to increased funding.

Refer to Appendix J for the detail of the estimated 1987/1988 home and community based utilization data. The utilization data for institutional care is shown in Appendix K.

EXHIBIT III-I

**DES LONG TERM CARE SYSTEM
USE OF 1988 FUNDS**



UTILIZATION DATA DOES NOT INCLUDE REGIONS VII AND VIII - NATIVE AMERICANS

SOURCE: APPENDIXES J AND K

AHCCCS IMPACT

DESCRIPTION OF STUDIES CONDUCTED

To determine the potential DES population shift to the AHCCCS long-term care program, our analysis involved three studies.

Sample PAS Pilot Study

AHCCCS Administration in conjunction with Maricopa and Pima Counties conducted a study that involved administering the AHCCCS preadmission assessment screening (PAS) instrument to a reportedly random sample of 90 DES clients. The PAS instrument collects functional, medical and financial information on potential AHCCCS eligibles and will be used to determine AHCCCS eligibility. The results of this study indicate that 19% of the DES population will be AHCCCS eligible. Assuming that proper random sampling techniques were employed, a 95% confidence interval results in a $\pm 7.5\%$ variance. This indicates that 11.5% to 26.5% of the DES population will be AHCCCS eligible.

Comparison of U. of A./DES Database to AHCCCS PAS Requirements

The University of Arizona's Long-Term Care Gerontology Center has developed, under contract with DES, a statewide database on DES clients. Area Agencies have participated in this effort by submitting client data. The database includes functional, medical and financial information on over 7,000 clients. Our project team developed a computer program which compared this data to AHCCCS PAS requirements. For the comparisons made refer to Appendix L. While there is no direct correlation between categories, there are similarities in the areas being assessed. The results on 7,216 clients indicate that 846 or 11.7% will be AHCCCS eligible. There is minimal variance for this large of a sample.

Sample of Maricopa Clients Utilizing Area Agency/John C. Lincoln Model

The Area Agency on Aging in Region I and John C. Lincoln Hospital developed a computer model which utilizes information from Maricopa County's assessment form (ASCAR) to determine the appropriate level of care each client needs. Four levels of care are determined: alternate, supervisory, intermediate and skilled. Refer to Appendix M for descriptions of these levels. The intermediate and skilled levels of care most closely meet AHCCCS requirements. Our project team, with the Area Agency's assistance, selected 400 DES clients at random and utilized the Area Agency/John C. Lincoln model to determine their needed level of care. Of the 400 clients, 52 clients or 13% were rated at the intermediate or skilled level. There is variance of $\pm 3.5\%$ on a sample of this size for a 95% confidence level; this indicates a range of 9.5% to 16.5%

The results of these various studies indicate that between 10% and 20% of the DES population being served in the home and community-based programs will be AHCCCS eligible. For the purpose of this study, we have selected a midpoint of 15% to project the availability of federal and state monies.

AHCCCS IMPACT

This estimate is conservative from the DES viewpoint and when the AHCCCS long-term care program is implemented the population shift may be closer to the 20% mark due to differences in the skill, judgment and attitudes of personnel that administer the assessments compared to historical experience.

The population shift presented above is for the DES population which resides in their homes. For the DES clients receiving SPP payments for institutional care, we estimate that all persons residing in nursing care institutions will be eligible for AHCCCS. We have assumed that none of the DES clients residing in supervisory care homes and adult foster care homes will be AHCCCS eligible for two reasons. First, the level of care is not intensive enough to meet AHCCCS requirements. Second, assessment data on these individuals is not available.

ESTIMATED POPULATION SHIFT TO AHCCCS LONG-TERM CARE PROGRAM

Due to the variability of the results among the studies conducted, a range of the potential population shift is shown in Exhibit IV-A. The low estimate is based on a population shift of 10% DES home and community-based clients, the midpoint is based on 15% and the high is based on 20%. All three estimates assume 100% of SPP clients residing in nursing care institutions will shift. In summary, the potential population shift from DES to AHCCCS ranges from 1,666 to 2,518 clients.

EXHIBIT IV-A

POTENTIAL RANGE OF POPULATION SHIFT FROM DES TO AHCCCS

	<u>Low</u>	<u>Midpoint</u>	<u>High</u>
Home and community-based clients	853	1,279	1,705
SPP clients in nursing care institutions	813	813	813
Total clients	<u>1,666</u>	<u>2,092</u>	<u>2,518</u>
	=====	=====	=====

The projected population shift for SPP clients in nursing care institutions is detailed in Appendix N. For the detail which reflects the midpoint population shift for home and community-based clients by region refer to Appendix O.

AHCCCS IMPACT

AVAILABLE FUNDS RESULTING FROM POPULATION SHIFT

We have projected three scenarios detailing the amount of funds which may become available in the DES system with the implementation of the AHCCCS long-term care program. These funds become available because they will no longer be used to cover the care provided to the DES population which shifts to the AHCCCS program. The three scenarios are reflected in Exhibit IV-B.

EXHIBIT IV-B

POTENTIAL RANGE OF AVAILABLE FUNDS

FUNDING SOURCE	LOW	MID POINT	HIGH
FEDERAL			
TITLE III	\$209,047	\$358,367	\$477,822
TITLE XX	225,134	385,945	514,593
USDA	23,035	39,488	52,651
OTHER FEDERAL	22,635	38,803	51,737
STATE			
OAA MATCH	12,301	21,088	28,117
STATE HC/CM	220,235	377,546	503,395
SPP	219,442	376,186	501,581
LOCAL			
PROGRAM INCOME	36,831	63,139	84,185
NON-FEDERAL	121,213	207,793	277,058
NON-FEDERAL IN KIND	11,566	19,827	26,436
TOTAL HOME & COMMUNITY BASED FUNDS	\$1,101,439	\$1,888,182	\$2,517,575
SPP INSTITUTIONAL CARE FUNDS	526,890	602,160	602,160
TOTAL AVAILABLE FUNDS	\$1,628,329	\$2,490,342	\$3,119,735

ASSUMPTIONS:

% HOME & COMMUNITY BASED POPULATION SHIFT	10%	15%	20%
% SPP NURSING HOME POPULATION SHIFT	100%	100%	100%
ENROLLMENT PERIOD BEGINNING OCTOBER 1, 1988	5 MONTHS (Due to delay in legislation)	3 MONTHS	3 MONTHS

PROPOSED CAP ISSUE

A cap on expenditures for AHCCCS home and community-based services is currently under negotiation with the Federal government. We were unable to perform extensive analysis since the nature of the cap was not fully defined. However, any cap imposed on the AHCCCS program will potentially affect the impact that AHCCCS has on the DES long-term care system (including the amount of available funds).

Two potential ways a cap may be imposed include:

1. Limit the number of AHCCCS eligibles that may receive home and community-based services; and/or
2. Limit the range of services covered under the AHCCCS home and community-based program.

In the first case, the number of DES clients projected to shift to the AHCCCS program may not be realized. For each projected person that does not shift to the AHCCCS program, available funds will be reduced by approximately \$1,190.

In the second case, funds projected to become available for a given service may not be realized. For example, if AHCCCS eliminates housekeeping from its home and community-based coverage, then approximately \$437,973 in funds will not be realized. Refer to Exhibit IV-C on page 20 to identify available funds by service.

The analysis presented above assumes that the AHCCCS eligible population and/or service will continue to be covered in the DES system of care. It is possible that the Area Agencies may decide not to continue providing services to persons eligible for the AHCCCS program.

We recommend the following steps be taken during the negotiations of the AHCCCS cap:

- o The DES population figures presented in this report should be considered in developing projections of the potential AHCCCS home and community-based population.
- o The cost and utilization data contained in this report should be considered in estimating the cost of care for AHCCCS home and community-based services.
- o The potential ability of Area Agencies to discontinue serving AHCCCS eligibles should be explored and considered.

EXPENDITURE ALTERNATIVES

Several alternatives exist for expenditure of the funds that may become available in the DES long-term care system due to the population shift to the AHCCCS program. Federal funds will be spent in accordance with approved state plans. These state plans were developed according to Federal regulations and are based on public hearings. The funds may or may not be spent to serve additional clients in long-term care.

Alternatives for expenditure of the \$1,376,980 in state appropriated funds are described below. The Select Committee on Funding Systems for Long-Term Care may wish to pursue any combination of the alternatives presented or pursue alternatives not described below.

ALTERNATIVE I: COVER PROJECTED INCREASES IN SPP FOR HOME CARE

DES has submitted a budget request for fiscal year 1989 for the Supplemental Payment Program which is \$1,001,124 greater than fiscal year 1988. These SPP funds are to continue to provide home care services to eligible clients. This projected increase, however, is based on the growth of the current population and has not been adjusted for the shift of SPP home care clients to the AHCCCS program. The shift associated with SPP clients is estimated at \$376,186. Refer to Exhibit IV-C on page 20. Therefore, a net increase amount of \$624,938 will be needed to support projected growth of the SPP population.

ALTERNATIVE II: FULFILL WAITING LISTS

A survey of the Area Agencies identified current waiting lists for long-term care services. Refer to Exhibit V-A for a detail of the number of people waiting for each service. We were able to obtain detailed demographic information on 1,019 of the 1,472 waiting list clients. This information was obtained through the Maricopa County Department of Health Services computer system which maintains data on Region I clients. Refer to Appendix P for detailed information. Key demographics are summarized below:

- o Age: Of the 1,019 clients, 91.5% are over age 60.
- o Marital Status: Thirty-six percent are married, three percent are separated and sixty-one percent are unmarried.
- o Ethnicity: Of the 1,019 clients, about eighty-six percent are caucasian, seven percent are hispanic, seven percent are black and less than one percent are American Indian.
- o Household Composition: Almost forty-nine percent of the 1,019 waiting list clients live alone. The remainder live with either their spouse, relatives or nonrelatives.

EXPENDITURE ALTERNATIVES

EXHIBIT V-B

ESTIMATE OF UNMET NEED

POPULATION PARAMETER	# OF PEOPLE	SOURCE
Population >= 65 years old	438,531	DES Population Statistics Unit Projection for 1988 December 1986.
Less: Population without need for assistance (83%)	(363,980)	Pritzlaff Commission on Long-term Care July 1984, page 22.
Less: Population in nursing homes	(11,000)	Peat Marwick Report to AHCCCS December 1986, Vol. 1, page 31.
Less: Board & Care residents	(2,800)	DES Aging & Adult Administration Estimate.
Less: Population receiving informal services from family & friends (75%)	(47,407)	Pritzlaff Commission on Long-term Care July 1984, page 35.
Equals: Population >=65 years old in need of formal services	13,344	
Plus: Severely impaired population < 65 years old	2,000	DES Aging & Adult Administration Estimate.
Equals: Total population in need	15,344	
Less: Current average monthly caseload	(9,000)	
Equals: Unmet need	6,344	

=====

EXPENDITURE ALTERNATIVES

- o Sex: Sixty-nine percent are female, thirty-one percent are male.
- o Income: Sixty-seven percent of the 1,019 waiting list clients have incomes less than eighty percent of the state median. This translates to annual incomes of \$12,240 for a single person and \$16,008 for a couple. This is roughly equivalent to 300% of Supplemental Security Income.

The cost to fulfill this waiting list is projected at \$602,592 for fiscal year 1989 based on the fiscal year 1988 cost per person adjusted for inflation. It is important to note that these clients are not eligible for SPP and will not be covered under Alternative I.

ALTERNATIVE III: FULFILL UNMET NEED

There are varying estimates of the population that is 65 years or older and in need of long-term care services. Refer to Exhibit V-B. Based on the information presented, approximately 6,300 people are currently in need of some form of formalized, long-term care service. Over ten million dollars would be required to fully serve this population (based on an average annual cost of \$1,600 per person). Options available within this alternative are to set certain penetration levels as follows:

<u>Penetration</u>	<u>No. of Persons</u>	<u>Cost</u>
10%	630	\$1,008,000
15	945	1,512,000
25	1,575	2,520,000

ALTERNATIVE IV: FUND OTHER PROGRAMS OR DEVELOP SYSTEMS

We have assumed that the Select Committee desires to utilize available state monies to continue serving the elderly population in need of long-term care services. The available state appropriated monies could be used for other non-long-term care purposes or to develop needed automated systems to support long-term care. However, the Select Committee should be aware that if these available funds are diverted elsewhere and the projected availability of funds is not achieved, then reductions in DES long-term service provision must be implemented.

ISSUES AND RECOMMENDATIONS

During the course of this study, our project team identified several issues that the Select Committee may wish to explore. These issues and, where appropriate, our recommendations are described below.

LACK OF AN AUTOMATED LONG-TERM CARE SYSTEM

The current DES long-term care program is managed with information collected in a manual intensive manner. The lack of an automated system that integrates statewide client, financial, eligibility, provider and utilization data makes it difficult, if not impossible, to achieve the following:

- o Assure that payments are not made for ineligible clients.
- o Detect and manage cases of overutilization of services.
- o Identify duplicate billings to different funding sources for the same item of service.
- o Project trends in costs and utilization.
- o Monitor provider contract compliance and performance.

With the implementation of the AHCCCS long-term care program, control over information becomes critical due to the greater potential for duplicate payments.

RECOMMENDATION: A statewide automated long-term care system should be developed to manage the total long-term care population and all fund sources.

CURRENT REIMBURSEMENT MECHANISMS DO NOT ENCOURAGE COST MANAGEMENT

The current method of reimbursing providers for services on a "fee-for-service" and/or cost-reimbursement basis does not encourage control over utilization and expenditures. Under the current payment mechanisms, the greater the amount of services provided the more reimbursement - until the contract ceiling is reached.

RECOMMENDATION: Alternative reimbursement systems should be explored including those based on case-mix and fixed capitations.

ISSUES AND RECOMMENDATIONS

ADMINISTRATIVE STRUCTURE HAS OVERLAPPING RESPONSIBILITIES

The current administrative structures in place for planning and distribution of funds have overlapping responsibilities in several areas which are as follows:

- o Planning for use of funds to serve the elderly population is not centralized. For example, COGS do planning of Title XX funds and area agencies do planning for Title III. While several COGS and area agencies are the same entity, there are regions with different entities doing planning.
- o In Region II, two entities administer and contract for Title III monies.
- o Two administrations within DES distribute funds to the same providers for similar services. This practice will be discontinued beginning July 1, 1988.

RECOMMENDATION: Procedures for streamlining the planning and distribution of funds should be explored at both the state and local levels.

STATE SUPPLEMENTAL PAYMENT PROGRAM WILL PROVIDE DUPLICATE COVERAGE WHEN AHCCCS LONG-TERM CARE PROGRAM IS IMPLEMENTED

Under the current laws, there will be overlap in payment for services for individuals who are both AHCCCS and SPP eligible.

RECOMMENDATION: Legislation should be passed to assure that duplicate payments are not made by SPP and AHCCCS.

DES CLIENTS MAY NOT APPLY FOR AHCCCS COVERAGE

It is possible that DES clients may not apply for AHCCCS eligibility. This would have the effect of reducing the amount of funds projected to be available in this report.

RECOMMENDATION: Consideration could be given to mandating that DES clients appearing to be potentially AHCCCS eligible apply for AHCCCS coverage.

CURRENT METHODS OF ASSESSING DES CLIENTS' FUNCTIONAL IMPAIRMENT VARY ACROSS THE STATE

Several different methods and forms are used in assessing DES clients. This makes it difficult to maintain a uniform statewide database.

RECOMMENDATION: One statewide instrument for client assessment should be utilized that incorporates the AHCCCS preadmission screening requirements as well as any DES specific requirements.

APPENDICES

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APPENDICES

APPENDIX A INTERVIEWS CONDUCTED

Kaushik Amin
Long Term Care Division
Arizona Health Care Cost
Containment System (AHCCCS)

Representative Bart Baker
Arizona House of Representatives

Diana Edwards
Area Agency on Aging
(Region II)
Pima Council on Aging (PCOA)

Kathleen Heard
Area Agency on Aging
(Region VI)
South Eastern Arizona Governments
Organization (SEAGO)

Betty Jeffries
Population Statistics Unit
Department of Economic Security

Julie Layman
Data Entry Supervisor/Programmer
Long Term Care Division
Maricopa County Department of Health
Services

David Lowenberg
Arizona Health Care Cost Containment
System (AHCCCS)

Joseph P. Anderson
Schaller Associates, Inc.

Mabel Chen, M.D.
Long Term Care Project
Administrator
Arizona Health Care Cost
Containment System (AHCCCS)

Gretchen Evans
Management Analyst
Department of Economic
Security

Ruth R. Houghton
Executive Director
Area Agency on Aging
(Region I)

Leonard J. Kirschner, M.D.,
M.P.H., Director
Arizona Health Care Cost
Containment System (AHCCCS)

Richard Littler
Aging & Adult Administration
Department of Economic
Security

Senator Greg Lunn
Arizona Senate

APPENDICES

APPENDIX A INTERVIEWS CONDUCTED (CONTINUED)

Marian Lupu
Area Agency on Aging
(Region II)
Pima Council On Aging (PCOA)

Nola Mussen
Management Information Systems
Maricopa County Department of Health
Services

Tom Rex
Business Research Division
Arizona State University

Richard Romero
Area Agency on Aging
(Region V)
Pinal/Gila Council for Senior
Citizens

Eddie Sissons
Senate Legislative Staff

Richard Stavneak
Principal Fiscal Analyst
Joint Legislative Budget Committee

Julie Stratman
Computer Programmer
Area Agency on Aging
(Region I)

Jose Mercado
Aging & Adult Administration
Department of Economic
Security

Debbie Patrick
Area Agency on Aging
(Region III)
Northern Arizona Council of
Governments

Robert Robb
Case Management/Assessment
Services
Long Term Care Division
Maricopa County Department of
Health Services

Elaine Rousseau, Ph.D.
Director of Research
University of Arizona
Long Term Care Gerontology
Center

Mike Slattery
Acting Assistant Director
Division of Social Services
Department of Economic
Security

Jimmie Stewart
Arthur Andersen & Co.
New York Office

Joyce Verschoor
Area Agency on Aging
(Region IV)
Western Arizona Council of
Governments

APPENDICES

APPENDIX A INTERVIEWS CONDUCTED (CONTINUED)

Laurie Wakefield
House Legislative Staff

Louise Wolverton
Area Agency on Aging
(Region III)
Northern Arizona Council of
Governments

Donald Yesukaitis
Arthur Andersen & Co.
Office of Federal Services

APPENDIX B**LONG TERM CARE SERVICE MATRIX****BY REGION****1987/1988**

<u>PLANNING SERVICE AREA</u>	<u>SERVICE</u>					
	<u>HOUSE KEEPER</u>	<u>HOME HEALTH AID</u>	<u>VISITING NURSE</u>	<u>HOME DELIVERED MEALS</u>	<u>ADULT DAY CARE</u>	<u>CASE MANAGEMENT</u>
REGION I	X	X	X	X	X	X
REGION II	X	X	X	X	X	X
REGION III	X	X	X	X	X	X
REGION IV	X	X	X	X	X	X
REGION V	X	X	X	X	-	X
REGION VI	X	X	X	X	-	X
REGION VII	X	-	-	X	-	X
REGION VIII	X	X	X	X	-	X

X - SERVICES PROVIDED
 - - SERVICES NOT PROVIDED
 SOURCE: APPENDIX G

APPENDICES

APPENDIX C

LONG TERM CARE SERVICE MATRIX

BY FUNDING SOURCE

1987/1988

SOURCE	SERVICE						
	INSTITUTIONAL CARE	HOUSE KEEPER	HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT
TITLE III	-	X	X	X	X	X	X
TITLE XX	-	X	X	X	X	X	X
USDA	-	-	-	-	X	-	-
OTHER FEDERAL	-	X	X	X	X	X	X
OAA MATCH	-	X	X	X	X	X	X
STATE HC/CM	-	X	X	X	-	-	X
SPP	X	X	X	X	-	-	-
PROGRAM INCOME	-	X	X	X	X	X	X
NON FEDERAL CASH	-	X	X	X	X	X	X
NON FEDERAL IN KIND	-	X	X	X	X	X	X

X = SERVICES FUNDED

- = SERVICES NOT FUNDED

SOURCE: APPENDIX E

APPENDICES

APPENDIX D

DEPARTMENT OF ECONOMIC SECURITY
LONG TERM CARE SYSTEM EXPENDITURES
(in dollars, unaudited)
1986/1987

CONTRACT SERVICES							
FUNDING SOURCE	HOUSEKEEPER	HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	TOTALS
FEDERAL							
TITLE III - OAA	\$261,065	\$207,551	\$48,481	\$1,304,115	\$77,207	\$341,099	\$2,239,518
TITLE XX - SSBG	511,847	447,565	77,103	791,418	427,734	1,277,371	3,533,038
USDA	----	----	----	495,045	----	----	495,045
OTHER FEDERAL	51,490	33,534	41,371	123,864	----	31,819	282,078
STATE							
OAA MATCH	15,357	12,209	2,852	76,713	4,542	20,065	131,738
STATE HC/CM	930,479	813,621	140,160	----	----	618,979	2,503,239
SPP	231,640	427,189	126,423	----	----	----	785,252
LOCAL							
PROGRAM INCOME	50,001	26,705	7,975	341,019	53,217	359	479,276
NON-FEDERAL CASH	159,946	175,525	38,528	924,403	----	417,257	1,715,659
NON-FEDERAL IN KIND	7,032	1,230	925	197,451	----	9,749	216,387
TOTAL FUNDS FOR CONTRACT SERVICES	\$2,218,857	\$2,145,129	\$483,818	\$4,254,028	\$562,700	\$2,716,698	\$12,381,230
							\$12,381,230
TOTAL FUNDS FOR CONTRACT SERVICES							\$12,381,230
SPP DIRECT PAY - HOUSEKEEPING							1,690,290
SPP DIRECT PAY - INSTITUTIONAL CARE							1,254,422
TOTAL DES LONG TERM CARE EXPENDITURES							\$15,325,942

SOURCES:

- DES Final FY1986/1987 Expenditure Report For Area Agency Contracts, (C-15).
- DES SSBG and State HC/CM disbursements for home care and case management, (C-41).
- OAA match formula for long-term care services.
- DES final report on SPP and SPP direct pay expenditures, excludes developmentally disabled clients, (C-30).
- SSBG expenditure report for Adult Day Care for Regions II & III.
- DES 1989 SPP Budget Request for Family Assistance Administration for SPP for institutional recipients.

ABBREVIATIONS:

- OAA - Older American's Act
- SSBG - Social Services Block Grant
- USDA - United States Department of Agriculture
- STATE HC/CM - State Home Care/Case Management
- SPP - Supplemental Payment Program
- DES - Department of Economic Security

APPENDICES

APPENDIX E

DEPARTMENT OF ECONOMIC SECURITY
LONG TERM CARE SYSTEM BUDGET
(in dollars, unaudited)
1987/1988

..... CONTRACT SERVICES							
FUNDING SOURCE	HOUSEKEEPER	HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	TOTALS
FEDERAL							
TITLE III - OAA	\$515,026	\$353,199	\$81,546	\$1,574,056	\$251,128	\$338,112	\$3,113,067
TITLE XX - SSBG	331,692	367,384	98,977	892,022	509,517	1,363,172	3,562,764
USDA	----	----	----	550,478	----	----	550,478
OTHER FEDERAL	47,935	5,304	18,028	98,458	19,515	962	190,202
STATE							
OAA MATCH	30,296	20,776	4,797	92,592	14,772	19,889	183,122
STATE HC/CM	995,929	870,852	150,019	----	----	700,000	2,716,800
SPP	375,146	460,104	128,221	----	----	----	963,471
LOCAL							
PROGRAM INCOME	55,574	30,177	24,684	362,947	72,423	6,672	552,477
NON-FEDERAL CASH	163,436	213,623	117,931	1,039,288	96,345	449,637	2,080,260
NON-FEDERAL IN KIND	29,885	4,967	410	202,355	117,091	16,399	371,107
TOTAL FUNDS FOR CONTRACT SERVICES	\$2,544,919	\$2,326,386	\$624,613	\$4,812,196	\$1,080,791	\$2,894,843	\$14,283,748
							\$14,283,748
TOTAL FUNDS FOR CONTRACT SERVICES							
SPP DIRECT PAY - HOUSEKEEPING							2,344,249
SPP DIRECT PAY - INSTITUTIONAL CARE							1,268,590
TOTAL DES LONG TERM CARE EXPENDITURES							\$17,896,587

SOURCES:

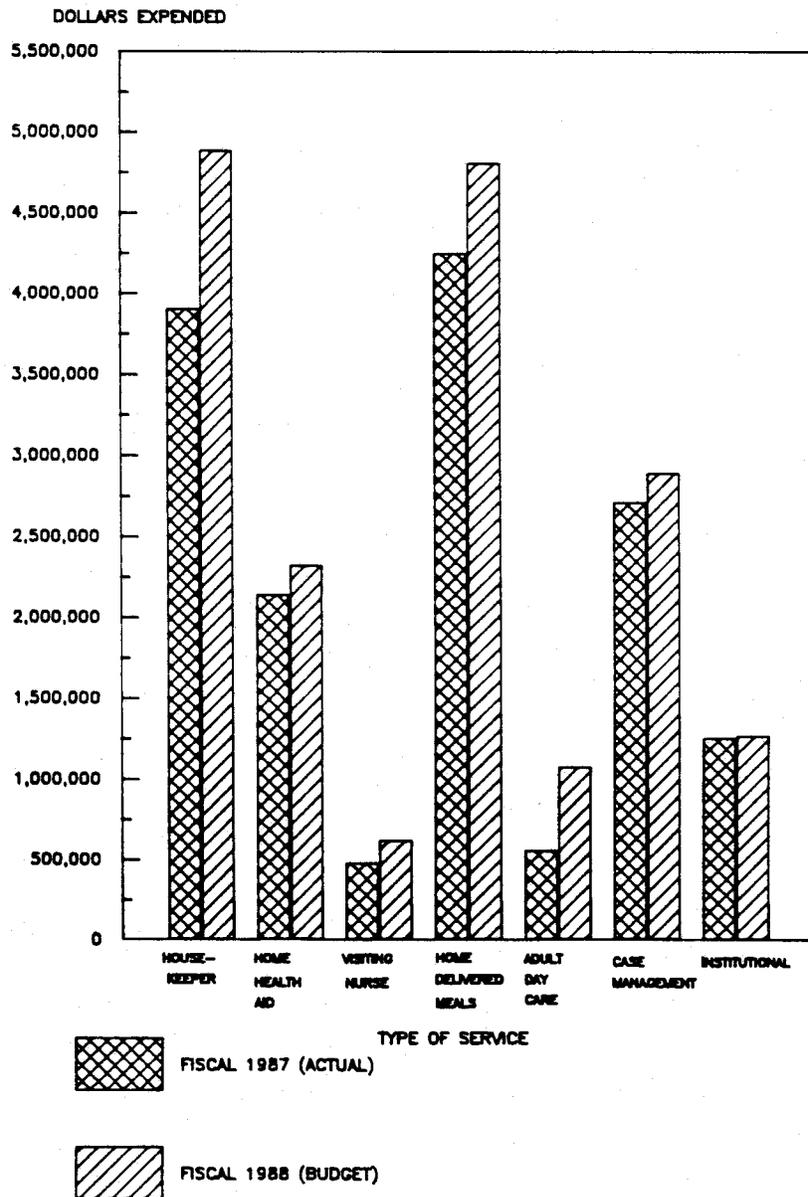
- DES 1987/1988 Revised Budget for Area Agency Contracts dated 02/23/88.
- DES SSBG and State HC/CM allocations for home care and case management, (C-42).
- OAA match formula.
- SPP Projection of payments excluding developmentally disabled clients.
- SSBG budgets for Adult Day Care in Regions II &
- DES 1989 SPP Budget Request for Family Assistance Administration for SPP for institutional recipients.

ABBREVIATIONS:

- OAA - Older American's Act
- SSBG - Social Services Block Grant
- USDA - United States Department of Agriculture
- STATE HC/CM - State Home Care/Case Management
- SPP - Supplemental Payment Program
- DES - Department of Economic Security

APPENDIX F

DES LONG TERM CARE SYSTEM
EXPENDITURES BY SERVICE
FISCAL YEARS 1987 & 1988



APPENDICES

APPENDIX G

DEPARTMENT OF ECONOMIC SECURITY
LONG TERM CARE SYSTEM BUDGET
(in dollars, unaudited)
1987/1988

REGION CONTRACT SERVICES						TOTALS
	HOUSEKEEPER	HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	
REGION I	\$991,884	\$726,531	\$52,483	\$1,320,160	\$502,317	\$1,515,539	\$5,108,914
REGION II	182,537	815,708	91,534	942,836	316,408	726,772	3,075,795
REGION III	348,525	240,504	201,127	506,870	133,318	228,582	1,658,926
REGION IV	358,643	92,271	47,056	312,566	128,748	109,368	1,048,652
REGION V	188,905	202,906	87,755	212,236	0	126,162	817,964
REGION VI	316,635	243,466	142,158	382,436	0	140,753	1,225,448
REGION VII	50,000	0	0	911,558	0	40,908	1,002,466
REGION VIII	107,790	5,000	2,500	223,534	0	6,759	345,583
TOTAL FUNDS FOR CONTRACT SERVICES	\$2,544,919	\$2,326,386	\$624,613	\$4,812,196	\$1,080,791	\$2,894,843	\$14,283,748

TOTAL FUNDS FOR CONTRACT SERVICES	\$14,283,748
SPP DIRECT PAY - HOUSEKEEPING	2,344,249
SPP DIRECT PAY - INSTITUTIONAL CARE	1,268,590
TOTAL DES LONG TERM CARE EXPENDITURES	\$17,896,587

SOURCES:

- DES 1987/1988 Revised Budget for Area Agency Contracts dated 02/23/88.
- DES SSBG and State HC/CM allocations for home care and case management, (C-42).
- OAA match formula.
- SPP Projection of payments, excluding developmentally disabled clients.
- SSBG budgets for Adult Day Care in Regions I
- DES 1989 SPP Budget Request for Family Assistance Administration for SPP for institutional recipients.

ABBREVIATIONS:

- OAA - Older American's Act
- SSBG - Social Services Block Grant
- USDA - United States Department of Agriculture
- STATE HC/CM - State Home Care/Case Management
- SPP - Supplemental Payment Program
- DES - Department of Economic Security

APPENDICES

APPENDIX H

SUMMARY OF PROJECTED LTC EXPENDITURES FOR CONTRACT SERVICES BY REGION FOR FY1988

FUND SOURCE	LTC EXPENDITURES (07-12/87)	PROJECTED LTC EXPENDITURES	LTC BUDGET	PROJECTED SURPLUS/ (DEFICIT)
REGION I				
(Notes 1,5,6,8)				
TITLE III /O.A.A. MATCH	895,349	1,790,698	1,445,467	(345,231)
TITLE XX (SSBG)/STATE HC/CM	1,280,184	2,560,368	2,605,980	45,612
OTHER FEDERAL	8,074	16,148	5,006	(11,142)
PROGRAM INCOME	139,546	279,092	188,207	(90,885)
NON FEDERAL CASH	225,540	451,080	488,891	37,811
NON FEDERAL CASH IN KIND	13,181	26,362	11,364	(14,998)
SPP	128,252	256,504	224,295	(32,209)
USDA	83,250	166,500	139,704	(26,796)
TOTAL	2,773,376	5,546,752	5,108,914	(437,838)
REGION II				
(Notes 2,5,7,8)				
TITLE III /O.A.A. MATCH	376,825	753,650	603,210	(150,440)
TITLE XX (SSBG)/STATE HC/CM	788,757	1,577,514	1,657,183	79,669
OTHER FEDERAL	19,188	38,376	27,919	(10,457)
PROGRAM INCOME	24,281	48,562	47,909	(653)
NON FEDERAL CASH	170,542	341,084	314,697	(26,387)
NON FEDERAL CASH IN KIND	51,872	103,744	126,827	23,083
SPP	78,448	156,896	200,000	43,104
USDA	44,885	89,770	98,050	8,280
TOTAL	1,554,798	3,109,596	3,075,795	(33,801)
REGION III				
(Notes 3,5,7,8,10)				
TITLE III /O.A.A. MATCH	142,286	284,572	286,844	2,272
TITLE XX (SSBG)/STATE HC/CM	315,155	630,310	651,949	21,639
OTHER FEDERAL	54,824	109,648	95,710	(13,938)
PROGRAM INCOME	43,914	87,828	103,567	15,739
NON FEDERAL CASH	117,406	234,812	257,069	22,257
NON FEDERAL CASH IN KIND	59,394	118,788	128,629	9,841
SPP	23,136	46,272	62,722	16,450
USDA	35,879	71,758	72,436	678
TOTAL	791,994	1,583,988	1,658,926	74,938
REGION IV				
(Notes 1,5,6,10)				
TITLE III /O.A.A. MATCH	141,984	283,968	269,787	(14,181)
TITLE XX (SSBG)/STATE HC/CM	199,496	398,992	452,742	53,750
OTHER FEDERAL	7,028	14,056	19,091	5,035
PROGRAM INCOME	32,777	65,554	84,158	18,604
NON FEDERAL CASH	18,672	37,344	112,087	74,743
NON FEDERAL CASH IN KIND	16,115	32,230	29,429	(2,801)
SPP	20,400	40,800	34,000	(6,800)
USDA	23,276	46,552	47,358	806
TOTAL	459,748	919,496	1,048,652	129,156

APPENDICES

APPENDIX H (CONTINUED)

SUMMARY OF PROJECTED LTC EXPENDITURES FOR CONTRACT SERVICES BY REGION FOR FY1988

FUND SOURCE	LTC EXPENDITURES (07-12/87)	PROJECTED LTC EXPENDITURES	LTC BUDGET	PROJECTED SURPLUS/ (DEFICIT)	
REGION V					
(Notes 1,5,6,9)	TITLE III /O.A.A. MATCH	66,712	133,424	151,071	17,647
	TITLE XX (SSBG)/STATE HC/CM	126,273	252,546	324,702	72,156
	OTHER FEDERAL	4,760	9,520	1,912	(7,608)
	PROGRAM INCOME	11,525	23,050	44,465	21,415
	NON FEDERAL CASH	14,452	28,904	45,635	16,731
	NON FEDERAL CASH IN KIND	6,856	13,712	23,328	9,616
	SPP	75,497	150,994	206,490	55,496
	USDA	8,291	16,582	20,361	3,779
	TOTAL	314,366	628,732	817,964	189,232
REGION VI					
(Notes 1,5,6,10)	TITLE III /O.A.A. MATCH	66,855	133,710	123,805	(9,905)
	TITLE XX (SSBG)/STATE HC/CM	278,384	556,768	527,829	(28,939)
	OTHER FEDERAL	17,073	34,146	40,564	6,418
	PROGRAM INCOME	37,243	74,486	84,171	9,685
	NON FEDERAL CASH	61,164	122,328	209,639	87,311
	NON FEDERAL CASH IN KIND	19,804	39,608	24,280	(15,328)
	SPP	73,514	147,028	145,964	(1,064)
	USDA	30,696	61,392	69,196	7,804
	TOTAL	584,733	1,169,466	1,225,448	55,982
REGION VII					
(Notes 4,5,6)	TITLE III /O.A.A. MATCH	109,275	218,550	218,550	0
	TITLE XX (SSBG)/STATE HC/CM	3,086	6,171	6,171	0
	OTHER FEDERAL	0	0	0	0
	PROGRAM INCOME	0	0	0	0
	NON FEDERAL CASH	322,371	644,742	644,742	0
	NON FEDERAL CASH IN KIND	0	0	0	0
	SPP	25,000	50,000	50,000	0
	USDA	41,502	83,003	83,003	0
	TOTAL	501,233	1,002,466	1,002,466	0
REGION VIII					
(Notes 4,5,6)	TITLE III /O.A.A. MATCH	98,728	197,455	197,455	0
	TITLE XX (SSBG)/STATE HC/CM	26,504	53,008	53,008	0
	OTHER FEDERAL	0	0	0	0
	PROGRAM INCOME	0	0	0	0
	NON FEDERAL CASH	3,750	7,500	7,500	0
	NON FEDERAL CASH IN KIND	13,625	27,250	27,250	0
	SPP	20,000	40,000	40,000	0
	USDA	10,185	20,370	20,370	0
	TOTAL	172,792	345,583	345,583	0

APPENDICES

APPENDIX H (CONTINUED)

SUMMARY OF PROJECTED LTC EXPENDITURES
FOR CONTRACT SERVICES
BY REGION FOR FY1988

FUND SOURCE	LTC EXPENDITURES (07-12/87)	PROJECTED LTC EXPENDITURES	LTC BUDGET	PROJECTED SURPLUS/ (DEFICIT)
TOTAL CONTRACT SERVICES FOR ALL REGIONS				
TITLE III /O.A.A. MATCH	1,898,014	3,796,027	3,296,189	(499,838)
TITLE XX (SSBG)/STATE HC/CM	3,017,839	6,035,677	6,279,564	243,887
OTHER FEDERAL	110,947	221,894	190,202	(31,692)
PROGRAM INCOME	289,286	578,572	552,477	(26,095)
NON FEDERAL CASH	933,897	1,867,794	2,080,260	212,466
NON FEDERAL CASH IN KIND	180,847	361,694	371,107	9,413
SPP	444,247	888,494	963,471	74,977
USDA	277,964	555,927	550,478	(5,449)
TOTALS	7,153,040	14,306,079	14,283,748	(22,331)

NOTES:

- 1 LTC Expenditures for Regions I, IV, V and VI are from DES Reported Area Agency Expenditures as of December 31, 1987.
- 2 LTC Expenditures for Region II are from two sources. Expenditures related to home delivered meals are from DES Reported Area Agency Expenditures as of December 31, 1987. Expenditures related to remaining services are as reported by the Area Agency of Pima County Department of Aging and Medical Services expenditures. Two sources were required because a one-month lag occurs in reporting Pima County expenditures to the Area Agency.
- 3 LTC Expenditures for Region III are from two sources. Expenditures for all services except adult day care are from DES Reported Area Agency Expenditures as of December 31, 1987. Expenditures related to adult day care are budget amounts due to inadequate documentation at the time of report preparation.
- 4 LTC Expenditures for Regions VII and VIII are budget amounts due to unavailability of current reported expenditures.
- 5 Projected Expenditures are straight-line projections of the LTC Expenditures.
- 6 Budget amounts for Regions I, IV, V, VI, VII and VIII are from DES Area Agency Budgets.
- 7 Budget amounts for Regions II and III are from two sources. Budget amounts for all services except adult day care are from the DES Area Agency Budgets. Budget amounts related to adult day care are from SSBG budgeted contracts due to the separate contracts for this service.

APPENDIX H (CONTINUED)

- 8 It should be noted that deficits are only projections based on the first six months experience. Deficits may not be incurred if service levels are reduced, volume drops significantly or additional local fund sources are received.
- 9 The area agency in Region V states that its reported expenditures as of December 31, 1987 are understated due to unreported expenditures from a major provider. Region V is expected to meet its budget amounts fully with little, if any, surplus.
- 10 Regions III, IV and VI expect to end the year on budget with little, if any, surplus. These Area Agencies expect to expend local monies at a greater rate than the first six months of the fiscal year.

APPENDIX I

LONG TERM CARE SYSTEM
UTILIZATION DATA
BY REGION FY 1987

	SERVICES						TOTAL EXPENDITURE
	HOUSE-KEEPER	HOME CARE HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	
REGION I							
Undup persons served (A)	4,030	1,758	182	2,992	351	7,193	
Avg monthly caseload (A)	2,787	1,015	105	1,728	203	4,155	
# of units provided (G)	176,065	48,269	1,859	274,104	145,787	35,678	
# of units per undup person	43.69	27.46	10.21	91.61	415.35	4.96	
# of units per avg monthly caseload	63.17	47.56	17.70	158.63	718.16	8.59	
Total annual cost (G)	\$1,685,962	\$651,389	\$44,614	\$1,244,648	\$344,666	\$1,453,480	\$5,424,759
Unit cost	\$9.58	\$13.49	\$24.00	\$4.54	\$2.36	\$40.74	
Annual cost per undup person	\$418	\$371	\$245	\$416	\$982	\$202	
Annual cost per person in avg mo. caseload	\$605	\$642	\$425	\$720	\$1,698	\$350	
Monthly cost per undup person	\$35	\$31	\$20	\$35	\$82	\$17	
Monthly cost per person in avg mo. caseload	\$50	\$53	\$35	\$60	\$141	\$29	
Avg % utilization for avg. mo. caseload	75%	27%	3%	46%	5%	100%	
REGION II							
Undup persons served (B)	1,584	1,235	93	1,203	178	2,209	
Avg monthly caseload (B)	1,310	714	71	695	174	1,276	
# of units provided (G)	50,733	45,228	2,394	159,007	66,211	24,513	
# of units per undup person	32.03	36.62	25.74	132.18	371.97	11.10	
# of units per avg monthly caseload	38.73	63.34	33.72	228.79	380.52	19.21	
Total annual cost (G)	\$815,452	\$740,475	\$78,039	\$789,435	\$182,034	\$692,612	\$3,298,047
Unit cost	\$16.07	\$16.37	\$32.59	\$4.96	\$2.75	\$28.25	
Annual cost per undup person	\$515	\$600	\$839	\$656	\$1,023	\$314	
Annual cost per person in avg mo. caseload	\$622	\$1,037	\$1,099	\$1,136	\$1,046	\$543	
Monthly cost per undup person	\$43	\$50	\$70	\$55	\$85	\$26	
Monthly cost per person in avg mo. caseload	\$52	\$86	\$92	\$95	\$87	\$45	
Avg % utilization for avg. mo. caseload	100%	62%	6%	61%	15%	100%	
REGION III							
Undup persons served (C)	924	556	478	1,409	48	1,003	
Avg monthly caseload(C)	611	321	276	814	28	663	
# of units provided (G)	30,526	11,944	5,363	109,201	10,401	6,378	
# of units per undup person	33.04	21.48	11.22	77.50	216.69	6.36	
# of units per avg monthly caseload	49.96	37.21	19.43	134.15	371.46	9.62	
Total annual cost (G)	\$425,110	\$220,037	\$180,062	\$474,055	\$36,000	\$192,672	\$1,527,936
Unit cost	\$13.93	\$18.42	\$33.57	\$4.34	\$3.46	\$30.21	
Annual cost per undup person	\$460	\$396	\$377	\$336	\$750	\$192	
Annual cost per person in avg mo. caseload	\$696	\$685	\$652	\$582	\$1,286	\$291	
Monthly cost per undup person	\$38	\$33	\$31	\$28	\$63	\$16	
Monthly cost per person in avg mo. caseload	\$58	\$57	\$54	\$49	\$107	\$24	
Avg % utilization for avg. mo. caseload	100%	54%	46%	100%	5%	100%	

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LONG TERM CARE SYSTEM
UTILIZATION DATA
BY REGION FY 1987

APPENDIX I (CONTINUED)

	SERVICES						TOTAL EXPENDITURE
	HOUSE-KEEPER	HOME CARE HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	
REGION IV							
Undup persons served (D)	429	180	177	720	0	781	
Avg monthly caseload (D)	345	142	108	416	0	451	
# of units provided (G)	27,707	4,407	1,097	79,486	0	3,343	
# of units per undup person	64.59	24.48	6.20	110.40	0.00	4.28	
# of units per avg monthly caseload	80.31	31.04	10.16	191.07	0.00	7.41	
Total annual cost (G)	\$319,684	\$67,950	\$28,290	\$308,835	\$0	\$103,280	\$828,039
Unit cost	\$11.54	\$15.42	\$25.79	\$3.89	\$0.00	\$30.90	
Annual cost per undup person	\$745	\$378	\$160	\$429	\$0	\$132	
Annual cost per person in avg mo. caseload	\$927	\$479	\$262	\$742	0	\$229	
Monthly cost per undup person	\$62	\$31	\$13	\$36	\$0	\$11	
Monthly cost per person in avg mo. caseload	\$77	\$40	\$22	\$62	0	\$19	
Avg % utilization for avg. mo. caseload	85%	35%	27%	100%	0%	100%	
REGION V							
Undup persons served (E)	530	514	173	324	0	608	
Avg monthly caseload (E)	412	284	133	187	0	457	
# of units provided (G)	25,568	13,869	1,593	33,037	0	4,463	
# of units per undup person	48.24	26.98	9.21	101.97	0.00	7.34	
# of units per avg monthly caseload	62.06	48.83	11.98	176.67	0	9.76	
Total annual cost (G)	\$246,954	\$171,031	\$42,524	\$187,696	\$0	\$131,735	\$779,940
Unit cost	\$9.66	\$12.33	\$26.69	\$5.68	\$0.00	\$29.52	
Annual cost per undup person	\$466	\$333	\$246	\$579	\$0	\$217	
Annual cost per person in avg mo. caseload	\$599	\$602	\$320	\$1,004	0	\$288	
Monthly cost per undup person	\$39	\$28	\$20	\$48	\$0	\$18	
Monthly cost per person in avg mo. caseload	\$50	\$50	\$27	\$84	0	\$24	
Avg % utilization for avg. mo. caseload	100%	69%	32%	45%	0%	100%	
REGION VI							
Undup persons served (F)	836	671	674	923	0	1,637	
Avg monthly caseload (F)	497	317	235	533	0	945	
# of units provided (G)	33,104	14,649	3,558	104,647	0	7,981	
# of units per undup person	39.60	21.83	5.28	113.38	0.00	4.88	
# of units per avg monthly caseload	66.61	46.21	15.14	196.34	0	8.45	
Total annual cost (G)	\$388,990	\$217,318	\$92,071	\$382,992	\$0	\$140,345	\$1,221,716
Unit cost	\$11.75	\$14.84	\$25.88	\$3.66	\$0.00	\$17.58	
Annual cost per undup person	\$465	\$324	\$137	\$415	\$0	\$86	
Annual cost per person in avg mo. caseload	\$783	\$686	\$392	\$719	0	\$149	
Monthly cost per undup person	\$39	\$27	\$11	\$35	\$0	\$7	
Monthly cost per person in avg mo. caseload	\$65	\$57	\$33	\$60	0	\$12	
Avg % utilization for avg. mo. caseload	58%	37%	28%	63%	0%	100%	

APPENDIX I (CONTINUED)

LONG TERM CARE SYSTEM
UTILIZATION DATA
BY REGION FY 1987

-----SERVICES-----						
HOUSE- KEEPER	HOME CARE- HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	TOTAL EXPENDITURE

TOTALS AND AVERAGES

Undup persons served	8,333	4,914	1,777	7,571	577	13,431
Avg monthly caseload	5,962	2,793	928	4,373	405	7,947
# of units provided	343,703	138,366	15,864	759,482	222,399	82,355
# of units per undup person	41.25	28.16	8.93	100.31	385.44	6.13
# of units per avg monthly caseload	57.65	49.54	17.10	173.68	549.13	10.36
Total annual cost	\$3,882,152	\$2,068,200	\$465,600	\$3,387,661	\$562,700	\$2,714,124
Unit cost	\$11.30	\$14.95	\$29.35	\$4.46	\$2.53	\$32.96
Annual cost per undup person	\$466	\$421	\$262	\$447	\$975	\$202
Annual cost per person in avg mo. caseload	\$651	\$740	\$502	\$775	\$1,389	\$342
Monthly cost per undup person	\$39	\$35	\$22	\$37	\$81	\$17
Monthly cost per person in avg mo. caseload	\$54	\$62	\$42	\$65	\$116	\$28

TOTAL EXPENDITURES FOR CONTRACT SERVICES AND SPP DP HOUSEKEEPING.....	\$13,080,437
PRIVATE PAY PROVIDERS.....	\$97,998
REGIONS VII AND VIII.....	\$893,075
SPP DP INSTITUTIONAL CARE.....	\$1,254,422
TOTAL DES EXPENDITURES (H).....	\$15,325,932

NOTES:

- A) Region I: Undup persons for HSK, HHA, VN, HDM, ADC & CM are as reported by the AAA. (C-71)
 Undup persons for HSK also includes SPP direct pay clients. (C-101)
 Avg mo caseload for CM is as reported by the AAA. (C-72)
 Avg mo caseload for HHA, VN, HDM, & ADC is estimated based on the experience for CM between undup and avg mo. This translates to a 57.8% turnover factor.
 Avg mo caseload for HSK is based on the 57.8% turnover factor applied to the undup persons plus the SPP DP caseload. (C-72 & C-101)
 Average percent utilization for avg. mo. caseload is the avg. mo. caseload for the service divided by 90 percent of the avg. mo. caseload for CM.
- B) Region II: Undup persons for HSK, HHA, VN, HDM, ADC & CM are as reported by the AAA. (C-73)
 Undup persons for HSK also includes SPP direct pay clients. (C-101)
 Avg mo caseload for ADC & VN is as reported by providers. (C-74)
 Avg mo caseload for HHA, HDM, & CM is estimated based on the Region I factor.
 Avg mo caseload for HSK is based avg mo reported by providers plus the SPP DP caseload. (C-74 & C-101)
 Average percent utilization for avg. mo. caseload is the lesser of 100 percent or the avg. mo. caseload for the service divided by 90 percent of the avg. mo. caseload for CM.

APPENDIX I (CONTINUED)

- C) Region III: Undup persons for HSK, HHA, & VN are as reported by the AAA. (C-75)
Undup persons for HSK also includes SPP direct pay clients. (C-101)
Undup persons for HDM & CM are as reported through the Quarterly Social Services Report from the AAA. (C-76)
Undup persons for ADC is as reported by the provider. (C-77)
Avg mo caseload for HHA, VN, HDM, & ADC is estimated based on the Region I factor.
Avg mo caseload for CM is based on the ratio in Region III between undup persons/avg mo for HSK. This was done to assure all persons will be covered by CM. The Region I factor would have been too low.
Avg mo caseload for HSK is based on the 57.8% turnover factor applied to the undup persons plus the SPP DP caseload. (C-75 & C-101)
Average percent utilization for avg. mo. caseload is the lesser of 100 percent or the avg. mo. caseload for the service divided by 90 percent of the avg. mo. caseload for CM.
- D) Region IV: Undup persons for HSK, HHA, HDM, & CM are as reported by the AAA and providers. (C-78 & C-79)
Undup persons for HSK also includes SPP direct pay clients. (C-101)
Undup persons for HDM & CM are as reported through the Quarterly Social Services Report from the AAA. (C-76)
Avg mo caseload for HDM & CM is estimated based on the Region I factor.
Avg mo caseload for HHA & VN is as reported by providers. (C-79)
Avg mo caseload for HSK is based avg mo reported by providers plus the SPP DP caseload. (C-79 & C-101)
Average percent utilization for avg. mo. caseload is the lesser of 100 percent or the avg. mo. caseload for the service divided by 90 percent of the avg. mo. caseload for CM.
- E) Region V: Undup persons for HSK, HHA, HDM, & CM are as reported by providers. (C-80)
Undup persons for HSK also includes SPP direct pay clients. (C-101)
Avg mo caseload for HHA, VN, & HDM is as reported by providers. (C-80)
Avg mo caseload for CM is based on the ratio in Region V between undup persons/avg mo for HSK. This was done to assure all persons will be covered by CM. The Region I factor would have been too low.
Avg mo caseload for HSK is based avg mo reported by providers plus the SPP DP caseload. (C-80 & C-101)
Average percent utilization for avg. mo. caseload is the avg. mo. caseload for the service divided by 90 percent of the avg. mo. caseload for CM.
- F) Region VI: Undup persons for HSK, HHA, HDM, & CM are as reported by the AAA. (C-81)
Undup persons for HSK also includes SPP direct pay clients. (C-101)
Avg mo caseload for HHA & VN is as reported by providers. (C-82)
Avg mo caseload for HDM & CM is estimated based on the Region I factor.
Avg mo caseload for HSK is based avg mo reported by providers plus the SPP DP caseload. (C-82 & C-101)
Average percent utilization for avg. mo. caseload is the avg. mo. caseload for the service divided by 90 percent of the avg. mo. caseload for CM.
- G) The annual cost and # of units provided were obtained from the following sources:
DES Final report on SPP and SPP direct pay expenditures.
SSBG expenditures for Adult Day Care in Regions II & III.
DES Final FY1986/1987 Expenditure Report for Area Agency Contracts (C-15).
- H) The slight difference in total expenditures reported at the state level is due to rounding.

ABBREVIATIONS:

AAA: Area Agency on Aging
ADC: Adult Day Care
Avg. mo. caseload: Average monthly caseload
CM: Case Management
DES: Department of Economic Security
HDM: Home Delivered Meals
HHA: Home Health Aid
HSK: Housekeeper
SPP: Supplemental Payment Program
SPP DP: Supplemental Payment Program - Direct Pay
SSBG: Social Services Block Grant
Undup person: Unduplicated person
VN: Visiting Nurse

LONG TERM CARE SYSTEM
ESTIMATED UTILIZATION DATA
BY REGION FY 1988

APPENDIX J

	SERVICES						TOTAL BUDGET
	HOME HOUSE- KEEPER	CARE- HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	
REGION I							
Undup persons served (D)	4,834	2,011	161	3,822	397	7,949	
Avg monthly caseload (D)	3,343	1,161	93	2,208	229	4,591	
# of units provided (C)	211,191	55,208	1,641	350,175	164,694	39,426	
# of units per undup person	43.69	27.46	10.21	91.61	415.35	4.96	
# of units per avg monthly caseload	63.17	47.56	17.70	158.63	718.16	8.59	
Total annual cost (A)	\$2,050,665	\$726,531	\$52,483	\$1,320,160	\$502,317	\$1,515,539	\$6,167,695
Unit cost (B)	\$9.71	\$13.16	\$31.98	\$3.77	\$3.05	\$38.44	
Annual cost per undup person	\$424	\$361	\$327	\$345	\$1,267	\$191	
Annual cost per person in avg mo. caseload	\$613	\$626	\$566	\$598	\$2,190	\$330	
Monthly cost per undup person	\$35	\$30	\$27	\$29	\$106	\$16	
Monthly cost per person in avg mo. caseload	\$51	\$52	\$47	\$50	\$183	\$28	
Avg % utilization for avg. mo. caseload	81%	28%	2%	53%	6%	100%	
REGION II							
Undup persons served	2,620	1,607	136	1,160	266	3,123	
Avg monthly caseload	2,167	929	103	670	260	1,804	
# of units provided	83,924	58,853	3,490	153,307	98,878	34,658	
# of units per undup person	32.03	36.62	25.74	132.18	371.97	11.10	
# of units per avg monthly caseload	38.73	63.34	33.72	228.79	380.52	19.21	
Total annual cost	\$979,389	\$815,708	\$91,534	\$942,836	\$316,408	\$726,772	\$3,872,647
Unit cost	\$11.67	\$13.86	\$26.23	\$6.15	\$3.20	\$20.97	
Annual cost per undup person	\$374	\$508	\$675	\$813	\$1,190	\$233	
Annual cost per person in avg mo. caseload	\$452	\$878	\$885	\$1,407	\$1,218	\$403	
Monthly cost per undup person	\$31	\$42	\$56	\$68	\$99	\$19	
Monthly cost per person in avg mo. caseload	\$38	\$73	\$74	\$117	\$101	\$34	
Avg % utilization for avg. mo. caseload	100%	57%	6%	41%	16%	100%	
REGION III							
Undup persons served	1,140	779	585	1,712	128	1,583	
Avg monthly caseload	754	450	338	989	75	1,046	
# of units provided	37,666	16,737	6,562	132,688	27,717	10,065	
# of units per undup person	33.04	21.48	11.22	77.50	216.69	6.36	
# of units per avg monthly caseload	49.96	37.21	19.43	134.15	371.46	9.62	
Total annual cost	\$513,759	\$240,504	\$201,127	\$506,870	\$133,318	\$228,582	\$1,824,160
Unit cost	\$13.64	\$14.37	\$30.65	\$3.82	\$4.81	\$22.71	
Annual cost per undup person	\$451	\$309	\$344	\$296	\$1,042	\$144	
Annual cost per person in avg mo. caseload	\$681	\$535	\$596	\$512	\$1,787	\$218	
Monthly cost per undup person	\$38	\$26	\$29	\$25	\$87	\$12	
Monthly cost per person in avg mo. caseload	\$57	\$45	\$50	\$43	\$149	\$18	
Avg % utilization for avg. mo. caseload	80%	48%	36%	100%	8%	100%	

APPENDIX J (CONTINUED)

LONG TERM CARE SYSTEM
ESTIMATED UTILIZATION DATA
BY REGION FY 1988

	SERVICES						TOTAL BUDGET
	HOME HOUSE-KEEPER	CARE-HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	
REGION IV							
Undup persons served	456	185	350	769	23	647	
Avg monthly caseload	366	146	214	445	13	374	
# of units provided	29,431	4,541	2,171	84,936	5,035	2,770	
# of units per undup person	64.59	24.48	6.20	110.40	218.92	4.28	
# of units per avg monthly caseload	80.31	31.04	10.16	191.07	387.32	7.41	
Total annual cost	\$393,496	\$92,271	\$47,056	\$312,566	\$128,748	\$109,368	\$1,083,505
Unit cost	\$13.37	\$20.32	\$21.67	\$3.68	\$25.57	\$39.48	
Annual cost per undup person	\$864	\$498	\$134	\$406	\$5,598	\$169	
Annual cost per person in avg mo. caseload	\$1,074	\$631	\$220	\$703	\$9,904	\$293	
Monthly cost per undup person	\$72	\$41	\$11	\$34	\$466	\$14	
Monthly cost per person in avg mo. caseload	\$89	\$53	\$18	\$59	\$825	\$24	
Avg % utilization for avg. mo. caseload	100%	44%	64%	100%	4%	100%	
REGION V							
Undup persons served	608	691	384	385	0	945	
Avg monthly caseload	473	382	295	222	0	710	
# of units provided	29,341	18,649	3,534	39,303	0	6,936	
# of units per undup person	48.24	26.98	9.21	101.97	0.00	7.34	
# of units per avg monthly caseload	62.06	48.83	11.98	176.67	0.00	9.76	
Total annual cost	\$326,277	\$202,906	\$87,755	\$212,236	\$0	\$126,162	\$955,336
Unit cost	\$11.12	\$10.88	\$24.83	\$5.40	\$0.00	\$18.19	
Annual cost per undup person	\$536	\$294	\$229	\$551	\$0	\$134	
Annual cost per person in avg mo. caseload	\$690	\$531	\$297	\$954	\$0	\$178	
Monthly cost per undup person	\$45	\$24	\$19	\$46	\$0	\$11	
Monthly cost per person in avg mo. caseload	\$58	\$44	\$25	\$80	\$0	\$15	
Avg % utilization for avg. mo. caseload	74%	60%	46%	35%	0%	100%	
REGION VI							
Undup persons served	916	739	771	956	0	1,641	
Avg monthly caseload	544	349	269	552	0	947	
# of units provided	36,263	16,134	4,069	108,339	0	8,002	
# of units per undup person	39.60	21.83	5.28	113.38	0.00	4.88	
# of units per avg monthly caseload	66.61	46.21	15.14	196.34	0.00	8.45	
Total annual cost	\$467,792	\$243,466	\$142,158	\$382,436	\$0	\$140,753	\$1,376,605
Unit cost	\$12.90	\$15.09	\$34.94	\$3.53	\$0.00	\$17.59	
Annual cost per undup person	\$511	\$329	\$184	\$400	\$0	\$86	
Annual cost per person in avg mo. caseload	\$859	\$697	\$529	\$693	\$0	\$149	
Monthly cost per undup person	\$43	\$27	\$15	\$33	\$0	\$7	
Monthly cost per person in avg mo. caseload	\$72	\$58	\$44	\$58	\$0	\$12	
Avg % utilization for avg. mo. caseload	64%	41%	32%	65%	0%	100%	

LONG TERM CARE SYSTEM
ESTIMATED UTILIZATION DATA
BY REGION FY 1988

APPENDIX J (CONTINUED)

	SERVICES						TOTAL BUDGET
	HOUSE- KEEPER	HOME HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT	
TOTALS AND AVERAGES							
Undup persons served	10,574	6,013	2,386	8,805	813	15,888	
Avg monthly caseload	7,648	3,417	1,311	5,086	577	9,473	
# of units provided	427,816	170,122	21,467	868,748	296,324	101,857	
# of units per undup person	40.46	28.29	9.00	98.67	364.37	6.41	
# of units per avg monthly caseload	55.94	49.78	16.37	170.83	513.75	10.75	
Total annual cost	\$4,731,378	\$2,321,386	\$622,113	\$3,677,104	\$1,080,791	\$2,847,176	\$15,279,948
Unit cost	\$11.06	\$13.65	\$28.98	\$4.23	\$3.65	\$27.95	
Annual cost per undup person	\$447	\$386	\$261	\$418	\$1,329	\$179	
Annual cost per person in avg mo. caseload	\$619	\$679	\$474	\$723	\$1,874	\$301	
Monthly cost per undup person	\$37	\$32	\$22	\$35	\$111	\$15	
Monthly cost per person in avg mo. caseload	\$52	\$57	\$40	\$60	\$156	\$25	
TOTAL BUDGET FOR CONTRACT SERVICES AND SPP DP HOUSEKEEPING..							\$15,279,948
REGIONS VII AND VIII.....							\$1,348,049
SPP DP INSTITUTIONAL CARE.....							\$1,268,590
TOTAL DES BUDGET.....							\$17,896,587

NOTES:

- A) Annual cost is current budget amount per DES FY88 budget lotus spreadsheet and SSBG budget for Adult Day Care in Regions II & III.
- B) Unit cost is actual unit cost per DES Expenditures to Date lotus spreadsheet.
- C) Number of units is calculated based on annual cost/unit cost.
- D) Unduplicated persons served and average monthly caseload is based on FY86/87 units per person.
- E) Region IV Adult Day Care persons are as reported by the Area Agency.

ABBREVIATIONS:

- AAA: Area Agency on Aging
- ADC: Adult Day Care
- Avg. mo. caseload: Average monthly caseload
- CM: Case Management
- DES: Department of Economic Security
- HDM: Home Delivered Meals
- HHA: Home Health Aid
- HSK: Housekeeper
- SPP: Supplemental Payment Program
- SPP DP: Supplemental Payment Program - Direct Pay
- SSBG: Social Services Block Grant
- Undup person: Unduplicated person
- VN: Visiting Nurse

APPENDICES

APPENDIX K

SPP - INSTITUTIONAL CARE UTILIZATION DATA

	1986/1987	1987/1988
<u>Private Nursing Homes</u>		
Avg. mo. persons	731.67	705.25
Avg. mo. payment	\$80	\$80
Total annual cost	\$702,400	\$677,040
<u>Public Nursing Homes</u>		
Avg. mo. persons	100.25	108.33
Avg. mo. payment	\$174	\$174
Total annual cost	\$209,322	\$226,200
<u>Supervisory Care Homes and Adult Foster Care</u>		
Avg. mo. persons	571.17	608.92
Avg. mo. payment	\$50	\$50
Total annual cost	\$342,700	\$365,350
Total Institutional Care Annual Cost	\$1,254,422	\$1,268,590

APPENDIX L

COMPARISON BETWEEN AHCCCS PAS AND UNIVERSITY OF ARIZONA/DES DATABASE

FUNCTIONAL ASSESSMENT	
PAS CATEGORY	DES RANK
PAS RANK & WEIGHTS	DES RANK
PAS CATEGORY	DES RANK
Activities of Daily Living	
Eating	Independent = 1 Assistance = 2 Dependent = 3
Transferring	1 point 2.5 points 4 points
Mobility	MAXIMUM POINTS: Same as PAS WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Toileting	
Grooming	
Bathing	
Dressing	
Sensory Impairments	
Communication	Adequate = 1 Minor/Mod = 2 Severe = 3
Speech	1 point 2.5 points 4 points
Touch	MAXIMUM POINTS: 16 MAXIMUM OVERALL RATING: Same as PAS WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Hearing	
Vision	

FUNCTIONAL ASSESSMENT

PAS CATEGORY	PAS RANK & WEIGHTS	DES CATEGORY	DES RANK	PROPOSED COMPARATIVE POINTS & WEIGHTINGS
Psychosocial Behavior				
Level of consciousness	Independent = 1 Minimal = 2 Moderate = 3 Maximum = 4	Orientation (ASCAR) Memory (ASCAR)	ASCAR Scores: Independent = 1 Minimal = 2 Moderate = 3 Maximum = 4	ASCAR: Assign points in same manner as ASCAR for the three categories.
Impaired judgment	Maximum = 4	Unintentional self-harm (State)	Maximum = 4	MAXIMUM POINTS: 12 MAXIMUM OVERALL RATING: Same as PAS WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Orientation	MAXIMUM POINTS: 32 MAXIMUM OVERALL RATING: 4 WEIGHT: 4 times overall rating MAXIMUM SCORE: 16	Cognition (State) Orientation (ASCAR)	DES Scores: Y = Yes N = No	DES: Award points as follows: Unintentional self-harm N = 1, Y = 3 Cognition N = 1, Y = 2 Probable hallucinations N = 1, Y = 4 Probable undue suspiciousness N = 1, Y = 3 Possible anxiety state N = 1, Y = 2 Emotional instability N = 1, Y = 2 Verbal abuse N = 1, Y = 2 Physical assault N = 1, Y = 4 Public disrobing & sexual N = 1, Y = 4 Wandering N = 1, Y = 3
Disturbances of perception		Probable hallucinations (State)		
Disturbances of thought		Probable undue suspiciousness of others (State)		
Concerns		Possible anxiety state (State) Emotional instability (State)		
Social behavior		Verbal abuse (State) Physical assault against others (State) Public disrobing & public sexual behavior (State) Behavior (ASCAR)		
Wanders		Wandering (State) Behavior (ASCAR)		MAXIMUM POINTS: 29 MAXIMUM OVERALL RATING: Same as PAS WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Continency of bowel	Continent = 1 Incontinent < weekly = 2 Incontinent weekly or more = 3 Totally incontinent = 4 MAXIMUM POINTS: 4 WEIGHT: 1 times total points MAXIMUM SCORE: 4	Continency of bowel	Continent = 1 Periodic incontinence = 2 Complete incontinence = 3	1 point 2.5 points 4 points WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Continency of bladder	Continent = 1 Incontinent < weekly = 2 Incontinent weekly or more = 3 Totally incontinent = 4 MAXIMUM POINTS: 4 WEIGHT: 1 times total points MAXIMUM SCORE: 4	Continency of bladder	Continent = 1 Periodic incontinence = 2 Complete incontinence = 3	1 point 2.5 points 4 points WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
FUNCTIONAL ASSESSMENT - MAXIMUM TOTAL SCORE: 54 MINIMUM SCORE REQUIRED: 17		FUNCTIONAL ASSESSMENT - MAXIMUM TOTAL SCORE: 54 MINIMUM SCORE REQUIRED: 17		

FUNCTIONAL ASSESSMENT

PAS CATEGORY	PAS RANK & WEIGHTS	DES CATEGORY	DES RANK	PROPOSED COMPARATIVE POINTS & WEIGHTINGS
Assessor's overall rating of medical condition	No problem = 1 Minimal problem = 2 Moderate problem = 3 Intense problem = 4 MAXIMUM POINTS: 4 WEIGHT: 19 times assessor points MAXIMUM SCORE: 76	Assessor overall rating not collected; medical conditions are collected including high risk ones: Stroke Asthma Chronic obstructive pulmonary disease Emphysema Broken bone, fracture AIDS Chronic pain Communicable disease Decubiti Autism Brain damage Multiple sclerosis/dystrophy		Assign points as follows: No at risk medical conditions OR 1 or more at risk medical conditions & a functional rating less than 17 = 1 point 1 or more at risk medical conditions & a functional rating of 17 to 27 = 2 points 1 or more at risk medical conditions & a functional rating of 28 to 40 = 3 points 1 or more at risk medical conditions & a functional rating of 41 to 54 = 4 points MAXIMUM POINTS: Same as PAS WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Rehabilitative nursing services Teaching/training Bowel/bladder Turning/positioning Range of motion Restorative nursing	Doesn't receive or need = 0 Receives = 0 Needs = 1 MAXIMUM POINTS: 5 WEIGHT: 1 times total points MAXIMUM SCORE: 5	Information not collected		No score
Bladder/bowel services Catheter care Ostomy care	Doesn't receive or need = 0 Receives = 0 Needs = 1 MAXIMUM POINTS: 2 WEIGHT: 1 times total points MAXIMUM SCORE: 2	Colostomy/ileostomy equipment Foley catheter equipment	No needs = 1 Has and is OK = 2 Has and is not OK = 3 Needs = 4	0 points 0 points 1 point 1 point MAXIMUM POINTS: Same as PAS WEIGHT: Same as PAS MAXIMUM SCORE: Same as PAS
Medications/monitoring Drug regulation Drug administration	Doesn't receive or need = 0 Receives = 0 Needs = 1 MAXIMUM POINTS: 2 WEIGHT: 1 times total points MAXIMUM SCORE: 1	Medication use	Independent = 1 Assistance = 2 Dependent = 3	Not comparable; no points or weight
MEDICAL ASSESSMENT	- MAXIMUM TOTAL SCORE: 84 MINIMUM SCORE REQUIRED: 40			MEDICAL ASSESSMENT - MAXIMUM TOTAL SCORE: 78 MINIMUM SCORE REQUIRED: 37
TOTAL ASSESSMENT	- MAXIMUM TOTAL SCORE: 138 MINIMUM SCORE REQUIRED: 76			TOTAL ASSESSMENT - MAXIMUM TOTAL SCORE: 132 MINIMUM SCORE REQUIRED: 73

APPENDIX M

REGION I/JOHN C. LINCOLN CATEGORIES OF ASSESSMENT

(Maricopa County, Division of Long Term Care Levels of Care)

<u>CATEGORY</u>	<u>ALTERNATIVE</u>	<u>PERSONAL CARE</u>	<u>INTERMEDIATE CARE</u>	<u>SKILLED CARE</u>
	Characterized by one or more of the following:	Characterized by one or more of the following:	Characterized by one or more of the following:	Characterized by one or more of the following:
MEDICAL STATUS	Stable medical condition.	Stable medical condition.	Stable medical condition.	Unstable medical condition or multiple medical problems.
BEHAVIORAL/ MENTAL	Alert and oriented appropriate behavior	May require minimum staff intervention for episodes of confusion, memory defects, impaired judgment, or agitation. May require temporary (24 hours or less) restraints to control a behavioral or medical problem.	May require moderate staff intervention. May have periodic emotional or mental disturbances, including combative-ness. May need restraints for personal safety.	May require maximum staff intervention. May be disoriented, confused, combative, withdrawn, or depressed. May need restraints for personal safety or protection of others.
BLADDER FUNCTION	Continent of bladder or self-care of catheter or stress incontinence.	Continent of bladder or requires minimum assistance in the care of a catheter or stress incontinence. May include routing catheter and drainage system change.	Periodically incontinent or may be continent at times with a bladder program. May require moderate assistance with toileting/bladder program or care of a catheter.	Totally incontinent or may require maximum assistance with toileting/bladder program or care of a catheter.
BOWL FUNCTION	Continent of bowel or self-care of colostomy.	Continent of bowel or requires minimum assistance in the care of an ostomy. Staff may supervise and/or instruct, and provide supplies for maintenance.	Periodically incontinent of bowel or may be continent at times with a bowel program. May require moderate assistance with toileting/bowel program or care of an ostomy.	Totally incontinent of bowel at all times. May require maximum assistance with toileting/bowel or ostomy care.
PERSONAL HYGIENE	Independent or needs encouragement and/or supervision.	May require minimum assistance with getting in and out of tub or shower, dressing and/or grooming.	May participate in care, but require moderate assistance with getting in and out of tub or shower, and/or grooming.	Complete assistance with getting in and out of tub or shower (or bed bath), dressing and/or grooming.
FEEDING	Independent. Able to prepare some portion of small meal if necessary.	Independent with feeding. May require orientation or assistance in preparing food prior to eating. Able to learn special feeding technique.	Requires moderate assistance with feeding. May require preparation of food prior to eating, encouragement, and/or periodic assistance. May be able to learn special feeding techniques.	Routinely requires maximum assistance with feeding or special feeding techniques.

APPENDIX M (CONTINUED)

<u>CATEGORY</u>	<u>ALTERNATIVE</u>	<u>PERSONAL CARE</u>	<u>INTERMEDIATE CARE</u>	<u>SKILLED CARE</u>
MOBILITY	Independently ambulatory or propels own wheelchair.	Independent and/or usually requires no more than standby assistance in moving from one place to another with or without the use of assistive devices.	May participate and/or require the assistance of no more than one person in moving from one location to another.	Usually does not participate and/or requires assistance of more than one person in moving from one location to another or is bedfast.
TRANSFERRING	Independent. Transfers self to wheelchair, if necessary.	Independent and/or usually requires no more than standby assistance to transfer from bed, chair, toilet, or both with or without assistive devices.	May participate and/or requires the assistance of no more than one person to transfer from bed, chair, toilet, or bath, with or without assistive devices.	Usually does not participate. May require assistance of more than one person and/or assistive devices to transfer from bed, chair, toilet, or bath.
MEDICATIONS	Self-administration of medication with supervision.	Medication regime is stable. Administration may include crushing of medication and preparation of all injections	Medication regime is usually stable with occasional change(s). Receives medication requiring routine staff monitoring.	Medication regime may be complex and/or unstable requiring close monitoring.
TREATMENTS/	Self-care of minor cuts and bruises. May require supervision.	Requires simple treatments/dressings with routine monitoring.	Requires complex but stable treatments/dressings with routine monitoring.	Requires multiple, frequent, and/or complex treatments/dressings with close monitoring.
RESPIRATORY	Independent or requires reminder or supervision with oxygen or SVN treatments.	Independent or requires minimal supervision or assistance with or without instruction with oxygen. May require SVN treatment on PRN basis but not more frequently than one time per eight hour shift.	Requires assistance with regulatory oxygen or SVN treatment at least one time per eight hour shift. May self-suction of trachea.	Requires continuous monitoring of oxygen or may require SVN treatment two times per shift. May require tracheal suctioning regularly.

APPENDIX NESTIMATE OF DES POPULATION SHIFT FOR SPPINSTITUTIONAL RECIPIENTS

ESTIMATED AHCCCS POPULATION SHIFT	100%
PRIVATE NURSING HOME:	
# Clients	705
Available Funds	\$451,360
PUBLIC NURSING HOME:	
# Clients	108
Available Funds	\$150,800
TOTAL SPP INSTITUTIONAL CLIENTS	813
TOTAL SPP INSTITUTIONAL AVAILABLE FUNDS	\$602,160

ASSUMPTIONS:

1. Assumes 100% of SPP Institutional clients will be AHCCCS eligible.
2. Assumes enrollment in the AHCCCS program will require three months time beginning October 1, 1988.

APPENDICES

APPENDIX O

LTC PROJECT ESTIMATE OF DES POPULATION SHIFT BY REGION FOR HOME & COMMUNITY BASED CLIENTS

	ESTIMATED AHCCCS POP. SHIFT						1988/1989 AVAILABLE FUNDS	1989/1990 & THEREAFTER
	HOUSE- KEEPER	HOME CARE HEALTH AID	VISITING NURSE	HOME DELIVERED MEALS	ADULT DAY CARE	CASE MANAGEMENT		
REGION I								
Percent of service utilization	81%	90%	13%	53%	10%	100%		
Estimated # of AHCCCS eligible persons	501	558	81	331	62	620		
Available Funds	\$214,294	\$243,228	\$31,785	\$137,957	\$94,588	\$142,536	\$864,389	\$1,116,502
REGION II								
Percent of service utilization	100%	90%	38%	41%	16%	100%		
Estimated # of AHCCCS eligible persons	244	219	93	101	39	244		
Available Funds	\$76,684	\$134,068	\$57,031	\$98,526	\$33,057	\$68,353	\$467,718	\$604,136
REGION III								
Percent of service utilization	80%	90%	90%	100%	10%	100%		
Estimated # of AHCCCS eligible persons	113	127	127	141	14	141		
Available Funds	\$53,688	\$47,356	\$52,747	\$50,431	\$17,583	\$21,498	\$243,303	\$314,266
REGION IV								
Percent of service utilization	100%	90%	90%	100%	10%	100%		
Estimated # of AHCCCS eligible persons	50	45	45	50	5	50		
Available Funds	\$37,741	\$19,950	\$6,963	\$24,715	\$34,810	\$10,286	\$134,465	\$173,684
REGION V								
Percent of service utilization	74%	90%	90%	35%	0%	100%		
Estimated # of AHCCCS eligible persons	71	86	86	33	0	96		
Available Funds	\$26,505	\$17,650	\$13,746	\$12,801	\$0	\$8,919	\$79,620	\$102,843
REGION VI								
Percent of service utilization	64%	90%	90%	58%	0%	100%		
Estimated # of AHCCCS eligible persons	82	115	115	74	0	128		
Available Funds	\$29,062	\$26,421	\$14,792	\$20,770	\$0	\$7,642	\$98,687	\$127,470
AVERAGE # UTILIZATION FOR TOTAL POPULATION	83%	90%	43%	57%	10%	100%		
TOTAL # OF PERSONS	1,061	1,151	547	731	120	1,279		
TOTAL AVAILABLE FUNDS FOR HOME & COMMUNITY BASED CLIENTS	\$437,973	\$488,672	\$177,065	\$345,200	\$180,038	\$259,234	\$1,888,182	\$2,438,902

ASSUMPTIONS:

- Cost figures have been adjusted by a factor of: 1.045
(Adjustment factor includes 4.5 percent estimated CPI increase for FY1989 Health Services Sector.)
- Assumes 15 percent of DES clients residing in their homes will shift to AHCCCS program.
- Projects total population shift for each region by applying 15 percent to 90% of the average monthly caseload for case management
(10 percent of caseload is assumed to be on waiting list and only receiving case management.)
- Assumes every person being served is receiving case management.
- Assumes enrollment in the AHCCCS program will require three months time beginning October 1, 1988.
- Utilization percentages for housekeeper, home delivered meals, and case management are based on the average experience for the total population in 1987/1988.
Utilization percentages for home health aid, visiting nurse, and adult day care are estimated based on Region I's service mix for acute clients.
- Available funds are based on the estimated number of shifting clients for each service times the annual cost for the average monthly caseload adjusted for enrollment period and inflation.

APPENDICES

APPENDIX P

REGION I WAITING LIST DEMOGRAPHICS (Prepared by Maricopa Department of Health Services)

	<u>Total</u>	<u>% of Total</u>
WAITING LIST CLIENTS	1,019	100%
ETHNICITY:		
White	876	85.97%
Hispanic	73	7.16
Black	67	6.58
Asian/Pacific Islander	0	0
American Indian	3	0.29
Not Recorded	0	0
MARITAL STATUS:		
Married	376	36.02%
Separated	27	2.65
Never Married	44	4.31
Divorced	114	11.19
Widowed	367	45.83
Not Recorded	0	0
AGE:		
Under 60	87	8.54
60-74	359	35.23
75-89	516	50.64
90-99	55	5.40
100+	2	0.19
Not Recorded	0	0
HOUSEHOLD COMPOSITION:		
Lives Alone	496	48.68%
With Spouse	322	31.60
With Relatives	151	14.82
With Non-Relatives	47	4.61
Not Recorded	3	0.29
SEX:		
Male	313	30.71%
Female	705	69.19
Not Recorded	1	0.10

APPENDICES

APPENDIX P (CONTINUED)

	<u>Total</u>	<u>% of Total</u>
LIVING ARRANGEMENTS:		
House	532	52.20%
Mobile Home	163	16.00
Apartment	318	31.21
Board and Care	5	0.49
Foster Care	0	0
Supervisory Care	1	.10
Nursing Home	0	0
Not Recorded	0	0
INCOME LEVEL: % OF STATE MEDIAN:		
0%-34%	198	19.43
35 -44	210	20.61
45 -59	274	26.88
60 -79	185	18.16
80 -99	82	8.05
100 and Over	52	5.10
Unknown	16	1.57
Not Recorded	2	0.20