

**Comprehensive
Assessment
and Review
for Long-Term
Care Services (CARES)
FY 2005 - 2006**

**A Report
to the Florida Legislature
January 2007**

Table of Contents

Executive Summary	ii
Introduction	1
Section I: Rate of Diversion.....	2
Section II: Staffing Needs.....	3
Section III: Barriers to Placement in Less Restrictive Settings	3
Section IV: Statutory Changes	4
Section V: Status of 2005 Recommendations.....	5
Section VI: 2006 Recommendations.....	6
Appendix A: SFY 2005-2006 CARES Alternative Placements (Diversion) Report (July 1, 2005-June 30, 2006).....	7

Executive Summary

Florida Statute requires the Agency for Health Care Administration to submit a report to the Legislature each year regarding the operations of the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program. CARES, which is housed in the Department of Elder Affairs (DOEA), is Florida's federally mandated pre-admission screening program for nursing facility applicants seeking Medicaid funding for their care. In addition to pre-admission screening, the CARES program provides assessments for individuals in need of home and community-based services.

This fifth annual report to the Legislature covers the period from July 1, 2005 to June 30, 2006 and examines each area required by statute: the rate of diversion to community alternatives; the CARES program staffing; barriers to placement in less restrictive settings; and recommendations for improvements to the CARES program. In addition, the recommendations made in the fourth annual report covering fiscal year 2004-2005 are presented, along with a brief update on the status of each.

The following recommendations are made to the Legislature:

- CARES staff should continue to be involved in the planning and implementation of Florida Senior Care and provide input into relevant policies and operational aspects of this project.
- CARES staff should continue to be involved in the planning and implementation of the Aging Resource Centers (ARC) as each center becomes operational.
- CARES staff should continue to expand the "Passport to Care" program to encourage individuals in acute care hospitals and nursing facilities to consider less restrictive alternatives to nursing facility placement. CARES staff should contact these individuals in the hospital and continue to follow them to assist them in transitioning to community-based care, even if short-term nursing facility placement is required for rehabilitation and/or convalescence. It is crucial that there be adequate funding and resources to ensure a smooth transition and access to ample community services.
- CARES staff should continue to work with the Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Health, and the Substance Abuse and Mental Health Program of the Department of Children and Family Services to restructure and streamline the Florida Pre-Admission Screening and Resident Review (PASRR) process.
- CARES staff should continue to upgrade computer equipment and systems as new technology becomes available to improve program efficiency.
- The Department of Elder Affairs and the Agency for Health Care Administration should continue to work together in identifying ways to streamline the diversion process.

Introduction

Section 409.912 (15)(e), F.S., requires the Agency for Health Care Administration to submit a report each year to the Legislature describing the operations of the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program. The report must describe:

1. *Rate of diversion to community alternative programs;*
2. *CARES program staffing needs to achieve additional diversions;*
3. *Reasons the program is unable to place individuals in less restrictive settings when such individuals desired such services and could have been served in such settings;*
4. *Barriers to appropriate placement, including barriers due to policies or operations of other agencies or state-funded programs; and*
5. *Statutory changes necessary to ensure that individuals in need of long-term care services receive care in the least restrictive environment.*

This is the fifth annual report prepared by the Agency for Health Care Administration (Agency), in cooperation with the Department of Elder Affairs (DOEA), regarding the CARES program. CARES is Florida's federally mandated pre-admission screening program for nursing home and waiver applicants seeking Medicaid funding for their care. The functions of the CARES program include identification of an individual's need for long-term care, determination of the individual's medical eligibility to receive Medicaid funding for long-term care, and recommendations for the least restrictive and most appropriate placement for the individual. The Agency retains administrative oversight of the program, while CARES staff members are employees of DOEA.

The period of study for this report is fiscal year 2005-2006 (July 1, 2005 to June 30, 2006). Extensive background information and operational details about CARES have been reported in previous reports and are not reiterated here.

Section I: Rate of Diversion

Diversion occurs when a person is found to meet nursing home level of care criteria through CARES assessment and successfully remains in a community-based setting through CARES staff intervention. If the person remains in the community for at least a 30-day period after receiving a nursing home level of care, CARES considers the placement a “diversion.”

During fiscal year 2005-2006 (July 1, 2005 to June 30, 2006), CARES staff reported completing a total of 87,218 assessments, an increase of over 6,900 in the number of assessments reported in the previous fiscal year (N=80,307). Included in the total number are assessments of individuals seeking nursing facility placement, persons already living in nursing facilities, individuals applying for and served by home and community-based service waiver programs, those in assisted living facilities, and persons hospitalized in acute care hospitals who are projected to require long-term care. Of the 87,218 assessments conducted, more than half (N=49,007) were performed for persons who were candidates for transition to the community or for diversion from nursing facility placement.

Comparative View of Assessments and Diversions FY 2004-05 and FY 2005-06

	FY 2004 - 2005	FY 2005- 2006
Total Assessments Conducted	80,307	87,218
Number of Candidates for Diversion	44,043	49,007
Number of Persons Diverted	11,663	15,037
Percentage of Candidates Diverted	26.5%	30.7%

Source: DOEA, CARES Alternative Placement Reports, July 2004 – June 2005 and July 2005 – June 2006

Of the individuals assessed who were candidates for diversion, 15,037 were diverted or transitioned from nursing facility care resulting in a rate of diversion of 30.7 percent. This is slightly higher than the diversion rate of 27 percent reported for the previous fiscal year. There has been a significant increase in the number of assessments conducted and the percentage of persons diverted from nursing home care.

Although some of the increases are due to requirement changes for annual recertification of waiver recipients, a considerable number of the additional assessments are due to the increase in Continued Residency Reviews (CRR). Although the statutory requirement was eliminated during the 2005 legislative session, CARES staff have proactively implemented the change which recommended that 20% of all nursing facility residents in Medicaid-designated beds receive CRRs. This has resulted in 6,911 additional individual assessments being conducted by the CARES staff.

As the number of waiver recipients increases each year, the annual reassessment and recertification rate will reflect concomitant increases. In addition to the waiver beneficiary increases, the implementation of Florida Senior Care, a managed, integrated long-term care initiative in two regions of the state may have a significant impact on the CARES workload. The DOEA strategic plan addresses the demand for an increasing number of assessments per year, long-term staffing needs, and the need for geographic allocation of staff resources based on projected workload across the state.

Section II: Staffing Needs

During fiscal year 2005-2006, CARES operated with 261 full-time equivalent (FTE) positions and 47 Other Personnel Service (OPS) positions for a total of 308 positions statewide. There are six FTE management staff members and two OPS positions located at headquarters. The headquarters management staff members are responsible for policy and budget development, training and supervision of field staff, data collection, and quality assurance.

The 2005 Legislature authorized an additional 31 positions for CARES, to identify those patients most at risk of nursing home placement and provide diversion services, allowing more individuals to transition back to the community. This new effort is called the "Passport to Care" program. The staffing increase has been also helpful in the CARES efforts to implement the Aging and Disability Resource Centers and to process the additional diversion assessments for the Nursing Home Diversion Waiver Program. One of the most noteworthy outcomes of the additional 31 CARES positions is the 4.2% increase in diversions.

Section III: Barriers to Placement in Less Restrictive Settings

The Agency is mandated to track barriers to community placement. There are barriers to individuals being diverted from initial placements in nursing facilities and barriers to those who desire to transition out of nursing facilities and return to community living. These barriers include the limited availability of appropriate assisted living facilities and affordable housing, caregiver-related barriers, barriers due to eligibility issues, refusal-related barriers, and barriers caused by waiting lists. In all, 6,618 individuals were unable to obtain community-based care due to these barriers.

CARES Diversion Barrier Report FY 2005-2006

Barriers	Number of Persons Not Diverted from NF*	Number of Persons Not Transitioned Out of NF*
Eligibility Issues	5,054	55
Refused Services	757	218
Assisted Living Unavailable	232	95
Waiting List	86	7
Caregiver Unavailable	37	5
Other	6	66
Total	6,172	446

Source: DOEA CARES CRR Transition Barriers and Diversion Barrier Reports, 07/01/2005 through 06/30/06

* Nursing Facilities

Eligibility Issues:

The most frequently cited barrier is related to Medicaid eligibility. Many people who apply for services are not eligible due to financial reasons. A second factor is related to the appropriateness of community services when an individual's health and/or functioning have declined to a level that makes it unsafe for them to remain in or return to the community. For many individuals, home and community-based services may have delayed nursing facility placements for months or years. When these services are unable to adequately meet the individuals' need for health care, supervision or safety, residential skilled nursing care provided by long-term nursing facilities may be required. CARES staff members are accountable for understanding the safety impact of their assessment decisions. This is important when the ability to provide home and community-based services is exhausted and nursing facility placement becomes necessary to ensure the health and safety of the beneficiary.

As reported previously, it is not uncommon for Medicaid financial eligibility determinations to take more than 30 days in some areas of the state. Although modernization of this Department of Children and Family Services eligibility process is effectively reducing many of the time delays, they still affect the diversion process. Many of the delays are due to the extensive need for documentation of financial eligibility required to ensure that individuals receiving Medicaid do not have income and assets that could finance their long-term care service needs. When families are sometimes hesitant with having to disclose financial information, the determination process can be prolonged. This lengthy information-gathering process biases some families toward placement in institutional settings, such as nursing facilities, where Medicare will pay short-term expenses.

Refusal Issues:

Families or caregivers are frequently in crisis by the time CARES is contacted and, consequently, less receptive to exploring community placements. A lack of familiarity with the various home and community-based services, feeling that a nursing facility best meets their needs or the reluctance to wait for home and community-based services to be arranged may result in caregivers refusing alternatives to nursing facility placement.

Unavailability of Assisted Living:

Some areas of the state, especially rural counties, do not have enough assisted living facilities to meet placement demands. In addition, Florida has a limited number of licensed adult family-care homes, which also serve as residential alternatives to nursing facilities. The state's long-term care funding policies should support the increased availability of community living options.

Section IV: Statutory Changes

At present, there is sufficient statutory authority to continue to assist elders to be diverted or transitioned from nursing facilities to community-based arrangements. The primary barriers are related to eligibility issues and the timeliness with which people can begin to receive alternative community-based care and services. Many are opting for services in a nursing facility as services can be accessed almost immediately.

The Department of Elder Affairs and the Agency for Health Care Administration are working together to identify ways to streamline diversion programs and subsequently ensure that alternative services are more accessible and meet both the immediate and long-term care needs of the individuals and their families.

Section V: Status of 2005 Recommendations

The CARES report for the period FY 2005-2006 made a number of recommendations for changes needed to enable more of Florida's elders to move from nursing homes to less costly, less restrictive home and community-based settings or be diverted from placements in nursing facilities. Each recommendation is presented below, along with a brief report regarding the status of implementation:

1. Recommendation: CARES staff should be involved in the planning and implementation of Florida Senior Care and provide input into relevant policies and operational aspects of this new project.

Status: DOEA staff play an integral role in the development of the Florida Senior Care as members of the Florida Senior Care project team. Members of the CARES headquarters management staff provide the Florida Senior Care project team with input on a variety of policies including choice counseling and enrollment issues.

2. Recommendation: As additional Aging and Disability Resource Centers (ADRCs) become operational, CARES staff should continue to collocate with them to enhance outreach and educational efforts.

Status: There are three operational ADRCs providing services and resources to seniors in Planning and Service Areas (PSAs) 5, 7, and 10. CARES staff are physically collocated in PSAs 5 and 7 and virtually collocated in PSA 10. This virtual collocation entails electronically sharing information between CARES and the ADRC. The CARES staff in these centers offer outreach assistance, assistance with gathering information for financial eligibility determination, and educational updates on topics such as level of care to staff and seniors.

3. Recommendation: Continue and expand the "Passport to Care" program to contact individuals in acute care hospitals to consider alternatives to nursing facility placement. CARES staff should contact these individuals in the hospital and continue to follow them, even if short-term nursing facility placement is required for rehabilitation and/or convalescence, to eventually assist them to transition to community-based care. It is essential that there be sufficient funding and resources to ensure adequate community services when these individuals are transitioned.

Status: The Passport to Care program was implemented during FY 2005-2006. During this fiscal year, 722 assessments were completed for this program. Out of these 722 assessments, 40% resulted in either placement in the client's home with services or an assisted living facility. Continued contacts with patients and their family members has ensured the establishment of positive rapport and has minimized the impact of the crisis involved in making long-term care decisions.

4. Recommendation: An analysis is needed to better project the growing demands on CARES staff for the variety of assessments they now conduct. New requirements regarding waiver recipients' annual recertifications, along with the new Florida Senior Care program, will likely have a significant impact on the CARES workload.

Status: The annual Department of Elder Affairs CARES staffing analysis has been produced for two years. It has provided the Department with a comprehensive view of all future projects that affect CARES staffing needs. One result of the recent analysis is the development of the new Pasco County office. This analysis also provides the ability to project staffing needs based on future project demands.

5. Recommendation: The Department of Elder Affairs and the Agency for Health Care Administration should continue to work together in identifying ways to streamline the diversion process.

Status: One of the primary objectives for the interagency meetings between DOEA and AHCA is to maximize opportunities to streamline the diversion process. Members of the CARES and Medicaid Services administration teams meet monthly to discuss the various aspects of the diversion process, including policy development, barriers to program effectiveness, data collection and quality assurance. To improve efficiencies, Chapter 2006-28 (Laws of Florida), which amends Section 430.705(5), Florida Statutes, created the “Medicaid pending” designation for the Nursing Home Diversion home and community based services waiver program. This recent change allows individuals to be referred for Nursing Home Diversion services at the time they are determined medically eligible instead of having to wait until their financial eligibility has been determined by the Department of Children and Family Services.

Section VI: 2006-2007 Recommendations

To continue improvements to the CARES program, the following recommendations are made to the Legislature:

1. CARES staff should continue to be involved in the planning and implementation of Florida Senior Care and provide input into relevant policies and operational aspects of this project.
2. CARES staff should continue to be involved in the planning and implementation of the Aging Resource Centers (ARCs) as each center becomes operational.
3. CARES staff should continue to expand the “Passport to Care” program to encourage individuals in acute care hospitals and nursing facilities to consider less restrictive alternatives to nursing facility placement. CARES staff should contact these individuals in the hospital and continue to follow them, even if short-term nursing facility placement is required for rehabilitation and/or convalescence, to assist them in transitioning to community-based care. It is crucial that there be adequate funding and resources to ensure ample community services when these individuals are transitioned.
4. CARES staff should continue to work with the Agency for Health Care Administration, the Agency for Persons with Disabilities, the Department of Health, and the Substance Abuse and Mental Health Program of the Department of Children and Family Services to restructure and streamline the Florida Pre-Admission Screening and Resident Review (PASRR) process.
5. CARES staff should continue to upgrade computer equipment and systems as new technology becomes available to improve program efficiency.
6. The Department of Elder Affairs and the Agency for Health Care Administration should continue to work together in identifying ways to streamline the diversion process.

Appendix A:

SFY 2004-2005 CARES Alternative Placements (Diversion) Report

July 1, 2005 - June 30, 2006

Appendix A

CARES ALTERNATIVE PLACEMENTS (DIVERSION) REPORT ANNUAL REPORT (JULY 2005 - JUNE 2006)

	a+d=(g)	b+e=(h)	(i) = h/g	(a)	(b)	(c)= b/a	(d)	(e)	(f)= d/e
PSA	TOTAL # ALL ASSESSMENTS	DIVERSIONS ALL ASSESSMENTS	% DIVERSIONS of ALL ASSESSMENTS	TOTAL # NON-WAIVER ASSESSMENTS	# DIVERSIONS NON-WAIVER ASSESSMENTS	% DIVERSIONS of NON-WAIVER ASSESSMENTS	TOTAL# WAIVER ASSESSMENTS	# DIVERSIONS of WAIVER ASSESSMENTS	% DIVERSIONS of WAIVER ASSESSMENTS
1	2,100	557	26.5%	1,434	391	27.3%	666	166	24.9%
2A	2,015	599	29.7%	1,147	359	31.3%	868	240	27.6%
2B	1,807	575	31.8%	957	302	31.6%	850	273	32.1%
3A	2,070	742	31.0%	1,186	272	22.9%	884	370	41.9%
3B	3,249	1,323	40.7%	2,311	936	40.5%	938	387	41.3%
4A	4,821	1,597	33.1%	3,015	935	31.0%	1,806	662	36.7%
4B	2,687	770	28.7	1,762	448	25.4%	925	322	34.8%
5	8,265	3,001	36.3%	5,924	2,397	40.5%	2,341	604	25.8%
6A	4,928	1,853	37.6%	3,624	1,429	39.4%	1,304	424	32.5%
6B	2,810	856	30.5%	1,990	506	25.4%	820	350	42.7%
7A	4,778	1,276	26.7%	3,378	978	29.0%	1,400	298	21.3%
7B	2,269	811	35.7%	1,635	559	34.2%	634	252	39.7%
8	4,488	1,204	26.8%	2,979	834	28.0%	1,509	370	24.5%
9A	4,436	1,148	25.9%	3,097	778	25.1%	1,339	370	27.6%
9B	1,965	420	21.4%	1,244	240	19.3%	721	180	25.0%
10	5,447	1,070	19.6%	4,770	983	20.6%	677	87	12.9%
11A	7,186	1,413	19.7%	5,248	1,148	21.9%	1,938	265	13.7%
11B	5,271	1,790	34.0%	3,306	1,542	46.6%	1,965	248	12.6%
YTD Total	70,592	20,905	29.6%	49,007	15,037	30.7%	21,585	5,868	27.2%
AVG	3,922	1,161	28.8%	2,723	835	30.3%	1,199	326	25.6%



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