Special Assistance Demonstration Project
Pursuant S.L. 2001-424

Final Report
To
House of Representatives Appropriations Committee
and
House of Representatives Appropriations Subcommittee
On Health and Human Services
and
Senate Appropriations Committee
and
Senate Appropriations Committee
On Health and Human Services

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Prepared by
North Carolina Department of Health and Human Services
Division of Social Services

Special Assistance In-Home Demonstration Project

Final Report

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Executive Summary

Legislation

The General Assembly authorized the Department of Health and Human Services (DHHS) to carry out a demonstration project to provide Special Assistance for up to 400 eligible individuals living at home for a limited time period. The demonstration ends on June 30, 2003.

Project Counties

Twenty-two county departments of social services (DSS) participated in the demonstration project. These counties include a statewide geographical distribution and participation by small, medium, and large county DSS agencies. A list of the DSS agencies participating in the project is in Section I of this report.

Special Assistance In-Home Clients

A total of 377 individuals received Special Assistance at home during the September 2000 – August 2002 period. The term "SA/In-Home" payments is used throughout this report to refer to these Special Assistance payments. The data shown in the charts and graphs included in this report describes the individuals who received Special Assistance payments at home during this two-year period. The data in the charts and graphs was collected by the case managers completing the RAI-Home Care assessment instrument.

The assessment data for all project recipients was compiled to show the characteristics and functioning levels of the SA/In-Home recipients. With this data, we have a description of the types of individuals receiving these funds and using them to live at home rather than entering an adult care home.

The charts and graphs show information about the demographics, living arrangements, vision and hearing status, cognitive patterns, mental health needs, ability to carry out activities of daily living and the instrumental activities of daily living, health conditions, number of medications taken, and other characteristics of these individuals.

Caregivers

The role of caregivers is very important in whether an older adults or an adult with disabilities is able to live at home instead of going to an adult care home. Caregivers include relatives, friends, and neighbors. Eighty four percent of the SA/In-Home recipients have a primary caregiver. These caregivers provided a range of help to these individuals – including assisting with activities of daily living, instrumental activities of daily living, advice, and emotional support. Caregivers provided an average of 41 hours per week or 6 hours per day of help to these recipients during the September 2000 – August 2002 period.

Use of SA/In-Home Payments

Based on findings from the client assessments, planning with the clients and family members or other members of their informal support network, and planning with physicians and local service providers, the case managers developed care plans designed to meet the needs of the clients and enable them to live at home rather than move to an adult care home. Part of the care plan addressed how the SA/In-Home payments would be used to enable the client to live at home safely. The SA payments were used for a variety of things – all of which are basic needs for people living at home. A primary issue for these individuals is that they do not have sufficient income to meet their needs – and that, among other factors, has put them at risk of having to leave home and move to an adult care home. The average monthly income for the SA/In-Home recipients was $539. The average monthly SA/In-Home payment was $184 per recipient.

The SA/In-Home payments were used for a variety of basic needs: housing, health care, food, personal care, clothing, and transportation. The most prevalent use was for housing- 40% of the payments were used for housing. The housing category includes utilities, home modifications, furniture, rent, appliances, heating and cooling repairs, and property taxes.

Medicaid Services

A condition for participation in the SA/In-Home demo is that individuals be eligible for Medicaid. The income level for Medicaid for Aged, Blind, and Disabled Adults in private living arrangements is 100% of the federal poverty level (currently $739 per month for an individual). Anyone with income above 100% of the federal poverty level is not eligible to receive SA/In-Home payments.

The Division of Medical Assistance provided data about the types and costs of Medicaid services provided to SA/In-Home recipients as well as to SA/Adult Care Home recipients for the September 2000 – August 2002 period. This data provides a comparison of the Medicaid services and costs for the two groups of recipients. The data is for claims billed to Medicaid for services provided to both groups of SA recipients.

The average cost for all Medicaid services used by 365 of the 377 SA/In-Home recipients during this two-year period was $1,842 per recipient. The average cost for all Medicaid services used by 331 of the 377 SA/Adult Care Home recipients during this two-year period was $2,158 per recipient.

The top three Medicaid services with the highest level of expenditures for each group were Personal Care Services, Prescription Drugs, and Physician Services & Hospitalization.

Cost Analysis

A. Special Assistance

Special Assistance payments supplement an individual's income so that he/she will have sufficient income to pay for care in an adult care home, or during this demonstration, to live safely at home. The individual must need adult care home level of care, as verified by a physician and documented on the FL-2, in order to qualify for either payment.

The need standard (eligible income level) for the SA/In-Home payment is 100% of the federal poverty level. Currently, the federal poverty level is $739 per month for a family of one. If an individual's income is below this level, he/she may be eligible for an SA/In-Home payment.

The payment standard for the SA/In-Home payment is 50% of the amount that an individual can receive to pay for care in an adult care home. Eligible individuals receive a monthly cash payment for an amount up to the payment standard, depending upon their specific needs that are identified through a comprehensive assessment and development of a care plan.

During the September 2000 – August 2002 period, 377 individuals received SA/In-Home payments. The average payment was $184 per month. A total of $1,045,880 was paid to these 377 individuals during this two-year period.

The need standard and payment standard for the SA/Adult Care Home payment, which pays for care in adult care homes, are one-and-the-same. The current standard is $1,147 per month ($1,091 for room and board + $36 for personal needs allowance). This is 153% of the federal poverty level. If an individual's income is below this level, he/she may be eligible for an SA payment for care in an adult care home. Eligible individuals receive a monthly cash payment for an amount that is the difference between the need/payment standard and their personal income.

During the September 2000 – August 2002 period, the average Special Assistance payment made to individuals in adult care homes was $426 per month. Based on this average payment amount, total payments of $3,854,448 were paid to 377 Special Assistance recipients living in adult care homes during this two-year period.

A comparison of $1,045,880 in SA/In-Home expenditures for 377 individuals and $3,854,448 in SA/Adult Care Home expenditures for 377 individuals shows that the cost of providing Special Assistance to individuals in adult care homes was $2,808,568 higher than providing the payments to individuals living in their own homes. The average monthly payment of $426 to adult care home recipients was $242 higher than the $184 monthly payment to individuals in their own homes. The average annual payment of $5,112 to adult care home recipients was $2,904 higher than the average annual payment of $2,208 to recipients in their own homes.

B. **Medicaid**

The average cost per recipient for all Medicaid services used by the 365 of the 377 SA/In-Home recipients was $1,842 per recipient for the two-year period. The average cost per recipient for all Medicaid services used by the 331 of the 377 SA/Adult Care Home recipients during this same time period was $2,158 per recipient.

A full conclusion cannot be drawn from this data about the Medicaid costs for these two groups of recipients. The Medicaid costs for 12 of the SA/In-Home recipients and for 46 of the SA/Adult Care Home recipients have not been reported to the Division of Medical Assistance. Medicaid providers have one year from the date of service to submit claims. Thus, there is a lag time for reporting Medicaid expenditures.

Case Management

In this demo, case managers at the county departments of social services conducted comprehensive assessments to identify the nature and extent of the needs of individuals requesting Special Assistance payments and how the factors affected their ability to live at home. A comprehensive assessment instrument known as the Resident Assessment Instrument for Home Care (RAI-HC) was used by the case managers working with these clients.

Using the assessment information, the case managers worked directly with the clients and their families and other caregivers to develop a care plan that would enable the client to live at home rather than move to an adult care home. The case managers also established the amount of the SA/In-Home payment, worked with the client to determine how the payments would be used, and monitored use of the payments to assure that they were used for the intended purpose.

The case managers role was an essential one for helping the clients remain at home. In addition to the care planning, arranging for services, and monitoring, the case managers also leveraged community resources that had not been available to the client and that made a critical difference in the client's ability to live at home. The case managers mobilized churches, civic clubs, scout troops, and individual volunteers to provide free labor and materials for minor renovations and repairs to client homes and for a variety of other tasks.

An average of 1½ hours of case management were provided to each of the SA/In-Home recipients per month. Existing case managers in the county departments of social services provided the case management. No state funds are used to provide this Medicaid case management program that is known as At-Risk Case Management Services.

This report contains case examples from each of the demo counties. They illustrate the types of individuals who received SA/In-Home payments and show how the case managers worked with the clients and their families and how the SA/In-Home payments made it possible for them to remain at home rather than move to an adult care home.

Recommendations

The demonstration project has shown that providing Special Assistance payments to individuals enables them to continue living at home and is an effective approach for providing an alternative to adult care homes.

Making the SA/In-Home payments available in all counties of the state would provide older adults and adults with disabilities the option of living in their own homes in the community instead of moving to an adult care home. Several issues must be taken into account to make this option available in all counties.

- **Number of Recipients** – It is not known how many individuals will want to use the In-Home component of the SA Program, if it becomes available in all counties. It is likely that individuals would apply for the program on a graduated basis and that enrollment would increase over time as people learned that the program was available as an alternative to placement in adult care homes. This was the experience in the twenty-two counties participating in the demonstration project.

- **Cost/Cost Savings**– The cost or cost savings that could occur as a result of making the In-Home component available in all counties of the state is difficult to estimate. It is possible that there would be no increase in the SA budget as a result of adding this option. One requirement for receiving SA payments at home is that a physician authorize that adult care home level of care is needed. It is likely that some eligible individuals who need adult care home level of care would opt to stay at home rather than choosing SA payments to go to an adult care home. If this occurred, there would be no increase in the SA budget. In fact, if some individuals chose the live-at-home option, this would result in cost savings for the SA budget. The SA/In-Home payments currently average $2,904 per recipient per year less than the SA/Adult Care Home payments ($184 per month for In-Home payments versus $426 per month for adult care home payments).

  On the other hand, it is possible that there could be an increase in the SA budget. If individuals who need adult care home level of care do not apply for SA/Adult Care Home Payments simply because they do not want to enter an adult care home, should decide to apply for and qualify for SA/In-Home payments, this could result in a growth in the Special Assistance budget. This is sometimes referred to as a "woodwork effect".

  Safeguards exist for addressing a "woodwork effect". These safeguards include physician approval for adult care home level of care, client and family decision to stay at home rather than enter an adult care home, and the case manager's approval of a care plan that assures living at home safely. In addition, the state can use a federally approved method to limit the number of slots available for Special Assistance payments to individuals living at home without affecting Medicaid coverage. The method is known as Assistance Based on Need or ABON.

SA/In-Home recipients are eligible for Medicaid and Medicaid-covered services, whether or not they receive SA payments at home. Thus, there are no significant increases in the Medicaid budget due to the availability of SA/In-Home payments.

The Food Stamp benefits paid to these individuals were relatively small ($38 per month). These benefits are 100% federally funded and do not impact the state budget.

- **Case Management** – Case management is essential to the successful implementation of the In-Home component of the Special Assistance program. This case management is funded through a Medicaid case management service known as At-Risk Case Management. Currently, it is funded with 64% federal Medicaid dollars and 36% county dollars. No state funds are used to provide this case management. County departments of social services can continue to provide the non-federal share of the cost of providing this case management for the SFY03-05 biennium.

- **Phased-In Approach** – 400 slots were available for the demo in 22 counties. It is recommended that 800 slots be made available for use in additional counties for each year of the SFY03-05 biennium.

  This approach would set a limit on the number of slots that could be used statewide for the In-Home component of the Special Assistance program. It would also allow for a graduated increase in the number of individuals who may choose this option. County departments of social services can utilize existing staff to provide the case management for this number of people and use existing computer hardware and software to serve this number of recipients. The Division of Social Services can use existing staff to implement this component in all counties of the state.

Olmstead Plan

An In-Home component of the State/County Special Assistance Program would be an important part of the DHHS Olmstead Plan that would provide options for adults with disabilities to live in the least restrictive setting possible.

Consumer Directed Care

The In-Home component also incorporates the principles of consumer directed care which allows individuals with disabilities to exercise as much control over managing daily living as they are able and willing to do.

I. Background

A. Legislation

The General Assembly approved a special provision in S.L. 1999-237, Section 11.21 authorizing the Department of Health and Human Services (DHHS) to carry out a demonstration project to provide Special Assistance for up to 400 eligible individuals living at home for a two-year period beginning July 1, 1999 and ending June 30, 2001. The General Assembly amended the special provision in S.L. 2000-67, Section 11.13 to provide these Special Assistance payments through June 2002. The General Assembly amended the special provision in S.L. 2001-424 to increase the payment standard to 50% of the amount paid to adult care home recipients, to allow payments through June 30, 2003, and to require the Department to submit a final report by January 1, 2003.

Within DHHS, the Division of Social Services administers the Special Assistance program and is responsible for implementation of the Special Assistance demonstration project, known as the SA/In-Home Program. The Division of Social Services began implementation in January 2000. Interim reports were submitted to the General Assembly in August 2000, July 2001, and July 2002.

B. Project Counties

The special provision authorizing the demonstration project limits the number of SA/In-Home recipients to 400 people. Since it was not be feasible for all 100 county departments of social services (DSS) to participate in a project for this small number of people, the Division of Social Services sent a Request for Proposals to all county DSS agencies in April 2000 notifying them about the project, the conditions for participation, and requested that all interested agencies submit their proposals by May 8, 2000.

Twenty-two county DSSs responded with proposals. Taking into account the need for statewide geographical distribution, the need for participation by small, medium, and large county DSS agencies, and the ability of the DSS agencies to provide case management to these clients with existing staff, the decision was made to include the twenty-two agencies in the demonstration project. A list of the DSS agencies participating in the project and the allocation of the 400 slots for each county is shown below. County departments of social services began taking applications for the SA/In-Home project in September 2000.

County	Slots Assigned	County	Slots Assigned
Cabarrus	35	Iredell	15
Chatham	5	Johnston	13
Cleveland	30	Lincoln	15
Columbus	5	Mecklenburg	32
Craven	15	Northhampton	35
Cumberland	40	Onslow	12
Currituck	5	Pamlico	2
Dare	5	Pasquotank	20
Graham	25	Pitt	10
Guilford	41	Robeson	20
Harnett	5	Rowan	15
		Total	400

II. SA/In-Home Clients

A total of 377 individuals received Special Assistance at home during the September 2000 – August 2002 period. The data shown in the charts and graphs that follow is for the individuals who received SA/In-Home payments for this two-year period. The data was collected by the case managers completing the RAI-Home Care assessment instrument.

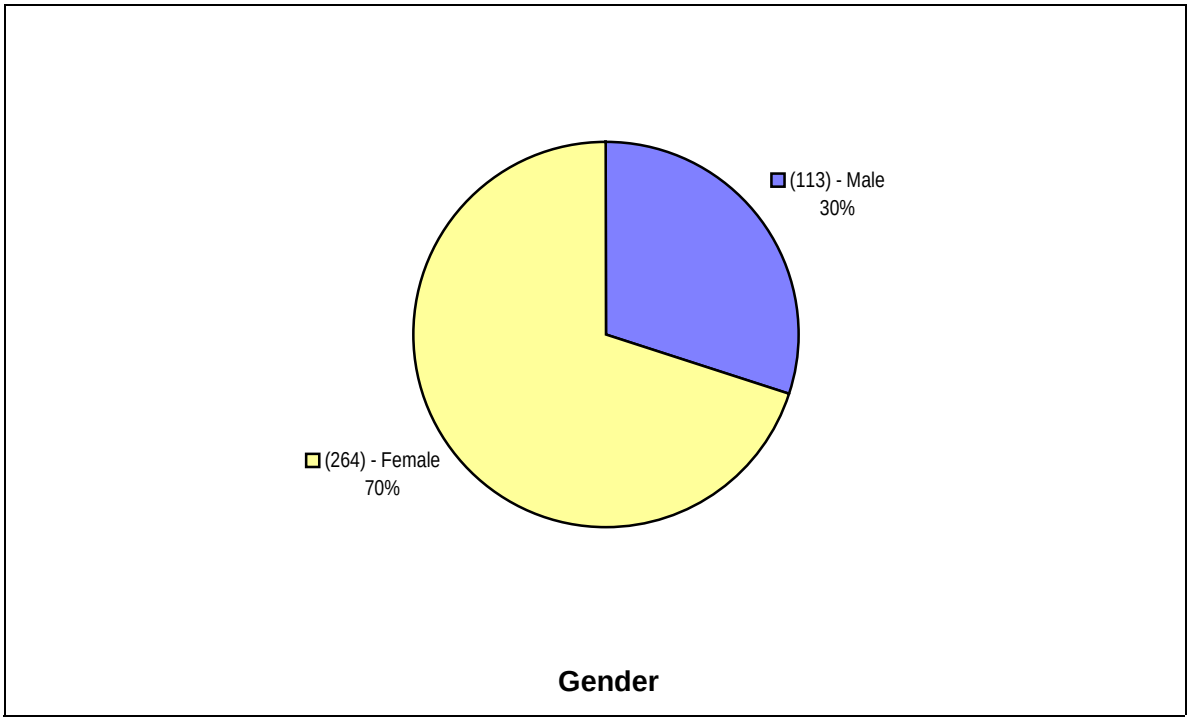
As assessments were completed by the case managers, the data was stored in a database in the case managers' laptop computers. The data for recipients in each county was then saved to a computer disk and mailed to the Division of Social Services biweekly where it was merged with data from all demo counties.

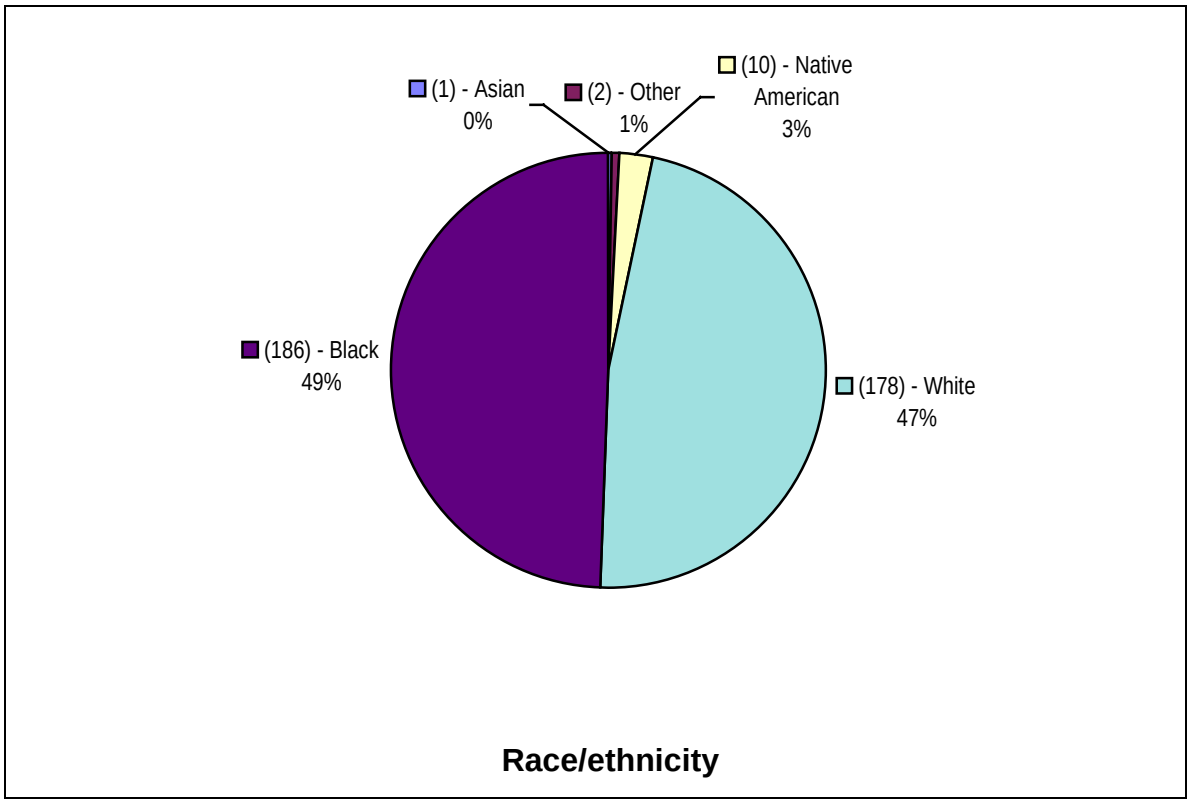
The assessment data for all project recipients was compiled to show the characteristics and functioning levels of the SA/In-Home recipients. With this data, we have a description of the types of individuals receiving these funds and using them to live at home rather than entering an adult care home. Data of this type is not collected for Special Assistance recipients in adult care homes. Thus, comparison of the two groups of SA recipients is not readily done.

The charts and graphs show information about the demographics, living arrangements, vision and hearing status, cognitive patterns, mental health needs, ability to carry out activities of daily living and the instrumental activities of daily living, health conditions, number of medications taken, and other characteristics of these individuals.

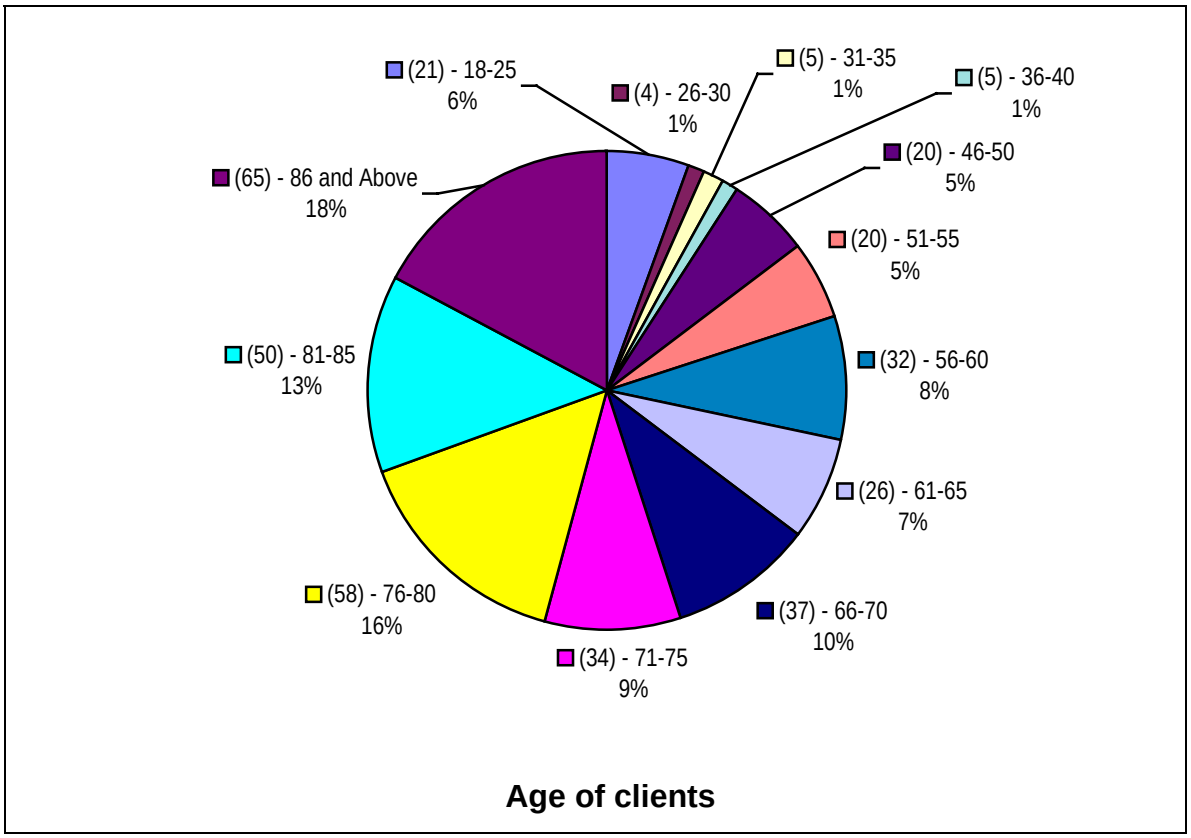
A. Basic Demographics

The pie charts below show basic demographic data about the gender, race, age, marital status, and educational level of the 377 individuals receiving SA payments at home.

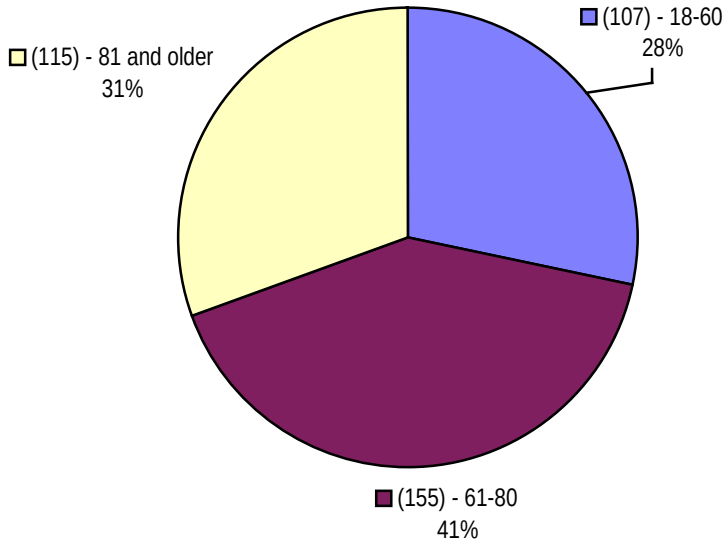




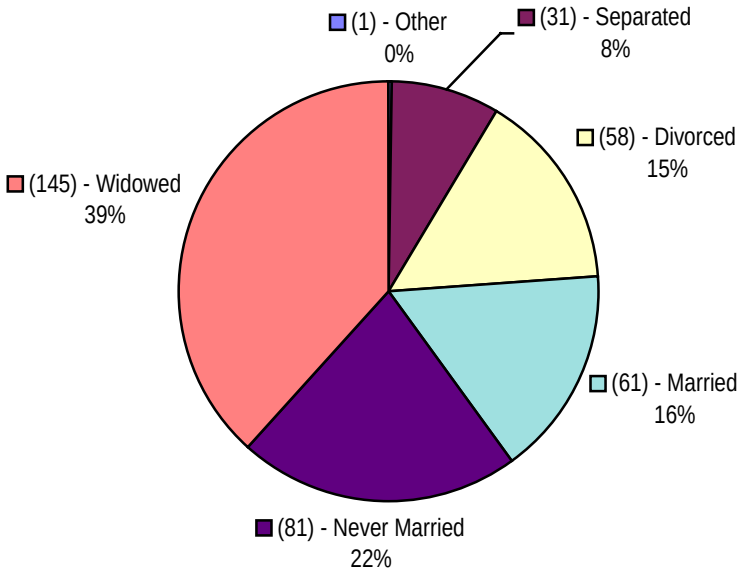
Race/ethnicity



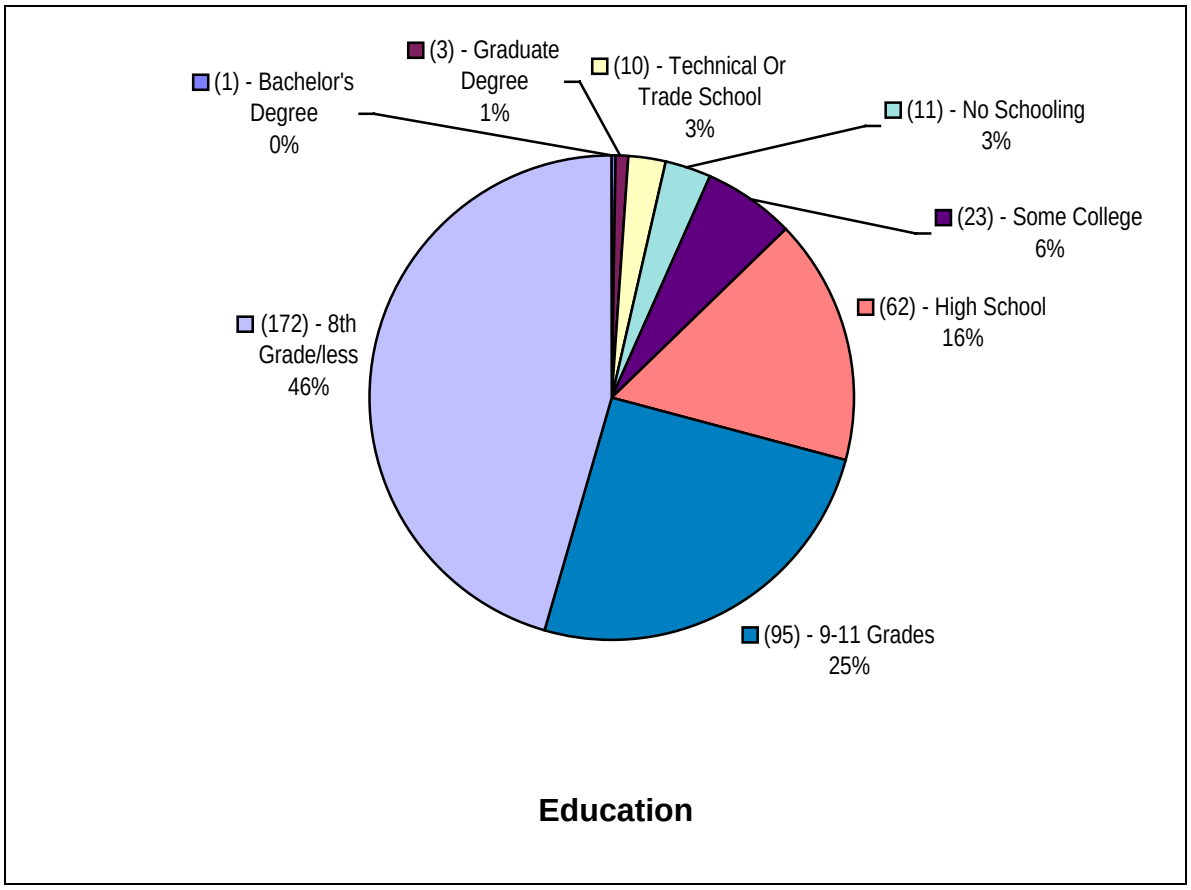
Age of clients



Age cohorts

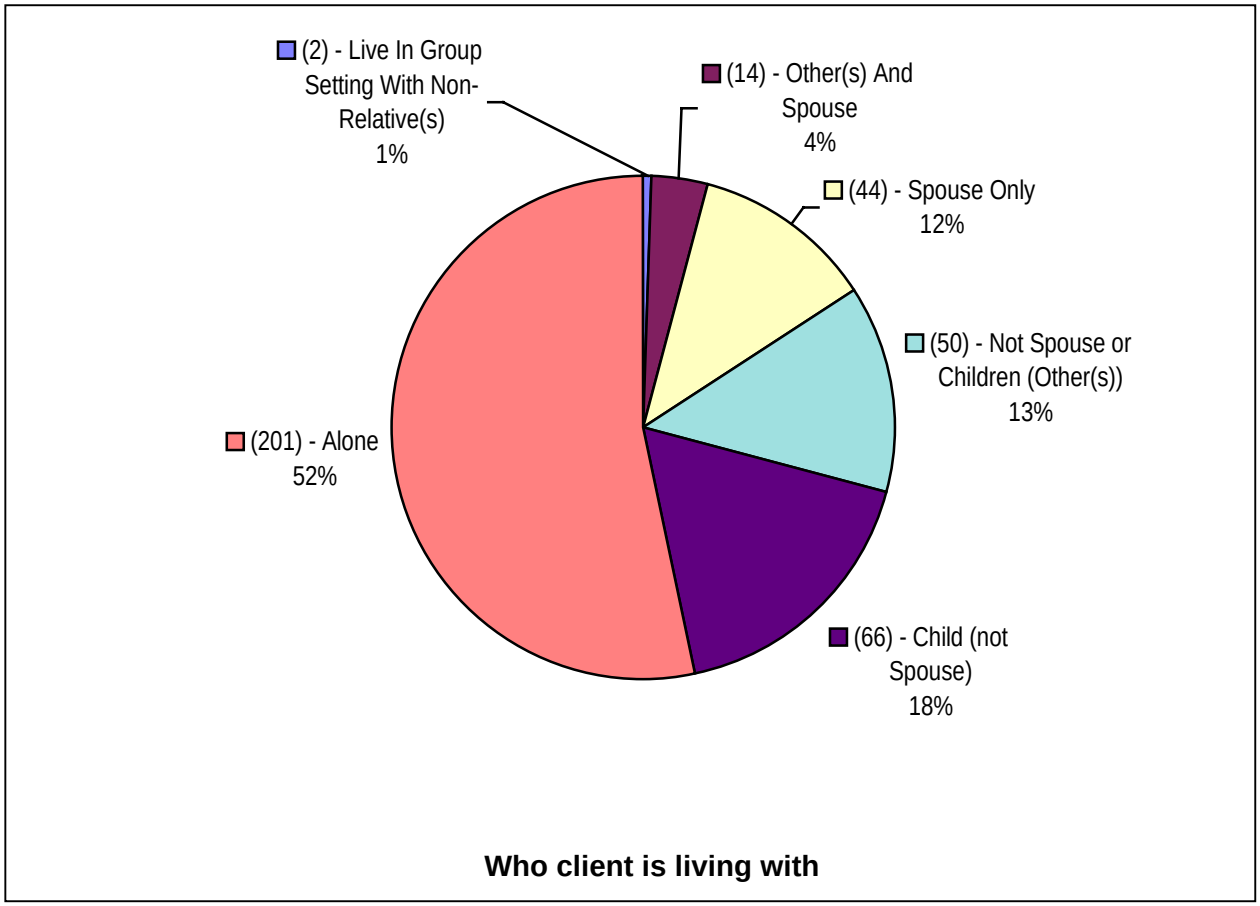


Marital status


(1) - Bachelor's Degree 0%
(3) - Graduate Degree 1%
(10) - Technical Or Trade School 3%
(11) - No Schooling 3%
(23) - Some College 6%
(62) - High School 16%
(95) - 9-11 Grades 25%
(172) - 8th Grade/less 46%
Education

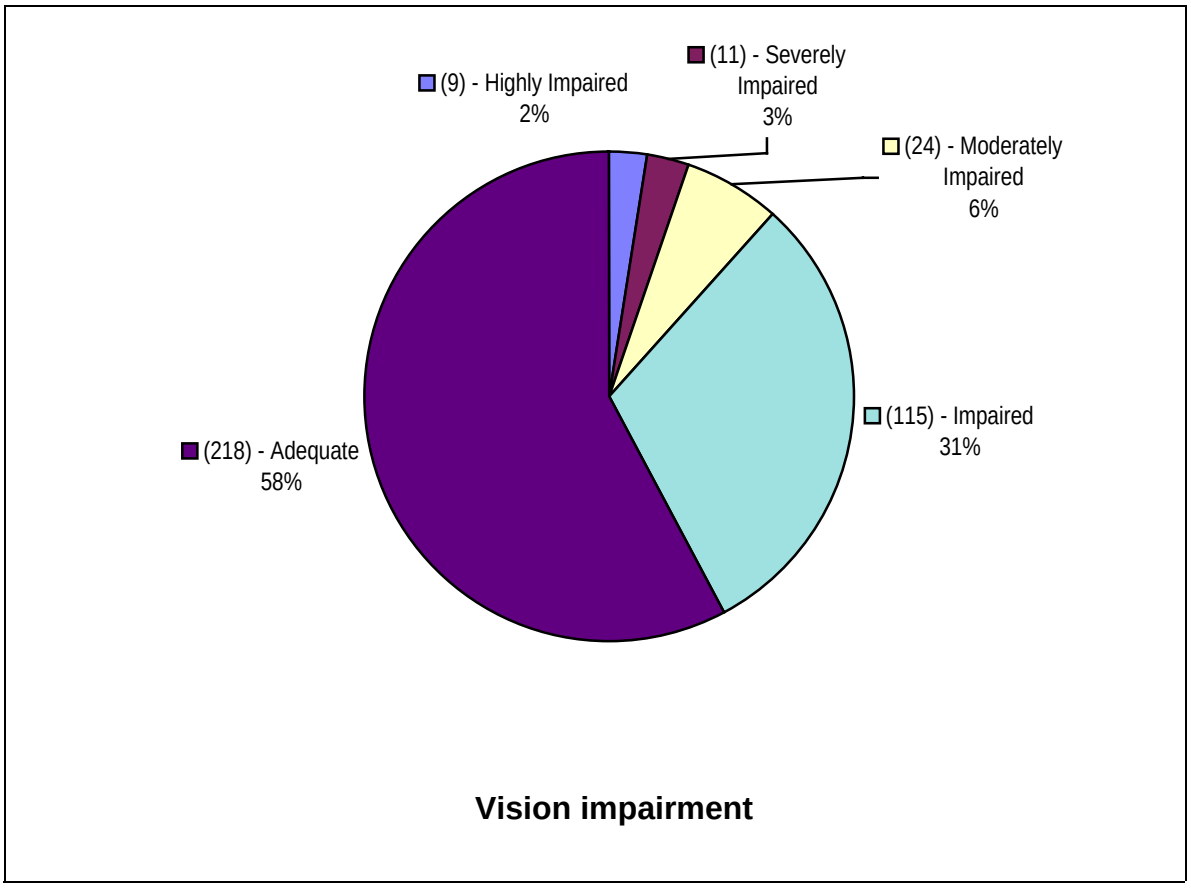
B. Living Arrangements

This pie chart shows who the SA/In-Home recipients live with.



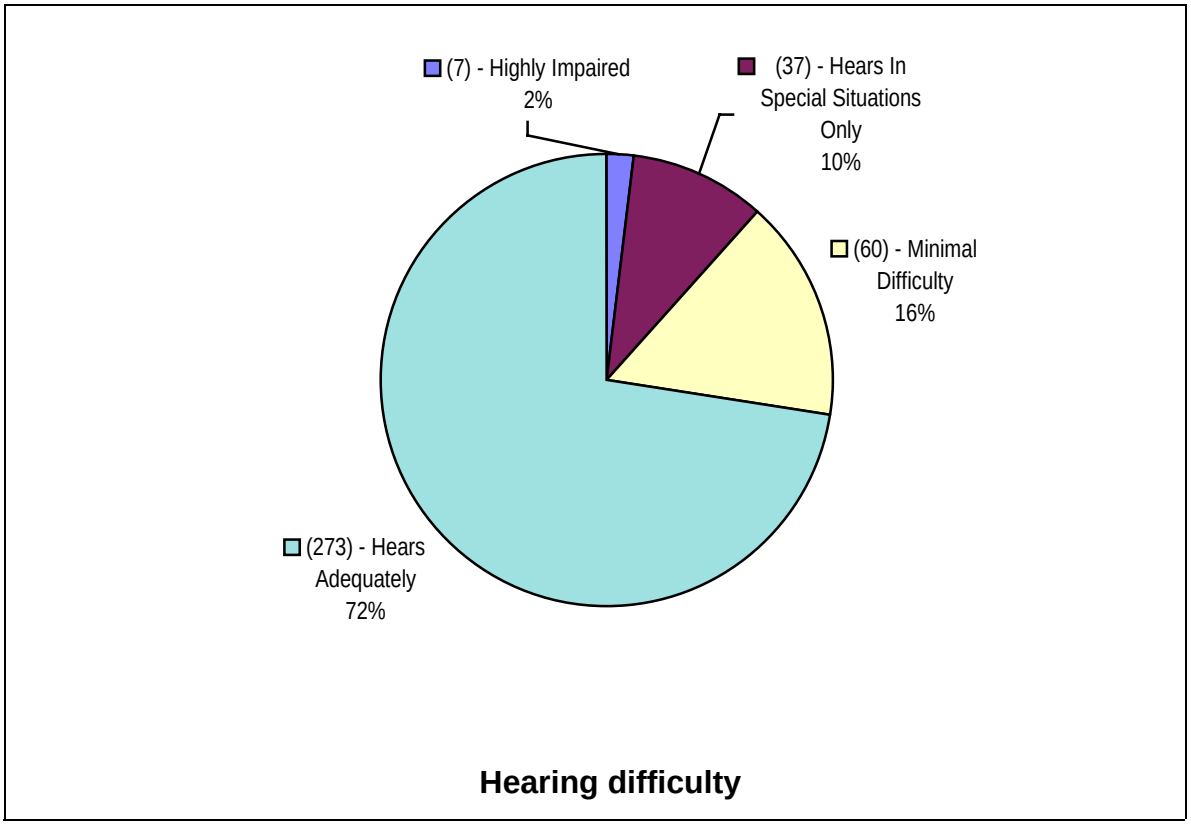
C. Vision

This pie chart shows the vision status of the SA/In-Home recipients.



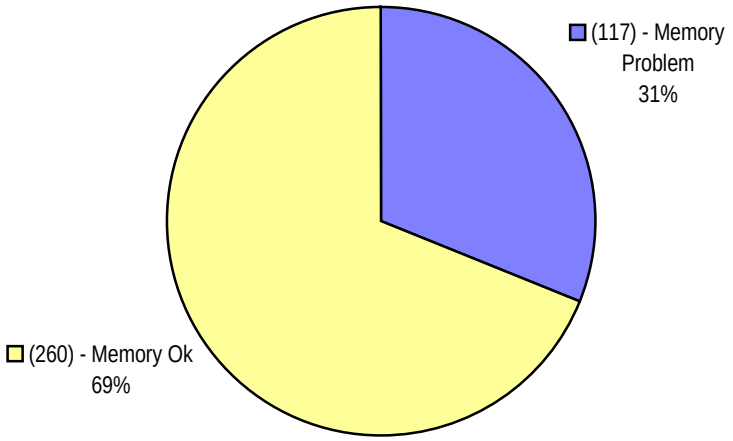
D. Hearing

This pie chart shows the hearing patterns of the SA/In-Home recipients.

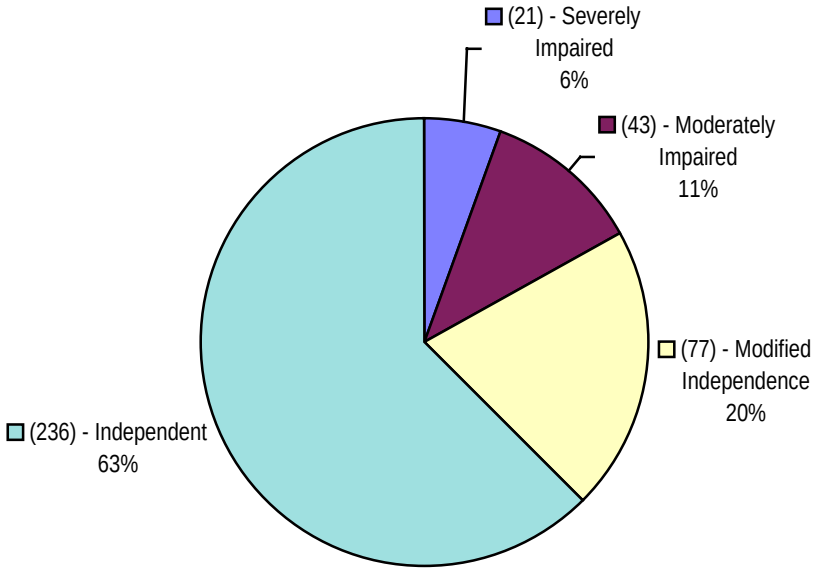


E. Cognitive Patterns

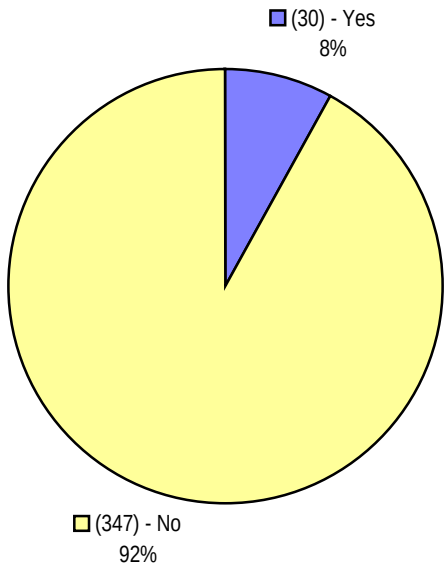
These pie charts show the cognitive patterns of the SA/In-Home recipients.



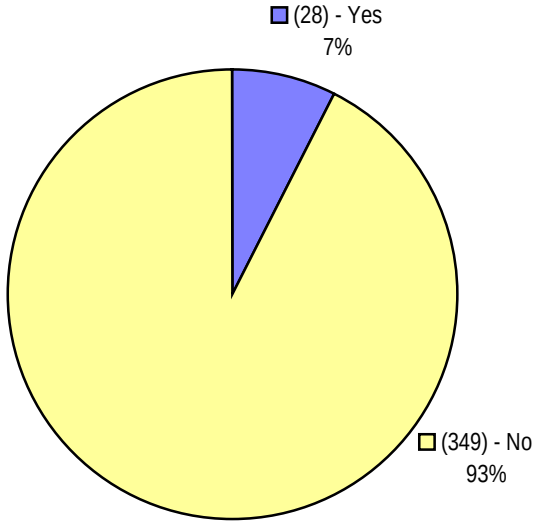
Short-term memory appears to be a problem



Has some ability to make decisions



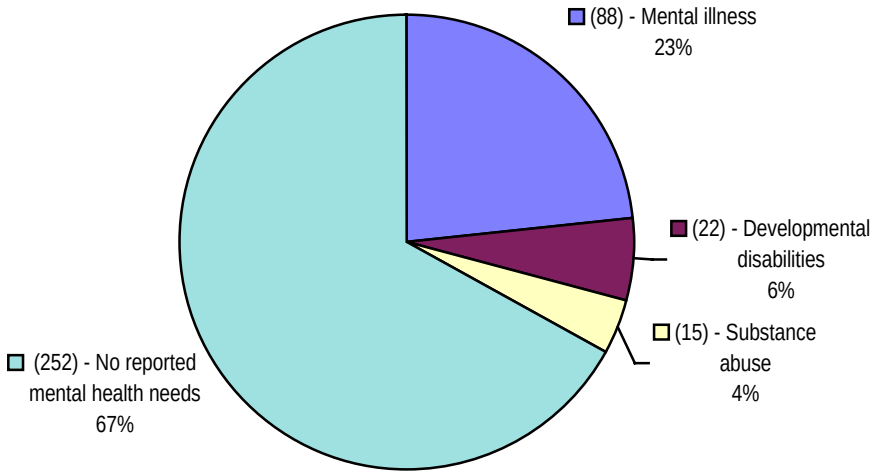
Sudden or new onset or change in mental function



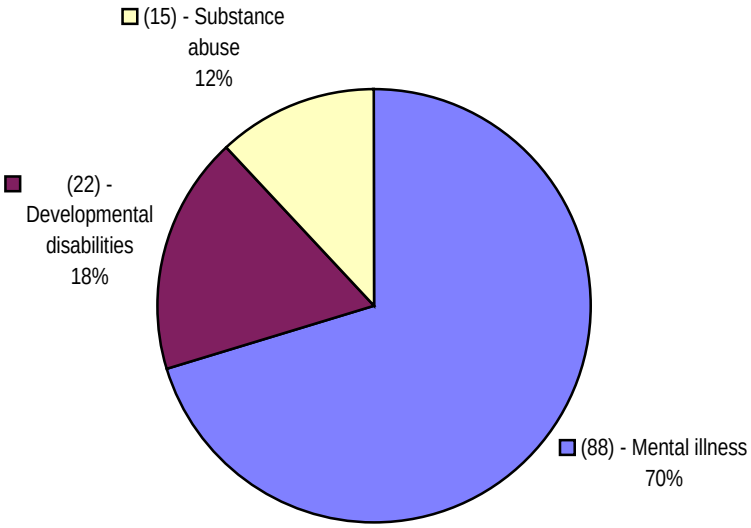
In the last 90 days, client has become agitated or disoriented such that his or her safety is endangered or client requires protection by others

F. Mental Health Needs

These pie charts show the mental health needs of the SA/In-Home recipients. This data was collected from the FL-2 forms completed by the recipients' physicians. Physicians indicate diagnoses of various health conditions on the FL-2, including mental health.



Mental health needs



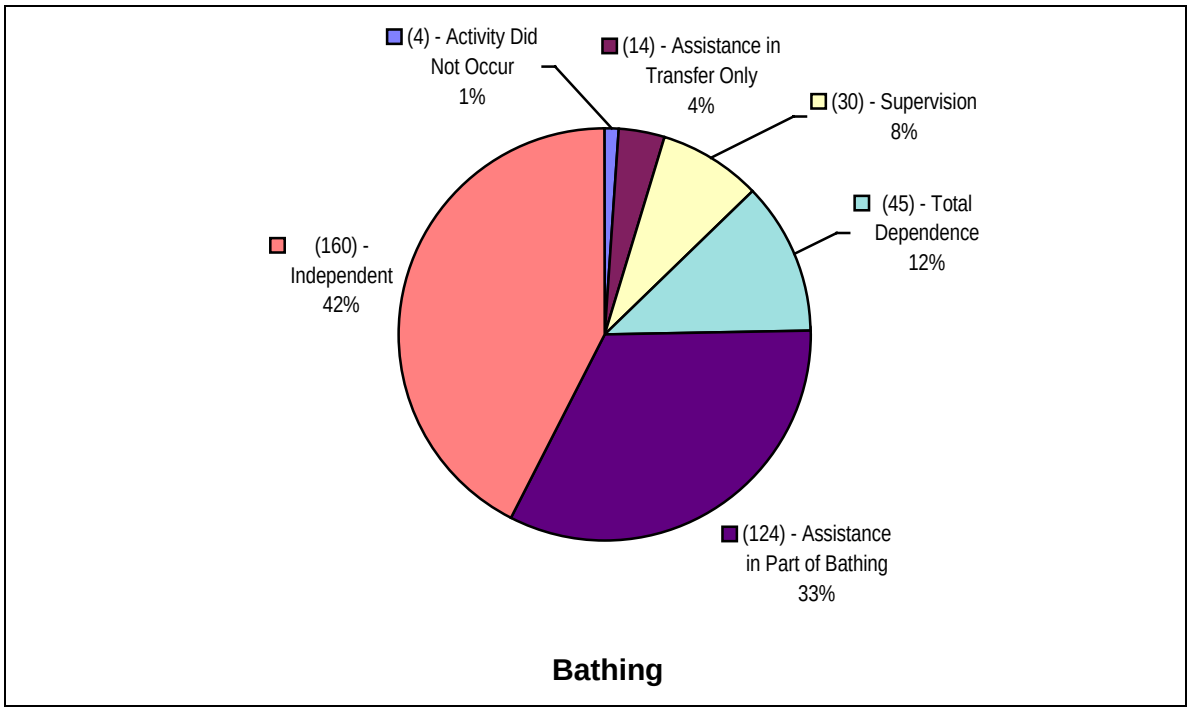
Recipients with mental health needs
(125 individuals, 33% of the SA/In-Home recipients)

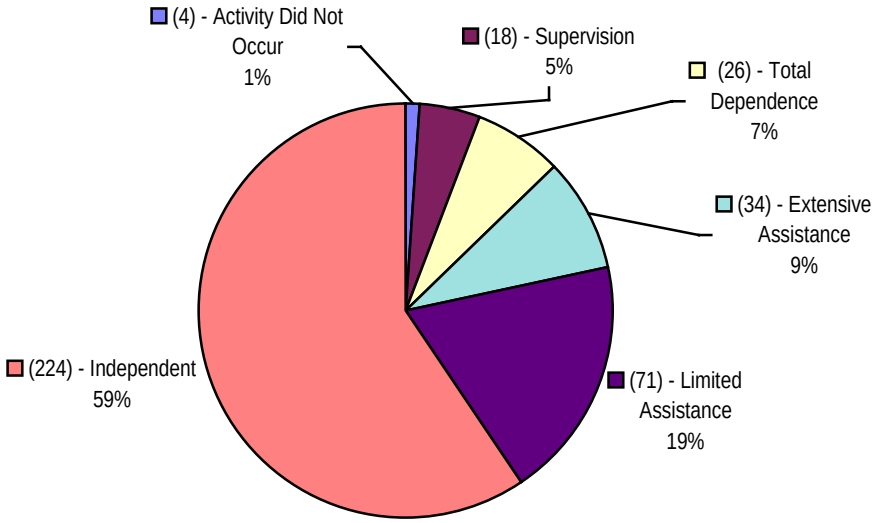
G. Activities of Daily Living

These pie charts show the ability of the SA/In-Home recipients to carry out activities of daily living (ADL's) for bathing, personal hygiene, dressing, locomotion, transfer, bed mobility, eating, and toileting. Bar graphs at the end of this section summarize the physical functioning of these recipients in carrying out the activities of daily living.

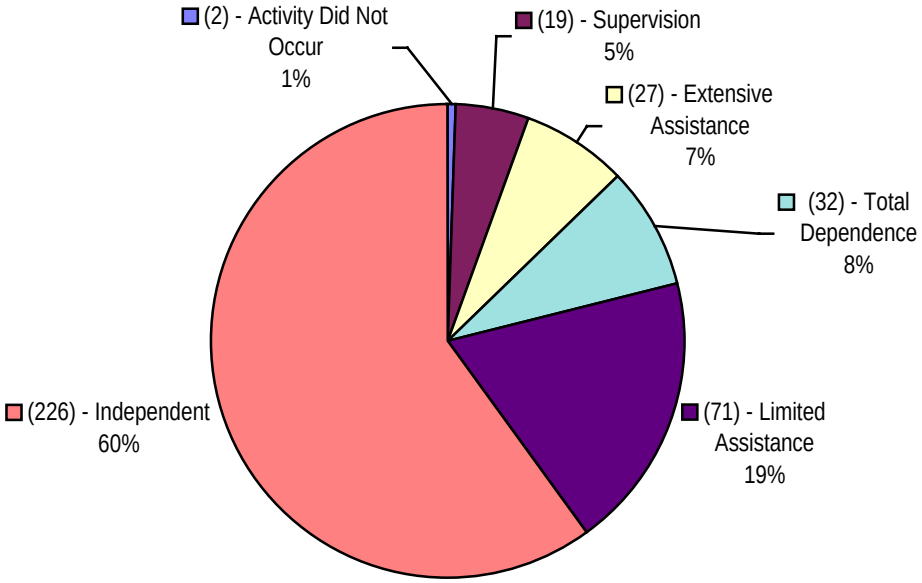
The assessment data shows that 24% of the SA/In-Home recipients need extensive or total assistance with locomotion, toileting and/or eating. Approximately 24% of the SA/Adult Care Home recipients need extensive or total assistance with locomotion, toileting, and/or eating. The adult care home facilities receive additional Medicaid reimbursement for these residents, known as heavy care residents, who need extensive or total assistance with these specific activities of daily living.

The similarity in this data indicates that the In-Home recipients are impaired in their ability to carry out these activities of daily living to the same extent that the Adult care Home recipients are impaired. This is an indicator that the In-Home recipients are, in fact, in need of adult care home level of care.

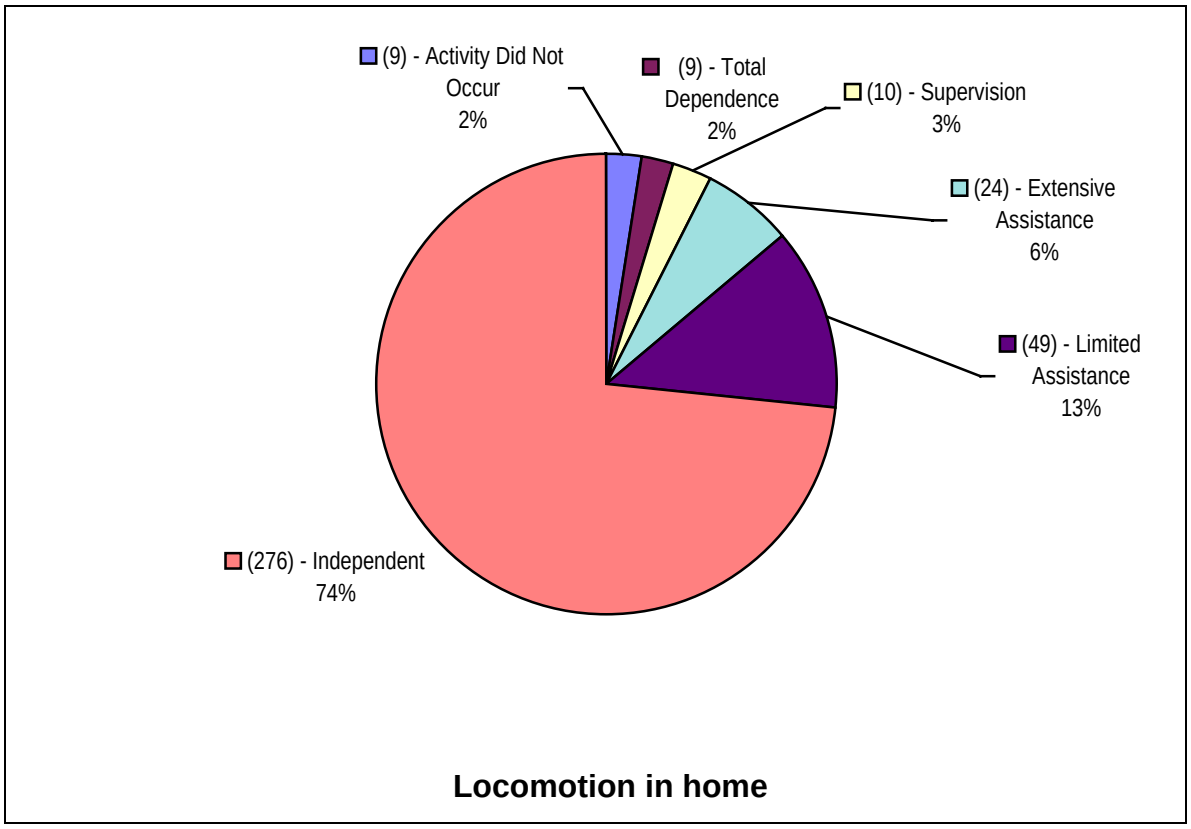




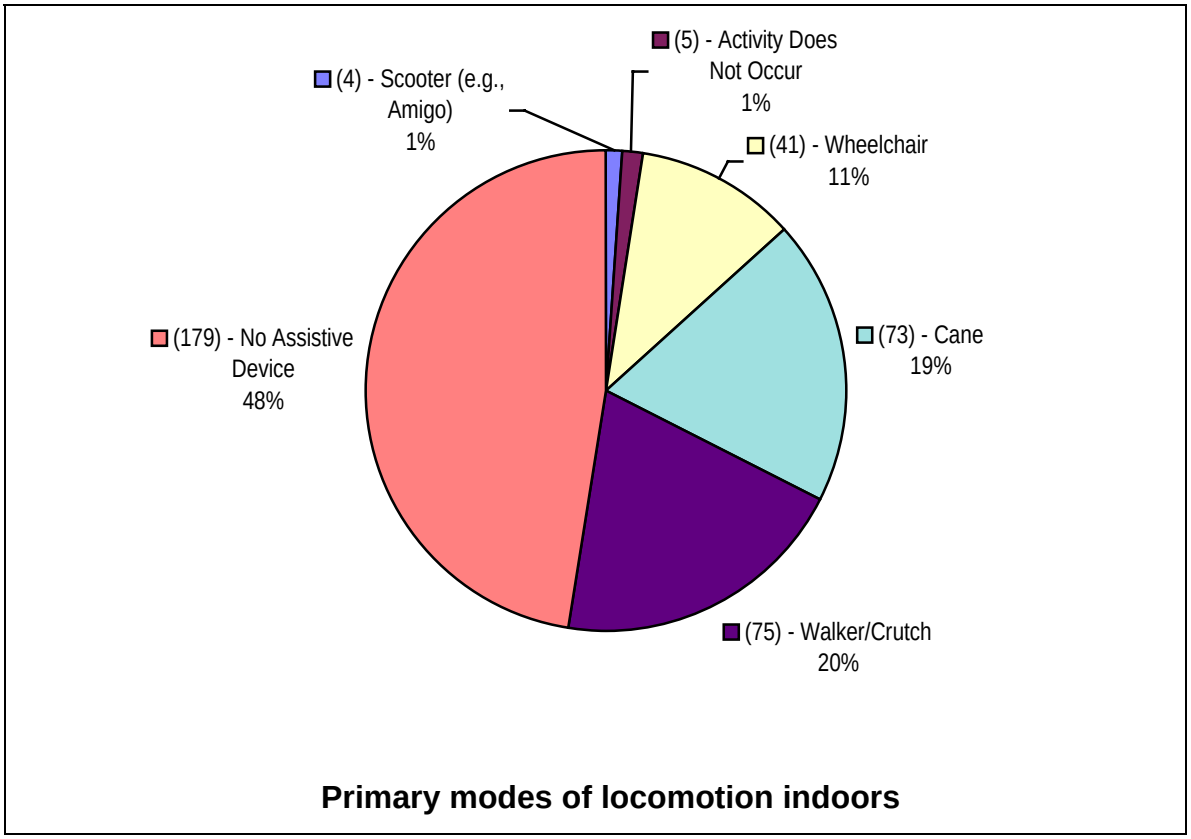
Personal hygiene



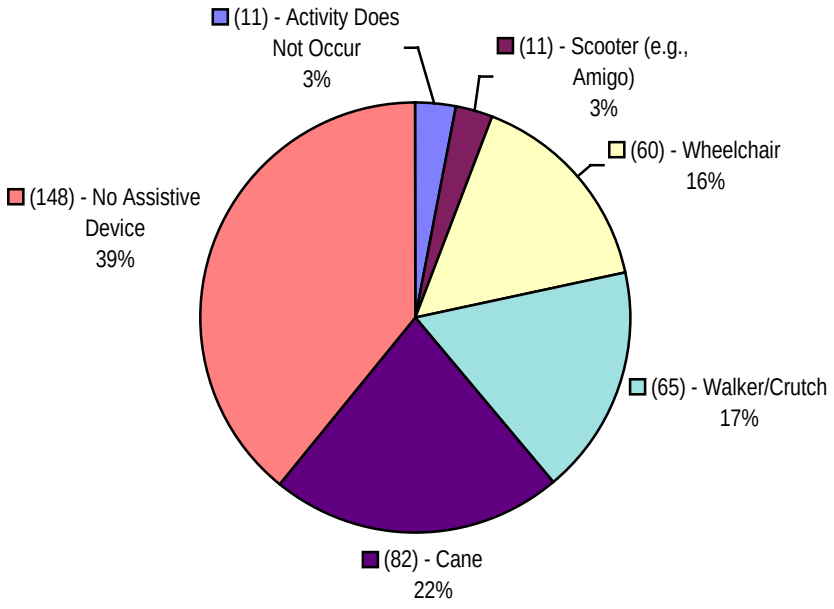
Dressing



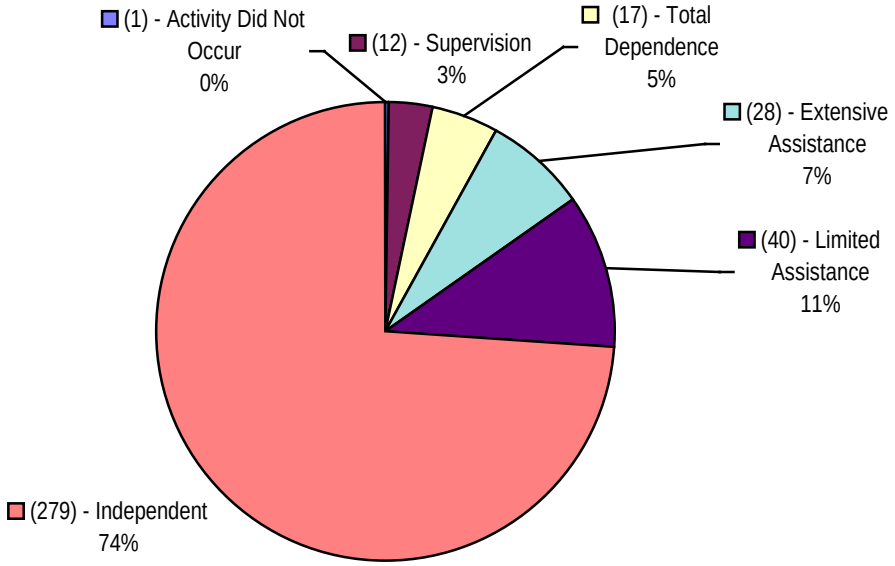
Locomotion in home



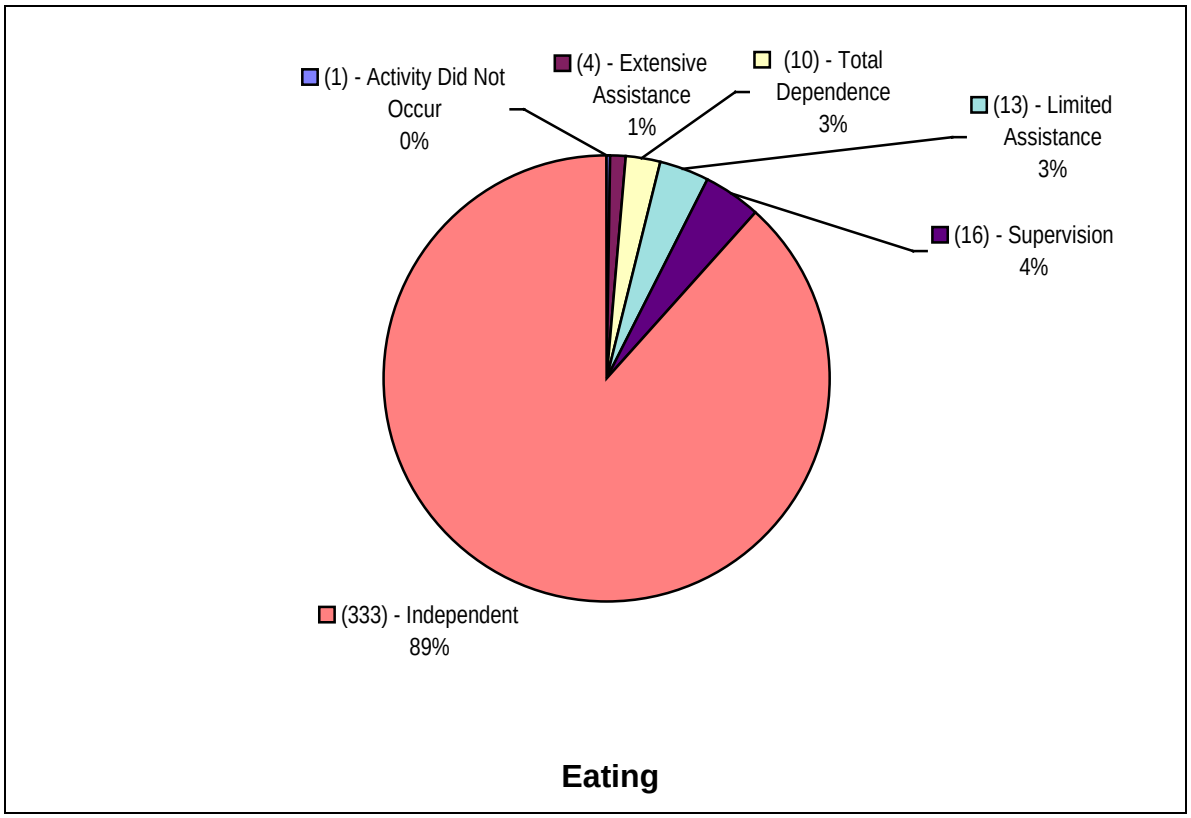
Primary modes of locomotion indoors



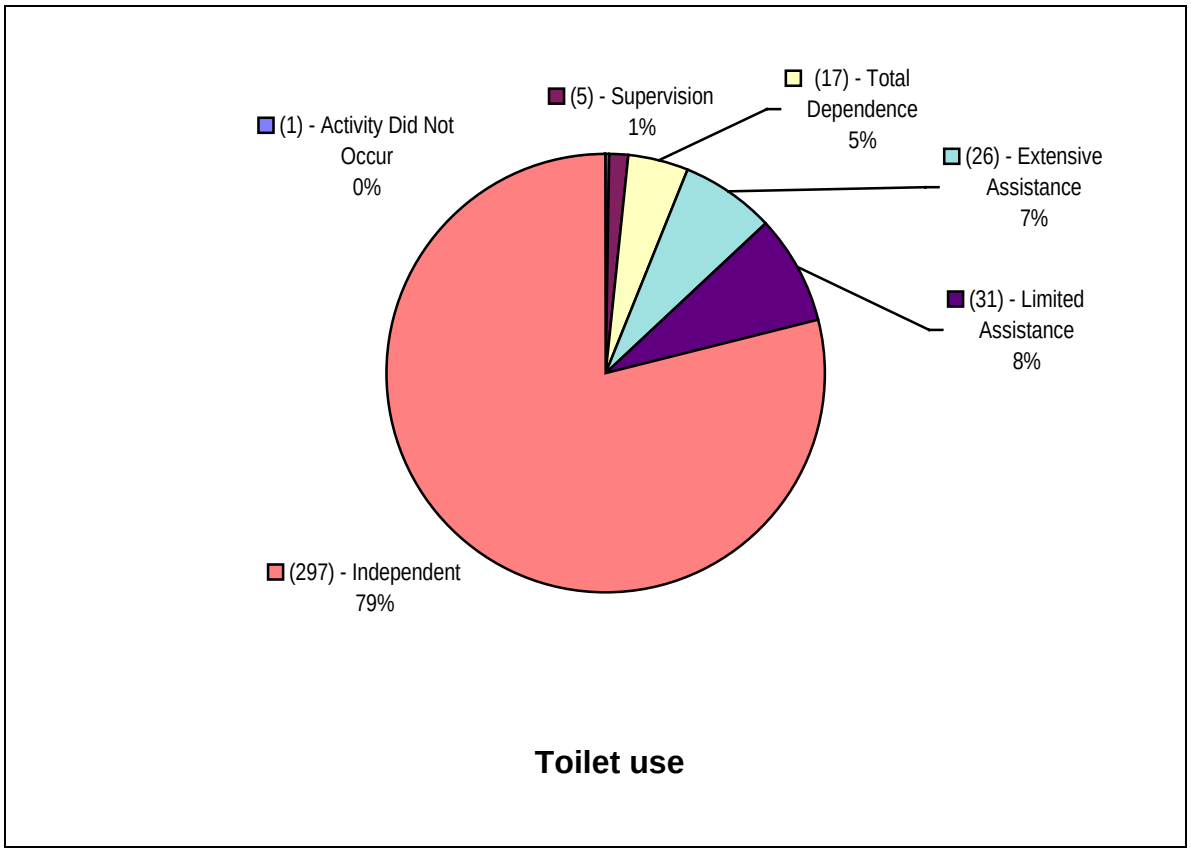
Primary mode of locomotion outdoors



Transfer

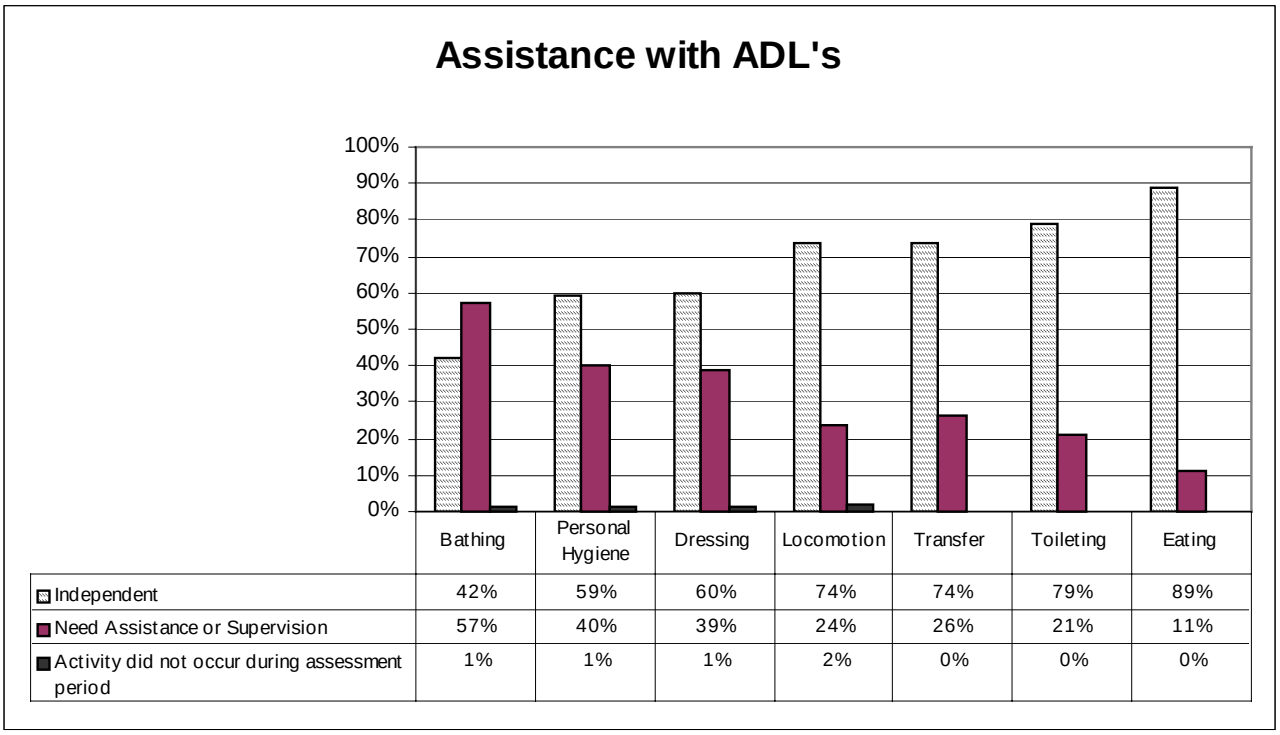


Eating

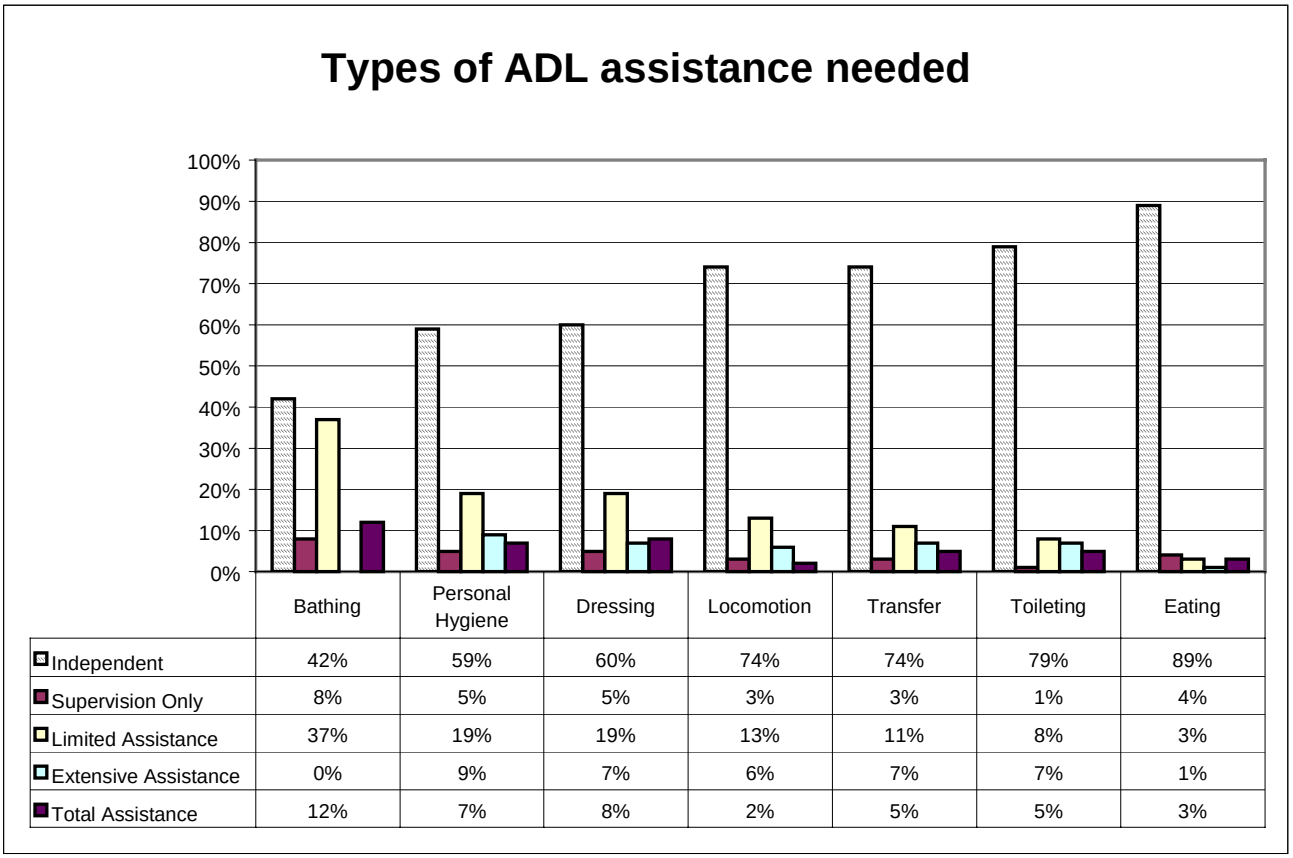


Toilet use

Summary of need for assistance with activities of daily living (ADL's):



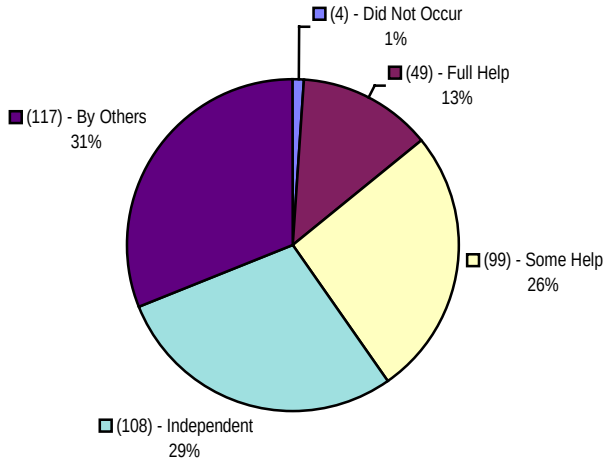
	Bathing	Personal Hygiene	Dressing	Locomotion	Transfer	Toileting	Eating
Independent	42%	59%	60%	74%	74%	79%	89%
Need Assistance or Supervision	57%	40%	39%	24%	26%	21%	11%
Activity did not occur during assessment period	1%	1%	1%	2%	0%	0%	0%



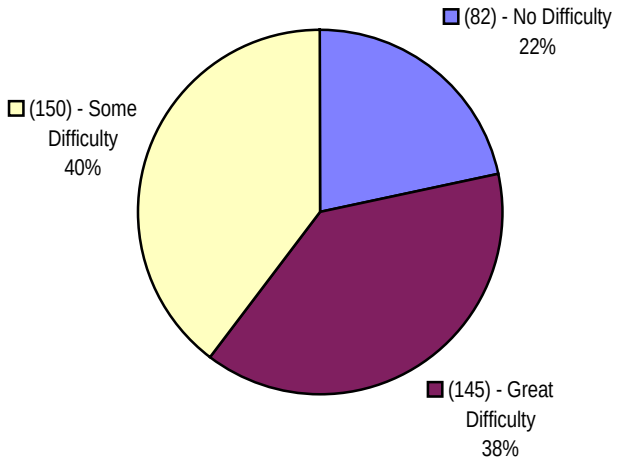
	Bathing	Personal Hygiene	Dressing	Locomotion	Transfer	Toileting	Eating
Independent	42%	59%	60%	74%	74%	79%	89%
Supervision Only	8%	5%	5%	3%	3%	1%	4%
Limited Assistance	37%	19%	19%	13%	11%	8%	3%
Extensive Assistance	0%	9%	7%	6%	7%	7%	1%
Total Assistance	12%	7%	8%	2%	5%	5%	3%

H. Instrumental Activities of Daily Living

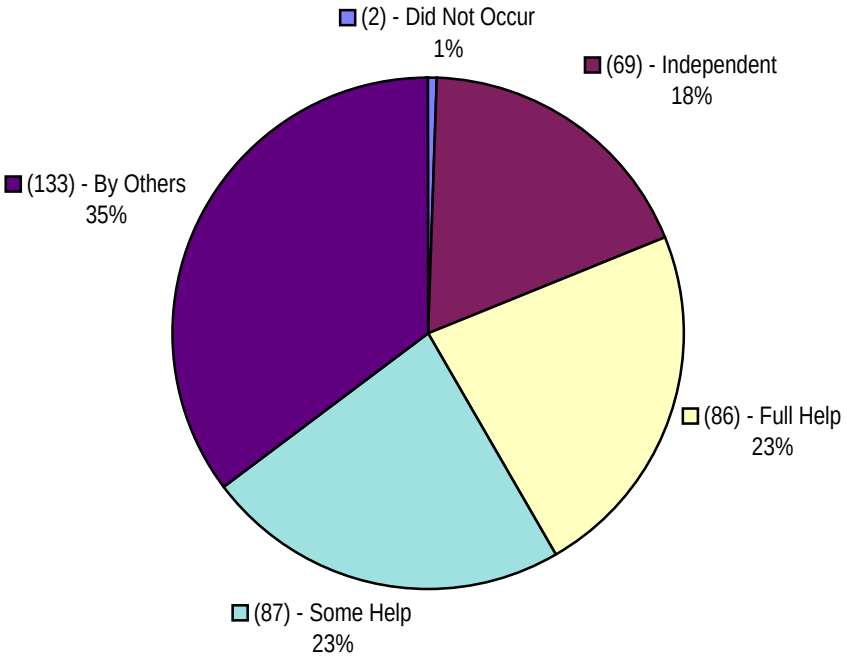
These pie charts show the ability of the SA/In-Home recipients to carry out the instrumental activities of daily living (IADL's) for meal preparation, ordinary housework, managing finances, managing medications, telephone use, shopping, and transportation. Bar graphs at the end of this section summarize the ability of these recipients to carry out the instrumental activities of daily living. The data shows a high level of impairment in their ability to carry out the instrumental activities of daily living and, consequently, their need for assistance in order to continue living at home.



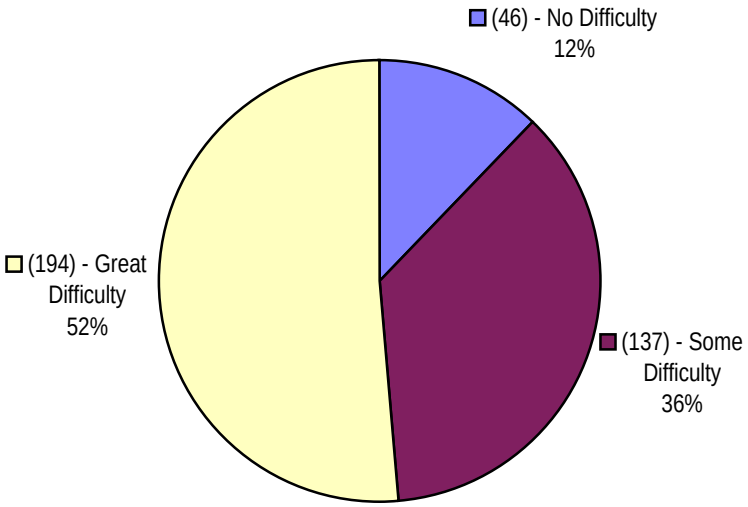
Meal preparation - Performance



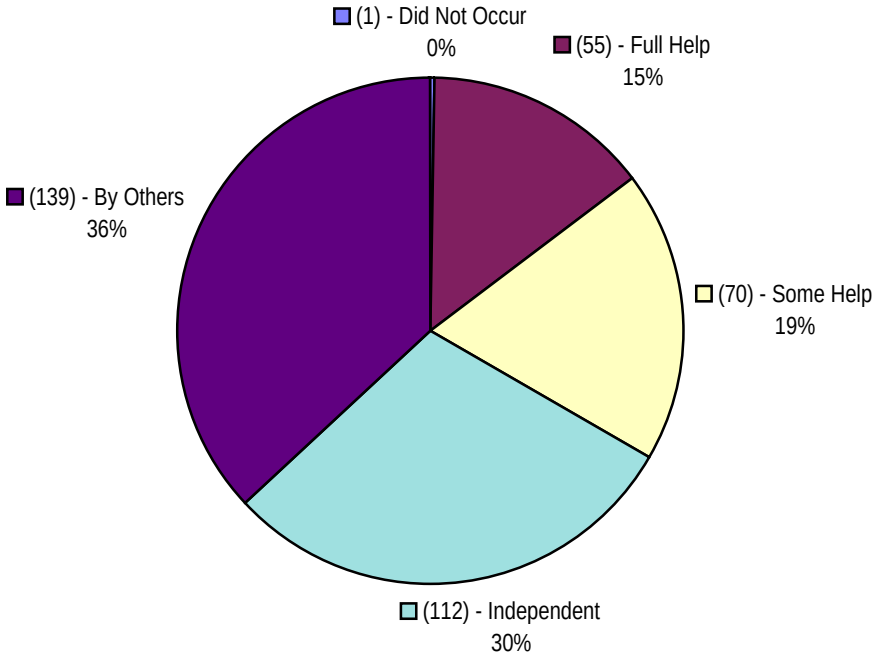
Meal preparation



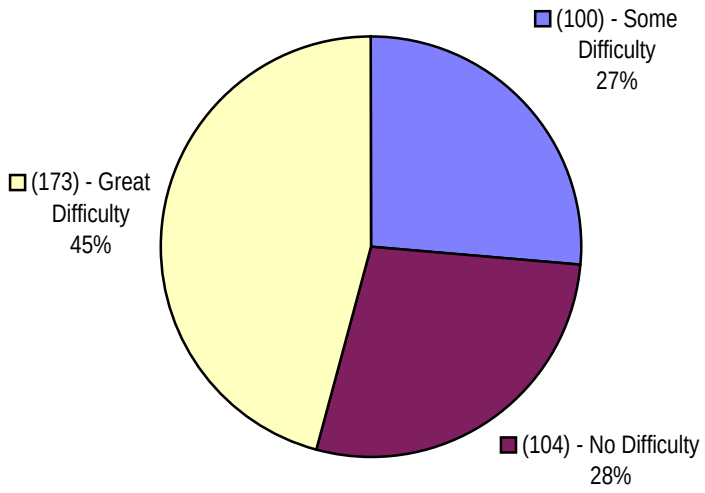
Ordinary house work - Performance



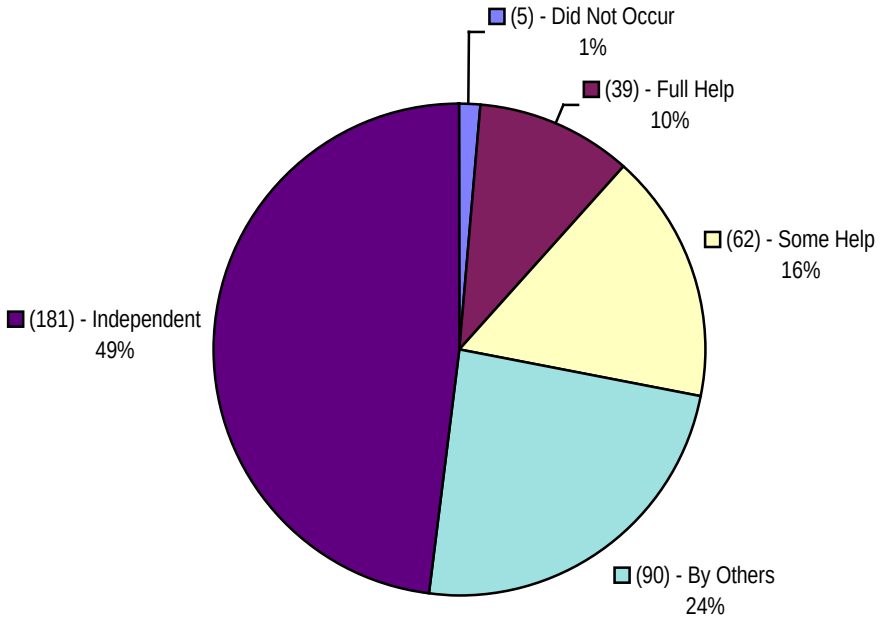
Ordinary work around the house



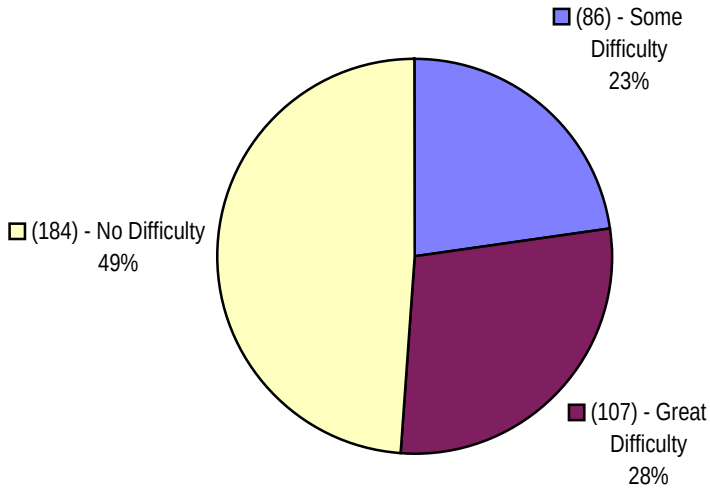
Managing finance - Performance



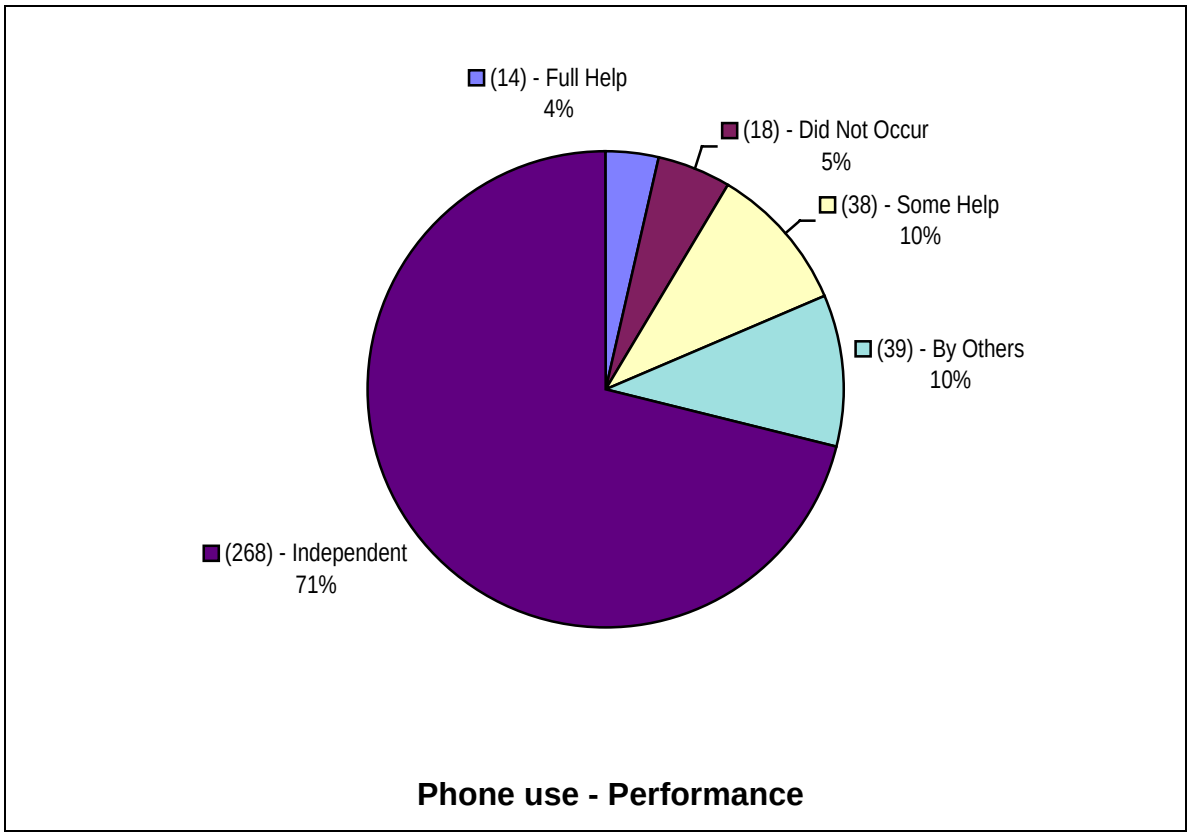
Managing finance - Difficulty



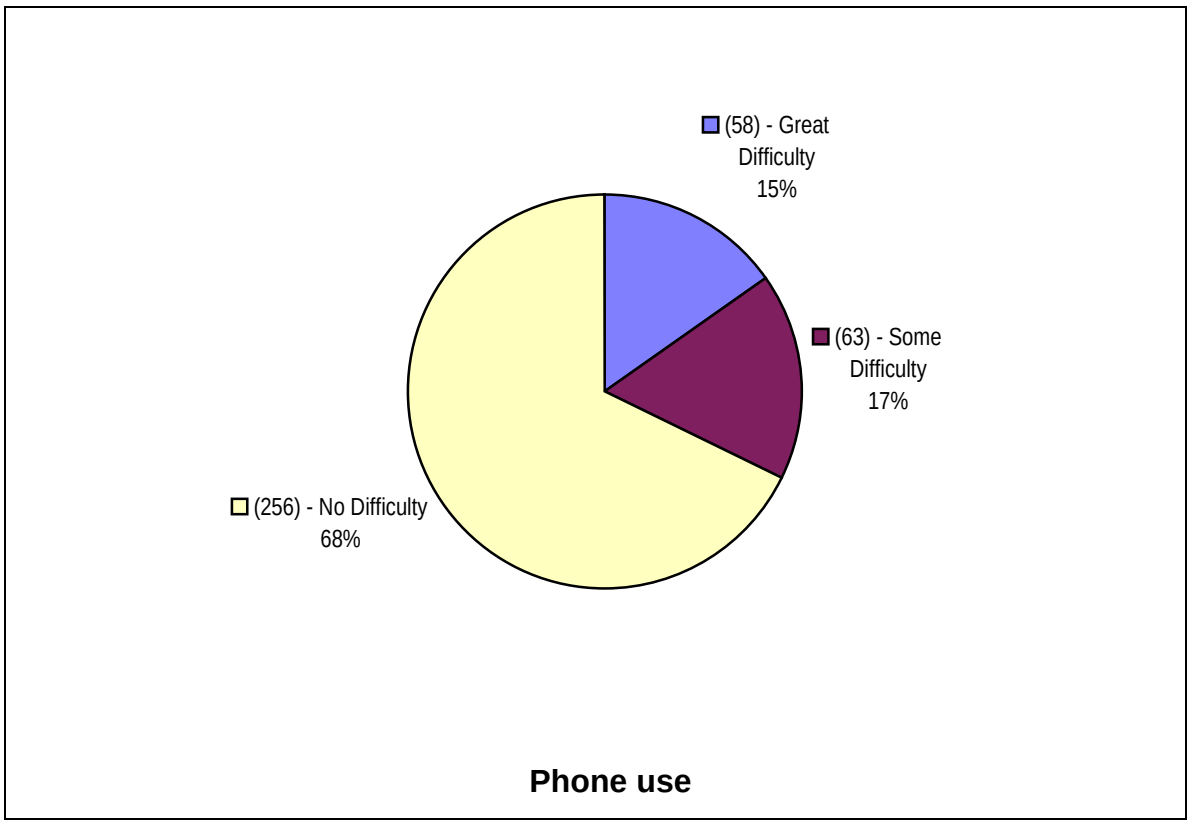
Managing medications - Performance



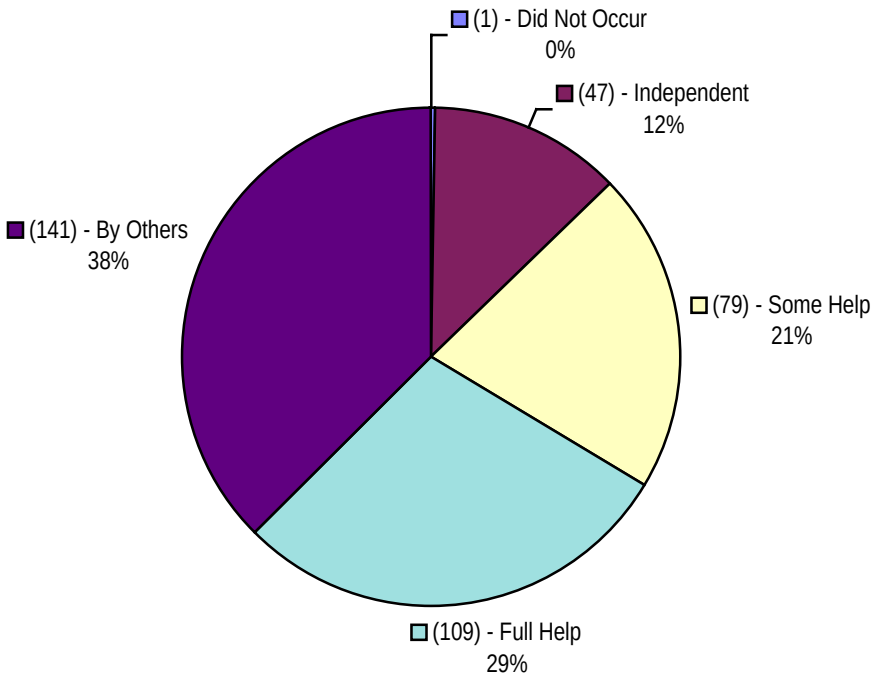
Managing medications



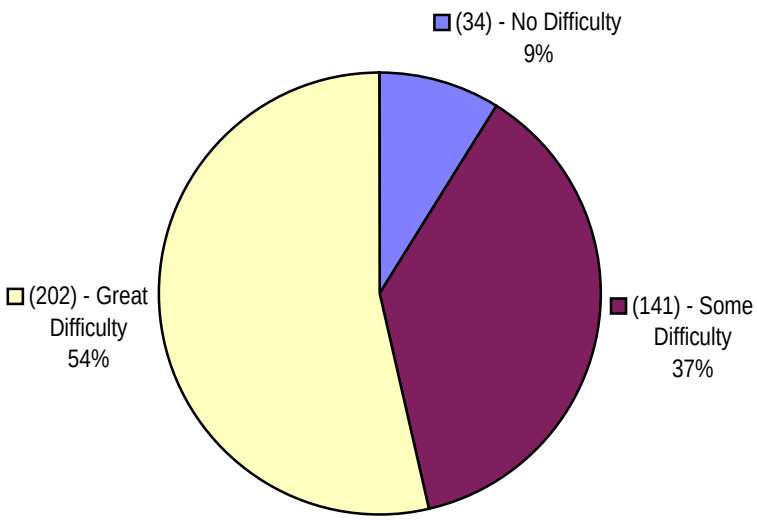
Phone use - Performance



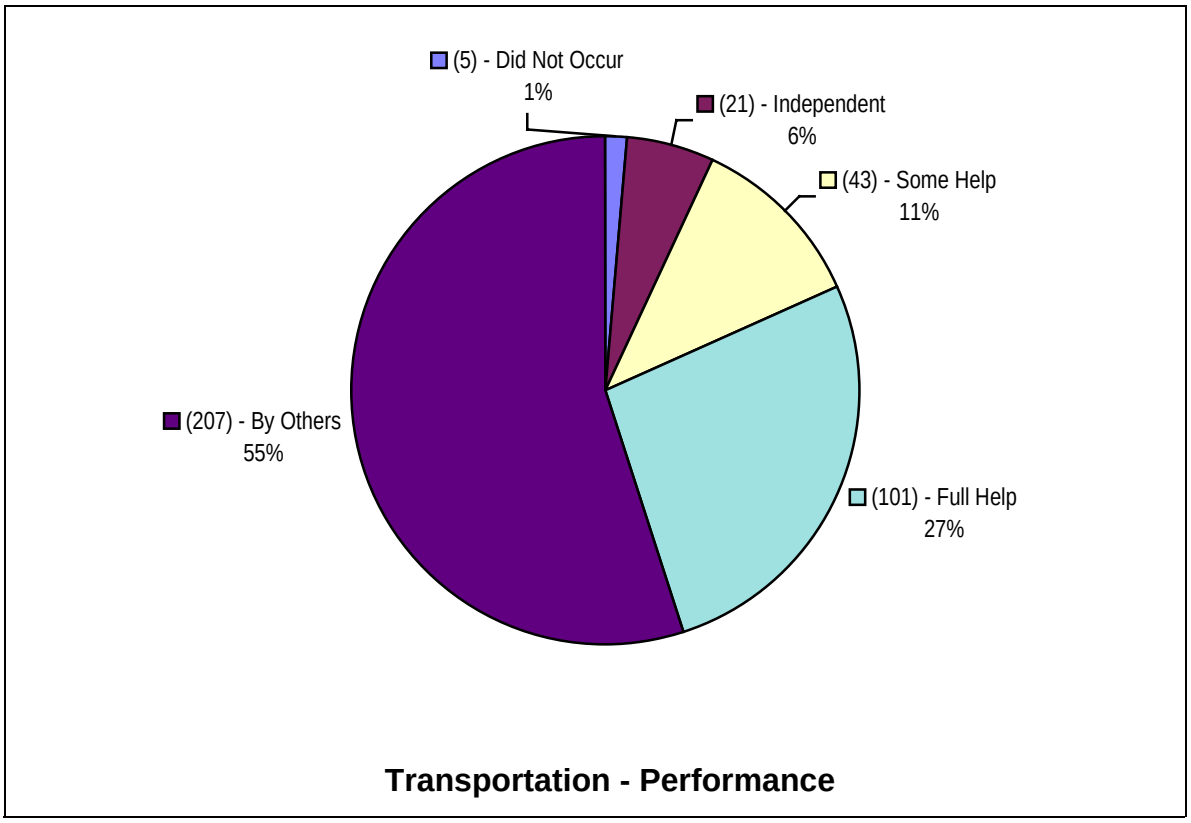
Phone use



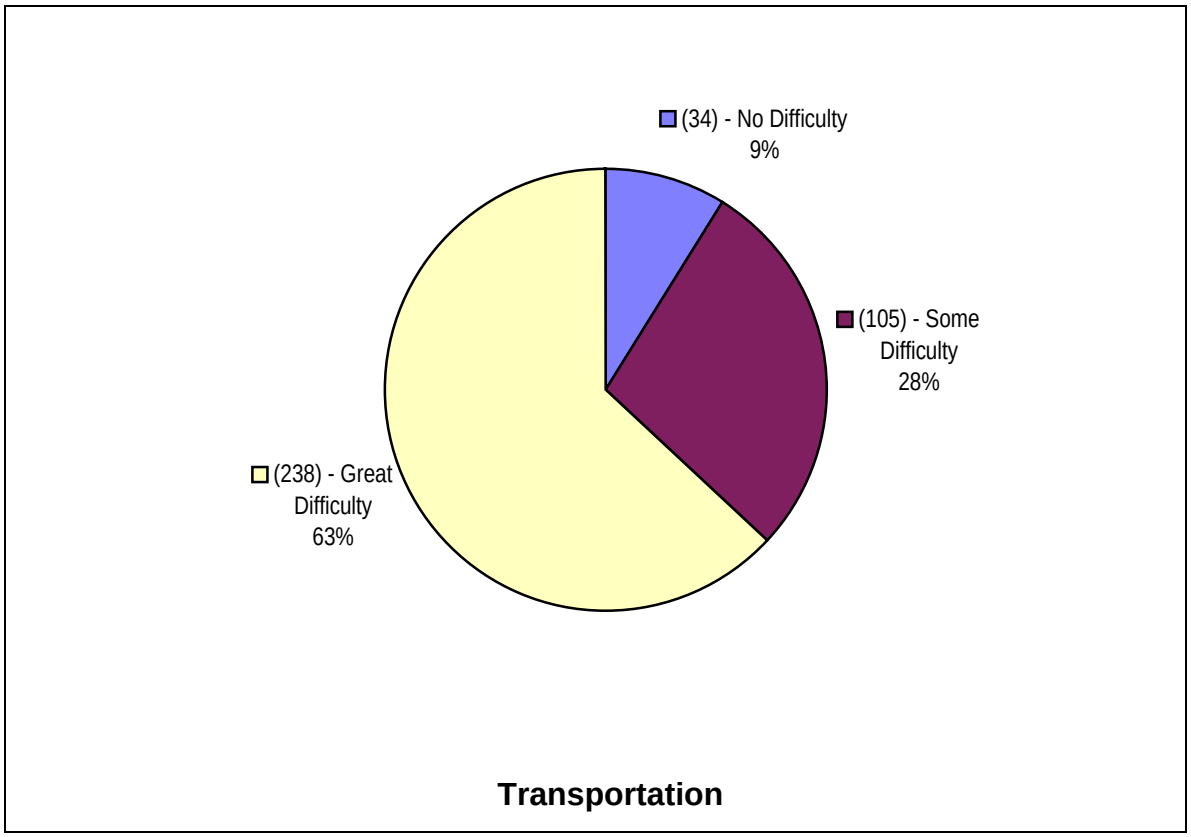
Shopping - Performance



Shopping

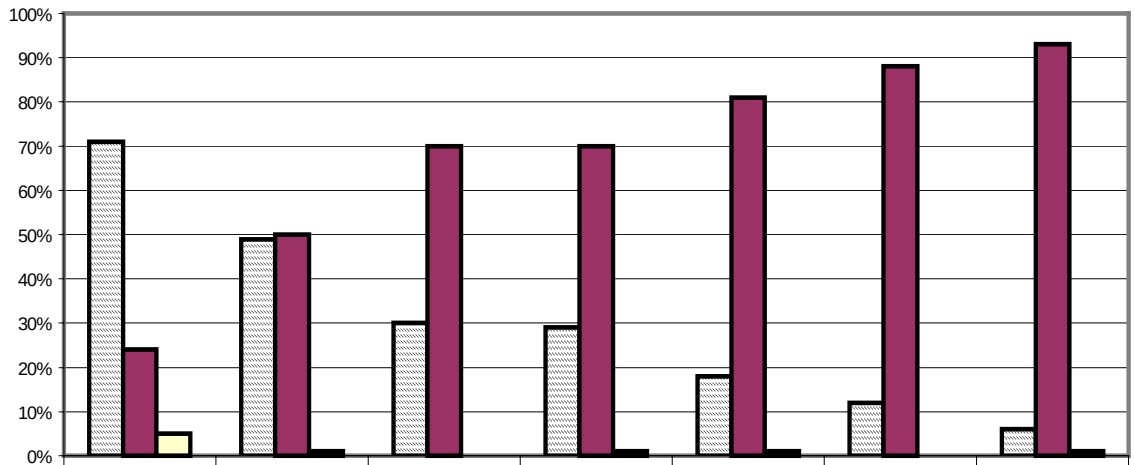


Transportation - Performance

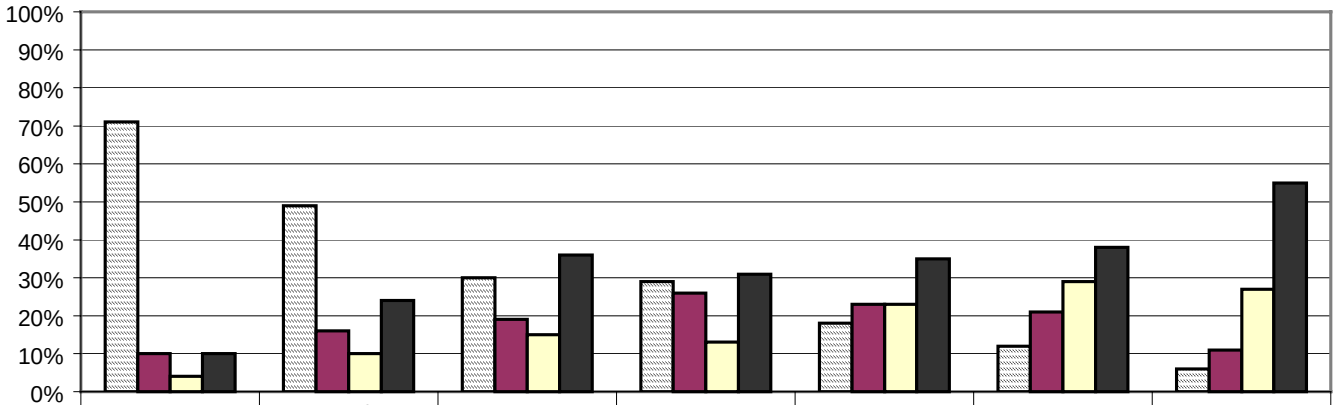


Transportation

Summary of need for assistance with instrumental activities of daily living (IADL's):



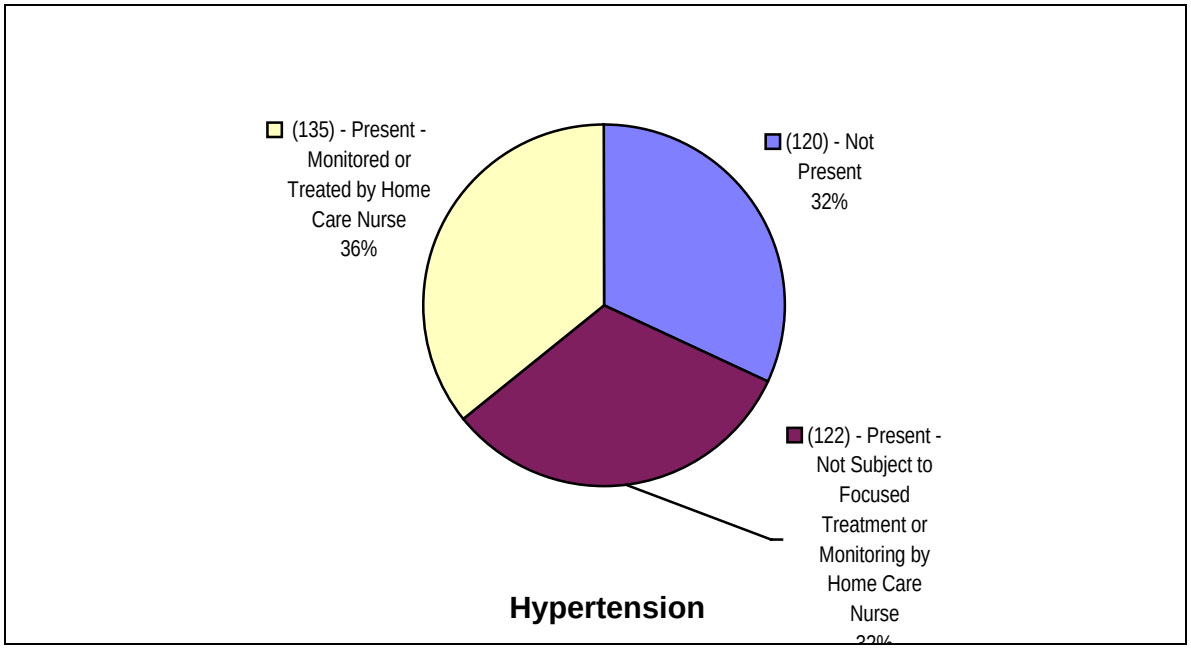
	Phone Use	Managing Medications	Managing Finances	Meal Preparation	House Work	Shopping	Transportation
Independent	71%	49%	30%	29%	18%	12%	6%
Need Assistance	24%	50%	70%	70%	81%	88%	93%
Activity did not occur during assessment period	5%	1%	0%	1%	1%	0%	1%

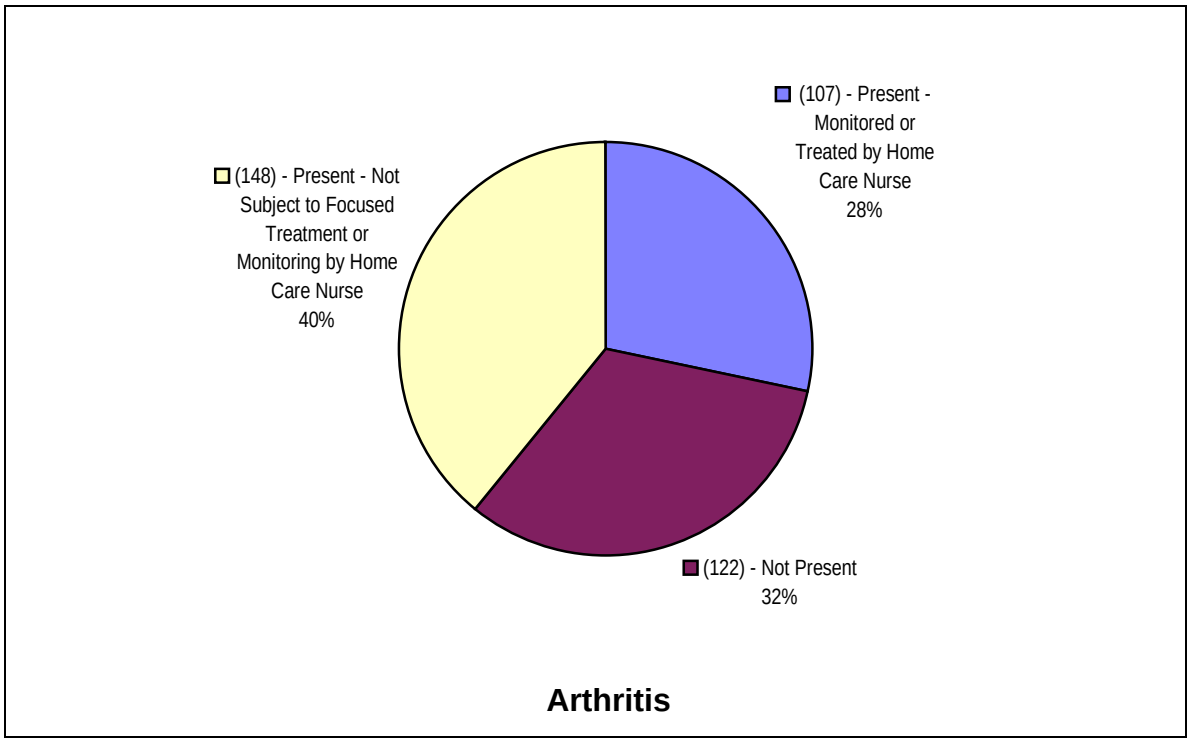


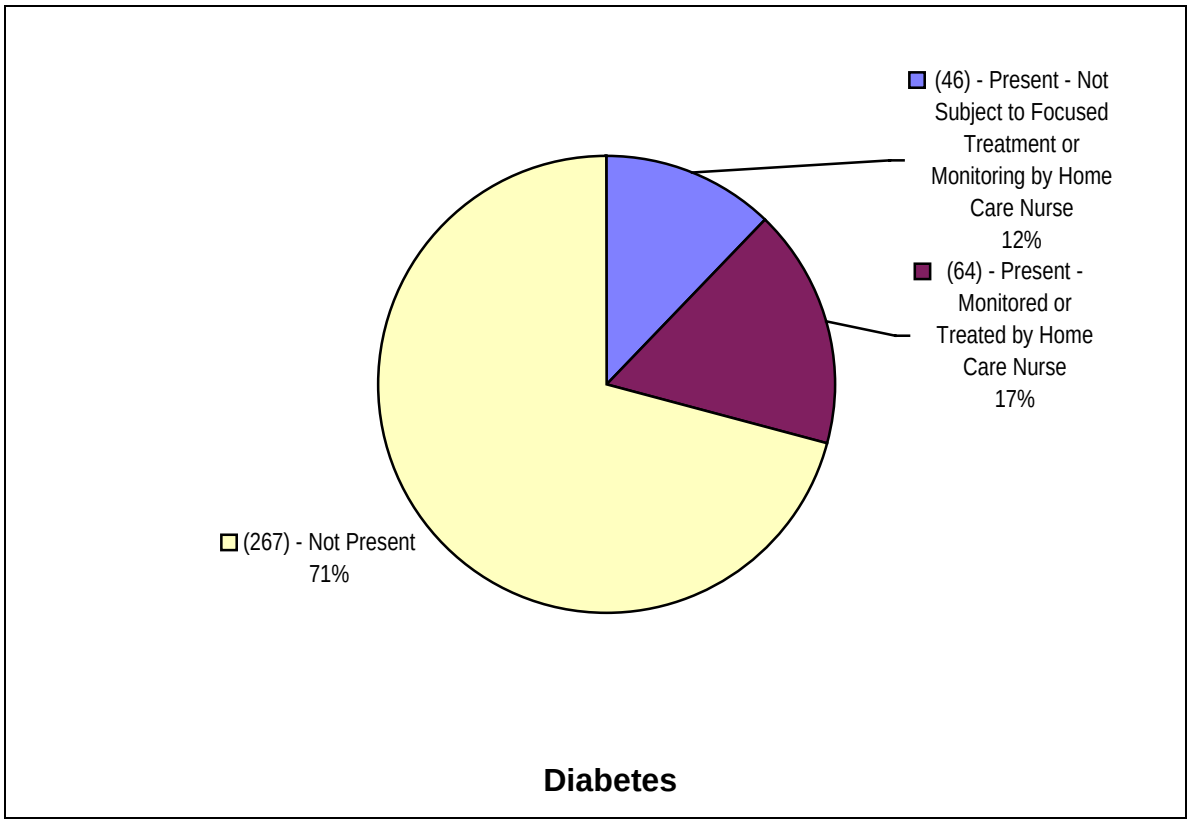
	Phone Use	Managing Medications	Managing Finances	Meal Preparation	House Work	Shopping	Transportation
Independent	71%	49%	30%	29%	18%	12%	6%
Some Help	10%	16%	19%	26%	23%	21%	11%
Full Help	4%	10%	15%	13%	23%	29%	27%
By Others	10%	24%	36%	31%	35%	38%	55%

I. Health Conditions

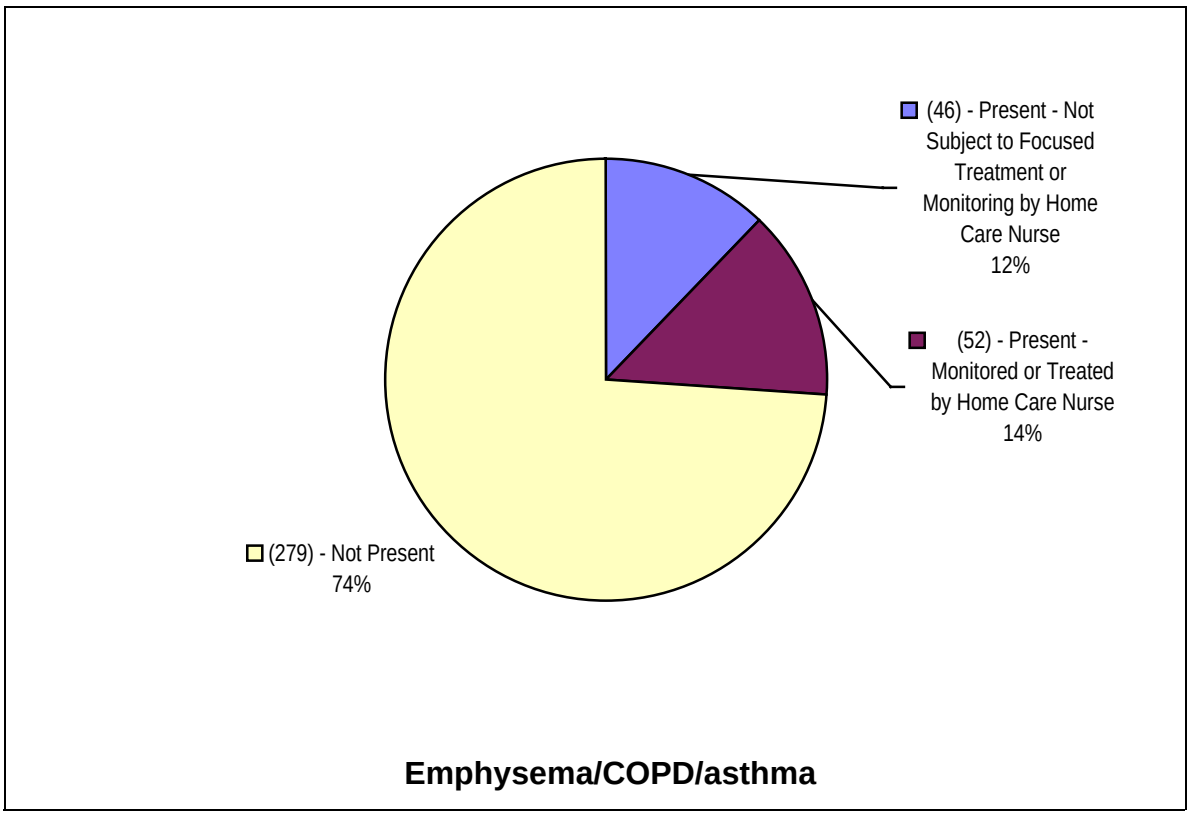
This information is self-reported by clients to the case managers or is reported by the clients' relatives or friends to the case managers as part of the assessment process. The RAI-HC assessment instrument was used to obtain the information. A wide range of health conditions and diseases was reported. The ten most prevalent health conditions of the SA/In-Home recipients are shown in the pie charts.



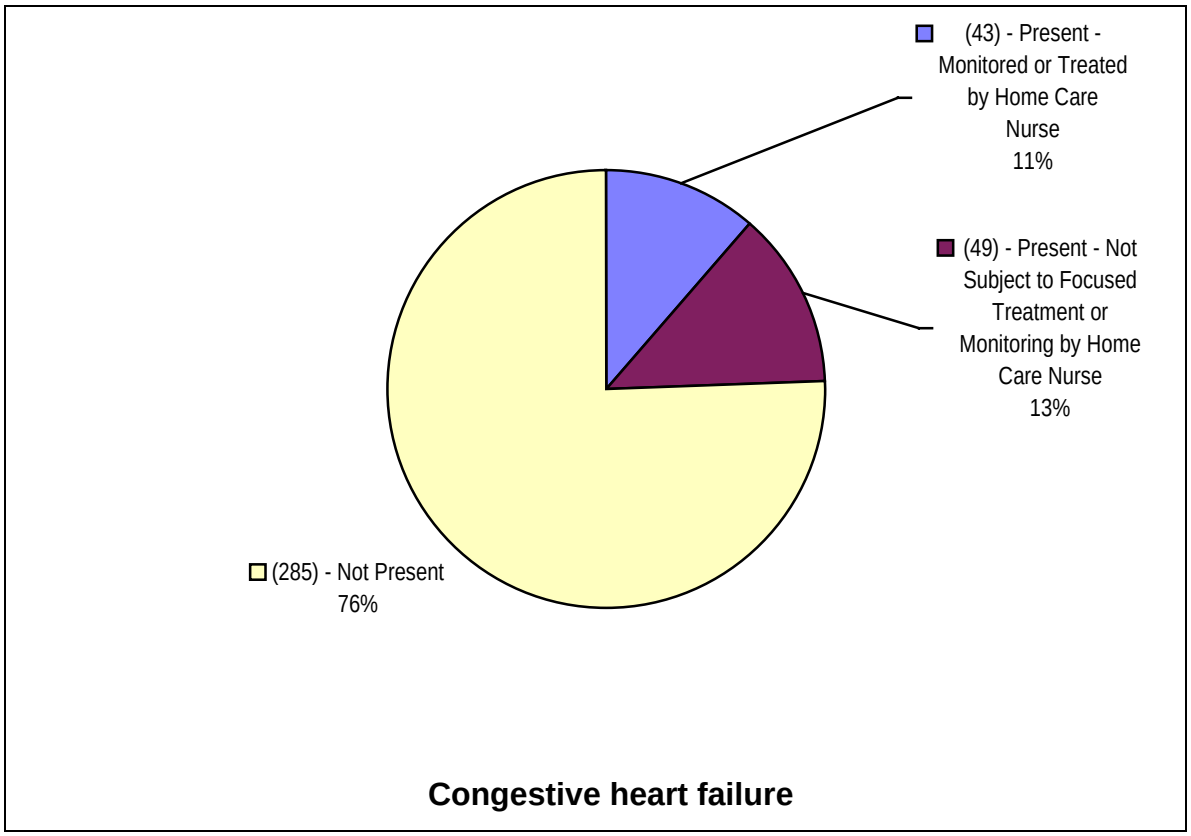




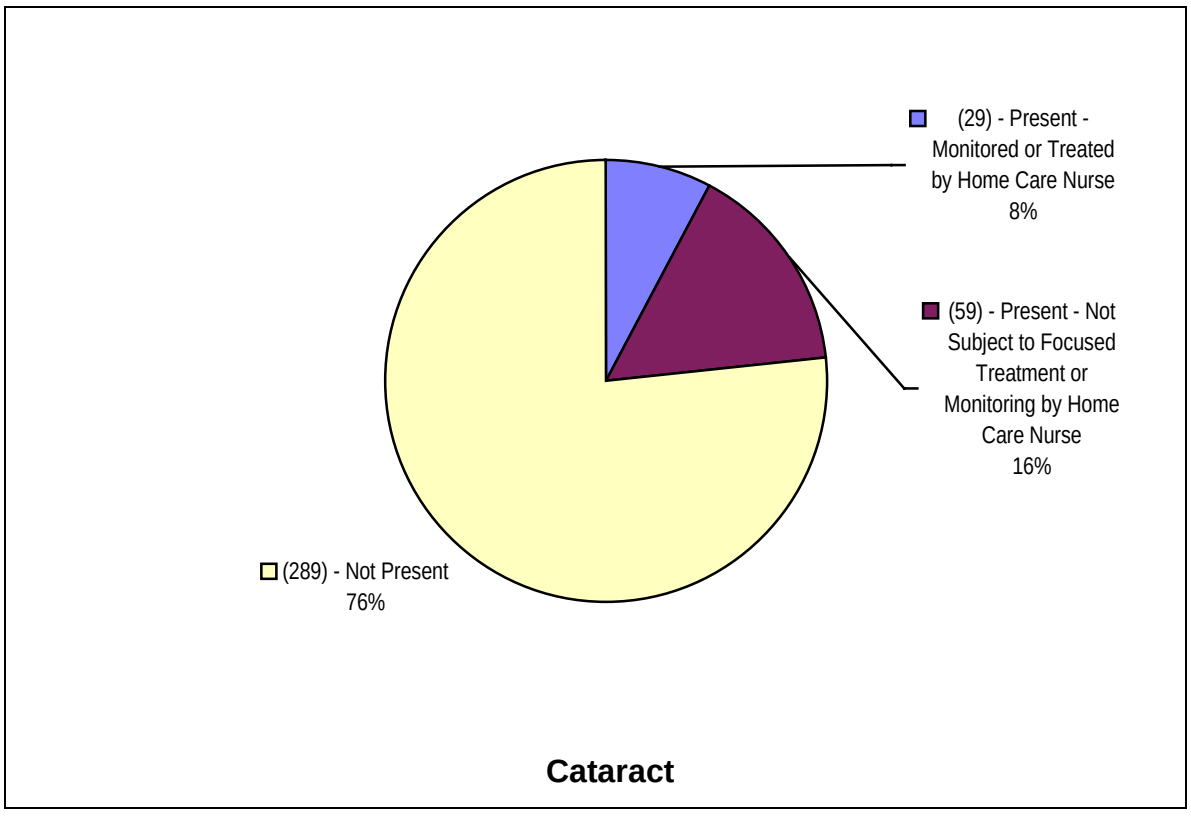
Diabetes



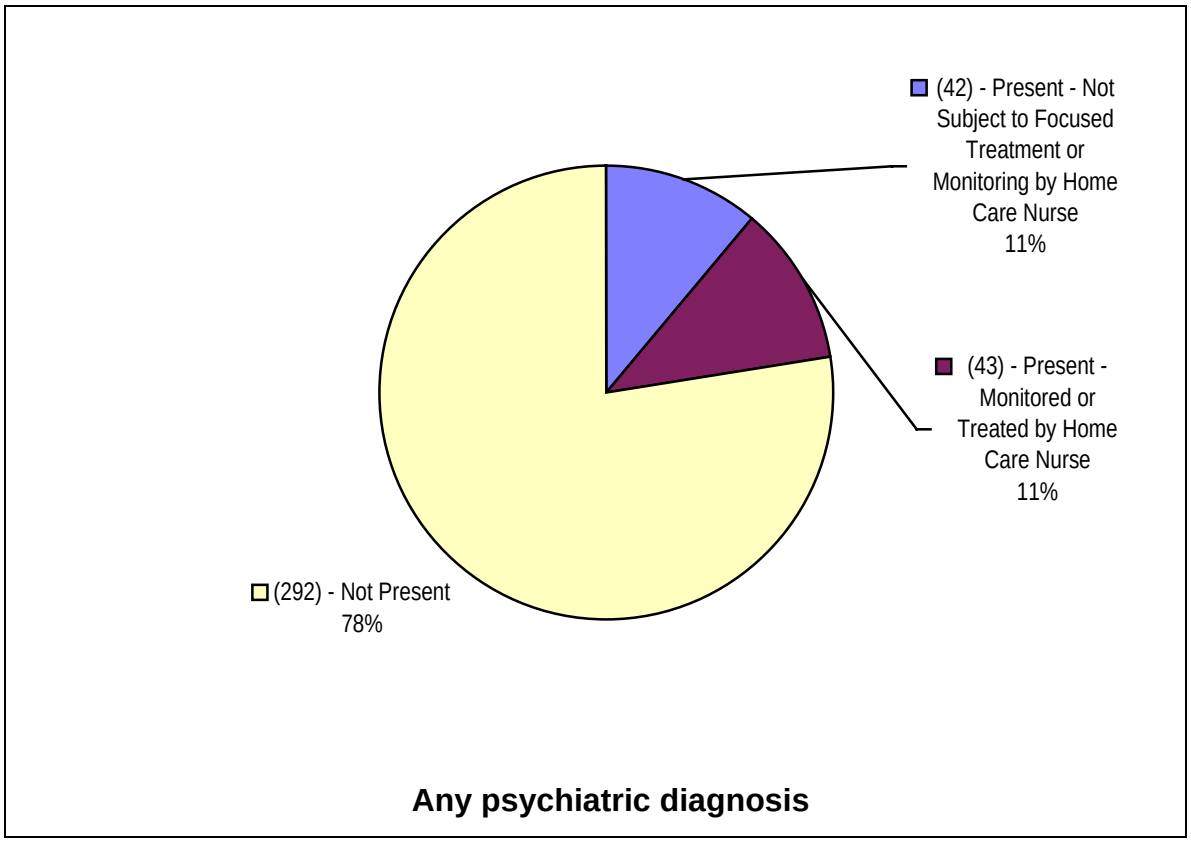
Emphysema/COPD/asthma



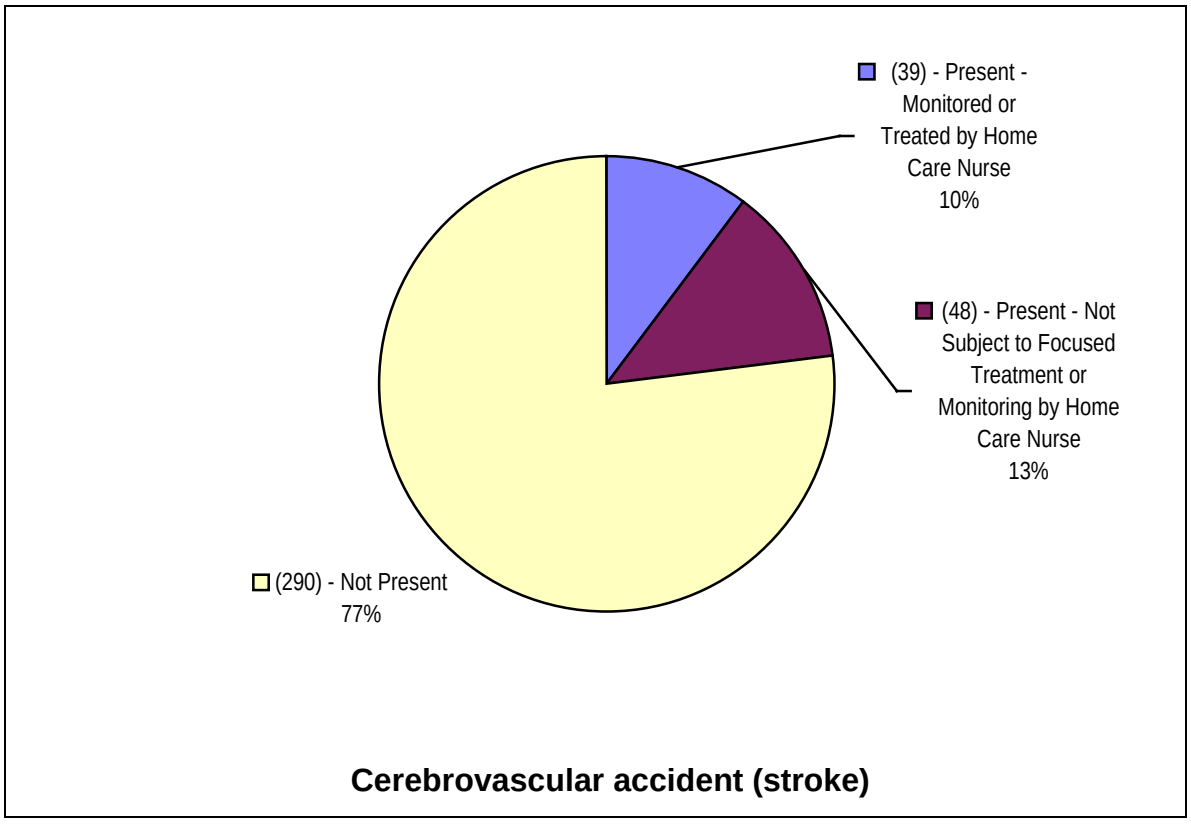
Congestive heart failure



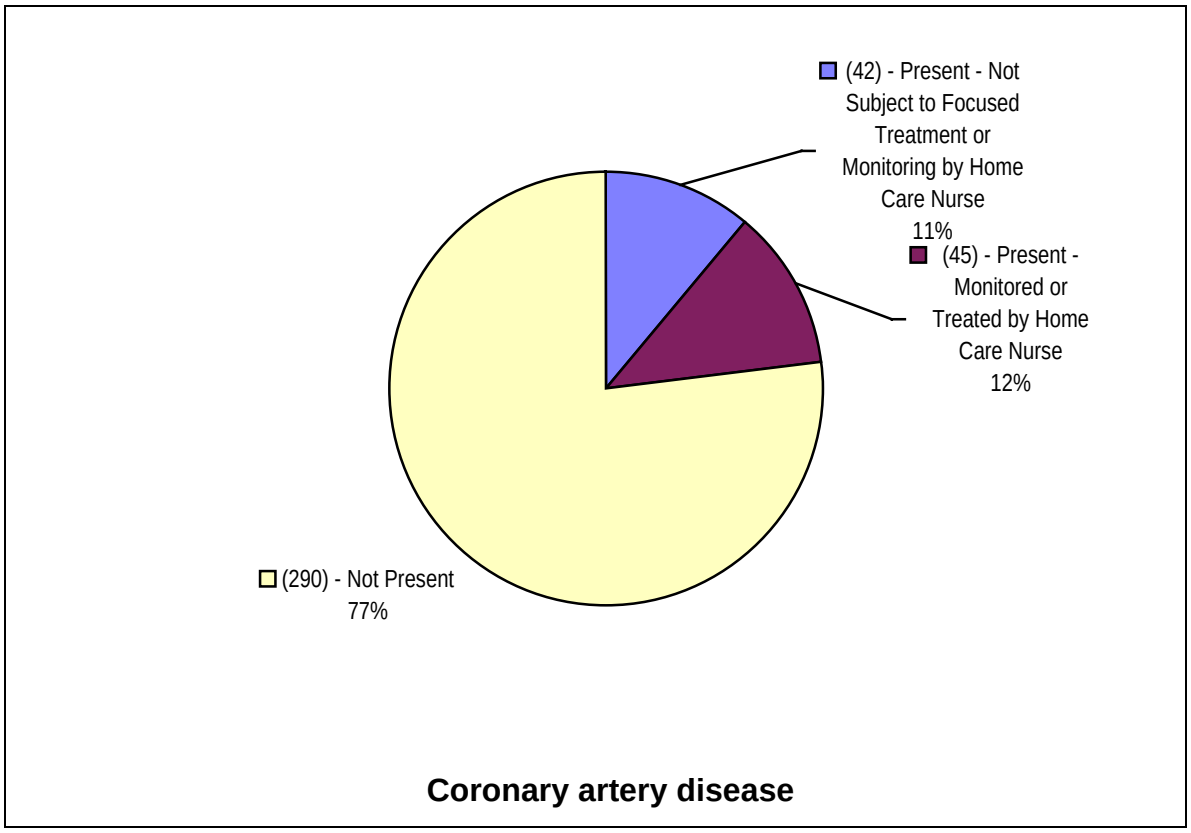
Cataract



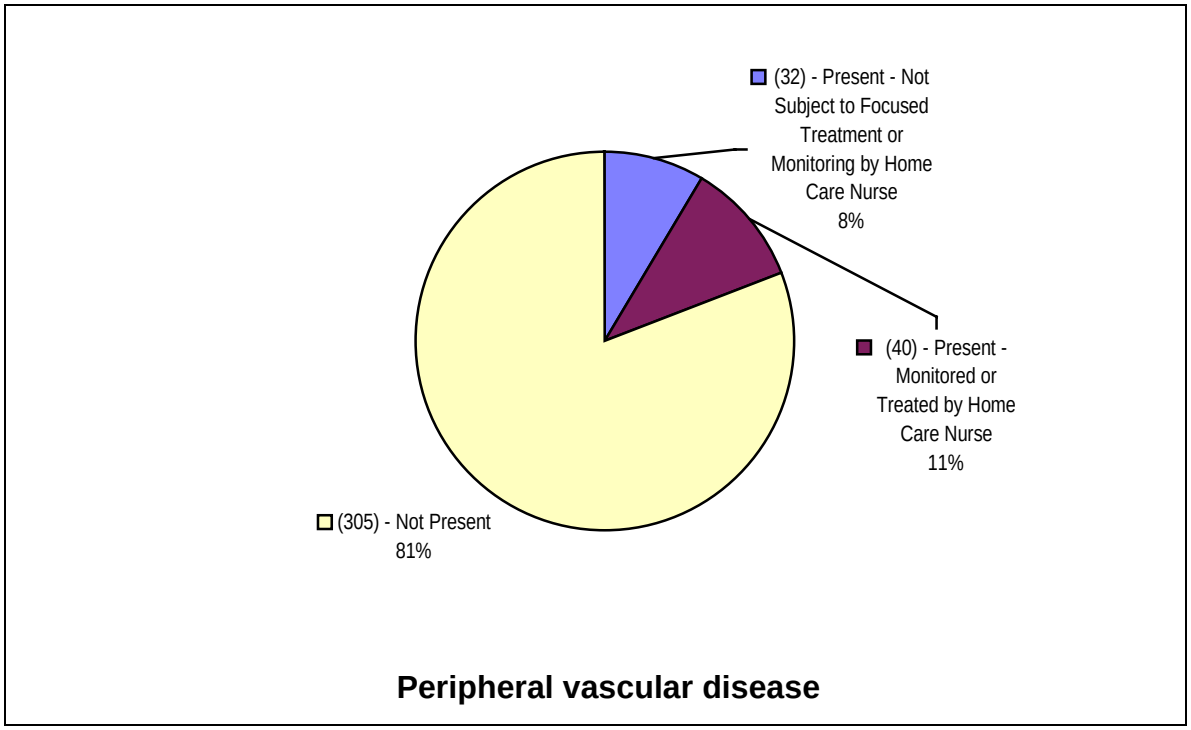
Any psychiatric diagnosis



Cerebrovascular accident (stroke)



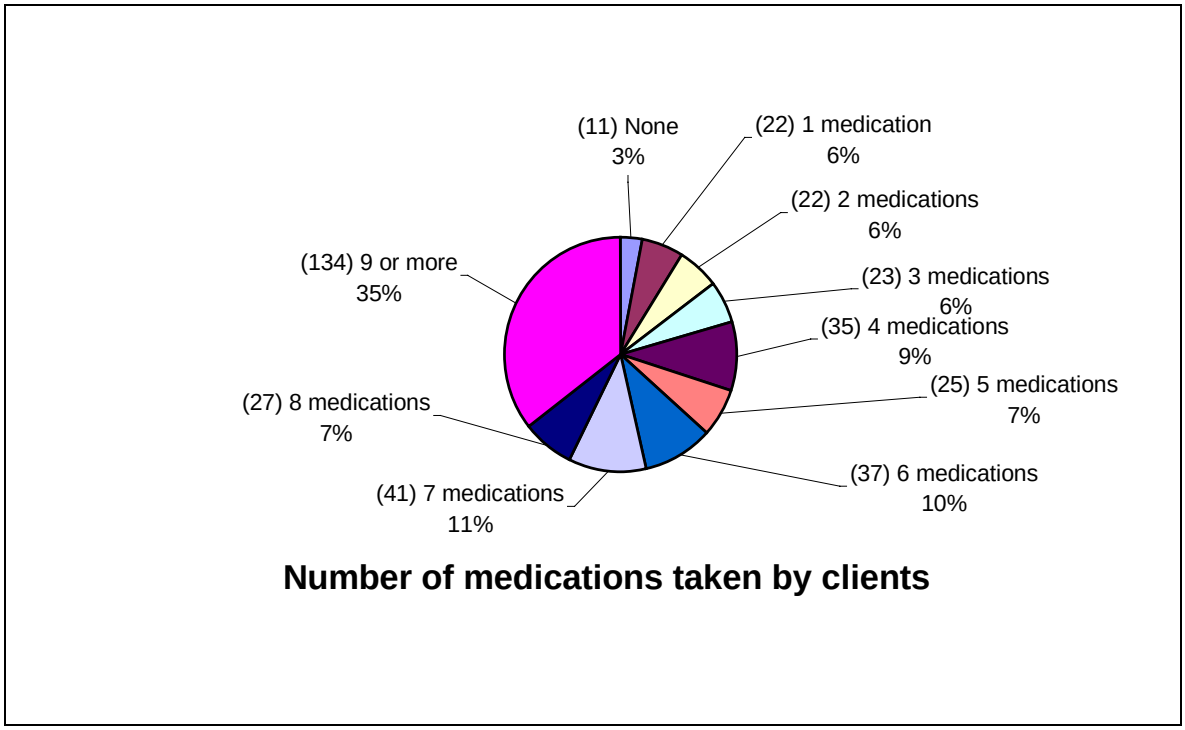
Coronary artery disease



Peripheral vascular disease

J. Medications

The SA/In-Home recipients have a wide variety and range of health conditions. They take a variety of prescription and over-the-counter medications. The number of medications taken is shown below. 53% of the recipients take 7 or more medications; 35% of the recipients take 9 or more medications.

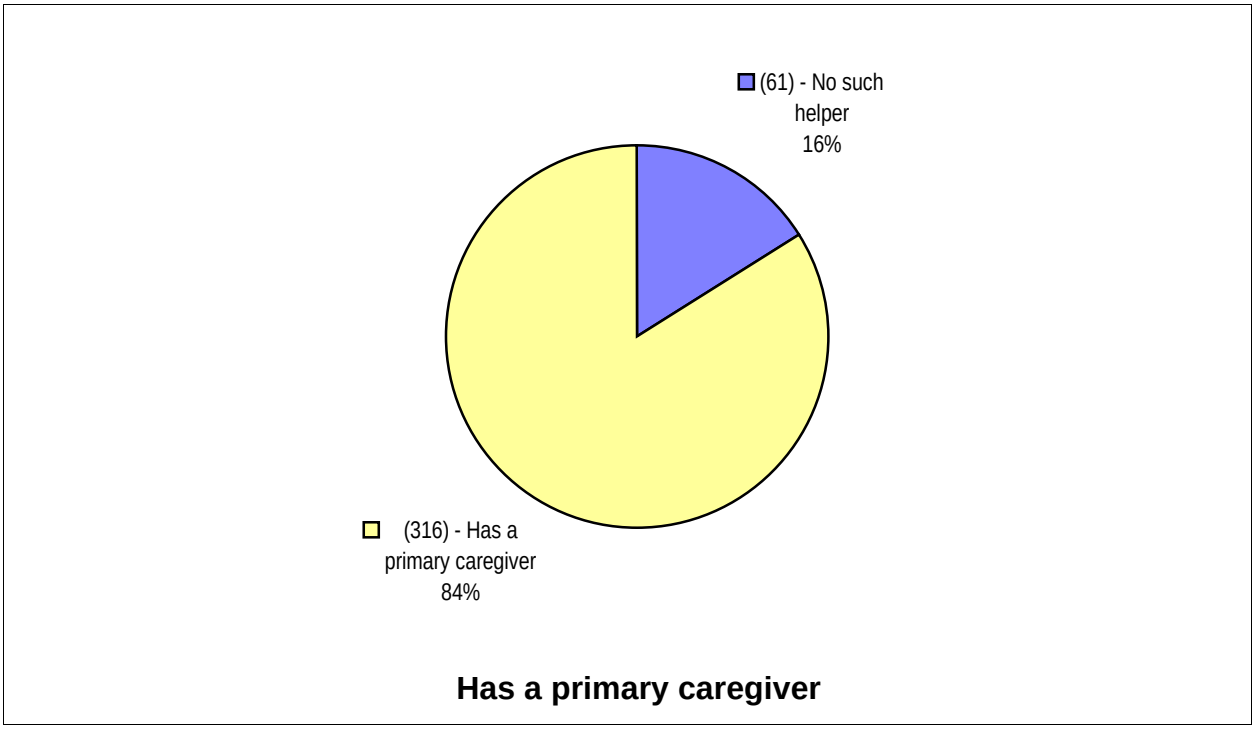


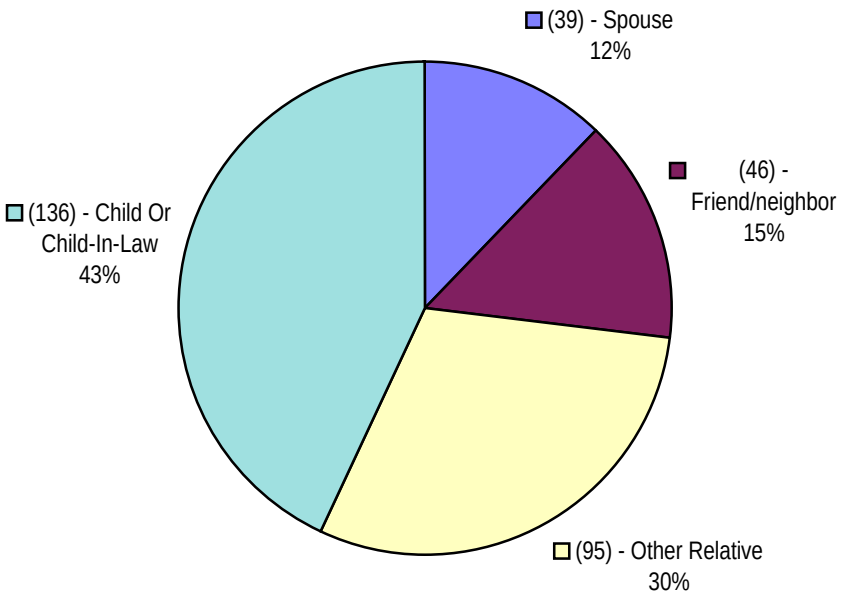
III. Caregivers

The role of caregivers is very important in whether an older or an adult with disabilities is able to live at home instead of going to an adult care home. Caregivers include relatives, friends, and neighbors. The following pie charts show the availability of caregivers and the roles they performed to enable the SA/In-Home recipients to live at home.

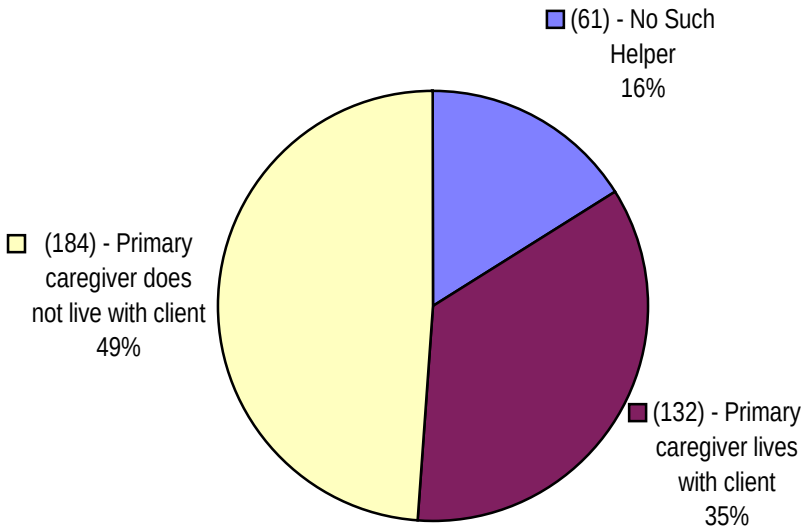
The charts show that 84% of the recipients have a primary caregiver and 53% have a secondary caregiver. These caregivers provided a range of help to these individuals – including assisting with activities of daily living, instrumental activities of daily living, advice, and emotional support.

Caregivers provided an average of 41 hours per week or 6 hours per day of help to these recipients during the September 2000 – August 2002 period.

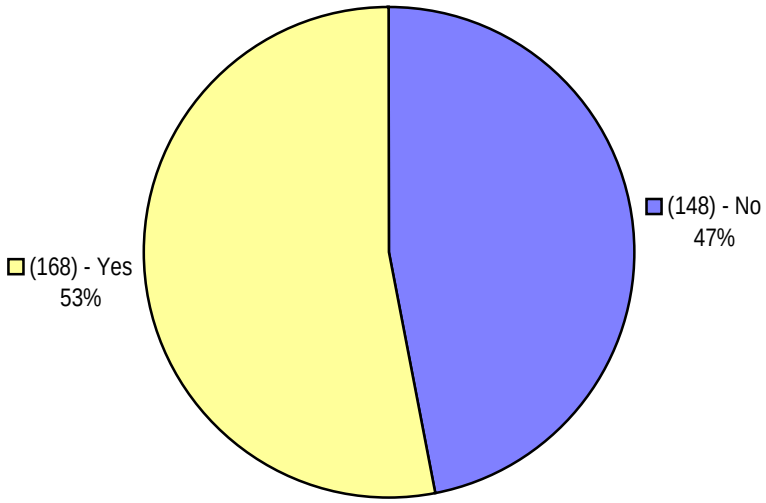




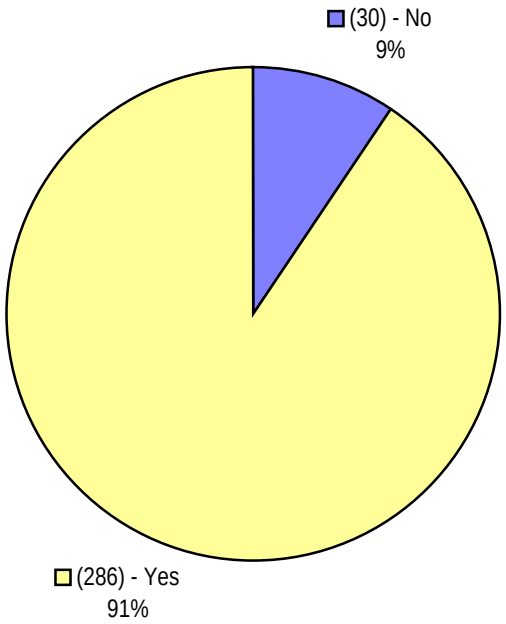
Relationship to client - Primary



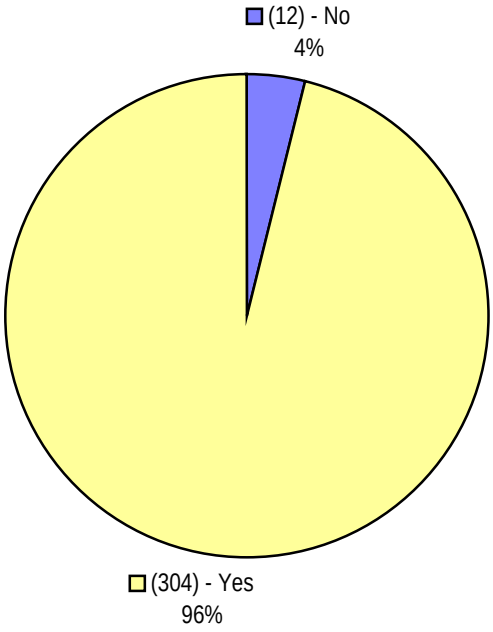
Living arrangement of primary caregiver



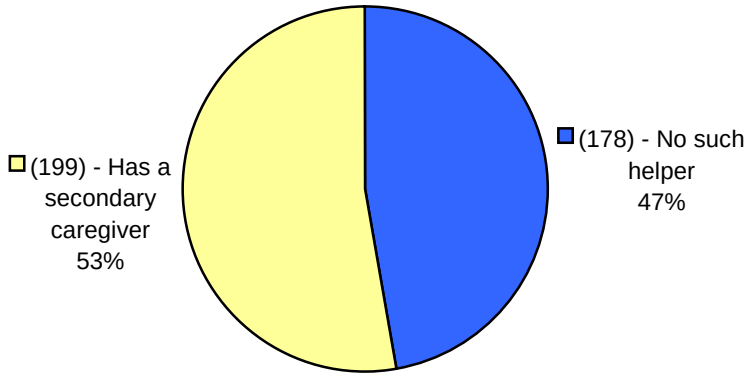
Areas of help - ADL care - Primary



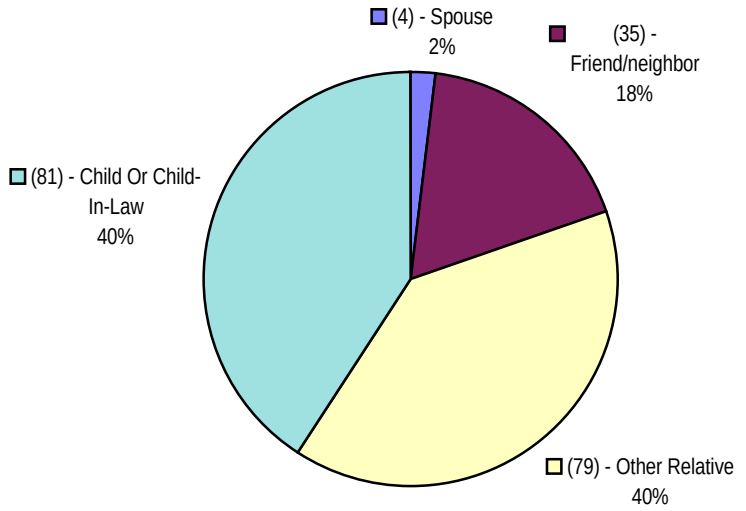
Areas of help - IADL care - Primary



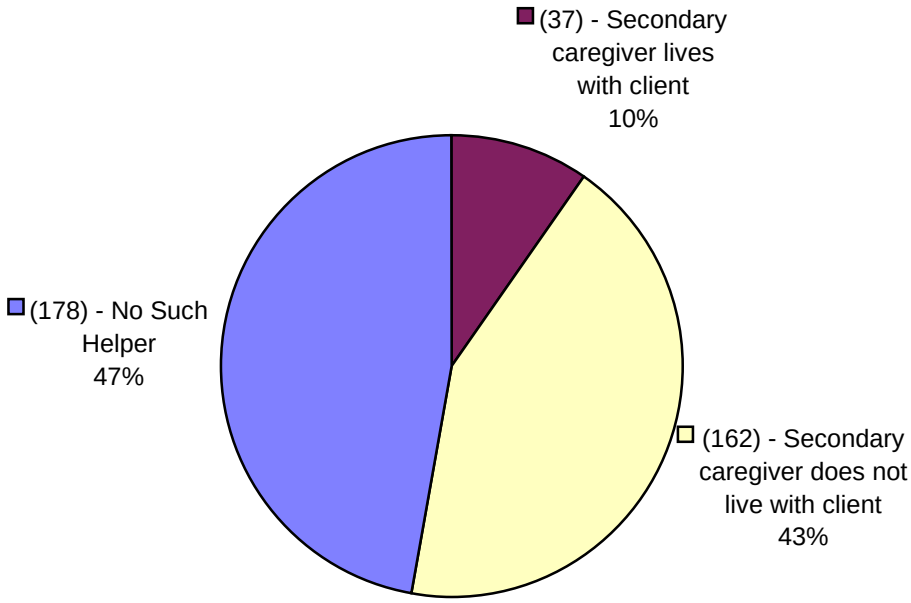
Areas of help - Advice or emotional support - Primary



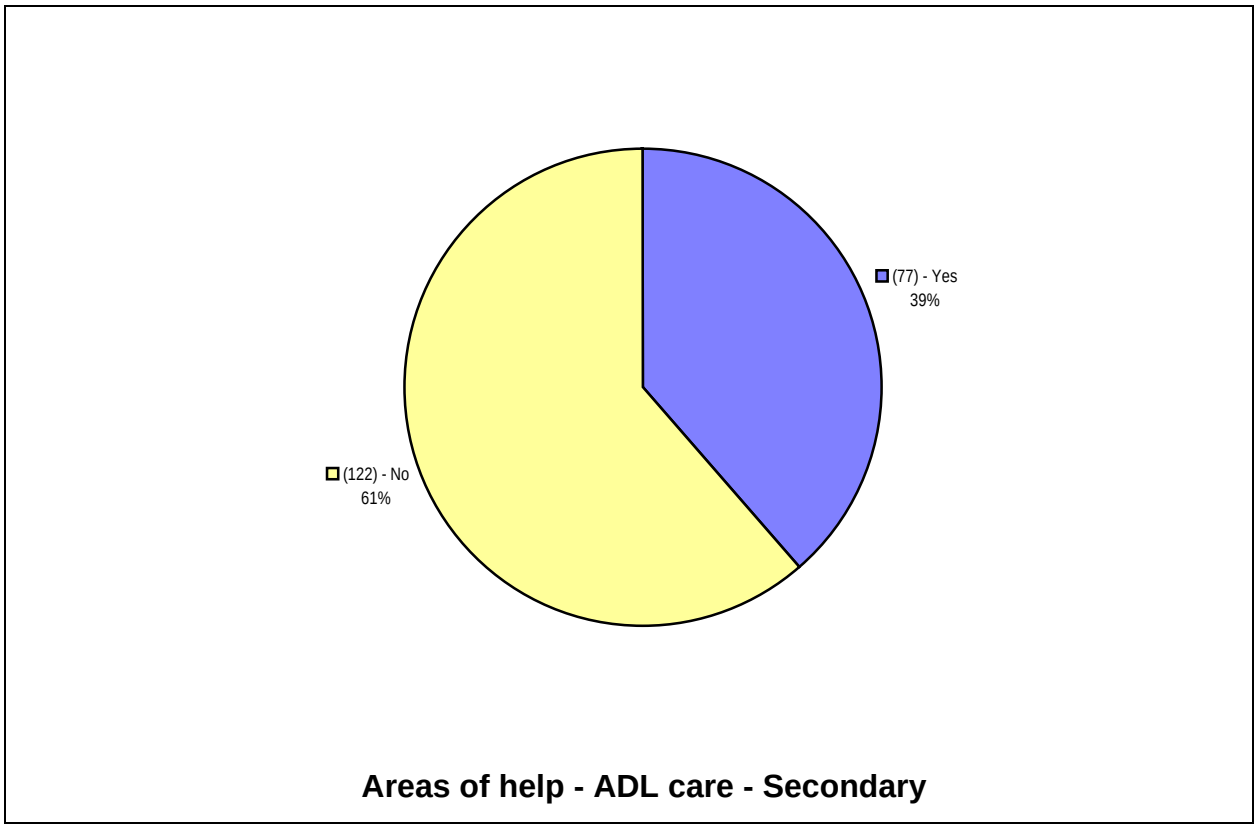
Has a secondary caregiver



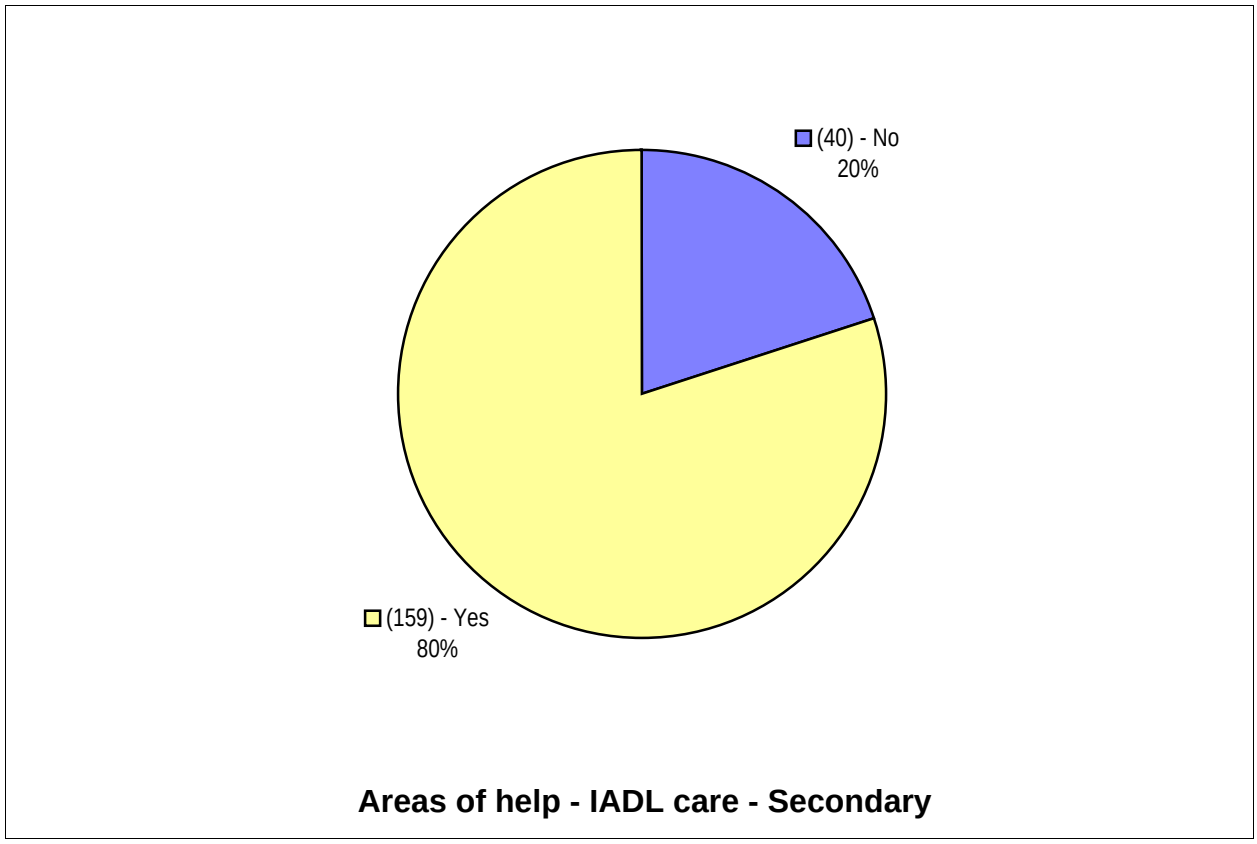
Relationship to client - Secondary



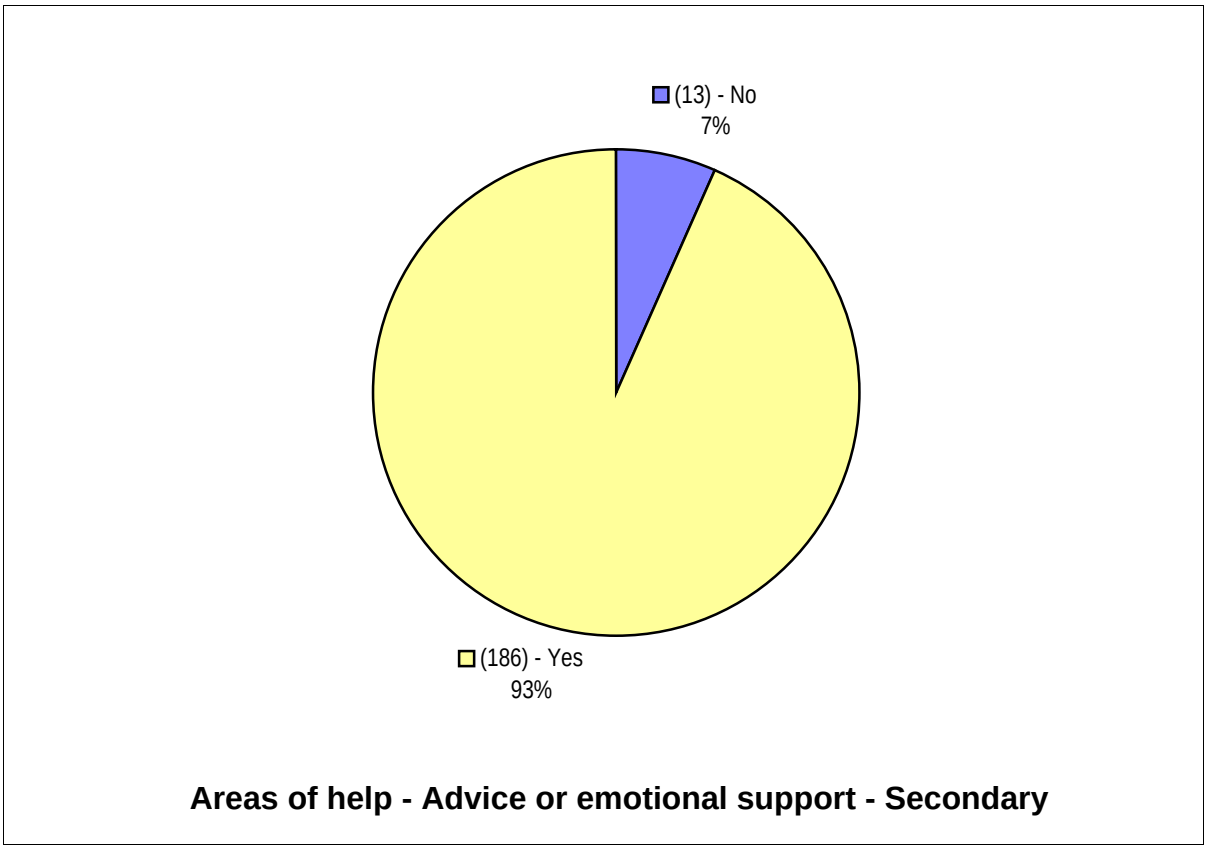
Living arrangement of secondary caregiver



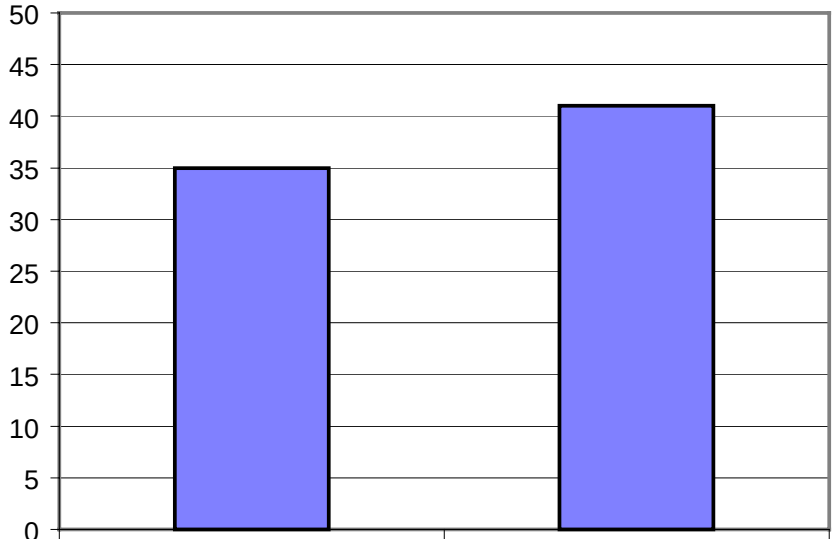
Areas of help - ADL care - Secondary



Areas of help - IADL care - Secondary

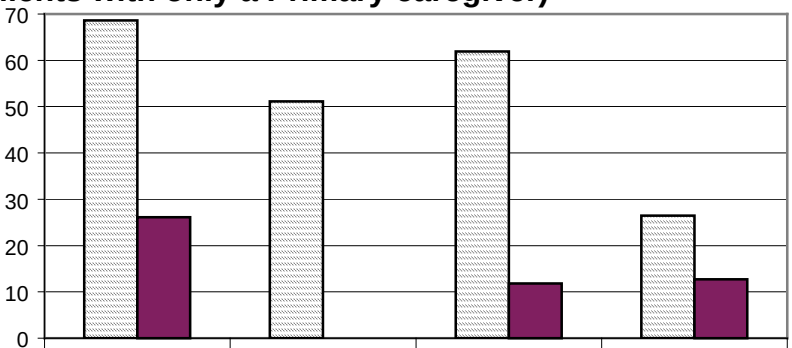

(13) - No
7%
(186) - Yes
93%
Areas of help - Advice or emotional support - Secondary

Caregiving hours provided



	Clients with only a Primary Caregiver	Clients with both a Primary and Secondary Caregiver
Average hours per week	35	41

Average hours of weekly caregiver by sole caregivers (117 clients with ~~only~~ a Primary caregiver)



	Child or child in-law	Spouse	Other relative	Friend/neighbor
Live in Primary, hours of caregiving per week	69	51	62	27
Primary does not live w/ client, hours of caregiving per week	26	0	12	13

IV. Use of SA/In-Home Payments

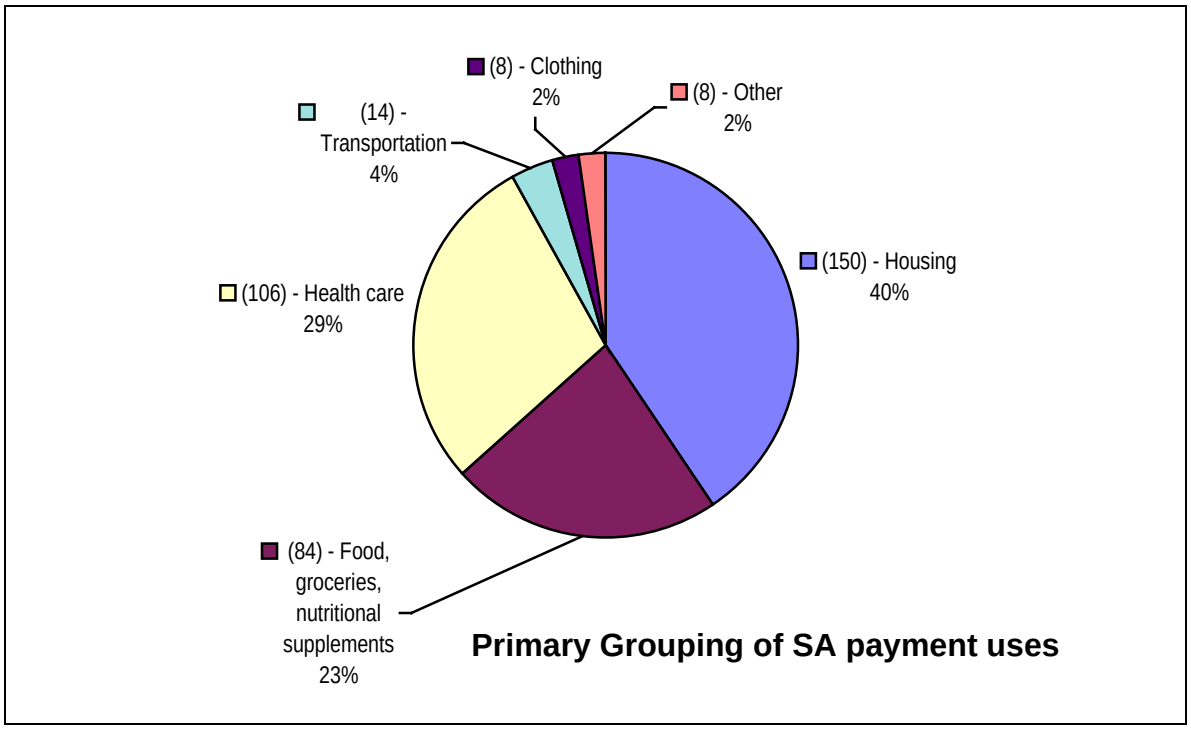
Based on findings from the client assessments, planning with the clients and family members, friends or other members of their informal support network, and planning with physicians and local service providers, the case managers developed care plans designed to meet the needs of the clients and enable them to live at home rather than move to an adult care home. Part of the care plan addresses how the SA/In-Home payments will be used to enable the client to live at home safely. The SA payments have been used for a variety of things – all of which are basic needs for people living at home. A primary issue for these individuals is that they do not have sufficient income to meet their needs – and that, among other factors, has put them at risk of having to leave home and move to an adult care home. The average monthly income for these individuals during the September 2000 – August 2002 period was $539.

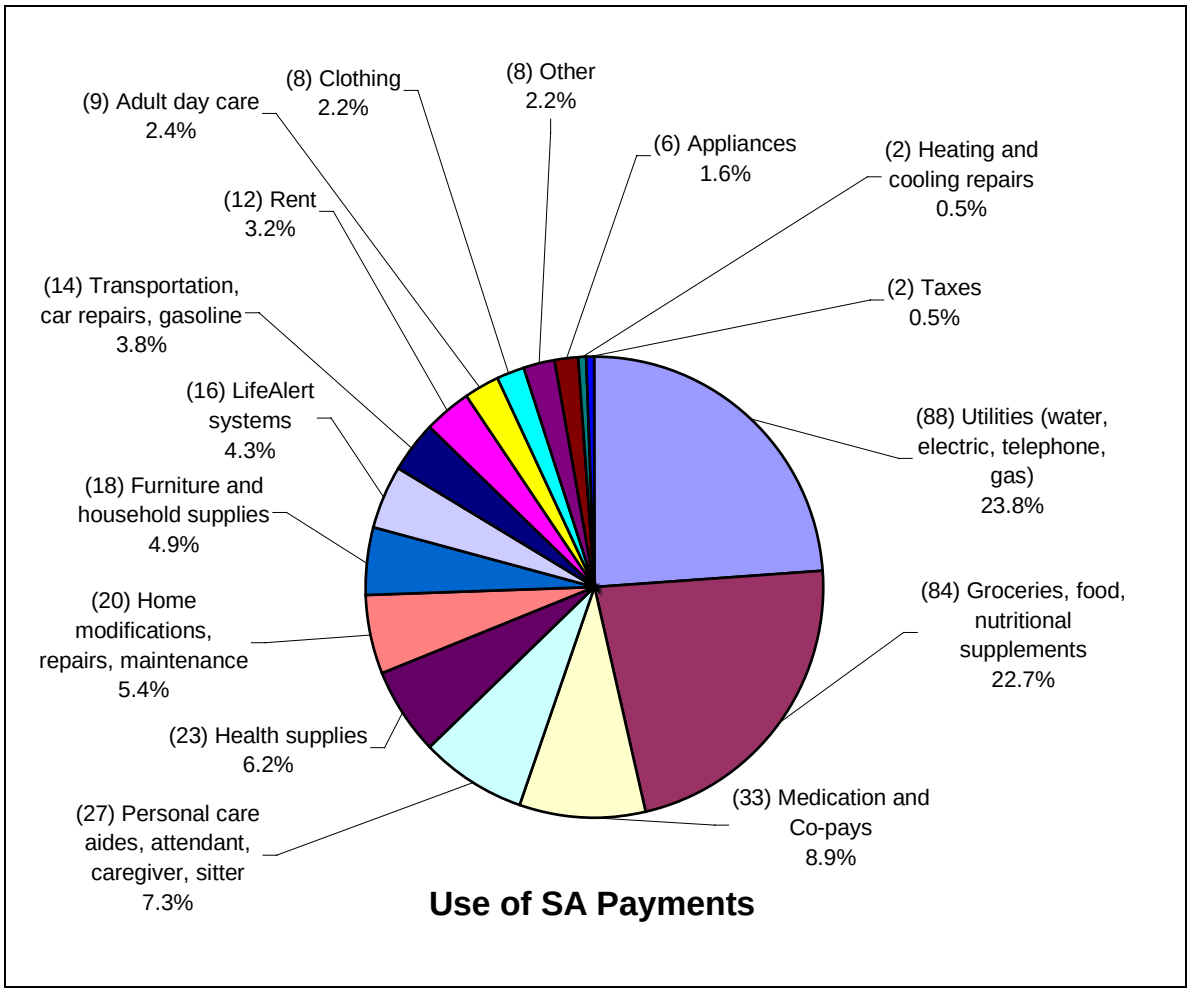
The case managers worked with the clients in the following ways to determine the need for Special Assistance payments at home:

- conducted a face-to-face assessment with the client and the family or other members of the client's support network to determine the needs and resources available to meet the needs;
- went to the place where the client was living (or was going to live in situations where he needed to move to other housing in order to live in the community safely);
- worked with the client and family on what things the SA payment was needed for;
- determined the amount of SA payment needed for these items, up to the maximum payment allowed;
- authorized the monthly SA payment amount; and
- monitored to assure that the SA payments were used for the approved purposes.

The pie chart below shows the types of items the SA payments were used for and the number of clients approved to use the SA payments for these items. This data is for the 377 clients who received SA/In-Home payments during September 2000 – July 2002. The average monthly payment was $184 per client.

The SA/In-Home payments were used for a variety of basic needs: housing, health care, food, personal care, clothing, and transportation. The most prevalent use was for housing- 40% of the payments were used for housing. The housing category includes utilities, home modifications, furniture, rent, appliances, heating and cooling repairs, and property taxes.


(8) - Clothing
2%
(8) - Other
2%
(14) -
Transportation
4%
(150) - Housing
40%
(106) - Health care
29%
(84) - Food,
groceries,
nutritional
supplements
23%
Primary Grouping of SA payment uses


(8) Clothing
2.2%
(8) Other
2.2%
(9) Adult day care
2.4%
(6) Appliances
1.6%
(2) Heating and
cooling repairs
0.5%
(12) Rent
3.2%
(14) Transportation,
car repairs, gasoline
3.8%
(2) Taxes
0.5%
(16) LifeAlert
systems
4.3%
(88) Utilities (water,
electric, telephone,
gas)
23.8%
(18) Furniture and
household supplies
4.9%
(84) Groceries, food,
nutritional
supplements
22.7%
(20) Home
modifications,
repairs, maintenance
5.4%
(23) Health supplies
6.2%
(33) Medication and
Co-pays
8.9%
(27) Personal care
aides, attendant,
caregiver, sitter
7.3%
Use of SA Payments

V. Medicaid Services

A condition for participation in the SA/In-Home demo is that individuals be eligible for Medicaid. Eligibility for Medicaid is established separately from eligibility for SA/In-Home payments. The income level for Medicaid for Aged, Blind, and Disabled Adults in private living arrangements is 100% of the federal poverty level (currently $739 per month for an individual). Anyone with income above 100% of the federal poverty level is not eligible to receive SA/In-Home payments.

Medicaid coverage is essential for individuals to receive SA/In-Home payments. Medicaid covers the cost of health care such as physician services, hospital care, prescription drugs, dental care, and other services as well as Medicaid community services provided to aged and disabled adults living in private living arrangements. Medicaid community services include durable medical equipment, home health services, home infusion therapy, hospice, personal care services, and private duty nursing – when they are prescribed/authorized by a physician.

The Division of Medical Assistance provided data about the types and costs of Medicaid services provided to SA/In-Home recipients as well as to SA/Adult Care Home recipients for the September 2000 – August 2002 period. The data is shown in the table on the next page. This data provides a comparison of the Medicaid services and costs for the two groups of recipients.

The data in the table reflects claims billed to Medicaid for services provided to both groups of SA recipients. There were actually 377 SA/In-Home recipients during this two-year period. However, no Medicaid claims were submitted by service providers as of July 2002 for 12 of these 377 individuals. A sample of 377 SA/Adult Care Home recipients was selected for comparison to the SA/In-Home group during this two-year period. This sample was selected randomly from among all SA/Adult Care Home recipients. No Medicaid claims were submitted as of July 2002 for 46 of the 377 SA/Adult Care Home recipients. Thus, the total sample used to determine cost of Medicaid covered services during this time period was 696 individuals - 365 In-Home recipients and 331 Adult Care Home recipients. Medicaid service providers have one year from date of service to submit claims for payment. There can be a lag time of up to one year from date of service to date of billing. Thus, some Medicaid costs may not be reflected in the table below.

The table gives a breakout of each Medicaid service, the number of recipients receiving the services in each setting of care, the total cost and average cost per recipient for each setting of care, and the total cost and average cost per claim for each setting of care. As seen in the table, the average cost per claim for all Medicaid services used by the 365 SA/In-Home recipients during this two-year period was $94 per recipient and the average cost per recipient was $1,842. The average cost per claim for all Medicaid services used by the 331 SA/Adult Care Home recipients during this two-year period was $116 per recipient and the average cost per recipient was $2,158.

The top three Medicaid services with the highest level of expenditures for each group were Personal Care Services, Prescription Drugs, and Physician Services & Hospitalization.

Medicaid Services Provided to SA/In-Home and SA/Adult Care Home Recipients
During Period of September 2000 - July 2002

	SA/In-Home clients					SA/Adult Care Home Clients				
III. Medicaid Service	**Number of SA/IH Clients Using the Medicaid Service**	**Total Medicaid Costs for SA/IH clients**	**Average Cost Per Client**	**Number of Medicaid Claims for the Service**	**Average Cost per Claim for the Service**	**Number of SA/ACH Clients Using the Medicaid Service**	**Total Medicaid Cost for SA/ACH Clients**	**Average Cost Per Client**	**Number of Medicaid Claims for the Service**	**Average Cost per Claim for the Service**
Personal Care Services	192	$1,188,389	$6,190	4,626	$257	291	$1,076,127	$3,698	4,282	$251
Durable Medical Equipment	136	$80,212	$ 590	743	$108	86	$23,028	$ 268	448	$51
Prescription Drugs	352	$1,008,935	$2,866	18,765	$54	322	$1,110,931	$3,450	17,046	$65
Medical Transportation	76	$16,062	$ 211	235	$68	288	$54,535	$ 189	4,314	$13
Home Health Services-Visits	14	$31,034	$2,217	43	$722	11	$14,855	$1,350	42	$354
Home Health Services-Supplies	63	$148,713	$2,361	462	$322	67	$93,583	$1,397	456	$205
Private Duty Nursing	2	$86,485	$4,324	21	$4118	0	$0	$0	0	$0
Physician Services & Hospitalization	329	$551,612	$1,677	7730	$71	278	$312,727	$1,125	5,325	$59
Mental Health Clinics	38	$53,499	$1,408	409	$131	94	$585,207	$6,226	94	$422
CAP-MR	0	$0	$0	0	$0	11	$535,096	$48,645	454	$1,179
Emergency Room	20	$16,430	$ 822	65	$253	29	$23,623	$ 815	73	$324
Case Mgmt - DSS	299	$173,575	$ 581	2232	$78	8	$1,892	$ 237	36	$53
All Other Services	330	$53,727	$ 163	949	$56	314	$51,379	$ 164	821	$63
Totals	1,851	$3,408,673	$1,841	36,280	$94	1,799	$3,882,983	$2,158	33,391	$116

Notes:
1. "All Other Services" includes Medicaid reimbursement for services such as dental, optical, etc.
2. All dollar amounts in the table are rounded to the nearest whole dollar

VI. Cost Analysis

Special Assistance

Special Assistance payments supplement an individual's income so that he/she will have sufficient income to pay for care in an adult care home or, as part of the demo, to live safely at home. The individual must need adult care home level of care, as verified by a physician and documented on the FL-2, in order to qualify for an SA payment for an adult care home or to live at home.

The need standard (eligible income level) for the SA/In-Home payment is 100% of the federal poverty level. Currently, the federal poverty level is $739 per month for a family of one. If an individual's income is below this level, he/she may be eligible for an SA/In-Home payment.

The payment standard for the SA/In-Home payment is 50% of the amount that an individual can receive to pay for care in an adult care home. Eligible individuals receive a monthly cash payment for an amount up to the payment standard, depending upon their specific needs that are identified through a comprehensive assessment and development of a care plan.

During the September 2000 – August 2002 period, 377 individuals received SA/In-Home payments. The average payment was $184 per month. A total of $1,045,880 was paid to these 377 individuals during this period of time.

The need standard and payment standard for the SA/Adult Care Home payment, which pays for care in adult care homes, are one-and-the-same. The current standard is $1,147 per month ($1,091 for room and board + $36 for personal needs allowance). This is 153% of the federal poverty level. If an individual's income is below this level, he/she may be eligible for an SA payment for care in an adult care home. Eligible individuals receive a monthly cash payment for an amount that is the difference between the need/payment standard and their personal income.

During the September 2000 – August 2002 period, the average Special Assistance payment made to individuals in adult care homes was $426 per month. Based on this average payment amount, total payments of $3,854,448 were paid to 377 Special Assistance recipients living in adult care homes during this time period.

A comparsion of $1,045,880 in SA/In-Home expenditures for 377 individuals and $3,854,448 in SA/Adult Care Home expenditures for 377 individuals shows that the cost of providing Special Assistance to individuals in adult care homes was $2,808,568 higher than providing the payments to individuals living in their own homes. The average monthly payment of $426 to adult care home recipients was $242 higher than the $184 monthly payment to individuals in their own homes. The average annual payment of $5,112 to adult care home recipients was $2,904 higher than the average annual payment of $2,208 to the in-home recipients.

Medicaid

As stated in the previous section, the average cost per recipient for all Medicaid services used by the 365 SA/In-Home recipients was $1,842 per recipient for the two-year period. The average cost per recipient for all Medicaid services used by the 331 SA/Adult Care Home recipients during this same time period was $2,158 per recipient.

A full conclusion cannot be drawn from this data about the Medicaid costs for these two groups of recipients. Medicaid costs for 12 of the SA/In-Home recipients and for 46 of the SA/Adult Care Home recipients have not been reported to the Division of Medical Assistance and these are not included in the total Medicaid expenditures for these groups of recipients.

Food Stamps

Food Stamps were received by 185 or 49% of the SA/In-Home recipients during the two-year period of September 2000 – August 2002. The average food stamp allotment for these 185 individuals during this time period was $38 per month. Food stamps are a 100% federal benefit. No state funds go to the food stamp benefits.

Home and Community Care Block Grant

Services funded by the Home and Community Care Block Grant administered by the Division of Aging were used by 96 or 25% of the SA/In-Home recipients during the two-year period of September 2000- August 2002. The services provided include adult day care/day health, home delivered meals, congregate nutrition, in-home aide services, group respite, and transportation. Expenditures of $211,878 were made for these recipients during this time period. The average unit cost was $7.42 per recipient.

VII. Case Management

The ability of older adults or adults with disabilities to remain in or move to appropriate housing and thus delay or avoid going to an adult care home depends on several factors. Primary factors include: (1) the functional status of the client and need for care and services; (2) availability of family, friends, and neighbors to provide care and services; availability and access to care and services from agencies and other formal service providers; (4) ability to pay for housing; and (5) availability of affordable and safe housing.

In this demo, case managers at the county departments of social services conducted comprehensive assessments to identify the nature and extent of the impact of these factors on the lives of individuals requesting Special Assistance payments and how the factors affected their ability to live at home. A comprehensive assessment instrument known as the Resident Assessment Instrument for Home Care (RAI-HC) was used by the case managers working with these clients.

Using the assessment information, the case managers worked directly with the clients and their families and other caregivers to develop a care plan that would enable the client to live at home rather than move to an adult care home. The case managers also established the amount of the SA/In-Home payment, worked with the client to determine how the payments would be used, and monitored use of the payments to assure that they were used for the intended purpose.

The case manager's role was an essential one for helping the clients remain at home. In addition to the care planning, arranging for services, and monitoring, the case managers also leveraged community resources that had not been available to the client and that made a critical difference in the client's ability to live at home. The case managers mobilized churches, civic clubs, scout troops, and individual volunteers to provide free labor and materials for minor renovations and repairs to client homes and to install grab bars and other safety devices, persuaded landlords to make needed repairs to apartments and houses rented by the clients, found volunteers to provide transportation for medical care such as kidney dialysis treatment for caregivers so that they could continue to be available to help the client with essential activities of daily living and other tasks that allow them to continue living at home.

An average of 1½ hours of case management were provided to each of the SA/In-Home recipients per month. Existing case managers in the county departments of social services provided the case management. Case management was funded through a Medicaid case management program known as At-Risk Case Management. This case management services is funded with 64% federal Medicaid dollars and 36% county dollars. No state funds are used to provide At-Risk Case Management Services.

The following accounts are actual case examples from each of the demo counties. They illustrate the types of individuals who received SA/In-Home payments and show how the case managers worked with the clients and their families.

Case Examples

Client: Mrs. T
Case Manager: Carolyn Dukes
County: Pasquotank

Mrs. T is 93 and lives alone. Since beginning the Program the client has additional funds to pay for groceries, to cover household expense needs i.e. electricity and water, and to pay someone to maintain her yard. Since beginning with SA/IH client has also begun receiving Food Stamps and Low Income Energy Assistance two programs that client did not know about until her enrollment in the SA/IH Program. SA/IH funds are also used to pay for Lifeline a local service provided through the hospital to ensure that if client is ever in need of assistance she can summon help by pressing a pendant linking her to emergency medical personnel. Client is also able to use the SA/IH funds to pay a chore worker to provide light housekeeping and transportation to physician's offices and other outings three times a week. One of Mrs. T's greatest needs was for arranging medical appointments. The case manager has been able to schedule medical appointments for her including appointments with the podiatrist and opthalmologist two specialists she had not been seeing on a regular basis. Mrs. T is able to remain in her home with the help of SA/IH.

Client: Mrs. G
Case Manager: Carolyn Dukes
County: Pasquotank

Mrs. G is 69 and lives alone. She is an insulin dependent diabetic and her monthly diabetic supplies take up a substantial amount of her monthly income. Since beginning on the SA/IH Program she now has sufficient funds to pay for groceries and diabetic supplies and fuel oil. Client's most pressing need was for home repairs. Client lost her husband less than a year ago, and she is adamant that she wishes to remain in their home even though it needs numerous repairs. The case manager has found a local church group that will repair client's leaking roof, repair the plaster damaged from the leak, repair/replace rotten flooring in client's living room, bathroom and bedroom (in some areas the wall-to-wall carpeting is the only thing separating the client from the ground beneath the house). The church group is also going to replace client's front door; it has a large hole in it and does not lock. The church group is not charging for labor, and through case management, donations for the cost of the repairs were procured. Mrs. G is getting her basic needs met while remaining in the home of her choosing.

Client: Ms. M
Case Manager: Betty Jackson
County: Cumberland

Ms. M is 93 and lives with her granddaughter due to declining physical health and memory loss. Client suffers from hypertension, degenerative joint disease, osteoporosis

and gerd. She requires total assistance with instrumental activities of daily living, as well as, personal care needs. Because of her poor physical and mental health, daily care and supervision are necessary. Ms. M was in need of fulltime Adult Day Care (ADC) Services; however there were no funds available through the ADC program and the family could not pay for the care. SA/IH Supplement has enabled Ms. M to attend adult day care and avoid out of home placement, as her granddaughter is unable to provide full-time daily care due to full-time employment.

Client: Ms. E
Case Manager: Betty Jackson
County: Cumberland

Ms. E is 87 and suffers from diabetes, hypertension, gastritis, osteoarthritis, peripheral vascular disease and bladder/bowel incontinence. She has a fixed income of $575 SSA per month. Assessment revealed that additional income was needed in order to support client remaining at home. Client has lost a substantial amount of weight due to loss of appetite. SA/IH Supplement is used to purchase dietary drinks. Because client suffers from diabetes, client is unable to drink Ensure. Client has an excellent family support network. They have gotten together and worked out a schedule to provide around- the-clock care for her in addition to services received from community resources. Client has benefited from the case management service provided by SA/IH Program. Social Worker made a referral for personal care service for client. Client was receiving home health service three (3) times per week for approximately one hour. Presently, client also receives three (3) hours of personal care service Monday through Friday. Case manager obtained a trapeze bar for lifting, as well as, a lift chair from Vocational Rehabilitation. Client had her right lower leg amputated in June 2002. Client continues to receive all needed services, as well as, physical therapy three (3) times per week. Social Worker continues to provide supportive counseling and coordinate services needed to promote independent living.

Client: Mr. F
Case Manager: Betty Jackson
County: Cumberland

Mr. F. is 33 and has a multitude of health problems. At the age of fourteen (14), he was diagnosed with syrinx, a cyst on the spinal cord. Surgery was performed in 1984 which resulted in paralysis of the lower body. He suffers from neurogenic bladder and bowel, spasticity, and chronic urinary tract infection. He requires total help with activities of daily living, as well as instrumental activities of daily living. Presently, client receives three (3) hours of personal care service daily. This service has allowed client's mother, who is his primary caregiver, some respite. Client lives on a fixed income of $545 SSI per month. SA/IH Supplement has enabled this client to meet his basic needs and living expenses since client's mother terminated her employment to care for him. Without the ongoing support from SA/In Home payment, community resources, and family, he would be facing placement in an adult care facility.

Client: Mrs. N
Case Manager: Wendy Whitfield
County: Johnston

Mrs. N is 100 and continues to live at home alone. She has no children. She does have one niece that she is very close to who lives out of state. When we became involved with this Ms. N, the niece was looking at placement due to Mrs. N's failing health and lack of family support here in North Carolina. Mrs. N did not want to leave her home or her dog that she loves. Through the SA/IH check and case management, client has been able to stay in her home. The case manager and family have been able to coordinate services so that she has 24 hour care at home. This would not have been possible without the SA/In Home payment. The case manager has helped the niece by checking on Mrs. N and has been able to make visits to the home to assess how client is doing physically and if her sitter services are being provided. Social worker has also been able to coordinate with client to obtain a walker and a bedside commode. Social worker has been able to coordinate Meals on Wheels and personal care services. Client continues to stay at home and is very happy.

Client: Mrs. N
Case Manager: Wendy Whitfield
County: Johnston

Mrs. M is a 70 year old Hispanic woman who lives with her daughter. Mrs. M suffers from memory impairment related to her history of strokes. Ms M speaks no English. We became involved with Mrs. M after her daughter came in and explained that her mom needs personal care at home and that she is having to stay with her mom. She did not want to place her in a facility. Mrs. M's daughter has been unable to find anyone to stay with her due to the language barrier. The daughter wanted to take care of her mom. Through the SA/IH program daughter is now able to care for her mom. Mrs. N can meet her basic needs of paying rent and lights and a phone to help with make medical appointments and use for emergencies. Social worker has obtained a shower chair and hospital bed. Client has purchased a lift chair to assist her in getting up. This woman has benefited from the case management because social worker has been able to access resources for this client that she was not able to do on her own due to language barriers.

Client: Mr. M.
Case Manager: Marvin Mullinax
County: Graham

Mr. M. is 41 years old. Since his birth, he has struggled to live with several disabilities. He has a temporal lobe lesion of the brain, a seizure disorder, and a psychiatric disorder. He lives alone in a small trailer that is located several miles from town. His parents are his primary caregivers and they live next door to him. In the past, he managed to live on his own with the help of family and friends in the community. As he grew older, his health began to deteriorate and he increasingly needed more help with his ADLs and

IADLs. Adult Care home placement seemed to be the next step. The SA/In-Home Program has enabled this client to remain at home safely by giving him the resources to pay his bills, buy his medications, and provide proper food and sufficient heat. Case Management has provided the client with links to community resources such as transportation, and home repairs and has also provided the client and his caregivers with help in budgeting their resources and counseling. The SA/In-Home Program gives Mr. M hope and dignity at home.

Client: Mr. B.
Case Manager: Marvin Mullinax
County: Graham

Mr. B. is 80 years old. He is a World War II veteran who proudly displays his duty stations on his living room wall. He lives alone in a small, dilapidated frame home that was in need of repairs. He walks with great difficulty, has hearing and vision problems, and is moderately impaired in his ability to make decisions. The SA/In-Home Program rescued the family from having to put their father in an adult care home. The SA payment enabled Mr. B to keep proper food in the home, have adequate heat and utilities, and on-going oversight and care. His home has been struck by lightening on three different occasions and each time he has lost most of his small appliances. The program helped to replace some of these items as well as make needed repairs to keep the home safe. Case Management has assisted the family in getting needed community services into the home. HUD was accessed for the client to make more expensive repairs that were beyond the capability of the client. He has a repaired kitchen floor, new windows and doors, and front and back entrance repairs. This veteran gave heroic service to his country in its time of need and now, the SA/In-Home Program gives him a chance to live the last years of his life, safely, in his own home.

Client: Mr. A
Case Manager: Ann Hahn
County: Chatham

SA Demo funds and DSS case management have provided a consistent income and improved the quality of life for a couple in Chatham County. Formerly working as a house painter, this developmentally delayed and now physically disabled man receives SSI However, this source of income has been inconsistent since his wife, who works a "production" line, has wages which vary from month-to-month due to her unstable job schedule and when reported to the Social Security Administration, generally result in an SSI recoupment. His dementia and insulin-dependent diabetes at a "pre-senior" age leave him unable to be left alone for long periods, but not eligible for many services accorded older adults. DSS Case management has resulted in coordination with his medical providers for in-home personal care services, the reinstitution of medicaid coverage (which the couple did not understand how to use and continue when problems arose in the system and cards were not issued), wound care treatment, referrals to other service organizations like Salvation Army and the local food bank for initial emergency needs

and to other more long-term service providers like the Housing Authority for affordable housing (they are on a waiting list). Meanwhile, SA/In-Home funds have helped to pay the rent, electricity, water, and medical co-payments, and have enabled the purchase of more appropriate, but more expensive, foods necessary to maintain stable blood sugar levels. SA/In-Home funds have provided a way for him to stay safely at home while his wife remains in the work force.

Client: Ms. G
Case Manager: Amy Gilliam
County: Mecklenburg

Ms. G is 48 years old and is able to continue living independently in the community with the financial support of the SA/In-Home program. She was diagnosed with Multiple Sclerosis in 1983 and ambulates in a wheelchair at all times now. She also suffers with heart problems, lower extremity edema and cellulitis. She is at risk for falls when transferring due to the swelling. With these additional funds Ms. G is now able to afford Lifeline services, TED hose which are needed every six months, and the monthly food bill. As case manager, I have been able to assist Ms. G with obtaining a new mattress for her hospital bed, a new bedside toilet under Medicaid, and a much needed new wheelchair. I have coordinated with her medical doctor for physical therapy in her home. Participating in the SA/In-Home program has greatly improved the quality of live for Ms. G by allowing her the option to continue living independently in the community instead of a facility.

Client: Ms. J
Case Manager: Amy Gilliam
County: Mecklenburg

Ms. J is 62. She has Multiple Sclerosis. Her disabled daughter and grandchild reside in the home with her. Ms. J is able to walk with a walker but is very unsteady on her feet. Her daughter attends adult developmental classes 5 days a week and the grandchild is in school. Although she has neighbors, she lives in a rural area and the neighbors all work during the day. The SA/In-Home payment has allowed Ms. Jones to purchase Life Line and to help pay her phone bill and electric bill. She also needs help with her grocery bills. She needs to eat more fresh fruits and vegetables than she can afford. She has been referred to Services for the Blind for help with glasses. She has also been referred to Medicaid transportation and has been using the CARTS wheelchair van since she was told about it. She handles most of her business herself and keeps an upbeat attitude. The SA/In-Home program has allowed Ms. J to stay at home and continue enjoying her daughter and granddaughter.

Client: Mr. G
Case Manager: Judith Ward
County: Cabarrus

Mr. G is 83 year old man who was living in a substandard home, sitting in the dark with no running water, no phone, and seldom a good meal. His health conditions were unmanaged, causing him pain and debiliation. He was unable to leave his home. He had been unable to pay the full amount of his utility bill for so long that his lights and water were cut off. With SA Demo funds, he was able to pay the utility bills, get into a rental trailer that was more energy efficient, get a phone, and get home delivered meals, plus some money for groceries. SA funds are used for a telephone alert system installed in his home sine he lives alone. Through case management, he was able to receive community funds to get a wheelchair ramp installed, an electric wheelchair, and a bedside commode. He is now going to the doctor regularly using county transportation system, and receives his medications monthly. Without SA/In-Home funds and case management, there is no question that he would not enjoy the quality of life that he does today.

Client: Ms. O
Case Manager: Judith Ward
County: Cabarrus

Ms. O is a 55 year old woman who is unable to read or write, and was unable to access any of the services she needed. She had been living in a home where the toilet was running all the time, and she did not make the correlation between this plumbing problem that her landlord should fix, and her high water bill. SA funds assisted her in paying off her overdue water bill, and social worker was able to arbitrate with her landlord to get her toilet fixed, and have the landlord write a letter to the water company that gave her a credit on her water bill. She had no heat, little food, and no refrigerator. SA funds were used to get her a refrigerator, and save some money so that she can afford to pay her gas bill this winter. Social worker advocated for the landlord to install a new gas heater, and a smoke detector in the client's home. Social worker has accessed community resources for her to get food and home delivered meals. SA money also helps her get some groceries each month as well. She had been discharged by her physician due to noncompliance. This was really a lack of understanding of his orders on her part. Social worker assisted her in changing physicians, and is working closely with her and her doctor to assure she has quality medical care. Because of her limited educational level, she would not be able to live independently in the community without case management.

Client: Mrs. P
Case Manager: Ava Humphrey
County: Pamlico

Mrs. P is 71. She has Diabetes Type II, Sleep Apnea, Hypertension, hypothyroidism and CHF. Three of her grandchildren live with her. Ms. P uses her SA Demo cash payment to help pay her electric bill and other utility bills. In the past Ms. P has had her electricity cut off because she did not have the money to pay it. The cash payment has helped her pay her utility bills. Ms. P's home was in need of repair when she first started on this program. The social worker tried getting help for her from several agencies. Finally the Carpenters for Christ at the Christian Church in New Bern agreed to take on this project. To date they have rewired most of the trailer, replaced most of the flooring and replaced

the hot water heater with one that works. This was all at no expense to the client. This is a good example of how the SA/In-Home program has been able to help the client maintain herself at home, through the cash assistance and case management.

Client: Ms. D
Case Manager: Theresa Edwards
County: Dare

Ms. D is a 47 year old woman who has been disabled for six years. She had a brain tumor removed in 1996 followed by radiation treatments and a shunt placement to drain spinal fluid. Shortly afterward, she was also diagnosed with multiple sclerosis and lupus. She is an SSI recipient who lives alone in a mobile home. This year, a leaking pipe caused the kitchen, bathroom and bedroom floors to rot and all three had to be replaced. She used the SA/In-home payment to pay the cost of the repairs and is replacing her heating fuel tank. She also uses the payment to cover her ongoing need for medical supplies and OTC medicines.

Client: Ms. L
Case Manager: Theresa Edwards
County: Dare

Ms. L. is 73 years old and is legally blind and diabetic. She had cared for her husband, who was also blind, until his death last year. Ms. L. wanted to continue living at home and not become a burden to her daughters. The home was in poor repair and not insulated, causing high utility bills that she could not afford to pay on her SSI income of $545.00 a month. She also needed better lighting in order to function better in her house. The case manager arranged for the windows in the house to be replaced and insulation to be installed through the SA Demo project. Her daughters visit daily and encourage her in healthy activities. She also benefits from in-home aide services, food stamps, and help with medical transportation. The social worker has been instrumental in coordinating all of these services and making sure that they stay in place. It was important physically and mentally for Ms. L. to stay in this home that was familiar to her. The SA Demo made it possible for her to do so safely.

Client: Ms. S
Case Manager: Theresa Edwards
County: Dare

90 year old Ms. S. was living alone in a tiny house that she had shared with her mother. Her mother died 3 years ago at home at the age of 104. Due to severe arthritis and vascular problems, Ms. S. had become very immobile and it was essential that she have a lift chair if she were to continue functioning at home. Trying to push up from a chair had become extremely difficult for her and placed her at risk of falling and suffering serious injury. She could not afford any of the cost of a lift chair. Her social worker arranged for her to obtain a comfortable, good quality lift chair with the help of the SA Demo. With

home delivered meals, in-home aide services, and the support of some good friends, she was able to remain at home until a few weeks before her death.

Client: Ms. J
Case Manager: Theresa Edwards
County: Dare

Ms. J. has been confined to a wheelchair for 14 years following a stroke. She had worked hard to improve with physical therapy but her right leg had to be amputated below the knee in July 2001 due to circulatory problems. She had moved here with her 37 year old son who was her primary caregiver and financial support. Her son died tragically, leaving her alone and unable to meet her basic needs or financial needs. Through the SA Demo and help from her case manager, she has been able to pay for needed medical supplies, costs related to her physical therapy that are not covered by Medicaid, monthly Lifeline fees, and other adaptive equipment. She also received help with the high cost of utility bills. Ms. J has been able to live independently in the community and pay her bills in large part due to the help of this program.

Client: Mr. D
Case Manager: Robbin Grantham
County: Onslow

Mr. D is an elderly gentleman with numerous medical problems. Due to his limited income and inability to pay much rent, Mr. D was living in a substandard mobile home and had no telephone service by which to summons emergency assistance when needed. With help from the case manager, Mr. D got on the waiting list for subsidized housing and was able obtain telephone service which has increased his sense of personal safety. Mr. Daniel has used his SA/IH payments to purchase good quality, used furniture for his new apartment. He moved into the new, subsidized apartment last month. He has a daily PCS aide to assist him with his ADLs and he reports being very satisfied with his situation.

VIII. Recommendations

The General Assembly authorized the Department of Health and Human Services to provide State/County Special Assistance to a limited number of older adults and adults with disabilities. The demonstration project has shown that providing Special Assistance payments to individuals to enable them to continue living at home is an effective approach for providing an alternative to adult care homes.

Making the SA/In-Home payments available in all counties of the state would provide older adults and adults with disabilities the option of living in their own homes in the community instead of moving to an adult care home. Several issues must be taken into account to make option available in all counties.

Number of Recipients – It is difficult to estimate how many individuals will want to use the In-Home component of the SA Program, if it becomes available in all counties. It is likely that individuals would apply for the program on a graduated basis and that enrollment would increase over time as people learned that the program was available as an alternative to placement in adult care homes. This was the experience in the twenty-two counties participating in the demonstration project. Participation gradually increased over the two-year period of the project, growing from 11 recipients in the first month to 353 recipients in the twenty-fourth month. Not all of the 400 slots available for the demo were used; 47 slots were not used. Likewise, it is possible that not all of the slots would be used if the In-Home component were available in all counties.

Cost/Cost Savings– The cost or cost savings that could occur as a result of making the In-Home component available in all counties of the state is difficult to estimate. It is possible that there would be no increase in the SA budget as a result of adding this option. One requirement for receiving SA payments at home is that a physician authorize that adult care home level of care is needed. It is likely that some eligible individuals who need adult care home level of care would opt to stay at home rather than choosing SA payments to go to an adult care home. If this occurred, there would be no increase in the SA budget. In fact, if some individuals chose the live-at-home option, this would result in cost savings for the SA budget. The SA/In-Home payments currently average $2,904 per recipient per year less than the SA/Adult Care Home payments ($184 per month for In-Home payments versus $426 per month for adult care home payments).

On the other hand, it is possible that there could be an increase in the SA budget. If individuals who need adult care home level of care do not apply for SA/Adult Care Home Payments simply because they do not want to enter an adult care home, should decide to apply for and qualify for SA/In-Home payments, this could result in a growth in the Special Assistance budget. This is sometimes referred to as a “woodwork effect”.

Safeguards exist for addressing a "woodwork effect". These safeguards include the following:

- Physician approval for adult care home level of care is required for an individual to receive SA/In-Home payments; the FL-2 documents the physician's level of care approval.

- The client and family must choose the in-home option over the adult care home option.

- A county DSS case manager must conduct a comprehensive assessment to verify needs of the individual, be assured that living at home is a safe option, and develop a care plan adequate to meet the client's needs, including what the SA/In-Home payments will be used for.

- The county DSS case manager must determine the amount of the SA payment needed to meet the client's needs, authorize the payment, and monitor to assure that the funds are used for the agreed-upon purpose.

Another step that could be taken to address a potential "woodwork effect" is to limit the number of slots available on a statewide basis. This is allowable under federal regulations. A provision in federal regulations issued by the Centers for Medicare and Medicaid allows public assistance benefits paid by a state to be excluded in determining eligibility for Medicaid. This provision is known as Assistance Based on Need or ABON.

Under ABON, the state can limit how many SA/In-Home slots it will fund on a statewide basis. There is no "statewideness" requirement for ABON slots. In other words, the state is not required to provide SA/In-Home payments to all eligible individuals, if the in-home component becomes part of the statewide SA program. A total number of SA/In-Home slots can be designated for statewide use. The slots can then be allocated on a per county basis.

Using the federal ABON provision allows the state to maintain the need standard for the SA/In-Home program at 100% of the federal poverty level and, thus, not enfranchise a new group of older adults and adults with disabilities for Medicaid coverage. Only adults with income below 100% of the federal poverty level would be eligible for SA/In-Home payments. This policy is consistent with the current income limit for Medicaid for aged, blind, and disabled adults in private living arrangements. Since Medicaid eligibility would not be expanded beyond the current need standard included in the Medicaid state plan, DHHS can use the ABON method and will not have to seek a Medicaid waiver for this purpose.

In addition to the potential for cost savings in the Special Assistance budget, there will likely be no significant increases in the Medicaid budget for SA/In-Home recipients. These individuals are eligible for Medicaid and Medicaid-covered services whether or

not they receive SA/In-Home payments. Also, the food stamp benefits paid to these individuals were relatively small ($38 per month), are 100% federally funded, and do not impact the state budget.

Case Management – Case management is essential to the successful implementation of the In-Home component of the Special Assistance program. This case management is funded through a Medicaid case management service known as At-Risk Case Management. Currently, it is funded with 64% federal Medicaid dollars and 36% county dollars. No state funds are used to provide this case management. County departments of social services can provide the non-federal share of the cost of providing this case management for the SFY03-05 biennium. During the demo, approximately 1½ hours of case management per client per month was provided to the SA/In-Home recipients.

Phased-In Approach – 400 slots were available for the demo in 22 counties. It is recommended that 800 slots be made available for use in additional counties for each year of the SFY03-05 biennium.

This approach would set a limit on the number of slots that could be used statewide for the In-Home component of the Special Assistance program. It would also allow for a graduated increase in the number of individuals who may choose this option. County departments of social services can utilize existing staff to provide the case management for this number of people and use existing computer hardware and software to serve this number of recipients.

Olmstead Plan

An In-Home component of the State/County Special Assistance Program would be an important part of the DHHS Olmstead Plan that would provide options for adults with disabilities to live in the least restrictive setting possible.

Consumer Directed Care

The In-Home component also incorporates the principles of consumer directed care which allows individuals with disabilities to exercise as much control over managing daily living as they are able and willing to do.