

V. CARE MANAGEMENT FOR OLDER AND DISABLED ADULTS

Current Providers: _____

Funding Sources: _____

Total Funding Last Fiscal Year: _____

of Consumers Served Last Fiscal Year: _____

A. EXISTENCE				
Are these services available to older and disabled adults in your community?				
1. Is care management available to older and disabled adults in your community?	Yes	No		
2. Is care management available to Medicaid-eligible older and disabled adults in your community?	Yes	No		
3. Is care management available to private-pay older and disabled adults in your community?	Yes	No		
4. To what extent is care management available to nonMedicaid eligible individuals but who are unable to pay for the cost of services?	1	2	3	4 5
OVERALL EXISTENCE RATING	1	2	3	4 5

B. ADEQUACY

Are these services in sufficient supply for those who need it?

<p>1. Is there a waiting list for care management in your community?</p> <p>If so, how many people are waiting?</p> <p>Why is there a waitlist (ex. lack of funding, no provider)?</p> <p>(How many are currently on the waiting list? How many currently receive service? What is the ratio of the number waiting ÷ the number of people receiving service? How does this ratio compare to the state ratio and similar counties? If there are no people on the waiting list, is it because everyone who needs services receives them, providers do not keep waiting lists, etc.?)</p>	Yes	No			
<p>2. If there is a waiting list, how acceptable is the average waiting time?</p> <p>(What is the average waiting time? How does this compare to the state average and similar counties? Have any waitlisted people dropped out or died before they received services?)</p>	1	2	3	4	5
<p>3. To what extent do older and disabled adults in your community have a choice in care management providers?</p> <p>(How many care management providers are in your community? Do they serve completely different or overlapping populations? Do any provide case management as a single service, or is case management provided only in combination with other services provided by the same agency? How many slots are available community-wide? What are the number of slots per 1,000 older and disabled adults in the community? How does this number compare to the state average and similar counties?)</p>	1	2	3	4	5
<p>4. How sufficient is funding to provide care management to all older and disabled adults in your community who need it?</p> <p>(What is the budget for this service in the community? What funding sources pay for care management? What is the per capita expenditure on care management for older and disabled adults in your community? How does this compare to the state and similar counties' per capita expenditures?)</p>	1	2	3	4	5
OVERALL ADEQUACY RATING	1	2	3	4	5

C. ACCESSIBILITY

How obtainable are these services for those most in need?

<p>1. How adequate are the outreach programs conducted for care management in your community?</p> <p>(Describe the outreach programs for case management services in your community. What types of media are used [e.g. brochures, newspaper ads, radio spots, cable access tv, presentations]? Describe the frequency of media use. Where is outreach conducted? What is the estimated population reached by outreach activities?)</p>	<p>1 2 3 4 5</p>
<p>2. To what degree are public communications and outreach activities consumer-friendly?</p> <p>(What is the average reading level of publications? Are materials available in languages other than English? In large-print? Braille? Are the media types used most likely to appeal to older and disabled adults?)</p>	<p>1 2 3 4 5</p>
<p>3. To what extent do care management agencies offer no-cost methods such as a 1-800 number or email to help consumers better access services?</p>	<p>1 2 3 4 5</p>
<p>4. To what degree do older and disabled adults know about care management services in your community?</p> <p>(What % of consumers are self-referred? What % of self-referral calls are appropriate for care management services?)</p>	<p>1 2 3 4 5</p>
<p>5. To what extent do key referral sources such as physicians, nurses, discharge planners, and other professionals know about care management services in your community?</p> <p>(What formal arrangements do care management service providers have with hospitals and others with respect to discharge planning? What % of consumers are referred by key referral sources? What % of referred consumers are appropriate for care management services?)</p>	<p>1 2 3 4 5</p>
<p>7. To what degree are the care management agencies' physical locations and service delivery processes accessible to people with disabilities?</p> <p>(Do case managers routinely go to consumers' homes if needed? Are the providers' physical facilities handicap-accessible? Are they located on public transportation routes?)</p>	<p>1 2 3 4 5</p>
<p>OVERALL ACCESSIBILITY RATING</p>	<p>1 2 3 4 5</p>

D. EFFICIENCY AND DUPLICATION OF SERVICES

How reasonable are the costs of services?

Are options for streamlining services available in the community?

<p>1. How reasonable are the service costs in your community?</p> <p>(What is the average cost per hour of care management services in your community? How does this compare to state and similar county rates? What % of callers/referrals do not receive services because of an inability to pay?)</p>	<p>1 2 3 4 5</p>
<p>2. How reasonable are the administrative costs of providing care management services?</p> <p>(What % of providers' budgets is devoted to administrative costs? How does this compare to the state average and similar counties?)</p>	<p>1 2 3 4 5</p>
<p>3. If there are multiple providers of care management, to what extent do they work together for the benefit of the consumers?</p> <p>(What scheduled meetings occur among care management providers? Do providers have any cooperative agreements with each other? How often do providers collaborate on projects or cases?)</p>	<p>1 2 3 4 5</p>
<p>4. To what extent do the providers utilize cost-savings practices such as donated space and materials/supplies?</p> <p>(What % of providers' budgets comes from cost-saving practices?)</p>	<p>1 2 3 4 5</p>
<p>5. To what extent do providers use budget-extending practices, such as fundraisers, foundation grants, memorial gifts, or client contributions to serve more consumers?</p> <p>(What % of providers' budgets comes from these sources?)</p>	<p>1 2 3 4 5</p>
<p>OVERALL EFFICIENCY AND DUPLICATION RATING</p>	<p>1 2 3 4 5</p>

E. Equity

How available are these services to all who need them without bias?

<p>1. To what extent is care management available to residents in all geographic areas in your community?</p> <p>(Where are care management providers located? Are there any urban or large rural areas more than 20 miles from the providers? Are there any areas of your community that are not currently served by care management because they are not within the providers' service delivery areas?)</p>	<p>1 2 3 4 5</p>
<p>2. To what degree is care management available to all populations in your community without bias?</p> <p>(What are the demographic characteristics of care management consumers [e.g. age, gender, race, socioeconomic status, payer source]? How do these characteristics compare to the general population of older and disabled adults in your community? How do differences compare to those observed in the state as a whole?)</p>	<p>1 2 3 4 5</p>
<p>3. To what extent do care management agencies treat subsidized consumers the same as private pay consumers?</p> <p>(Do the same case managers see private and subsidized consumers? If yes, are there differences in available care management services for subsidized vs. private pay consumers? If no, how do the case managers for private consumers differ from the public/subsidized programs? Do they have the same credentials? Are any services only available to private pay consumers? Do case managers tend to spend the same amount of hours each month helping subsidized and private pay consumers?)</p>	<p>1 2 3 4 5</p>
<p>4. If there is a waiting list, how sufficient is the system in place for prioritizing consumers in terms of need?</p> <p>(What are the policies and procedures for prioritizing consumers on the waiting list?)</p>	<p>1 2 3 4 5</p>
<p>5. How sufficient are the care management agencies' nondiscrimination policies?</p> <p>(What are the providers' nondiscrimination policies? Do their policies differ from state and federal laws? How are staff and consumers informed about the nondiscrimination policies?)</p>	<p>1 2 3 4 5</p>
<p>OVERALL EQUITY RATING</p>	<p>1 2 3 4 5</p>

F. Quality/Effectiveness

How successful are these services in addressing consumers' needs?

<p>1. To what extent are care managers adequately prepared to assess the functional abilities of consumers?</p> <p>(What are the training requirements/practices for care managers in your community? Is training mandatory before a care manager begins practice? Is there ongoing training/continuing education? Is this mandatory or optional?)</p>	<p>1 2 3 4 5</p>
<p>2. To what extent are assessment instruments effective as used by care managers?</p> <p>(Do care managers use a common assessment instrument? If not, why do they prefer using different instruments? Is that appropriate for the types of services they coordinate? What instrument(s) is used? Are these nationally-recognized assessment tools?)</p>	<p>1 2 3 4 5</p>
<p>3. To what extent are professional teams (e.g. nurse, social worker, and mental health professional) used to conduct client assessments and develop care plans?</p> <p>(Who conducts client assessments care plan development? Are medical professionals available as needed?)</p>	<p>1 2 3 4 5</p>
<p>4. To what extent are care management services provided independently of supportive service provision?</p> <p>(Do care management providers offer supportive services within their agency? If so, what % of consumers receive supportive services within the agency? Outside the agency? What services are offered? What services are not available within the agency providing care management?)</p>	<p>1 2 3 4 5</p>
<p>5. To what extent do care management agencies have special quality assessment or improvement efforts underway?</p> <p>(What process, QA, and outcome evaluations have been conducted by providers in the past 5 years?)</p>	<p>1 2 3 4 5</p>
<p>6. To what extent does an advisory committee(s) guide the operations of the care management programs?</p> <p>(Do providers have advisory committees? Who is on the advisory committees? Does it include consumers and/or their caregivers? What processes are in place to involve advisory committee decisions into planning and policy development?)</p>	<p>1 2 3 4 5</p>

<p>7. Do any funders regularly monitor care management in your community?</p> <p>(If so, were any problems uncovered? Have they been resolved?)</p>	<p>Yes No</p>
<p>8. To what extent do care management agencies survey consumers and their families to determine satisfaction with services?</p> <p>(Have consumers been surveyed in the past 5 years? If so, what process was used? What were the major findings?)</p>	<p>1 2 3 4 5</p>
<p>9. To what extent do the providers act on consumers' feedback?</p> <p>(What policy or program changes were made as a direct result of client feedback?)</p>	<p>1 2 3 4 5</p>
<p>10. How sufficient is the complaint resolution process?</p> <p>(What is the complaint process procedures and policies? How many complaints were filed last year? What have been the major reported concerns? What % were resolved?)</p>	<p>1 2 3 4 5</p>
<p>11. To what extent are complaints considered during planning, program development, or quality improvement efforts?</p> <p>(What policy or program changes have been made as a direct result of complaints?)</p>	<p>1 2 3 4 5</p>
<p>12. To what extent can care management agencies accommodate the needs of all consumers and/or families requesting services?</p> <p>(What % of consumers that contact care management providers are helped? What kinds of consumers/problems can providers not help consumers with? What % of consumers receive other services as a direct result of care management? What types of services do consumers receive?)</p>	<p>1 2 3 4 5</p>
<p>13. To what extent does care management provide consumers with education regarding services when needed?</p> <p>(What % of consumers receive educational services? How is it determined if a client needs more education/information during care management services? What types of education do care managers provide? Are consumers ever referred out for education? If yes, for what types of educational activities?)</p>	<p>1 2 3 4 5</p>

<p>14. To what extent does care management advocate for consumers when necessary?</p> <p>(What % of consumers need advocacy? How effectively does care management advocate for consumers when necessary? What types of advocacy have been conducted by care managers in the past five years?)</p>	<p>1 2 3 4 5</p>
<p>15. To what degree has care management benefited caregivers?</p> <p>(What % of case management consumers have caregivers? What services have been most helpful for caregivers? What types of problems is care management unable to help caregivers with? What % of caregivers are linked to other appropriate services (e.g. support groups, respite, information, counseling, etc)?)</p>	<p>1 2 3 4 5</p>
<p>16. To what extent do care management agencies regularly communicate unmet needs to county commissioners, planning, and other agencies?</p> <p>(Do representatives of agencies that provide care management regularly attend county meetings? How?)</p>	<p>1 2 3 4 5</p>
<p>OVERALL QUALITY/EFFECTIVENESS RATING</p>	<p>1 2 3 4 5</p>

Recap of Overall Care Management Ratings					
Existence	1	2	3	4	5
Adequacy	1	2	3	4	5
Accessibility	1	2	3	4	5
Efficiency and Duplication	1	2	3	4	5
Equity	1	2	3	4	5
Quality/Effectiveness	1	2	3	4	5

Care Management's Major Strengths:

Identified Barriers and Areas for Improvement: