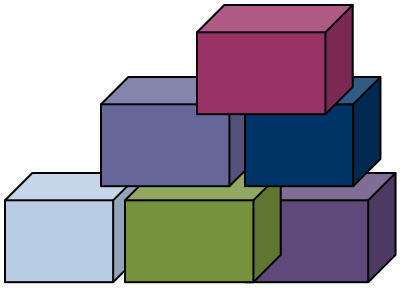

## New York City Department for the Aging

# FINAL REPORT

## An Evaluation of the Homemaking Personal Care Program

F·E·G·S Health and Human Services System

January 3, 2011

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## I. EXECUTIVE SUMMARY

### OVERVIEW:

On August 27th, 2010, the New York City Department for the Aging (DFTA) contracted with F·E·G·S to conduct an evaluation of the Homemaking Personal Care Program (HMPC). The evaluation primarily focused on looking at the consistency and sources used for level of care determinations across case management agencies and whether clients are being assessed and linked to the full range of services that they may need.

### APPROACH:

An important step to completing the evaluation included developing a rigorous data collection and evaluation strategy at the beginning of the project. F·E·G·S and DFTA collaborated to finalize the key project evaluation questions and once the questions were finalized, data sources were identified to help answer the questions. These sources included: client interviews, case manager interviews, supervisor interviews, client chart reviews and electronic administrative data from DFTA's Provider Data System (PDS).

The team then worked on creating tools for collecting, storing and analyzing the results. The tools were pilot tested with both clients and case managers and a random sampling framework was developed to ensure the results were representative of the entire population. A field work logistics plan was also developed which included developing introductory project letters and phone scripts as well as assignment and scheduling of interviews.

These steps resulted in a total of 160 client interviews, 32 case manager interviews, 20 supervisor interviews and 30 client chart reviews completed across 16 case management agencies.

Upon completion of the interviews and chart reviews, data was entered into a database and a full scale data analysis and summarization occurred. This process included a quality assurance check of the data entered, creation of summary reports and additional drill down analysis including a content analysis of text responses. In addition to interview and chart abstraction data, DFTA's PDS data was utilized to conduct a regression analysis. All of the data collected was then mapped back to the overarching evaluation questions and summarized.

**RESULTS:**

- **Results from the evaluation indicate that the majority of clients are satisfied with the HMPC services they receive and feel they are safe in their homes.**

  From interviews with clients, 89% of clients report they are very satisfied or satisfied with the HMPC services they receive and 81% report they now receive the homemaking personal care services they need to remain safe in their homes. Interviewers were asked to assess whether clients were safe in their homes and according to the interviewers, only 4% of clients did not appear to be safe.

- **Data from the evaluation indicate that two major opportunities do exist to improve the HMPC system. The opportunities include:**

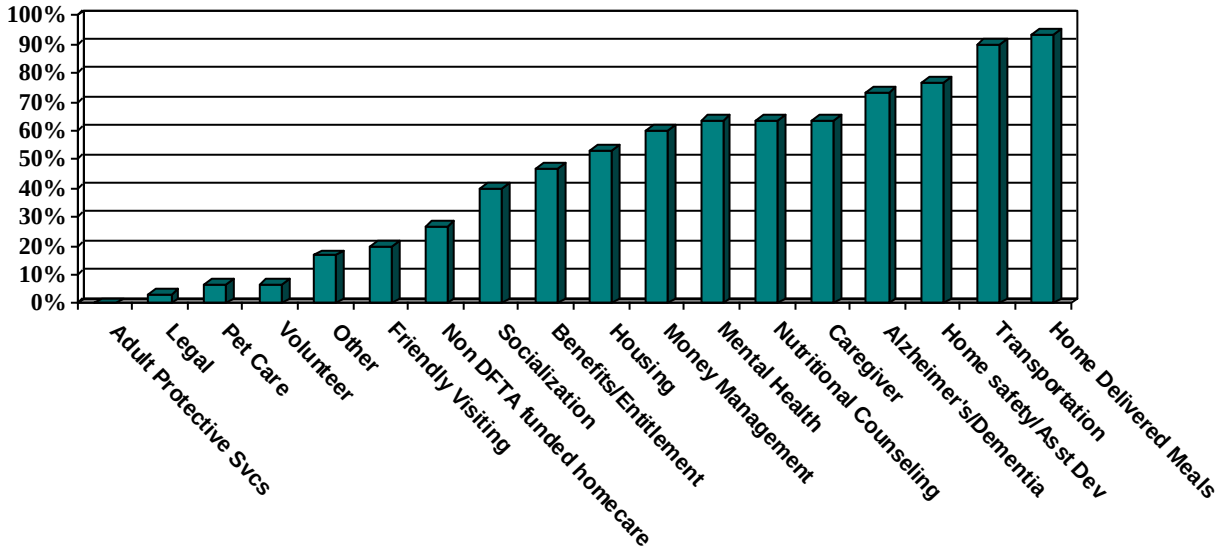
  **(1) Strengthening the case manager assessment and linkage process to ensure that clients are evaluated, connected and engaged with the full range of services they may need.**

  **(2) Reducing variation in the number of HMPC hours across case management agencies.**

***Opportunity #1 – Strengthen the case manager assessment and linkage process to ensure that clients are evaluated, connected and engaged with the full range of services they may need.***

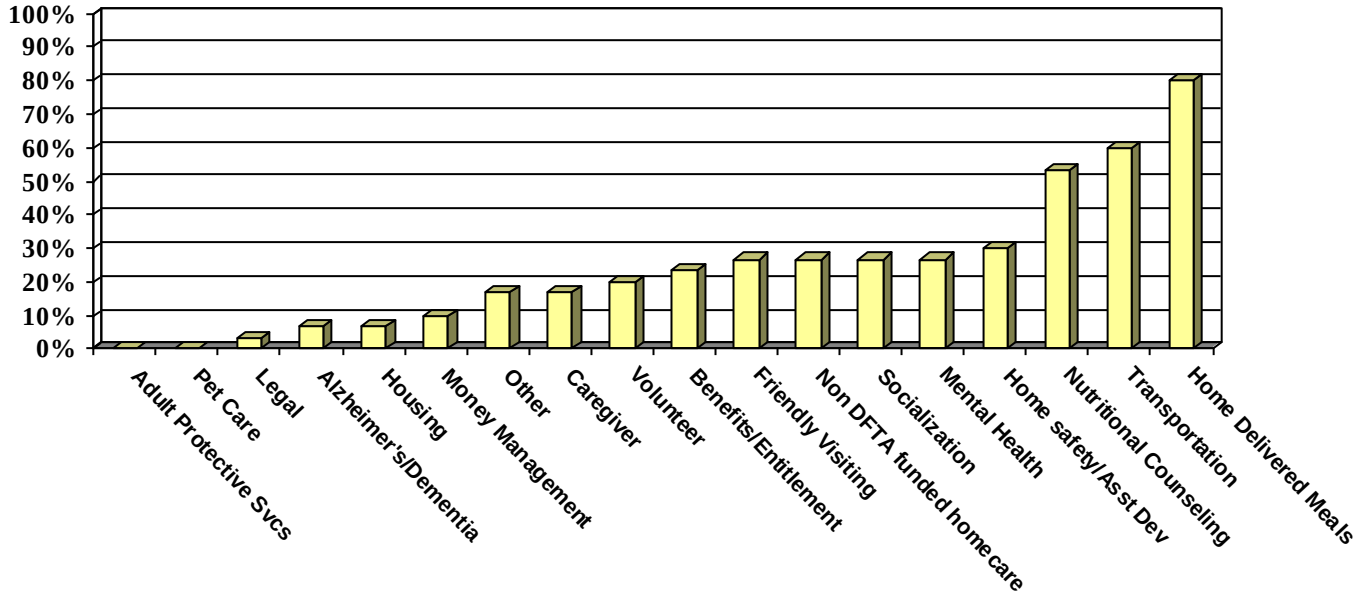
- **Case managers are assessing clients for a narrow range of services. Chart review data indicates that case managers are evaluating clients infrequently for services such as volunteer, friendly visiting, non-DFTA funded home care and socialization (see chart 1 below).**

*Chart 1 – Case Manager Assessment Rate by Service type from Chart Review*



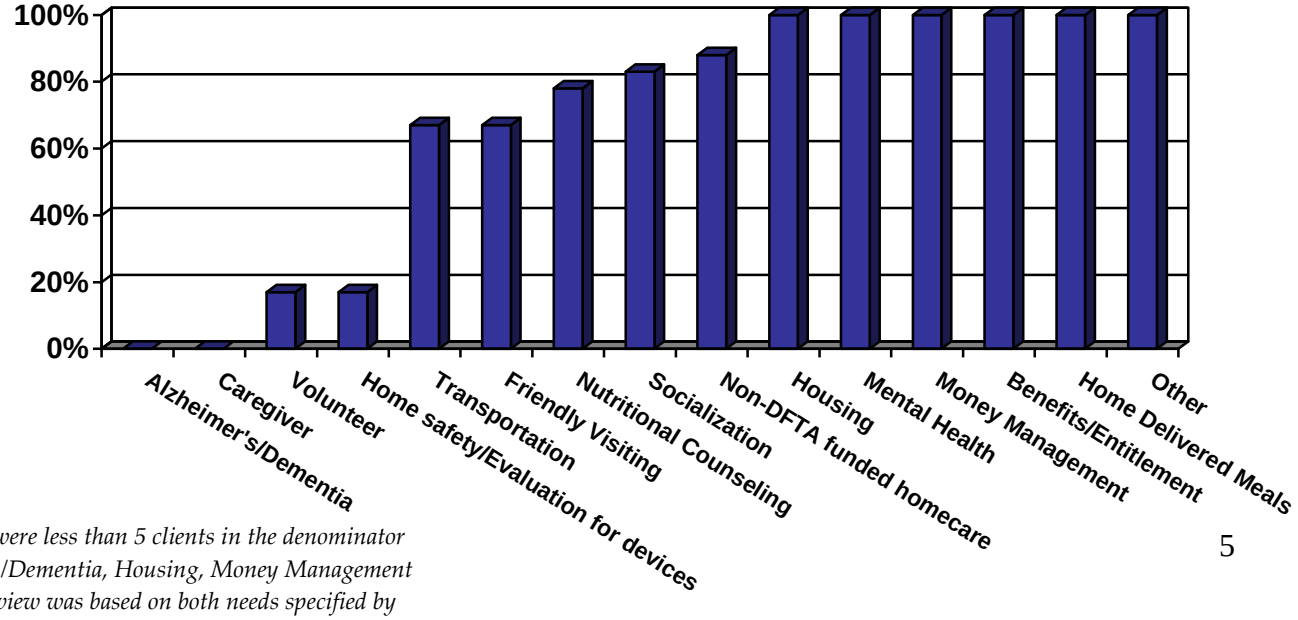
- **A review of client charts revealed that between 25%-50% of clients are shown to need other services besides transportation and home delivered meals. However, as previously noted above, the assessment rate for these services is low (see chart 2 below).**

*Chart 2 – Client Need by Service type from Chart Review*




- **When the chart review revealed through case managers' assessments and/or other information that the client needs a service, certain needs result in a referral (e.g. home delivered meals, benefits and entitlements) and others do not (e.g. volunteer, caregiver).** The chart below displays the referral rate by service type from a review of client charts.

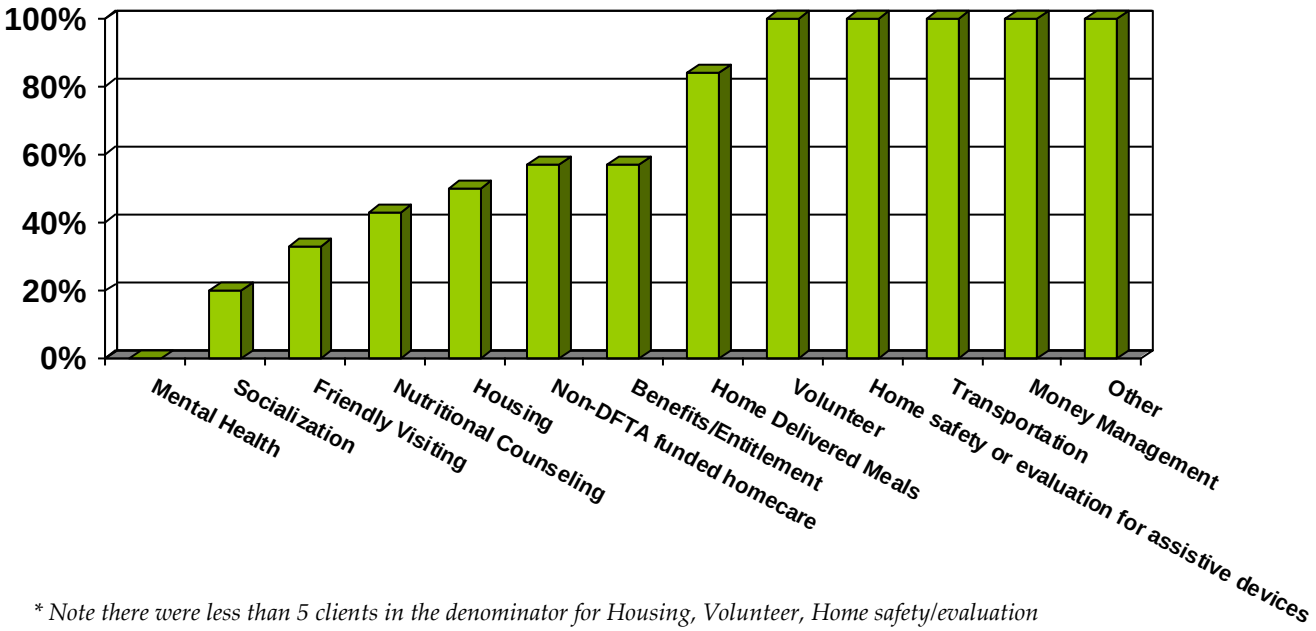
*Chart 3 – Case Manager Referral Rate by Service from Chart Review (for those clients where their chart shows they need a referral)**




** Note – there were less than 5 clients in the denominator for Alzheimer's/Dementia, Housing, Money Management and Other. Review was based on both needs specified by the CM and/or as determined by the abstractor.*

- **If a referral is made, the most frequent reason the service delivery does not occur is because the client refuses the service. Clients accept the referral for certain services (e.g. home delivered meals, transportation) and reject the referral for other services (e.g. mental health, socialization).** See chart 4 below.

*Chart 4 – Client Acceptance Rate by Service from Chart Review**




** Note there were less than 5 clients in the denominator for Housing, Volunteer, Home safety/evaluation for assistive devices, Money Management and Other. There were 0 clients who received a referral for certain service types including Adult Protective, Legal, Pet Care, Alzheimer's/Dementia and Caregiver.*

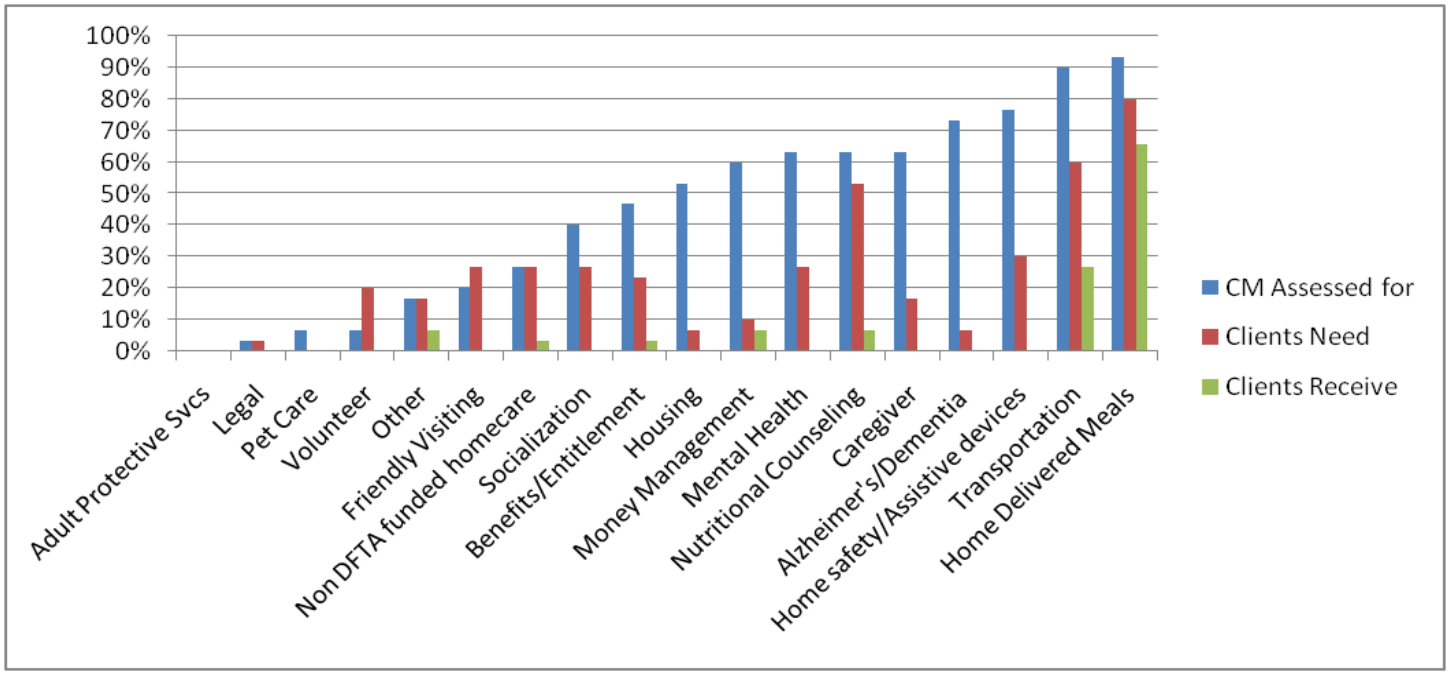
- **Other reasons that service delivery does not occur includes lack of availability in the community and lack of coordination and follow up by case managers.**

  From the chart review process, transportation and home safety/evaluation for assistive devices were services with a low follow-up rate by case managers. Additionally, through interviews with both case managers and supervisors, they report there are services that clients need that are not available in their community (housing, volunteer and home care hours are the most frequent).

- **The majority of clients primarily receive 3 services: HMPC, home delivered meals and transportation. While clients report satisfaction with the HMPC program, a review of their records suggests they could benefit from additional services.**

  Confirmed through both chart review and client interview data, the majority of clients only receive two other services besides HMPC. These services are home delivered meals and transportation (see green bar on chart below). From client interviews, when asked what they want, clients mostly express more HMPC hours. However, as previously noted (and illustrated below), chart documentation shows clients could benefit from other services.

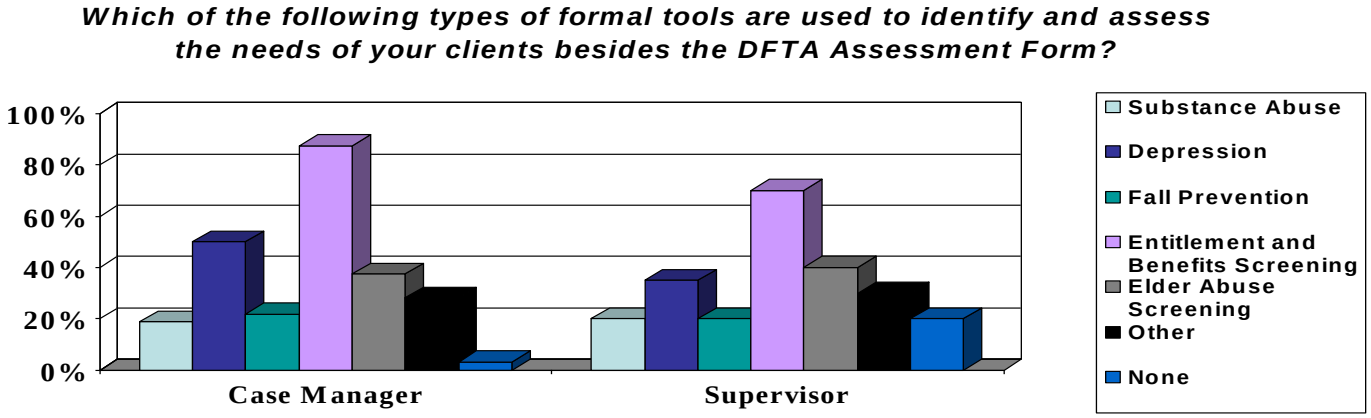
*Chart 5 – Assessment, Need and Receipt of Services from Chart Review*



- **In the assessment process, there is limited use of formal tools (besides the DFTA assessment form) to identify and assess the needs of clients. Use of more formal tools to screen for service needs may yield more objective information on substantiated client needs.**

  From the review of client charts, only 20% had evidence that the case manager was using other formal tools to assess the needs of clients. When asked about formal tools used to identify and assess needs, case managers and supervisors reported low rates. See chart 6 below which was derived from interviews with case managers and supervisors.

*Chart 6 – Use of Formal Tools by Type from Interviews*




*Note: the entitlement and benefit screening is embedded in the DFTA form.*

- **Both case manager and supervisor interview data indicate that agency staff want additional guidelines and policies for determining level of service needs and translating that information into the number of HMPC hours.**

  Case managers who responded that the DFTA assessment form does not elicit the information necessary to accurately assess a client and assign hours specified that the form could provide more guidelines about translating need into hours required for care.

*Opportunity #2– Reduce variation in the number of HMPC hours across agencies*

- **There is variation in HMPC hours that exists across agencies that cannot be explained by client level of need.**

  A regression analysis demonstrates there is a lack of consistency across agencies in determining the number of hours assigned to a client. After controlling for client level of need (e.g. number of IADLs, number of ADLs, age, etc…), statistically significant variation exists across agencies in the number of assigned home care hours per client. Some agencies provide more hours while others provide fewer hours per client. Thus, there was variation in hours driven by agency behavior that was not explained by differences in their clientele.

What follows in this report is more detailed information on the steps that F·E·G·S took to complete the program evaluation as well as the full results from the analysis of data.

## II. Data Collection and Analysis Strategy

### A. Overall Purpose and Evaluation Questions

F·E·G·S partnered with the NYC Department for the Aging (DFTA) to assess whether there is consistency across DFTA funded Agencies in regards to case management, the determinations of assignment for home care units and performance standards.

The key project team was formed and F·E·G·S initiated the project by holding a team retreat where the project evaluation questions were developed and refined (see below).

***5 Project Evaluation Questions:***

*1a - Does the DFTA assessment form provide the basis for the level of care (LOC) determinations (# of hours) for both the initial and reassessments? Besides the official DFTA case manager assessment tool, what other criteria (e.g. tools, forms, and observations) are collected to form the basis for LOC determinations?*

*1b - Is there consistency among staff across agencies in how they determine the # of assigned home care hours for each individual client in the initial assessment?*

*1c - Is there consistency among staff across agencies in how they determine the # of assigned home care hours for each individual client in reassessments?*

*2 - Do case managers link clients to other community-based providers and other services other than home care and meals-on-wheels?*

3 - *How closely does the care plan mirror the assessed needs? Is there evidence that the client's needs were addressed and the care plan was implemented?*

*4 - Is there congruence between what the case manager identifies and articulates in the care plan and what the supervisor approves?*

*5 - With the recent budget reduction, how were decisions made about when and how to reduce the number of hours?*

**B. Data Collection Plan**

After finalizing the key project evaluation questions, F·E·G·S prepared a data collection strategy to identify what data would be needed to address each of the evaluation questions.

A grid was developed that mapped each evaluation question to a data collection source. There were five data collection sources identified through this exercise.

5 Data Collection Sources Identified:

- ✓ Client Interviews
- ✓ Case Manager Interviews
- ✓ Supervisor Interviews
- ✓ Client Chart Review
- ✓ Electronic administrative data from DFTA's PDS System

Next, F·E·G·S developed an electronic request for data from DFTA's PDS system in order to help answer the evaluation questions. The data requested was also used to draw the sample for the interviews. At the same time, F·E·G·S and DFTA staff developed client, case manager and supervisor staff interview questions and protocols. The survey tools contained questions which all related back to the five key project evaluation questions. The survey tools were then built in SurveyMonkey software.

The tools were pilot tested with both clients and agency staff and survey questions were refined based on the pre-test. The purpose of the pilot was to enhance consistency among interviewers, to develop drop down menu responses and to refine the survey tools. As interviews were conducted, responses were entered on the paper tools and then inputted into the SurveyMonkey database at F·E·G·S.

Towards the end of the project, F·E·G·S and DFTA staff developed a chart abstraction tool which was also pilot tested and built into SurveyMonkey. As charts were abstracted, responses were entered on the paper tools and then inputted into the SurveyMonkey database at F·E·G·S.

All hard copies of survey and chart abstraction tools were stored in a locked file cabinet and no identifying information was entered on the tools.

**C. Sampling Framework**

A random sampling process was used for the client, case manager and supervisor interviews. Additionally, a random sampling framework was used for the chart abstraction process. Below is a brief description of the sampling process. The random sample was drawn using SPSS software.

***Client:***

For the client interviews, a stratified random sample was drawn. This type of sample was drawn to ensure enough representation from smaller agencies and older age groups. There were over 2,000 clients who were eligible to be in the project. 360 clients were selected to be in the random sample (oversampling occurred to account for client unavailability, client refusals etc…). The 360 sample was compared to the 2,000+ clients to ensure they were not dramatically different by key factors (e.g. # of ADL's, # of IADL's, # of HMPC hours etc…). Random numbers were then assigned to the 360 clients to determine the order in which clients would be contacted. Interviewers were provided an initial list of 160 clients to call. Once they got through this initial list, they were given additional names in the order assigned by the random number generator until a total of 160 client interviews were complete.

***Case manager:***

The objective was to complete a total of 32 case manager interviews using a random sampling process. There were 284 unique case managers in the dataset. An approximate 20% simple random sample was drawn from the entire dataset of case manager names (regardless of whether one of their clients was chosen to be in the client sample). Oversampling occurred to account for case manager unavailability. 54 case managers were selected to be in the sample. Then random numbers were assigned to the 54 case managers to determine the group of 32 that would be contacted first. If a case manager was not available to participate they were replaced by the next case manager identified in the group of 54 until 32 interviews were complete. Because 3 agencies were not represented in the 32 case manager sample, 1 case manager from each of those 3 agencies was included.

***Supervisor:***

The objective was to complete a total of 16 supervisor interviews. Supervisors were matched to the 32 completed case manager interview names. Then a few supervisors were removed who were already interviewed as case managers. Supervisor names were chosen in priority of the random number generator assigned to the case worker in SPSS. Because there were a few agencies which were not represented, 1 supervisor from each of those agencies were included.

***Client Chart Abstraction:***

The objective was to complete a total of 30 client chart reviews. A simple random sample was drawn from the 160 completed client interviews. An approximate 20% simple random sample was used which resulted in 33 client names identified for the abstraction (3 of the names were utilized for the pilot test of the instrument).

**D. Field Work**

There were four interviewers, two from F·E·G·S and two from DFTA, who were responsible for conducting client, case manager and supervisor interviews. Prior to scheduling and conducting interviews, letters were sent out to client and case management agencies introducing the project.

Each of the interviewers scheduled and conducted their own client and agency staff appointments. Standard phone scripts were used by each interviewer to describe the project and calls were tracked in an excel spreadsheet log. Interviewers obtained verbal consent from clients for participation in the project.

The interviewers traveled to clients' residences and clients were given a $10 gift card as a thank you for their time. If during the interview, the interviewer saw a client who did not appear to be safe, the case was immediately forwarded to DFTA and follow-up occurred.

There were a total of 212 interviews conducted and 30 client charts abstracted over the course of 8 weeks.

*Table 1 – Total Interviews Conducted by Type*

| Interview Type | # Completed |
|---|---|
| Client | 160 |
| Case manager | 32 |
| Supervisor | 20 |
| **Total** | **212** |

*Table 2 - Total Client Charts Abstracted*

| Chart Abstraction | # Completed |
|---|---|
| Client | 30 |

The table below illustrates the number of completed interviews and client charts abstracted by case management agency.

*Table 3 - Number of Interviews Conducted/Charts Abstracted by Case Management Agency*

| Case Management Agency | # of Client Interviews Conducted | # of Case manager Interviews Conducted | # of Supervisor Interviews Conducted | # of Client Charts Abstracted |
|---|---|---|---|---|
| **Neighborhood SHOPP** | 13 | 1 | 1 | 3 |
| **RAIN** | 10 | 2 | 1 | 0 |
| **JASA** | 10 | 4 | 2 | 3 |
| **Ridgewood Bushwick** | 16 | 1 | 1 | 5 |
| **Heights and Hill** | 9 | 1 | 1 | 3 |
| **Special Services** | 6 | 1 | 1 | 0 |
| **CCNS** | 11 | 1 | 1 | 0 |
| **New York Foundation** | 8 | 1 | 1 | 2 |
| **Selfhelp/Project Pilot** | 11 | 5 | 3 | 1 |
| **Lenox Hill/Project Scope** | 12 | 3 | 2 | 4 |
| **Isabella** | 14 | 1 | 1 | 4 |
| **Sunnyside Case Management** | 4 | 4 | 1 | 1 |
| **Queens Community House** | 14 | 2 | 1 | 0 |
| **SNAP** | 17 | 2 | 1 | 4 |
| **VOA** | 2 | 1 | 1 | 0 |
| **JCC** | 3 | 2 | 1 | 0 |
| **Total Complete** | **160** | **32** | **20** | **30** |

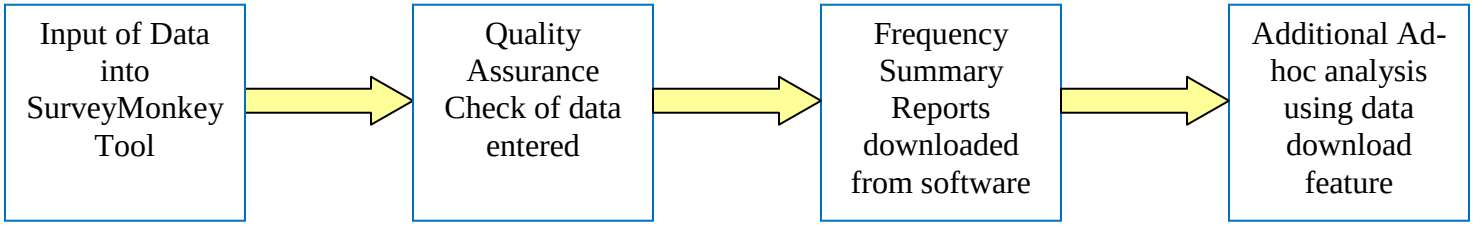
## E. Data Analysis Steps

***Interviews and Chart Abstraction:***

Data collected from the client, case manager and supervisor interviews as well as from the chart abstraction was inputted into the SurveyMonkey software tool. A Quality Assurance check of the data entry process occurred to ensure accuracy and consistency of responses entered. The analysis and reporting function of the software was utilized to produce frequency summary reports for each survey and chart abstraction question (excludes open ended text response questions).

There is a data download feature in SurveyMonkey and the data was exported for additional ad-hoc analysis. Since some of the questions from the surveys were open ended text responses, a content analysis of these questions was conducted examining common themes.

*Interview and Chart Abstraction Data Analysis using SurveyMonkey:*



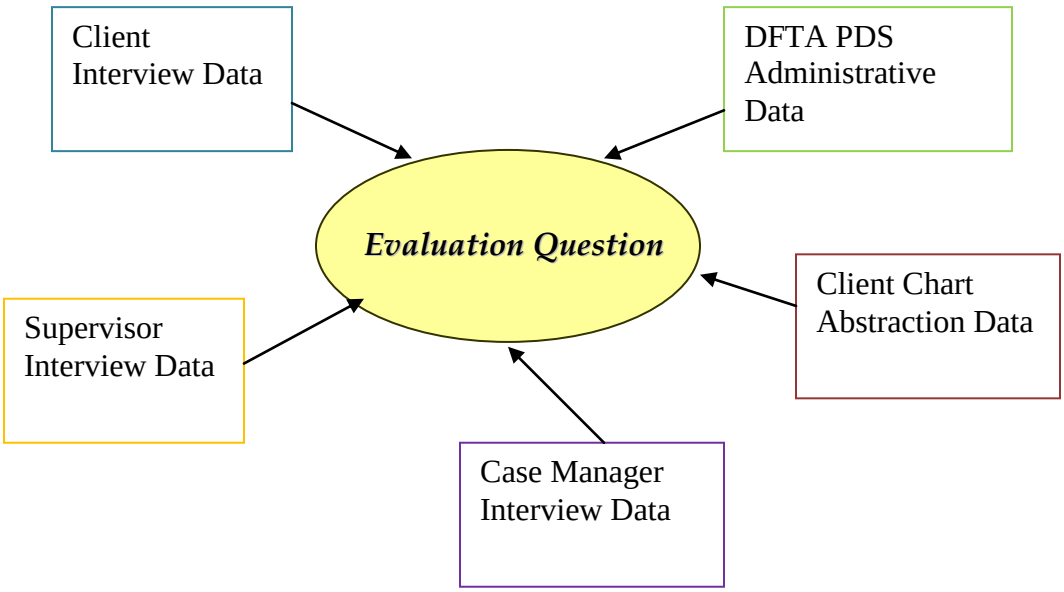

***DFTA PDS Administrative Data:***

In addition to the interview and chart abstraction data, a population dataset from the DFTA PDS System (2,000+ clients) was used to look at variables influencing the number of home care hours. This dataset was analyzed in SPSS and the goal was to explore the degree of variation in hours allocated to home care by the agencies supported by DFTA. The dataset was used to determine whether the variation could be explained by systematic differences in the actions taken by the agencies or by differences in the degree of need among their clientele. Using the data set from PDS, the relationship between number of allocated hours was analyzed with characteristics of "need" of clients using the independent t-test or correlation using SPSS.

The significant variables were preserved and a multiple regression model was created to examine the relative importance of each of the significant variables. Those data variables that maintained a significant relationship with the number of hours were entered into the regression model. Then the case management agencies that had a first order significant relationship with number of hours were entered in order to determine whether each agency significantly explained "number of hours" after the level of client need was allowed to explain as much

variability as possible. Results from this analysis will be presented in the results section of the report.

All of the data collected from the 5 sources were then linked back to the overall evaluation questions to derive results and conclusions.



## III. RESULTS

### A. Evaluation Question #1

*1a - Does the DFTA assessment form provide the basis for the level of care (LOC) determinations (# of hours) for both the initial and reassessments? Besides the official DFTA case manager assessment tool, what other criteria (e.g. tools, forms, and observations) are collected to form the basis for LOC determinations?*

*1b - Is there consistency among staff across agencies in how they determine the # of assigned home care hours for each individual client in the initial assessment?*

*1c - Is there consistency among staff across agencies in how they determine the # of assigned home care hours for each individual client in reassessments?*

**Key Finding #1 - Case managers and supervisors in general think the DFTA assessment form is satisfactory but could be improved by providing more guidelines and policies for translating the information collected into the number of HMPC hours. They use information from the form and other means to determine level of care needs.**

Over 90% of supervisors and over 80% of case managers report that the DFTA assessment form elicits the information necessary to accurately assess a client and assign HMPC hours in the initial, 6 month and event based reassessment (Q8-10). Case managers who responded "no," specified that the form could ask more about informal support and also provide more guidelines (about translating need into hours required for care). When asked if there is anything else they would like to tell DFTA about their experience with the HMPC program, 30% of supervisors responded that "frequent changes in DFTA policies/procedures are difficult to manage" (Q51).

According to both case managers and supervisors, the number of unmet ADL's, number of unmet IADLs, health issues and lack of social connectedness are the most influential client characteristics on the number of homecare hours. Age and nutrition issues are the least influential (Q7). Case managers and supervisors report they are using other types of information (besides the DFTA form), to determine which types of services and number of hours they recommend. Visual observation of the client and their surroundings, non-verbal communication and a family or community member are the most common types of information used (Q11).

95% of supervisors report they see consistency within their agency for how staff evaluates clients for homemaking personal care hours and 90% of supervisors responded they have a formal means of informing staff of the number of hours available (Q13-14).

**Key Finding #2 - Formal tools (beyond the DFTA assessment form) to assess client needs (while they do exist for several important areas) are not being used by case managers.**

From the review of client charts, only 20% had evidence that the case manager was using other formal tools besides the DFTA assessment form to assess need (Q17). Interviews with case managers and supervisors also indicate that formal tools for identifying and assessing the needs of clients are not being used frequently (Q12). See table 4 below for interview findings.

*Table 4 - Use of Formal Tools Reported by Case Managers and Supervisors from Interviews*

| Formal Tool Type | Case manager | Supervisor |
|---|---|---|
| Substance Abuse | 19% | 20% |
| Depression | 50% | 35% |
| Fall Prevention | 22% | 20% |
| Entitlement and Benefits Screening* | 88% | 70% |
| Elder Abuse Screening | 38% | 40% |
| Other | 28% | 30% |

** Note the Entitlement and Benefits is embedded in the DFTA form*

**Key Finding #3 - Regression analysis shows unexplained variability in hours across case management agencies that is not tied to level of need.**

From an analysis of the DFTA PDS dataset, a regression model shows that after controlling for client level of need characteristics (e.g. age, # of ADLs, # of IADLs), statistically significant variation exists across agencies in the # of assigned home care hours per client.

In an effort to better understand the agency variation; additional questions were examined from the client interview dataset. Each client was assigned to a category

corresponding to which group their agency belonged (low, medium or high # of hours per client). Specific questions were tested with whether they received services from an agency that provided either a low, medium or high # of hours per client. Findings from this additional data analysis reveal that:

- The agencies that provided fewer hours were more likely to experience a further reduction of hours within the past 6 months.

- Those who were not able to find other people to assist with the reduction of hours were more likely to be in agencies with a low # of hours.

- Satisfaction level was not associated with low, medium or high hours. However, the greater the decrease in the number of hours, the lower the client satisfaction.

- The average number of reduced hours did not vary by whether the agency was a low, medium or high provider of home care hours.

**B. Evaluation Question #2 -** *Do case managers link clients to other community-based providers and other services other than home care and meals-on-wheels?*

**Key Finding #4 - Case managers assess clients for a limited range of services. Based on a review of client records, clients could benefit from other services (e.g. home safety/evaluation for assistive devices, mental health, and socialization).**

From the review of client charts, case managers assess for certain services including transportation, home delivered meals, Alzheimer's/dementia, home safety/evaluation for assistive devices. There are service types with a low assessment rate including volunteer, legal, friendly visiting, non-DFTA funded home care (Q9).

The majority of clients need home delivered meals, transportation and nutritional counseling (Q11). Between 25%-50% are shown to need home safety/evaluation for assistive devices, mental health, socialization, non-DFTA funded home care, and friendly visiting (Q11).

See charts 1-2 in the executive summary.

**Key Finding #5 - Referrals are not always made for all of the services that a client may need. When referrals are made, the most frequent reason the service delivery does not occur is because the client declines the service. Other reasons include lack of availability in the community and lack of coordination/follow-up by the case manager.**

From the review of client charts, when clients are shown to need a service, certain services result in a referral by the case manager (e.g. home delivered meals, benefits and entitlements) and others do not (e.g. volunteer, caregiver) (Q12). See table 5 below.

*Table 5 – Case Manager Referral Rate by Service*

| Service | Referral Rate by CM | Denominator of clients who had documentation that they need service* |
|---|---|---|
| Alzheimer's/Dementia | 0% | 2 |
| Caregiver | 0% | 5 |
| Volunteer | 17% | 6 |
| Home safety or evaluation for assistive devices | 17% | 6 |
| Transportation | 67% | 12 |
| Friendly Visiting | 67% | 9 |

| | | |
|---|---|---|
| **Nutritional Counseling** | **78%** | **18** |
| **Socialization** | **83%** | **6** |
| **Non-DFTA funded homecare** | **88%** | **8** |
| **Housing** | **100%** | **2** |
| **Mental Health** | **100%** | **5** |
| **Money Management** | **100%** | **1** |
| **Benefits/Entitlement** | **100%** | **7** |
| **Home Delivered Meals** | **100%** | **19** |
| **Other** | **100%** | **2** |

** Note Adult Protective, Legal and Pet Care had 0 clients who needed the service. Alzheimer's/Dementia, Housing, Money Management and Other had < 5 clients who had documentation they needed the service. Review was based on both needs specified by the CM and/or as determined by the abstractor.*

When a referral was made, clients accept the referral for certain services (e.g. transportation, home delivered meals) and reject the referral for other services (e.g. mental health, socialization) (Q12).

*Table 6 – Client Acceptance Rate by Service*

| Service | Client Acceptance Rate | Denominator of clients who received a referral* |
|---|---|---|
| **Mental Health** | **0%** | **5** |
| **Socialization** | **20%** | **5** |
| **Friendly Visiting** | **33%** | **6** |
| **Nutritional Counseling** | **43%** | **14** |
| **Housing** | **50%** | **2** |
| **Non-DFTA funded homecare** | **57%** | **7** |
| **Benefits/Entitlement** | **57%** | **7** |
| **Home Delivered Meals** | **84%** | **19** |
| **Volunteer** | **100%** | **1** |
| **Home safety or evaluation for assistive devices** | **100%** | **1** |
| **Transportation** | **100%** | **8** |
| **Money Management** | **100%** | **1** |
| **Other** | **100%** | **2** |

** Note Adult Protective, Legal and Pet Care, Alzheimer's/Dementia and Caregiver had 0 clients who received a referral. Housing, Volunteer, Home safety/evaluation for assistive devices, Money Management and Other had < 5 clients in the denominator of clients who received a referral.*

In the review of client charts, there were services with a low follow-up rate by case managers which included transportation and home safety/evaluation for assistive devices (Q14 Chart Review). Also, the review indicated lack of coordination was another reason why a client may not have received the service. From interviews with both case managers and supervisors, they report there are services that clients need that are not available in their community. Housing, volunteer and "other" was the most common. Homecare hours is the most frequent response in the "other" category (Q28-CM survey, Q26-Supervisor survey). Client chart reviews also confirmed lack of availability in the community as another reason why clients may not receive services.

Both case managers and supervisors report their agency has a resource director and they know how to make a referral. Almost 100% of case managers and supervisors responded that a resource directory and other departments to provide services exist in their agency (although service type availability differs by agency) (Q23-25). 100% of case managers responded they know how to make a referral to another agency in their community and 97% are provided with information from their supervisor on other community based services to meet client needs (Q26-27).

**Key Finding # 6 - The majority of clients receives 2 main services besides HMPC - home delivered meals and transportation (confirmed in a review of charts and interviews with clients). When asked what they want, clients mostly express more HMPC hours. However as previously noted, chart documentation shows clients could benefit from other services.**

From the review of client charts, a low proportion of clients receive services other than home delivered meals and transportation (Q15). The chart abstractor reported that for 50% of clients, the chart lacked evidence that the case manager is coordinating services other than HMPC, home delivered meals and transportation (Q23). Interviews with clients also confirm that clients only receive a few other services besides HMPC (Q16).

*Chart 7 – Services clients are receiving (chart review data)*

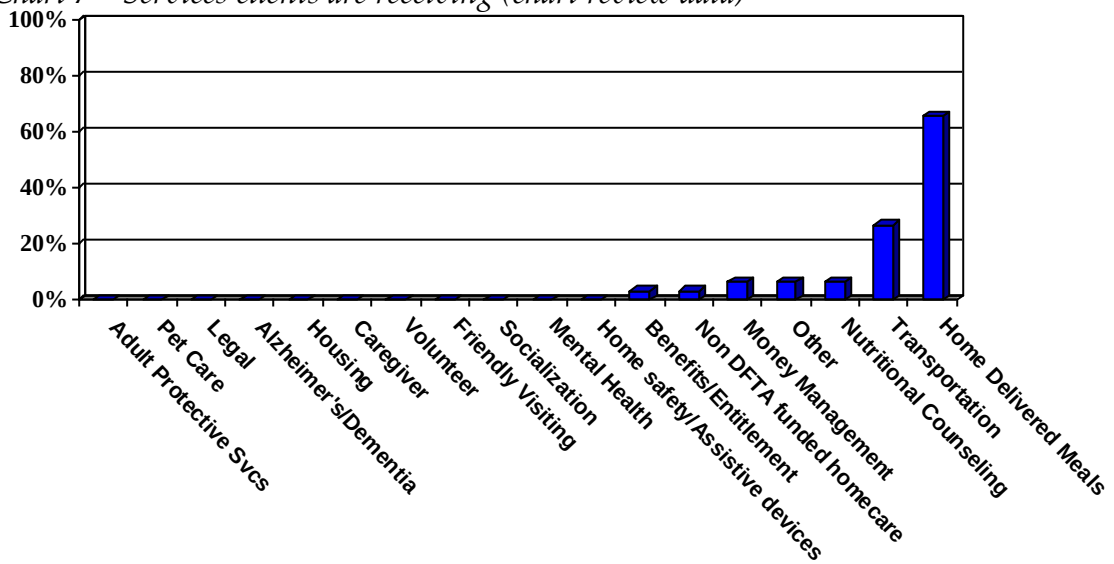
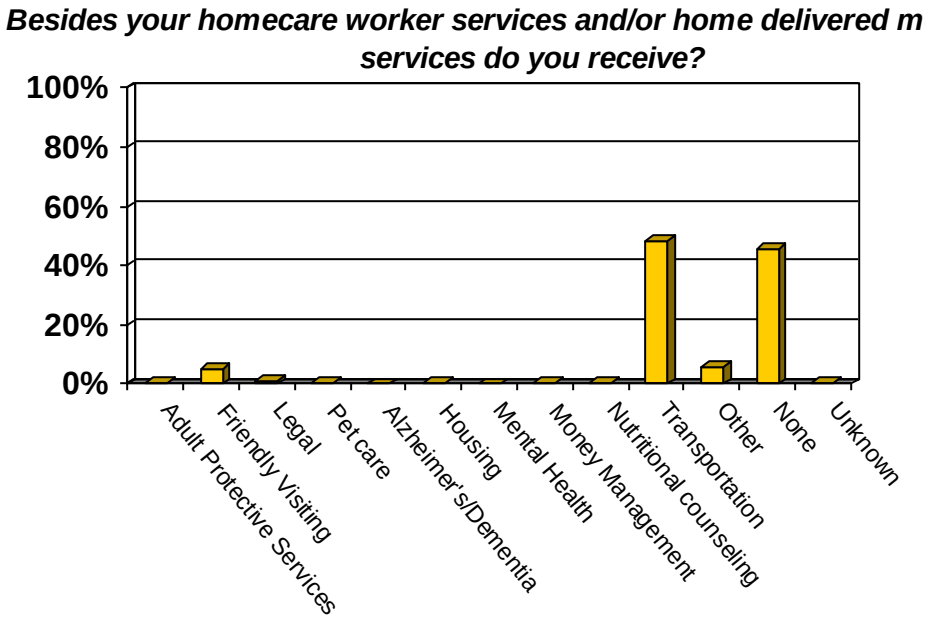


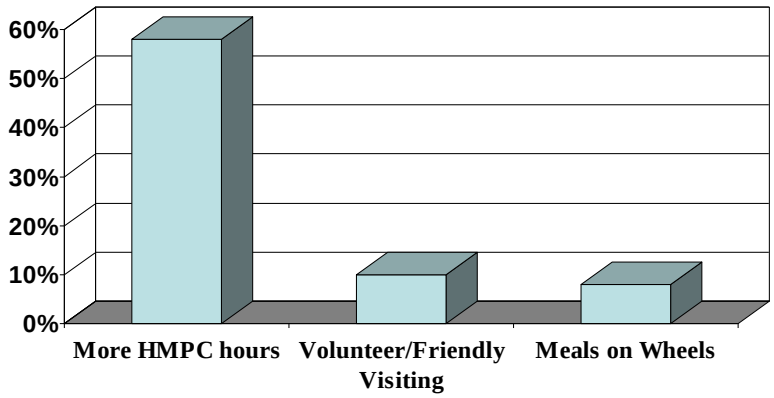
*Chart 8 – Services besides home delivered meals that clients report they receive (client interview data)*




Over one third of clients responded there are services they want that they do not currently receive (Q19). For the clients who did specify there are services they want but they don't receive (open text response), the following were the 3 most common responses:

- 58% of responses related to "more home care hours" *
- 10% of responses were "volunteer/friendly visitor "
- 8% responses were for "meals on wheels"

*Chart 9 – Services clients report they want but do not receive (client interview data)*




** It is unclear from the responses what specific HMPC services they want.*

**C. Evaluation Question #3 -** *How closely does the care plan mirror the assessed needs? Is there evidence that the client's needs were addressed and the care plan was implemented?*

**Key Finding # 7 – Case managers are implementing the care plan, but as previously noted the assessment is focused on a limited range of services. Clients report they are given the opportunity to express their needs and a majority of clients express satisfaction with HMPC services.**

From the clients' perspective, case managers are following up to ensure their needs are addressed and the majority of clients report they are satisfied. Additionally, interview data reveals that the majority of clients are safe in their home.

- 70% of clients have seen their case manager in the past 3 months (Q9) and 88% were given the opportunity to tell them why they need assistance (Q10).
- 93% of clients report their case manager calls to make sure that they are receiving services that were set up for them (Q20).
- 89% of clients report they are very satisfied or satisfied with HMPC services (Q26).
- 81% of clients report they now receive the HMPC services that they need to remain safe in their home (Q14). Of the clients who specified what services they would need to remain safe, 90% of responses were "need more HMPC hours" (Q15).
- Interviewers were asked to assess whether clients were safe in their homes and according to the interviewers, 4% of clients did not appear to be safe (Q30). For clients who did not appear to be safe, the interviewer responded they need additional home care hours to ensure safety. These cases were immediately forwarded to DFTA and follow-up occurred.

From interviews with case managers and supervisors, they indicate they are implementing the care plan and clients are satisfied.

- 100% of case managers and supervisors responded their clients are very satisfied or satisfied with services they have arranged (Q35 CM survey, Q33 Supervisor survey).
- Almost 100% of case managers and supervisors responded they follow up with both the client and referral agency to learn if services were put into place and if the care plan was implemented (Q30-31 CM survey, Q28 Supervisor survey).
- If a need is identified and services are not available the most frequent response from both case managers and supervisors is that they look into other informal supports and other resources (e.g. private pay) (Q32 CM Survey, Q29 Supervisor Survey).
- Case managers and supervisors were asked *"On a scale of 1-10 (10=always) how often are you able to meet the assessed needs of clients."* The average score for case managers is 7.6 and for supervisors it is 8.2 (Q52 CM survey and Q50 Supervisor survey).

**D. Evaluation Question #4 -** *Is there congruence between what the case manager identifies and articulates in the care plan and what the supervisor approves?*

**Key Finding # 8 - There is a difference in the perception between supervisors and case managers about the rate of modifications to services and the change in hours.**

Case managers reported that 47% of assessments (for the last 10 clients) reviewed by their supervisor resulted in modifications to services (Q38, CM Survey). The most common modifications include adding additional services and making changes to documentation. (Q40, CM Survey). Supervisors reported that 65% of assessments (for the last 10 clients) reviewed resulted in a modification to services (Q35, Supervisor survey). The most common modification reported by supervisors includes adding additional services (Q37, Supervisor Survey). See chart 10 below.

Case managers reported that 13% of the modifications resulted in a change in the number of hours (Q39 CM Survey). Supervisors reported that 30% of the modifications resulted in a change in the number of hours (Q36 Supervisor Survey). See chart 11 below.

*Chart 10 – Modification Rate to Services*

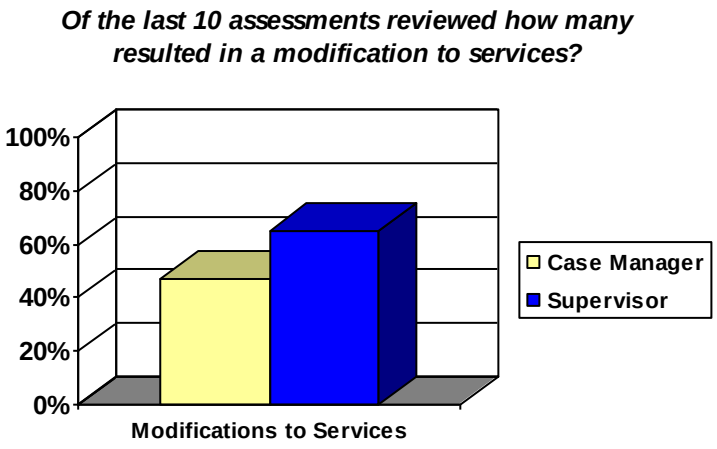
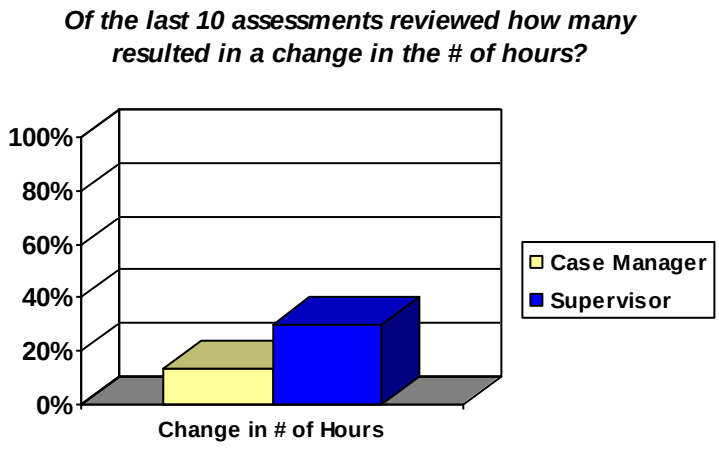



*Chart 11 – Change in # of hours*




Both case managers and supervisors reported that they complete the initial assessment and care plan in a timely manner. Over 70% of case managers submit the initial assessment and care plan in less than a week and over 85% reported they receive it back from their supervisors in 2 weeks or fewer (Q36-37). 95% Supervisors report they return the initial assessment and care plan within 2 weeks (Q34).

**E. Evaluation Question #5 -** *With the recent budget reduction, how were decisions made about when and how to reduce the number of hours?*

**Key Finding # 9 – Case managers and supervisors used criteria when reducing HMPC hours. The criteria used included assessing whether clients have informal supports available, other means of paying and whether they were able to manage safely. Despite criteria used, many clients who experienced a reduction reported they were not able to find other people to assist with HMPC tasks. However, from the chart review process abstractors noted that current HMPC hours match clients' level of need, and that the majority of clients are safe in their homes. An opportunity does exist for case managers to increase communication with clients' caregivers.**

The majority of case managers responded they were given criteria for how to reduce hours and reported they were made aware of and involved in the decision to reduce hours.

- 91% of case managers responded that criteria were given for how to assess whether or not a client's hours should or should not be reduced. The majority of case managers used criteria including other informal supports available, other funds to pay, other services available and if the client is able to manage safely when reducing hours (Q42). Chart review data also confirms that criteria were used (Q25).

- 97% of case managers reported they were made aware of the total number of hours that were being reduced in their agency (Q41). 95% of supervisors responded their staff was made aware (Q39).

- 84% of case managers responded that they had a role in determining whether a client's hours would be reduced (Q43). 95% of supervisors responded they had a role (Q41). Approximately 70% of case managers and supervisors responded that clients were involved in the decision (Q44, CM survey and Q 42 Supervisor survey).

Almost one third of clients had a change in HMPC hours over the past six months (Q21) as a result of the reduction in hours. Over two third of clients with a change were not able to find other people to assist with tasks (Q25). For the clients who were able to find others to assist with tasks, 79% of responses indicate that clients found a family member and 14% found a private pay aide. Only 16% of clients with a reduction responded they were not told why their hours were reduced (Q23).

*Chart 12 – Clients report of home care changed*

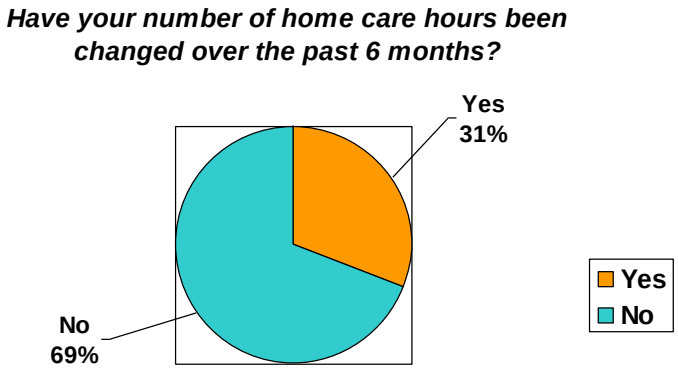
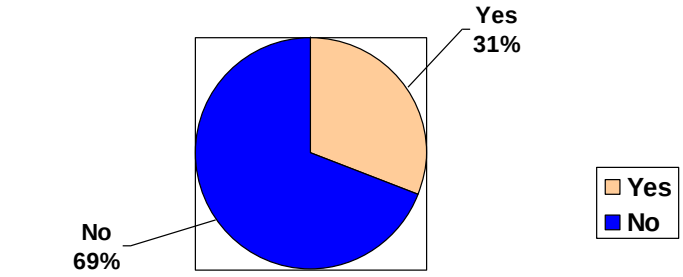



*Chart 13 – Clients report of whether they were able to find others to assist after reduction*




According to both clients and the staff who conducted the interviews, the majority of clients are safe in their homes. 81% of clients report they now receive the HMPC services that they need to remain safe in their home (Q14). Interviewers were also asked to assess whether clients were safe in their homes and according to the interviewers, 4% of clients did not appear to be safe (Q30).

From the review of 30 client charts, abstractors noted that for 83% of clients (25), the current HMPC hours match their level of need (Q24). For the clients where hours did not match need, 4 clients are getting too few hours and 1 client is getting too many hours.

There is limited communication with clients' caregivers according to the chart review data. Only 37% of clients had evidence the case manager was communicating with a caregiver (Q20). Interviews with clients indicate that friends/neighbors and volunteers are used very infrequently to get ADLs, IADLs and other tasks accomplished (Q12). It is evidence that an opportunity exists to increase communication with caregivers.

## F. Additional Data

*From client interviews:*

- When asked if there is anything else the clients would like to tell DFTA about their experience with the HMPC program, the most frequent responses were (Q27):
    - "I love my home attendant"/"very satisfied with my home attendant."
    - "Want more HMPC hours."
    - Other responses include: complaints about meals on wheels and increase training for home attendant.

- The # of days per week of home care that clients receive varies between 1-5 days. The most frequently reported response was 3 days (30%), followed by 5 days (28%), then 2 days (27%) (Q6).

- 81% of clients responded they receive 4 hours on the days they get HMPC (Q7).

- 60% of clients responded they get home delivered meals (Q8).

- Housework, laundry and shopping are the 3 most important HMPC services that clients report they receive. These were the top 3 services that clients report were reduced/eliminated (Q17, Q24).

*From supervisor and case manager interview data:*

- When asked if there is anything else they would like to tell DFTA about their experience with the HMPC program:

    – 47% of case managers responses were "wish there were more hours" and 34% were "concerns about the safety of the client due to a reduction/elimination of services" (Q53).

    – 40% of supervisors' responses were "HMPC is a vital program" and 30% were "frequent changes in policies/procedures are difficult to manage" (Q51).

- Over 70% of case managers and supervisors have been working with their agency and with the HMPC program for 2 or more years (Q17-18).

- 69% of case managers and 90% of supervisors have had previous experience working with the population prior to their current job (Q19).

- 80% of supervisors have a master's degree and 97% of case managers have a bachelors or masters degree (Q20).

- The majority of responders have received training in DFTA case management, DFTA cultural competence and the DFTA client assessment form as well as other areas. The majority of the training was provided in a DFTA class (Q16). A large portion of the comments on the trainings indicate they were helpful.

- 88% of case managers responded their agency has written materials available in other languages (Q50).

- Between 90% of case managers and supervisors responded that the reduction has affected clients (Q46 CM survey, Q44 Supervisor survey). 60% of case managers and 45% of supervisors responded that clients have been very affected (Q47 CM survey and Q45 Supervisor survey). 53% of case managers and 55% of supervisors report the clients informal support system has been very affected (Q48 CM survey and Q46 Supervisor Survey).

*From client chart review data:*

- The majority of clients have an informal support system that is only partially able to assist them (Q19).

  - 6.9% of clients have no informal supports available.
  - 20.7% have informal supports but they are not able to assist.
  - 65.5% have informal supports and they are partially able to assist (in some cases they are not able to provide active concrete support services).
  - 6.9% have informal supports and they are able to fully assist.