

**REPORT OF THE
SECRETARY OF HEALTH AND HUMAN RESOURCES ON**

**Development and Implementation
of a Statewide Comprehensive
Case Management System for
Long-Term Care**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 45

**COMMONWEALTH OF VIRGINIA
RICHMOND
1994**



COMMONWEALTH of VIRGINIA

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December 29, 1993

The Honorable Stanley C. Walker, Chair
Joint Commission on Health Care
Old City Hall, Suite 115
1001 East Broad Street
Richmond, Virginia 23219

Dear Senator Walker:

We thank you for your continued interest in the implementation of a statewide comprehensive case management system for long-term care. Enclosed is our progress report on the development and implementation of such a system.

House Joint Resolution 601 passed during the 1993 General Assembly, with the support of the Joint Commission on Health Care, requested the Secretary of Health and Human Resources to develop and implement a statewide comprehensive case management system which will be available to all elderly citizens; have authority to authorize eligibility for all publicly financed long-term care services; be supervised and managed at the state level but administered at the local level; and be funded through a combination of funding sources. The enclosed report provides information on our progress in developing such a system. Through the funding of the Case Management for Elderly Virginians Pilot Project, the Commonwealth has developed policies and procedures that can serve as the framework for a statewide comprehensive case management system. We are thankful for the Joint Commission's continued support of this Project.

We welcome any questions you may have about the report and look forward to our continuing progress in the development of a quality long-term care system in Virginia.

Sincerely,

Handwritten signature of Howard M. Cullum in cursive script.
Howard M. Cullum

HMC/me

Enclosure

**REPORT OF THE SECRETARY OF HEALTH AND HUMAN RESOURCES ON
THE DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE
COMPREHENSIVE CASE MANAGEMENT SYSTEM
FOR LONG-TERM CARE: A PROGRESS REPORT**

PREFACE

House Joint Resolution No. 601, passed by the 1993 General Assembly, requested the Secretary of Health and Human Resources to submit a progress report on the development and implementation of a statewide comprehensive case management system for long-term care. Considerable progress has been made in the past year due, in large part, to the interagency, local and state level cooperation by the following individuals and groups that have lent their expertise and support to this effort.

Members of the Long-term Care Council

Long-term Care Council Staff and Liaisons

Long-term Care and Aging Task Force

Case Management for Elderly Virginians Pilot Sites

Case Management for Elderly Virginians Management Work Group

Uniform Assessment Instrument/Management Information System Committees

Local staff from the Departments of Social Services and Health, Area Agencies on Aging, facility and state staff from the Department of Mental Health, Mental Retardation and Substance Abuse, and the Community Service Boards

Homes for Adults Operators

Lead Staff: Catherine P. Saunders, Director
Virginia Long-term Care Council

Cynthia A. Bowling, Case Management Project Manager
Virginia Long-term Care Council

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EXECUTIVE SUMMARY

House Joint Resolution 601, supported by the Joint Commission on Health Care and passed by the 1993 General Assembly, requested the Secretary of Health and Human Resources to develop and implement a statewide comprehensive case management system for long-term care. The resolution also requested the Secretary of Health and Human Resources to require that all public health and human resource agencies use a uniform assessment instrument, common definitions and common criteria for all long-term care programs by July 1, 1994; and to develop and implement a statewide client level data base for all publicly funded long-term care services by July 1, 1995. This resolution was introduced as an essential companion to two additional resolutions on long-term care supported by the Joint Commission on Health Care, HJR 602 and HJR 603. House Joint Resolution No. 602 establishes the long-term care policy for the Commonwealth. House Joint Resolution No. 603 requires the Secretary of Health and Human Resources to develop a plan to restructure and consolidate all aging and long-term care programs. The purpose of this report is to provide information on our progress toward the implementation of a statewide comprehensive case management system for long-term care.

Case Management for Elderly Virginians Pilot Project

In response to problems identified in Virginia's long-term care system, the Joint Commission on Health Care recommended the implementation of the Case Management for Elderly Virginians Pilot Project under the direction of the Virginia Long-Term Care Council. This initiative has funded pilot projects in Fairfax County, Southeast Virginia and Southwest Virginia since July 1, 1991. The Project has demonstrated that case management can effectively link elderly Virginians to appropriate long-term care services. The Project has served as a laboratory for the development of policies and procedures critical to the development of a statewide comprehensive case management system. Through the Project, policies which should be uniform across the state have been developed. Those that should be left to local discretion have also been identified.

A significant number of elderly Virginians have been served through the Project. Over 16,000 individuals have been screened; 5000 individuals have received a comprehensive, multidimensional assessment and 4200 individuals received case management. One third of all case management clients were Medicaid eligible.

The Project is now beyond the pilot stage and all sites have successfully implemented case management systems in their localities. One of the major recommendations of the Project participants is the suggestion that there not be one "cookie cutter" approach to case management replicated across the Commonwealth. Instead, there is the need for some policies and procedures to be standardized across all case management services and others which should be left to local discretion.

Virginia Uniform Assessment Instrument (UAI) for Long-Term Care and Aging Services

Through the Case Management for Elderly Virginians Pilot Project, a Uniform Assessment Instrument (UAI) has been developed. It is anticipated that the UAI will be adopted by all public health and human resource agencies by October 1994 for long-term care services.

The purpose of the UAI is to gather information for the determination of an individual's care needs, and for service eligibility, planning and monitoring client care needs across agencies and services. The major advantage of the UAI for clients is that it ensures easy and equitable access to services; for providers, it provides a comprehensive picture of the clients; and for the taxpayers, it aids in the management, monitoring and evaluation of long-term care and aging services. A short assessment, within the comprehensive assessment, has been designed as a brief review of client needs to determine whether a full assessment is warranted or for use with clients with limited service or information needs. The UAI uses common definitions and establishes the framework for the development of criteria which can target services to those in greatest need.

Virginia Client Level Data Base for Long-Term Care and Aging Services

Through the Case Management for Elderly Virginians Pilot Project, a client level data base has been developed to capture the information from the UAI on case management clients. The pilot sites are serving as a laboratory for addressing the issues that occur when implementing a standardized statewide data base at the local level. Future plans are to

continue development of a statewide client level data base which will capture information to record, measure and assess the quality, necessity and provision of long-term care services in Virginia.

In response to House Joint Resolution 601, an interagency committee has been formed to develop and implement a statewide client level data base by July 1, 1995. This committee will develop a plan for a system that complements existing local and state computer systems and determine the resources at the local and state level required to implement such a system. Issues of confidentiality will also be addressed.

Levels of Care Homes for Adults Task Force

During the 1993 General Assembly, Senate Bill 1064 and House Bill 2280 established the statutory basis for: two-tiered licensing in adult care residences, (previously known as homes for adults); case management for auxiliary grant eligible residents; uniform assessments for all residents; restructure of auxiliary grant payments; and the need for a study of the intensity of service needs of the residents of the homes. A reference to the work of the Levels of Care Homes for Adults Task Force is included because many of the proposed regulations drafted to implement levels of care in adult care residences support or implement some of the requirements set forth in House Joint Resolution 601. Through the development of the regulations, a comparative review of all publicly funded case management systems in Virginia has been completed. Policies have also been proposed which address the implementation of case management for publicly funded applicants and residents of adult care residences; the use of the UAI for the assessment of all residents; the implementation of standard qualifications for case managers; and authority for case managers to authorize publicly financed admission and continued stay in adult care residences. The intensity of service needs study has also been completed. The UAI served as the survey document for the study.

Long-term Care and Aging Task Force

A reference to the work of the Long-term Care and Aging Task Force (established in response to HJR 603) is also included in this report because the recommendations of the group are critical to accomplishing the requirements set forth in House Joint Resolution 601. In October 1993, the Long-term Care and Aging Services Task Force, in its report to the Secretary of Health and Human Resources, set forth a plan to consolidate long-term care and aging functions from four state agencies into a restructured agency which would be

responsible for the planning, administration, management, development, regulation, and funding of long-term care and aging services. Such a system would offer the Commonwealth an opportunity to plan and respond to current and future needs of the citizens of the Commonwealth. This streamlining of the administration of long-term care and aging services at the state level will enhance the implementation of a statewide comprehensive case management system.

The Task Force also included in its report its endorsement of the use of the UAI. The Task Force recognized that standardization in assessing need for services will facilitate equitable distribution of services.

Future Plans for the Statewide Case Management System

Future plans for statewide development and implementation of a comprehensive case management system include:

- ◆ Continue funding of the Case Management for Elderly Virginians Project;
- ◆ Continue to explore the availability of additional funding for statewide implementation of case management beyond what is currently provided by local and state public health and human resource agencies (Funding sources might include Medicaid, state and local funds, and consumer fees);
- ◆ Proceed with the implementation of the UAI across all publicly funded health and human resource agencies; and
- ◆ Proceed with the development and implementation of a statewide client level data base for all publicly funded long-term care services.

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INTRODUCTION

House Joint Resolution 601, supported by the Joint Commission on Health Care and passed by the 1993 General Assembly, requested the Secretary of Health and Human Resources to develop and implement a statewide comprehensive case management system for long-term care which will:

- (i) be available to serve all elderly citizens;
- (ii) have authority to authorize eligibility for all publicly financed long-term care services;
- (iii) be supervised and managed at the state level but administered at the local level; and
- (iv) be funded through a combination of funding sources including federal, state and local funds and consumers fees (based on ability to pay).

The resolution also requested the Secretary of Health and Human Resources to require that all public health and human resource agencies use a uniform assessment instrument, common definitions and common criteria for all long-term care programs by July 1, 1994; and to develop and implement a statewide client level data base for all publicly funded long-term care services by July 1, 1995.

This resolution was introduced as an essential companion to two additional resolutions supported by the Joint Commission on Health Care, HJR 602 and HJR 603. House Joint Resolution No. 602 establishes the long-term care policy for the Commonwealth. The policy identifies the need for additional home and community-based services, support for families and other informal caregivers, and maximum independence and choice for consumers. House Joint Resolution No. 603 requires the Secretary of Health and Human Resources to develop a plan to restructure and consolidate all aging and long-term care programs.

The purpose of this report is to provide information on our progress toward the implementation of a statewide comprehensive case management system for long-term care. Further, the report outlines future tasks. While many of the activities described in this report were completed by different groups, considerable effort was made by the members of each

group to ensure that each group was working toward the common goal of improving the delivery of long-term care services.

CASE MANAGEMENT FOR ELDERLY VIRGINIANS PILOT PROJECT

In 1990, the Joint Subcommittee on Health Care for All Virginians (now the Joint Commission on Health Care) outlined the following problems in Virginia's long-term care system:

- ◆ a lack of strong leadership at the state level to coordinate services among the state agencies;
- ◆ a fragmented service delivery system at the local level in most localities; and
- ◆ an inadequate supply of community alternatives to institutionalization.

In response to the identified problems, the Joint Commission on Health Care recommended the implementation of the Case Management for Elderly Virginians Pilot Project under the direction of the Virginia Long-Term Care Council. This initiative funded three pilot projects across the Commonwealth for the second year of the 1990-1992 biennium. Funding was continued in the 1993-1994 biennium. Funding sources have been the state general fund, federal Medicaid funds, the required state match for Medicaid eligible clients, in-kind contributions of the pilot sites and consumer fees. The Case Management for Elderly Virginians Project has been the critical component for the development and implementation of a statewide comprehensive case management system. The Project has served as a laboratory for the development of policies and procedures. Through the Project, policies which should be uniform across the state have been developed. Those that should be left to local discretion have also been identified.

The Case Management for Elderly Virginians Pilot Project was implemented in July 1, 1991. Three pilot sites have been involved in the project: Fairfax County (an urban project serving Fairfax County, Fairfax City and Falls Church, and led by a local Department of Social Services), Southwest Virginia (a rural project serving Planning Districts 1, 2, 3 & 4, and led by a local Area Agency on Aging), and Eastern Virginia (a mixed urban and rural project serving Planning Districts 17, 18, 20, 21 & 22, and led by a local Area Agency on Aging). These pilot sites are able to provide case management services in areas of the state where at least half of the elderly reside.

The goals of the Case Management for Elderly Virginians Pilot Project are to:

- ◆ target limited resources to elderly at highest risk of institutionalization, regardless of income;
- ◆ coordinate the delivery of multiple services;
- ◆ facilitate client access to services;
- ◆ support family caregiving;
- ◆ provide cost-effective services; and
- ◆ field test a uniform assessment instrument.

In this case management project, one person or organization assumes the responsibility for locating, coordinating and monitoring services. Specific responsibilities include: case finding and screening; in-person assessment of client needs and resources; development of care plans to meet identified needs; implementation of care plans; monitoring services clients receive for quality and appropriateness, and periodic reassessment of client needs. All case managers are trained in completing multidimensional assessments and meet qualification standards including knowledge, skills and abilities in the area of human services.

A significant number of elderly Virginians have been served in the first two years of the Project. Over 16,000 individuals have been screened; 5000 individuals have received a comprehensive, multidimensional assessment and 4200 individuals have received case management. The Virginia Long Term Care Council is maintaining a comprehensive data base on all clients served through the Project. According to the information compiled in the data base, the average case management client is 76 years old, female, dependent in at least three of six Activities of Daily Living (ability to perform daily self-care tasks), dependent in at least six of eight Instrumental Activities of Daily Living (ability to perform household and social tasks), and has at least five medical problems. One third of all clients are Medicaid eligible. Ten percent suffer with Alzheimer's Disease.

The Case Management Work Group

The Case Management Work Group was established as a component of the Case

Management for Elderly Virginians Pilot Project. This group serves in an advisory capacity to Virginia's Long-term Care Council on the development of a statewide case management system for long-term care. The membership consists of the executive directors of the lead agencies within each of the Project pilot sites, state agency liaisons to the Long-term Care Council and the Director and staff of the Long-term Care Council. The group has met at least quarterly over the course of the Project. The group's functions include:

- ◆ identifying and developing policies and procedures which should be uniform across the state and those which should be left to local discretion;
- ◆ resolving issues relevant to managing the ongoing activities of the Project;
- ◆ providing strategies for improving efficiency within each pilot site; and
- ◆ identifying state policies which represent obstacles to successful case management.

The Case Management Work Group has made recommendations to the Virginia Long-term Care Council on a variety of policies and procedures which are applicable to statewide implementation of case management. Some of these policies include:

- ◆ the standardization of case management tasks;
- ◆ the use of a uniform assessment instrument to screen and assess potential case management clients;
- ◆ the use of a client level data base to track and monitor the outcomes of clients;
- ◆ the use of standardized criteria to target the population served;
- ◆ the standardization of the qualifications of case managers;
- ◆ the implementation of a uniform consent to release information form;
- ◆ the collection of client fees for case management services by using a standard sliding fee scale (based on ability to pay); and
- ◆ the development of guidelines for purchase of services for the client.

Evaluation of the Case Management for Elderly Virginians Pilot Project

In February 1991, the Virginia Long-term Care Council issued a request for proposals (RFP) for the evaluation of the Case Management for Elderly Virginians Pilot Project. The contract was awarded to the Virginia Polytechnic Institute and State University Center for Gerontology. Over the two year period of the evaluation, information was gathered from a variety of sources including: reviews of agency financial reports; reviews of case management records; phone survey of informal caregivers; phone interviews, mail surveys, and personal interviews of case management staff; mail and phone surveys of other human services agencies; home visits with clients; attendance at the Case Management Work Group meetings; analyses of assessment data from the client level data base; review of other case management programs; and attendance at local case management committee meetings. The results of the evaluation project are published in five reports (dated from December 1991 to September 1993) which are available from the Virginia Long-term Care Council, 700 East Franklin Street, 10th Floor, Richmond, Virginia 23219.

In the final evaluation report, dated September 1993, the evaluators concluded the following as it relates to the goals of the Case Management for Elderly Virginians Pilot Project:

- ◆ **The Project has targeted limited resources to the elderly at highest risk of institutionalization.** Although most of the case management clients are not at the same level of impairment as recent Medicaid nursing home admissions in Virginia, they do appear to be at risk of admission to a nursing home if their service needs are not met.
- ◆ In general, **service coordination has improved** as a result of the Case Management Project.
- ◆ **The Project has served to facilitate client access to services.**
- ◆ **The Project is providing an appropriate level of support for family caregiving.**
- ◆ **The Project has offered strong evidence that case management can be cost-effective,** providing there are careful restraints on the cost of both case management and the client services package.
- ◆ **The Project has provided the context within which an effective Uniform Assessment Instrument could be developed,** and the new instrument should be a valuable vehicle for the assessment of the need for long-term care services in the Commonwealth.

The Project is now beyond the pilot stage and all sites have successfully implemented case management systems in their localities. One of the major recommendations of the Project participants is the suggestion that there not be just one "cookie cutter" approach to case management replicated across the Commonwealth. Instead, there is the need for some policies and procedures to be standardized across all case management services and others which should be left to local discretion.

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT (UAI) FOR LONG-TERM CARE AND AGING SERVICES

House Joint Resolution 601 passed by the 1993 General Assembly, sets forth the requirement that all public health and human resource agencies use a uniform assessment instrument, common definitions and common criteria by July 1, 1994. The Commonwealth has been moving in this direction for the past two years through the development of the Virginia Uniform Assessment Instrument (UAI) as part of the Case Management for Elderly Virginians Pilot Project. The purpose of the UAI is to gather information for the determination of an individual's care needs and for service eligibility, planning, and monitoring client care needs across agencies and long-term care and aging services.

The major advantage of the UAI for clients is that it ensures easy and equitable access to services; for providers, it provides a comprehensive picture of the clients; and for the taxpayers, it aids in the management, monitoring and evaluation of long-term care and aging services. Standardized language and assessment also allows the development of criteria which can target services to those in greatest need.

The UAI is a multidimensional questionnaire which assesses a client's social, health, mental health and functional abilities. It provides a comprehensive look of the client but includes only those elements that are necessary to consider in developing a plan of care, are cost-efficient to gather, and assess a client's actual performance and functioning levels. A short assessment was designed, within the full assessment, as an intake/screening document which allows for a brief review of the client's functional status, current service arrangements and unmet needs. It collects enough information to determine whether or not a full assessment is warranted. It is also useful for screening clients with limited service or information needs who do not appear to need a full assessment.

As required by House Joint Resolution 601, through the use of UAI, the requirement for the need for common definitions is met. As the assessment is adopted across all publicly funded services, all service workers and providers will be assessing and defining a client's functional abilities, social resources, medical needs and mental health needs in the same standardized manner. This will enhance communication between different providers and

service workers for the same client and promote a better understanding of the needs of the clients.

Through the UAI, the framework exists to move toward the requirement for common criteria across all long-term care programs. Criteria must be tied to a standardized assessment that has measurable and common definitions. One example of standardized criteria, directly tied to the UAI, is the criteria for the Case Management for Elderly Virginians Pilot Project. This criteria targets who receives case management services by focusing on clients with the required number of deficits in their ability to perform daily self-care activities and have an identified need for the coordination of multiple services. Another example of a standardized criteria that has been used successfully in the Commonwealth over the past 11 years to target services to those with the highest need is the criteria used by the Medicaid Nursing Home Pre-Admission Screening Program. This criteria is based on a combination of deficits in functional, cognitive and behavioral abilities and medical and nursing needs. The UAI has been designed to continue the application of this criteria. More recently, the latest standardized criteria developed through the use of the UAI is for the placement and monitoring of residents in homes for adults, as described later in this report.

The Long-term Care Council staff, in conjunction with staff from the appropriate agencies of the Council, have developed the following preliminary work plan for the implementation of the UAI for all publicly funded long-term care and aging services:

IMPLEMENTATION DATES	MAJOR TASKS
October 1993	UAI implemented in the Case Management for Elderly Virginians Project Pilot Sites
January 1994	Make final revisions to the UAI
January-March 1994	Provide information and/or conduct orientation sessions on the UAI for local public health and human resource staff (includes local Departments of Social Services and Health, Area Agencies on Aging, and Community Service Boards)
May 1994	Provide statewide training on the UAI to all applicable state and local public health and human resource staff and the providers of publicly funded long-term care and aging services (includes adult care residences, nursing homes, and community based care providers)
June 1994	Implement the UAI in adult care residences
June-October 1994	Complete the implementation of the UAI for all publicly funded services, such as Nursing Home Pre-Admission Screening, adult services provided by the Department of Social Services, and services provided through the Area Agencies on Aging

VIRGINIA CLIENT LEVEL DATA BASE FOR LONG-TERM CARE AND AGING SERVICES

House Joint Resolution 601 also set forth the requirement that the Secretary of Health and Human Resources develop and implement a statewide client level data base for all publicly funded long-term care services by July 1, 1995. The Commonwealth has been moving in this direction for the past two years through the development of a client level data base to capture the client information as part of the Case Management for Elderly Virginians Pilot Project. Currently, each pilot site is capturing the information in a data base for all clients screened and/or receiving case management services. The pilot sites are serving as a laboratory for addressing the issues that occur when implementing a standardized statewide data base at the local level. At the local level, the data base is used to track and monitor client use of services. At the state level, the data base is used to monitor the Project, to develop policy and programs based on the characteristics of the clients, and to determine how the data base can be implemented statewide across all publicly funded long-term care services.

Future plans are to continue development of a statewide client level data base which will capture information to record, measure and assess the quality, necessity and provision of long-term care services in Virginia. The objectives of the client level data base are:

- ◆ to monitor and maintain records of long-term care activities, including information on clients served and services provided.
- ◆ to ensure that clients receiving long-term care services are receiving the appropriate care and necessary related services.
- ◆ to track clients over time and across services.
- ◆ to identify clients or service providers with special problems that may require intervention or technical assistance.
- ◆ to compare individuals receiving various long-term care services and monitor the cost and quality of care.
- ◆ to serve as a data base for research, policy and program development on long-term care issues.

An interagency committee has been formed to develop and implement the requirement for a statewide client level data base. The committee is comprised of computer systems staff from the Departments of Health, Social Services, Aging, Medical Assistance Services, Rehabilitative Services, Mental Health, Mental Retardation and Substance Abuse, and the Long-term Care Council. This committee will develop a plan for a system that complements existing local and state computer systems, and determine the resources at the local and state level required to implement such a system. Issues of confidentiality will also be addressed.

LEVELS OF CARE HOMES FOR ADULTS TASK FORCE

A reference to the work of the Levels of Care Homes for Adults Task Force is included in this report because many of the proposed regulations drafted to implement levels of care in adult care residences (homes for adults) support or implement some of the requirements set forth in House Joint Resolution 601. During the 1993 General Assembly, with the support of the Joint Commission on Health Care, Senate Bill 1064 and House Bill 2280 established the statutory basis for: two-tiered licensing in adult care residences (residential and assisted living); case management for auxiliary grant eligible residents; uniform assessments for all residents; restructure of auxiliary grant payments; and the need for a study of the intensity of service needs of residents of the homes. A task force, with members from the provider associations, advocacy groups, and state agency staff, was formed to draft related regulations. These regulations were published in the Virginia Register of Regulations on December 13, 1993 for a sixty day public comment period.

Through the development of the regulations to implement the legislation on adult care residences, a number of issues related to the development of a statewide case management system were addressed. These include:

- ◆ **A comparative review of all publicly funded case management systems in Virginia was conducted:** Findings indicated that there is not a standardized statewide case management system for long-term care and aging services in the Commonwealth. Case management services currently provided may differ according to financial eligibility, statewideness, application of the core components of case management, qualification of staff, funding sources, the ability of the case managers to authorize services, populations served, and criteria for targeting case management services.
- ◆ **The implementation of case management for publicly funded applicants and residents of adult care residents:** Regulations have been drafted to provide case

management for auxiliary grant applicants and residents of adult care residences to assure their appropriate placement, appropriate public payment and to monitor their continued placement.

- ◆ **The use of the UAI for the assessment of all residents of adult care residences:** The UAI will be used to complete the assessment of auxiliary grant applicants and residents of adult care residences.
- ◆ **Implementation of standard knowledge, skills, and abilities requirements for case managers for publicly funded adult care residents:** Proposed qualifications are the same as those required of case managers for the Case Management for Elderly Virginians Pilot Project. This requirement continues the implementation of standardized case manager qualifications across publicly funded services.
- ◆ **Case managers will authorize eligibility for publicly financed admission and continued stay in adult care residences:** Funding for payment of care in adult care residences includes auxiliary grant payment (combination of state and local funds) and/or Medicaid funded home and community-based care waiver services. Through the provision of case management, case managers for adult care residences will authorize an individual's eligibility for public payment of their care. This moves the Commonwealth closer to a comprehensive statewide case management system whereby case managers have the ability to authorize eligibility for all publicly financed long-term care services, as requested in HJR 601.
- ◆ **A Study of the Intensity of Service Needs in Adult Care Residences was completed.** The study provided a comprehensive profile of the characteristics of the diverse adult care residence resident population. The UAI served as the study survey tool. Through its use, it was demonstrated that the UAI is a valid tool for assessing the care needs of residents and for supporting standardized criteria for levels of care in adult care residences.

LONG-TERM CARE AND AGING TASK FORCE

In 1993, the General Assembly passed House Joint Resolution No. 603 requiring the Secretary of Health and Human Resources to develop a plan to restructure and consolidate all aging and long-term care programs. A reference to the work of the Long-Term Care and Aging Task Force (established in response to HJR 603) is included in this report because the group's recommendations are critical to accomplishing the requirements set forth in House Joint Resolution 601. The Task Force report set forth a plan to consolidate long-term care

and aging functions from four state agencies into a restructured agency which would be responsible for the planning, administration, management, development, regulation, and funding of long-term care and aging services. Such a system would offer the Commonwealth an opportunity to plan and respond to current and future needs of the citizens of the Commonwealth. This streamlining of the administration of long-term care and aging services at the state level will enhance the implementation of a statewide comprehensive case management system. The Task Force report also endorses the use of the Uniform Assessment Instrument. The Task Force recognized that standardization in assessing need for services will facilitate equitable distribution of services.

FUTURE PLANS FOR THE STATEWIDE CASE MANAGEMENT SYSTEM

Future plans for statewide development and implementation of a comprehensive case management system include:

- ◆ Continue funding of the Case Management for Elderly Virginians Project;
- ◆ Continue to explore the availability of additional funding for statewide implementation of case management beyond what is currently provided by local and state public health and human resource agencies (Funding sources might include Medicaid, state and local funds, and consumer fees); and
- ◆ Proceed with the implementation of the UAI across all publicly funded health and human resource agencies including the development and implementation of a statewide client level data base, as previously described.

GENERAL ASSEMBLY OF VIRGINIA—1993 SESSION

HOUSE JOINT RESOLUTION NO. 601

Requesting the Secretary of Health and Human Resources to develop and implement a statewide comprehensive case management system for long-term care.

Agreed to by the House of Delegates, February 7, 1993

Agreed to by the Senate, February 23, 1993

WHEREAS, many elderly Virginians often experience difficulty accessing long-term care services because they are typically frail and unaware of the services they need or where to find them; and

WHEREAS, the Commonwealth's expenditures for long-term care services have risen rapidly in the past decade and even more rapid growth is anticipated by the year 2000; and

WHEREAS, the Case Management for the Elderly Pilot Program has demonstrated that case management can link elderly Virginians to appropriate long-term care services which may delay or avoid nursing home placement; and

WHEREAS, components of an effectively administered long-term care system include assessment and comprehensive case planning and management for long-term care services; and

WHEREAS, assessment, case planning and monitoring may ensure that the elderly use long-term care services in the most appropriate and efficient way possible; and

WHEREAS, overall costs for long-term care can best be contained when program eligibility is targeted toward persons who have multiple limitations in performing activities of daily living, when a managed care approach is used and when cost sharing provisions are established; and

WHEREAS, local agencies may be able to shift existing staff resources to effective case management; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Secretary of Health and Human Resources be requested to develop and implement a statewide comprehensive case management system which will (i) be available to serve all elderly citizens; (ii) have authority to authorize eligibility for all publicly financed long-term care services; (iii) be supervised and managed at the state level but administered at the local level; and (iv) be funded through a combination of funding sources including federal, state, and local funds and consumer fees (based on ability to pay); and, be it

RESOLVED FURTHER, That the Secretary of Health and Human Resources be requested to require that all public health and human resource agencies in the Commonwealth use a uniform assessment instrument, common definitions and common criteria for all long-term care programs by July 1, 1994; and, be it

RESOLVED FINALLY, That the Secretary of Health and Human Resources be requested to develop and implement a statewide client level data base for all publicly funded long-term care services by July 1, 1995.

The Secretary shall submit a progress report to the Joint Commission on Health Care, the Governor and the 1994 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.