

Care Management for At-Risk Elders

*FY 2017 Buncombe County Community
Funding*

The Council on Aging of Buncombe County, Inc.

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Application Form

Project Name*

Name of Project

Care Management for At-Risk Elders

Amount Requested*

Amount Requested

\$52,300.00

Service Area*

Which Commissioner Districts are served by this program?

Access a map of Buncombe County Commissioner districts [here](#).

- District 1
- District 2
- District 3

Which county sustainability goal aligns best with the goals of this project?*

Based on the Buncombe County Sustainability Plan, select a Category, Goal & Objective that align with the focus of the project and the specific results that will be achieved.

Access the Buncombe County Sustainability Plan [here](#).

Community > Equity in Access > Ensure reliable access to information resources (i.e. broadband internet)

If applicable, select a second sustainability goal that aligns with project goals.

Result 2 is optional - Select if project aligns with more than one Sustainability Category, Goal & Objective.

Community > Healthy People > Increase access to mental health and substance abuse prevention programs

If applicable, select a third sustainability goal that aligns with project goals.

Result 3 is optional - Select if project aligns with more than one Sustainability Category, Goal & Objective.

[Unanswered]

Project Description

Project Description*

Description of Project

Establish a Care Management service for high-risk community dwelling elders and COA In Home Aide recipients. Typical referrals will involve persons at risk for eviction, premature institutionalization or re-institutionalization, homeless elders and Veterans referred to COA for targeted housing assistance, and persons refusing APS services. This project is linked to the overall increase in requests for assistance experienced by The Council's programs, and the growing need for Care Management for higher-risk persons. Over the past three years, requests to COA for assistance have grown nearly 29%, with over 3,200 persons served by the Resource Coordination (RC) Program in FY 15. The In Home Aide (IHA) Care Manager, a LCSW, currently manages a case load of 86 persons, 62 of whom are 'high risk' individuals requiring at least quarterly home visits and frequent phone contacts; another 22 persons are staffed by RC Services Specialists. A Care Manager for transitions assistance also manages a few high-need IHA clients, along with 108+ transitions recipients. Services Specialists receive an average of 121 new referrals a month (FY 16 YTD). The Council assumed administration of the IHA services in 2006; all recipients at that time received Level I Home Management service and cases were divided among 6 RC staff. As our management of this service progressed, we moved to providing more Level 2 Personal Care services (due to needs observed by staff) and transferred higher-need cases to a Care Manager. In FY 14, Services Specialists caseloads grew to an extent that it was no longer feasible to add IHA clients needing frequent contacts. Adding this Care Management service will permit the current IHA Care Manager to provide the optimal level of assistance needed by the most high-risk IHA recipients, support manageable caseloads for RC staff serving all county seniors, and assure a quality service continues to be available for Buncombe County's most vulnerable older adults.

How many people will this project serve?*

State the number of individuals or households in Buncombe County that will be served by this project. Also state the number of people that will experience the desired result. For example, if dropout prevention services are being delivered to 100 students, how many will successfully graduate from high school?

This project will serve at least 105 individuals over a 12-month period. Of those, approximately 30 will be current high-risk IHA clients who will receive ongoing Care Management and who will remain living independently for at least 6 months. Another 75 high-risk community dwelling persons, the majority being elders, will be referred by providers and successfully contacted; 60 (80%) of those will accept Care Management service and complete an in-person needs assessment. Assisted access and advocacy for benefits enrollment, health screenings including Healthy Ideas (for depression), Medication and environmental safety reviews, and access to medical care, including transportation and health insurance through COA programs, will be offered to all participants. 50 (83%) of persons served will access at least one other community resource. 35 of 60 persons (58%) will maintain community living for at least six months with Care Management support.

Describe the people this project will serve.*

Characterize the demographics of the project's target population in terms such as age, gender, income, race, ethnicity, geographic area, etc. Include information about method of referral/recruitment of the target population.

All participants will be residents of Buncombe County with the majority age 60 and older. Participants will be at risk for independent living due to compromised health, insufficient income, lack of support, housing issues, or other factors and conditions they are unable to resolve without assistance. Most often these persons will not be receiving care management from another source. It is expected that demographics will mirror current Resource Coordination service recipients: 72% female, 12.7% minority, 51% 75 and older, 55% at or below 150% of poverty. Twenty-eight percent (28%) of Resource Coordination service recipients qualify as 'high risk'; it is anticipated that all persons referred to this service will be identified as 'high risk'. Priority will be given to persons referred by Buncombe County Adult Protective Services; referrals will also be accepted from community providers and COA staff.

What key steps will you take to achieve the results of this project?*

Describe the core elements of your implementation plan, including milestones that will take place within the funding timeframe.

Effective Care Coordination for elderly persons is person-centered, team- and evidence-based. These are also the core elements of service delivery at COA, with the goal of supporting at-risk older persons to live independently in a setting of choice. This project will support a Care Manager experienced with at-risk populations and aging to join a team of 2 Care Managers (1 IHA, 1 transitions). A comprehensive needs assessment will measure personal, environmental, and economic needs, help the recipient create an individual Care Plan, provide advocacy and ongoing support. Assisted benefits enrollment, health screenings-including Healthy Ideas for depression, Medication and environmental safety reviews, plus access to medical care, transportation and health insurance through COA and community programs, will be offered to all participants. In addition to 30 current IHA recipients, 6-7 referrals/month (75 over 12 months) will result in 80% (60 of 75) of persons accepting the service.

Describe the evidence of success that backs this project's approach.*

What evidence of success (i.e. evidence-based research, practice model, accreditation, industry standards, and/or other framework) are you using as a basis for your project design?

This project is based on COA's Project Continuum C.A.R.E. (Care Management to persons transitioning home from hospitals or skilled care). Evidence of efficacy is drawn from a 3-year average for PCC recipients 2011 through 2014: 86% of recipients did not experience re-hospitalization within first 30 days following discharge and 79% of recipients received at least 1 community service to meet a need. Between Oct.'14 and August '15, PCC provided 108 Fall Risk Assessments (followed by 81 home modifications) and 108 Medication Teach-Back reviews (medication misuse and falls are the leading cause of hospitalizations for elders). Healthy Ideas, an evidence-based tool to identify depression (using PHQ 9 scale) is available to all recipients and the Vulnerable Elder Survey (V.E.S.), a recognized method for assessing vulnerable older persons for functional decline and risk for community living (Journal of the American Geriatrics Society, Mar. 2006) is included in assessment.

Describe your data collection, tracking, and reporting procedures.*

Explain your methods for documenting project, service and client information. Include a description of any software or other tools utilized.

Designed specifically for The Council on Aging by a local professional utilizing ACCESS database tools and extensive VBA programming, COA's database comprehensively documents client, service and project information, assesses client risk levels, monitors service referrals and measures outcomes. Case workers log

communications with clients, families and professionals (e.g. medical providers and service agencies). The database is also used to notify staff of upcoming quarterly, semi-annual and annual evaluations, and permits access to reports showing all recent activity, and reports identifying services recipients who may be closed, allowing for better follow up with participants. This work began in 2013 and is currently in Stage 3 of four planned stages of development with 95% of planned work complete; additional design upgrades planned for FY 16-17 will accommodate collection of outcomes data collection relating to monetary value of services.

Explain your technological resources and capacity.*

Explain your current technological strengths and barriers and how this impacts your ability to track data and report outcomes. Who is responsible for adaptation and use of technology within your organization?

We design, build, operate and maintain our own on-premise private cloud "COANET". Currently built on the Windows Server 2012R2 platform, it consists of 2 physical Xeon servers, six virtual servers, and virtual desktops as required for branch offices. Our Remote Applications server provides "anywhere access" of our purpose-built ePHI database to mobile staff via encrypted VPN to our LAN, then SSL to the application. Report outcomes are directly dependent on the confidentiality, integrity and accessibility of our CAIF database, which is structured to meet HIPAA (HiTECH Act) standards. The only barrier standing in the way of 100% accessibility is client locations where neither Wi-Fi nor 3G/4G is available. David Bloom of SysAdminLLC, has been our contract "IT guy" since 2002. Filling the role of CTO, he works with staff and management to build and maintain a coherent and affordable IT infrastructure. He is a certified HCISPP (health care information security and privacy practitioner).

Organizational Profile

How does the proposed project support your mission and strategic plan?*

State your mission and the date of your most recent strategic plan, and explain how the proposed project helps advance your organizational goals.

From The Council on Aging of Buncombe County, Inc. Strategic Plan 2014 – 2017: (1) Mission: Assuring access to services that assist adults to age with choice. (2) Vision: Trusted leader in providing education, innovative programming, and coordination of resources for aging. (3) Values: Wellness, Integrity, Inclusiveness, Self-Determination, Excellence, Respect. (4) Identity: Person-centered, Proactive, "Resource – full"(knowledgeable, skilled and sustainable); Vibrant, progressive, innovative, engaged, and adaptable. This project advances The Council's mission and values through its support of self-determination, excellence in service provision, and person-centered delivery. Buncombe County's 75+ population will grow almost 9 percent in the next 5 years, and that growth is already being reflected in COA's service counts. Continuing to provide person-centered, professional services to the most vulnerable while not compromising services to the growing community of elders is essential.

What expertise/accomplishments do you have that are relevant to the proposed project?*

List your organization's strengths as well as accomplishments from the past 3 years that position the organization to be successful with the proposed project.

COA is Buncombe County's lead agency for aging services for Community Resource Connections, Local Contact Agency (LCA) for Buncombe and Madison Counties (MDS 3.0 Section Q), and a major recipient of HCCBG funds for aging services. In 2002, COA served approximately 500 persons; in FY 15 we served over 8,000. Through direct provision of services including In Home Aide, Caregiver Respite, Minor Home Repair, Call A Ride, Socializing With Seniors, HomeBound Food Delivery, & Senior Dining & Wellness, plus person-centered access to community resources, our reach extends beyond our agency to provide access to a variety of community resources. The longevity and growth of Resource Coordination indicates strength and expertise in helping older adults age with choice. We seek to build expertise in relevant areas carefully selected to meet our mission; e.g. Medicare services expanded to Henderson County ('14) and LIS work to Henderson and Transylvania ('15) at the request of NC Dept of Insurance.

Describe partners that are critical to the success of your organization.*

List any external partners, intermediaries or advisors important to your success, and describe their role and evidence of their commitment. Describe successful collaborations with these people or groups.

Contracted relationships (Area Agency on Aging, Buncombe County, Community Action Opportunities, City of Asheville, National Church Residences, NC DHHS SNAP, NC Department of Insurance, Mission Hospitals, 10 In-Home Aide providers) include formal referrals, funding, and service provision; most in place at least five years. We work closely with numerous community providers; e.g. we assist with Mountain Housing applications (46 in FY '15, 35 FY 16 YTD), & assist Eblen Charities to complete LIEAP applications for homebound persons and senior housing. We provide assistance via the Targeted Housing referral process, working with DHHS to identify appropriate applicants. We have successfully transitioned 46 persons from skilled care in our LCA role, 34 with MFP funds. These examples, along with formal referral relationships with CarePartners, P.A.C.E., APS, MAHEC, Homeward Bound, Mission Hospital, Mission Adult Medicine, and The Hearing Center are evidence of successful collaborations.

Financial Information

Nonprofit financial assurance requirements:

Financial statements, prepared using a recognizable basis of accounting (i.e., modified accrual) and IRS Form 990s must be submitted to Buncombe County annually.

- Organizations with annual revenues of \$300,000 or greater must submit financial statements audited in accordance with generally accepted auditing standards.
- Those with revenues between \$100,000 and \$300,000 must submit financial statements reviewed in accordance with SSARS 19.
- Those with revenues of less than \$100,000 must submit non-disclosure financial statements compiled in accordance with SSARS 19.

All financial statements must be reported on by a certified public accountant and include a full balance sheet, income statement, and cash flow statement.

These requirements are considered minimum requirements. Organizations may submit a higher level of assurance than is required.

IRS Form 990 - Upload Here

Click Choose File to upload a copy of the 990 form you most recently completed.

3) 990.pdf

If your organization does not have a 990, briefly state the reason.

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

Financial Statements - Upload here

Click Choose File to upload a copy of the most recently completed financial statements (audit, compilation or review).

Financial Statements.pdf

If your organization does not have financial statements, briefly state the reason.

Include a statement of intent to comply with nonprofit financial assurance requirements as listed above.

Complete Budget Worksheet - Upload Here*

Download the budget form [Here](#).

Complete the budget form for this project/program and the overall agency. Save it to your computer, then upload it by clicking Choose File.

completedcommunity-funding-budget-form 2015.xlsx

Budget Narrative*

Describe all differences between current year and proposed year. List all pending funding sources with expected date of notification. Please detail any other information that may help clarify the budget.

The increase in expenses from the Current Year to Proposed Year is the adding of in one (1) full-time staff member to our Care Management team. The personnel costs will increase, as well as other associated costs including travel, printing, occupancy & related costs (phone, internet, computer expenses, office supplies, etc).

What (if any) portion of requested funds will be used to support capital expenses?*

Capital projects are defined as those used to acquire or upgrade physical assets such as property, buildings, or equipment. Please detail.

-none-

Employee Wages

Please provide information about the wage breakdowns of your employees. Living wage for Buncombe County has been identified as \$11.00 per hour for employees with employer-provided health insurance and \$12.50 per hour for employees without.

Employees with employer-provided health insurance*

List the number of employees in your organization with employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

\$7.25 - \$10.99 per hour

\$11.00 - \$14.99 per hour

\$15.00 - \$19.99 per hour

\$20.00 - \$24.99 per hour

\$25.00 - \$29.99 per hour

\$30.00 - \$34.99 per hour

\$35.00 - \$39.99 per hour

\$40.00+ per hour

- \$7.25 - \$10.99 per hour - 0
- \$11.00 - \$14.99 per hour - 1
- \$15.00 - \$19.99 per hour - 11
- \$20.00 - \$24.99 per hour - 0
- \$25.00 - \$29.99 per hour - 1
- \$30.00 - \$34.99 per hour - 0
- \$35.00 - \$39.99 per hour - 0
- \$40.00+ per hour - 0

Employees without employer-provided health insurance*

List the number of employees in your organization without employer-provided health insurance in each wage category. For salaried employees, use hourly wage equivalents.

- \$7.25 - \$12.49 per hour
- \$12.50 - \$14.99 per hour
- \$15.00 - \$19.99 per hour
- \$20.00 - \$24.99 per hour
- \$25.00 - \$29.99 per hour
- \$30.00 - \$34.99 per hour
- \$35.00 - \$39.99 per hour
- \$40.00+ per hour

- \$7.25 - \$10.99 per hour - 2
- \$11.00 - \$14.99 per hour - 0
- \$15.00 - \$19.99 per hour - 2
- \$20.00 - \$24.99 per hour - 3
- \$25.00 - \$29.99 per hour - 0
- \$30.00 - \$34.99 per hour - 0
- \$35.00 - \$39.99 per hour - 0
- \$40.00+ per hour - 0