EVALUATION OF THE SENIOR CARE ACT:
FISCAL YEAR 1996
FINAL REPORT

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December, 1996

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Background of the Senior Care Act

The Senior Care Act, (K.S.A. 75-5926, et. seq.) was passed by the Kansas Legislature in 1989 and implemented in FY 1990. The Act calls for the development of a coordinated system of services for people 60 years of age and older who face difficulties in maintaining self-care and independent living within the mainstream of life.

It is expected that the program will prevent inappropriate or premature institutionalization of persons who have not exhausted their financial resources, recognizing these resources are quickly used in more costly and limited long-term-care services.

During the first three years of the program, it was funded as a pilot program in three of the eleven Area Agencies on Aging (AAA's.) (Appendix A shows the AAA areas.) In FY 93, funds were granted by the Legislature to make the program available in all AAA's. Because of the requirement of local match to access state dollars, the program has grown gradually across the state. In FY '96, the program was available in 102 of the 105 Kansas counties. The program is administered by the eleven Area Agencies on Aging, who contract with local providers to deliver the services locally.

The local match requirement, one dollar of local resources for each two dollars of state general fund dollars, is in part composed of the fees collected from the people served. There is a sliding fee scale which requires recipients to pay between 20% to 100% of the cost of the services received (see Appendix B.) In addition, there is a maximum amount of service which can be delivered, equal to the cap on services delivered through the Medicaid Home and Community Bases Services program. In FY 96, this amount was $1,445.

The Evaluation Process and Format

One of the requirements of the act is the preparation of an annual report to the

Legislature of the costs saved to the state through implementation of the program (K.S.A. 75- 5935). The Kansas Department on Aging (KDOA) has had a contract with Kansas State University (K.S.U.) since 1989 to prepare an evaluation of the program.

Their evaluation model includes two primary components. First, an analysis of the percentage of people served by the program who would have been institutionalized without Senior Care Act Services is compiled by an in-depth interview process with a

sample of SCA clients, their care givers, and case-managers.

Next, after determining how many days of nursing home costs were avoided, all of the costs of the SCA program are divided by the number of these days it is projected would have been covered by Medicaid. This calculation is compared to the state costs had these clients been institutionalized.

The figures are compared to determine the resulting cost savings to the state through the program. In addition, past contracts with K.S.U. have also asked them to examine issues such as worker turnover, client and family satisfaction, and other program issues not required by the Senior Care legislation. Each year, K.S.U. has also examined client assessment data to present a picture of the people being served.

In FY 95, in an effort to reduce costs and make more resources available for direct services, the decision was made to have K.S.U. continue to analyze the percentage of people who would have been institutionalized without Senior Care Act services. KDOA would duplicate the K.S.U. model for determining the number of days served, total costs for the program, and the resulting determination of the cost savings. KDOA also analyzed the assessment data in the same manner previously undertaken to present a picture of the clients served. This similar format is being followed for the FY 96 evaluation. This work has been performed by Tom Morrow, Research Analyst for the Department on Aging.

Dr. Richard Miller of the School of Family Studies and Human Services, the lead researcher from FY 91 through FY 95, directed the K.S.U. effort in FY 96.

The FY 96 evaluation, then will consist of the following parts:

- An overview of program activities in the FY 96 program year, and events which impacted the Senior Care Act program.
- A presentation of the funds expended and units of services delivered by each
- A summary of the demographics of the clients served, and a picture of the "typical client."
- The contents of the K.S.U. sample interviews and their analysis of the percentage of people diverted from institutional care by the SCA program.
- A presentation of the cost savings analysis, using the model developed by K.S.U.

Overview of Senior Care Activities in FY 96

FY 96 marked the fourth year in which the Senior Care Act program was being operated in all eleven of the Area Agencies on Aging. During FY 96, the Senior Care Act expanded into new counties, and by the end of the fiscal year was serving 102 of the 105 Kansas counties. AAA's work with the counties to determine which services they want to fund. However, it is a requirement of the Department on Aging that attendant care be one of the services provided. This was instituted following the finding in earlier Kansas State University evaluations that receiving attendant care and high risk of nursing home placement were directly correlated. As the information presented later in this evaluation will show, the bulk of resources were used in attendant care and homemaker services.

During FY 95, effort was expended in the development of a Uniform Assessment Instrument which could be jointly used by the Kansas Department on Aging and the Department of Social and Rehabilitation Services. The goal was to allow client assessments to be shared between the programs when a client shifts from one agency to the other, or receives services from both agencies. In addition, the assessment tool was designed to meet the NAPIS (National Aging Program Information System) requirements that were to be implemented by the Administration on Aging in 1996.

The Uniform Assessment Instrument (UAI) was implemented on a trial basis in two Area Agencies on Aging, Planning and Service Area (PSA) 9 and PSA 11. This partial implementation was to allow expansion and refinement of the computer system originally developed for the Client Assessment, Referral and Evaluation Program (CARE) which assesses for nursing home admission. Because of differences between the UAI and the assessment tool which continued to be used in the other nine AAA's, certain demographic client data was not collected in the pilot AAAs.

A small number of clients continue to be served in assisted living settings, with the Senior Care Act program supplementing the cost of the services received, while clients are responsible for their housing costs. This limited experiment allows the

Department to gain some experience in what is likely to be a growth area in service to the elderly disabled.

Legislative Developments Affecting the Senior Care Act

There were several legislative developments affecting the Senior Care Act program, which took place during FY 96, although their effects will not be felt until FY 97. In keeping with the Governor's drive to reduce the number of boards and committees, the Legislature passed SB 463 which struck the requirement for the Senior Care Act Interagency Coordinating Committee. The role of the committee had been to review this annual evaluation of the Senior Care Act and provide comments. Interagency communication had improved significantly since the original passage of the Senior Care Act, and this formal structure was no longer felt to be necessary.

Another legislative move to simplify implementation of the Senior Care Act was allowing the annual revision of the sliding fee scale for the SCA program to be accomplished by publication in the Kansas Register rather than going through the regulation revision process. This action was included in HB 3047, which transferred certain aging programs from the Department of Social and Rehabilitation Services (SRS) to KDOA. Other items in HB 3047 will affect the Senior Care Act, but will be covered in the next evaluation report.

Presentation of FY 96 Program Data

Senior Care Act Expenditures

For FY 1996, $2,000,292 of State General Fund (S.G.F.) resources were expended by the eleven Planning and Service Areas (PSAs) for Senior Care Act (SCA) activities. This represents an increase of $143,053 (7.70%), beyond the $1 S.G.F. spent for SCA activities during FY 1995. State General. Fund expenditures for Senior Care Activities ranged from $344,169 in PSA 02 to $96,798 in PSA 07. The total funds expended by the PSA's, including match, was $3,063,461. These total expenditures for each PSA ranged from a high of $556,386 in PSA 02 to $147,447 in PSA 07. Tables 1 and 2 show expenditures in detail for each PSA. State administrative costs, including salary and expenses of the Senior Care Act Coordinator and Contract Consultant total an additional $75,357.

Table 1: FY 1996 Expenditures for PSAs 01 - 06

	PSA 01	PSA 02	PSA 03	PSA 04	PSA 05	PSA 06	PSA 07	PSA 08	PSA 09	PSA 10	PSA 11	State
Administration	17,640	39,000	15,831	23,809	21,788	24,944	11,761	36,299	13,387	26,388	13,800	24
Start-Up Costs			0	1,989	0	1,200	2,853	0	22,491		0	2
Screening/Assess	18,933	5,400	9,683	10,797	10,840	8,564	9,965	11,243	8,445	16,147	11,400	1
Project Evaluation	2,105	4,705	1,865	2,000	3,132	2,789	1,316	4,286	1,427	3,090	2,334	2
Homemaker Service	71,831	100,407	97,218	27,830	151,826	152,021	68,913	154,971	58,876	183,968	104,739	1,17
Attendant Care	72,728	288,456	24,287	145,623	128,884	53,813	40,849	193,355	37,375	92,425	91,110	1
Adult Day Care	24,563	18,942				0		0			0	4
Assisted Living	0	25,366	0	31,718	0	23,294	0	35,629			0	11
Care/Case Management							7,060				0	4,999
Chore Services			0		0	1,683			0	2,658	658	1
Custom Care		14,575				0	773	0	972		0	2
Lifeline	0	4,275				4,833	995	0	11,787		0	
Respite Care	0	55,174			0	9,834	1,356		0	16,923	2,184	8
Transportation		86	0		0	1,366	1,606				0	
Total Costs	207,800	556,386	148,884	243,766	316,470	284,341	147,447	435,783	154,760	341,599	226,225	3,06
State Share	138,630	344, 169	99,256	162,510	210,981	189,562	96,798	290,522	103,074	227,890	136,900	2,00
Local Match	69,169	212,218	49,628	81,255	105,489	94,781	50,649	145,261	51,684	113,709	89,324	1,0

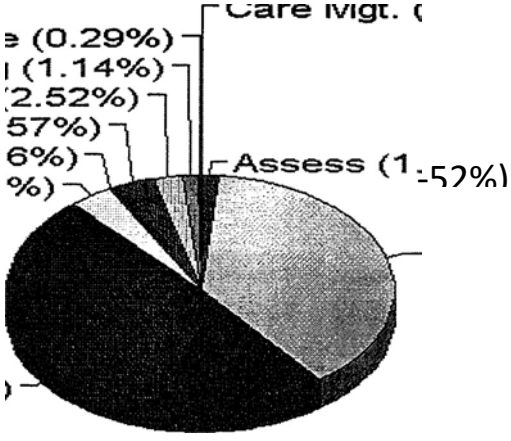
Program Activity

The number of clients seen, units of service provided, and service delivery days all increased over FY 1995. Homemaker services remained the most utilized, accounting for 49% of all units of service delivered during the year. Attendant care followed with 38% and discretionary services accounted for 13%.

Discretionary services provided during Fiscal 1996 included Respite Care, Chore Services, Medical Transportation, Adult Day Care, Assisted Living, Personal Emergency Response System (PERS), Telephone Assistance/Reassurance, and Care/Case Management. Limited SCA funds were expended in this last category, as other state and federal funds are available for this service. With this in mind, later Figures in this document showing limited numbers of Care Mangement do not mean only very few clients received some form of care management. In the same manner, many clients may be assessed with other funds; an Area Agency showing a low number of assessments provided through ŚCA will be using other resources for this task.

Since many clients receive more than one service, the total number of persons listed in Table 3 is greater than the unduplicated number of clients served during the year. The number of unduplicated clients was determined using data from the Management Information System (MIS), with a total of 4,815 clients receiving one or more services during FY 1996. Total units of service received by clients during FY 1996 was 220,049, a 6% increase over FY 1995. PSAs modify their service delivery systems in response to client requirements and preferences. Consequently, units of respite care decreased while attendant care, homemaker, and assisted living each experienced an increase.

Figure 1 : Units of Service



Care Mgt. (0.03%)

Lifeline (0.29%)

(1 -14%)

(2.52%)

(3.57%)

Asst- Living

Adult Day Care

Transp.

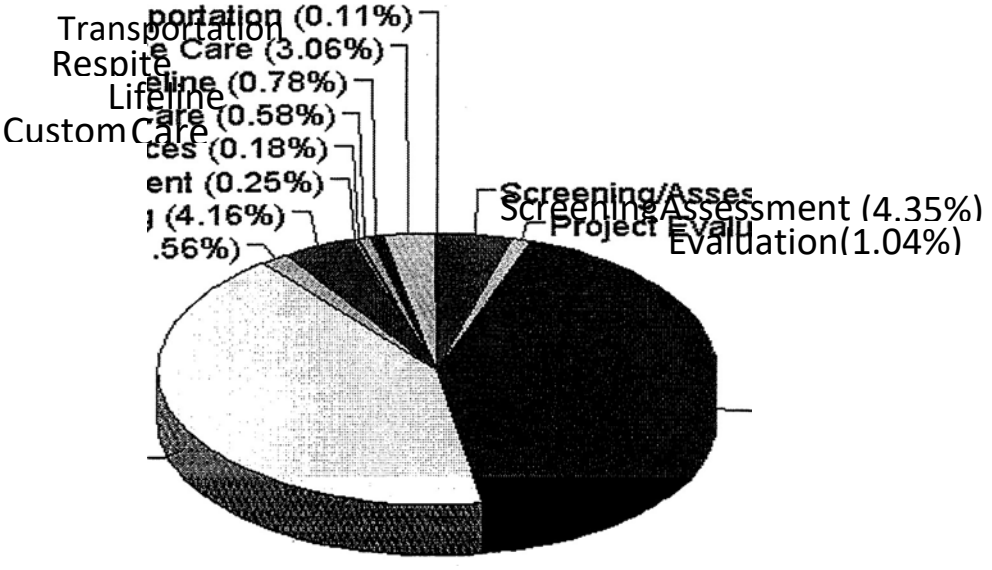
Chore (0.26%)

Respite (3.70 /0)

Att- Care (37.85 ^{0}/0)

Homemaker (49.10%)

Figure IA: Service Dollar Distribution



Chore Services (0.18%)

Care Management (0.25%)

Assisted Living (4.16%)

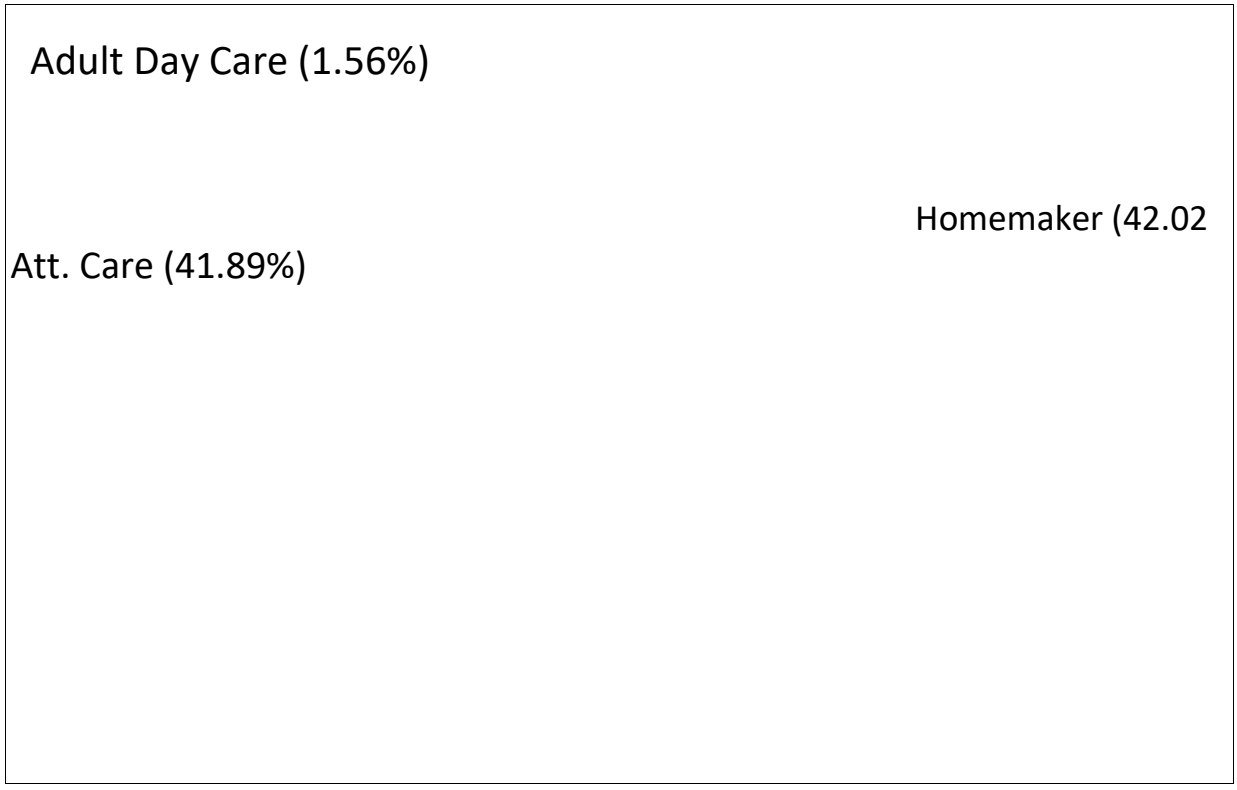


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Table 3: Number of Persons Served FY 96 by SCA b PSA and T e of Service

PSA	Assess— ments	Attendant Care	HomeMaker	Res ite	Chore	Medical Trans.	Adult Day Care	Assisted Livin	Lifeline	Case Mana ement	Custom Care
01	163	63	147				12				
02	92	377	352	132		9	7		23		8
03	267	52	225								
	142	161	86					2			
05	281	208	285								
06	340	119	400	29	27	20		6	29		
07	270	123	261	5					9	26	
08	350	357	382					5			
09	185	82	152						51		1
10	626	243	662	13	44						
11	277	125	275	7	10						
Total	2,993	1,910	3,227	186	81	31	19	13	112	26	9

Table 4: Number of SCA Units Provided FY 96 b PSA and T e of Service

PSA	ments	Attendant Care	HomeMaker	Res ite	Chore	Medical Trans.	Adult Day Care	Assisted Livin	PERS Lifeline	Care/Case M mt	Custom Care
		4,129	5,940				2,679				15
01 02	166 99	21 ,054	9,836	4,556		1,419	2.812			31	
03	247	2,100	8225								1 ,061
04	204	10,363	1 ,644					733			

05	404	8 614	10,125								
06	341	5,369	17,912	1 ,052	207			751	217		
07	274	3,568	7,085	121		2,187			12	31	
08	588	11.648	12,038					1,010			
09	185	2,593	5,144						413		608
10	997	7,531	19.826	2,175	326						
11	277	5,503	9,223	160	37						
Total	3,782	82,472	106.998	8,064	570	7,790	5,491	2,494	642	62	1 ,684

Senior Care Act Discharges

Clients discontinue SCA services for a variety of reasons. (See Table 5) Data from the MIS on program discharges indicates that there were 2,358 client discharges in FY 1996. The most frequent reason stated for discharge was death of the client (25%), followed by an improvement in the client's condition(22%), discharge to an adult care facility(21 %), and client refusing service(16%). All other reasons given include discharge to a hospital(5%), moved from the area(4%), and care not appropriate(4%). Results are listed by reason and by PSA in the following table. A client discharge refers to discharge from a Senior Care Act service, not the Senior Care Act program itself.

FIGURE 2

Reasons for Discharge

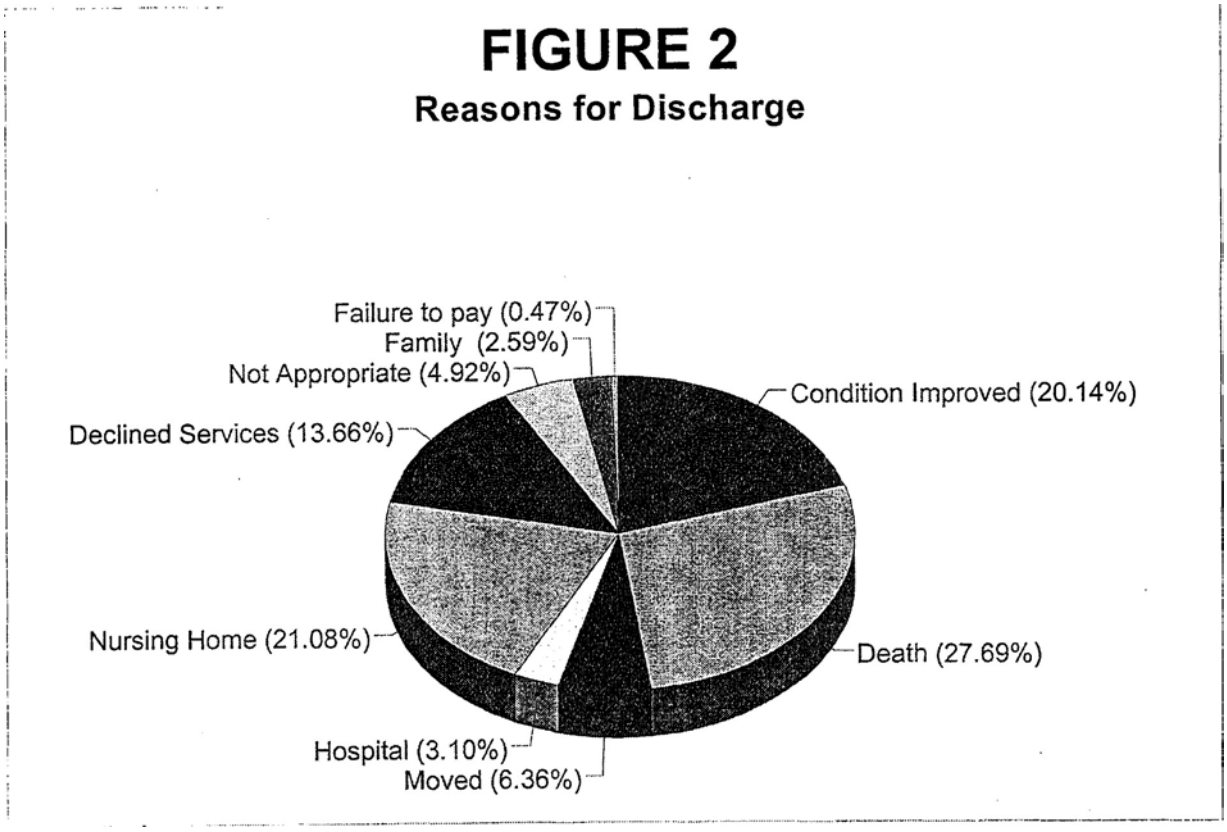
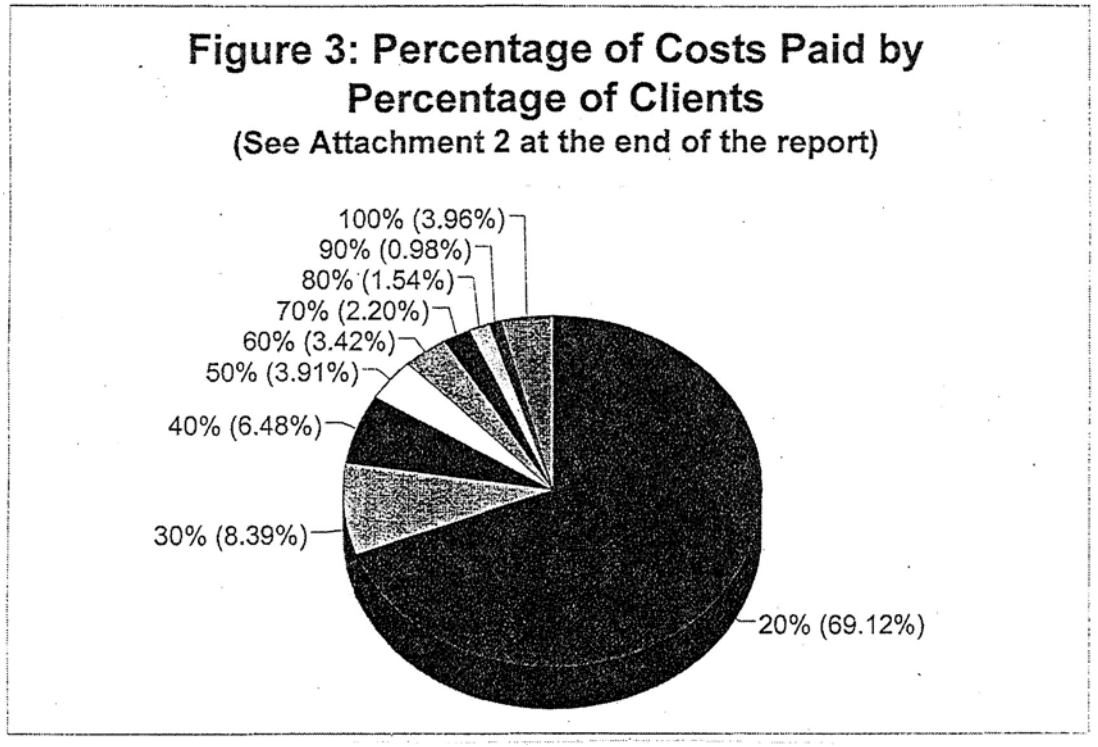


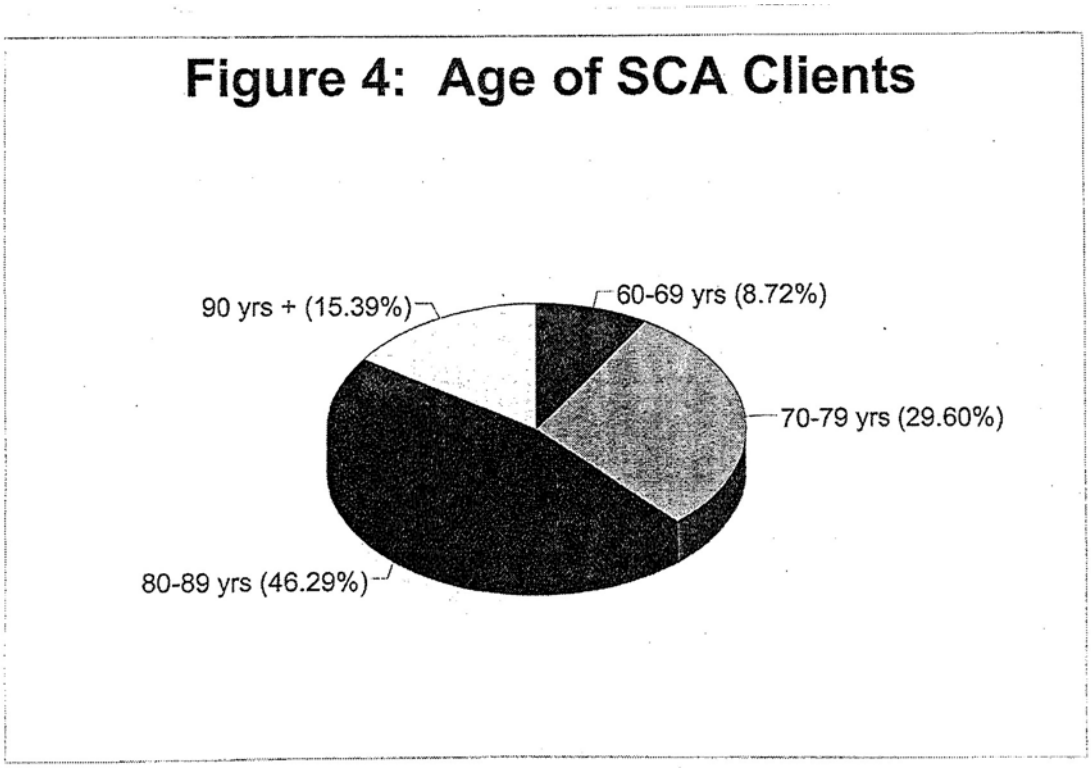
Table 5: SCA Client Dischar es FY 96												
Reason for Discharge	PSA 01	PSA 02	PSA 03	PSA 04	PSA 05	PSA 06	PSA 07	PSA 08	PSA 09	PSA 10	PSA 11	Total
Clients Condition 1m roved	15	150		13	38	51	24	76		107		475
Death	87	135	106	19	46	92	29	33		94	10	653
Moved	34	11				25		11		42		150
Institutionalized - Hos ital	24									16		
Institutionalized - Nursin Home	36	86	27	25	46	56	28			102		497
Consumer Refused Services		45	27	10	36	40	13	56	18	70		322
Care not A ro riate	47	31								10		
Famil able to Provide Other Care	o	24								10		
Failure to a												11
TOTAL DISCHARGES BY PSA	249	493	167	80	188	289	102	270	45	451	24	



Client Characteristics

A typical Senior Care Act client is a female 81 years of age who is widowed and lives alone in her own home. The overall average household income, including those living alone or with others is $1 ,018. Most clients pay at the lowest end of the fee

scale (see chart above.) The age distribution among SCA clients in FY 1996 is illustrated below.



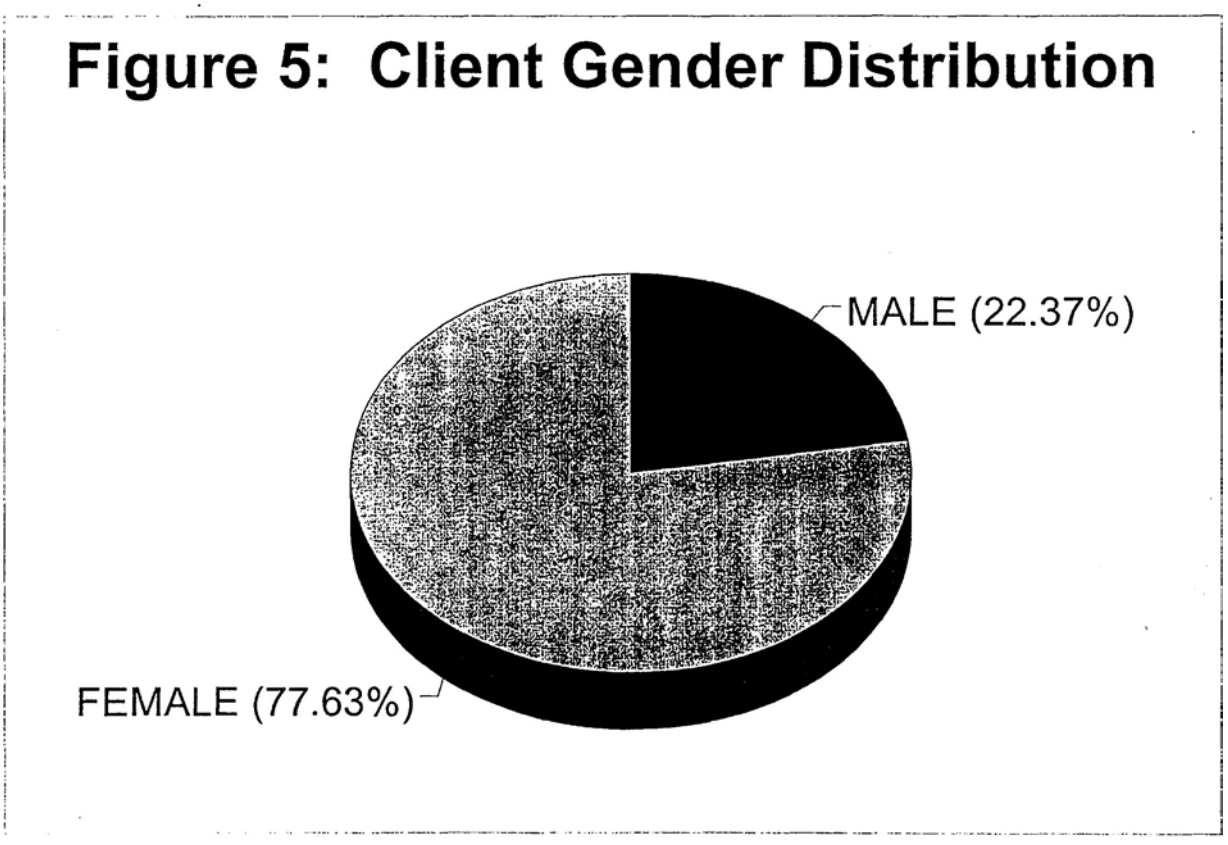
The largest portion of clients(46%) are in the range of 80-89 years. The range 70-79 comprises 30% of SCA clients. Clients age 90 and over account for 15% and clients below the age of 70 account for 9% of all clients.

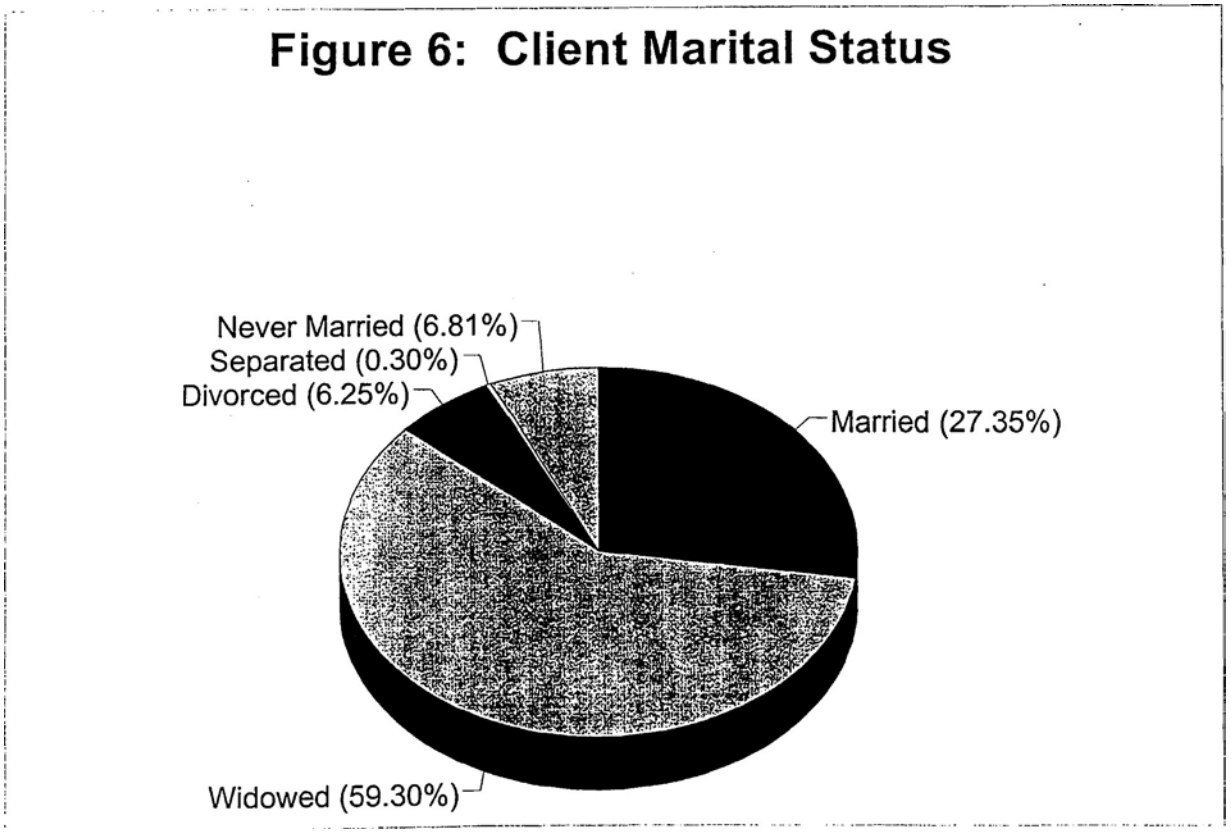
Table 6: Marital Status b PSA and Gender

PSA	Married	Widowed	Divorced	Separated	Never Married
01 - Male	20 43%	20 43%	5 11%	o 0%	2
Female	29 17%	124 75%	12 7%	1	o 0%
02 - Male	73 49%	51 34%	20 13%	3 2%	2 1%
Female	107 22%	316 65%	37 8%		23 5%
03 - Male	30 42%	23 32%	8 11%	o 0%	11 15%
Female	51 24%	130 61%	21	1	9 4%
04 - Male	20 43%	15 33%	6 13%	1 2%	4 9%
Female	34 21%	105 64%	14 9%	o 0%	10 6%
05 - Male	44 41%	43 40%	9 8%	o 0%	11
Female	69 26%	180 67%	12	1 0%	8 3%
06 - Male	50 56%	32 36%	3 3%	1 1%	4 4%
Female	106 25%	280 66%	20 5%	o 0%	21 5%

07 - Male	55	54%	31	31%	9		1		5	5%
Female	83	27%	208	67%	8	3%	O	0%	11	
08 - Male	63	48%	48	36%	10	8%	I	1%	10	8%
Female	114	24%	327	70%	12	3%	O	0%	17	4%
09 - Male	6		16	36%	2			0%	20	45%
Female	19		83	62%		1%		0%	31	23%
10 — Male	104	48%	78	36%	20	9%	2		12	6%
	196	27%	454	63%	33	5%	2		31	4%
11 - Male	3	5%	23	37%	6				31	49%
Female	14	5%	210		27	9%			48	16%
KS-Male	468	44%	380	36%	98		9	1%	112	
Female	822	23%	2,417	66%	197	5%	5	0%	209	6%
TOTAL	1,290	27%	2,797	59%	295	6%	14		321	7%

Most clients during 1996 were Female. A majority of SCA clients (59%) are widowed, married clients account for 30%, divorced or separated clients for 6% and clients who have never married account for the remaining 5%. Figure 5 illustrates gender of SCA participants statewide and Figure 6 does the same for marital status. A description of gender and marital status for each PSA and for the state is given in the table above.





Living Arrangements

Most SCA clients live alone, as can be seen in Figure 7 and Table 7. Only 38% report living with a spouse or another person.

TABLE 7: Clients Livin Alone		
PSA	YES	NO
01	57%	43%
02	55%	45%
03	71%	29%
04	45%	55%
05	62%	38%
06	66%	34%
07	67%	33%
08	65%	35%
09	61%	39%
10	63%	37%
11	61%	39%
Statewide	62%	38%

Figure 7: Client Living Arrangements

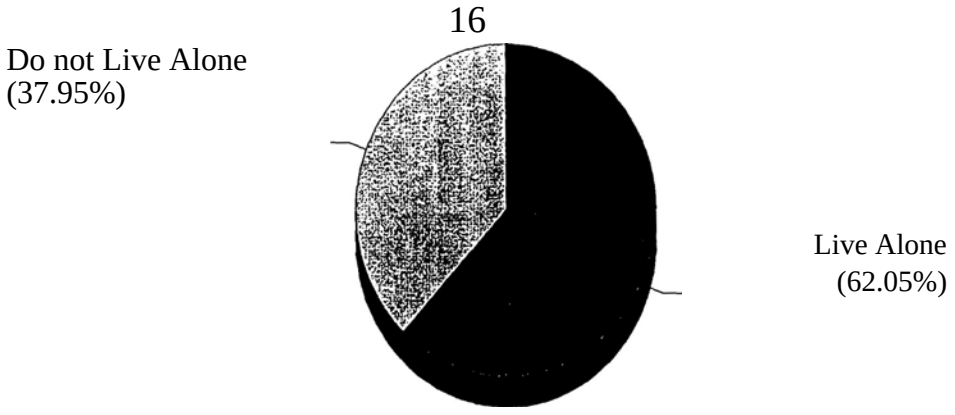


Figure 8 and Table 8 on the following page show the place of residence for SCA clients served during FY 1996. The vast majority (62%) reside in their own home. The second most common place of residence is government subsidized housing (18%) followed by the number of those reporting their residence in a rented house or apartment (12%). Only 4% report living with a friend or relative while 4% report other living arrangements.

Figure 8: Clients Place of Residence

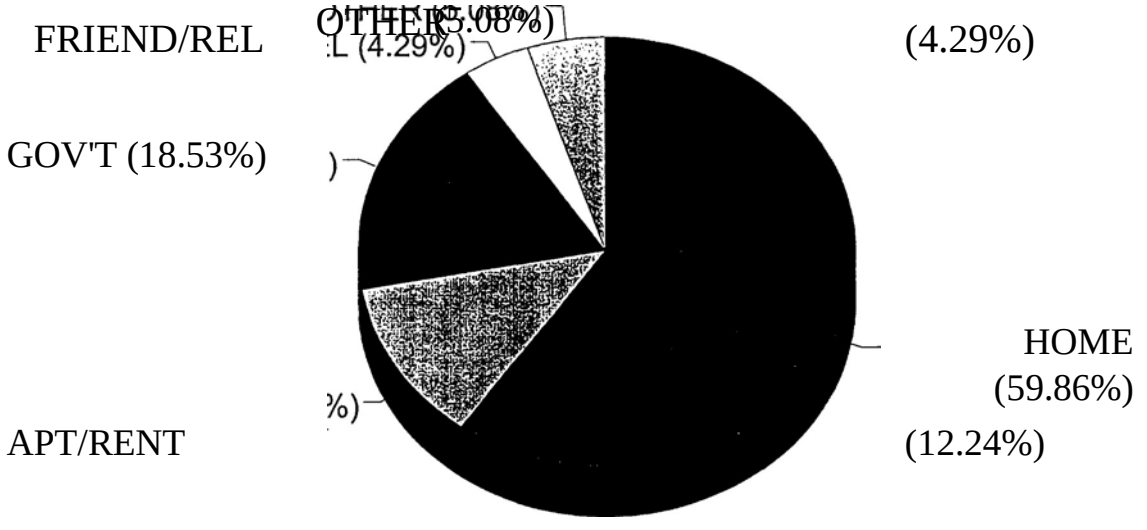


Table 8: SCA Consumer's Place of Residence

PSA	Own Home	Apartment/ Rent House	Government Subsidized	Live with Relative/Friend	Other
01	55%	15%	19%	9%	
02	53%		15%	8%	4%
03	61%		24%	1%	6%
04	46%	17%	23%	12%	
05	62%	11%	19%	2%	6%
06	68%		16%	2%	4%
07		7%	22%	4%	
08	58%		25%	3%	4%
09	53%	6%	13%	4%	24%
10	72%	11%	13%		
11	45%	20%	23%		4%
Total		12%	19%	4%	

The greatest proportion of Senior Care Act clients (82%) reside in a rural area or a town which has a population of less than 30,000. The remainder reside in a city with a population over 30,000. Figure 9 illustrates this on a statewide basis while Table 9 provides a more detailed home location for each PSA. PSA's 9 and 1 1 were the pilot projects utilizing the Uniform Assessment Instrument, and this information was not made a part of the UAI.

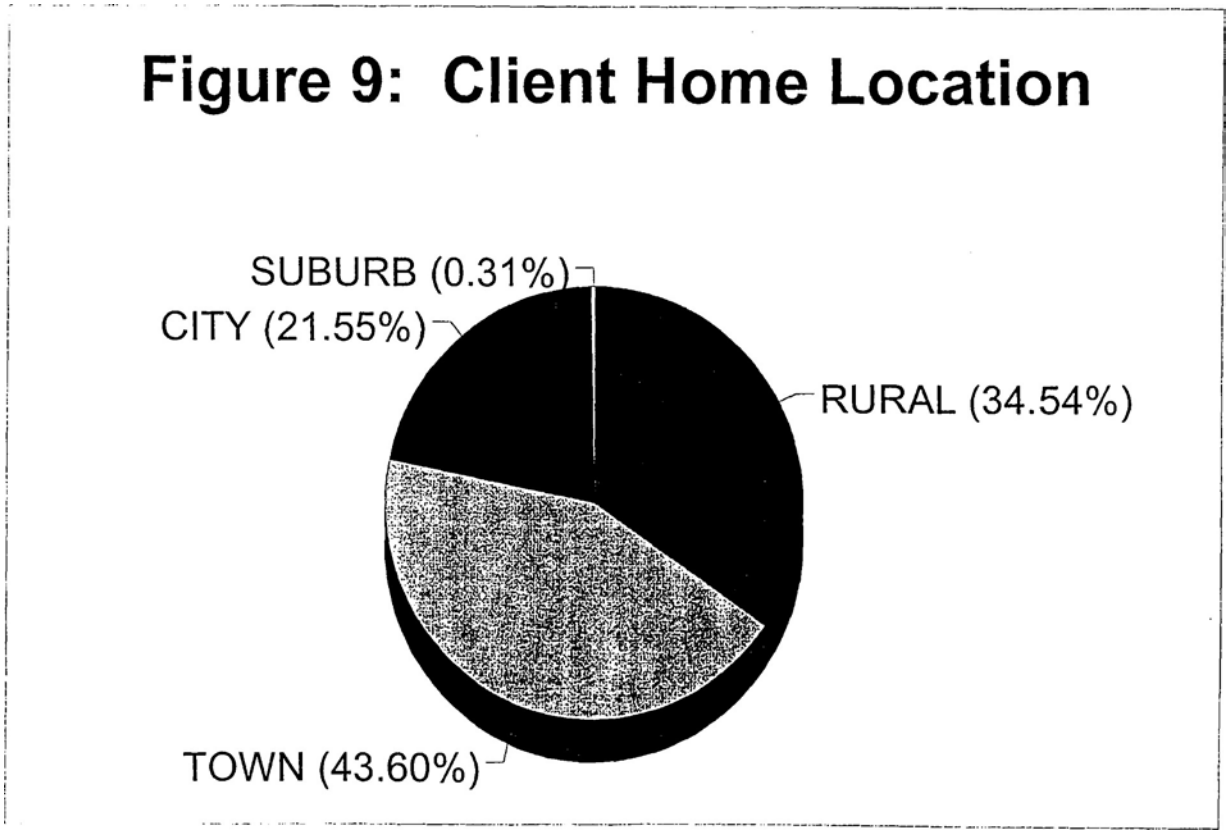


Table 9: SCA Consumer's Place of Residence				
	Rural	Town 2,500-30,000	City 30,000 +	Suburb
01	6%	11%	83%	0%
02	10%		49%	1%
03	68%			0%
04	17%	2%		1%
05	29%			0%
06		48%	1%	0%
	46%	53%	0%	0%
08	38%	43%	18%	0%
09	Not Collected	Not Collcted	Not Collected	Not Collected
10	38%		13%	0%
11	Not Collected	Not Collcted	Not Collected	Not Collected
Total	35%	44%	22%	

Client Income

The average monthly income for a Senior Care Act client or client's family is $1 ,018. PSA average monthly income ranged from $ 927 to $ 1,274. Because two unmarried adults living together are counted as separate households, an analysis was made to find the average monthly income of people living alone. It was $804. These incomes made the greatest number of clients eligible to pay at the 20% range of the sliding fee scale, although there were participants at every level.

Table 10: Average Client Income	
PSA	Avera e Income
01	$904
02	$1 ,058
03	$994
04	$1 ,045
05	$1 ,105
06	$1 ,026
	$927
08	$1 ,005
09	$1,056
10	$1 ,080
11	$1 ,274
Total	$1 ,031

Health Information

The physical and mental well-being of Senior Care Act clients was determined through analysis of clients' stated health problems along with the number of activities in which clients need regular assistance or activities of daily living (ADLs). Examples of ADLs are assistance with bathing, dressing grooming, and walking. IADLs (Instrumental Activities of Daily Living) include housework, meal preparation, laundry assistance, money management, and shopping. ADLs and IADLs were combined to determine the overall totals for each PSA. Table 1 1 illustrates the average number of ADLs and IADLs along with the overall combined total for each PSA. The highest average was 6.73 and the lowest was 4.15.

Table 11: ADL and IADL Deficiencies of SCA Consumers

PSA	ADL's	IADL's	Total Avera e
01	1.79	3.70	5.49
02	2.21	3.63	5.85
03	1.27	2.77	4.05
04	2.81	3.92	6.73
05	2.28	3.96	6.24
06	1.35	3.32	4.67
07	2.08	3.77	5.84
08	2.23	3.91	6.14
09	2.19	3.81	6.01
10	1.31	2.83	4.15
	1.89	2.50	4.39

Senior Care Act services are designed to target impairments clients may have in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living(lADLs). The most common ADL problems were bathing(52%), grooming (41 and assistance with walking (34%). The most commonly reported IADL problems were housework (86%), laundry (68%), and assistance with shopping (68%). Table 12 displays the percentage and number of clients with each ADL or IADL.

Table 12: IADL & ADL Deficiencies of SCA Consumers		
ADL's/lADL's	# of SCA Clients	Total Percenta e
Eatin	508	11%
Dressin	1 ,402	29%
Bathin	2,505	52%
Groomin	1 ,968	41%
Transfer	972	
Walk	1 ,630	34%
Housework	4,127	86%
Meals	2 958	62%
Laund	3,292	68%
Meds	1 ,472	31%
Mone	1,815	38%
Sho in	3,292	68%

The average Senior Care Act client who received services in FY 1996 had 5.57 health problems. The average varied from PSA to PSA with the highest average being 6.16 and the lowest 4.46. Information from Table 11 and Table 13 have been combined in Table 14. "Health Problems" includes things such as Alzheimer's disease, arthritis, lung problems, high blood pressure, vision, hearing, speech, and cancer. PSA's 9 and 11 were the pilot projects utilizing the Uniform Assessment Instrument, and this information was not made a part of the IJAI.

Table 13: Avera e Number of Health Problems	
PSA	Health Problem Avera e
01	5.23
02	5.48
03	4.46
04	5.57
05	5.87
06	5.82
07	6.16
08	5.53
09	Not Collected
10	5.53
11	Not Collected

Table 14: ADL's and the Average Number of Health Problems er PSA			
PSA	ADLs	IADLs	Average Number of Health Problems
01	1.79	3.70	5.23
02	2.21	3.63	5.48
03	1.27	2.77	4.46
04	2.81	3.92	5.57
05	2.28	3.96	5.87
06	1.35	3.32	5.82
	2.08	3.77	6.16
08	2.23	3.91	5.53
09	2.19	3.81	Not Collected
10	1.31	2.83	5.53
11	1.89	4.07	Not Collected

Family Support

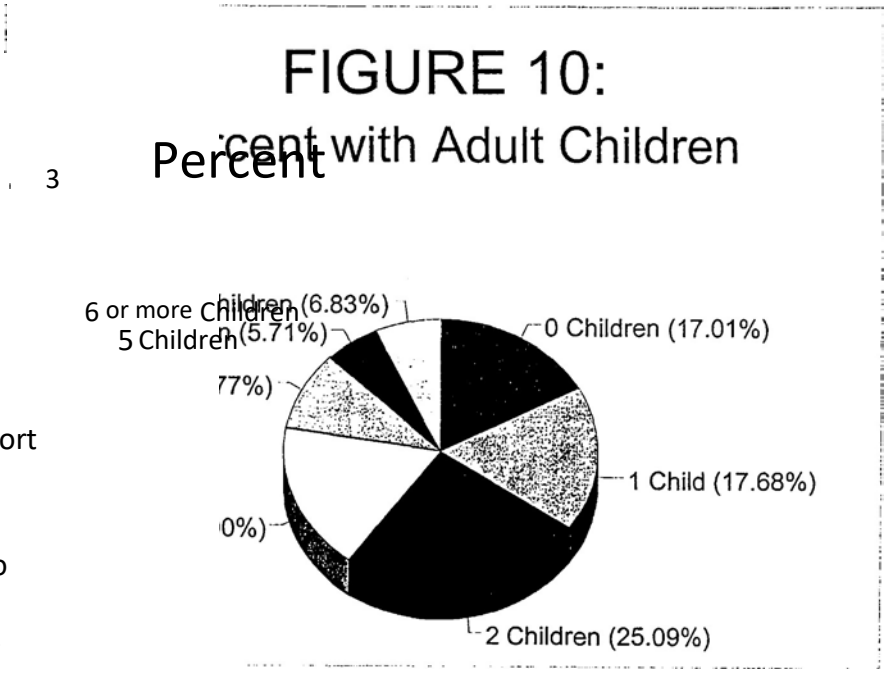
The average Senior Care Act client has two living children (actual average 2.37). Table 15 indicates the percent of clients who report each number of living children. 18% of clients report having at least one living child and 66% report two or more living children. The average number of living children ranged from 2.00 to 2.78. Sixteen percent reported no living children.

Table 15: Number of Adult Children

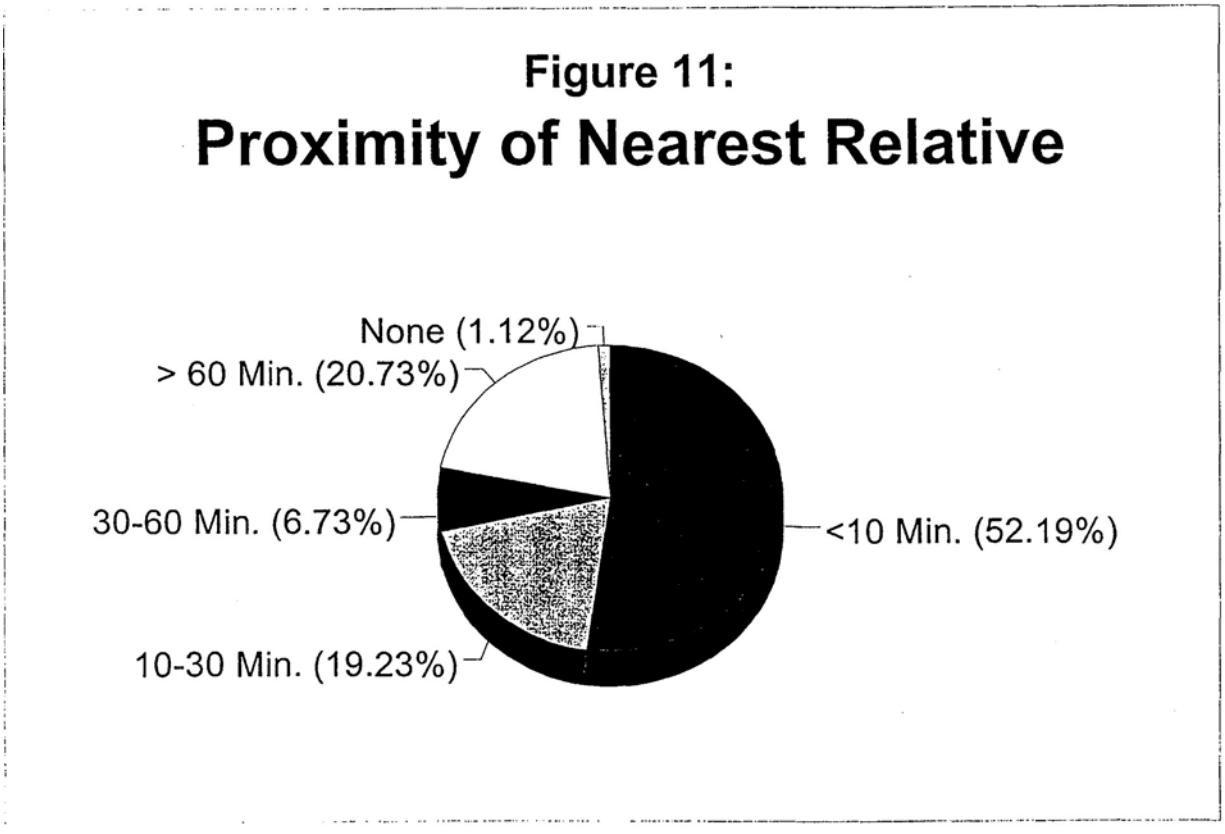
Number of Adult Children	Total	% of Clients With
O Children	712	17%
1 Child	740	18%
2 Children	1 ,050	25%
3 Children	749	18%
4 Children	409	
5 Children	239	6%
6 or more Children	286	7%

Table 16: Average Number of Adult Children b PSA

PSA	Average # of Adult Children
01	2.20
02	2.25
03	2.12
04	2.00
05	2.53
06	2.56
07	2.78
08	2.29
09	Not Collected
10	2.33
11	Not Collected
Total	2.37

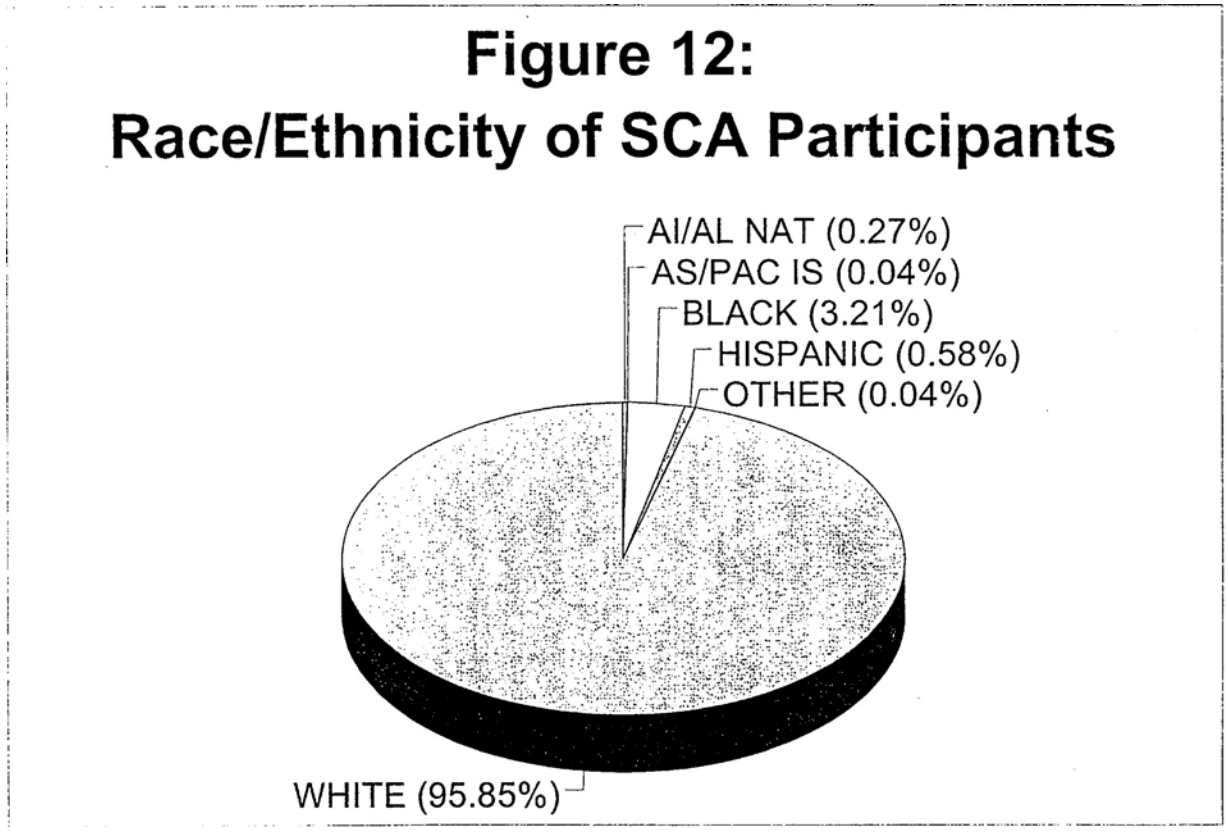


Family support and assistance can be an important factor in allowing an SCA client to remain in the familiar surroundings of his or her own home, thus avoiding or at least delaying entry into an adult care facility. Figure 10 illustrates that 71% of SCA clients have one or more relatives living within a thirty minute drive. At the other end of the spectrum, the nearest relative for 21% of clients is more than hour's drive distant.



Race/Ethnicity of Senior Care Act Clients

The profile of the clients served is shown in the chart below.



Profile of the Typical Senior Care Act Client

Table 17 summarizes demographic data for Senior Care Act Clients served during FY 1996

Table 17: SCA Consumer Profile	
Profile Characteristics	Amount
% Female	77%
% Rural	35%
% Live Alone	62%
% Own Home	62%
% Widowed	59%
Avera e A e	81
Avera e Famil Monthl Income	$1,018
Avera e # of Adult Children	2.37
% with Relatives within 30 minutes	71%
Avera e # Health Problems	5.43

Avera e # ADL & IADL Deficiencies	4.43

SENIOR CARE ACT INTERVIEWS

FY96 FINAL REPORT

September 1, 1996

Submitted to the
Kansas Department on Aging

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INTRODUCTION

In the fall of 1995, the Kansas Department on Aging (KDOA) contracted with Kansas State University to interview a sample of older Kansans who were currently receiving in-home services that were flinded by the Senior Care Act (SCA). The primary purpose of the interviews was to determine the percentage of SCA clients who were at risk for institutionalization. These data would then be used by KDOA in their analysis of the cost effectiveness of the SCA program during Fiscal Year 1996.

The research is being led by Dr. Richard Miller, from the School of Family Studies and Human Services at Kansas State University. Also part of the research team are three graduate students in the school, Jennifer Colbert, Christy Lee, and Ann Millikin.

METHODOLOGY

The methodology for the interviews was similar to that used by the Kansas State University team of evaluators when they evaluated the SCA program each year from FY91 to FY95. Consistent with the FY95 evaluation, the sample of interviewees consisted of 15 randomly selected SCA clients from each of the 1 1 PSAs in Kansas. This provides a total sample of 165 clients. In order to get as accurate measure of risk of institutionalization as possible, data was collected from four different sources: the case manager of each client that was sampled, the client, the client's primary caregiver, and the interviewer's overall assessment.

Each Area Agency on Aging was asked to provide a current list of SCA clients. The researchers then randomly sampled 15 clients from each PSA. The list of selected persons was compared to the lists of interviewees from previous years to ensure that clients were not interviewed in more than one year. The case manager was then contacted and briefly interviewed over the telephone. This contact was used to make sure that the selected client was still receiving SCA services. In addition, the case manager was asked about his or her perception of the client's risk for institutionalization. Also, the case manager was asked to clarify what specific SCA services the client was receiving.

The selected clients were then contacted by telephone by one of the researchers to set up an appointment for a face-to-face interview. (The interview schedule for all three interviews is included in Appendix A.) The interview, which lasted 20-30 minutes, sought information about the clients' perceptions about how SCA services benefited them, as well as their opinion about whether or not they felt they would be able to remain at home if they were not receiving SCA services.

At the end of the interview, the clients were asked to provide the name and phone number of their primary caregiver, if they had one. A telephone interview was then conducted with the caregiver to get their opinion about how SCA services benefited their relative. They also were asked to rate the person's risk for institutionalization.

After interviewing the case manager, spending time in the SCA client's home interviewing the client, and interviewing the caregiver, the researcher used this combined information to record her own perception of the client's risk for institutionalization.

Two measures were used to determine risk for institutionalization. The first measure asks, "In your opinion, would you [or] be _____ able to remain in your home without Senior Care Act homecare services?" The respondent was then given four response options, "Yes, with no difficulty", "Yes, with difficulty"; "No"; and "Don't know". These response options were developed during the first year the evaluation was conducted by Dr. Miller in 1990. At that time, the question was left open-ended and the clients' qualitative answers were recorded. These answers were then examined for themes in the responses. This qualitative, inductive analysis revealed that clients' responses could be reliably placed into one of these four categories. In subsequent years of SCA interviews, the interviewees had been given the four response options. In the present round of interviews, this question was asked of all four sources of data: the case manager, the client, the caregiver, and the interviewer.

The second measure was asked of only the case manager and the interviewer. This was a five-point continuum that ranged from " 1 ", indicating no risk, to "5", signifying extreme risk. The person simply chose which number best reflected, in their opinion, the SCA client's risk of institutionalization. This measure was developed by KDOA four years ago and was included in the assessment instrument that was used to assess potential SCA participants.

RESULTS

Risk of Institutionalization

Client report. Of the 165 clients that were sampled, 151 were interviewed. Fourteen clients were unable to be interviewed because of cognitive limitations due to illness, such as Alzheimer's disease, dementia, and schizophrenia. In order to provide a representative sample of all SCA clients, the fourteen clients who fell into the cognitively limited category were included in the sample. To determine the level of risk, the researchers compared the case manager's rating, the caregiver's rating, and the interviewer's rating. All fourteen clients were given high risk ratings and thus were placed in the category of not being able to remain in the home without the SCA services. This brings the total sample of client responses to 165.

Table 1: Client Risk Assessment

	Yes, no difficulty	Yes, with difficulty	No	Don't Know
Attendant Care Plus		16 (23%)	51 (74%)	0
Homemaker Plus		53 (56%)	33 (35%)	
Discretionary	1 (50%)	O	1 (50%)	
Totals		69 (42%)	85 (51%)	

The Attendant Care Plus category mentioned in Table 1 refers to those clients who receive only Attendant Care services, those who receive Attendant Care and Homemaking services together, or those who receive Attendant Care services in conjunction with discretionary services. The Homemaker Plus category describes those individuals who receive Homemaking services only or those who receive Homemaking services plus discretionary services, such as respite or lifeline.

Of the 165 respondents, 51 % stated that they could not remain in their homes without help from the SCA services (See Table 1). Forty-two percent of those interviewed reported that they could remain in their homes without the services, but would experience great difficulty. . Four percent of the respondents stated that they could remain in their home without the services. Three percent of the sample were unable to determine if they could or could not remain in their home if the services were terminated.

When faced with the question of being able to remain in the home without SCA services, 51% of the clients replied that they could not remain in their homes. Many clients expressed their concerns with a great deal of emotion. For example, one elderly woman stated, "I would be in a bad fix. I can't take a bath. I can't change my bed, and I can't run the sweeper. I don't want to think of what would happen if I couldn't have the services." Many clients replied with . statements such as, "If I didn't have it, I'd be in a nursing home. I couldn't handle it. and "I couldn't live at home without them." One elderly woman stated, "I don't know what I would have done without them. I can't do things like I used to. I don't worry as much with the services." The following case study illustrates more fully the needs of those clients who feel they are unable to remain in their home without SCA services.

Edna

Edna is an eighty year old woman who lives in a small Kansas town. Edna lives with her daughter, Gina, and her 16 year old grandson, John, in a cozy two-story house. She is a very wann and friendly person who enjoys watching her favorite soap operas on TV daily. Edna suffers from diabetes, skin lesions caused by her obesity, and has difficulty with mobility. She expressed that she enjoys her time watching TV because it hurts her so much to move around. When she is watching TV, she can sit in her favorite chair, relax, and enjoy her day.

Edna expressed the difficulty she has injust standing up. She reports that her legs ache and her Imees are weak, which makes mobility extremely difficult for her. She uses a walker to get around; however, because of the pain she feels when walking, she prefers to sit. Edna reports spending most of the day alone. Her grandson is at school and her daughter works during the day, so she relies on the help of SCA services to get her through the day. When asked what her life would be like without the services she receives, Edna simply replied, "I wouldn't live very long." She stated that the services have been a tremendous help for her, and she didn't know what she would do without them. Edna conmented that her

personal care attendant was very helpful to her and did things for her that were above and beyond her job description, such as getting her drinks.

When asked if she would be able to remain in her home without SCA services, Edna replied, "No, I'm not mobile enough to do it on my own. I would have to move to a nursing home." Edna is very grateful that she has her daughter to help her out whenever she can, but feels guilty at times asking for her daughter's help because she is so busy and has a life of her own. Gina is also very thankful for the services her mother receives because it takes some of the load off of her. Gina reports that these services have "extended her mother's life and given it more quality."

Although, 42% of the respondents stated that they could remain in their homes without the SCA services, they also expressed that they would have great difficulty doing so. These clients reported that they would do their best to remain in their home, but it would be a struggle for them. Many reported that they would do whatever it took to stay in their homes. One client stated, "Well, I don't know how I'd get my cleaning done. I guess I could do it, it'd just take me a long time. It's hard to make the bed; my back hurts." These clients often realized that the cleanliness and comfort of their environment would be greatly influenced without these services. This realization is described by statements such as, "I wouldn't have a very clean house. and "I'm a good housekeeper, but it's nice to have someone to do heavy cleaning. I can't do it all alone. " The case study below characterizes a client who feels that remaining at home would be possible, but difficult and definitely challenging.

Helen .

Helen is a 77 year old woman who lives with her husband in a comfortable three bedroom home in Kansas. She suffers from high blood pressure, arthritis, and heart complications. Three years ago Helen had a hernia operation, and since that time she has been unable to do many of the household chores. Cleaning the bathroom and making the bed was just too much of a physical strain on her. When asked how the Senior Care Act services have affected her, Helen replied, "They have helped me very much, and it has taken the edge off me tremendously." Helen explained that she always likes to have a clean house, and it is very frustrating for her when she can't do the work herself. She really appreciates the help she receives.

. Helen and her husband Robert have been married for 50 years and she explained how wonderful and helpful her husband has been since her surgery. Helen also realized that he couldn't do everything around the house on his own, although he tries. So the services have also helped take some of the burden off of Robert. He stated that the services have given Helen "peace of mind" and helped her feel less stressed about getting the housework done.

Robert and Helen discovered Senior Care Act services while she was in the hospital for her hernia operation. Although Helen reports that with some difficulty she could remain in her home without these services, she is very thankful to have them. She is also very thankful that her husband and three children are there to help her whenever she needs them. Her husband has always been there to help her around the house, and her children visit about once a week, so she feels like she gets a great deal of support in her life. Helen couldn't say enough about how pleased she is with her homemaking services.

Four percent of the respondents reportedly felt that they could remain in their homes without any difficulty if the SCA services were no longer available. Many of these clients experienced a severe health problem, such as a stroke or a broken hip, which led them to hospitalization and then to the SCA services. The services provided them with the help they needed in order to recuperate from their illness. Once the health problems were resolved, these clients continued to receive the services. A number of these clients reported that they really enjoyed the services and that they truly benefited from the services. For example, one client stated, "I'm just so happy to have them help me. It helped in that I couldn't have come home without their help. I was using a walker. It's wonderful to live in your own home." The following case study provides another example of a client who reports that she could stay in her home without difficulty if she did not have SCA services.

Eileen

Eileen and her husband, Frank, live in a small three room house. When both Eileen and her husband's health began to fail, and they each had suffered from strokes, the family decided to move the couple closer to their property. Their front door is within walking distance from their son's back porch, which makes it easy for the family to keep an eye on Eileen and Frank. Eileen not only suffers from the effects of the stroke, but also from hardening of the arteries, memory lapses, high blood pressure, paralysis and poor eyesight. Because of these conditions, Eileen decided that she needed help with the household chores. She has been receiving the homemaker services for two and one-half years.

Eileen enjoys the services and feels that she can depend on someone to be there to clean the house. Having to depend on someone to help her is a fact of life for Eileen. "We can't do much of anything. We just sit here." The couple doesn't have many friends, and they do not have the ability or the mobility to get out to the Senior Center. Therefore, having family just across the yard is a significant benefit for them, both for social and practical reasons. Eileen's family stops by at least once a day to visit or to tend to the couple's needs. Eileen reports, "It is nice to have the SCA services," but she knows they could get by without it because her "children are so close and could take up the slack, if necessary. "

When comparing the risk ratings of clients according to the type of services received, many differences were found. As shown in Table 1, 74% of the clients who are receiving attendant

care services in conjunction with other services stated that they could not remain in their homes without SCA services. Of the clients receiving attendant care services, 23% reported that they could stay in their homes, but felt that it would be difficult to do so. On the other hand, 35% of the clients who are receiving homemaker services reported that they could not stay in their homes without the services, and 56% of the clients reported that they could stay in their homes without the services, but would experience great difficulty. These findings are consistent with previous reports that indicate that clients receiving attendant care services tend to be at a greater risk than those receiving homemaker services.

Caregiver report. Of the 165 clients in the sample, 82 reported having a primary caregiver. The interviewers attempted to contact each caregiver. Seventy-five caregivers responded. Of the seven caregivers who did not respond, 4 were unable to be reached, and 3 refused to participate. Overall, 49% of caregivers reported that their loved one/friend would not be able to remain in the home without the SCA services (See Table 2). Forty-four percent reported that the client could remain in the home without the services, but would experience great difficulty. Only 7% reportedly felt that the client could remain in the home without the services and not be significantly affected.

Table 2: Caregiver Risk Assessment

	Yes, with no difficulty	Yes, with difficulty	No	Don't Know
Attendant Care Plus		15 (34%)	27 (61%)	0
Homemaker Plus	3 (10%)	18 (60%)	9 (30%)	
Discretionary		o	1 (100%)	
Totals		33 (44%)	37 (49%)	0

As shown in Table 2, 61 % of caregivers whose loved one/friend receives attendant care plus additional services felt that the client could not remain in the home without the SCA services. Thirty-four percent of these caregivers reported that the client could remain in the home, but it would be much more difficult for the client. These caregivers differ from the caregivers whose loved one/friend receives homemaker plus additional services. Of these caregivers, only 30% reported that the client could not remain in the home without SCA services; however, 60% reported that without the services, the client's life would be much more diffcult. Only 7% of the entire sample of caregivers reported that the client would have no difficulty at all if the SCA services were discontinued.

Table 3: Case Manager Risk Assessment

	Yes, with no difficulty	Yes, with difficulty	No	Don't Know
Attendant Care Plus		26 (38%)	40 (58%)	
Homemaker Plus		61 (65%)	27 (29%)	

Discretionary	0	o	2 (100%)	0
Totals		87 (53%)	69 (42%)	

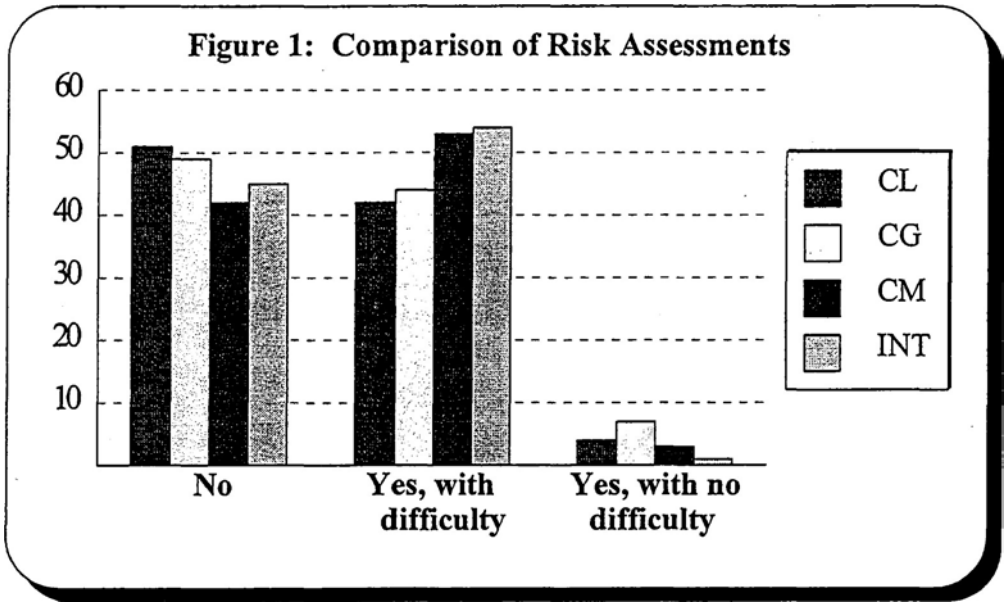
Case manager report. The results of the case manager assessments of risk are shown in Table 3. Overall, 42% of case managers reported that the clients would not be able to remain in their homes without the services; 53% felt that the clients could remain at home, but their lives would be much more difficult. Just as with the caregivers, case managers rated clients receiving attendant care plus additional services as most at risk. Fifty-eight percent of this population sampled were rated as not being able to remain in the home without SCA services. Also, 38% of clients within this category were rated as being able to remain in the home, but only with a significant increase in difficulty. Of the case managers whose clients were receiving homemaker plus additional services, 29% were rated as unable to remain in the home and 65% were rated as being able to stay, but only with great difficulty.

Table 4: Interviewer Risk Assessment by Categories

	Yes, with no difficulty	Yes, with difficulty	No	Don't Know
Attendant Care Plus		25 (36%)	43 (62%)	
Homemaker Plus	o	64 (68%)	30 (32%)	
Discretionary	1 (50%)	o	1 (50%)	
Totals		89 (54%)	74 (45%)	0

Interviewer report. After each interview, the interviewer rated the client's risk of institutionalization. As with the client, caregiver and case managers, the interviewers gave their judgment concerning whether the client could remain in the home without SCA services. Table 4 reports the results of this assessment.

Overall, the interviewers rated 45% of the sample to be unable to remain in their homes without SCA services. Of the total sample, 54% were assessed to be able to remain in their homes without the services, but their lives would include greater difficulty. Only 1% of the sample was rated as being able to remain in their homes without any difficulty if the services were discontinued. When analyzed according to the various services being received, the clients with attendant care plus additional services were rated most at risk. Sixty-two percent of the clients in this category were rated to be unable to remain in their homes without the SCA services. This finding is consistent with the caregivers, case managers and clients who also rated clients with attendant care services at greatest risk. Within the category of clients who received homemaker plus additional services, interviewers rated 32% of these clients as being unable to remain in their homes without the services. For clients with homemaker plus additional services, 68% were rated as being able to remain in their homes without the services, but would experience great difficulty in that endeavor.



Clients (CL), caregivers (CG), case managers (CM) and the interviewers (INT) were all asked to rate the clients' ability to remain in the home without SCA services. Figure 1 illustrates the differences in client risk assessment among the various raters. Fifty-one percent of clients rated themselves as being unable to remain in the home without the services. Forty-nine percent of caregivers gave this same response. The case managers reported 42% of the clients as most at risk, and the interviewers gave a high risk rating to 45% of the SCA clients. Overall, interviewers and case managers were similar in their assessments of risk. Interestingly, clients were most likely to rate themselves as being unable to remain in the home without the services.

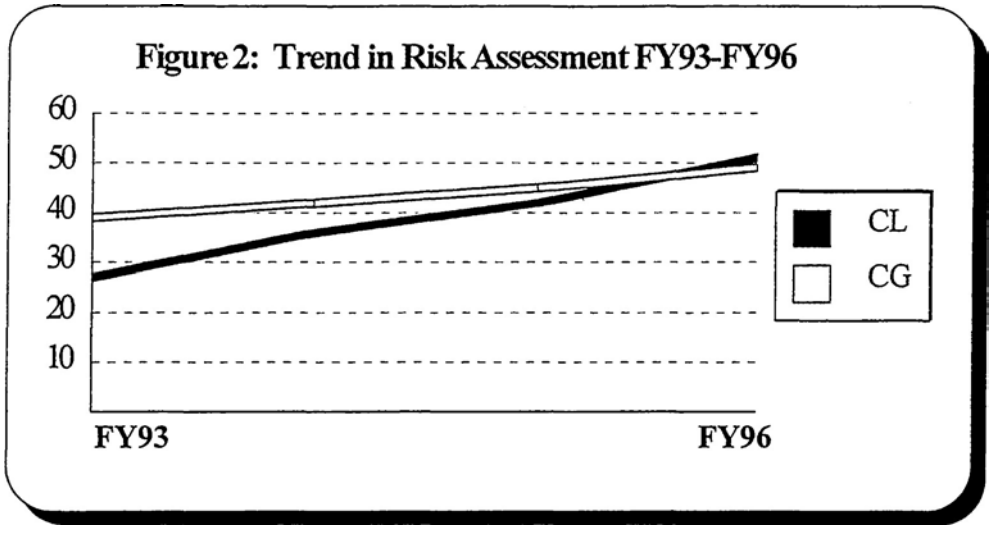


Figure 2 illustrates the trend of risk assessments for clients and for caregivers from FY93 through FY96. This trend shows increasing numbers of clients and caregivers who feel that without the services, the client would not be able to remain in the home. The percentage of clients (CL) giving a high risk response has increased from 27% in FY93 to 36% in FY94, then 42% in FY95 to 51% in FY96. This trend is apparent in the caregiver (CG) reports of risk, as well. In FY93, only 39% of caregivers reported that the client could not remain in the home without the SCA services. In FY94, this percentage increased to 42%, then, in FY95, 45% of caregivers gave a high risk response. This year, FY96, 49% of caregivers reported that the clients could not remain in the home without the services. These data suggest that the SCA services have been increasingly targeting the elderly Kansans who are most at risk.

Another factor that supports the finding that SCA services are increasingly targeting at-risk clients is the increase in number of SCA clients who were unable to be interviewed during the sampling process. As stated on page 3, 14 of the 165 sampled were unable to be interviewed due to cognitive limitations, such as Alzheimer's Disease. In FY95, only 6 of the 165 sampled were unable to be interviewed due to cognitive lirnitations.

Table 5: Interviewer Risk Assessment Using 1-5 Scale

	1	2	3	4	5
Attendant Care Plus			22 (32%)	26 (38%)	13 (19%)

Homemaker Plus	o	18 (19%)	35 (37%)	36 (38%)	
Discretionary	o	1 (50%)	0	0	1 (50%)
Totals		25 (15%)	58 (35%)	62 (38%)	19 (11%)

Additional analyses. Interviewers also rated client risk according to a 1 to 5 scale where 1 indicates no risk and 5 indicates high risk. Table 5 shows the results of this assessment. The majority of the clients were classified on the high risk end of the scale. Overall, 84% of the sample was rated between a moderate (3) to a high risk (5). Out of the 165 respondents, the average risk rating was 3.44. Thirty-eight percent of the sample was given a risk rating of 4 and

Cai•e

35% of the sample was given a risk rating of 3. The clients receiving attendant care services were rated as most at risk with 38% rated at 4 and 19% rated at a 5. Of the clients receiving

homemaker services, 38% were rated at 4 and 37% were rated at a risk of 3.

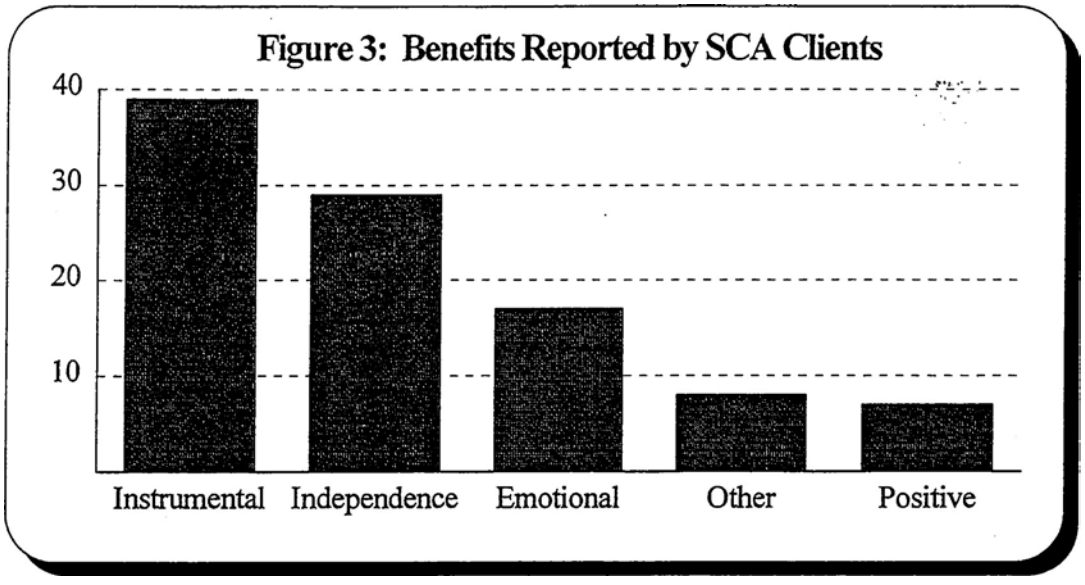
Table 6: Average Risk Rating of Interviewers and Case Managers by PSA

PSA	Interviewer	Case Manager
01	3.60	2.93
02	4.00	4.00
03	3.13	3.07
04	3.40	3.07
05		3.20
06	3.47	3.47
07	3.47	3.20

08	3.20	3.33
09	3.07	3.40
10	3.07	2.93
11	4.07	3.53
Overall	3.44	3.28

Table 6 compares the interviewer and case manager average assessment of risk for each PSA. Overall, the interviewers tended to rate the clients at a higher risk than did the case managers. The overall average for the interviewers was 3.44 as compared to the case manager average of 3.28. In every PSA except PSAs 08 and 09, the interviewer's average risk rating was higher or equal to the case manager.

Benefits of SCA for Clients



Client report. During the face-to-face interviews, clients were asked to assess how the SCA services have affected their lives. After all of the interviews were completed, researchers read each question and categorized responses using established categories from previous years. Responses were analyzed by coding the frequency of each category.

The most common response referred to the actual services or instrumental tasks the services provide (See Figure 3). Instrumental tasks were defined as vacuuming, helping with the laundry, bathing, mopping the floors or other tasks that required additional assistance from workers. Thirty-nine percent of the responses were instrumental in nature. For example, many of the SCA clients were unable to complete household chores or personal care due to physical or mental limitations. One client stated, "I think they have helped me a lot. They dust and run the sweeper." One client stated, "They are really nice. She leaves a little time to sweep the kitchen, which I can't do in a wheelchair. That is a big help." Many of the clients rely on the services and

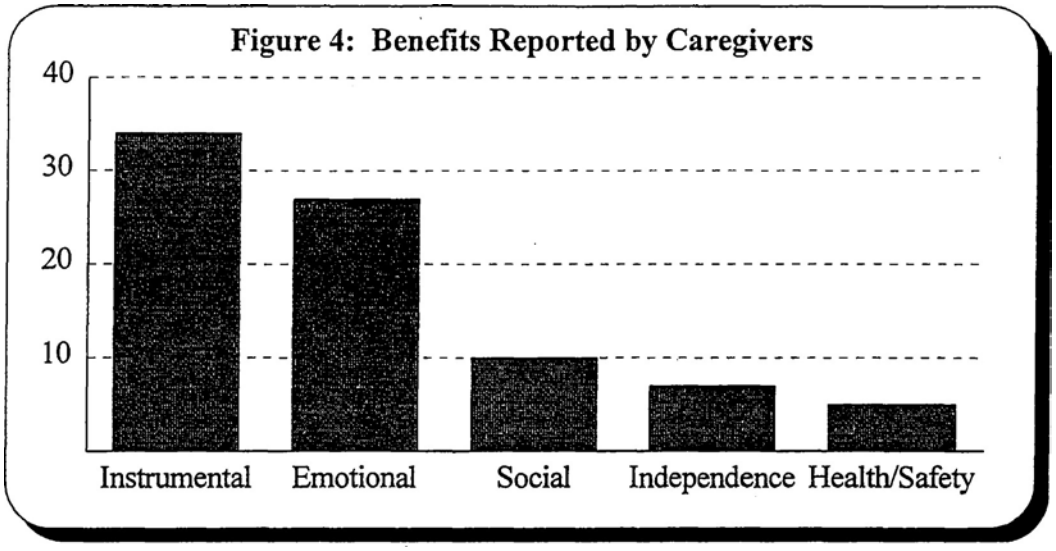
reported that without the instrumental assistance, the cleaning just wouldn't get done. When asked how have the services affected them, one client described how the home environment would worsen. "It would be hard. I'd make it, [but] I would probably have a pretty messy house." Another client stated how difficult it would be without the services, "[I think it would be] difficult. I just couldn't do it. The things she does just wouldn't get done." One client said that he wouldn't be taken care of, while another reported, "I wouldn't like it. I'd have troubles getting things done that I want done."

For many of the clients, the SCA services benefited them in terms of allowing freedom to stay at home. Twenty-nine percent of the responses made reference to independence as being most beneficial for them. Clients reported that if the services were not in place, they could not take care of themselves and would be forced to move to a close relative's house or the nearest available nursing home. One client responded emphatically, "Probably, I would end up in the care home, and I don't want that." One couple said, "We'd be in a nursing home. [We] can't rely on our family." Another client commented, "My family would have to help me on a more consistent basis. I'd have to move in with them." One client stated, "I wouldn't be able to be here if it wasn't for the services I get. I think [life] would be pretty poor. I think I would be in a nursing home." Many clients also referred to needing to find other help if the services were not available.

Many clients (17%) reported that the SCA services benefited them emotionally due to an improvement in the quality of life. For example, one client said, "The SCA services have made life better for me. It's helped out a lot and has made a lot of difference." Another client said, "In fact, they've been a big help so that I can live a halfway decent life." Another client reported, "I think they have helped me. It cheers me up. Every little thing they do helps me." One client commented, "I think its a great help because living alone, you can get into a terrible rut. It's something to look forward to." Another client said, "I'm one of those people that worry, and my blood pressure rises. Now I don't have to worry. Mentally, it really helps me!" One client remarked about her positive feelings toward the SCA services workers by saying, "Having her [the worker] come, it's just a big lift for me." Another client responded joyfully, "It's given me encouragement just knowing that someone is here to help." One client, who is blind, commented on the secure feeling she receives from the services, "I probably depend on her [the worker] more than I should, but I don't worry about things anymore." Other clients reported that it would be emotionally difficult if the SCA services were not available. For example, one client said, "I would sit around and worry. I'd be miserable." Another client simply stated, "1 would feel alone." Another client reported, "I would be devastated. One time I thought she [the worker] wasn't coming on time, and when she did show up, I just burst out crying." One client reported, "Well, I don't know. It'd be kind of hard, real hard. There's so many things I can't do, and I'd get so depressed. "

Another seven percent of the client responses mentioned that the SCA services benefited them in a generally positive way. For example, one client stated, "They've been great! I can't understand anyone that refuses to have them." Another client reported, "It's just been wonderful to have our house, bedroom and bathroom clean! I like it [the services]. It's made life easier!" One client said, "So far it's been good. No complaints yet." Some client responses included satisfaction as a generally positive benefit. One client commented, "I've been real pleased. I'm satisfied with both girls [the workers]. They do a good job." Another client mentioned her worker, "She [the worker] sure is a nice person and I really like her. "

Clients also had some responses that did not fit into any of the categories. These miscellaneous responses were combined into an "other" category, which comprised eight percent of the responses.



Caregiver report. Primary caregivers were also given the opportunity to voice their opinions on how the SCA services benefited their relative, significant other, friend, or neighbor. Caregivers perceived clients to have received several benefits from the SCA services. (See Figure 4). These benefits include instrumental assistance, emotional relief or improved quality of life, social benefits, a sense of independence, and safety, in terms of personal health and their environment.

The most common response (34%) given by caregivers was that the SCA services benefited clients by providing instrumental and ADL assistance. One caregiver reported that the client benefited in terms of personal care assistance because, "It was the only way he got a bath. " Another caregiver commented on the SCA services that her parents receive: "They give her a bath, and it's been very beneficial for them." One caregiver shared, "She's needed people to bathe her because she nor I could do it." Another stated, "They [the workers] helped me to help her gain weight. They clip her nails and shampoo her hair. They do it better." One caregiver commented, "[The services] keep her apartment clean, which is a big help to her and me. [The services] give her somebody to visit with. "

Twenty-seven percent of caregiver responses stated that SCA services have benefited clients' emotional well-being. For example, one caregiver reported, "[The services have helped] immensely. When her house isn't straightened out, it upsets her." Another caregiver responded, "Her morale and health have been so much better! They watch things for her. She's so much happier in her own home. I am so pleased." One caregiver spoke in tenns of trust when she stated, "He's been able to have someone with him. Someone he trusts and knows, and they take care of him very well." Other caregivers spoke of emotional benefits as improvement found in the quality

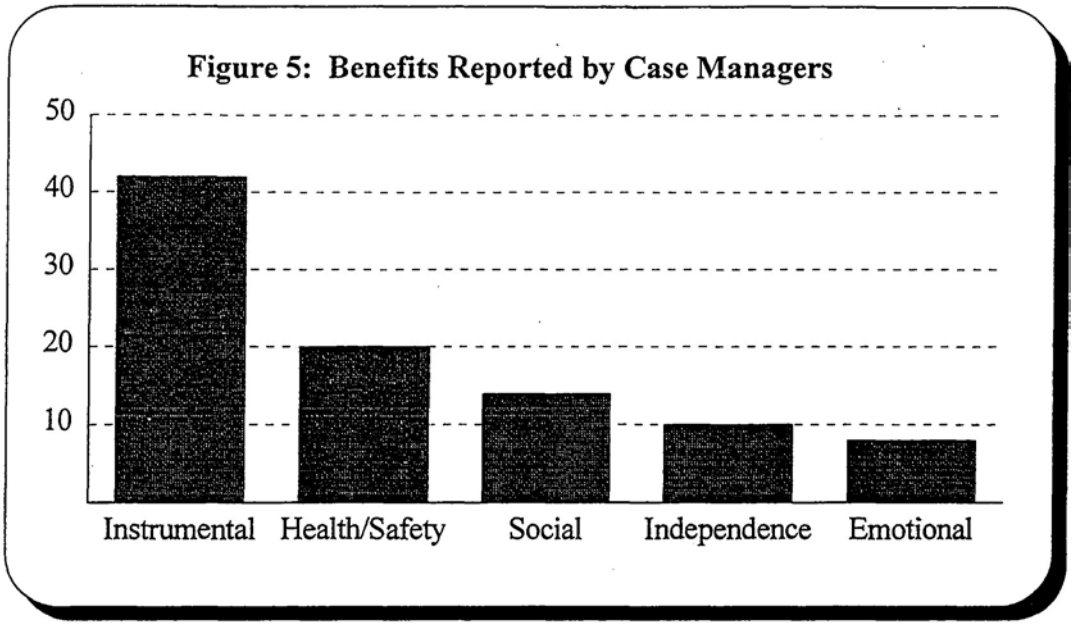
of the client's life. One caregiver said, "She needs someone to be here. [She has benefited] just in general ways. Overall, it has given her a feeling like she's wanted and that people care about her." Another caregiver stated, "It takes a load off [mother's] mind."

Social benefits were described by 10% of the caregiver responses. Caregivers who mentioned social benefits believed that this was one of the most beneficial aspects of the program. One caregiver reported, "I think she [the client] enjoys the companionship." One caregiver said, "It gives her somebody to talk to." Another caregiver stated, "I think he enjoys the worker being around." One caregiver commented, "At least there is someone else to look in on him. At least he has social contact this way." One caregiver mentioned that the SCA services are beneficial because, "the client has someone to talk to besides us [the family]." Another caregiver responded, "The services give her somebody to visit with." One caregiver commented, "She has someone to look forward to coming and visit." Another caregiver summed it up by saying, "Its good for her to have the stimulation of company."

Seven percent of caregiver responses described independence, or enabling the client to stay in their home, as a beneficial quality ofthe SCA services. When asked how the client's life has been affected by the services, one caregiver stated, "Probably it's kept her [the client] out of the nursing home. She is a lot happier here." Another caregiver commented, "She'd be in a nursing home. We can't afford private help." One caregiver shared his feelings about he and his wife, "They have kept the wife and I together and out of a nursing home." Other caregiver responses referred to independence as remaining in control of one's decisions about long-term care. For example, another caregiver stated, "It's [the services] helped her to be able to keep her head above water and keep a handle on things. "

Other caregivers (5%) reported that the SCA services provide personal health and safety, with regard to monitoring the well-being of clients in general. One caregiver stated, "We know that there is daily contact, and someone is there that can feed her [the client]. I know that someone knows that she is okay." Another caregiver commented, "There's someone checking on her. They clean so I can go to work." Some caregivers believed that the SCA services benefited the client in terms of safety as a way to provide prevention from further injury. One caregiver remarked, "[The services benefit the client by] getting the dust out of here. She doesn't have to stumble around and fall." Thus, caregivers believe that SCA services help to ensure the overall personal health and safety of their loved ones/friends.

Finally, caregivers also reported that the services affect clients in other ways. Seventeen percent of caregiver responses fell into this miscellaneous category.



Case Manager Report. In order to get a more complete picture of ways that clients Case Manager Report. In order to get a more complete picture of ways that clients benefit from the SCA services, case managers were also asked to report their opinions (See Figure 5). Most case managers have regular face-to-face contact with the clients, and so are a valuable source of information when evaluating clients' circumstances.

The most frequent benefit mentioned by the case mangers fell into the category of instrumental assistance (42%). For example, one case manager stated, "They do her cleaning and laundry." One case manager stated, "[My client benefits because] somebody is checking on her. We keep the home sanitary. She needs to have it clean, it's important to her." Another case manager reported, "[The services] keep her environment clean." One case manager commented, "[The services] help with instrumental chores such as laundry, bed, and other housework. He can still cook." Finally, one case manager commented that if the services were not available, the client would not have a clean environment, "If she didn't have it [the services], she wouldn't have a clean house. "

Another twenty percent of case manager responses described personal health and safety as the most beneficial quality of SCA services. One case manager reported that the services provide reductions in the risk of frequent falls, "She can stay clean and sanitary. It has kept her safe and cut down on the risk of falling." Another case manager reported, "Just because she is unsteady on her feet, the housekeeping cuts down on the risk of falls." Personal health was also correlated to monitoring of the client's well-being. For example, one case manager said, "[I think the clients are] healthier, because they live in a cleaner environment. Someone is there to check on them and remind them of doctor appointments." One case manager remarked in terms of reduction in infection, "Without the services, he is at a greater risk of infection. She [his wife] is clean, too. [The services] provide a decreased risk of infection and an improvement in personal hygiene. "

Socializing was found to be beneficial, as 14% of case manager responses fell into this category. Many case managers reported that their clients are homebound and isolated, either from family members or the surrounding community, and that SCA services provide much needed companionship on a consistent basis. For example, one case manager stated, "She knows someone is coming in to clean, and [she] likes the company. Also, she knows she has someone to call on for help." Another case manager reported, "We are probably a big part of her support system." One case manager said that the workers are like family to the clients, "She's homebound, so we help her run errands, do cooking, etc. We are like her family." One case manager reported, "I think she enjoys having the companionship." One case manager said, "[The client benefits by] socialization and keeping contact with the outside world." Another case manager summed it up by saying, "It's not easy for her to get out. It's good for her to see the [worker]. Also, it is an opportunity for socialization. "

Ten percent of case manager responses described independence as another beneficial quality of SCA services. One case manager responded by saying, "She enjoys having control over her own situation. We stepped in when she was neglecting self-care. [The services] are proactive in prevention of institutionalization." Another case manager said, " [The services] keep him in his own home." One case manager reported, "[The services] help to enable him to stay at home to prevent from further deterioration." Some case managers believe that their clients do not want to further burden their families and are empowered by the choice of having in-home services. One case manager reported, "Sheß able to stay at home. "

The SCA services benefit the elderly emotionally. This sense of emotional support was related by 8% of the case manager responses. One case manager responded by saying, "It has helped ease the burden since his wife is in the nursing home." Another case manager stated, "[The services provide] security of knowing that someone would come to help if she fell., and she feels safe in taking a bath." One case manager reported that the SCA services, "Decrease her pain and increase her self-esteem because she is not relying on her family." One case manager stated, "Initially, [the client benefited from] bereavement support." Another response was, "It upsets her when things pile up."

Another 6% of the responses concluded that there are other ways not specified that SCA services can benefit clients. Thus, case managers clearly view SCA services as beneficial to their clients.

SUMMARY

The services provided by the ftlnding from the Senior Care Act continue to help frail, elderly Kansans delay institutionalization. Results of the interviews conducted during FY96 indicated that 51 % of the clients reported being able to remain at home because of SCA services. Caregivers, case managers, and interviewers also reported that a substantial percentage of clients were able to remain at home because of SCA services. The percentage of clients who need SCA to remain at home has increased over the four years that the SCA program has been implemented

statewide. This suggests that SCA administrators are doing an increasingly effective job of targeting high-risk older Kansans.

The interviews indicated that clients receive many benefits from SCA services. Besides being more likely to remain living in their homes, clients are also able to enjoy a better quality of life. They are able to have a better outlook on life, live in a safer and more sanitary home, and have a sense of security knowing that someone will come to their home regularly to check on them. These emotional and health benefits should not be underestimated.

Cost Effectiveness of the SCA Program

Part of the evaluation is the mandate to assess the cost effectiveness of the Senior Care Act program. KSA 75-5935 states that "the secretary shall quantitatively and qualitatively assess the cost effectiveness of the program." It is the program's responsibility to enable Kansans to avoid "inappropriate or premature institutionalization of persons who have not exhausted their financial resources (which) often leads to exhaustion of those resources and placement in more costly and limited long-term-care services."(KSA 75-5927) The program is intended to help functionally limited persons stay at home, thereby avoiding the relatively more expensive course of nursing home admission. Such avoidance should prevent or at least delay the eventual exhaustion of their resources which could lead to dependence on such programs as Medicaid for financing of nursing home expenses.

The following analysis is based on methods utilized by Kansas State University in their earlier evaluations of the program. The cost effectiveness analysis is calculated by comparing the costs of the program with the financial benefits that are derived from it. As indicated in Tables 1 and 2, and summarized below in table 18, the area agencies utilized $2,000,292 SGF. Salary, benefits, and travel of the Senior Care Act Coordinator and Community Program Assistant at KDOA were an additional $75,357. Total SGF expenditures were $2,075,

Table 18: Senior Care Act Pro ram Total Cost for FY 1996	
Area A enc Ex enditures and Contracts	
dministration	317,004
Start-U	28,533
Screenin [Assessment	121 ,417
Pro•ect Evaluation	29,049
Homemaker	1,172,600
ttendant Care	1 168,905
dult Da Care	43,505
Assisted Livin	116,007
Care/Case Mana ement	7,060
Chore	4,999
Custom Care	16,320
Lifeline/Personal Res onse	21 ,890
Res ite Care	85,471
Trans ortation	3,058
TOTAL	3,135,818

State Share	2,000,292
Local Match	1,020,784
KDOA Coordinator and Contract Coordinator Salaries, Benefits, and Ex ense	75,357
otal all State Dollars	2,075,649

The primary financial benefit is the savings to the state derived from delayed entry of frail elderly Kansans into adult care facilities. Each day that SCA services allow a Medicaid eligible person to remain out of an adult care facility saves the state money that the state would otherwise have to pay for Medicaid reimbursement. The source for nursing home cost data used in this report is the Division of Medical Services, Kansas Department of Social and Rehabilitation Services (SRS). The charges are for FY 1996 and represent statewide averages. The same office also estimates that 50% of Kansans in nursing homes are eligible for Medicaid.

In FY 96, SRS was charged $67.1 1 per day for nursing home stays. The average charge to the SRS Medicaid program is $53.02 after the patient's average copayment share of 21% ($14.09) is deducted from the initial charge. The state general fund ultimate Medicaid payment is $21.74, or 41% of the $53.02 daily cost for Medicaid nursing home stays, and the federal government pays the remaining 59% share. Therefore, the state saves $21.74 each day that Senior Care Act services keep a Medicaid eligible person out of a Medicaid certified adult care facility.

The Senior Care Act Management Information System allows calculation of total days clients receive Senior Care Act services during FY 1996. There were 1,199,233 client days during FY 1996. A client day is defined as a day when a person is a client of the SCA program. A person may only actually receive services once or twice during a week, but is considered to have been a client seven days because he or she was part of the program for the entire week.

Senior Care Act client interviews were conducted by a team from the School of Family Studies and Human Services at Kansas State University. Fifty-one percent of Senior Care Act participants interviewed indicated that they would be unable to remain in their homes without the help from Senior Care Act services. (See "Senior Care Act Interviews Final Report" included with this document.) This result represents a continued trend of greater and greater percentages of clients dependent upon Senior Care Act services as the means to remain in their own homes. Client interviews conducted in 1993, 1994, and 1995, under the direction of the same Principal Investigator, Richard B. Miller, Ph.D., found the percent of Senior Care Act clients who said they would be unable to remain in their own homes without SCA services was 28%, 36%, and 42% respectively. When asked their opinion as to whether a client would be able to remain at home without SCA services, 49% of caregivers and 42% of case managers estimated that their SCA clients would be forced to enter a nursing home without SCA services. 1996 is the first year that a higher percentage of Senior Care Act clients have reported that they would be unable to remain in their own homes without Senior Care Act services than have either caregivers or case managers. Client interviews indicate that 51% of SCA clients feel they would be unable to remain in their own homes without SCA services, caregiver interviews place the figure at 49% while case managers remained at 42%. This analysis uses the most conservative of the three percentages, the 42% response from case managers.

The number of Medicaid nursing home days avoided due to client participation in the Senior Care Act program can be calculated combining information obtained from the Management Information System and client interviews. This calculation uses the Department of Social and Rehabilitation Services estimate that 50% of persons at risk of institutionalization in Kansas would be eligible for Medicaid support if they were admitted to a nursing home. Case managers indications that 42% of clients would be institutionalized without Senior Care Act services represent 503,677 nursing home days. Fifty percent of this number is 251 ,838 and represents the number of nursing home days the Senior Care Act has enabled the state's Medicaid program to avoid paying for at $21.74 per day.

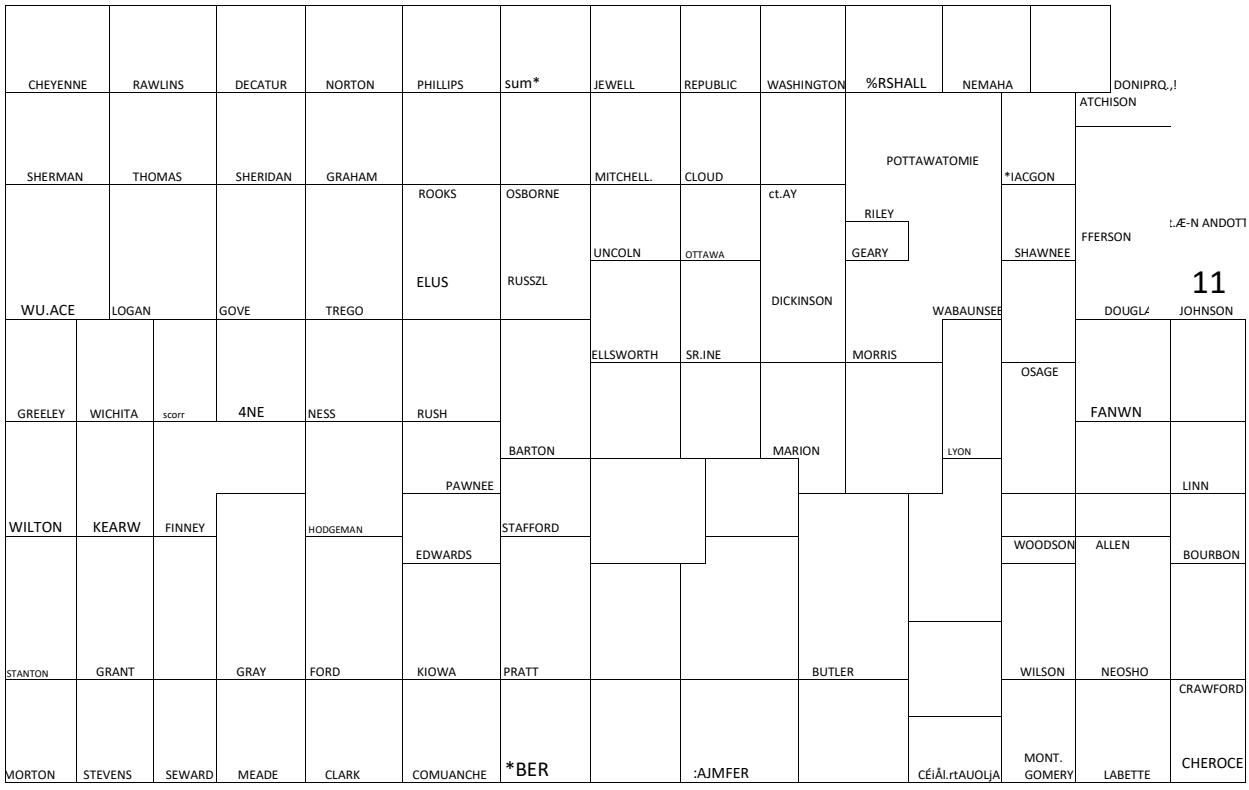
The net State General Fund cost benefit of the Senior Care Act program can be calculated by multiplying the average daily Medicaid nursing home rate paid by the state of $21.74 by the 251 ,838 nursing home days avoided. This yields a State General Fund cost avoidance by the Senior Care Act of $5,474,958.

Subtracting the nursing home Medicaid cost-avoidance ($5,474,958) from the state's share of the total cost of the Senior Care Act program ($2,075,649) yields net benefit to the State General Fund of $3,399,309. This translates to a State General Fund (SGF) savings of $1.63 for every $1.00 of SGF expended. The data therefore indicates that the Senior Care Act programs were cost effective when compared to the alternative of caring for Medicaid-eligible Senior Care Act clients in nursing homes.

Appendixes to the Senior Care Act Evaluation

Appendix

A AREA AGENCIES ON AGING



Consult this map to locate the agencies serving your area.

1 . Wyandotte,Leavenworth AAA
Area Agency (913) 596-9231
Information (913) 596-9231
Legal Services (913) 621-0200

2. Central Plains AAA
Area Agency (316) 383-7298
Information (800) 367-7298
Legal Services (316) 265-9681

3. Northwest Kansas AAA
Area Agency (913) 628-8204 -
Information (800) 432-7422
Legal Services (913) 625-4514

4. Jayhawk AAA
Area Agency (913) 235-1367
Information (913) 235-1367
Legal Services (913) 233-2217

5. Southeast Kansas AAA
Area Agency (316) 431-2980
Information (800) 794-2440
Legal Services (316) 232-1330

6. Southwest Kansas AAA Area Agency (316) 227-4700
Information (800) 742-9531
Legal Services (800) 362-9009

7. East Centra(Kansas AAA
Area Agency (913) 242-7200
Information (800) 633-5621
Legal Services (913) 764-8585

8. North Central/Flint Hills AAA
Area Agency (913) 776-9294
Information (800) 432-2703
Legal Services (913) 537-2943

9. Northeast Kansas AAA
Area Agency (913) 742-7152
Information (800) 883-2549
Legal Services (913) 336-6016

10. South Central Kansas AAA Area Agency (316) 442-0268 Information (800) 362-0264
Legal Services (800) 362-0264

1 1 , Johnson County AAA
Area Agency (913) 782-7188
Information (913) 764-7007
Legal Services (913) 764-8585

Appendix B

SLIDING FEE SCALE USED FOR THE FY 96 SENIOR CARE ACT PROGRAM

Monthly Gross Income	One Person Family
$921-$1020	
$1021-$1120	
$1121-$1220	40%
$1221-$1320	
$1321-$1420	
$1421-$1520	
$1521-$1620	80%
$1621-$1720	
$1721-Above	100%

Monthly Gross Income	Two Person Family
$1231-$1364	
$1365-$1499	
$1500-$1634	40%
$1635-$1769	50%
$1770-$1904	60%
$1905-$2039	70%
$2040-$2173	80%
$2174-$2308	90%
$2309-Above	100%

Monthly Gross Income	Three Person Family
$1541-$1709	
$1710-$1878	
$1879-$2047	50%
$2048-$2216$2456-$2657	60%
$2217-$2385$2658-$2859	70%
	80%
	90%

Monthly Gross Income	Four Person Family
$1851-$2052	20%
$2053-$2253	30%
40% $2254-	40%
	50% $2455
	60%

$2386-$2554	$2860-$3061		70%
$2555-$2723	$3062-$3263		
$2724-$2892	$3264-$3465		90%
$2893-Above	100%	$3466-Above	100%

Appendix C

SENIOR CARE ACT
CONSUMER INTERVIEW

PSA: _____

AGENCY: _____

NAME: _____

PHONE: _____

SSN: _____

CITY: _____

DATE: _____

TYPE OF SERVICE RECEIVING THROUGH SCA

homemaker ____attendant
care ____respite ____chore
____med. trans.
____lifeline (PERS)
____case management
____assisted living
____

Number of months receiving services: _____

Sex Age_____

CASE MANAGER QUESTIONS

NAME _____

PHONE _____

DATE _____

1. Tell me a little about _____'s health.

Yes, Yes, No Don't know

Appendix

no difficulty with difficulty

2. Would you say health status is in general:

Poor	fair	average	good	excellent
1	2	3	4	5

3. What kind of informal support system does have?

4. In your opinion, would this client be able to remain in their home without Senior Care Act homecare services? (Elaborate).

5. In what ways doesbenefit from SCA services?

_____

6. In your professional judgement, is this person at risk of institutionalization?

no risk				extreme risk
1	2	3	4	5

CLIENT INTERVIEW

INTRODUCTION

Join with client

OBSERVATIONAL DATA

Description of client (gender, appearance, mobility)

Home (Type [home, apt. retirement comm.], setting, setup, etc.)

Environment (Living conditions, upkeep, etc.)

CURRENT STATUS OF CLIENT

1. Can you tell me a little bit about your health? What kinds of health problems have you had.

2. Would you say your health status is in general:

Poor	fair	average	good	excellent
1	2	3	4	5

IMPACT OF SCA SERVICES

4. What would your life be like if you were not receiving Senior Care Act services?

5. How have the SCA services affected you?

6. How helpful have the SCA services been for you? 1 to 5 scale? In what ways have they been helpful? comments)

not somewhat helpful mostly very helpful helpful helpful helpful
1 2 3 4 5

Comments:

7. In your opinion, would you be able to remain in your home without Senior Care Act homecare services? (Elaborate).

Yes, Yes, No Don't know no difficulty with difficulty

Comments:

I'm going to read two stories about elderly people who receive in-home services and ask you a question about them.

8. Edith lives alone in her own home. Edith suffers from arthritis and high blood pressure. She has two children and her daughter Karen lives in town, and helps her with grocery shopping and drives her to doctor visits. Her son, Ralph, lives in another state. Edith gets homemaker services since she has trouble running the sweeper and cleaning the bathroom. If Edith were no longer able to receive these services, do you think Edith would be able to remain in her home?

Yes, Yes, No Don't know no difficulty with difficulty

9. Harriet and George own a nice home in a small town in Kansas. They have no children.
Harriet is in pretty good health, other than some arthritis and a little back pain. However, George recently suffered a stroke and has trouble walking and bathing himself. Harriet doesn't feel that she is strong enough to give George a bath, and has hired a personal care attendant to help George. The attendant care worker gives George a bath, clips his nails, and helps him shave. Without this personal care service, do you think that George would be able to remain at home?

Yes, Yes, Don't know no difficulty with difficulty

10. In your opinion, would you be able to remain in your home without Senior Care Act homecare services? (Elaborate).

Yes, Yes, No Don't know no difficulty with difficulty

Comments:

INFORMAL SUPPORT (CAREGIVING)

11. Who else besides your worker visits with you? How many times a week do you have visitors?

a.

b. _____ times a week

12. Who is your primary caregiver (who do you rely on, who helps you the most, someone who helps you with däy to day tasks, looks after you frequently, the first person you'd call in an emergency)?

Would you mind if I contacted them by phone to ask them some questions as well?

Name_____
Relationship _____ Phone
_____

none _____refused
_____SENIOR
CARE ACT

CAREGIVER INTERVIEW

PSA:

_____

AGENCY:

_____

NAME:

_____

RELATION: _____

PHONE: _____

DISTANCE: _____

DATE: _____

1. How did you become the primary caregiver?

2. How did you find out about SCA services? How diddecide to use the SCA services?

4. In what ways hasbenefited from the SCA services?

5. What kind of impact, if any, have the services had on life?

6. In your opinion, _____ wouldbe able to remain in his/her home without Senior Care Act homecare services? (Elaborate).

Yes, no difficulty	Yes, with difficulty	No	Don't Know
	_____		

Comments:

INTERVIEWER RISK ASSESSMENT

After interviewing both the client and the caregiver, please complete the following questions

7. In your professional judgment, is this person at risk of institutionalization?

No risk				Extreme risk
1	2	3	4	5

8. In your opinion, _____ wouldbe able to remain in his/her home without Senior Care Act homecare services? (Elaborate).

Yes, no difficulty	Yes, with difficulty	No	Don't Know
	_____		