



## **2009 REPORT**

# **CARES DIVERSIONS**

*E. Douglas Beach, Secretary*  
***Charlie Crist, Governor***

December 2009

**Table of Contents**

EXECUTIVE SUMMARY .....3

1.0 LEGISLATIVE DIRECTIVE AND PURPOSE OF THE REPORT .....4

2.0 DESCRIPTION OF THE CARES PROGRAM.....4

2.1 ADMINISTRATION OF THE CARES PROGRAM .....6

3.0 CLIENTS DIVERTED BY CARES .....8

3.1 SERVICES RECEIVED BY CLIENTS DIVERTED BY CARES .....9

3.2 HOSPITAL ADMISSIONS FOR CLIENTS DIVERTED BY CARES .....11

3.3 NURSING HOME ADMISSIONS FOR CLIENTS DIVERTED BY CARES .....13

3.4 DEATH RATES FOR CLIENTS DIVERTED BY CARES .....15

4.0 CARES ASSESSMENTS AND PLACEMENT RECOMMENDATIONS .....16

5.0 METHODOLOGY AND DATA SOURCES.....17

## **Executive Summary**

This report defines the characteristics of the clients diverted by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program during State Fiscal Year 2007-2008 and describes what happened to those diverted clients during the 12 months following their diversion. The Department followed these individuals to see who received home- and community-based services, who was admitted into a nursing home or hospital and who died during the 12 months following their diversion.

CARES performed over 88,000 assessments for more than 79,000 individuals during State Fiscal Year 2007-2008. More than 14,700 individuals were diverted by CARES during this period. An individual is considered to have been “diverted” if he or she remained in the community for at least a 30-day period through CARES staff intervention.

For the 12-month period following diversion, most individuals diverted were served by the Nursing Home Diversion Waiver (25.7 percent), followed by Older Americans Act programs (17.1 percent) and the Community Care for the Elderly program (4.9 percent).

Of the 14,700 clients who were diverted, 17 percent were admitted to a hospital during the twelve months following their diversion. The hospital admission rate was 6 percent for those that received a service within the year following their diversion compared to an admission rate of over 11 percent for individuals who had not received services.

The nursing home admission rate for clients diverted was 7.2 percent. This was a reduction from the 14 percent admission rate we saw during the previous year. Of those who were diverted and served, 1.8 percent was admitted to a nursing home. This compares to a nursing home admission rate of 5.3 percent for individuals who had not received services.

Approximately 17 percent of the individuals diverted died within the following 12 month period. A review of the death rate has indicated that the majority were those not served during the same period.

## **1.0 Legislative Directive and Purpose of the Report**

This report is mandated by Chapter 409.912 (15)(f), Florida Statutes, requiring the Department of Elder Affairs to submit a report to the Legislature by January 15 of each year about persons who are assessed by its CARES program and subsequently diverted from nursing home placement.

This report is required to include the demographic characteristics of clients assessed and diverted, a summary of the services provided to these individuals, a summary of inpatient hospital admissions, and the length of time between diversion and subsequent entry into a nursing home or death.

## **2.0 Description of the CARES Program**

The CARES program is Florida's federally mandated pre-admission screening program for individuals requesting Medicaid reimbursement for nursing facility placement. A registered nurse and/or social worker perform client assessments. A physician or registered nurse reviews each application to determine the level of care needed. The purpose of the assessment is to identify long-term care needs, establish level of care (medical eligibility for nursing facility care), and recommend the least restrictive and most appropriate placement. An emphasis is placed on enabling people to remain in their homes with the provision of in-home services or with alternative community placement such as an assisted living facility.

CARES is also responsible for reviewing each individual requesting services from several Medicaid Waivers including the Aged and Disabled Adult Medicaid Waiver (ADA), Assisted Living for the Frail Elderly Medicaid Waiver (ALE), Channeling Waiver, Long-Term Care Community Diversion Pilot Project (also known as the Nursing Home Diversion Waiver), Familial Dysautonomia Home and Community-Based Services Waiver, Adult Day Health Care Waiver, Project AIDS Care Waiver, Adult Cystic Fibrosis Waiver, and Traumatic Brain/Spinal Cord Injury Waiver.

CARES is also required to perform a Pre-Admission Screening and Resident Review (PASRR) for all applicants suspected of having mental retardation or mental illness requesting residency in a Medicaid-certified nursing facility.

CARES must also perform medical assessments for residents in nursing facilities entering court-ordered receivership. In addition, CARES is responsible for conducting medical utilization reviews of Medicaid nursing home residents for continuing eligibility.

The CARES program is responsible for the medical assessment component of the Medicaid eligibility process. The financial component of the Medicaid eligibility process is determined by the Department of Children and Families' (DCF) Automated Community Connection to Economic Self-Sufficiency (ACCESS). CARES and DCF staff are integral parts of each Aging Resource Center/Aging and Disability Resource Center located in each Planning and Service Area in the state. Together, CARES and DCF ACCESS staff streamline Medicaid eligibility determinations.

An individual is considered to have been "diverted" by CARES if after being assessed, CARES determines the person meets nursing home level of care criteria and the person successfully remains in a community-based setting through CARES staff intervention for at least a 30-day period.

CARES operates pursuant to Title 42 of the Code of Federal Regulations; Title XIX of the Social Security Act of 1965; Chapters 409 and 430, Florida Statutes; and Chapter 59G Florida Administrative Code.

CARES also plays a pivotal role at the Aging Resource Centers (ARCs). CARES staff and eligibility specialists with the Department of Children and Families work together at the ARCs to determine eligibility for Medicaid home- and community-based services.

Each of the eleven Area Agencies on Aging in Florida is a designated Aging Resource Center (ARC). The ARCs provide the gateway to long-term care information and services. As single entry points, they perform centralized information and referral services, screening, intake and program-enrollment activities for persons age 60 and older. The development of Florida's ARCs has increased the efficiency of long-term care service delivery and helped individuals navigate the long-term care system more easily.

Three of the Area Agencies on Aging in Florida (in Planning and Service Areas 5, 7 and 10) are Aging and Disability Resource Centers (ADRCs). Florida's ADRCs provide information and referral not only to elders, but also to adults age 18 and older with severe and persistent mental illnesses (SPMI). ADRC information and referral specialists are trained to refer callers to mental health providers if the caller indicates he/she has a severe and persistent mental illness or if the specialist discerns that the caller has a SPMI-related inquiry.

## **2.1 Administration of the CARES Program**

The Department of Elder Affairs (DOEA) is responsible for the CARES program through an interagency agreement with the Agency for Health Care Administration. DOEA administers CARES from its Tallahassee headquarters, with the majority of staff located in 19 field offices throughout the state. CARES personnel include registered nurses, social workers, supervisors, physicians, staff assistants and clerical support.

Table 1 (below) shows the funding that has been appropriated to the CARES program each year. CARES pre-admission screening and Medicaid medical eligibility activities allow for an enhanced federal Medicaid reimbursement at a match rate of 75 percent federal to 25 percent state. In addition, Table 1 lists the number of assessments conducted by CARES staff each year.

**Table 1. CARES Appropriation and Assessment History**

<b>State Fiscal Year</b>	<b>Federal Funds = 75% State Funds = 25%</b>	<b>Number of Assessments</b>	<b>Percent Diverted</b>
1992-1993	\$4,498,250	41,568	Baseline data collection on this measure began in 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$4,498,250	44,899	
1995-1996	\$6,914,062	46,475	
1996-1997	\$8,060,115	50,068	
1997-1998	\$8,289,228	61,618	
1998-1999	\$8,448,930	54,926	15.30%
1999-2000	\$9,361,546	62,341	17.80%
2000-2001	\$10,971,736	69,482	22.70%
2001-2002	\$11,095,299	80,157	24.30%
2002-2003	\$11,297,587	78,267*	26.40%
2003-2004	\$10,967,368	74,229*	26.10%
2004-2005	\$11,918,712	87,987	30%
2005-2006	\$13,694,333	87,218	31%
2006-2007	\$15,440,712	88,078	32%
2007-2008	\$16,311,511	88,316	30.10%
2008-2009	\$16,269,207	77,508	19%

Source: *Summary of Programs and Services*, 2009 DOEA

\* During SFY 2002-03 and 2003-04, the decrease in the number of assessments was due to changes in case mix (a reduction in Continued Residency Reviews and an increase in comprehensive first time assessments due to increasing enrollments in the Nursing Home Diversion program).

### **3.0 Clients Diverted by CARES**

Approximately 14,700 individuals were diverted by CARES (individuals who remained in the community through CARES staff intervention for at least a 30-day period) during State Fiscal Year 2007-2008. For the twelve-month period following their diversion, we tracked the following events for these individuals: 1) the provision of certain home- and community-based services, 2) hospitalization, 3) admission into a nursing home, and 4) death. Our findings are listed below.

As shown in Table 2 below, as our clients aged, they were more likely to be diverted with those over age 85 representing more than 37 percent of the total. Of those diverted, the majority of clients were white (75.2 percent) followed by African-American at 14.2 percent. Of note, the non-Hispanic category accounted for approximately 75 percent. In terms of gender distribution, female clients were the overwhelming majority (65.1 percent). Most (98.9 percent) of those diverted did not have a caregiver. Regarding living situation, approximately 65 percent of those diverted were living alone, followed by those living with a caregiver at 19.3 percent and those living with others at 12.3 percent. The majority of the clients diverted were found in the Central region of the state (47.5 percent), followed by 38.95 percent in the South and 13.6 percent in the North.



**Table 2. Demographic Profile of Clients Diverted by CARES July 2007 - June 2008**

Characteristics		Diverted (N=14,708)	
		N	%
Age	Below Age 60	1,530	10.4%
	Age 60 – 74	3,052	20.8%
	Age 75 – 84	4,640	31.5%
	Over Age 85	5,486	37.3%
Race	Asian	62	0.4%
	African-American	2,087	14.2%
	American Indian/Alaskan	14	0.1%
	White	11,055	75.2%
	Other Race	1,056	7.2%
	Unknown	184	1.3%
	Race Missing	250	1.7%
Ethnicity	Hispanic	3,185	21.7%
	Non-Hispanic	10,968	74.6%
	Unknown	180	1.2%
	Race Missing	375	2.5%
Gender	Female	9,572	65.1%
	Male	5,068	34.5%
	Unknown	68	0.5%
Caregiver Status	Has a Caregiver	163	1.1%
	No Caregiver	14,546	98.9%
Living Situation	Lives Alone	9,523	64.7%
	Lives With Caregiver	2,835	19.3%
	Lives With Other	1,812	12.3%
	Unknown	0	0.0%
	Missing	539	3.7%
Geographic Region	North	2,005	13.6%
	Central	6,983	47.5%
	South	5,721	38.9%

### 3.1 Services Received By Clients Diverted by CARES

Individuals diverted by CARES during State Fiscal Year 2007-2008 were tracked for 12 months following their diversion to determine if they were served by the following home- and community-based programs:

- Nursing Home Diversion Medicaid Waiver
- Aged and Disabled Adult Medicaid Waiver
- Assisted Living for the Frail Elderly Medicaid Waiver
- Alzheimer's Disease Initiative
- Channeling Medicaid Waiver
- Alzheimer's Medicaid Waiver
- Older Americans Act programs
- Community Care for the Elderly (CCE)
- Home Care for the Elderly (HCE)

As Table 3 below shows, most individuals diverted were served by the Nursing Home Diversion Waiver (25.7 percent), followed by Older Americans Act programs (17.1 percent) and the Community Care for the Elderly program (4.9 percent).

**Table 3. Programs Used by Individuals Diverted**

<b>Program</b>	<b>Number Clients Served</b>	<b>Percent of Clients Diverted</b>
Nursing Home Diversion Waiver	3,782	25.7%
Older Americans Act	2,518	17.1%
Community Care for the Elderly	717	4.9%
Aged and Disabled Adult Waiver	332	2.3%
Assisted Living for the Frail Elderly Waiver	143	1.0%
Home Care for the Elderly	189	1.3%
Alzheimer's Disease Initiative	182	1.2%
Channeling Waiver	264	1.8%
Alzheimer's Waiver	72	0.5%
<b>Total</b>	<b>8,199</b>	<b>55.7%</b>

*Note: individuals may have been served by more than one program*

### 3.2 Hospital Admissions for Clients Diverted By CARES

Table 4 below shows the hospital admission rates of individuals diverted by CARES during State Fiscal Year 2006-2007 and 2007-2008 who subsequently were admitted on an inpatient basis to a hospital within 12 months of being diverted. Approximately 17.2 percent of the individuals diverted during State Fiscal Year 2007-2008 were admitted to a hospital within 12 months. This compares to 14 percent the previous year. For people diverted during State Fiscal Year 2007-08, the highest percentage of hospital admissions occurred 9 to 12 months after being diverted. During the previous year, the admission rate was highest for individuals during the first three months after being diverted.

**Table 4. Hospital Admission Rates for Clients Diverted**

	Diverted 06-07		Diverted 07-08	
Time From Date of Diversion	Number of Hospital Admissions	Percent of Clients Diverted	Number of Hospital Admissions	Percent of Clients Diverted
Within 3 months	1,023	6.2%	645	4.4%
3 – 6 Months	553	3.3%	567	3.9%
6 – 9 Months	408	2.5%	567	3.9%
9-12 Months	390	2.4%	757	5.1%
Total	2,374	14.4%	2,536	17.2%

Table 5 below shows hospital admission rates for clients who received services within 12 months of being diverted during State Fiscal Year 2007-08 compared to those who did not receive services. Approximately 6 percent of those served (by the programs listed in Table 3) were hospitalized within 1 year of being diverted compared to 11.2 percent of diversions who were not served.

**Table 5. Comparison of Hospital Admission Rates of Clients Served and Not Served Within One Year of Diversion**

<b>Time from Date of Diversion</b>	<b>Served</b>	<b>Not Served</b>	<b>Total</b>
<b>Within 3 months</b>	216	429	645
<b>3 - 6 Months</b>	228	339	567
<b>6 - 9 Months</b>	209	358	567
<b>9 - 12 Months</b>	234	523	757
<b>Total</b>	<b>887</b>	<b>1,649</b>	<b>2,536</b>
<b>% of Total diverted (N=14,708)</b>	<b>6.03%</b>	<b>11.21%</b>	<b>17.2%</b>

### 3.3 Nursing Home Admissions for Clients Diverted by CARES

Table 6 below shows the nursing home admission rates of individuals diverted by CARES during State Fiscal Year 2006-2007 and 2007-2008 who subsequently entered a nursing home within 12 months of being diverted. Approximately 7.2 percent of the clients diverted during State Fiscal Year 2007-2008 entered a nursing home within 12 months. This is approximately half the percentage of clients who were admitted into a nursing home the previous year. For clients diverted during State Fiscal Year 2007-2008, the nursing home admission rate was highest 9-12 months after being diverted (3.7 percent). During the previous year, the highest percentage of nursing home admissions occurred within three months of being diverted (7 percent).

**Table 6. Nursing Home Admission Rates for Clients Diverted**

Time from Date of Diversion	Diverted 06-07		Diverted 07-08	
	Number of Nursing Home Admissions	Percent of Clients Diverted	Number of Nursing Home Admissions	Percent of Clients Diverted
Within 3 months	1207	7.3%	236	1.6%
3 - 6 Months	483	2.9%	144	1.0%
6 - 9 Months	352	2.1%	135	0.9%
9 - 12 Months	311	1.9%	540	3.7%
Total	2,354	14.2%	1055	7.2%

Table 7 below shows that individuals who were served (by the programs listed in Table 3) during the 12 months following their diversion were admitted to a nursing home at a rate lower than those who did not get served (1.83 percent compared to 5.34 percent).

**Table 7. Comparisons of Nursing Home Admission Rates of Clients Served and Not Served**

<b>Time from Date of Diversion</b>	<b>Served</b>	<b>Not Served</b>	<b>Total</b>
<b>Within 3 months</b>	44	192	236
<b>3 - 6 Months</b>	44	100	144
<b>6 - 9 Months</b>	46	89	135
<b>9 - 12 Months</b>	135	405	540
<b>Total</b>	<b>269</b>	<b>786</b>	<b>1,055</b>
<b>% of Total diverted (N=14,708)</b>	<b>1.8%</b>	<b>5.3%</b>	<b>7.2%</b>

### 3.4 Death Rates for Clients Diverted by CARES

Table 8 below shows the death rates of individuals diverted by CARES during State Fiscal Year 2006-2007 and 2007-2008. Fifteen percent of the individuals diverted died within 12 months after being diverted during State Fiscal Year 2006-2007. The percentage increased to 17 percent during State Fiscal Year 2007-2008. The largest number of deaths occurred within three months of being diverted in both years.

**Table 8. Death Rates for Clients Diverted**

	Diverted 06-07		Diverted 07-08	
Time From Date of Diversion	Number of Deaths	Percent Clients Diverted	Number of Deaths	Percent Clients Diverted
Within 3 months	762	4.6%	817	5.6%
3 - 6 Months	649	3.9%	633	4.3%
6 - 9 Months	542	3.3%	598	4.1%
9 - 12 Months	585	3.5%	490	3.3%
Total	2,538	15.4%	2,538	17.3%

Table 9 below shows the comparison death rate of those who were served (by the programs listed in Table 3) and those who were not served. Almost 6 percent of the individuals who were served within one year of being diverted died compared to 11.31 percent of those who did not get served.

**Table 9. Comparison of Death Rate of Clients Served and Not Served**

<b>Time From Date of Diversion</b>	<b>Served</b>	<b>Not Served</b>	<b>Total</b>
<b>Within 3 months</b>	153	664	817
<b>3 - 6 Months</b>	225	408	633
<b>6 - 9 Months</b>	250	348	598
<b>9 - 12 Months</b>	246	244	490
<b>Total</b>	874	1664	2,538
<b>% of Total diverted (N=14,708)</b>	<b>5.9%</b>	<b>11.3%</b>	<b>17.3%</b>

#### **4.0 CARES Assessments and Placement Recommendations**

CARES performed over 88,000 assessments for more than 79,000 individuals during State Fiscal Year 2007-2008. CARES opens a case upon the receipt of a request for a level of care. Each case can consist of one or more assessments, follow-ups and referrals.



Table 10 below shows the number of clients diverted by CARES during State Fiscal Year 2007-2008. Of the total placement recommendations made by CARES, a majority recommended that individuals remain in their own homes (50.1 percent), followed by a recommendation to be placed in an assisted living facility (30.1 percent), and nursing home (16.5 percent).

**Table 10. Placement Recommendations of Clients Diverted by CARES  
July 1, 2007 – June 30, 2008**

<b>Placement Recommendation</b>	<b>Total</b>	<b>Total %</b>
<b>Own Home</b>	7,376	50.1%
<b>Assisted Living</b>	4,433	30.1%
<b>Nursing Home</b>	2,431	16.5%
<b>Hospital</b>	63	0.4%
<b>Other</b>	405	2.8%
<b>Total</b>	<b>14,708</b>	<b>100%</b>

## **5.0 Methodology and Data Sources**

The data for this report came from two sources. The first source is the Department's Client Information and Registration Tracking System (CIRTS) database, which tracks assessments conducted by CARES staff along with information gathered from follow-ups with the clients. CIRTS also tracks the programs that serve clients who have been diverted. The second source of data used for this report is the Agency for Health Care Administration's Decision Support System, which contains Florida Medicaid claims and eligibility information.