

Special Report

EVALUATION OF THE
CLIENT MAINTAINED HOME ATTENDANT PLAN

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I. Description of Home Attendant Services

Home Attendant Service is one of the home care services offered by the New York City Human Resources Administration (HRA) to individuals who are medically disabled and/or handicapped. A primary goal of the program is to retain clients in the community who are incapacitated and might otherwise be institutionalized; as such, the program provides a variety of personal care services. The home attendant is responsible for assisting the client with feeding, ambulation, bathing, toileting, personal grooming, dressing, money management, general cleaning, marketing, laundry, ironing, meal preparation, and errands as required to maintain the client in his/her home. The Medicaid program provides the funding for the Home Attendant Program under Title XIX of the Social Security Act.

In the past, home attendant services were delivered by an individual provider, who was often identified by the client. Payment was made by sending a two-party check to the home of the client, who had to endorse the check before handing it to the home attendant. This system gave the client some control over the hiring and payment of the home attendant, but it did not provide for the supervision, training, or replacement of home attendants, nor was there an overall mechanism for ensuring the delivery of quality services. In response to these and other shortcomings, HRA developed the vendorized home attendant program which became operational in June, 1980. Under the vendorized system, vendor agencies under contract with the City of New York, send trained attendants into the homes of the clients to deliver care. If the client does not like the attendant, he/she can request that a different worker be assigned. The direction to the attendant comes primarily from the supervisor and a supervising nurse of the vendor agency. This arrangement is ideal for persons who due to mental or physical incapacity are unable or do not wish to arrange for the provision of personal care and related services for themselves.

II. Need for an Alternate Plan for the Self-Directing Handicapped

During the preliminary planning for the vendorized home attendant program, it was recognized that within the population of clients receiving home attendant services there is a sub-group whose characteristics (listed below) differ from those of the majority.

- They have severe physical disabilities which necessitate partial or total support with all activities of daily living.
- Their need for support is the result of a stable condition caused by disease or injury.
- Their average age is significantly lower than the average age of the majority of home attendant clients, and their medical conditions are not generally associated with those caused by advancing age.
- They live outside of residential health facilities and are able to direct all aspects of their lives.
- They have a strong desire to manage the delivery of their life supporting services to the maximum degree possible.

It was further recognized that the vendorized program as conceived would discourage

this sub-group of disabled persons from more fully directing their lives and that an alternate program with maximum opportunities for self-direction and participation would have to be developed.

111. The Development of the Client Maintained Home Attendant Program (CMP)

A joint Family and Adult Services/Community Task Force was established in August 1978 at a meeting of handicapped persons with the Deputy Administrator of Family and Adult Services (FAS). After much discussion with key members of the disabled communities, representing a variety of organizations, it was concluded that representatives of the handicapped community would meet with selected persons from FAS to attempt to devise an alternative plan for self-directing disabled persons.

The Task Force met regularly for a year and a half (from August 1978 to December 1979) and a variety of approaches were explored for developing a program geared to the needs of the client who has a stable medical condition, may have severe physical disabilities, and expresses a strong desire to manage the delivery of his or her services to the maximum degree possible. The most significant of these was a three year demonstration project which would allow clients to act as the legal employers of their own home attendants. A request for a waiver of federal Medicaid regulations for such a project was prepared by New York State DSS and New York City DSS in November 1979. As a result of a reconsideration by the Task Force, this waiver request was never submitted to the federal government; as a federal demonstration project it was considered to be too time limited.

On December 4, 1979 the Task Force voted in favor of a second alternative, known as The Client Maintained Home Attendant Plan. Unlike the demonstration project this alternative only required New York State approval. This plan divides the responsibility for all aspects of service between the participating clients and an agency (selected by the task force and approved by HRA) which handles payments and record-keeping functions and services as the attendant's employer of record. The client is responsible for recruiting, selecting, training and orienting the attendant; directing the attendant's daily activities; identifying and assigning attendants; discharging the attendant when necessary and notifying the agency to formally dismiss him; signing the attendant's timesheets and forwarding them to the agency; transmitting any attendant complaints to the agency; arranging for emergency coverage in the absence of the regularly assigned attendant; and maintaining contact with their case manager. The final Client Maintained Home Attendant Plan offers the self-directing disabled the opportunity to maximize their goals of self-direction and participation while maintaining a parallel with the vendor system. On December 15, 1979, the disabled persons in the Task Force selected Concepts of Independence for the Disabled, Inc. as the agency for The Client Maintained Home Attendant Plan and informed Family and Adult Services of its decision. Although Concepts of Independence for the Disabled, Inc. was already in existence as a corporate entity, its Board of Directors was reconstituted specifically for this plan to include the members of the Task Force, giving the agency maximum consumer input. The program's inception was on May 28, 1980 and the second full year contract has been negotiated and approved by the Board of Estimate for Fiscal 81 - 82.

Authorization and Approval Processes

consistent with HRA policy, HRA maintains responsibility for all decisions regarding type, amount and frequency of service as well as each client's eligibility for home attendant service. Recommendations for authorizing, reauthorizing and changing service continues to be a GSS function. Final authorization for service will remain the responsibility of FAS after its review of the physician's order, the GSS social assessment and nursing assessment information which may be available. It is the responsibility of FAS to refer cases to the vendor; GSS retains responsibility for case management, which includes arranging for other services needed by the client.

All clients authorized to receive home attendant service are informed of the Client Maintained Plan (appendix A) prior to vendorization. Any individual who wishes to participate in the plan requests an application from HRA. (appendix C) Within the application, the client must outline his/her plans to recruit and secure an attendant based upon HRA criteria, orient and train the attendant in accordance with the client's own needs, report all time worked, and provide ongoing supervision and direction of the attendant's day to day activities.

As part of the approval process, each client's application is reviewed by a Medical Social Worker to determine its feasibility in assuring adequate service delivery and compliance with federal and state requirements. In addition:

- Medical and social case records are reviewed to ascertain the level of functioning.
- Applicants are interviewed personally or by telephone at which time they are again informed of the program's requirements.
- Applicants' physicians are contacted for a current medical appraisal regarding participation in this program.

Participation is limited to cases where the actual client can assume the assigned managerial responsibilities. Relatives or client representatives are not allowed to assume any of these responsibilities.

V. Nursing and Casework Supervision

Ongoing supervision of the clients participating in this program is provided by nurses from Certified Home Health Agencies, whose responsibility it is to conduct nursing assessments, and by case managers from HRA's Office of General Social Services. Visits are made by GSS case managers for the initial eligibility investigation, at the onset of service, at regular intervals for recertification and on an as needed basis during the course of the year.

In addition, CMP clients receive nursing visits at least every six months by a CHHA nurse. The nurse takes account of the clients needs, health status, the

abilities and experience of the person providing personal care services, and the ability of family members to provide care to the client. The nurse evaluates this information and makes recommendations regarding the ongoing service authorization. The nurse also makes ongoing evaluations of whether the client's home attendant services needs are being met and of the attendant's ability to carry out assigned duties.

VI. Profile of CMP Client

The mean age of CMP clients is almost 27 years less than the mean age of all home attendant clients, although a range of ages from 25 - 77 was found in a 10% sample. (see Table I) A younger average age is consistent with the design of the program, which requires an alert, self-directing, and medically stable client who is willing to assume the supervisory and managerial responsibilities of the vendorized home attendant program. The range of ages indicates that the program is available to clients of all ages who can demonstrate their capability to independently manage their home attendant service.

The CMP client population has a much higher representation of males (39.5%) than does the overall home attendant population (19.8%). This can be explained by the younger age of the CMP client, in that the longer life expectancy of females would not be a factor in determining the gender composition of the CMP population. (see Table II)

A comparison of the authorized hours of service indicates that a much higher percentage of the CMP population receive high hour authorizations than does the overall home attendant population. 47.4% of the CMP clients sampled are currently authorized for 168 hour service, compared with 16.1% for all home attendant clients. (see Table III) This results from the significant number of severely handicapped clients participating in the CMP program, as the following listing of primary diagnoses of the sampled clients indicates:

<u>Primary Diagnosis</u>	<u># of Clients</u>
Quadraplegia	6
Paraplegia	4
Cerebral Palsy	2
Muscular Dystrophy	2
ASHD	2
Multiple Sclerosis	1
Rheumatoid Arthritis	1
Cystic Fibrosis	1

VII. Evaluation of the Client Maintained Plan

From the inception of the Client Maintained Plan on 5/28/80, the program has functioned successfully. (see Table IV) The application and approval procedures established initially have proved to be adequate mechanisms for

for selecting appropriate participants for the CMP. None of the 187 clients approved for the Client Maintained Plan under these procedures has had to be removed and placed with a vendor agency with a more comprehensive program.¹

Initially there was a certain amount of misinterpretation of the CMP Program by some clients, who regarded the program as an alternative to vendorization. They viewed it as a continuation of the same direct system under which they had been receiving services and as a way to avoid change. The Clients Notice of Vendorization and the cover letter to the Client Maintained Home Attendant Plan Application Information (appendix A and appendix B, respectively) were subsequently modified to eliminate possible misinterpretation.

Almost all of the 326 clients who have been denied participation in the CMP Program have accepted that decision with equanimity, particularly after the responsibilities of the participants have been re-explained during the interview. Clients are advised of their right to a fair hearing, but to date there have been no such actions.

There have been no client complaints regarding the program design or the vendor agency for the Client Maintained Plan, Concepts of Independence for the Disabled, discussed below.

VIII. Concepts of Independence for the Disabled, Inc.

Concepts of Independence for the Disabled, Inc., is a not-for-profit corporation organized for and by disabled individuals. The Board of Directors is comprised of eleven members, all of whom are handicapped. The Board is directly responsible for the selection of administrative staff and the formulation of policies and procedures used by staff to serve the clients. Concepts is contractually responsible for payments and record-keeping functions and services as the attendants' employer of record. A May 1981 HRA evaluation indicates that these functions were performed satisfactorily. In addition, the agency has established certain client services, including a roster of available home attendants.

Concepts currently has 139 active cases. Most of the cases approved for participation in the CMP but not yet vendorized have surplus income. A system for collecting and tracking surplus income payments will be implemented during the 2nd quarter of Fiscal 82 and vendorization of these cases will occur soon thereafter. The contractual caseload of this agency is currently 230. As the number of approved participants increases consideration will be given to increasing the caseload of the vendor agency.

¹ Clients do periodically have to be removed from the program, either temporarily or permanently due to institutionalization or death. The exact number of such instances cannot be determined without an extensive case by case analysis. However, the number of such actions on this caseload is less than the norm, due to the younger age and more medically stable nature of the CMP client population.

IX. Summary

Since its inception, the Client Maintained Home Attendant Plan has functioned successfully and has fulfilled its goal of providing home attendant services to the self-directing handicapped, while allowing them a maximum degree of independence. To date there has been no indication of problems or client dissatisfaction with the program design. The vendor agency for the CMP, Concepts of Independence for the Disabled is also functioning satisfactorily.

TABLE I. AGE OF CLIENTS - A COMPARISON OF CMP CLIENTS WITH ALL HOME ATTENDANT CLIENTS¹

<u>Age of Clients</u>	<u>CMP Clients</u>	<u>All Home Attendant Clients</u>
Under 50	63.2%	8.2%
50 - 64	15.8%	12.9%
65 - 74	10.5%	20.9%
75 - 84	10.5%	35.3%
85 - 94	0.0%	19.3%
95 - +	<u>0.0%</u>	<u>3.4%</u>
	100.0%	100.0%
Mean Age	46.6	73.5
Median Age	46	77
Modal Age	32	Not available

The lowest age in the CMP sample was 25, the highest age was 77.

TABLE II. SEX OF CLIENTS - A COMPARISON OF CMP CLIENTS WITH ALL HOME ATTENDANT CLIENTS¹

	<u>CMP Clients</u>	<u>All Home Attendant Clients</u>
Female	60.5%	80.2%
Male	<u>39.5%</u>	<u>19.8%</u>
	100.0%	100.0%

¹ The above tables compare age and sex characteristics of a 10% sample of clients accepted into the CMP Program with those of a 10% sample of the entire home attendant population. The data on the CMP clients was collected in June, 1981 and the client profile for the home attendant client population was compiled in October, 1979. We do not believe that the home attendant client profile has significantly changed since that time.

TABLE IV. HOURS OF AUTHORIZED SERVICE - A COMPARISON OF CMP CLIENTS WITH ALL HOME ATTENDANT CLIENTS.

<u>Hours/Week</u>	<u>CMP Clients</u>		<u>All Home Attendant Clients</u>	
	<u>Cases</u>	<u>%</u>	<u>Cases</u>	<u>%</u>
1 - 19	0	0.0	252	1.3
20 - 29	3	15.8	3968	19.9
30 - 39	1	5.3	3037	15.2
40 - 49	2	10.5	4794	24.0
50 - 59	0	0.0	1462	7.3
60 - 69	0	0.0	765	3.8
70 - 79	2	10.5	1398	7.0
80 - 89	2	10.5	913	4.6
90 - 167	0	0.0	174	.9
168	<u>9</u>	<u>47.4</u>	<u>3224</u>	<u>16.1</u>
Total	19	100.0	19987	100.0

	<u>CMP Clients</u>	<u>All Home Attendant Clients</u>
Mean # of Hours	107.1	64.7
Median # of Hours	84.0	Not available
Modal # of Hours	168.0	Not available

¹ The above table compares the number of service hours authorized for the 10% sample of CMP clients as of June, 1981, with those authorized for all home attendant clients as of April, 1981.

TABLE IV. ONE YEAR CUMULATIVE STATISTICS FOR THE CLIENT MAINTAINED HOME ATTENDANT PLAN - 5/28/80 (Inception) - 5/29/81 (End of Month)

Application Process

	<u>Number</u>	<u>Percent</u>
1. Applications requested by and sent to clients	1143	-
2. Applications returned to DHAS	517	45.2

Approval Process

1. Cases selected for CMP	187	36.2
2. Cases rejected for CMP	326	63.1
3. Cases pending decision	<u>4</u>	<u>.7</u>
Total	517	100.00

Reasons for Rejection

1. Client's plan not adequate	34	10.4
2. Client not self-directing	226	69.4
3. Application submitted in error	4	1.2
4. Client withdrew application	26	8.0
5. Other*	<u>36</u>	<u>11.0</u>
Total	326	100.0

* Includes: Client ineligible for home attendant services, client hospitalized, client deceased.

Removal from Program

1. Removal due to inadequate functioning.	0
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DEPARTMENT OF SOCIAL SERVICES
 OFFICE OF HOME CARE SERVICES
 109 East 16th Street
 New York, N. Y. 10003

CLIENT'S NOTICE OF
 VENDORIZATION

Dear Client:

In order to improve the Home Attendant Program, The Human Resources Administration (HRA) with the approval of the NYS Department of Social Services, has contracted with community-based agencies who will be responsible for providing home attendant services. These agencies are called VENDORS.

The home attendant currently working for you, in order to continue servicing your case, will be contacted shortly by the Vendor and given the opportunity of becoming an employee of the Vendor, if he/she chooses, and meets the criteria for employment.

Effective _____, your case is being assigned to:

which covers your geographic area.

PLEASE AWAIT FURTHER INFORMATION FROM THIS VENDOR AGENCY

As of the above effective date, the home attendant will be paid directly by the Vendor agency. YOU WILL NO LONGER RECEIVE A TWO-PARTY CHECK FOR ANY PERIOD WORKED AS OF THAT DATE. Instead, you or your representative will verify the hours worked by the home attendant by signing a timesheet at the end of the week.

If you have Medicaid determined surplus income, you will no longer pay these costs to the home attendant as of the effective date.

(see other side)

Assistant Deputy Administrator
 Office of Home Care Services/TAS

Gregory M. Katsadjan
 Gregory M. Katsadjan

SI USTED TIENE PREGUNTAS SOBRE ESTE PROCEDIMIENTO, FAVOR DE LLAMAR
 A SU TRABAJADOR DE G.S.S. (Departamento de Servicios Sociales Generales.)

Form M-112Z (reverse)
 11/12/80

de selección, HRA transferirá su caso a un agente