



# Accountable Process Budget Division of Aging and Adult Services

Sean C. Faherty

Finance Manager

August 8, 2023

# Alternatives Program – Background

- \$750 per month per client has been in place for over 10 years.
- In SFY 2022 there were 761 older adults who received services from the Alternatives program.
- Many clients on the program can maintain independence in their home with much less than \$750.
  - If a client has a need that is greater than \$750 per month, the Area Agency on Aging (AAA) director can approve more funding to cover the need for that month.
- Each AAA director manages their own budget and some AAA's receive additional county funds to add to this budget.
  - Some AAA directors opt to use the full \$750 available for each client each month and some directors choose to use less money per client and serve more clients.

# Alternatives Program – Return on Investment/Costs

- The Division does not calculate specific ROI for each client as their needs differ greatly.
- Comparing the costs of assisted living home facilities to those of the Alternatives program, the Alternatives program is significantly cheaper.
  - If a client on the Alternatives program consistently had a need over \$750 each month, they might be better served through a different program such as the Aging Waiver program that receives federal funding through Medicaid.

# Alternatives Program – Costs vs. Out-of-Home Placements (SLC Area)

- Alternatives program - \$750 per month to stay in home
- Assisted living- \$3,310 per month
- Semi-private nursing home- \$7,436 per month
- Private nursing home- \$8,227 per month

# How are Rates Paid for In-Home Services Set/Adjusted Each Year?

- The AAAs used to have specific rates of how much they would pay for each service and the contracted agencies could accept that rate or refuse to provide services.
  - Since the pandemic, many provider agencies that had been used in the past either went out of business or are not able to provide services at the existing rates.
- Many of the contracted agencies have fewer workers and some of those workers refuse various types of work or do not want to travel to serve clients.
- Many of the AAAs have had to increase provider rates and as a result are able to serve fewer clients than previous.
- Most clients desire the safety and consistency of having the same provider coming into their home multiple times each week.
  - They build lasting friendships with the people who provide services to them. Frequent staff turnover can be upsetting for clients.

# What Happens to Clients that Leave Home for a Long-Term Care Facility Temporarily?

- A client can be placed on hold for up to 90 days and remain on the program.
- If the client does not return home within 90 days, they may be moved off the program so another client can be served.
- If a client needs to return to the program after the 90-day period, the AAAs will work with the returning client to bring them back on the program if resources allow, or to put them at the top of the applicant list to enter the program when funding is available.



# What Happens to Clients that Leave Home for a Long-Term Care Facility Permanently or Pass Away?

- If a client passes away or goes into a long-term care center and will not be returning to their home, the case manager works with family members to retrieve any reusable items that were obtained and paid for using Alternative funds.
- For example, a wheelchair or lift chair could be cleaned and given to another client whereas a toilet riser or opened package of briefs may be disposed of.
- Many AAA's maintain inventories of equipment that can be reused for multiple clients as needed. Some items may be donated to other community agencies who help people in need.

# New Choices Waiver – How Many Served, How Much Does it Cost?

- Approximately 2,000 individuals are receiving waiver services at any moment in time (2,500 on an annual basis when considering attrition)
- The program costs \$55,000,000 per year between state and federal funds.
- What is the breakdown between recipients younger/older than 65 years old?
  - In general, about 70-75% of individuals are typically over age 65.
  - Demographics have shifted in the last 10 years as more and more younger individuals have accessed assisted living services. This may have been due to complications associated with substance use disorders leading to physical health conditions, or accidents requiring more around the clock support. In June 2023, 71.2% (1380 of 1937 individuals) were over the age of 65.

# New Choices Waiver – Cont'd

- How does the Department ensure that services paid through the waiver do not exceed what would have been paid in a long-term care facility?
  - Waiver programs are required to demonstrate that community-based placement is less costly than comparable facility-based care each year as part of its cost neutrality demonstration.
  - The State monitors both waiver and facility reimbursement to ensure this requirement is met.
  - \*\*It is important to note that this requirement is for the program in aggregate and does not pertain to a single individual.\*\*

# Medicaid Aging Waiver – How Many Served, How Much Does it Cost?

- Approximately 490 individuals are receiving waiver services at any moment in time.
- The program costs \$6.3 M per year between state and federal funds.
  - State: \$2.2 M. Federal: \$4.1 M
- What is the breakdown between recipients younger/older than 65 years old?
  - In general, about 70-75% of individuals are typically over age 65.
  - Demographics have shifted in the last 10 years as more and more younger individuals have accessed assisted living services. This may have been due to complications associated with substance use disorders leading to physical health conditions, or accidents requiring more around the clock support. In June 2023, 71.2% (1380 of 1937 individuals) were over the age of 65.

# Medicaid Aging Waiver – Cont'd

- How is Return on Investment Calculated for this waiver?
  - ROI typically is not analyzed, but care provided through the Aging Waiver is on average \$8,800 per member per year (PMPY).
  - Comparable Nursing home expenses would be just under \$70,000 PMPY.
    - When correcting for the average length of stay on the Aging Waiver, a comparable nursing home stay would cost \$67,270.
  - In the Aging Waiver State Implementation Plan (SIP), limits are set for services. These services cannot exceed the cost of a typical nursing home stay.
    - Annual fiscal audits monitor these costs.

# Adult Protective Services Staffing

<b>Adult Protective Services - FTEs</b>	
<b>Title</b>	<b>#</b>
<b>Caseworker II/ Caseworker 1</b>	22
<b>Licensed Clinical Therapist</b>	3
<b>Caseworker Specialist</b>	4
<b>Program Managers</b>	4
<b>Auditors 1</b>	1
<b>Sr. Business Analyst</b>	1
<b>Training Specialist</b>	1
<b>Program Administrator II</b>	2
<b>Director</b>	1
<b>Grant Program Manager I</b>	1
<b>Grant Coordinator</b>	2
<b>Grant Program Manager</b>	1
<b>Grant Caseworker Specialist</b>	3
<b>Auditor I</b>	2

# Adult Protective Services Staffing (cont'd)

- Current Vacancies:
  - APS Caseworker II/ Caseworker 1 - 2 vacancies
  - Licensed Clinical Therapist - 2 vacancies
  - Grant workers - 3 vacancies
- Turnover Percentages by Position (past 5 years):
  - Program Managers 71% \* 3 positions are grant funded positions
  - Auditor I 66% \* 2 positions are grant funded positions
  - Licensed Clinical Therapist 60%
  - Caseworker I 60%
  - Caseworker II 42%
- Notes about these turnover rates:
  - Grant positions are time limited positions. Over the last year we have had grant workers leave knowing the grant that's funding their position only has one year to go before the worker is not employed by the agency.
  - Caseworker I positions are entry level positions and leave APS as soon as another state job comes available.



# Adult Protective Services Staffing (cont'd)

- What are the hardest positions to fill?:
  - Positions working directly with clients are difficult to fill due to low wages, licensing requirements, and competition with sister agencies who can offer higher salaries.
  - Licensed Clinical Service worker requires a Master Degree and specific LCSW or CSW license.
  - Caseworker II requires a Bachelor's or Higher Degree in a and a Social Service Worker certification.
  - Caseworker I requires a degree in a related field.
- What strategies has the office employed to fill these positions in recent years?
  - Post job openings on the HR website
  - Recruitment fairs at the local area colleges
  - Developed a retention program which offers employees who stay longer than a year a retention bonus.
  - Using the Governor's Skills-First Initiative where we are looking at the experience of an individual versus the required Social Work degree as potential candidates for the job.



# Adult Protective Services Staffing (cont'd)

- What impact does caseload have on staffing levels?
  - Turnover associated with low pay, increases in cases leading to strained work process and burnout staff and simply the sensitive nature of the casework has doubled APS's turnover rate from 14% in 2017 to 28% in 2023.
  - Current caseloads are around 20 cases a month. An ideal caseload should be around 12-15 cases a month.
  - The objective for the requested additional funding (\$564 K appropriated in FY 2024) will allow APS to effectively and efficiently carry out intake activities, conduct quality investigations and ensure the clients safety.
  - Having the proper staffing of caseworkers will ensure APS, despite increasing case volumes, to continue to meet statutory requirements related to response and resolution time frames.



# Adult Protective Services Staffing (cont'd)

- How many new staff and how much in salary and benefits would it cost to get to the optimal level of caseload per employee?
  - An optimal level would be to add Five additional Caseworker II positions would cost \$429,011.90 annually.
  - The average annual cost of a new APS Caseworker II is \$85,802.38. This cost is broken out as follows:
    - Personnel services \$76,142.38
    - In-state travel \$2,840.00
    - Current expense \$2,660.00
    - D.P. current expense \$4,160.00

# Adult Protective Services Staffing - Caseload

- Current caseloads are around 20 cases a month.
- An ideal caseload should be around 12-15 cases a month.
- The objective for the requested additional funding will allow APS to effectively and efficiently carry out intake activities, conduct quality investigations and ensure the clients safety. Having the proper staffing of caseworkers will ensure APS, despite increasing case volumes, to continue to meet statutory requirements related to response and resolution time frames.



# Adult Protective Services Staffing – Caseload (cont'd)

- Is there a best practice or national standard for caseload for this type of program (APS), are there states that the Division feels are balancing it well?
  - Each State runs their APS program differently. Many states have different eligibility requirements in addition to the different types of allegations they investigate.
  - It doesn't matter how much triaging that goes on within an APS program to keep up with the increase of cases, the same concerns are heard across the country is that APS programs need to be better funded which would help keep up with the increases of cases.

# Adult Protective Services Staffing – 45-day Case Closure Requirement

- Where is the 45-day closure timing requirement found? Statute? Rule?
  - It is found within APS policy rather than in statute or rule.
- When was this requirement adopted?
  - Prior to 2010
- When was the last time it was reviewed as a reasonable goal? Is it still?
  - This timeframe is reviewed on a yearly basis. There have been studies that show that when cases remain open longer than 45 days, the quality of the casework decreases. When investigations include large gaps in time when no activity is done on a case, the vulnerable adult in question faces greater risk.
- How does it compare to other states for similar work/caseloads?
  - Most APS programs throughout the country either have a 30, 45 or a 60-day time period to close out investigations.

# Office of the Public Guardian - Staffing

- Budgeted Employees:
  - 10 FTE
  - 1 PTE (non-Benefitted)
- Current Vacancies:
  - 1 PTE (non-Benefitted)



# Office of the Public Guardian Staffing (cont'd)

- Turnover Percentages by Position (past 5 years):
  - Director 200%
  - Program Administrator 200%
  - Case Worker Specialist 50%
  - Executive Secretary 0%
  - Part Time Case Worker 200%
- Notes about these turnover rates:
  - They have replaced the Director twice in the last 5 years and the Program Administrator twice.
  - Half of the case worker turnover is a result of promotions within OPG, filling the director position and the program administrator.



# Office of the Public Guardian Staffing (cont'd)

- What are the hardest positions to fill?:
  - Case Worker Specialist/Part Time Case Worker.
    - The part time jobs are difficult because it is a part-time non-benefited position.
    - The caseworker specialists are difficult to fill because of the low pay and the frontline nature of the positions.
    - On their last recruitment, we had to do three rounds of interviews/recruitment to fill a position.
- What strategies has the office employed to fill these positions/retain employees in recent years?
  - Post job openings on the Department of Human Resource Management website
  - Some things OPG has done to decrease turnover rates include:
    - Supportive work environment and work culture
    - Developing a supportive management team
    - Providing frequent case staffing opportunities
    - Providing clear communication
    - A clear growth and incentive plan when resources are available
    - Flexible work schedules
    - Telework options



# DAAS Line-Item Performance Measures

- The percentage of APS clients who accept referrals to community services – Goal – 70% (2023 S.B. 7, Item 112)
- Percent of Office of the Public Guardian (OPG) referrals where an alternative to guardianship with OPG is made – Goal – 75% (2023 S.B. 7, Item 112)



# DAAS Line-Item Performance Measures (APS) (Cont'd)

**How does the agency follow up on whether individuals took advantage of the referrals? Is there a standard, follow-up process every few months?**

- Before an investigation is closed, the APS caseworker has been asked to follow up with the client and the resource provider to ensure the client's need for services have been initiated.
  - APS developed a case care coordinator staff position using ARPA funding to support this effort. This funding will help to develop processes and functions with the intention of supporting these types of efforts after the time-limited funding expires.
- With the consent of the client, the care coordinator works closely with clients to ensure their needs are being met and that they are taking advantage of the resources offered to them.
- APS relies on community partners to inform the worker when the client has declined the service after APS is removed from the case.
- APS runs monthly recidivism reports to identify cases for clients that are being referred back to APS and why. If a protective need is identified, then a new case could be opened.

# DAAS Line-Item Performance Measures (APS) (Cont'd)

- **What is the main barrier to individuals utilizing referred services?**
  - The main reasons why clients decline services are:
    - Personal Choice - They simply are not interested in receiving additional services.
    - Eligibility - Some services available in the community have specific eligibility requirements that specific clients might not meet.
    - Waiting lists - Provider agencies have services for which there is an applicant list and services might not be readily available due to constraints in that particular system.
    - Different service arrays - Not all community resources are available in every county and depending on the county where a client resides, they might have different options available to them than others.
  - DAAS reports that this is a new measure for the agency, and they feel that a more appropriate target for this measure is 60% and will be requesting this change for the upcoming General Session.

# DAAS Line-Item Performance Measures (OPG) (Cont'd)

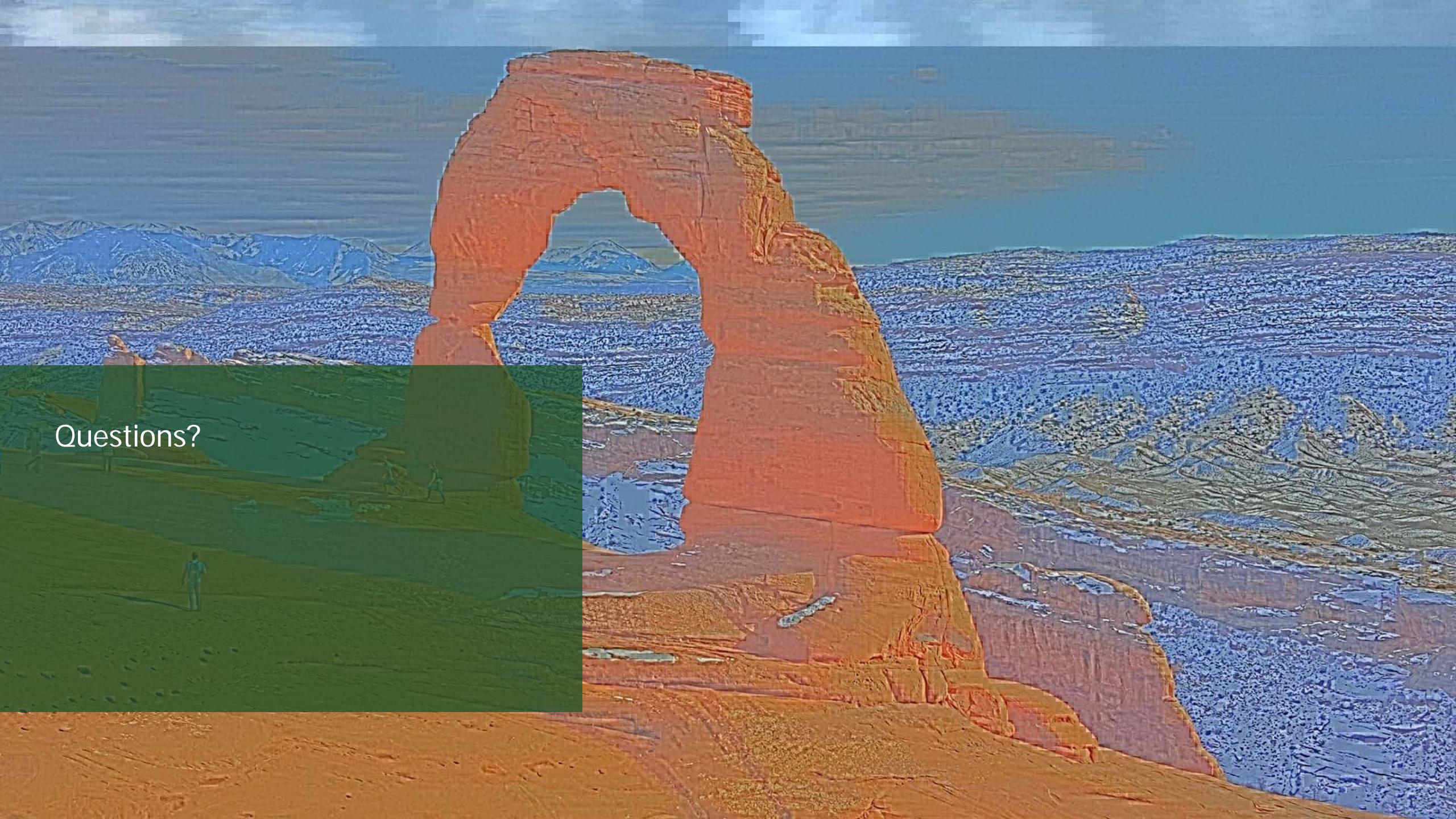
- **What are the most common types of guardians found in these situations?**
  - Family is the most common type of guardian in these situations. Family guardians receive priority under the guardianship probate code.
  - OPG reaches out to the family during our intake process to assess their level of involvement with the individual and if they are aware of the need for assistance.
  - In some cases, family members choose not to become guardians and act as surrogate decision-makers instead.

DAAS reports that this is a new measure for the agency, and they feel that a more appropriate target for this measure is 60% and will be requesting this change for the upcoming General Session.



# DAAS Line-Item Performance Measures (OPG) (Cont'd)

- **How does the agency ensure the guardian that is appointed has the client's best interests in mind?**
  - DAAS run a CLEAR background report that will notify them of any criminal records, and they interview the interested party accordingly.
  - They also gather information from other resources such as the APS database, caregivers, etc., to ensure that the potential family guardians are appropriate.
- **Does OPG follow-up to ensure the appointed guardian is not abusing their position? If so, how often? If not, why?**
  - Once someone else is appointed guardian by the court, OPG normally do not follow up unless there is a reason for concern. They do keep cases open in their system under community support and education (this is a new data point we have been tracking) when we are assisting families with resources and helping to find services or placement for someone.



Questions?