

CARE ANNUAL REPORT

State Fiscal Year 2010

EXECUTIVE SUMMARY

The Client Assessment, Referral and Evaluation (CARE) Program is Administered by the Transitions Division of the Kansas Department on Aging (KDOA Program and Policy Commission). The CARE program's purpose is to provide a pre-admission screening and resident review (PASRR) on individuals seeking or receiving nursing home care to ensure that individuals with mental illness, intellectual disability and/or developmental disability do not move into or continue to stay in a nursing home if they can be better served in a less restrictive environment.

The CARE Program meets federal requirements for pre-admission screening and resident review (PASRR). CARE staff and assessors work with all individuals seeking nursing home care to determine preferences and make referrals to appropriate resources. When a CARE Level I assessment identifies an individual with a mental illness, intellectual disability and/or developmental disability, a Level II assessor will complete an in-depth assessment and forward the information to KDOA CARE staff, who will work with these individuals to explore options, including alternatives to nursing home care. In addition to screening to ensure appropriate placement, CARE staff evaluate data on unmet service needs for these individuals and provide recommendations for expansion of needed services in certain areas of Kansas based on these unmet needs.

LEVEL I

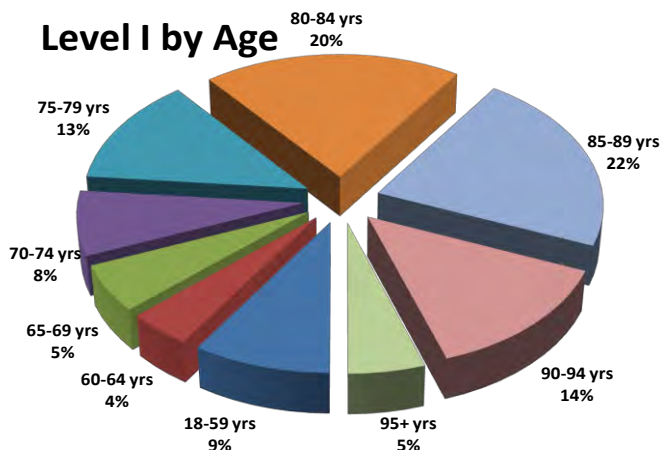
In SFY 2010, 13,245 Level I assessments were conducted with 49% being done by hospital assessors and 51% by assessors contracted by or working for Area Agencies on Aging. CARE Level I customers for SFY 2010 were 63% female and 37% male.

The vast majority of CARE Level I customers are 60 and older (91%).

Level I Assessments by Gender

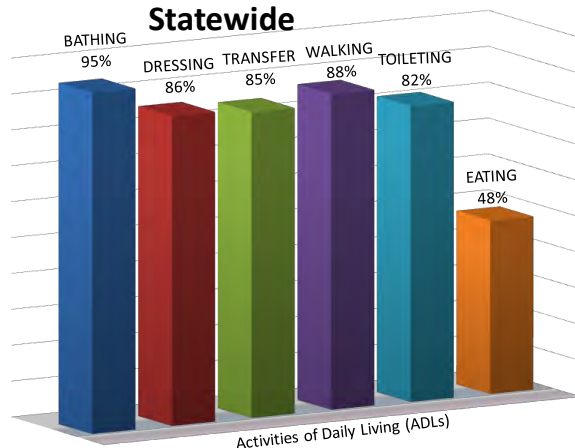


Level I by Age



Assessors performed more than one Level I assessment for **110** customers because a significant change had occurred within the one-year time frame.

ADLs Statewide



CARE Level I – Activities of Daily Living (ADLs):

Over 95% of Level I customers need assistance in bathing. Assistance with eating is the least ADL need, with 48% of customers requiring assistance to eat.

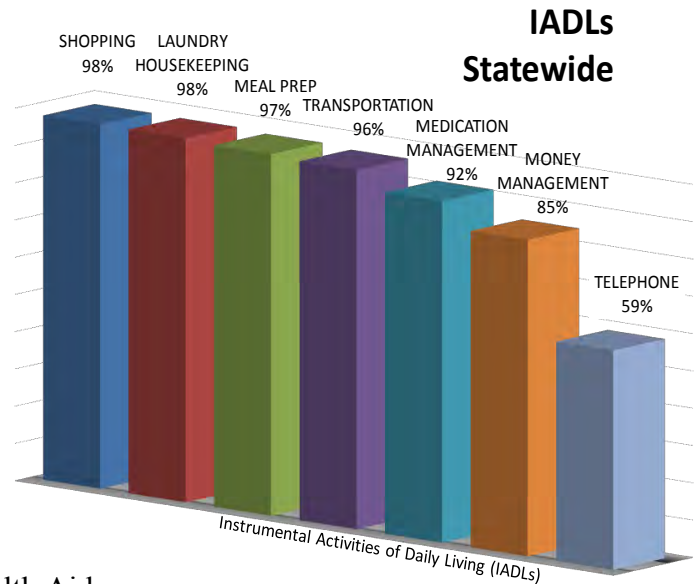
**CARE Level I –
Instrumental Activities of Daily
Living (IADLs):**

Over 90% of CARE Level I customers need assistance with housekeeping, shopping, transportation, meal preparation and medication management.

UNMET NEEDS

A primary goal of the CARE program is to identify customer’s unmet needs for services that need to be developed in communities. The top ten unmet needs reported and ranked are:

- | | | |
|---------------------|---------------------|-------------------------|
| 1. Attendant Care | 5. Home Health Aide | |
| 2. Homemaker | 6. Home Delivered | |
| 3. Physical Therapy | 7. Meals | 9. Occupational Therapy |
| 4. Skilled Nursing | 8. Transportation | 10. Mobility Aids |



LEVEL II

The CARE Level II process fulfills the federal mandate that individuals with intellectual disability /developmental disability or mental illness will not be moved into a nursing facility if they could be served in a less restrictive setting. Eighty-five percent of Level II customers are under age 65, with an average age of 50. The gender of Level II customers in SFY 2010 was 53% male and 47% female.

During SFY 2010, 426 assessments were performed by trained Level II assessors contracted through *Kansas Health Solutions*. Of these assessments, 343 were reviewed for mental illness and 83 for intellectual disability/developmental disability.

Type of Level II Determinations

Determination	Number	Percent
Client requires nursing home, but not inpatient services	133	31.2%
Client requires temporary nursing home services	137	32.2%
Client requires inpatient services but not nursing home	1	0.2%
Client does not require nursing home or inpatient services	36	8.5%
Resident Reviews	60	14.1%
Exempt from PASRR (<i>dementia, serious physical illness, etc</i>)	59	13.8%
Total	426	100%

DIVERSION

The CARE program had a diversion rate of 20.36% at 30 days for SFY 2010, compared to 20.52% for SFY 2009. *This means that for a second consecutive year, we were able to maintain a ratio of "1 in 5" persons who entered a nursing facility were able to return to the community.*

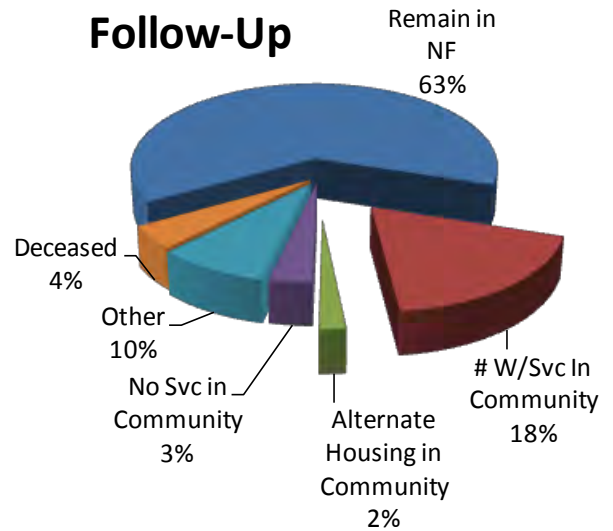
POTENTIAL SAVINGS

A savings of \$1,794 per month is realized for each individual utilizing community based services as alternatives to nursing home care. Status at the day follow-up indicated 2,659 nursing facility residents had returned to the community. Of the residents 55% were Medicaid customers.

- \$2,861 per mo. - NF Medicaid resident
- 1,067 per mo. - HCBS customer in the community
-
- \$1,794 per mo. - Medicaid savings per customer

Potential savings for all diverted Medicaid customers (1,402) for one month equals \$2,622,828. If they remained in the community for a period of one year, the potential savings would be \$31,473,936.

Status at 30 Day Follow-Up



SFY 2010 CARE PROGRAM INITIATIVES

Level I

- Expanded Quality Assurance reviews of assessments for accuracy
- Improved outcomes through training regarding assessment coding and the understanding of PASRR and community-based service options
- Developed a CARE/PASRR web-based training module on the provider website
- Developed a fast track CARE Coding training packet for CARE Coordinator use
- Increased education and outreach to nursing facilities, improving CARE process

Level II

- Revised PASRR Determination Letters to clarify consumer choice
- Developed Informational Sheet on Schizophrenia for nursing facilities

OTHER COLLABORATION

CARE staff participated on a number of committees and projects throughout the year related to planning and service delivery for CARE customers.

- Presentations at conferences
- Actively involved in the Traumatic Brain Injury Advisory Council
- Working with Kansas University on multiple grants
- Represent KDOA on Kansas Citizen's Committee on Alcohol and other Drug Abuse
- Represent KDOA on Governor's Mental Health Services Planning Council and subcommittees

INTRODUCTION AND BACKGROUND

The Client Assessment, Referral and Evaluation (CARE) Program was created in 1994 by the Kansas Legislature K.S.A.39-931a (amended) and K.S.A. 39-968; K.A.R. 26-9-1 and K.A.R.120-1-2 with the legislative intent stated as:

To achieve a quality of life for Kansans with long-term care needs in an environment of choice that maximizes independent living capabilities and recognizes diversity.

The program has assisted Kansas Department on Aging (KDOA) to achieve this stated intention through use of CARE data. A variety of long-term care options have been expanded in response to information CARE customers have provided.

The CARE program is administered by the KDOA and complies with federal Pre-Admission Screening and Resident Review (PASRR) requirements using a two-step process. The CARE Level I Assessment is valid for 365 days from the date of assessment and provides proof that PASRR requirements have been completed in order for a person to enter a nursing facility. When the Level I assessment identifies an individual with a mental illness (MI) or Intellectual Disability (ID) (Mental Retardation)/Developmental Disability (ID/DD), a referral is made for a Level II assessment.

KDOA contracts with the eleven Area Agencies on Aging (AAA) in Kansas to complete the Level I assessment. The CARE Level II assessment process is contracted with Kansas Health Solutions. The assessments are completed by trained assessors working for Community Mental Health Centers (CMHCs) and Community Developmental Disability Organizations (CDDOs).

The CARE legislation also created the CARE Oversight Council in July 1994. Membership requirements are detailed in K.S.A. 39-968 (i). The eleven-member Council represents hospitals, nursing facilities, home and community-based service providers and customers of community-based services. In addition, the Secretaries of Kansas Department of Health and Environment (KDHE) and Kansas Department of Social and Rehabilitation Services (SRS), or their designees, are members.

The Oversight Council provides guidance to the CARE program. They contribute to the effectiveness and growth of partnerships between government and public service providers that serve long-term care populations in Kansas.

CARE LEVEL I

The CARE Level I assessment meets federal PASRR requirements, assesses for functional need for nursing facility care and gathers data regarding customer characteristics. This data is analyzed and used for planning and service development.

CARE Level I Assessments Completed

KDOA contracts with each of the eleven Area Agencies on Aging to provide CARE assessments within each AAA Planning and Service Area (PSA). The following chart shows:

- Total number of assessments each AAA has completed
- Percentage of program represented
- Number of 30 day follow-ups completed

Planning and Service Area (PSA) Area Agency on Aging (AAA)	Level I Assmts Completed	% of Total Level I Assmts	# of 30-day Follow-ups
PSA 1- Wyandotte-Leavenworth	805	6%	805
PSA 2 - Central Plains	2,598	20%	2,598
PSA 3 - Northwest Kansas	656	5%	656
PSA 4 - Jayhawk	1,257	9%	1,238
PSA 5 - Southeast Kansas	1,192	9%	1,192
PSA 6 - Southwest Kansas	990	7%	990
PSA 7 - East Central Kansas	441	3%	441
PSA 8 - North Central/Flint Hills	1,573	12%	1,557
PSA 9 - Northeast Kansas	447	3%	447
PSA 10 - South Central Kansas	1,279	10%	1,276
PSA 11 - Johnson County	2,007	15%	1,860
Statewide	13,245	100%	13,060

Not all CARE customers can be located at 30 days for a variety of reasons; however, the Area Agencies reported 98% of CARE customers were contacted at 30 days.

CARE Level I Assessments - Average Completion Time

The Area Agencies on Aging are to complete a CARE assessment within 5 working days of intake. The state-wide average is 3.5 days.

Planning and Service Area	Days to complete
01 - Wyandotte-Leavenworth	2.9
02 - Central Plains	3.7
03 - Northwest Kansas	2.8
04 - Jayhawk	3.3
05 - Southeast Kansas	4.0
06 - Southwest Kansas	3.5
07 - East Central Kansas	3.4
08 - North Central/Flint Hills	4.2
09 - Northeast Kansas	2.9
10 - South Central Kansas	2.3
11 - Johnson County	3.6
Statewide	3.5

CARE Level I Assessments by Age and PSA

The majority of CARE customers are over age 75. CARE assessments completed on customers age 80-84 represent 20%, 85-89 represent 22% and 19% were age 90 and above. CARE customers age 74 and below often fall into special groups:

- Short term stays that extend beyond 30 days
- Severe medical conditions that are unable to be managed in the community
- Individuals with insufficient community support

Client's Age		Wyandotte-Leavenworth AAA	Central Plains AAA	Northwest Kansas AAA	Jayhawk AAA	Southeast Kansas AAA	Southwest Kansas AAA	East Central Kansas AAA	North Central/Flint Hills AAA	Northeast Kansas AAA	South Central Kansas AAA	Johnson County AAA	STATE WIDE SUMMARY
18-59 yrs	#	144	267	38	134	88	61	53	98	25	67	214	1,189
	%	19%	10%	6%	11%	7%	6%	12%	6%	6%	5%	11%	9%
60-64 yrs	#	57	120	19	51	41	42	21	46	16	32	104	549
	%	7%	5%	3%	4%	3%	4%	5%	3%	4%	3%	5%	4%
65-69 yrs	#	60	141	31	68	71	50	21	69	31	60	128	730
	%	8%	5%	5%	5%	6%	5%	5%	4%	7%	5%	6%	5%
70-74 yrs	#	74	182	39	88	106	76	31	108	30	98	170	1,002
	%	10%	7%	6%	7%	9%	8%	7%	7%	7%	8%	9%	8%
75-79 yrs	#	86	347	81	172	146	138	39	193	39	190	250	1,681
	%	11%	13%	12%	14%	12%	14%	9%	12%	9%	15%	13%	13%
80-84 yrs	#	138	546	133	222	235	187	88	331	85	292	389	2,646
	%	18%	21%	20%	18%	20%	19%	20%	21%	19%	23%	20%	20%
85-89 yrs	#	120	550	166	278	264	231	102	369	111	272	389	2,852
	%	15%	21%	25%	22%	22%	23%	23%	24%	25%	21%	20%	22%
90-94 yrs	#	65	318	100	177	178	146	51	247	70	190	256	1,798
	%	8%	12%	15%	14%	15%	15%	12%	16%	16%	15%	13%	14%
OVER-94 yrs	#	31	104	47	50	52	51	28	107	35	73	85	663
	%	4%	4%	7%	4%	4%	5%	6%	7%	8%	6%	4%	5%
UNKNOWN AGE	#	3	5	1	1	1	2	2	1	3	4	3	26
	%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
Total		778	2,580	655	1,241	1,182	984	436	1,569	445	1,278	1,988	13,136

Data in chart above reflect unduplicated count of clients

Gender

- A majority of CARE customers are female (63%)
- Two areas with the highest percentage of males assessed are Southwest and Wyandotte/Leavenworth AAAs (41%)
- The area with highest percent of females assessed is East Central Kansas (65%)

Planning and Service Area	FEMALE	% FEMALE	MALE	% MALE
01 - Wyandotte-Leavenworth	459	59%	319	41%
02 - Central Plains	1,625	63%	955	37%
03 - Northwest Kansas	408	62%	247	38%
04 - Jayhawk	800	64%	441	36%
05 - Southeast Kansas	761	64%	421	36%
06 - Southwest Kansas	584	59%	400	41%
07 - East Central Kansas	283	65%	153	35%
08 - North Central/Flint Hills	1,003	64%	566	36%
09 - Northeast Kansas	277	62%	168	38%
10 - South Central Kansas	781	61%	497	39%
11 - Johnson County	1,270	64%	718	36%
STATEWIDE	8,251	63%	4,885	37%

Race/Ethnicity

Percentages of race and ethnicity of the individuals assessed in SFY 2010 is reflected in the chart below.

Race/Ethnicity	Unduplicate d Persons	Percent of Total
African/American	509	3.87%
American Indian/Native	34	0.26%
Asian	40	0.30%
Caucasian	12,153	92.52%
Hispanic	293	2.23%
Native Hawaiian, Asian American/Pacific	5	0.04%
Reporting some other race	19	0.14%
2 Or More Races	7	0.05%
Race Missing (unknown)	76	0.58%
Total	13,136	100%

CARE Customers – Living Alone

The percentage of persons who are coded as “living alone” on the CARE assessment varies significantly between areas of the state. The lowest percent recorded was in Jayhawk AAA (29%). The highest was in Northeast Kansas (52%). Data continues to indicate the need for community-based services to support those individuals living alone in the community.

Planning and Service Area	Unduplicated Persons	Lives Alone	% Lives Alone
01 - Wyandotte-Leavenworth	778	352	45%
02 - Central Plains	2,580	1,166	45%
03 - Northwest Kansas	655	317	48%
04 - Jayhawk	1,241	360	29%
05 - Southeast Kansas	1,182	547	46%
06 - Southwest Kansas	984	434	44%
07 - East Central Kansas	436	207	47%
08 - North Central/Flint Hills	1,569	745	47%
09 - Northeast Kansas	445	233	52%
10 - South Central Kansas	1,278	590	46%
11 - Johnson County	1,988	702	35%
STATEWIDE	13,136	5,653	43%

CARE Level I - Unmet Needs

The CARE program collects data from customers regarding what services they believe would make it possible for him or her to remain in the community. The chart below shows the 10 services most frequently needed to continue living in the community.

Rank	Service	# Indicating Service Need	Waiting List	Cannot Afford	Service Not Available	Total UnMet Needs
1	Attendant Care	4,846	326	548	150	1,024
2	Homemaker	4,331	382	411	68	861
3	Physical Therapy	4,106	9	90	8	107
4	Skilled Nursing	3,909	15	124	174	313
5	Home Health Aide	3,512	40	79	26	145
6	Home Delivered Meals	3,324	26	79	78	183
7	Transportation	3,280	16	358	58	432
8	Shopping	3,193	122	289	81	492
9	Occupational Therapy	2,455	4	26	30	60
10	Mobility Aids	2,139	5	88	26	119

CARE Level I Assessments by Location

Assessments performed before entering long-term care provide an opportunity for the assessor and the customer to explore community-based supportive services that might enable the customer to continue living at home. Shorter hospital stays have increased the number of customers who transition to nursing facilities for brief stays. Many enter under a *30-day provisional clause*, planning to return home after completing therapy. No individual is permitted to remain in a nursing facility for longer than 30 days without a completed CARE/PASRR assessment.

Planning and Service Area PSA	Assmts	Community		Hospital		Nursing Facility	
	#	#	%	#	%	#	%
01 - Wyandotte-Leavenworth AAA	805	94	12%	369	46%	340	42%
02 - Central Plains AAA	2,598	291	11%	1,290	50%	1,015	39%
03 - Northwest Kansas AAA	656	131	20%	439	67%	85	13%
04 - Jayhawk AAA	1,257	120	10%	464	37%	671	53%
05 - Southeast Kansas AAA	1,192	74	6%	789	66%	332	28%
06 - Southwest Kansas AAA	990	153	15%	622	63%	213	22%
07 - East Central Kansas AAA	441	47	11%	148	34%	246	56%
08 - North Central/Flint Hills AAA	1,573	124	8%	1,011	64%	438	28%
09 - Northeast Kansas AAA	447	37	8%	250	56%	159	36%
10 - South Central Kansas AAA	1,279	343	27%	751	59%	184	14%
11 - Johnson County AAA	2,007	169	8%	300	15%	1,538	77%
STATEWIDE	13,245	1583	12%	6433	49%	5,221	39%

CARE 30-Day Follow-up Status

The Area Agencies on Aging record CARE customers location with follow-up calls at 30 days post-admission. The percent of CARE customers returning to the community with services or going into some type of alternate housing remained at 20%.

Planning and Service Area	Nursing Facility	Community w/o Services	Hospital	Moved Out of State	Cannot locate	Deceased	In Community with Services (A)	Alternate housing (B)	Diverted (A) + (B)
01	80%	4%	1%	0%	3%	0%	11%	0%	10.8%
02	68%	3%	3%	0%	2%	3%	19%	0%	19.0%
03	70%	1%	2%	1%	1%	8%	18%	0%	18.0%
04	70%	4%	3%	0%	0%	4%	16%	4%	19.7%
05	51%	8%	4%	1%	4%	6%	7%	3%	10.0%
06	68%	5%	4%	1%	0%	6%	16%	0%	16.1%
07	44%	13%	7%	0%	0%	4%	17%	1%	17.7%
08	64%	1%	2%	1%	1%	5%	13%	2%	15.7%
09	70%	6%	2%	1%	1%	5%	15%	0%	15.4%
10	85%	0%	0%	0%	0%	3%	12%	0%	12.1%
11	35%	0%	5%	2%	0%	5%	42%	6%	48.1%
STATEWIDE	63%	3%	3%	1%	1%	4%	18%	2%	20.4%

The map on page 21 also contains the number of diversions and diversion rates by PSA.

Terminal Illness Letter

Customers who are designated by their physician as terminally ill or in a coma do not require a CARE assessment to be completed when they enter a nursing facility. During State Fiscal Year 2010, 447 individuals did not require a CARE assessment due to terminal illness or coma.

CARE Level II

The KDOA's goal is for individuals to reside in the least restrictive setting available. The KDOA may review the assessment with case managers, social workers, family, and other caregivers. Then, in consultation with mental health professionals, KDOA CARE staff work with the individual to ensure he or she resides in the most appropriate setting.

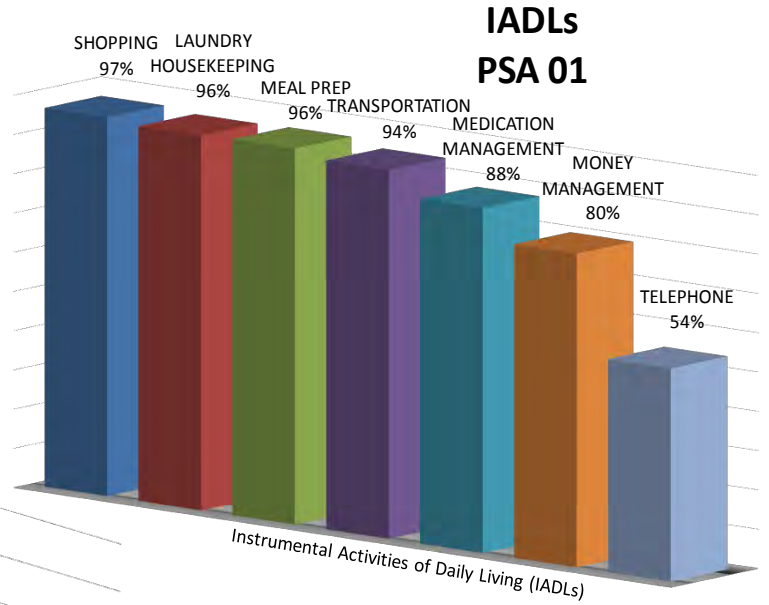
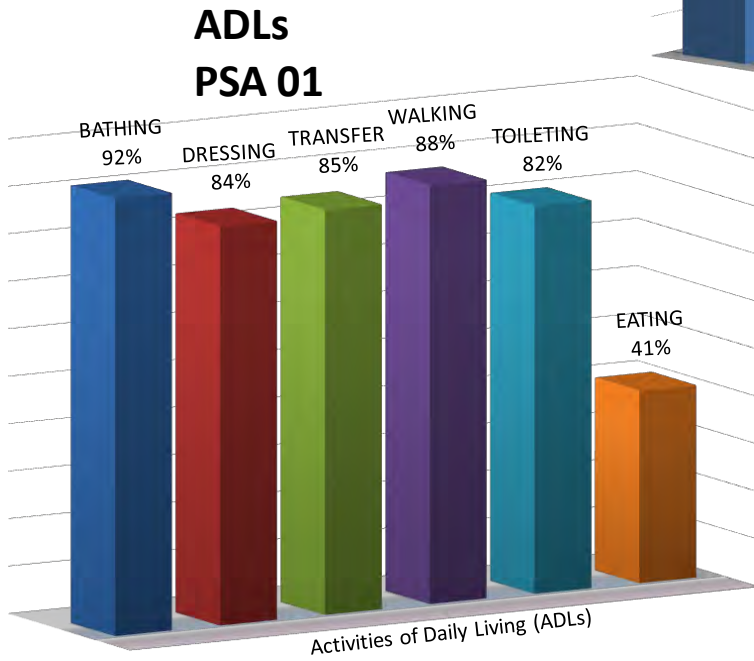
The Level II assessment does not have an expiration date unless it is felt that the individual only needs a time-limited stay in a nursing facility for rehabilitation, stabilization, or for services to be established. When these instances occur, a temporary stay may be approved. If the individual remains in the nursing facility at the end of the temporary stay, a Resident Review will be completed to ensure the individual is living in an appropriate environment and receiving the necessary services.

Planning and Service Area Characteristics

Kansas Area Agencies on Aging (AAAs) contract to administer the CARE program in their respective Planning and Service Areas (PSAs). Each PSA has its own characteristics, for example, population/location. *The following pages feature each PSA with special features unique to each, including examples on how the PSA and other stakeholders collaborate to benefit the CARE customers.*

PSA 01 – Wyandotte/Leavenworth AAA

Total Assessments: 805
 Male: 41%
 Female: 59%
 Median Age: 80-84
 Lives Alone: 45%
 Diversion Rate: 10.8%



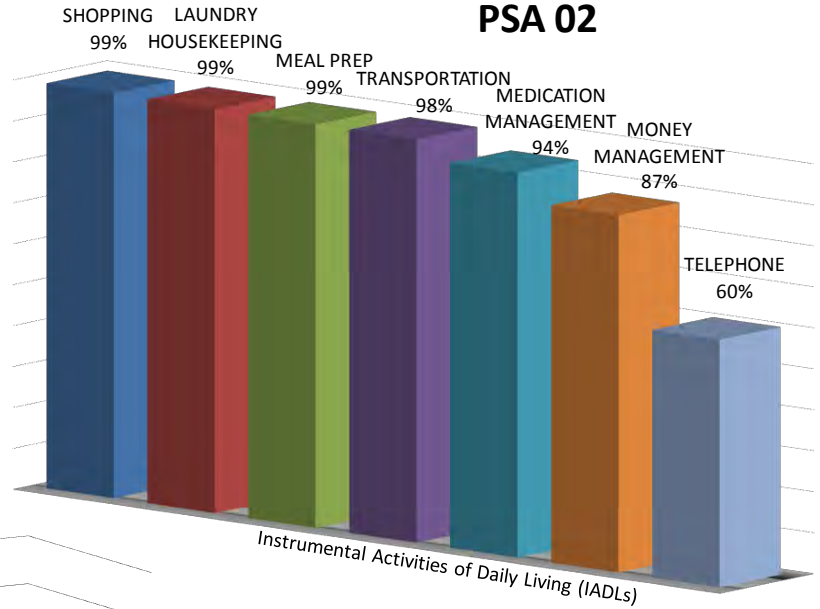
PSA 01

A female CARE consumer in our area spent 45 days between a hospital stay and nursing facility care. As a result of information gained during the CARE 30-day follow-up and working with nursing facility discharge planners we were able to assist her to return home with privately paid in-home services. Upon spending down her resources, she has since applied for Medicaid and was referred to the HCBS/FE program. She has been able to remain at home with the assistance of case management services and home delivered meals through our agency.

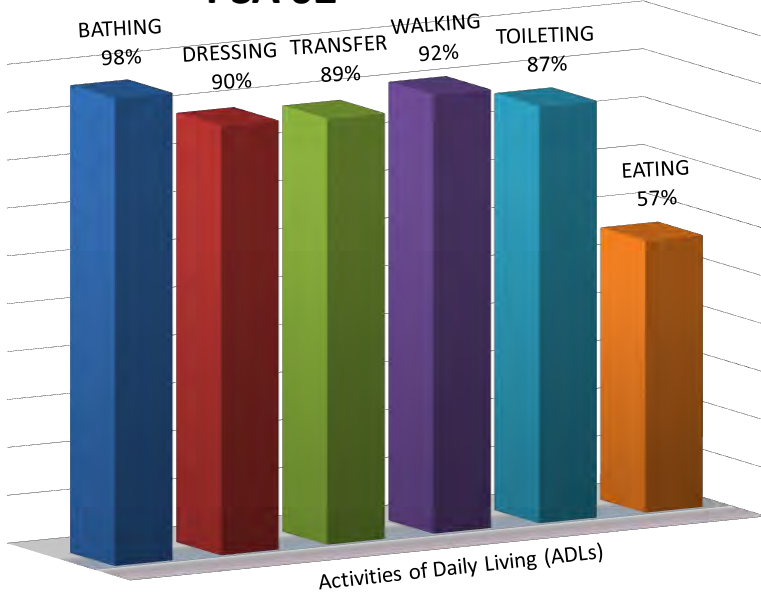
PSA 02 – Central Plains AAA

Total Assessments: 2,598
 Male: 37%
 Female: 63%
 Median Age: 85-89
 Lives Alone: 45%
 Diversion Rate: 19%

IADLs PSA 02



ADLs PSA 02



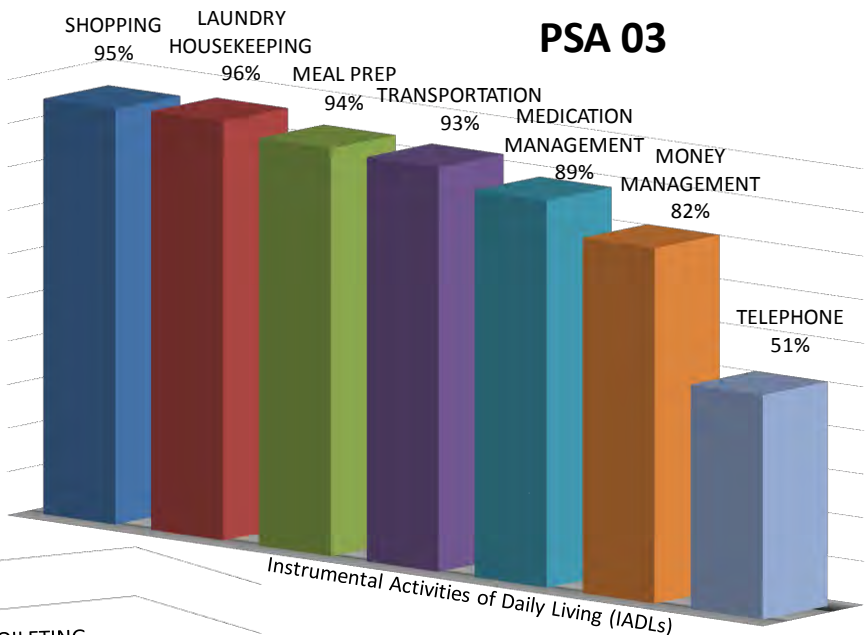
PSA 02

A gentleman had recently lost his spouse and moved in with one of his children. The arrangement was uncomfortable for both. He was hospitalized for a medical condition and discharged to a nursing facility with a 30-day provisional stay. His therapeutic stay in the nursing facility became extended and a CARE assessment was completed. He shared his concern with the assessor regarding the living situation that he would return to upon discharge. The CARE assessor realized he was very alert and oriented, and suggested he think about an independent apartment in his home town. The CARE Assessor and the nursing facility worked with him to transition back to his community with housing and in-home services.

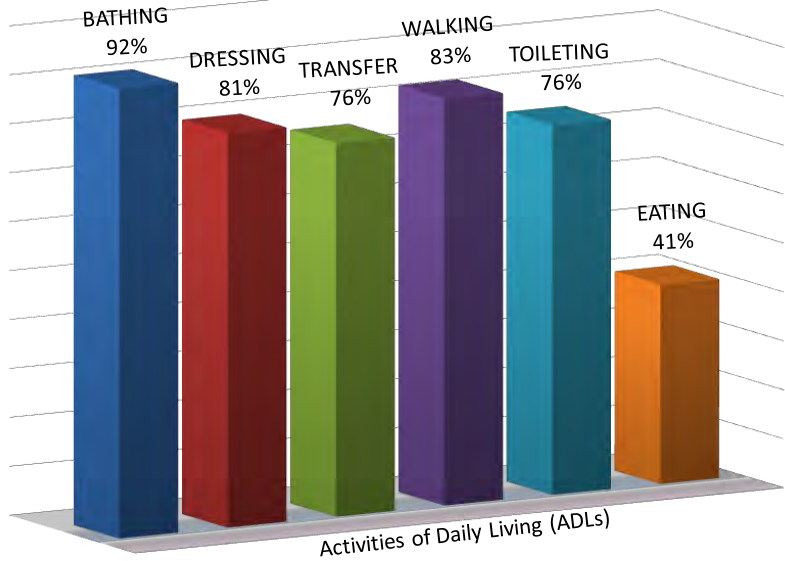
PSA 03 – Northwest Kansas AAA

Total Assessments: 656
 Male: 38%
 Female: 62%
 Median Age: 85-89
 Lives Alone: 48%
 Diversion Rate: 18%

IADLs PSA 03



ADLs PSA 03

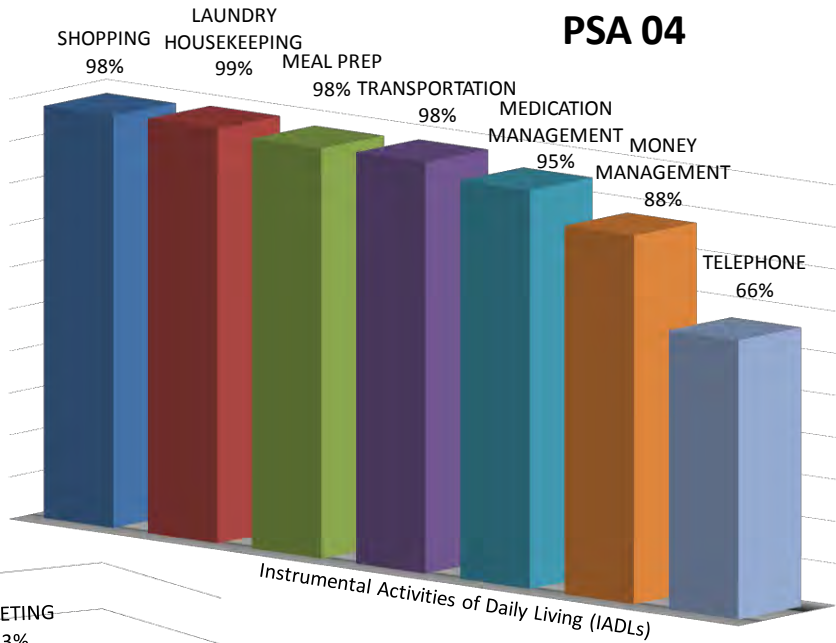


PSA 03
 When there is a chance that someone can be diverted during the CARE assessment, hospitals and nursing facilities call to set up services. During presentations at meal-sites the CARE Coordinator frequently meets individuals who have returned from nursing facility rehabilitation to the meal site. In one situation a person with a severe respiratory illness was admitted to a nursing facility but was able to return home with CARE Coordinator follow-up 3-4 months later. Senior Care Act services were set up.

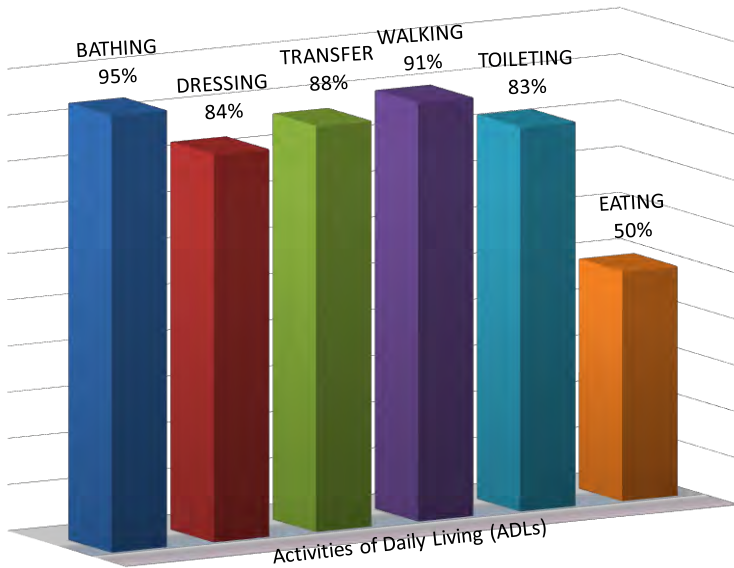
PSA 04 – Jayhawk AAA

Total Assessments: 1,257
 Male: 36%
 Female: 64%
 Median Age: 85-89
 Lives Alone: 29%
 Diversion Rate: 19.7%

IADLs PSA 04



ADLs PSA 04

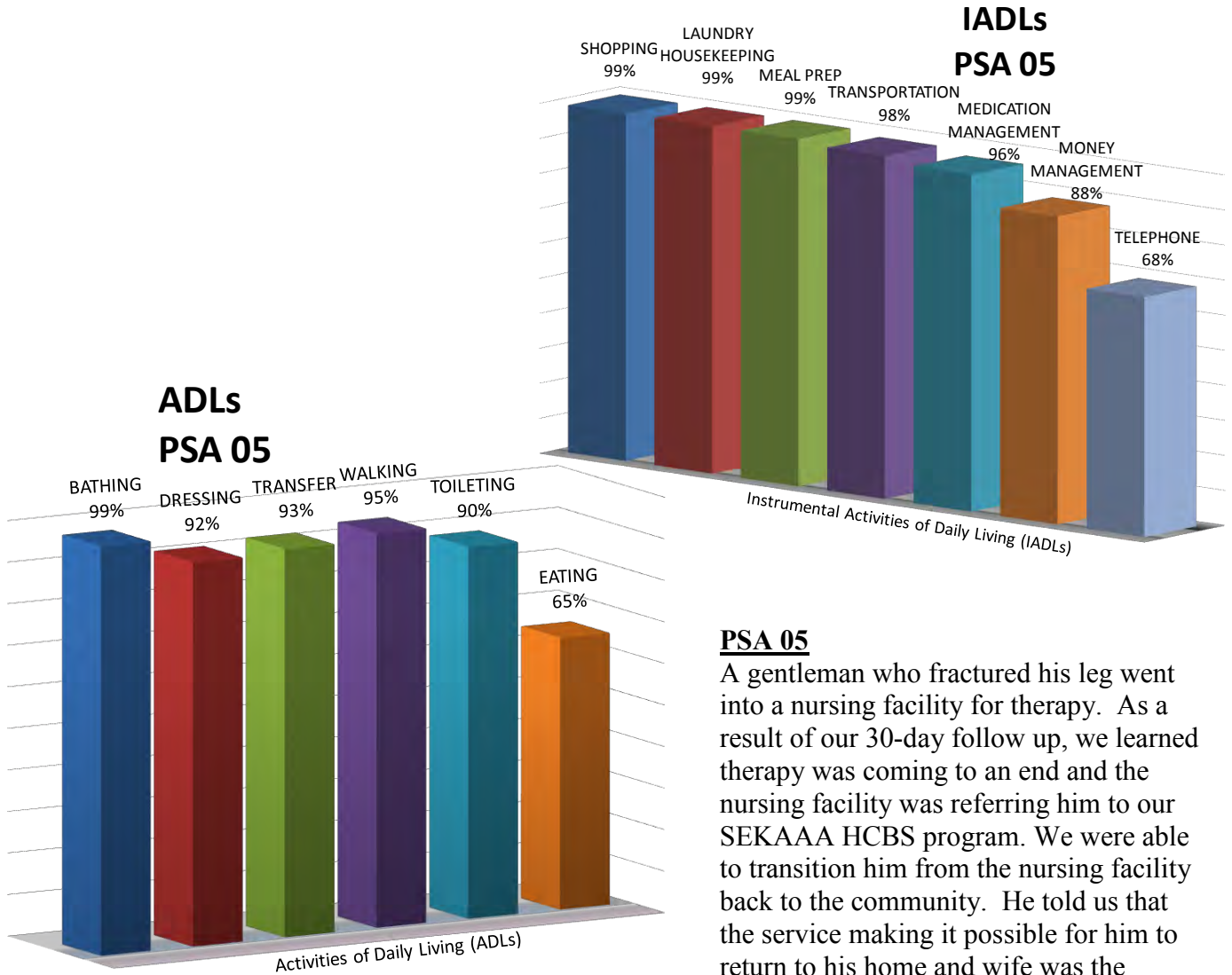


PSA 04

Nursing facilities work with us and call with referrals if they feel someone would thrive in a home setting after rehabilitation in their facility. One example is a gentleman who had numerous falls, the last in which he broke a hip. Family members were willing to check on him several times weekly but could not provide sufficient additional support at home. We worked with him to set up an emergency alert device and housekeeping services. He was ecstatic when he realized these types of services were available and he could go home.

PSA 05 – Southeast Kansas AAA

Total Assessments: 1,192
 Male: 36%
 Female: 64%
 Median Age: 85-89
 Lives Alone: 46%
 Diversion Rate: 10%



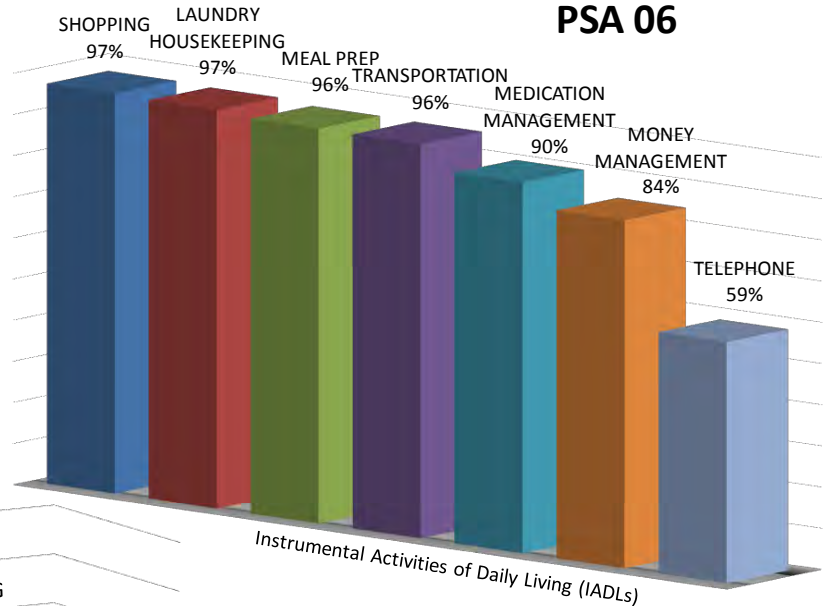
PSA 05

A gentleman who fractured his leg went into a nursing facility for therapy. As a result of our 30-day follow up, we learned therapy was coming to an end and the nursing facility was referring him to our SEKAAA HCBS program. We were able to transition him from the nursing facility back to the community. He told us that the service making it possible for him to return to his home and wife was the greatest and most therapeutic “gift” he could have been given.

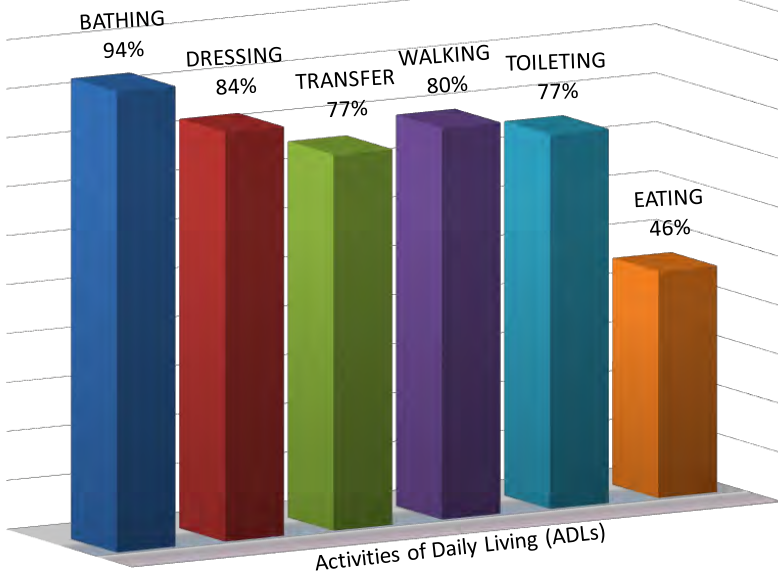
PSA 06 – Southwest Kansas AAA

Total Assessments: 990
 Male: 41%
 Female: 59%
 Median Age: 85-89
 Lives Alone: 44%
 Diversion Rate: 16.1%

IADLs PSA 06



ADLs PSA 06



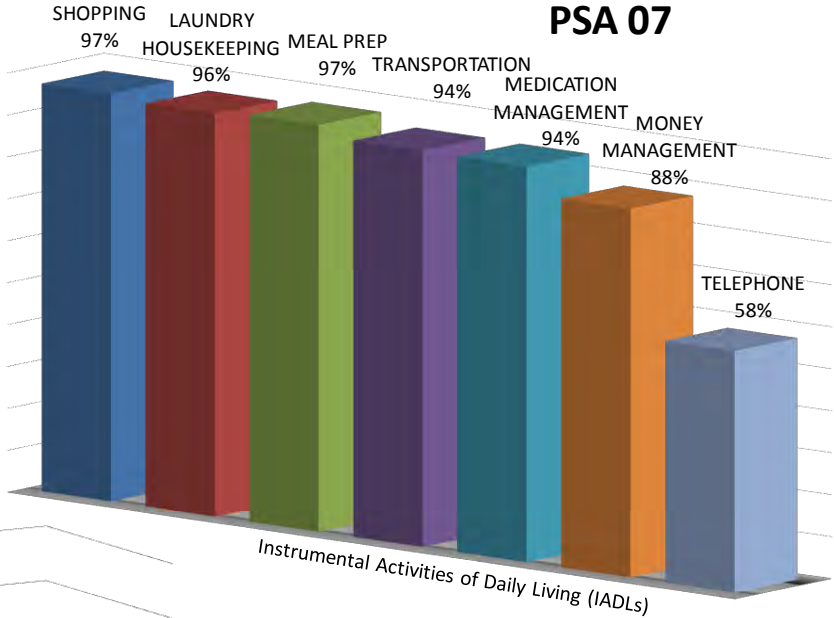
PSA 06

Families are often concerned about a loved one being in a safe environment. I have had several instances where a person goes into a nursing facility for a short period of time and after completing a course of rehabilitation or strengthening was able to return home with the support of our services. A CARE was completed for this gentleman and we started in-home services which allowed him to remain in his home.

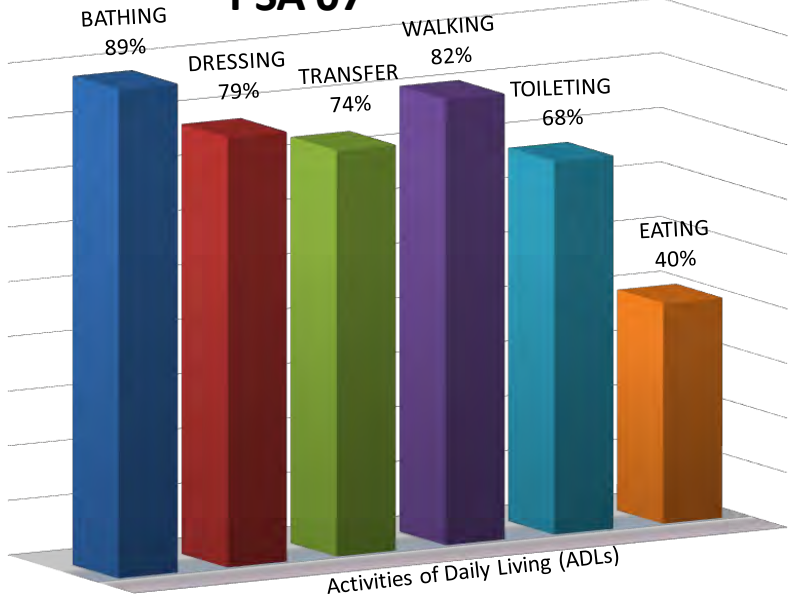
PSA 07 – East Central Kansas AAA

Total Assessments: 441
 Male: 35%
 Female: 65%
 Median Age: 85-89
 Lives Alone: 47%
 Diversion Rate: 17.7%

**IADLs
PSA 07**



**ADLs
PSA 07**

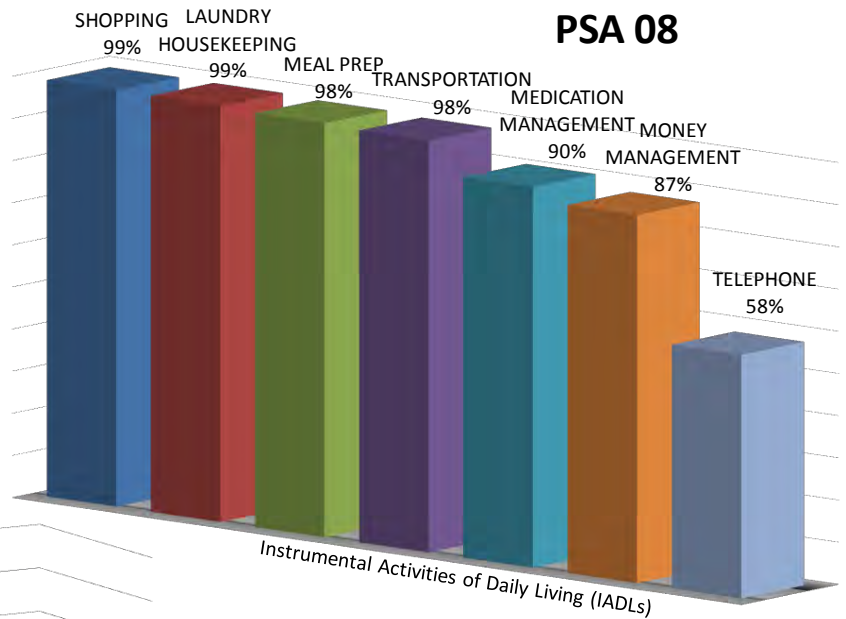


PSA 07
 We completed a 30-day follow up for a woman who was admitted to a nursing facility due to her spouse coming to a point where he could no longer manage all her care needs. Her husband felt she could still function in a less restrictive setting than a nursing home but he did not know where that could be. We discussed board and care home options. As a result of this information she was able to transition to a less restrictive setting.

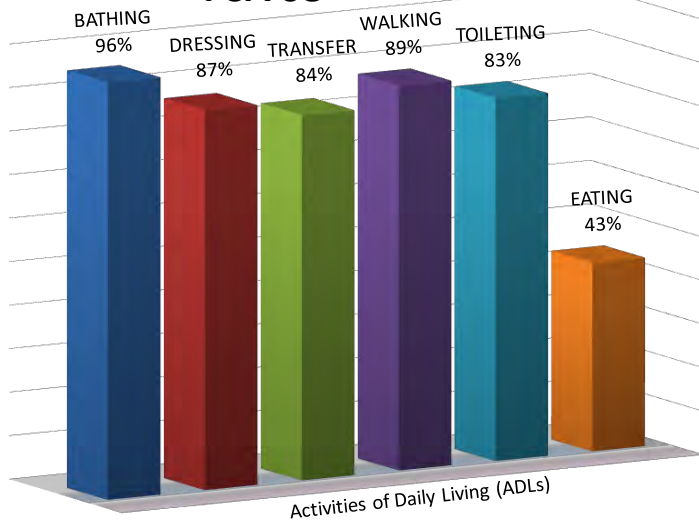
PSA 08 – North Central/Flint Hills AAA

Total Assessments: 1,573
 Male: 36%
 Female: 64%
 Median Age: 85-89
 Lives Alone: 47%
 Diversion Rate: 15.7%

IADLs PSA 08



ADLs PSA 08



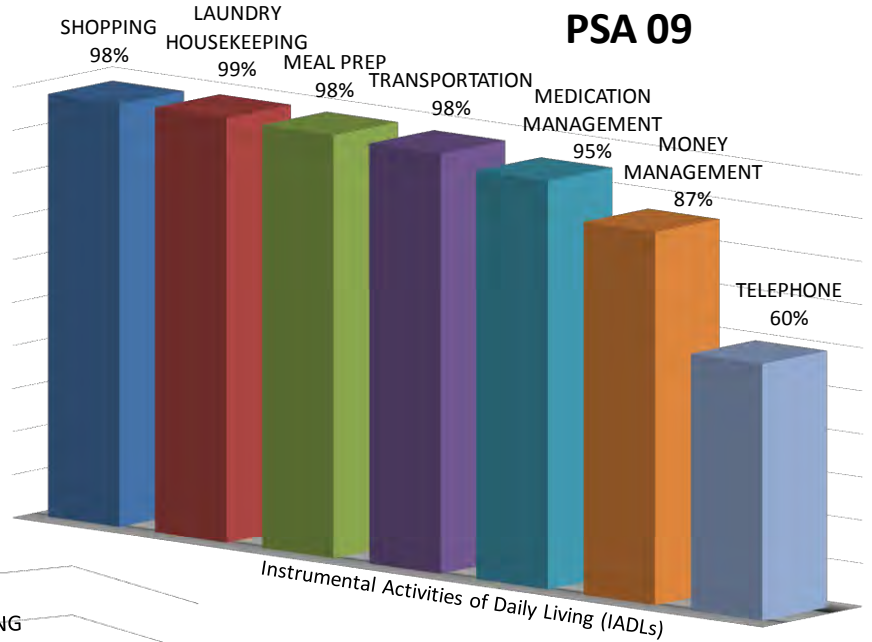
PSA 08

A man from a small town in our region contacted us stating the care for his wife had become more than he could manage. He was very distraught during the call because he had promised her that he would provide for her care needs. She did enter a nursing facility for a short time, giving her husband a break from his caregiver role. Our AAA case manager was able to work with the nursing facility and this couple to build a safe plan of care. She has returned home at this time and is doing well.

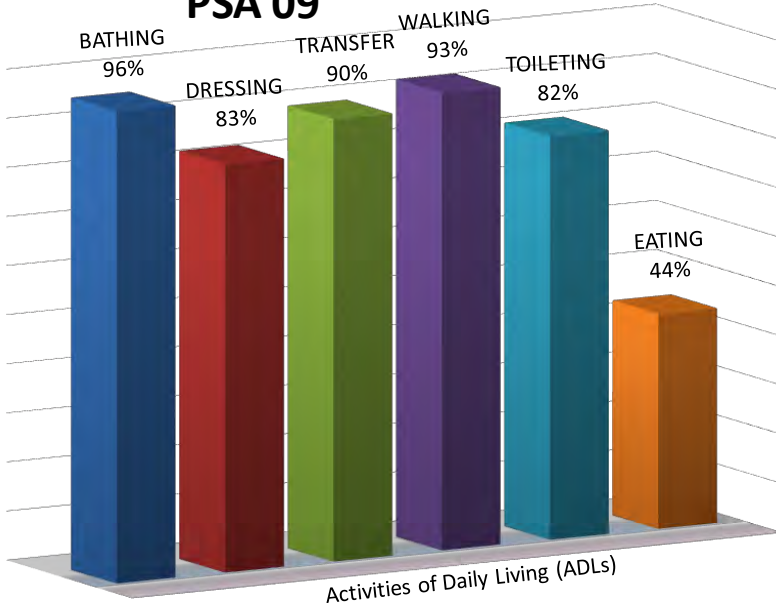
PSA 09 – Northeast Kansas AAA

Total Assessments: 447
 Male: 38%
 Female: 62%
 Median Age: 85-89
 Lives Alone: 52%
 Diversion Rate: 15.4%

**IADLs
PSA 09**



**ADLs
PSA 09**

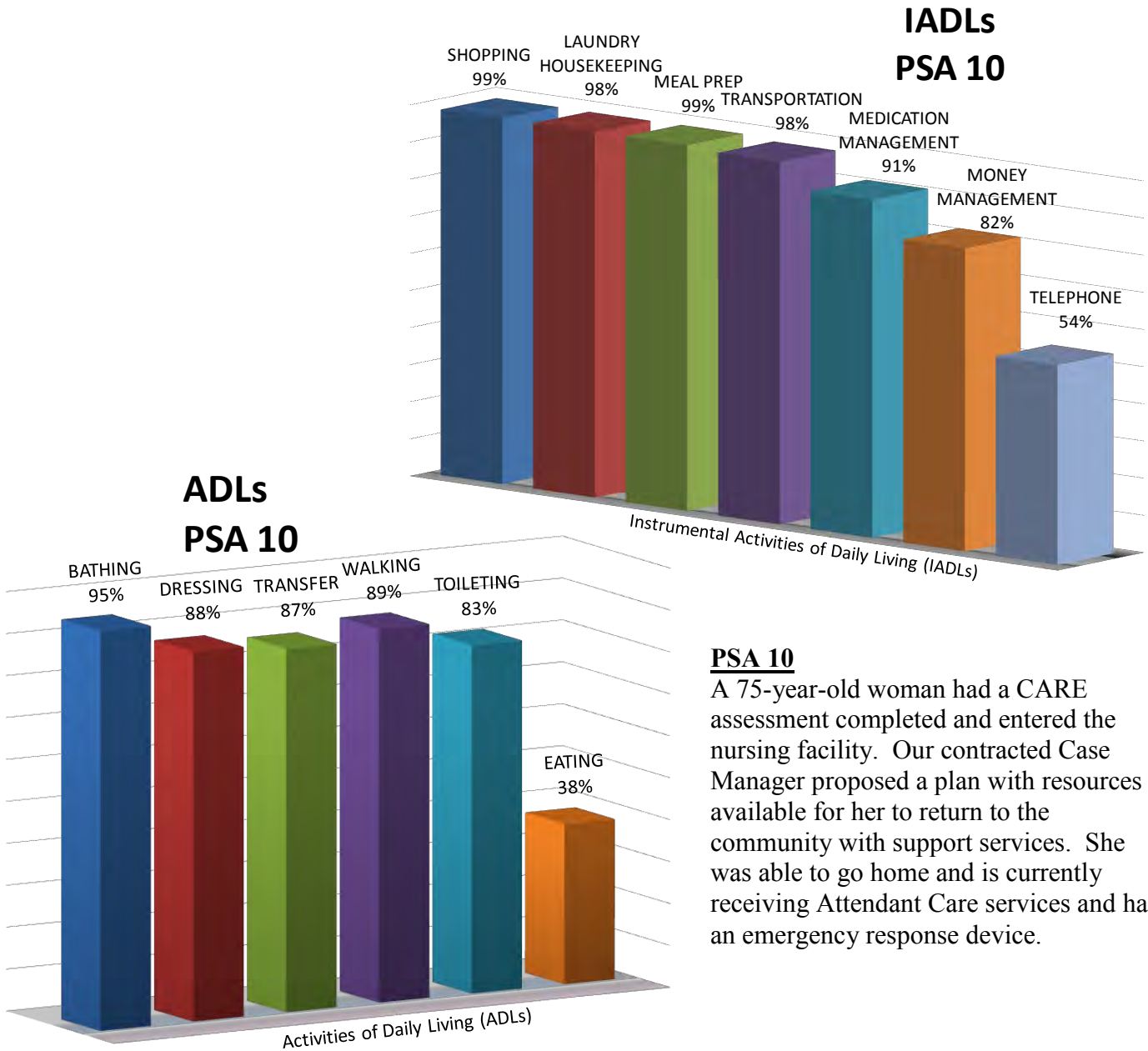


PSA 09

We had a gentleman in our area who was considering nursing home placement. Our case manager made a home visit to complete a CARE assessment and shared information about services that were available in the community. After learning about service options he decided he would like to try living in his home with home-delivered meals. He is doing well.

PSA 10 – South Central Kansas AAA

Total Assessments: 1,279
 Male: 39%
 Female: 61%
 Median Age: 80-84
 Lives Alone: 46%
 Diversion Rate: 12.1%

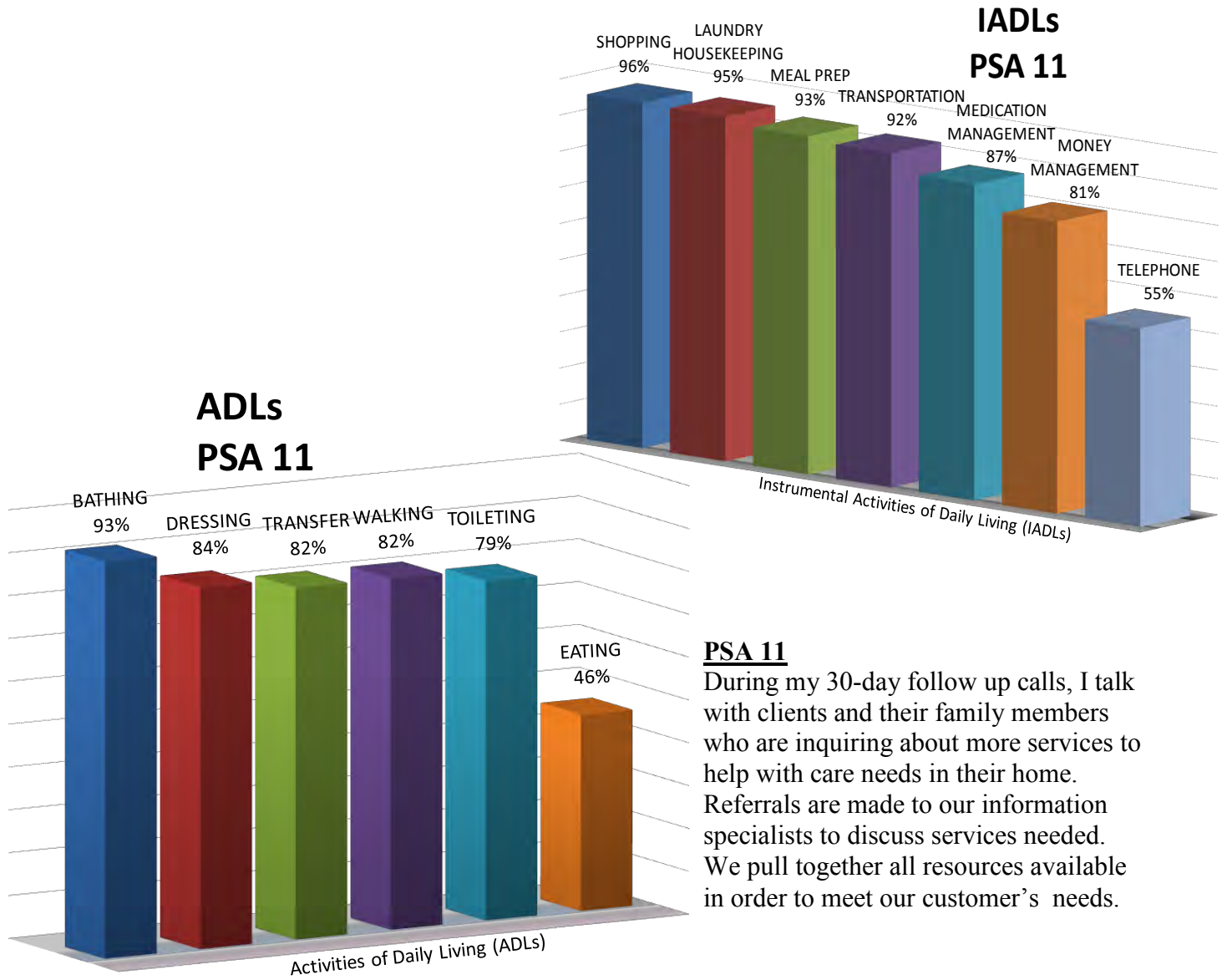


PSA 10

A 75-year-old woman had a CARE assessment completed and entered the nursing facility. Our contracted Case Manager proposed a plan with resources available for her to return to the community with support services. She was able to go home and is currently receiving Attendant Care services and has an emergency response device.

PSA 11 – Johnson County AAA

Total Assessments: 2,007
 Male: 36%
 Female: 64%
 Median Age: 85-89
 Lives Alone: 35%
 Diversion Rate: 48.1%

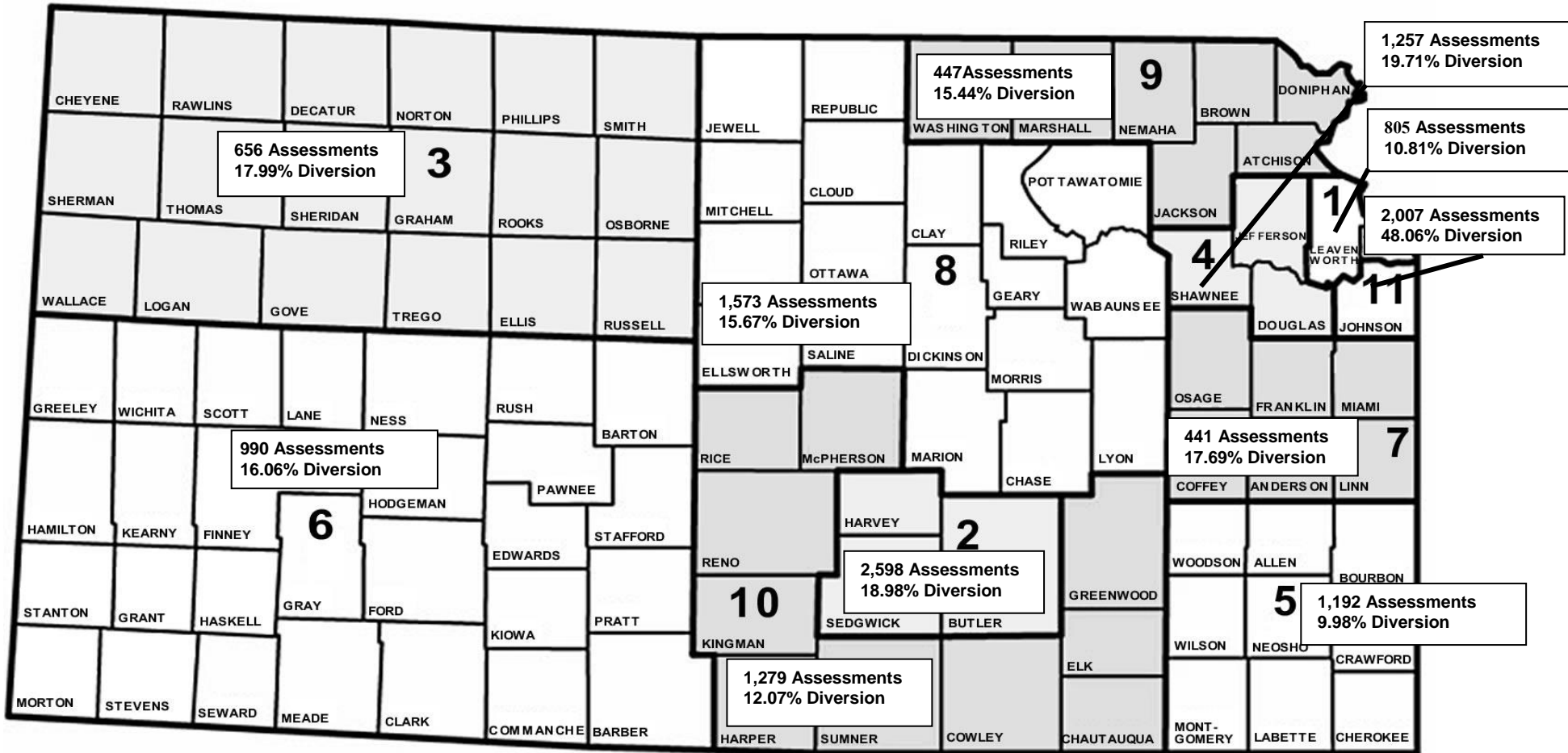


PSA 11
 During my 30-day follow up calls, I talk with clients and their family members who are inquiring about more services to help with care needs in their home. Referrals are made to our information specialists to discuss services needed. We pull together all resources available in order to meet our customer's needs.

of people diverted: 2659
 % SFY 2010 Statewide: 20.36%

CARE Diversion* Information

July 1, 2009 through June 30, 2010



- PSA 01 — Wyandotte-Leavenworth Area Agency on Aging
- PSA 02 — Central Plains Area Agency on Aging
- PSA 03 — Northwest Kansas Area Agency on Aging
- PSA 04 — Jayhawk Area Agency on Aging
- PSA 05 — Southeast Kansas Area Agency on Aging
- PSA 06 — Southwest Kansas Area Agency on Aging

- PSA 07 — East Central Kansas Area Agency on Aging
- PSA 08 — North Central/Flint Hills Area Agency on Aging
- PSA 09 — Northeast Kansas Area Agency on Aging
- PSA 10 — South Central Kansas Area Agency on Aging
- PSA 11 — Johnson County Area Agency on Aging

*Diversions are those individuals who are in the community with services or in an alternative living arrangement 30 days after the initial Level I assessment. Diversions do not include those in the community without services. The diversion rate is calculated from the number of 30-day follow-ups that were completed, not the total number of assessments that were completed.