

Adult Day Care

1. Of the 124 beneficiaries served in FY10, how many are under age 55? 3 clients
2. Of the 124 beneficiaries served in FY10, what was the average number of days clients attended?
80.5 days
3. What is the full rate charge for a day of service? \$68.00 per day, however the actual cost is \$83.00
How does this compare to Medicare reimbursement rates? We are currently paid \$43.80 per day
by DMAS (Department of Medical Assistance Services).
What is the range of the sliding scale? JABA scholarships range from \$34 - \$65.00 per day.
Why not charge the full rate of service for those clients that can afford to pay? The average rate
for ACC services in Central Virginia is between \$65 and \$70 per day. We charge the clients what
the market will bear. Our invoices show the full cost and the application of subsidy and the
source—local government, General Assembly Funds, Virginia Respite grant and/or United Way.
This also appears on the invoices to those on Medicaid.
4. Why the projected 20% increase in beneficiaries for FY12? This is an error in the application. At
one point, we included the children in the preschool as beneficiaries, and we may develop
outcome measures to look at the impact of the intergenerational programs. At this point,
however, the number should be 28 beneficiaries in Louisa. The increases for the other
jurisdictions are due to the focused marketing efforts for the program.
5. On page 14, what costs and services in the budget are allocated for the child care programs?

Salaries and benefits:	\$ 60,329
Meals:	17,500
Rent:	2,700
Program Supplies:	7,750
Program Equipment:	3,500
Staff Transportation:	875
Staff Training:	1,300
Miscellaneous:	68
Comprehensive Insurance:	2,000
Allocated and Indirect:	<u>26,286</u>
TOTAL	\$123,309

Health Services

1. Of the revised FY11 projected beneficiaries for Charlottesville, how many are clients served at
Westhaven? In 2010, the nurse, receptionist and outreach worker fielded 1,604 phone calls,
staffed 1,407 clinic visits for 68 individuals, saw 187 young women and their children for WIC
Clinic and made 565 outreach encounters to provide education and information to members of
the community who did not visit the clinic.

Lisa Frazier

From: Lisa Cannell [LCannell@stellarone.com]
Sent: Tuesday, February 22, 2011 6:03 PM
To: Lisa Frazier
Subject: FW: Questions in advance of the Funding Committee's initial review

Hi Lisa,

I plan to have these ready for tomorrow, but if you feel it is helpful please send out to the Committee in advance. Not sure if that is done usually.

Thanks,

Lisa

From: Cheryl Cooper [mailto:ccooper@jabacares.org]
Sent: Tuesday, February 22, 2011 5:19 PM
To: Lisa Cannell; Gordon Walker
Cc: Carol Bell; Stephanie Ennaco; Jean Bourbeau; Holly Edwards
Subject: RE: Questions in advance of the Funding Committee's initial review

Hi Lisa,
Please find our responses below.
Cheryl

From: Lisa Cannell [mailto:LCannell@stellarone.com]
Sent: Monday, February 21, 2011 3:27 PM
To: Gordon Walker
Subject: Questions in advance of the Funding Committee's initial review

Hi Gordon,

I was able to defer the Committee's initial review another week so that I had more time to look in depth into your request. With that being said, I was hoping you could help me to better understand a few things before Wednesday afternoon.

As you indicated to me on my visit, there are questions related to how JABA's Health Services at Westhaven fits with the mission of primarily serving at-risk older adults who need assistance with controlling chronic diseases through screening and care management. If it is your intention to use the funding requested for FY12 for partial funding of the Westhaven pregnancy outcome program, please explain the following:

- Will the funding from the challenge grant from CACF remain for FY12, and if so, how much is this? The CACF Challenge grant provided us with enough funding to complete a year of services. For this funding to continue, CACF would have to agree to issue another challenge grant.

- How is this coordinated with CHIP Teen Pregnancy and Parenting program and the Home Visiting Collaborative program between CHIP, CYFS, and Arc.

We do not have a specific focus on teens and women who are pregnant. If they wish to be seen in the clinic, the nurse will see them as part of our holistic and intergenerational approach to healthy aging. Because of the intergenerational nature of many of the households at Westhaven, the challenges of aging for an older adult living with a younger family and the challenges of a younger woman having a baby in which an older adult lives affect the entire household. We refer teens and women who are pregnant to other agencies and organizations in the community which have this as a special focus.

- What pregnancy outcome indicators you are tracking or intend to track for the Westhaven program. We are not tracking any pregnancy outcome indicators for the reasons noted above.

- What is the percentage of pregnant women served by the JABA nursing services at Westhaven as related

to the total served at that facility?

Because this is not a target area of our practice at the clinic, we do not have a breakdown of the number of women who are pregnant. We see women of all ages for general health issues and refer those who are pregnant to other community organizations for their pre-natal care.

- How can pregnancy outcome indicators be linked to other JABA program indicators?

Again, because this is not a targeted focus for our health clinic, we are not collecting outcome data related to women who are pregnant.

Describe more about the Chronic Disease Self-Management Program and how it aligns with or duplicates some of the current Health Services program. How do you envision using additional UW funding for this in the future? The Chronic Disease Self-Management Program is being provided by JABA as a result of a grant secured by the Virginia Department for the Aging. The grant is two years in duration and enables us to recruit individuals to serve as workshop leaders to conduct six-week workshops for others with chronic diseases. One of the requirements of the grant is that we have master leaders trained in the evidence-based program developed by Stanford University. In addition, workshops are conducted by two workshop leaders, one of whom has to have a chronic disease him/herself.

The program is well-aligned with other training conducted by the Health Services team, in that it goes into significantly more depth for those individuals who wish to learn more about their diseases and how they can be more actively engaged in improving their quality of life, living with their conditions. It provides a level of material that is far more extensive in its coverage. The program is also highly scripted by Stanford and there is no allowance to modify it. For the introductory level of training provided to the majority of JABA clients, the trainers have to have the capability of modifying to meet the education, understanding and interest of the clients.

The CDSMP is funded solely by the grant. There is no United Way funding supporting it. Should the United Way agree that this is a valuable program for our community and wish to support it, we would include that in our FY'13 request. It is our intent to use "lessons learned" through the grant experience so that we can continue the program beyond the life of the grant. This might include charging a fee for the program for materials and stipends for the workshop trainers. We may also solicit support from other organizations representative of the chronic diseases we are helping people to manage.

For the program outcome indicator #2 on the Health Services, how does the FY12 target of 990 beneficiaries related to the total beneficiaries by locality of 618?

As beneficiaries, we count individuals for whom we have an assessment, allowing us to enter them in our VDA required data base. For the outcome indicator, we are counting ALL of those with whom we have contact in JABA and non-JABA housing sites. For many of these, we do not have a full assessment. They are welcome, however, to participate in group education sessions that are offered on-site.

For the program outcome measure #1a on the Adult Care Centers, explain the decrease in the targeted beneficiaries between FY10 and FY11.

At the end of FY'10, we had an increase in participants in ACC, thus our target for FY'11 was in keeping with our earlier experience. When we had the opportunity to revise the target, our experience at that point was that enrollment was not as high as the end of FY'10 and we modified the target to be between our high of FY'10 and original target of FY'11.

For the program outcome measure #2 on the Adult Care Centers, explain how the # days are calculated? Is it 365 days x number of clients?

The days are calculated by taking the number of clients who meet the Medicaid waiver criteria and adding up the number of days left in the reporting year. If someone was a participant for the entire year, the number of days counted is 365. If they entered the program on May 1st, we would count 61 days—through the end of June—as the end of the reporting period.

On both the program budget request forms, explain the additional FTE – what type of staff position will be added. Also explain what the consulting services fees includes.

The additional .25 FTE for the Adult Care Center is the additional staff time for the child care program in Louisa. The additional .09 for Health Services is for the additional nursing hours at Westhaven, funded through CACF.

Thank you very much!

Lisa

Lisa H. Cannell, SPHR
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