

U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy

TABLES COMPARING CHANNELING TO OTHER COMMUNITY CARE DEMONSTRATIONS

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The channeling demonstration was an intradepartmental long term care initiative funded by the Health Care Financing Administration (HCFA), Administration on Aging (AoA), and the Assistant Secretary for Planning and Evaluation (ASPE).

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Over the past decade and a half, a series of demonstrations in addition to channeling have been fielded to test some form of case managed, community-based long term care. After a comprehensive review of these studies, we identified 14 community care demonstrations funded through federal government waivers which had interventions and research designs most relevant to the channeling demonstration. The purpose of this supplementary report is to facilitate comparisons of the interventions, evaluation designs, and estimated effects of these 14 demonstrations with one another and with the two models of channeling.

The demonstrations and the sources from which we draw the information appearing in the remaining tables of the report are presented in Table 1. Differences in methodology, level of detail with respect to the presentation, as well as differences in the treatment and evaluation designs themselves, make it impossible to produce completely comparable table entries.¹ In addition, some of the reports from which the tables are compiled were in draft form and may be superceded in the future. Even if these problems did not exist, it still would be a matter of some judgment which specific variables and estimates best reflect in summary form outcomes which were typically measured differently across demonstrations.

For all these reasons, the point estimates appearing in these tables and the absolute differences among them should be interpreted with caution. However, we have used our best judgment about which estimates to display; and we believe that the basic direction of effects and relative differences indicated by the estimates shown are reliable indications of the differences among the demonstrations.

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¹ Berkeley Planning Associates (1985) made this task somewhat easier with their cross-demosntration study, but only a subset of the demonstrations was included in that work.

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TABLE 1. Prior Commi	unity Care Demonstrations and Sources Used for Report
Demonstration (evaluation period)	Source
RANDOMIZED DESIGN	
Worcester Home Care (1973-1975)	Commonwealth of Massachusetts. "Final Report, Home Care: An Alternative to Institutionalization." Boston, MA: The Commonwealth of Massachusetts, Department of Elder Affairs, 1975. See also Sherwood, Sylvia, John N. Morris, and Claire E. Gutkin. "Final Report Concerning the Impact of Services on Health and Well-Being." Boston, MA: Department of Social Gerontological Research, Hebrew Rehabilitation Center for the Aged, 1975.
NCHSR Day Care/Homemaker Experiment (1975-1977)	Weissert, William G., Thomas T.H. Wan, and Barbara B. Livieratos. "Effects and Costs of Day Care and Homemaker Services for the Chronically III: A Randomized Experiment." Washington, DC: U.S. Department of Health, Education and Welfare, Office of Health Research, Statistics, and Technology, National Center for Health Services Research (Publication No. PHS 79-3258), February 1980.
Georgia AHS (1977-1980)	Georgia Department of Medical Assistance. "Alternative Health Services Project Final Report." Atlanta, GA: Georgia Department of Medical Assistance, January 1982.
Wisconsin CCO (1978-1980)	Seidl, F., et al. "Delivering In-Home Services to the Aged and Disabledthe Wisconsin Experience." Madison, WI: Fay McBeath Institute, University of Wisconsin, 1980.
Project OPEN (1980-1983)	Mt. Zion Hospital and Medical Center. "Project OPEN: Final Report." San Francisco, CA: Mt. Zion Hospital and Medical Center, December 1983.
	Berkeley Planning Associates. "Evaluation of Coordinated Community Oriented Long Term Care Demonstrations." Berkeley, CA: Berkeley Planning Associates, May 1985.
South Carolina LTC (1980-1984)	Blackman, Donald, et al. "South Carolina Commuity Long Term Care Project: Reports of Findings." Spartanburg, SC: South Carolina State Health and Human Services Finance Commission, July, 1985 (Draft).
Florida Pentastar (1981-1983)	Florida Department of Health and Rehabilitative Services. "Final Report and Evaluation of the Florida Pentastar Project" Tallahassee, FL: Florida Department of Health and Rehabilitative Services (Report E-84-7), 1984.
San Diego LTC (1981-1983)	Allied Home Health Association. "Long Term Care Demonstration Project of North San Diego: Final Report." Washington, DC: U.S. Department of Health and Human Services, Health Care Financing Administration, April 15, 1984.
	Berkeley Planning Associates. "Evaluation of Coordinated Community Oriented Long Term Care Demonstrations." Berkeley, CA: Berkeley Planning Associates, May 1985.
NONRANDOMIZED DESIGN	
ACCESS (1977-1980)	Price, Lewis C. and Hinda M. Ripp. "Third Year Evaluation of the Monroe County Long Term Care Program, Inc." Silver Springs, MD: Macro Systems, Inc., November 1980 (Draft).
Triage (1976-1979)	Triage, Inc. "Triage Coordinated Delivery of Services to the Elderly: Final Report." Plainville, CT: Triage, Inc., December 1979.

Demonstration (evaluation period)	Source
On Lok (1979-1983)	On Lok. "On Lok's CCODA: A Cost Competitive Model of Community-Based Long Term Care." San Francisco, CA: On Lok, February 1983.
	Berkeley Planning Associates. "Evaluation of Coordinated Community Oriented Long Term Care Demonstrations." Berkeley, CA: Berkeleye Planning Associates, May 1985.
MSSP (1980-1983)	Miller, Leonard, Marleen L. Clark, and William F. Clark. "The Comparative Evaluation of California's Multipurpose Senior Services Project." Berkeley, CA: Berkeley Planning Associates, 1984.
Nursing Home Without Walls (1980-1983)	Birnbaum, Howard et al. "Nursing Home Without Walls: Evaluation of the New York State Long Term Home Health Program." Cambridge, MA: Abt Associates, January 23, 1984 (Draft).
New York City Home Care (1980-1983)	City of New York. "Delivery of Medical and Social Services to the Homebound Elderly: A Demonstration of Intersystem Coordination." New York, NY: New York City Department for the Aging, 1984.
	Berkeley Planning Associates. "Evaluation of Coordinated Community Oriented Long Term Care Demonstrations." Berekeley, CA: Berkeley Planning Associates, May 1985.

TABLE 2. Evaluation Methodologies									
Demonstration (evaluation period)	States	Sites	Comparison Methodology	Sample Size	Months of Followup	Data Sources			
Worcester Home Care (1973-1975)	1	1	Random assignment	485	12	Individual interviews Project records			
NCHSR Day Care/Homemaker Experiment (1975-1977)	4	6	Random assignment	1,566	3, 6, 9, 12	Individual interviews Medicare records Project records			
Triage (1976-1979)	1	1	Comparison group outside area (age differences)	502	6, 12, 18, 24	Individual interviews Diaries Project records Medicare records Medicaid records			
Georgia AHS (1977-1980)	1	1	Random assignment			Individual interviews Project records Medicaid records (with Medicare crossover)			
ACCESS (1977-1980)	1	1	County-level comparison		24	Department of Social Service records			
Wisconsin CCO (1978-1980)	1	1 ^a	Random assignment	417	6, 12	Individual interviews Medicaid records Death records			
On Lok (1979-1983)	1	1	Comparison group outside area, matched on characteristics (race, sex, and institutionalization differences)	140	6, 12, 18, 24	Individual interviews Project records Provider records			
MSSP (1980-1983)	1	8	Comparison group within and outside area, matched on whether in hospital, nursing home, or community (impairment differences)	4,200	6, 12	Individual interviews Medicaid records Medicare records			
South Carolina LTC (1980-1984)	1	1	Random assignment	1,867	3, 6, 12, 18, 24, 36	Individual interviews Project records Medicaid records Medicare records			
Project OPEN (1980-1983)	1	1	Random assignment	335	6, 12, 18, 24, 30, 36	Individual interviews Project records Medicare records			
Nursing Home Without Walls (1980-1983)	1	9	Comparison group within and outside area (age, race differences)	1,373	6, 12	Individual interviews Medicaid records Medicare records Food stamp records SSI records			

Demonstration (evaluation period)	States	Sites	Comparison Methodology	Sample Size	Months of Followup	Data Sources
New York City Home Care (1980-1983)	1	1	Comparison group outside area (impairment differences)	704	6, 12	Individual interviews Diaries Medicaid records Medicare records
Florida Pentastar (1981-1983)	1	5	Random assignment (plus comparison group outside area)	1,046	12, 18	Individual interviews Medicaid records Medicare records Food stamp records
San Diego LTC (1981-1983)	1	1	Random assignment	819	3, 6, 12, 18	Individual interviews Medicare records
Channeling (1982-1985)	10 ^b	10 ^b	Random assignment	6,326	6, 12, 18	Individual interviews Project records Medicaid records Medicare records Provider records Death records Caregiver interviews

a. Wisconsin CCO was administered in 3 sites. Only one site (Milwaukee) is included in our comparisons.b. Channeling included 2 other sites not part of this evaluation, in Hawaii and Missouri.

	TABLE 3. Cos	st Controls and Eligi	bility Criteria	
Demonstration (evaluation period)	(evaluation Service		Cost Sharing	Eligibility Criteria
RANDOMIZED DES	IGN			
Worcester Home Care (1973-1975)	Expanded services	No	No	57 years or over Medicaid-eligible At risk of nursing home placement Living in community but have high need for services
NCHSR Day Care/Homemaker Experiment (1975-1977)	Expanded day care coverage/ homemaker coverage or combined	No	No	At risk of nursing home placement Medicare-eligible Need services to maintain functioning For homemaker and combined sites 3-day hospital stay in previous 14 days
Georgia AHS (1977-1980)	Expanded services	Maximum of 85 percent of the average of the Medicaid rates	No	Medicaid-eligible 50 years or over Eligible for nursing home placement as certified by professional review organization
Wisconsin CCO (1978-1980)	Expanded services	Maximum of \$425 a month per care plan (equivalent to roughly 60 percent of the Medicaid cost of skilled nursing care for the period)	No	Over 18 years At risk measured by functional criteria Medicaid-eligible
Project OPEN (1980-1983)	Expanded services	No	No	65 years or over At risk as measured by functional criteria Medicare-eligible

Demonstration (evaluation period)	Community Service Authorization Power	Cost Maximums	Cost Sharing	Eligibility Criteria
South Carolina LTC (1980-1984)	Expanded services	Maximum of 75 percent of the average of the Medicaid ICF and SNF rates	Yes	Medicaid-eligible 18 years or over At risk measured by nursing home preadmission screen
Florida Pentastar (1981-1983)	Expanded services	No	No	Medicaid-eligible Over 60 years At risk as measured by functional criteria
San Diego LTC (1981-1983)	Expanded services	No	No	Medicare-eligible 65 years or over At risk as measured by functional criteria
Channeling (1982-1	984)			
Basic Case Management Model	Expanded services	Limited aggregate project funds for gap-filling services; specific cost control mechanisms at descretion of the local project	Cost sharing used at discretion of local project	65 or over Service need At risk as measured by functional criteria
Financial Control Model	Medicaid/Medicare, expanded services	Cap of 60 percent of the average of Medicaid ICF and SNF rates for the average care plan; maximum of 85 percent for individual care plan	Yes	65 or over Service need At risk as measured by functional criteria Eligible for Medicare Part A
NONRANDOMIZED	DESIGN			
Triage (1976-1979) ^a	Expanded services (plus dental, glasses, hearing aids)	No	No	Over 60, Medicaid-eligible Need multiple services Reside in unstable situation

Demonstration (evaluation period)	Community Service Authorization Power	Cost Maximums	Cost Sharing	Eligibility Criteria
ACCESS (1977-1980) ^a	Medicaid and expanded services	Maximum of 75 percent of the average of the Medicaid ICF and SNF rates	Yes	18 years or over Service need; at risk measured by nursing home preadmission screen
				Medicaid-eligible (Phase I)
On Lok (1979-1983)	Expanded services ^b	No	No	55 years or over
(1979-1963)				Eligible for nursing home placement as measured by need for 24-hour nursing
				Nursing-home certifiable
MSSP (1980-1983)	Expanded services	Maximum of 70 percent of the	No	Medicaid-eligible
		Medicaid SNF rate		65 years or over
				At risk of nursing home placement as measured by: Nursing home placement or application
				Recent hospitalization
				Over 75
				Mental disorientation or loss of major caregiver
Nursing Home Without Walls (1980-1983)	Expanded services	Maximum of 75 percent of the	No	No age requirement
(1900-1903)		average of the Medicaid ICF and SNF rates		Eligible for nursing home placement based on New York state nursing home preadmission assessment instrument (not actual applicant)

Demonstration (evaluation period)	Community Service Authorization Power	Cost Maximums	Cost Sharing	Eligibility Criteria
New York City Home Care (1980-1983)	Expanded services	No	No	Medicare, Part B 65 years or over At risk measured by functional criteria

a. These demonstrations also included second generation projects which altered the original interventions. For example, ACCESS received a Medicare waiver to serve a broader target group in its second generation. The Access waiver also allowed the project to reimburse nursing homes at a higher rate in cases of high care clients awaiting hospital discharge without other options.

b. On Lok also included authorization for institutional long term care services.

			TABLE	E 4. Sam	ple Char	acteristics			
Demonstration (evaluation period)	Percent 75+ª	Percent White	Percent Female	Percent Married	Percent Living Alone	Percent Disabled on At Least One ADL	Percent Impaired on At Least One IADL	Percent Incontinent	Mental Status (Average Number Wrong 0-10)
RANDOMIZED D	ESIGN								
Worcester Home Care (1973-1975)			71	29	43	41			
NCHSR 222 (1975-1977) ^b	55	91	75		53	77			
Georgia AHS (1977-1980)		53	74	25	33	60			3.1
Wisconsin CCO (1978-1980)°	37	71	80	12	48	62	97		
Project OPEN (1980-1983) ^c		69	70	31	55	50	81	24	0.6
South Carolina LTC (1980-1984)		77	69	28	28	95⁴	97 ^d	58 ^d	3.6
Florida Pentastar (1981-1983)°		56	83	18	53	58	97	22	1.4
San Diego LTC (1981-1983)°	67	98	69	44	52	55	97	43	2.3
Channeling (1982-1984)	73	73	71	32	37	84	100	53	3.5
NONRANDOMIZE	D DESIGN	ı			I.	I.		I.	I.
Triage (1976-1979) ^c	73		72	44	39	54	94		1.7
ACCESS (1977-1980)°	80	70	92	23		82	99	44	2.4
On Lok (1979-1983)°		22	49	30	46	85	93	60	3.2
MSSP (1980-1983)°		68	71	23	51	61	80	47	1.7
Nursing Home Without Walls (1980-1983)		82	79	16	46	76			
New York City Home Care (1980-1983)°	68	69	78	45	35	78	100	38	2.6

Not given for programs admitting clients under 65 unless data for 65 and over sample were available.

Percentages refer to homemaker services sample.

Data for this project come from the final report of Berkeley Planning Associates, 1985.

For South Carolina, percent disabled on at least one ADL, percent impaired on at least one IADL, and percent incontinent are from the final report of Berkeley Planning Associates, 1985.

TABLE 5. Percent Receiving Direct Services from the Demonstrations							
Demonstration (evaluation period)	Direct Services Received (percent)						
RANDOMIZED DESIGN							
Worcester Home Care (1973-1975)	59						
NCHSR Day Care/Homemaker Experiment (1975-1977) Day care Homemaker Combined	75 80 92						
Georgia AHS (1977-1980)	80						
Wisconsin CCO (1978-1980)	75						
Project OPEN (1980-1983)	94						
South Carolina LTC (1980-1984)	52						
Florida Pentastar (1981-1983)							
San Diego LTC (1981-1983)	100						
Channeling (1982-1984) Basic model Financial model	78 82						
NONRANDOMIZED DESIGN							
Triage (1976-1979)							
ACCESS (1977-1980)							
On Lok (1979-1983)							
MSSP (1980-1983)							
Nursing Home Without Walls (1980-1983)							
New York City Home Care (1980-1983)	98						

NOTE: Receipt of direct services is defined as receipt of a formal service which is arranged and paid for by the project. For channeling, it was defined as completing the initial care plan. Some comparisons across projects are potentially misleading because some projects were designed to rely on existing programs before spending project funds, while others (including the channeling financial control model) were to use project funds for all services.

			TABLE 6.	Direct Service	s Covered			
			Direct Service	Major Categories of Service				
Demonstration (evaluation period)	Physicians Hospitals and Nursing Homes	Medical Day Care and Other Medical Services	Nursing, Therapy, and Mental Health Counseling	Home Health Aide, Personal Care, Homemaker, and Other In-Home Care	Means and Transportation	Other ^b	Expenditures Per Client Per Month (dollars)°	Expenditures (percent receiving service)
RANDOMIZED DES	SIGN							
Worcester Home Care (1973-1975)	No	No	Visiting nurse	Homemaker, chore, escort	Transportation	Linen	54	Transportation (35) Homemaker (33) Chore (27) Visiting Nurse (22) Linen (7) Escort (1)
NCHSR Day Care/H	Homemaker Expe	eriment (1975-197	77)	,				
Day Care	No	Medical day care	Part of medical day care	No	Transportation to day care, meals at day care		281	
Homemaker	No	No	No	Homemaker, personal care, help with shopping, escort	Transportation as part of escort service		232	
Combined	No	Medical day care	Part of medical day care	Homemaker, personal care, help with shopping escort	Transportation to day care or as part of escort service		243	
Georgia AHS (1977-1980)	No	Medical day care	Skilled nursing, therapies	Personal care, homemaker, home health aides ^d	Home-delivered meals		152	Home-delivered meals (50) Adult day care (11) In-home personal service (11)
Wisconsin CCO (1978-1980)	No	Medical day care	Skilled nursing, therapies	Personal care, home health aides, companions	Transportation, home-delivered meals	Respite	131	Transportation (57) Home-delivered meals (56) Homemaker (52) Personal care (46) Social or medical day care (32) Home health aide (13)
Project OPEN (1980-1983)	No	Medical day care	Mental health counseling,° nursing,° therapies°	Homemaker/ chore,* home health aides*	Home-delivered meals, transportation	Respite, Interpreter	342	Homemaker (63) Escort transportation (57) Eyeglasses/ prosthetic devices (55) Physician services (50) Drugs (46)
South Carolina LTC (1980-1984)	No	Medical day care	Medical social services, therapies	Personal care	Home-delivered meals	Respite	77	Personal care (34) Medical day care (5) Therapies (3) Home-delivered meals (2) Medical social services (7) Respite (4)
Florida Pentastar (1981-1983)	No	Medical day care	Skilled nursing care, therapies	Personal care, home health aides	Medical transportation	Pest control, respite	202	Homemaker (78) Medical transportation (72) Personal care (51)

Demonstration			Services Pa	aid for by Project			Direct Service Expenditures	Major Categories of Service
(evaluation period)	Physicians Hospitals and Nursing Homes	Medical Day Care and Other Medical Services	Nursing, Therapy, and Mental Health Counseling	Home Health Aide, Personal Care, Homemaker, and Other In-Home Care ^a	Means and Transportation	Other ^b	Per Client Per Month (dollars) ^c	Expenditures (percent receiving service)
								Medical therapies (29)
San Diego LTC (1981-1983)	No	Medical day care	Skilled nursing	Home health aide, homemaker	Transportation, home-delivered meals	Health education	333	Home education (95)
					medio			Homemaker/ home health aide (80)
								Transportation (47)
								Skilled nursing (35)
Channeling (1982-	1984)			•				
Basic Model	No	Medical day care, medical equipment	Skilled nursing, therapies, mental health counseling	Homemakers/ personal care, home health aides, companions,	Home-delivered meals, transportation	Respite care, foster care, housing assistance	38	Homemaker/ home health aide (75) ^h
			couriseiing	housekeeping/ chore		assistance		Meals (4.5)
								Transportation (4.5)
								Day Care (3.7)
								Other (12.3)
Financial Model	No	Medical day care, medical equipment	Skilled nursing, therapies, mental health	Homemakers/ personal care, home health aides,	Home-delivered meals, transportation	Respite	471	Homemaker/ home health aide (70) ^h
			counseling	companions, housekeeping/ chore				Skilled nursing (11)
								Home-delivered meals (5)
								Therapies (4)
								Other (10)
NONRANDOMIZED		T	T.		•		T	•
Triage (1976-1979)	No	Dental care, glasses, hearing aids	Nursing, therapies	Homemaker, home health aide	Home-delivered meals			
ACCESS (1977-1980)	Increased physician reimbursement for home visits ^f	No	Traditional Medicaid coverage	Homemaker, chore, friendly visiting	Transportation	Respite care, housing improvement, foster care		
On Lok (1979-1983)	Hospitalization, nursing home use, hospice	Medical day care services, physician services	Nursing, therapies	Homemaker, home health aide, personal care	Home-delivered meals, transportation	Nutrition group exercise	1,518º	
MSSP (1980-1983)	No	Day care	Nursing	In-home supportive services, personal care	Transportation, home-delivered meals	Protective services,		Homemaker/ chore (67)
				Care	meais	legal services, housing		Medical transportation (40)
								Nonmedical transportation (35)
								Personal care (27)
								Meals (16)
Nursing Home Without Walls (1980-1983)	No	No	Skilled nursing, therapies, respiratory therapies, medical social services	Homemaker, home health aide	Transportation, congregate meals, home-delivered meals	Moving assistance, housing improvements , respite, nutrition counseling	12	

Demonstration	Services Paid for by Project					Direct Service Expenditures	Major Categories of Service	
(evaluation period)	Physicians Hospitals and Nursing Homes	Medical Day Care and Other Medical Services	Nursing, Therapy, and Mental Health Counseling	Home Health Aide, Personal Care, Homemaker, and Other In-Home Care	Means and Transportation	Other ^b	Per Client Per Month (dollars) ^c	Expenditures (percent receiving service)
New York City Home Care (1980-1983)	No	Prescription drugs	No	Homemaker, personal care	Transportation		446	Homemaker (99.8) Transportation (67) Drugs (67)

- a. Also includes companion, chore, and other in-home services.b. Includes a range of services such as linen service, various types of respite care, housing assistance, legal assistance, nutrition counseling, and
- foster care.

 Some comparisons across projects are potentially misleading because some projects were designed to rely on existing programs before spending project funds, while others (including the channeling financial control model) were to use project funds for all services. Dollar amounts are converted to constant dollars for the first quarter of 1984, using the GNP implicit price deflator.

 Georgia AHS offered these services in-home and in alternative living arrangements such as personal care homes.

 Project OPEN also paid deductibles and copayments on these services.

 In a second phase, ACCESS added funds to pay nursing homes for high care hospital patients.

 On Lok expenditures include all long term services in both community and institutions.

 Channeling data are percent of total project expenditures for the service rather than percent of clients receiving the service.

TABLE 7. Caseload Per Case Manager					
Demonstration (evaluation period)	Caseload per Case Manager				
RANDOMIZED DESIGN					
Worcester Home Care (1973-1975)					
NCHSR Day Care/Homemaker Experiment (1975-1977)					
Georgia AHS (1977-1980)					
Wisconsin CCO (1978-1980)	55-60				
Project OPEN (1980-1983)	45-60				
South Carolina LTC (1980-1984)	75-80				
Florida Pentastar (1981-1983)					
San Diego LTC (1981-1983)					
Channeling (1982-1984) Basic model Financial model	45 49				
NONRANDOMIZED DESIGN					
Triage (1976-1979)	125				
ACCESS (1977-1980)					
On Lok (1979-1983)					
MSSP (1980-1983)	55				
Nursing Home Without Walls (1980-1983)					
New York City Home Care (1980-1983)	50				

TABLE 8. Informal Caregiving					
Demonstration (evaluation period)	Measure	Results			
RANDOMIZED DESIGN					
Worcester Home Care (1973-1975)	Availability of and resiliency of informal support system (7 items)	No difference			
NCHSR Day Care/Homemaker Experiment (1975-1977)					
Georgia AHS (1977-1980)					
Wisconsin CCO (1978-1980)					
Project OPEN (1980-1983)	Type and amount of informal services received	No differences			
South Carolina LTC (1980-1984) ^a	Type and amount (days per month) of informal assistance for ADL and IADL tasks	No differences			
Florida Pentastar (1981-1983)					
San Diego LTC (1981-1983) ^a	Type and amount (episodes) of informal assistance for ADL and IADL tasks	No difference in ADL help, significant decline in amount of IADL help especially in housekeeping and meal preparation			
Channeling (1982-1984)					
Basic Model	Type and amount of informal care received	No differences			
	Effects on caregivers (life quality, stress, personal and employment limitations)	Caregivers of treatment group members reported significantly higher life quality and fewer limitations on privacy and social lives at 6 months			
Financial Control Model	Type and amount of informal care received	No differences in number of visits received or hours of care from primary caregivers. Reductions (significant at 6 or 12 months or both) in the percent receiving care from visiting caregivers and from friends and neighbors, or relatives other than spouses or children; and in the percent receiving help with housework/laundry/shopping, meal preparation, money management, delivery of prepared meals, transportation, and general supervision. Increases in the percent receiving			
		help with medical treatments (significant at 6 months).			
	Effects on caregivers (life quality, stress, personal and employment limitations)	Caregivers of treatment group members reported higher life quality (significant at 6 and 12 months), greater satisfaction with service arrangements (significant at 6 and 12 months), and greater confidence in receipt of care (significant at 6 months).			
NONRANDOMIZED DESIGN					
Triage (1976-1979)					

Demonstration (evaluation period)	Measure	Results
ACCESS (1977-1980)		
On Lok (1979-1983)		
MSSP (1980-1983)		
Nursing Home Without Walls (1980-1983)		
New York City Home Care	Availability of caregivers	No difference
(1980-1983)	Type and amount (days per week) of informal assistance for ADL and IADL tasks	Treatment group members of subgroup with higher level of informal support at baseline had more informal help with ADL tasks significant at 6 and 12 months; treatment group members of subgroup with lower level of impairment received less informal help with IADL tasks significant at 6 months.
	Type and amount of informal assistance for ADL and IADL tasks ^a	Treatment group members had more days of informal help with ADL tasks significant at 12 months; treatment group members in subgroup with low impairment had fewer days of informal help with IADL tasks significant at 12 months.
a. Results reported are from	the final report of Berkeley Planning	Associates, 1985.

TABL	E 9. Nursii	ng Home an	d Hospital	Use During	the 12 Mo	nths Follow	ing Enroll	ment
		Nursing I	lome Use			Hospit	al Use	
Demonstration (evaluation	Percentage Admitted		Number of Days ^a		Percentage Admitted		Number of Days ^a	
period)	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean
RANDOMIZED	ESIGN	•		•	•	•	•	•
Worcester Home Care (1973-1975) ^b			49	50			4	4
NCHSR Day Car	e/Homemaker E	Experiment (1975-	1977) ^c	•		•	•	
Day care Homemaker Combined	 	 	5 3 4	7 4 5	 	 	11 16 15	12 16 16
Georgia AHS (1977-1980)	15	16	22	29			6	4
Wisconsin CCO (1978-1980) ^d	15	16	25	33	11*	17	3*	12
Project OPEN (1980-1983) ^{e,f}	4	5	.1	.3	19	26	9	12
South Carolina LTC (1980-1984)	42*	58	90*	130	44	39	18	20
Florida Pentastar (1981-1983) ^g	8	8						
San Diego LTC (1981-1983) ^c			.5	.9	46	46	9	10
Channeling (198	2-1984) ^{f,h}	•		•	•	•	•	
Basic Model Financial Model	8 11	11 11	29 26	32 30	36 39	36 38	19 26	20 27
NONRANDOMIZ	ED DESIGN						•	•
Triage (1976-1979) ^{e,j}	10	4	6	4	37	21	8	6
ACCESS (1977-1980) ^I								
On Lok (1979-1983) ^{j,k}	49	56	20*	117	20	57	6	8
MSSP (1980-1983) ^{j,l}			39	22			20	9
Nursing Home W	ithout Walls (19	980-1983) ^I	-	-	-		-	-
Upstate Project			6*	99			19	16
New York City Project			5*	40			18	16

	Nursing Home Use				Hospital Use			
Demonstration (evaluation	Percentage Admitted Number of Days ^a		Number of Days ^a		Percentage Admitted		Number of Days ^a	
period)	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean
New York City Home Care (1980-1983) ^I	7	7			39	42	11	15

- a. Estimates of number of days are from the final report of the Berkeley Planning Associates 1985 for Project OPEN, San Diego, on On Lok.
- b. Worcester Home Care estimates are converted to days from mean percent of time institutionalized (or hospitalized) which was
- San Diego LTC and NCHSR day care/homemaker results are based on Medicare data.
- Wisconsin measured outcomes over a 14-month period using only Medicaid data. The 14-month unadjusted figures for percent admitted are reported. Number of days have been prorated to 12 months.

- e. For Project OPEN and Triage, nursing home days include skilled facility days only.

 f. For Project OPEN and channeling, percent admitted to a hospital or a nursing home are for the 6-12 month period.

 g. Florida Pentastar data on percent admitted are for the 1-18 month period.

 h. Channeling estimates of days are the sum of estimates for the first and second six months after randomization for those alive
- Standard comparisons were not made for the Access project; rather the study compared Medicaid costs in Monroe County to six comparison counties. Medicaid costs for nursing homes rose 5.7 percent in Monroe County compared to 26.8 percent for the six comparison counties between 1976 and 1980, suggesting nursing home placement may have been reduced. Hospital expenditures increased 36.3 percent from 1976 to 1980 in Monroe County as compared with 37 percent in the six comparison counties.
- No statistical tests were reported.
- On Lok data on percent admitted are for the 1-24 month period.

 For MSSP and Nursing Home Without Walls, days are average per month for one year period multiplied by 12.
- Different from zero statistically at the 5 percent significance level, using a two-tail test.

	TABLE 10.	Physician and (do	d Other Medica llars per mont	al Service Expe h)	enditures		
Demonstration	Physician E	xpenditures	Outpatient E	xpenditures	Other Expenditures		
(evaluation period)	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean	Treatment Group Mean	Nonprogram Group Mean	
RANDOMIZED DE	SIGN	•	•	•	•	•	
Worcester Home Care (1973-1975)							
NCHSR Day Care/Homemaker Experiment (1975-1977)							
Georgia AHS (1977-1980) (Medicare and Medicaid)	29	47	10	10	29ª	26ª	
Wisconsin CCO (1978-1980) (Medicaid)			569 ⁶	740 ^b	212°	263°	
Project OPEN (1980-1983)							
South Carolina LTC (1980-1984)	89	61	25	9	231°	179°	
Florida Pentastar (1981-1983)							
San Diego LTC (1981-1983)							
Channeling (1982-1	1984) ^d						
Basic Model Financial	102	97			47	43°	
Model	138	136			58	56°	
NONRANDOMIZEI	DESIGN						
ACCESS (1977-1980)							
Triage (1976-1979)	45	21	8	2	60	24	
On Lok (1979-1983)							
MSSP (1980-1983)							
Nursing Home With	out Walls (1980-1	983)					
Upstate New York City	 					 	
New York City Home Care (1980-1983)							

NOTE: All dollar amounts are converted to constant dollars for the first quarter of 1984, using the GNP implicit price deflator. Time periods to which the original cost data apply are shown in Table 16.

a. Drugs and Other.
b. Physician and outpatient.
c. Drugs.
d. Channeling estimates include services covered by Medicaid and Medicare and estimated deductibles and coinsurance associated with them.
e. These include expenditures as well as other medical services.

TABLE 11. Mortality Rates 12 Months After Enrollment						
Demonstration	Percentage	Deceased				
(evaluation period)	Treatmen/Enrollee Group Mean	Nonprogram Group Mean				
RANDOMIZED DESIGN						
Worcester Home Care (1973-1975)	13	16				
NCHSR Day Care/Homemaker Expe	iment (1975-1977)					
Day Care Homemaker Combined	17 30 21	18 35 24				
Georgia AHS (1977-1980)	13	21*				
Wisconsin CCO (1978-1980)	6	8				
Project OPEN (1980-1983)	7	10				
South Carolina LTC (1980-1984)	30	32				
Florida Pentastar (1981-1983)	11	16 ^{a,b}				
San Diego LTC (1981-1983)	21	23				
Channeling (1982-1984)	·					
Basic Model Financial Model	27 27	30 27				
NONRANDOMIZED DESIGN	·					
Triage (1976-1979)	8	7 ^b				
ACCESS (1977-1980)						
On Lok (1979-1983)	15	23				
MSSP (1980-1983)						
Nursing Home Without Walls (1980-1	983)					
Upstate New York City	12 17	22* 24				
New York City Home Care (1980-1983)	19	16				

^{*}Different from zero statistically at the 5 percent significant level, using a two tail test. a. At 18 months. b. No statistical tests reported.

	TABLE 12. Unmet Needs					
Demonstration (evaluation period)	Measure	Results				
RANDOMIZED DESIGN						
Worcester Home Care (1973-1975)	New needs developed after baseline	No differences				
	Architectural barriers	No differences				
NCHSR Day Care/Homemaker Experiment (1975-1977)						
Georgia AHS (1977-1980)	Satisfaction with service arrangements	Treatments more satisfied significant 12 months				
Wisconsin CCO (1978-1980)						
Project OPEN (1980-1983)	Physical environment checklist (20 item)	No differences				
South Carolina LTC (1980-1984)	Berkeley Planning ^a Dependency in ADL and IADL and inadequate informal help	Treatments with more unmet needs at 12 months significant				
Florida Pentastar (1981-1983)						
San Diego LTC (1981-1983)	Berkeley Planning ^a Dependency in ADL and IADL and inadequate informal help	Treatments with more unmet needs in ADL at 12 months and IADL at 6 and 12 months significant				
Channeling (1982-1984)						
Basic Model	Unmet need index (8 item)	Treatments with fewer unmet needs at 12 months significant				
	Physical environment checklist (6 item)	Treatments with fewer environmental hazards at 12 months significant				
	Confidence and satisfaction with receipt of care	Treatments more confident and satisfied with care arrangements at 6 and 12 months significant both time periods				
Financial Control Model	Unmet need index (8 item)	Treatments with fewer unmet needs at 6 and 12 months significant both time periods				
	Physical environment checklist (6 item)	No differences				
	Confidence and satisfaction with receipt of care	Treatments with more confidence and satisfaction with care arrangements at 6 and 12 months significant both time periods				
NONRANDOMIZED DESIGN						
Triage (1976-1979)						
ACCESS (1977-1980)						
On Lok (1979-1983)						
MSSP (1980-1983)						

Demonstration (evaluation period)	Measure	Results
Nursing Home Without Walls (1980-1983)		
New York City Home Care (1980-1983)	Unmet ADL needs	Treatments with fewer unmet needs at 6 months significant
	Unmet IADL needs	Treatments with fewer unmet needs at 6 and 12 months significant
	Unmet medical needs	Treatments with fewer unmet needs at 6 and 12 months significant
	Physical environment (16 items)	Treatments with few problems with physical environment at 6 and 12 months significant
	Berkeley Planning ^a Dependence in ADL and inadequate informal help	Treatments with more unmet needs at 6 and 12 months significant
	Dependence in IADL and inadequate informal help	Treatments with more unmet needs at 6 and 12 months significant

a. These measures were constructed by Berkeley Planning Associates in the context of measuring substitution of formal for informal care. For example, one of the categories of unmet needs was the presence of formal care (which was taken to imply that the available informal care was inadequate).

TABLE 13. Social/Psychological Well-Being					
Demonstration (evaluation period)	Measure	Results			
RANDOMIZED DESIGN					
Worcester Home Care (1973-1975)	Emotional/psychological domain (35 items)	No differences			
	Isolation/social contacts (15 items)	No differences			
	Social activities (16 items)	No differences			
NCHSR Day Care/Homemaker Experiment (1975-1977)	Contentment index	Day care, combined, and homemaker had higher contentment at 12 months significant for homemaker and combined samples ^a			
	Social activities	No differences for homemaker sample. Day care and combined had higher percent with maintained/improved social activity significant for combined sample. ^a			
Georgia AHS (1977-1980)	12-item morale scale	No differences			
Wisconsin CCO (1978-1980)	8-item life quality measure	No differences			
Project OPEN (1980-1983)	Social network scale checklist (20 items)	Treatment had more social contact significant at 6, 12, and 18 months			
	Morale	No differences			
	Psychological status	Treatments had higher scores at 6 months significant (but a significant difference at baseline)			
South Carolina LTC (1980-1984)					
Florida Pentastar (1981-1983)	Social activities (5 items)	Treatments reported more activities at 18 months significant			
San Diego LTC (1981-1983)	PGC morale scale	Treatments had higher morale at 6 months significant			
	Social resources and activities	No differences			
	Self-perceived health	Treatments had higher self-perceived health at 6 months significant			
Channeling (1982-1984)					
Basic Model	Global life satisfaction (2 items)	Treatments had higher self-reported life quality at 6 months significant			
	Contentment index (5 items)	No differences			
	Self perceived health	No differences			
	Social interaction and loneliness (2 items)	Treatments were less lonely at 12 months significant			

Demonstration (evaluation period)	Measure	Results							
Financial Control Model	Global life satisfaction (2 items)	Treatments had higher self-reported life quality at 6 and 12 months significant both time periods							
	Contentment index (5 items)	No differences							
	Self perceived health	No differences							
	Social interaction and loneliness (2 items)	No differences							
NONRANDOMIZED DESIGN									
Triage (1976-1979)									
ACCESS (1977-1980)									
On Lok (1979-1983)	Social requirements of living (social network, communication, personal fulfillment, service agency orientation)	Treatments had higher scores at 12 and 24 months significant							
MSSP (1980-1983)									
Nursing Home Without Walls (1980-1983)									
New York City Home Care (1980-1983)	9-item morale scale	Treatments had higher morale at 12 months significant							
	Social contacts	Treatments with more social contacts at 6 and 12 months significant							
The analysis sample included only those members of the treatment group who received program services and only those controls who did not receive services similar to the program.									

	TABLE 14. Functioning				
Demonstration (evaluation period)	Measure	Results			
RANDOMIZED DESIGN					
Worcester Home Care (1973-1975)	ADL (measure not known)	No differences			
NCHSR Day Care/Homemaker Experiment (1975-1977)	ADL (Katz) ^a	No differences			
Georgia AHS (1977-1980)	ADL (OARS)	No differences			
	IADL	No differences			
Wisconsin CCO (1978-1980)	ADL (OARS)	No differences			
Project OPEN (1980-1983)	ADL (Katz)	No differences			
	IADL	No differences			
South Carolina LTC (1980-1984)	ADL (measure not known)	Treatments significantly less disabled than controls at 6 months only			
	IADL	No differences			
Florida Pentastar (1981-1983)	ADL (measure not known)	No differences			
	IADL	Treatments significantly more impaired at 12 months			
San Diego LTC (1981-1983)	ADL (Katz) ^b	Treatments significantly more disabled at 12 months			
		Treatments significantly less disabled at 18 months			
	Restricted Days	Treatments reporting lower number of restricted days significant at 6 months			
Channeling (1982-1984)	-	•			
Basic Model	ADL (Katz)	No differences			
	IADL	No differences			
	Restricted days	Treatments with fewer restricted days at 6 months significant			
Financial Control Model	ADL (Katz)	Treatments more disabled at 6 and 12 months significant both time periods			
	IADL	No differences			
	Restricted days	No differences			
NONRANDOMIZED DESIGN	1	'			
ACCESS (1977-1980)					
Triage (1976-1979)	ADL (Katz)	No differences			
	IADL	No differences			
On Lok (1979-1983)	ADL (measure not known)	No differences			
	IADL	Treatments less impaired at 12 months significant			

Demonstration (evaluation period)	Measure	Results			
MSSP (1980-1983)	ADL (Katz)	No differences			
	IADL	Treatments less impaired at 6 months significant			
Nursing Home Without Walls (1980-1983)	ADL (Katz)	Treatments less disabled at 6 and 12 months significant for New York City sample			
New York City Home Care (1980-1983)	ADL (Katz) ^b	Treatments significantly more disabled at 12 months			
	IADL	Treatments significantly mroe impaired at 12 months			

a. The Katz measure was originally developed to be completed by clinicians (Katz et al. 1970). However, in most studies a self-reported measure asking whether the individual does perform the task was used. The OARS in contrast asks capacity, whether the respondent can perform the task.

task was used. The OARS in contrast asks capacity, whether the respondent can perform the task.
b. In these two studies both clinical observation and self-report measures were used, and no major differences in results were reported for the two approaches (personal communication, Capitman, October 1985).

TABLE 15. Case Management Costs (dollars)								
Demonstration (evaluation period)	Case Management Cost per Client per Month							
RANDOMIZED DESIGN								
Worcester Home Care (1973-1975)								
NCHSR Day Care/Homemaker Experiment (1975-1977)								
Georgia AHS (1977-1980)								
Wisconsin CCO (1978-1980)								
Project OPEN (1980-1983)	128							
South Carolina LTC (1980-1984)	49							
Florida Pentastar (1981-1983)								
San Diego LTC (1981-1983)	145							
Channeling (1982-1984) ^a Basic Model Financial Model	106 99							
NONRANDOMIZED DESIGN								
Triage (1976-1979)								
ACCESS (1977-1980)								
On Lok (1979-1983)	85							
MSSP (1980-1983)								
Nursing Home Without Walls (1980-1983)								
New York City Home Care (1980-1983)	104							

a. Channeling cost estimates differ from estimates persented elsewhere. For comparability with estimates available for other demonstrations, channeling case management costs have been divided by all months clients spent in channeling. They include reported in-kind costs and demonstration-related costs. Other estimates are based on Berkeley Planning Associates (1985) and have been converted to 1984 dollars. See Thornton, Will, and Davies. *The Evaluation of the National Long Term Care Demonstration: Analysis of Channeling Project Costs*. Table VI.1. [Executive Summary]

TABLE 16. Direct Service Costs (dollars per month)												
Demonstration (evaluation	Time Period	Funding Sources	Nursing Home		Hospital		Community		Physician and Other Medical		Total	
period)			Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
RANDOMIZED D	ESIGN										•	
Worcester Home Care (1973-1975)	26 months	Project	0	0	0	0	54	0	0	0	54	0
NCHSR 222 (197	'5-1977)										,	
Day Care	12 months	Project	0	0	0	0	281	0	0	0	281	0
		Medicare									533	534
		Total					281				813	534
Homemaker	12 months	Project	0	0	0	0	232	0	0	0	232	0
		Medicare									864	786
		Total					232				1095	786
Combined ^b	12 months	Project	0	0	0	0	243	0	0	0	243	0
		Medicare									1000	847
		Total									1243	847
Georgia AHS	24 months	Project	0	0	0	0	131	0	0	0	131	0
(1977-1980)		Medicaid	72	75	29	11	5	6	37	50	143	143
		Medicare	1	0	73	78	1	1	30	31	104	111
		Total	72	75	101	90	137	7	67	82	377	254
Wisconsin CCO	14 months	Project	0	0	0	0	188	0	0	0	188	0
(1978-1980)		Medicaid	70	97	58	158	84	133	92	119	307	507
		Total	70	97	58	158	271	133	92	119	494	507
Project OPEN	35 months	Project	0	0	0	0	342	0	0	0	342	0
(1980-1983)°		Medicare	2	16	489	628	43	53	0	0	534	697
		Total	2	16	489	628	385	53	0	0	876	697
South Carolina	36 months	Project	0	0	0	0	77	0	0	0	77	0
LTC (1980-1984)		Medicaid	164	253	10	6	5	2	21	13	200	274
		Medicare	4	6	95	76	13	10	31	28	143	119
		Total	168	259	105	82	95	12	52	41	420	393
Florida	12 months	Project	0	0	0	0	202	19	0	0	202	19
Pentastar (1981-1983) ^d		Food stamps	0	0	0	0	43	42	0	0	43	42
		Housing assistance	0	0	0	0	27	28	0	0	27	28
		Medicare/ Medicaid									207	199
		Other Public	0	0	0	0	18	21	0	0	18	21
		Total					290	110			497	312
San Diego LTC (1981-1983)°	12 months	Project	0	0	0	0	478	0	0	0	478	0
,		Medicare	5	8	444	473	13	63			462	543
		Medicaid									78	129
		Total	5	8	444	473	491	63			1018	672

Demonstration (evaluation	Time Period	Funding Sources	Nursing Home		Hospital		Community ^a		Physician and Other Medical		Total	
period)			Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control
Channeling (1982-1984)												
Basic Case Managemen	18 months	Project	0	0	0	0	108				108	0
t Model		Medicare	11	15	440	426	128	113	116	108	695	661
		Medicaid	67	62	17	23	27	30	13	16	124	131
		Other Public	0	1	0	0	63	79	0	0	63	80
		Clients and Families	45	68	29	28	324	341	24	22	422	459
		Total	123	145	486	477	650	563	153	145	1412	1330
Financial Control	18 months	Project	0	0	0	0	408	0	0	0	408	0
Model		Medicare	17	15	597	575	101	181	162	157	877	928
		Medicaid	60	59	35	36	14	30	17	15	125	140
		Other Public	1	1	0	0	33	67	0	0	34	68
		Clients and Families	54	66	43	39	308	322	29	29	434	456
		Total	132	141	675	650	864	600	208	201	1878	1592
NONRANDOMIZE	D DESIGN				,							
ACCESS (1977-1980)												
Triage (1976-1979)	12 months	Diary accounting of costs (Total)	35	2	213	124	93	18	114	47	455	191
On Lok (1979-1983)°	12 months	Project	0	0	0	0	98	0	0	0	98	0
(1979-1903)		Diary accounting of costs	143	679	469	1145	387	263	421	110	1420	2198
		Total	143	679	469	1145	485	263	421	110	1518	2198
MSSP	12 months	Medicaid						-			248	164
(1980-1983)		Medicare									906	362
		Total									1154	606
Nursing Home Wi	thout Walls (1980-1983)	•				•		•	•		
Upstate	12 months	Medicare									299	224
project		Medicaid									533	894
		Total									825	1117
New York City	12 months	Medicare									518	528
project		Medicaid									1143	539
		Total									1633	1159
New York City	8 months	Project					551	0			551	0
Home Care (1980-1983) ^b		Medicare	3	10	554	527	47	50			603	598
		Medicaid									60	124
		Total	3	10	554	527	598	50			1215	713
NOTE: Costs por		alandaka dibu.	distribution of the		41	al lass that a second			and all All als		aro converto	

NOTE: Costs per month were calculated by dividing costs reported for the time period by the number of months in the time period. All dollar amounts are converted to constant dollars for the first quarter of 1984, using the GNP implicit price deflator. Detail may not sum to total due to rounding.

a. Includes case management and formal community services, wherever available. In the case of channeling, this column also includes room and board in the community.

b. Project costs are understated and Medicare costs overstated by the costs of services received when a client was assigned to both services but received only one.

c. Data came from the final report of Berkeley Planning Associates, 1985. The data from Project OPEN's final report (Skiar and Weiss, 1983) show treatments to have lower total costs, however.

d. The Pentastar project reported the costs of the initial assessment for the control group members as project services for controls.