



## 2016 Social Service Funding Application – Non-Alcohol Funds

Applications for 2016 funding must be complete and submitted electronically to the City Manager's Office at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) by 5:00 pm on Friday, May 15, 2015. Applications received after the deadline or not following the attached format **will not** be reviewed by the Social Service Funding Advisory Board.

**General Information:** Each year, the City Commission considers requests for the allocation of dollars to a number of agencies that provide services benefiting the Lawrence community. These funds are to be used to support activities that align with the Community Health Plan which was developed with input from many people throughout the community. The five areas for the plan are listed below:

- Access to healthy foods
- Access to health services
- Mental health
- Physical activity
- Poverty and jobs

More information on the Community Health Plan can be found at <http://ldchealth.org/information/about-the-community/community-health-improvement-plan/>.

Applications will be reviewed by the Social Service Funding Advisory Board at meetings held from 8:00 a.m. to 12:00 p.m. on May 27. **Applicants are asked to make a contact person available by phone at that time in case questions arise.**

Following their review, the Advisory Board will forward recommendations for funding to the City Commission. Recommendations will be based upon the following criteria:

- availability of city funds
- the stated objectives of the applicant's program
- alignment of the program with the Community Health Plan
- the efforts to collaborate and create a seamless system of support for residents
- outcomes that move program participants from total dependency toward measurable levels of independence
- ability to measure progress toward the program objectives and the Community Health Plan
- past performance by the agency in adhering to funding guidelines (as appropriate)

The final decision regarding funding will be made by the City Commission when they adopt the Annual Operating and Capital Improvement Budget in August.

Please note that funds will be disbursed according to the following schedule unless otherwise agreed to in writing:

- First half of funds will not be disbursed before April 1
- Second half of funds will not be disbursed before October 1

**Questions?** Contact Casey Toomay, Assistant City Manager at [ctoomay@lawrenceks.org](mailto:ctoomay@lawrenceks.org) or at 785-832-3409.



City of Lawrence

**2016 Social Service Funding Application – Non-Alcohol Funds**

**SECTION 1. APPLICANT INFORMATION**

Legal Name of Agency: Trinity In-Home Care, Inc.  
 Name of Program for Which Funding is Requested: Medicaid and Sliding Scale  
 Primary Contact Information (must be available by phone 5/27/15 from 8 a.m. to 12:00 p.m.) 785-842-3159  
 Contact Name and Title: Megan Poindexter, Executive Director  
 Address: 2201 W. 25<sup>th</sup> St. Ste. Q Lawrence, KS 66047  
 Telephone: 785-842-3159 Fax: 785-842-7061  
 Email: megan@tihc.org

**SECTION 2. REQUEST INFORMATION**

A. **Amount of funds requested from the City for this program for calendar year 2016:**

\$20,000

B. **Will these funds be used for capital outlay (equipment or facilities?) If so, please describe:**

No

C. **Will these funds be used to leverage other funds? If so, how:**

Yes, Medicaid and private dollars. By investing in Trinity In-Home Care's (TIHC) continued presence in Lawrence/ Douglas County, the City of Lawrence leverages the reimbursements already being paid in tax dollars to support individuals with disabilities and elderly by bringing ~\$763,000 "new dollars" every year into the community. In fact, this investment is also a savings, because if TIHC were not providing services to the individuals in the Medicaid and Sliding Scale programs, many would likely be forced to move into a state or federally funded nursing home or institution. Should that happen, the care for these individuals would cost all taxpayers—in Lawrence and across Kansas—more money.

D. **Did you receive City funding for this program in 2015? If so, list the amount and source for funding (i.e. General Fund, Alcohol Fund, etc.):**

No

1. **How would any reduction in city funding in 2016 impact your agency?**

NA

2. **If you are requesting an increase in funding over 2015, please explain why and exactly how the additional funds will be used:**

NA

**SECTION 3. PROGRAM BUDGET INFORMATION**

A. **Provide a detailed budget for the proposed program using the following categories: personnel (list each staff position individually and note if new or existing), fringe benefits, travel, office space, supplies, equipment, other.**

Staff Total:\$916,800

*Executive Director: \$62,000 (salary)*

*Finance Manager: in process of hiring, range \$32,000-40,000 (salary)*

*Client Service Coordinator: \$32,000 (salary)*

*Administrative Assistant: \$12/hr*

*Receptionist: \$0 (volunteer)*

*Direct Support Professionals: Between 100-120 at any given time, ranging from \$8/hr to \$10.50/hr*

Fringe benefits: \$14,988

Travel: \$6,000 (gas reimbursement for Direct Support Professionals and Service Coordinator)

Office space: \$0 (we own our building)

Supplies: \$4,750

Equipment: \$300

Other (a significant portion is general liability and work comp insurance and unemployment): \$98,400

**TOTAL: \$1,041,238**

B. What percent of 2016 program costs are being requested from the City?

1.92%

C. **Provide a list of all anticipated sources of funding and funding amount for this program in 2016:**

Medicaid Home and Community Based Services (Medicaid) reimbursement: \$589,000

Private Pay (includes clients on Sliding Scale): \$232,000

Jayhawk Area Agency on Aging (includes Senior Care Act and Older Americans Act): \$102,000

Veterans Administration: \$26,400

PACE: \$9,000

Working Healthy: \$15,600

United Way: \$15,000

Misc. Fees: \$4,200

Private Donors/ Fundraising: \$28,000

**TOTAL: \$1,021,200**

#### **SECTION 4. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM**

A. **Provide a brief statement of the problem or need your agency proposes to address with the requested funding and/or the impact of not funding this program. The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.**

A local 501(c)3 since 1976, Trinity In-Home Care (TIHC)'s ~120 caregivers currently provide non-medical in-home support services to ~200 of Douglas County's most vulnerable residents who are elderly and/or have a disability, for a total of ~70,000 hours of care annually. We provide services for Medicaid's Intellectual-Developmental Disability, Physical Disability and Frail/Elderly programs. We offer a private pay sliding scale to those whose income is too high to qualify for Medicaid but whose budgets prevent them from affording services elsewhere or at our full rate. We also provide services through the Jayhawk Area Agency on Aging programs, Veterans Administration, Working Healthy and PACE.

To understand the individuals who use these services, imagine yourself with a physical disability, developmental disability, or with a body that is aging and cannot do what it used to do every day. TIHC's caregivers assist these individuals with basic tasks of self-sufficiency that many people take for granted. If your physical body did not have the strength to lift yourself out of bed, use the restroom or get dressed, stand long enough to prepare a meal or wash your dishes, lift the bag of trash to take to the curb or vacuum your living room, drive yourself to a doctor's appointment or to the grocery store, or even raise your arms to comb your hair or the steadiness of hand to trim your fingernails, what would you do? If your cognitive ability prevented you from making safe decisions about things like when it's safe to cross a street, or the memory to take a shower, take medications (which ones have to be taken with a meal? Which ones on an empty stomach? How many in the morning or at night?) or even to remember to eat in general, what would you do? Maybe you would have a family member who could care for you. But what if you didn't, or what if your family member had to go to work to

financial support your family, but you couldn't be left alone? These are the day-to-day tasks that TIHC's caregivers provide to our clients. The alternative would be for these individuals to live in a nursing home or institution, a solution that is unnecessarily expensive and reduces the quality of life for the individual.

Fifteen percent of all TIHC's services are at a sliding scale rate, which is based on Kansas 2014 poverty guidelines, and is designed to serve those who fall into the financial gap left by Medicaid. They do not have to jump through arduous hoops to "qualify" for sliding scale services—we simply require the previous year's income statement or tax return.

Yet the need for TIHC's services is increasing. As the Managed Care Organizations (KanCare) attempt to balance their own budgets, individuals who they believe can live on their own are moved out of nursing homes and institutions (expensive care) to live back in their homes (more cost effective). Because these clients are on the brink of requiring nursing home or institutional care, TIHC is requested to provide a significant number of hours of care, but again, those services are not reimbursed at the cost of providing that care. It is expected that this trend will continue, and more Medicaid patients will be placed back in their home with the expectation that in-home services will fulfill their care needs. As a result, the demand is higher, but at a rate below the cost of providing services.

*TIHC has been providing these services for nearly 40 years, so it's hard to imagine Lawrence without TIHC's caregivers in place to fulfill this need. Unfortunately, all indications point to a scenario where individuals would be moved into restrictive, expensive facilities and institutions at the cost of taxpayers.*

**B. How was the need for this program determined?**

Trinity In-Home Care began as a grass-roots organization in the late 1960s when its founders identified that children with (what is now called) Intellectual and Developmental Disabilities would receive the best care and attention possible in their home with their parents. But, these parents would need additional support in order to provide that care, and to continue working to support their family. This original mission evolved significantly in 1981 when the Federal government created the *Home and Community Based Services* (HCBS) program of Medicaid. HCBS was established in recognition that individuals with disabilities could remain in their home with a reasonable amount of support, and it would be less expensive to tax payers and provide a greater quality of life for the individuals.

Since that time, Trinity In-Home Care has continued to evolve, offering in-home supportive services through the VA, Jayhawk Area Agency on Aging, PACE program and more. The creation of all these programs by state, national and federal agencies provides ample evidence of the need for in-home support services.

Additionally, the need for TIHC's services is evident by the fact that TIHC has never needed to advertise in order for those who need in-home supports to find us. Especially now that our sliding scale services are requested more and more, it is increasingly evident that vulnerable members of our community are falling through the gaps left between the deficiencies in Kansas' Medicaid coverage and those who can afford these types of services out of their own financial resources.

**C. Why should this problem/need be addressed by the City?**

Trinity In-Home Care is a primary employer, bringing new dollars to Lawrence, averaging \$763,000 per year through our various payee programs. By supporting our client's ability to stay at home, these individuals are also able to continue as part of Lawrence, participating in our community and contributing to the economic cycle by spending what money they do have locally. Contrast this with moving these individuals into state-funded nursing homes or institutions (costing taxpayer money), or into private, corporate nursing homes based out of state.

Unfortunately, the state of Kansas is leaving it up to local communities to address the gap in Medicaid funding. For example, Kansas Medicaid reimburses \$12.24 per hour for services for a client on the Intellectual-Developmental Disability waiver—the waiver program which happens to require the largest percent of services provided at TIHC. Obviously, even at the lean wage which TIHC pays employees, this is barely enough to cover the hourly wage and payroll taxes. Kansas Medicaid reimbursement rates have not been raised in over 10 years, and in some cases, reimbursement has decreased. Yet these vulnerable individuals cannot remain in their home without the services outlined in their Medicaid plan-of-care. TIHC needs supplemental funds in addition to our earned revenue to continue serving these vulnerable clients in their home.

Another unintended consequence has impacted TIHC's ability to provide Medicaid and sliding scale services. Lawrence has recently experienced a flood of new regional and national for-profit in-home care agencies. Whereas for many years TIHC was one of a few in-home care agencies, now the market share of those *who can afford to pay the full cost* of services has shrunk to the point the financial balance of our sliding scale and Medicaid reimbursement is no longer in balance. Since TIHC's mission is to make our services accessible to people of all income levels and to offer a sliding scale to those in deeper poverty, these for-profit agencies send referrals to us when an individual cannot afford their rates. Competition is good, and we are happy to receive referrals for our sliding scale. However, unless TIHC can balance its affordable rates with other revenue sources, we cannot provide services to these individuals who fall into the financial gap. Obviously, our mission is not to make money; it is to be sure all people who need services can access services. Therefore, it would be contrary to our mission as a nonprofit to increase our rates to be "competitive" in that way with the for-profit companies.

For decades, TIHC did not require much community support because of this balanced earned revenue. However, TIHC now needs supplemental support to pay the caregivers to provide the vital services for these low-income individuals. TIHC has an efficient operational model, balancing our budgetary restraints by using a lean salary model and effective oversight of expenditures. Consequently, this lean model also limits our ability to provide non-monetary compensation benefits, such as extensive job training, desired level of supervision, and expanded skill training to maintain our desired quality of care. The stability offered through city funding will allow us to continue to strengthen this model so we can maintain—and even increase—our current quality of care.

**D. How does the program align with the Community Health Plan (see page one)?**

One primary point of the Community Health Plan is to increase the number of primary health care providers who take Medicaid. Although Trinity In-Home Care is not a "primary care provider" by the definition for health plan, TIHC's services as a Medicaid Home and Community Based Services provider for Intellectual/ Developmental Disability, Physical Disability and Frail/ Elderly waiver programs certainly qualifies. As outlined throughout this proposal, TIHC's services address a level of self-sufficiency that is often taken for granted by the general population. However, without the non-medical supportive care provided by TIHC caregivers, there would be an increase in usage of the Emergency Department at LMH because of individuals who are injured, malnourished, experiencing bed-sores, not adhering to their prescriptions, and more. There are very few agencies in Lawrence who accept Medicaid for HCBS programs, and TIHC is the only one who—not only offers all three programs—but takes responsibility for all the staffing, hiring, scheduling and supervision for the caregivers; especially important for the clients who are incapable of doing it for themselves and don't have family who are able to manage this critical task for them.

In addition, TIHC works with community partners to support the employment of individuals who are returning to the workplace following physical health, mental health or chronic unemployment. For instance, we work with:

- JobLink program through Cottonwood, doing job-coaching and providing personalized support.
- Lawrence-Douglas County Housing Authority, assisting employees who are seeking stable housing and need employment to qualify.

- Bert Nash’s SEED program, where our accepting culture and hands-on supervision helps those with mental illness find success.
- Community Shelter, connecting homeless individuals with gainful employment to help them get back on their feet.

TIHC’s mission is to support the health of the vulnerable and at-risk members of our community with the services our employees provide. At the same time, while not stated in our mission, we believe an equally important part of our position in the community is as an employer of a diverse and unique workforce.

## **SECTION 5. DESCRIPTION OF PROGRAM SERVICES**

- A. Provide a brief description of the service you will provide and explain how it will respond to the need you identified in Section 4. The description should include how many clients will be served, and should describe as specifically as possible the interaction that will take place between the provider and the user of the service.**

Trinity In-Home Care is requesting funding to support the process necessary to carry out our mission. The core of Trinity In-Home Care’s mission is connecting caregivers to clients who require personalized, supportive in-home care to stay in their home, and not a nursing home or institution. This mission looks different than many other nonprofit agencies because, due to Department of Labor regulations, we must use employees—not volunteers—to carry it out. It is a complex process, as each of our 200+ individual clients’ specific needs change as their health changes, as does the time of day they need help. The crux of this is the administrative process of coordinating services which facilitates the critical trusting relationship between our clients and our employees.

On an annual average, TIHC employees work one-on-one with a total of 300+ unique individuals completing vital self-sufficiency and health activities such as:

- assisting with meals, including grocery shopping, monitoring dietary restrictions, meal preparation and clean up, or even accessing meals at congregant sites and helping clients leverage their meal delivery services,
- ensuring homes are clean, safe, hygienic and free of trash and clutter,
- hands-on assistance with tasks as personal as taking a bath or using the toilet,
- transportation to medical appointments and being an active listener to ensure accurate doctor-patient communication and follow through,
- supporting health, diet and safety standards (especially fall risks) which can reduce hospitalization,
- monitoring that medication is being taken correctly,
- supporting community integration for clients with developmental disabilities and/or mental illness to ensure client’s safety and their appropriate social interactions as they move throughout the community,
- caring for clients who cannot be left alone for their safety, thus allowing their family caregiver to continue to work (known as “respite care”),
- empowering clients who—with reasonable assistance to get up, ready and out the door (and then home and back to bed at night) can maintain gainful employment,
- and more, as all client-employee staffing plans are personalized to meet the individual client’s needs.

- B. What other agencies in the community are providing similar types of services. What efforts have you made to avoid duplication or coordinate services with those agencies?**

TIHC differs from other Lawrence-area providers not just because we are affordable, but also because we recruit, hire, supervise and schedule caregivers for our clients, most of whom would be unable to hire on their own or who do not have family available to assist them. This is known as “Agency Direction”. TIHC is currently the only agency in Douglas County providing this specific scope of services, depth of reduced rates and personalized options for supportive care.

Because the community of nonprofit agencies which provide in-home services is especially tight-knit, the leaders routinely hold conversations, asking each other, 'how can we avoid duplication so we can each focus on what we each do best, in order to ensure best possible services to our community'. We freely refer clients to each other when we determine our agency is not best suited for the needs of the individual.

## SECTION 6. PROGRAM OBJECTIVES

Please provide three specific program objectives for 2016. Objectives should demonstrate the purpose of the program and measure the amount of service delivered or the effectiveness of the services delivered. A time frame and numerical goal should also be included. Examples include, "75% of clients receiving job training will retain their job one year after being hired," "increased fundraising efforts will result in a 15% increase in donations in 2016," "credit counseling services will be provided to 600 clients in 2016," etc. **Applicants will be expected to report their progress toward meeting these objectives in their six-month and annual reports to the City.**

Objectives:

1. TIHC aims to maintain as a provider of Medicaid's Home and Community Based Services for Intellectual/ Developmental Disability, Physical Disability and Frail/ Elderly waiver programs. With city support, TIHC will continue to accept 100% of referrals for services for Medicaid's HCBS programs.
2. Another of TIHC's goals is to maintain as a provider of affordable, sliding scale services. Our ideal way to achieve this goal is to reduce the bottom of our sliding scale to make it more affordable to those in poverty yet who do not qualify for Medicaid. This would allow us to serve more people who fall in the financial gap. Currently, 15% of all TIHC's services qualify for our sliding scale. With city funding, we aim to reduce the lowest point of our sliding scale by 7% within the next two years.
3. Nationally the annual employee turnover for in-home care providers is extremely high (in comparison to other industries). National average is as high as 60%. We are proud that in recent years, Trinity In-Home Care has maintained a much lower turnover average: between 40% and 45%. Since TIHC has had to reduce starting wages, we've seen an increase in turnover. Research indicates that low-wages are the #1 reason turn-over in the industry is so high. However, research also indicates that—besides increase in pay—ways to reduce turn over include: a supportive management, better training, opportunities for advancement and respect from society at large.

Reducing the turn-over rate lowers the expense and time required for hiring and orienting new employees. TIHC can then leverage the city's investment with the following steps and decrease our turn-over rate by 5-10% over the next two years:

- increase starting hourly wages by 12%,
- continue to build the training program started in 2014 (thanks in part to a grant from the Douglas County Community Foundation) which offers all caregivers one optional training opportunity per month,
- have the necessary administrative staff time to provide TIHC's caregivers the additional supervision and support they deserve for the challenging work they do.