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U.S. Department of Health and Human Services Craig Thornton, Joanna Will and Mark Davies Mathematica Policy Research, Inc. March 1985, Revised May 1986 PDF version: (107 PDF pages) The article was written as part of the #HHS-100-80-0157 contract between the US. Department of Health and Human Services, Office of the Undersecretary of Planning and Evaluation, Office of Social Services Policy (now the Office of Disability, Aging and Long-Term Care Policy (DALTCP)) and Mathematica Policy Research, Inc., and contract #HHS-100-80-0133 between DALTCP and Temple University. The HHS Aging and Health Care Funding Administration provided additional funds (now the Centers for Medicare and Medicaid Services). For additional information on this topic, you can visit the DALTCP homepage at or contact the office at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. The email address is: webmaster. DALTCP@hhs.gov. The Project Officer was Robert Clark. This report was prepared for the Department of Health and Human Services under contract number HHS-100-80-0157. The DHHS project officer is Robert Clark, Secretary's Office, Department of Health and Human Services, Room 447F, Hubert H. Humphrey Building, Washington, D.C. 20201. The opinions and opinions expressed in this report are those of the authors. They do not necessarily reflect the views of the Department of Health and Human Services, the contractor or any other funding organization EXECUTIVE RECOGNITION TABLE I. REPORT OBJECTIVES, ANALYTIC MARK AND DATA SOURCES A. Objectives B. Report Guide C. Summary and Analysis Framework D. Data Sources II. LA DEMONIACO: OPERATIONS AND EVALUATION A. Demonstration Objectives B. Project Structure and Administration C. Analytical Phases of Demonstration D. Summary of Evaluation Design III. GENERAL DEMONSTRATION COSTS A. Total demo costs -- September 1980 to June 1984 B. Total costs of basic pipeline and administration functions and case-loading measures per site during stable state phase C. Direct service expenses D. Special demonstration costs IV. COSTS OF THE OPERATION OF CASE MANAGEMENT DURING THE STABLE STATE PHASE A. Methodology B. Estimated average costs of the main functions V. COMPARISON OF THE ESTIMATED COSTS OF CHANNELING CASES WITH OTHER CASE MANAGEMENT PROGRAMS VI. IMPLICATIONS FOR COSTS OF FUTURE CASE MANAGEMENT PROGRAMS A. Special features of Demonstrations B. Estimate of means by client of a case management program C. APPENDIX A SUMMARY NOTES: Appendix B supplementary tables: APPENDIX C data management procedures: Glossary LIST OF EXHIBITS EXHIBITS 1. Schedule A: A: applied funds for the EXHIBIT 2 quarter. List B: Project Expenditure Status for Exhibit Month 3. Annex C: Public voucher for purchases and services other than EXHIBIT 4 personnel. List D: Status of research activity for exhibit month 5. 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DHHS Monthly Statistical Monitoring Report LIST OF FIGURES II.1: Organization of Demonstration Projects FIGURE II.2: Analytical Phases of table III.1 SHOW LIST: Demonstration costs Until June 1984 MESA III.2: Case loading measures in Demonstration TABLE III.3: Total project and state costs for the steady state phase , October 1983 - June 1984 TABLE III.4: Case loading measures for stable state phase TABLE III.5 : Percentage distribution of direct service expenses for the stable state phase by source, by Project TABLE III.6: Direct Service Expenses per Month of Continuous Case for the Stable Phase, by Service and by project TABLE IV.1 : Estimated distribution of wage expenses by function, Stable Status Period TABLE IV.2: Estimated total costs of basic functions per project, Stable status phase TABLE IV.3: Estimated average costs of initial functions per customer and ongoing functions per current month for stationary phase IV.4: Cost comparisons with factors affecting the cost of the table V.1 stable status phase : Comparison of average pipeline case management costs with other TABLE VI.1 demonstrations: Average cost of initial functions per customer, Number of people examined by eligible and drop-off rates for stable state phase TABLE VI.2: Estimated unit costs of initial functions for stable state phase TABLE VI.3: Calculation of average fixed cost estimates under alternative assumptions of eligibility and TABLE VI.4 desertion rates : Factors for estimating average financial commitment per customer TABLE VI.5: Average financial commitment per customer under alternative assumptions of average length of stay TABLE A.1: Expenses of the federal reimbursement planning phase: Basic model of case management TABLE A.2: Expenses of the federal reimbursement planning phase: Financial control model TABLE A.3: Total project and state-level costs TABLE A.4 : Percentage of wage expenses of project employees by function A.5 : Case loading measures in the randomization period of the accumulation phase TABLE A.6: Total costs of the basic functions Randomization period of the accumulation phase TABLE A.7: Average costs of initial functions per customer and functions in progress on a case-by-case basis in TABLE A.8: Direct service expenses per month of ongoing case, per service and per randomization project of the accumulation phase TABLE A.9 Percent: Distribution of direct service expenses by source of services, by Project for the Randomization Period of the Accumulation Phase TABLE A.10: Summary of the Fringe Benefits of the Host Agency and and Rates for the randomization period of the TABLE A.11 accumulation phase: Percentage of basic pipeline and administration costs by accounting category and per project: Stable state phase TABLE A.12: Total project and state level costs up to June 1984 TABLE A.13: Average project staff salaries and workers' wage rates in site areas by table A.14 : Case loading and staffing for stable state phase TABLE A.15 : Estimated detection costs for controls, by projects RECOGNITIONS This report is the culmination of cost research to provide core pipeline case management services for national long-term care demonstration. As this work came from its initial design five years ago to data collection and final analysis, many people contributed to its successful progress. Most importantly, Sharon Davis provided an essential consistency to the research. He helped implement cost analysis design and managed the entire data collection effort. In addition, your analysis of the costs incurred during the early stages of the demonstration was critical to shape the final analysis presented here. Tom Grannemann, Judith Wooldridge, Robert Coburn and Frances Parkman developed the initial cost analysis design. Robert Applebaum, Raymond Baxter, George Carcagno, Peter Kemper, David Long, Barbara Phillips and Felicity Skidmore provided advice, commentary and encouragement during the course of the investigation. Finally, Marjorie Mitchell coordinated the production of the report along with Marilyn Gourvitch, Susan Klett, Annette Protonentis, Michele McNulty, Linda Pineda and Monica Capizzi. We also recognize the efforts of DHHS demonstration staff and staff from the ten states and demonstration projects that implemented pipeline intervention. These individuals, particularly site managers and project managers and state financial officers, provided the data underlying our analysis. We greatly appreciate your efforts in providing this data and answering our frequently asked questions about costs and operations. These efforts are even more impressive given the pace and demands of demonstration operations. Craig ThorntonJoanna WillMark Davies EXECUTIVE SUMMARY The U.S. Department of Health and Human Services established the National Long-Term Care Demonstration to test two pipeline models to organize community care for the elderly. Both models offered people at risk of institutionalization a systematic assessment of their needs and ongoing case management to organize and the provision of services. Models differed from the way Community services were provided to customers. One model, the basic case management model, managed the services that were available to customers in the community and added a modest amount of funds for the purchase of services that were not available through other sources. The second model, the model, expanded the scope and availability of publicly funded services but at the same time instituted cost control features that placed a cap on average and expenditures per customer. The overall assessment was designed to determine the impact of the two models on the use of informal services and caregivers and on customer well-being, as well as to assess the feasibility of implementing future pipeline type programs and the profitability of the pipeline concept. In this report we examine a small but key aspect of the pipeline: the operating costs of the demo. We estimate the total and average costs incurred by the 10 demonstration projects that implemented the pipeline intervention, as well as the total costs of the state agencies that overkilled the projects and the technical assistance contractor. This cost information provides quantitative information about the magnitude and allocation of resources used to deploy the pipeline. It therefore provides an important background to understand the nature of this intervention and to budget for any future efforts in this area. The analysis covers the costs incurred from the beginning of active demonstration planning (September 1980) to a large-scale sustained operating period (June 1984). The closing period of the demonstration is excluded (July 1984 to March 1985). Although all costs are reported, the report focuses on costs during the steady state phase between October 1983 and June 1984. During this time, the demonstration more closely resembled an ongoing usonstration program, as the phase emphasized the provision of continuous service to customers rather than creating cases. We disaggregated case management costs into two general types: upfront costs and ongoing costs, which were quite similar under the two pipeline models. Upfront costs include one-time features associated with identifying and enrolling a customer. Specifically, these were costs for case search, screening, baseline evaluation, initial care planning and related administrative, supplier, and administrative support relationships. The basic projects of the case management model spent \$330 per client for these initial functions, while financial control model projects spent an average of \$346. Ongoing costs were incurred to provide ongoing case management services in addition to associated administrative, supplier, and administrative support relationships. Basic model projects spent an average of \$92 per month of cash these ongoing services, and financial control model projects spent an average of \$86 per month of cash. Of course, while the average case management costs were similar in both models, the ten demonstration projects exhibited a considerable variation in costs. While it is difficult to identify all the causes of this variation, the scale of the project, staff pay levels, the overall organization and the customer wear rates, the local environment and geographical dispersion of customers seemed to be an influence. Administrative, supplier, and administrative cost relationships were an important component of project case management costs. We estimated that they accounted for approximately 40 percent of the upfront costs under both models. In addition, we estimated that they accounted for 45 percent of current costs under the basic model and 59 percent of ongoing costs under the financial control model. The higher administrative costs of the financial control model seem to reflect the operating costs of your data system to monitor direct service expenses. While the projects were similar in terms of their average expenditures for case management services, their expenditures for direct services differed substantially. Basic model projects spent approximately \$38 per month of cash for direct services, while financial control model projects spent \$471 per month of cash. This difference reflects the pooling of funds from Medicare, Medicaid, and other public sources under the financial control model, as well as the relatively limited funds available for basic model projects to fill service gaps. Of course, these expenses represent only a portion of the total spent on customer services and should be considered along with expenses and savings for all sources of funding and for all services. (This overview is presented in an associated benefit cost report.) Our case management cost analysis also revealed the following findings on overall costs through June 1984: The ten demonstration projects incurred costs of \$23 million while preparing and subsequently providing case management and long-term care services to customers between September 1980 and June 1984. In addition to project costs, states spent \$2.8 million and the technical assistance contractor spent \$1.6 million between September 1980 and June 1984. During the period studied, basic case management projects enrolled 3,300 clients; financial control projects inscribed 3,900 clients. In total, more than 51,000 ongoing service cases were provided by all 10 projects. The five basic case management projects spent \$4.6 million and the five financial control projects spent \$5.1 million to perform basic pipeline and management functions (case search, screening, initial needs assessment, basic basic planning, and ongoing case management) through June 1984. In addition, until June 1984, the five projects spent \$12 million on the purchase of direct services, while the five basic case management projects spent only \$800,000 on direct services. The projects spent most of this money for housewife/personal care, skilled nursing and home health assistant services. The cost estimates presented here correspond to the demonstration demonstration. Therefore, they reflect the small scale, additional administration, and research activities that are part of a demonstration. Research costs were estimated to be approximately one percent of total project-level costs. The net effect of the other specific characteristics of the demonstration is unknown. The resources were also used by the federal government in its oversight role. These costs are excluded from our analysis because accurate data on their magnitude is not available. Other publications on pipeline projects indicate that the estimated average costs for the pipeline are comparable to those of other demonstrations. This comparability suggests that these cost estimates should provide a good basis for budgeting future pipeline programs, although substantial variation between projects in the costs observed in the pipeline demonstration suggests that program size, specific management policies, and on-premises environments play an important role in determining actual costs. The cost analysis of the different case management functions, the key analytical element in our evaluation, is presented in Chapter IV. Comparison with case management costs in other community care demonstrations is presented in Chapter V. We also present essential basic information about the projects (our data, total costs and the number of customers served) in the first three chapters. Other relevant information is presented in a process analysis report (Carcagno et al., 1986) and a cost-benefit analysis report (Thornton and Dunstan, 1986). I. REPORT OBJECTIVES, ANALYTIC MARCO AND DATA SOURCES This report examines a small but key aspect of the National Long-Term Care Demonstration: the costs of providing core case management functions for pipeline intervention. The pipeline is expected to affect a wide range of other costs (for example, costs incurred by channeling clients for hospital and nursing home services) that are examined in separate reports. Here we focus on operating costs from the perspective of pipeline projects. Specifically, we examined how much these projects spent to provide case management services to clients. This analysis of operating costs is part of a broader demonstration assessment. The U.S. Department of Health and Human Services (DHHS) funded this effort to assess whether the implementation of a case management program through which functionally limited elderly clients are channeled to appropriate community-based would result in cost savings for the overall long-term care system, while improving customer well-

variation in estimated costs between these projects was substantial. Budgeters may want to adjust unit cost estimates to take into account some of the factors identified in Chapter IV that are likely to affect the unit costs of a future program. 2. Total financial commitment per customer As indicated by the total financial commitment per client comprises two components: the fixed cost of enrolling an eligible customer and the cost of providing ongoing case management to a client for the duration of the customer's participation in the program. We previously described how they could use the data presented in this report to estimate the fixed cost of enrolling a customer. The continuous cost component in this analysis is estimated as the average monthly cost per customer to provide continuous case management (after the initial care plan has been formulated and signed) multiplied by the average length of stay in the program, measured in months after the initial signing of the care plan. For pipeline pipeline the estimated monthly cost per customer of continuous case management and the average length of stay during the 18 months of the demonstration observation period are shown in Table VI.4 for the two models. Based on this data and the estimated fixed cost of enrolling a customer, we estimate the total cost per customer under the basic model during the 18-month observation period as \$1,142, the sum of the fixed cost per customer (\$630), and the continuous cost per customer (during the 18-month observation period) is estimated at \$1,160. TABLE VI.3. Calculation of average fixed cost estimates under alternative eligibility assumptions and drop-out rates Number examined per customer Percentage of customers who completed Line expense of customers who completed the average initial customer cost care plan of the average customer detection of the average baseline assessment per customer cost of initial planning average cost per customer (less average over-sumary cost) Example A : Case Management 1.33 78.6 62.0 (\$63 X 1.33)84+ (\$139 X 0.786)109+ (\$201 X 0.62)125 to \$318 Example B : Financial Control 1.09 85.6 73.6 (\$71 X 1.09)80+ (\$102 X 0.856)87+ (\$223 X 0.735)164 to \$331 Example C : (Use of estimated unit costs of basic case management) 2.0 50.25 0. (\$63 X 0.50)570+ (\$2139 X 0.50)570+ (\$201 X 0.25)560 to \$246 Example D : (Use of estimated unit costs of financial control) 2.0 50.25 20. (\$102 X 0.50)51+ (\$102 X 0.25)56+ \$253 Example E : No internal detection function (use of estimated unit costs, eligibility and drop-out rates for basic case management) 1.33 78.6 62.0 (\$139 X 0.786)109 (\$139 X 0.786)109+ (\$201 X 0.62)125 \$234 Estimates of average length of stay used above underestimate the average amount that customers actually spent in the pipeline program because they reflect only the average length of stay observed until the end of the 18-month observation period. The actual average duration of participation in the program is expected to have been longer and, as a result, the total average per customer cost is expected to be longer. Table V.5 shows the total estimated financial commitment per customer given alternative assumptions about the length of stay (measured after the initial signature of the care plan). TABLE V.4. Factors for estimating the average financial commitment per basic case management customer Financial control per fixed cost client \$330 \$346 per customer per month Continuous case management cost \$92 \$86 Average length of stay (Mos.) During the observation period of months (after initial signature of the care plan) 8.3 9.47 SOURCE: Table IV.3 and customer tracking system. These estimates indicate that under a program such as the pipeline, if the average length of stay after the initial signing of the care plan one year, the average cost of enrolling and providing ongoing case management to a customer is approximately \$1,400. If in a case management program modeled similar to the average length of the channeled stay out of four years, the average per customer's financial commitment would be around \$4,600. C. SUMMARY As noted above, the cost estimates presented above have not been adjusted to take into account the costs incurred because the pipeline was a demonstration. In Section A of this chapter we identify the special characteristics of a demonstration that affect costs. A very important consideration is that if a case management program such as the pipeline is implemented on a larger scale than this demonstration, we would expect that, while all other factors are constant, the average costs per customer will be lower than those observed in the demo. We cannot determine how much smaller, mainly because there is no information on comparable programs of substantially different scale. TABLE V.5. Average financial commitment per client under alternative assumptions of average length of stay (dollars) Average length of stay after signing the initial care plan Basic financial control of case management 12 months 1,434 1,378 18 months 1,986 1,894 24 months 2,538 2,410 48 months 4,746 4,474 Future programme budgets should also expect higher average costs during program start-up. The cost estimates presented in this chapter were based on the costs reported by the projects during a later operational phase of the demonstration, at least one and a half years after the start of project operations. As a result, the estimates represent the estimated costs of a more mature operational programme, in which procedures and practices have been fairly well established. This analysis of the average cost implications of other case management programs used estimates that represented the average costs for the two models tested under the demonstration. In Chapter IV we present data on the estimated costs incurred by individual local demonstration projects. The variation in cost estimates between the 10 projects was substantial and, as discussed in that chapter, countless factors could affect costs in any project. Some of the factors that affect the costs identified in that chapter include scale, regional price salaries and differences, internal organization and project management, number of clients served by case manager, local service environment, and geographic dispersion of customers. If the data in this report are used in estimating the costs of a future program, such factors, interpreted in the context of information on how pipeline case management functions were actually performed and organized within projects, should be evaluated in terms of their effect on costs in any future program. Finally, if it should be noted that the cost estimates presented here relate only to direct case management activities (and administrative, supplier and administrative relationships) administered at the local level. In this report we have not discussed the additional costs of central administration incurred in this demonstration in overseeing state and federal agencies. Central administration includes program planning, monitoring and supervision, and other activities such as disbursement of funds to be used for direct service expenses. In Chapter III we present data on the reported costs incurred by state agencies; however, his demonstration responsibilities included a number of long-term care planning activities. Therefore, not all state-level costs are directly attributable to pipeline case management activities. In future case management programs, central administration can be organized very differently from your organization under the pipeline. 49 However, additional monitoring and monitoring costs will be required. The purpose of this chapter was to demonstrate how the data presented in this report on pipeline case management functions could be used to assist budget case management programs such as pipeline. We do not intend the cost figures presented here to represent accurate estimates of the costs of any future case management program, but they must provide an indication of the order of magnitude of the cost involved in enrolling and continuously managing cases to a customer. Accurate cost estimates of a future case management program will require a review of differences in the approach and objectives of future intervention with that of the pipeline; it will also require the assessment of the special characteristics of a demonstration that would not be replicated in an ongoing programme and the organizational and environmental factors described in Chapter IV that affect costs. In this report we have focused on the operational costs of the pipeline. However, the operating cost is only one element of the program's effectiveness. The critical question is whether the program results justify these costs. To evaluate the demo in terms of this question, readers should examine pipeline impact and cost-of-benefit analyses. REFERENCES Berkeley Planning Associates. Production costs of case management and coordination systems. Prepared for health care finance administration, U.S. Department of Health and Human Services, Contract No. 500-80-0073, Berkeley, CA; Berkeley Planning August 1984. Cargano, George C. et al. The Planning and Operational Experiences of the Channeling Projects, Princeton, NJ: Mathematica Policy Research, March 1985. Pipeline demo project instruction manual for reporting financial status. Mathematica Policy Research, Incorporated Incorporated Collection Instrument #82-13, Princeton, NJ: Mathematica Policy Research, 1982. APPENDIX A. SUPPLEMENTAL TABLES This appendix provides four sets of tables that complement the text information. The first two sets, Table A.1 through Table A.2 and Table A.3 to Table A.10, present the costs incurred at the project and state level during the planning phase and the randomization period of the accumulation phase. Cost breakdowns for planning and accrual phases are similar to breakdowns of stable state costs in the report body. The third set of tables, Table A.11 to Table A.14, provides additional breakdowns of stationary state cost estimates and project- and state-level cost estimates through June 1984 discussed in the report. For all these sets, variable definitions are given in the text and glossary of Appendix C. The fourth set, Table A.15, complements the discussion of the special demonstration costs of Chapter III. Table A.15 shows cost estimates (including administration costs) for eligible screening applicants who were randomly assigned to the control group during the randomization period. We use the fraction of all eligible applicants who were controls during the randomization period as the fraction of the costs spent examining the controls. 50 Projects spent more than \$300,000, or 37 percent of their randomization period selection costs to examine the controls. TABLE A.1. Federally Reimbursed Planning Phase Expenditures: Basic Case Management Model Initial Planning Operational Planning Total Number of ProjectMonths Total Expenditures AverageMonthly Expenditures Number of ProjectMonths Total Expenditures AverageMonthly Expenditures Number of ProjectMonths Total Expenditures AverageMonthly Expenditures Baltimore, Maryland State 11 62,600 5,691 5 44,500 8,900 16 107,100 6,629 6 Site 3 4,800 1,600 5 16,500 3,300 21 30,000 2,663 Total --- 67,400 --- 61,000 --- 128,400 --- Eastern Kentucky State 10 96,200 9,620 9 79,500 8,833 19 175,700 9,247 Site 7 19,900 2,843 9 44,400 4,933 16 64,300 4,019 Total --- 116,100 --- 123,900 --- 240,000 --- Houston, Texas State 11 95,300 8,664 5 34,100 6,820 16 129,400 8,087 Site 6 35,200 5,867 5 75,000 15,000 11 110,200 10,018 Total --- 130,500 --- 109,100 --- 239,600 --- Middlesex County, New Jersey State 9 48,100 5,344 Site 4 26,700 6,675 17 117,600 6,920 24 257,500 10,730 49 131,500 2,707 117 6 98,400 16,400 12 141,100 11,758 Total --- 90,800 --- 124,000 --- 214,800 --- Southern Maine State 11 37,000 3,364 5 25,400 5,080 16 62,400 3,900 Site 7 9,000 1,286 5 33,200 6,640 12 42,200 3,517 Total --- 46,000 --- 58,600 --- 104,600 All State Projects 52 33,900 6,523 30 209,100 6,970 82 548,300 6,687 Site 29 111,600 111,600 30 267,500 8,917 59 379,100 6,425 Total --- 450,800 --- 476,600 --- 927,400 --- SOURCE: DHHS expense invoices. Reported expenses are total accrued expenses. Kentucky requests reimbursement at 80 percent of the total, and the remaining 20 percent will be funded at the end of the project. September 1980 to August 1981. September 1981 to August 1982. Federal Reimbursed Planning Phase Expenditures: Financial Control Model Initial Planning Operational Planning Total number of total ProjectMonths Monthly expenses Number of total project expenses Total expenses Average Monthly expenses Number of total ProjectMonths Total expenses Average Monthly expenses Cleveland monthly expenses, State of Ohio 9 33,300 3,700 9 62,800 6,976 18 96,100 5,339 Site 3 27,900 9,300 9 17 110 13,011 12 145,000 12,083 Total --- 61,200 --- 179,900 --- 241,000 --- Grand Union, Massachusetts State 10 70,900 7,090 8 67,100 8,387 18 138,000 7,667 Site 2 3,300 1,650 6 65,700 8,213 10 69,000 6,900 Total --- 74,200 --- 132,600 --- 207,000 --- Miami, Florida State 12 40,900 3,408 8 49,500 5,813 20 87,400 4,370 Site 6 37,000 6,168 9 97,900 10,878 20 134,200 6,710 Total --- 74,900 --- 144,400 --- 222,200 --- Philadelphia, Pennsylvania State 7 45,200 6,457 8 66,300 8,287 15 111,500 7,433 Site 6 19,600 3,267 8 105,000 13,125 14 132,600 9,470 Total --- 130,600 --- 184,500 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Business Survey (July 1984). In-kind costs reported by pipeline projects amounted, on average, to 2.5 per cent of total case management and related administrative costs reported by projects. As explained in Chapter III, we estimate that during the steady state phase the projects incurred, on average, research-related costs equivalent to one per cent of the total reported case management costs. We do not estimate the value of other special demonstration costs. En En to the intervention approach, BPA suggested that the differences in the average cost estimates of the five demonstration projects were largely due to differences in the level of professionalization (i.e., the level of education and training of staff), the degree of specialization of functions (i.e. more specialized projects used different people or teams to perform different functions; less specialized projects used a staff member to provide all or a series of case management services per customer), and differences in the local environment (including access to service providers, the number and type of direct services available and to be monitored by case managers, the size of the catchment area, and regional price differences). The average case management cost of \$47 for the South Carolina demonstration project was estimated based on the number of non-inter-agency cases. Clients institutionalized after the screen received substantially reduced ongoing case management services than the remaining ones in the community. Reported in-kind costs, which account for approximately 2.5% of total reported case management costs, are included in the cost estimates used below. However, there is evidence that real in-kind donations exceeded this estimated level. In this chapter, all role costs include associated management costs, vendor relationships, and administrative support. During the steady state phase, the period during which pipeline costs were estimated, two eligible specific persons were assigned to the control group (since they lived in homes with members of the control group) and therefore did not enter the pipeline. There is no unit reach cost, as it is not possible to define the scope in terms of specific units. Due to rounding, the estimates of the average cost per function may not be exactly the same as those presented in Table IV.3 after the administration is assigned. See Carcagno et al. (1985). See Chapter II of this report and the process analysis, Carcagno et al. 1985 for a description of how state and federal administrative responsibilities were assigned. For example, since the estimated cost of the screening function and its related administration for Baltimore was \$89,935 and 36.9 percent of the applicants examined were controls, 36.9 percent of the cost of the evaluation and its administration (\$33,186) is estimated as the cost for control controls. 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