



Innovations in Medicaid Managed Long-Term Services and Supports: How Health Plans are Providing Support to Family Caregivers

Wednesday, February 28, 2018
1 - 2 pm EST

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Panelists: 1

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Attendees: 0 (0 displayed)

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Q&A

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Send to: All Panelists

Host

Presenter

Host & Presenter

All Attendees

All Panelists

All Participants

Select an Attendee...

Send

Select a question, and then type your answer here. There is a 256 character maximum.

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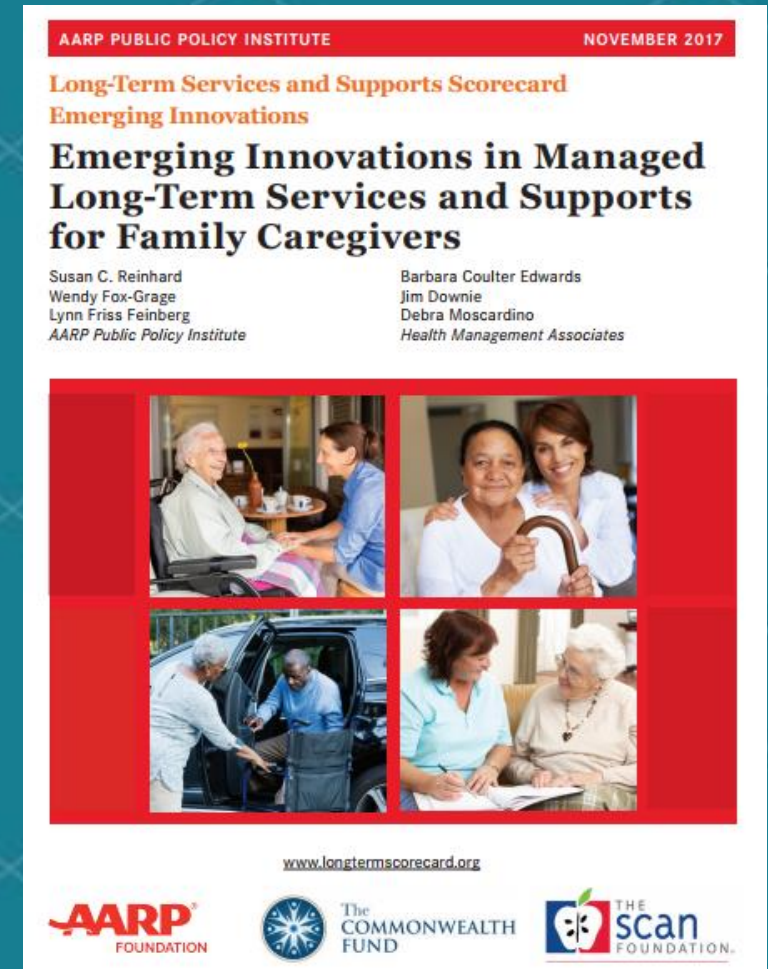
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Scorecard Emerging Innovations Report

<http://longtermscorecard.org/promising-practices/emerging-innovations-ltss>



Susan Reinhard
Senior Vice President, Director
AARP Public Policy Institute



AARP Public Policy Institute: Caregiver Supports Have Been a Focus Since 2010

2011 – LTSS State Scorecard noted beginning of managed care trend for Medicaid LTSS

2012 – Roundtable addressed how to measure family caregiver supports across states

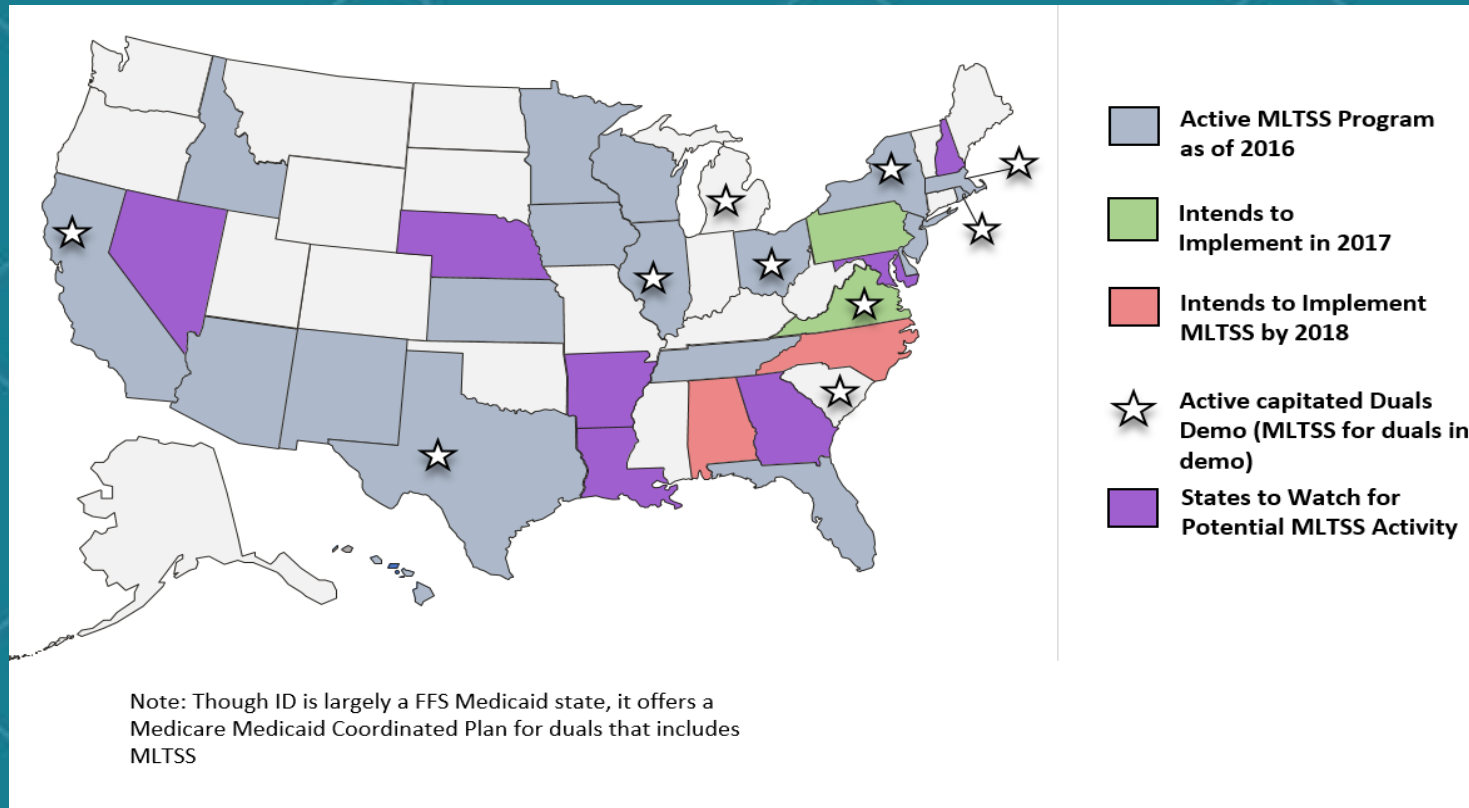
2013 – 50 state survey (with Family Caregiver Alliance) regarding assessment of caregiver needs under Medicaid home- and community-based services waiver programs

2015 – Publication with Truven Health Analytics of managed LTSS contract provisions regarding family caregivers and care coordination

2015 – Roundtable with federal and state officials, researchers, advocates to discuss findings

2015 – Formed AARP Learning Collaborative on Family Caregivers and Managed LTSS

Medicaid Managed Long-Term Services and Supports Continued Growth (August 2017)



Purpose of Our Report

To highlight how progressive managed care plans are supporting family caregivers who are caring for plan members with LTSS needs

To learn from each other and to adopt practices to better care for members and their family caregivers

Environmental Scan

Contracted with Health Management Associates to conduct standardized telephone interviews with 42 administrators in 15 Medicaid-contracting managed care plans that cover long-term services and supports

Administrators were corporate officers and staff with managed care organizations that contract in multiple states and state-level administrators of managed care plans in seven states (AZ, CA, MA, NJ, SC, TN, and WI)

Amerigroup NJ, Amerigroup TN, Anthem/Amerigroup, Centene, Commonwealth Care Alliance, Community Care, BCBS TN, Health Plan of San Mateo, Inland Empire Health Plan, LA Care Health Plan, Molina Healthcare, Select Health of SC, United Healthcare (MA), UnitedHealthcare (AZ)

Emerging Innovations in Medicaid MTSS: Family Caregivers



Barbara Coulter Edwards, Principal

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Structured Interviews Asked MC Plans:

- ✓ How they involved family caregivers in care planning and care coordination
- ✓ How they assessed the needs of family caregivers (for training, stress/burn-out, need for supports)
- ✓ What services or supports were available to support family caregivers, including any innovations underway

Plans Told Us:




- The role of family is critical
 - in conducting an effective assessment of the individual's needs and the development of a care plan*
 - in providing viable options for individuals with disabling conditions to remain in their own homes or community-integrated settings
- Family members serve as:
 - Caregivers
 - Communication facilitators
 - Advocates

Family Caregiver Supports in Managed LTSS are an Emerging Innovation; Some Key Supports are Not Yet Commonplace


- **State policies and advocacy** drive attention to family caregivers
 - Many innovations stem from state managed care contract requirements
 - States are learning from each other and from groups like AARP about the issue
- “Leader” states include
 - Tennessee, Texas, and South Carolina, which require plans to use stand-alone assessment tools for family caregiver
 - California, Massachusetts, New Mexico and Wisconsin, which have adopted optional Medicaid program policies that reimburse for training for caregivers to better enable them to carry out tasks in the home

Caregiver Assessments

- All plans assess needs of informal caregivers – but some plans are now developing and using stand-alone, formal tools focused on caregivers



	Developed a national caregiver assessment tool that can be modified to accommodate state requirements. Use of this tool is encouraged, even in states that do not require a separate assessment of family caregivers.
	Elected to use AMA Caregiver Self-Assessment Questionnaire in multiple states, and training care coordinators to assess issues (family stability, presence of SUD, when respite is needed)
	Uses a separate caregiver assessment tool, which goes beyond state elements to include caregiver's own health and need for training. Collaborated with TN to allow telephonic assessment for more privacy and candid answers.

Respite Care Used Beyond Benefit Limits

- Respite care is commonly available, but policies vary by state; many plans interviewed described the use of respite beyond contract limits when needed
-  • AmeriHealth Caritas (Select Health in SC) has a caregiver quality improvement goal to increase the use of respite by 10% a year to relieve caregiver stress and burnout
 - Multiple plans reported some family caregiver reluctance to use respite; some reported system barriers to sufficient use
- Plans also view adult day programs, in-home aides, home visits by doctors, and other services as potential support for family caregivers

Direct Engagement of Family Caregivers

- All states require plans to establish member advisory councils, but some plans described additional efforts to engage members and their family caregivers

	<p>In AZ, developed 8 regional advisory councils to better promote local participation by members and caregivers. Purpose: education for caregivers, input to health plan.</p> <p>In MA, has conducted a series of focus groups of caregivers and plans to launch a broader survey of caregivers to gain more information regarding instruction and other needs. Intent: develop programs in response.</p>
	<p>Surveyed members and families to provide a better understanding of the needs of caregivers in the home. Revealed that caregivers are seeking peer connections for support and problem solving, access to holistic professional assessment of the members' needs, and increased education for physicians to understand the needs of complex populations.</p>

Going Beyond “Linkage and Referrals”

- All health plans provide family caregivers with information on possible community resources, but some plans are doing more to make access to community resources a reality







Hires community outreach specialists and housing specialists in multiple states, modeled on the member advocate model required in the TN market. Specialists work with members, family caregivers to meet needs in extraordinary circumstances.
Promotes more effective self-advocacy by members and family caregivers (training, etc.)
In NJ, hosts educational workshops for caregivers.








Offers unpaid family caregivers a coupon code, so they can access available online caregiver instruction (otherwise developed for paid caregivers). University of Wisconsin at Oshkosh and state department developed the training.)

Partnering with Community-Based Organizations, Universities to Develop, Deliver Supports and Training

	<p>In AZ, created a member empowerment program, based on input from the advisory council; holds mini-conferences for members and caregivers that bring community organizations and local colleges together to engage members and caregivers through participatory workshops.</p>
	<p>Partners with Alzheimer's Greater Los Angeles to offer instruction, hosted in plan family resource centers and other community sites, and to train plan staff on the fundamentals of cognitive impairment, practical dementia care management skills, and caring for the caregiver.</p>
	<p>Sponsors and leads the Inland Empire Disabilities Collaborative, which builds relationships across a network of entities who support and serve individuals with disabilities to strengthen and expand system capacity. Joined county agencies, CBOs, and medical colleges in sponsoring caregiver instruction; plans to make online materials available to family caregivers.</p>
	<p>Linked with the local Area Agencies on Aging and Disability (AAADs) to provide family caregivers supports such as stress management. (National Family Caregiver Support Program under the Older Americans Act.)</p>

Focus on dementia and behavioral health

	In NJ, includes behavioral health specialists as part of the multi-disciplinary team that supports the LTSS care coordinator. Also partners with local health educators and providers to offer training sessions in communities on Alzheimer's Disease.
	Provides alternative sources of respite opportunities (and alternative respite providers) to assist family caregivers for individuals with complex behavioral challenges. Developed online resources for care coordinators to assess caregiver burnout, especially related to dementia care. Develops in-house experts for dementia care and connects families to other organizations for supports regarding dementia such as local "memory cafes."
	In IL, encourages regular in-home family meetings. A behavioral health specialist can attend these meetings and offer support for members and caregivers as needed.
	Provides respite as a value-added service to provide relief for caregivers supporting members with Alzheimer's disease and other dementias.
	Offers in-home respite for caregivers who assist individuals with behavioral health challenges (not a formal Medicaid benefit). Redesigned Interdisciplinary Care Team structure to include LTSS and BH staff and increase participation by members.

New Potential: the CARE Act and MLTSS

- Few administrators were familiar with the CARE Act, even where it has been enacted
- Those who were familiar with the CARE Act responded that they don't "use" it
 - MCPs "can't enforce it"
 - MCPs have their own responsibility to assist members with discharge planning/transition to community/integration with HCBS
 - The biggest challenge with discharge planning for plans is when Medicare is primary payer for hospital
- Hospitals could find MCP care coordinators strong partners in facilitating caregiver engagement

Under-developed: Community Partnerships to Advance Person- and Family-Centered Care

- MCP collaboration, formal relationships, even contracts with community based organizations could expand access to
 - “Warm hand-offs” as a part of linking and referral to services
 - Effective curriculum resources for family caregiver training
 - Support/peer groups
 - New educational and training opportunities

Under-Used: National Family Caregiver Support Program

- Most administrators were uncertain whether their health plans had formal relationships or regularly referred family caregivers to the local National Family Caregiver Support Program
- Three plans reported that the local NFCSP program was an “important partner or resource” in providing caregiver supports
- Some reported that overtures to the local program had been unsuccessful – that the local program wanted to target its limited resources to non-Medicaid (or non-MCP) populations

Other Opportunities

- Collaboration to encourage promising caregiver services and supports
 - Strategies to overcome insufficient local service capacity
 - Partnering to change state policy
- Enhanced strategies for planning for the future
 - Care plans are updated as needs change, but plans generally did not describe development of longer term strategies with members and family caregivers
 - Some acknowledgement of this where the member is an adolescent or young adult, but still with a more immediate focus
 - Purpose: relieve anxiety for family caregivers and perhaps reduce immediate demands for service
- More culturally appropriate supports for family caregivers
 - Determining what types of assistance are acceptable to caregivers (differences by age, ethnicity, other)
 - Reflecting economic barriers (including work schedules) to caregivers participation in training, other supports

Most Encouraging:

Multiple MCPs identified that understanding and addressing the needs of family caregivers was a current priority for the plan;

All administrators expressed interest in learning more about promising practices and staying in dialogue on the topic



A Health Plan's Perspective



Merrill Friedman, Sr. Director,
Disability Policy Engagement,
Anthem

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A word cloud in the shape of a heart, composed of various terms related to family and caregiving. The most prominent words are 'CAREGIVER', 'PARENT', 'CHILD', 'FATHER', 'MOTHER', 'SIBLING', 'GRANDPARENT', 'NEIGHBOR', 'FRIEND', 'LOVE', 'HOPE', 'SISTER', 'BROTHER', 'CARE', 'COUSIN', 'GRANDCHILD', 'SUPPORT', 'FAMILY', 'CARETAKER'. Other visible words include 'COUNSELOR', 'CARETAKER', 'CARE', 'COUSIN', 'GRANDCHILD', 'SUPPORT', 'FAMILY', 'CARETAKER', 'COUNSELOR', 'CARE', 'COUSIN', 'GRANDCHILD', 'SUPPORT', 'FAMILY', 'CARETAKER'.

The Challenges

At any given time, approximately 42 million Americans are providing support for an adult family member with limitations in daily activities

75% of individuals with I/DD live with families and don't receive assistance from public systems

15 million people in the US are caring for someone with dementia

Caregivers are caring for people in all life stages and have a variety of familial relationships with the care recipients

More than 1 in 5 households with children in the US have at least one child with special health care needs



Nearly 10 million adult children over the age of 50 care for their aging parents

30,000 people with ALS currently, with 6,000 diagnosed each year, receive care from families

Child and adolescent caregivers are twice as likely to have attempted suicide and more likely to be bullied



The Human Cost

69% of family caregivers report that caregiving is their major source of stress; 40 -70% report depression

Family Caregivers also experience significantly higher rates of stroke, heart disease, hypertension, sleep problems, drug use, and lower immune function

The average family caregiver for an adult is female, 49, and works outside the home, but spends 20 hours a week caregiving for an average of 5 years

77% of caregivers report missing work in order to provide care, 52 % work less hours, 51% feel a negative impact on their career, and 11% report losing their job

80% report a strain on marriage with 25% stating that caregiving played a significant role in divorce or separation

Families of individuals with I/DD can spend 40 to 80 hours a week providing support



Estimated economic value of \$470 billion
exceeding the value of paid in-home and total
Medicaid spending in the same year

Anthem provides dedicated resources and supports to caregivers

Knowledge, Training & Skills



- Technology supporting real-time communication & learning
- Caregiver training, i.e. self-care, advocacy, self-direction & other skill supports
- Dynamic, searchable data base of localized community resources

Emotional & Social Supports



- Community-based partnerships offering peer supports & resources to improve emotional well-being and health
- Advocacy organization memberships
- Enhanced respite to provide time for self-care to improve overall well-being

Goods & Services



- Enhanced respite care
- Enhanced personal care
- Technology with scheduling reminders and data analytics
- Enhanced assistive devices & home modifications
- Navigation & access to resources tailored to personal preferences and support needs

Caregiver assessment to identify & link caregivers to meaningful goods, services, supports & training so promote health, well-being & quality of life

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