NASHP

NATIONAL ACADEMY
FOR STATE HEALTH POLICY

Family Caregiving Policies and Innovations

Thursday, February 20, 2020
2-3 pm Eastern

This webinar is supported by the John A. Hartford Foundation.

RAISE Family Caregiver Resource and Dissemination Center

www.raisefamilycaregiving.org

Wendy Fox-Grage, MSG, MPA
Project Director
National Academy for State Health Policy

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

NASHP Webinar: Family Caregiving Policies and Innovations

February 20, 2020

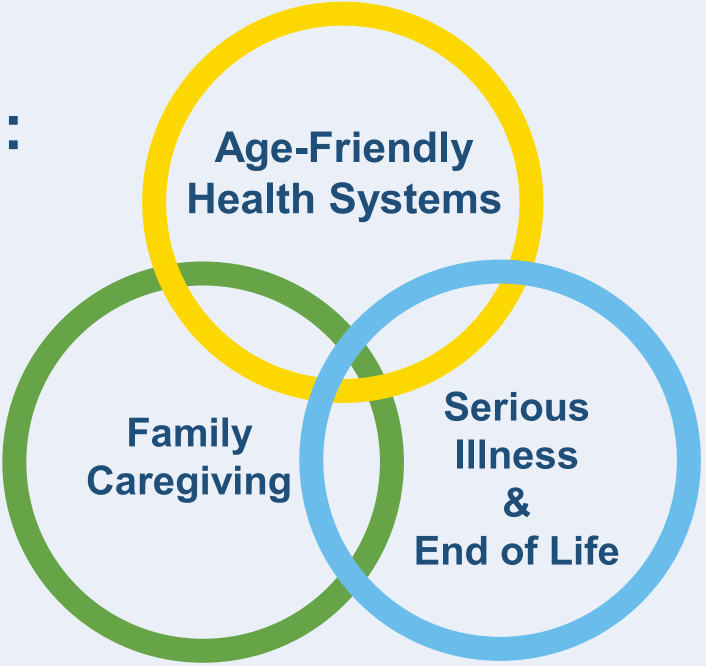
Rani E. Snyder

Vice President, Program

The John A. Hartford Foundation: Mission and Priorities

Dedicated to Improving the Care of Older Adults

Priority Areas:



The John A. Hartford Foundation

Private national philanthropy based in New York, established in 1929, by family owners of the A&P grocery chain

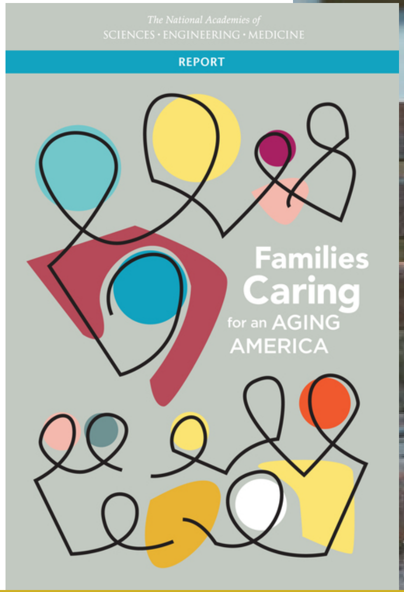
$625,000,000

Grants authorized since 1982 to improve health and aging

Building the field of aging experts
Testing & replicating innovation

Families Caring for an Aging America (2016)

- Focus needs to be on person- and family-centered care
- Support of family caregivers needs to be an integral part of the nation's responsibility for caring for older adults
- 4 recommendations, one of which calls on the Administration to develop and execute a National Family Caregiver Strategy



The National Academies of
SCIENCES · ENGINEERING · MEDICINE
REPORT
Families Caring for an AGING AMERICA

NASHP: The RAISE Act Family Caregiver Resource and Dissemination Center

Goal of Grant

To develop a comprehensive resource and dissemination center on family caregiving

Approach

- Develop a Resource and Dissemination Center to support the work of the RAISE Act Advisory Council assembled by the Administration for Community Living:

  https://nashp.org/policy/chronic-and-complex-populations/the-raise-family-caregiver-resource-and-dissemination-center
- Research policies and evidence-based programs
- Convene experts
- Provide technical support to states
- Provide information to the public and test the Advisory Council's recommendations for family caregiving policies and programs in select states

Family Caregiving

- CARE Act & Home Alone resources
- Engaging Caregivers Through Shared Access to the EHR
- Helping states support families caring for an aging America
- “Families Caring for an Aging America”
- Best Practice Caregiving: Online resource for comparing evidence-based dementia caregiving programs
- Addressing Unmet Family Caregiving Needs in Diverse Older Communities
- UCLA Alzheimer's and Dementia Care program replication
- RAISE Act implementation

Thank you!

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Rani.Snyder@johnahartford.org

Family Caregiving Policies and Innovations

The RAISE Act: Overview and Progress to Date

Greg Link, MA

Administration for Community Living

February 20, 2020

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Timeline

Legislation Introduced: 9/13/17

Passed in the House: 12/18/17

Passed in the Senate: 1/08/18

Signed into Law: 1/22/18 as P.L. 115-119

First appropriation of funds: 09/2018

Current sunset: 1/22/21

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Section Titles

Sec. 1: Short Title – “RAISE Family Caregivers Act”
Sec. 2: Definitions
Sec. 3: Family Caregiving Strategy
Sec. 4: Family Caregiving Advisory Council (FCAC)
Sec. 5: Funding
Sec. 6: Sunset

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Sec. 2. Definitions

Family Caregiver – *"The term 'family caregiver' means an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability or functional limitation"*

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Sec. 3. Family Caregiving Strategy*

- Developed jointly by Federal agencies and the FCAC;
- Identifies action Federal, state, local, communities, health and LTSS providers and others can take to recognize and support family caregivers;
- Must be reflective of the diverse needs of family caregivers;
- Submitted to Congress and made available online; and
- Inclusive of the following…..

*Deliverable #2

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Sec. 3. Family Caregiving Strategy (continued)

- Promoting greater adoption of person- and family-centered care across settings
- Assessment and service planning
- Information, education and training supports, referral and care coordination
- Respite options
- Financial security and workplace issues
- Service delivery based on performance, mission and purpose of a program; eliminate redundancies

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Sec. 3 (cont.): Duties of the Secretary (HHS)

- Collect and broadly disseminate information about evidence-based and/or promising models*
- Assess* and coordinate existing Federal programs; and
- Provide technical assistance, dissemination and information sharing to state and/or local caregiver support efforts.*

* The John A. Hartford Foundation/National Academy for State Health Policy (NASHP) -assisted activity

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Sec. 4: Family Caregiving Advisory Council (FCAC)

"…to advise and provide recommendations, including best practices to the Secretary on recognizing and supporting caregivers"

- The FCAC consists of:
  - Ex-officio federal members
  - Non-federal voting members (15)
- Reports
  - An initial report;
  - Annual updates

Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act of 2017 – *overview*

Sec. 4: The FCAC - Report contents: (minimum per statute)*

- An assessment and inventory of:
    - All federally funded efforts to recognize and support family caregivers
    - Outcomes of such efforts
    - Analysis of the extent to which federally funded efforts are reaching family caregivers
    - Gaps in such efforts
- Recommendations to:
    - Improve/better coordinate Federal programs and activities, including with state programs.
    - Effectively deliver services based on performance, mission and purpose of a program while avoiding duplication/overlap.
- Identification of financial, health and other challenges faced by family caregivers and existing approaches to address them.
- An evaluation of the impact of family caregiving on Medicare, Medicaid and other Federal programs.

*Deliverable #1

The FCAC:
Governance & Structure

Chair: Lance Robertson, ACL Administrator/ASA

Non-Federal Co-Chairs

- Nancy Murray, M.S.
- Casey Shillam, Ph.D.
- Alan Stevens, Ph.D.

Designated Federal Officials/Alternate

- Greg Link, DFO
- Lori Stalbaum, A-DFO

General membership:

- Ex-Officio Federal Members
- Non-Federal voting members (up to15)

RAISE Act Implementation: Progress to Date

- Full Council Meetings
  - Inaugural meeting: August 28 & 29, 2019
  - Second meeting: February 11 & 12, 2020
    - At least three meetings per year
    - Open to the public, in-person and web-based formats
- Established three sub-committees (to date)
  - Goal driven and topic based
  - Monthly meetings focus on Initial Report and National Strategy development
- Request for Information (RFI)
  - Issued 12/7/19 (closed 2/7/20) – more than 1,800 individual responses!
  - Will be used to inform development of the Initial Report, National Strategy and public listening sessions

Supporting the FCAC’s Work

- ACL staff members (DFO/A-DFO)
- The RAISE ACT Family Caregiver Resource and Dissemination Center
  - The John A. Hartford Foundation
  - National Academy for State Health Policy

THANK YOU!

Transforming Lives

Family Caregiver Policies & Innovations: Washington State

Bea Rector, Director, Home and Community Services
Aging and Long-Term Support Administration
Washington State Department of Social and Health Services

Supporting Family Caregivers

At DSHS, we work to transform lives by promoting choice, independence and safety through innovative services.

Strategies for Supporting Caregivers

State and Older Americans Act

- Caregiver Assessment & Services for Unpaid Caregivers
- Kinship Caregiver Navigators and Services
- Use of evidence-based models

Medicaid Services

- Allow family caregivers to be paid in Medicaid programs
- Allow family caregivers to administer medications and provide skilled services
- Allow nurse delegation
- Paid training
- Provide care coordination and transition supports

Statutes Supporting Caregivers

- CARE Act & Family Care Act
- Paid Family Medical Leave Act
- Long-Term Care Trust Act


YOU CALL IT
"bringing mom
a few groceries."
WE CALL IT
caregiving.

Family Caregiver Support Program

There are over 850,000 unpaid caregivers in Washington state.

The Family Caregiver Support Program has $14 million in annual funding.

It connects caregivers with local resources, training and respite.

Expanding Supports: 1115 Waiver

Medicaid Alternative Care (MAC)

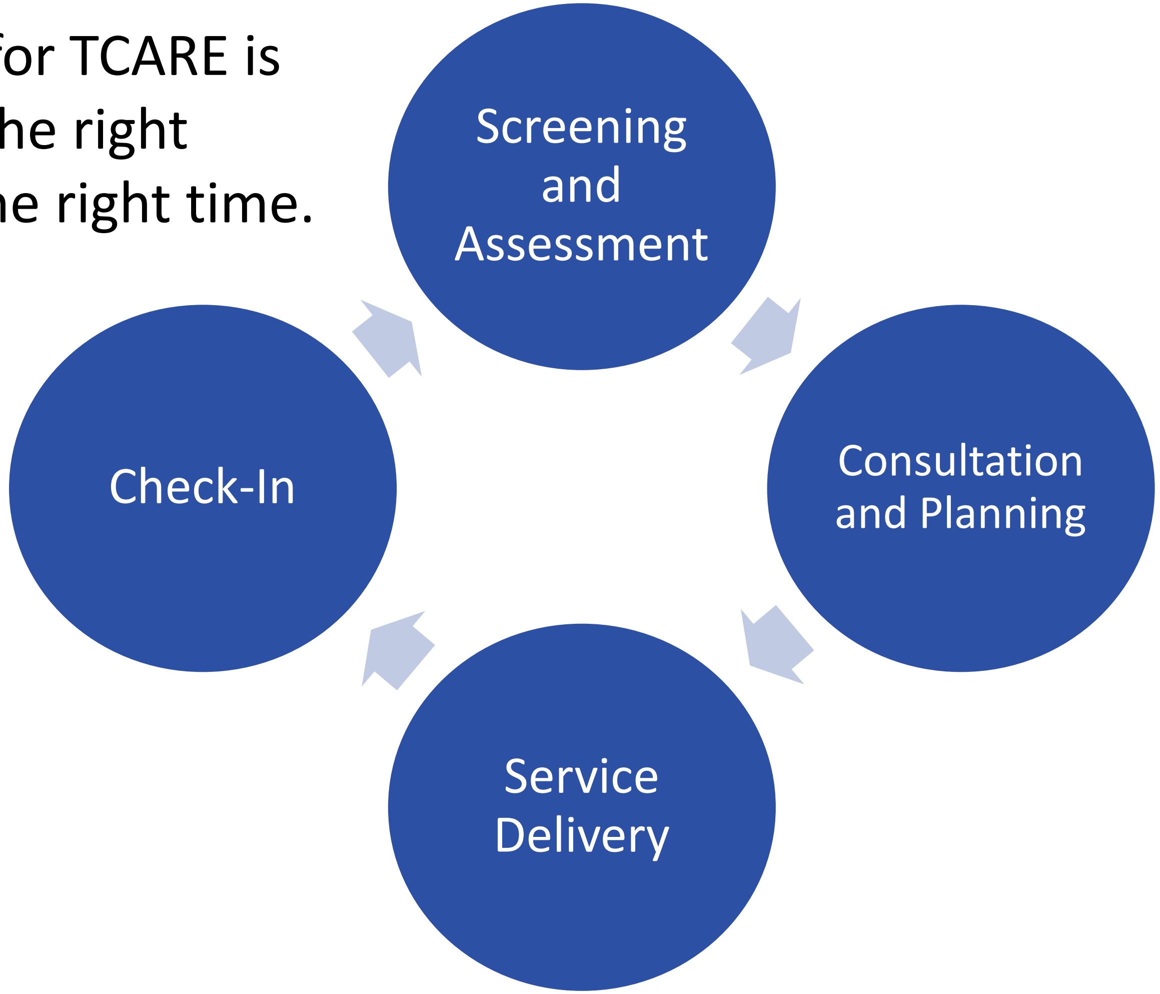
Designed to support unpaid caregivers in continuing to provide quality care.

Tailored Supports for Older Adults (TSOA)

New eligibility group to support individuals who need Long-Term Services and Supports and are at risk of spending down assets to impoverishment with or without unpaid caregivers.

Evidence-Based Assessment

The model for TCARE is to provide the right service at the right time.

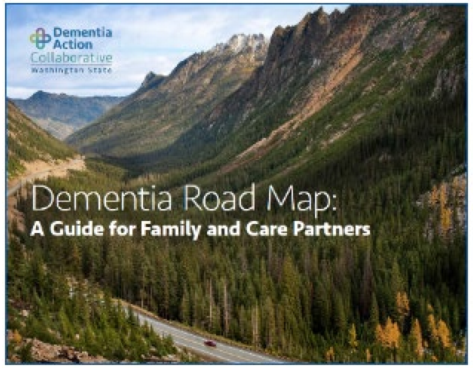


The Dementia Road Map:

A Guide for Family and Care Partners

What to expect and what you can do (action steps):

- Wondering and Worried
- Mild Cognitive Impairment
- Early-Stage Dementia
- Mid-Stage Dementia
- Late-Stage Dementia



Dementia Action Collaborative
Washington State

Dementia Road Map:
A Guide for Family and Care Partners

Paid Family & Medical Leave

Provides up to 12 weeks of paid leave per year to care for family member with serious health condition.

May care for spouses, partners, grandparents, parents, siblings, children and grandchildren.

Receive up to 90% of weekly pay, maximum of $1,000 per week.

Long-Term Care Trust Act

All W-2 workers contribute.

↓

They pay 58 cents per $100 of income.

↓

The trust fund invests the money.

- Each person who is eligible to receive the benefit can access services and supports costing up to **$36,500**.
- The value of this benefit will increase over time.

Long-Term Care Trust Act

The benefit can be used for a range of services and supports, including:

- Professional care in your home, a licensed residential facility or a nursing facility
- Adaptive equipment and technology like wheelchair ramps and medication reminder devices
- Home safety evaluations
- Special training, consultation, pay and other supports for family caregivers
- Home-delivered meals
- Rides to the doctor

Transforming
Lives

Thank you!

Bea Rector

bea.rector@dshs.wa.gov
360-725-2272

Tennessee Updates: Supporting Caregivers through Medicaid Long Term Services and Supports (LTSS) and Beyond

February 20, 2020

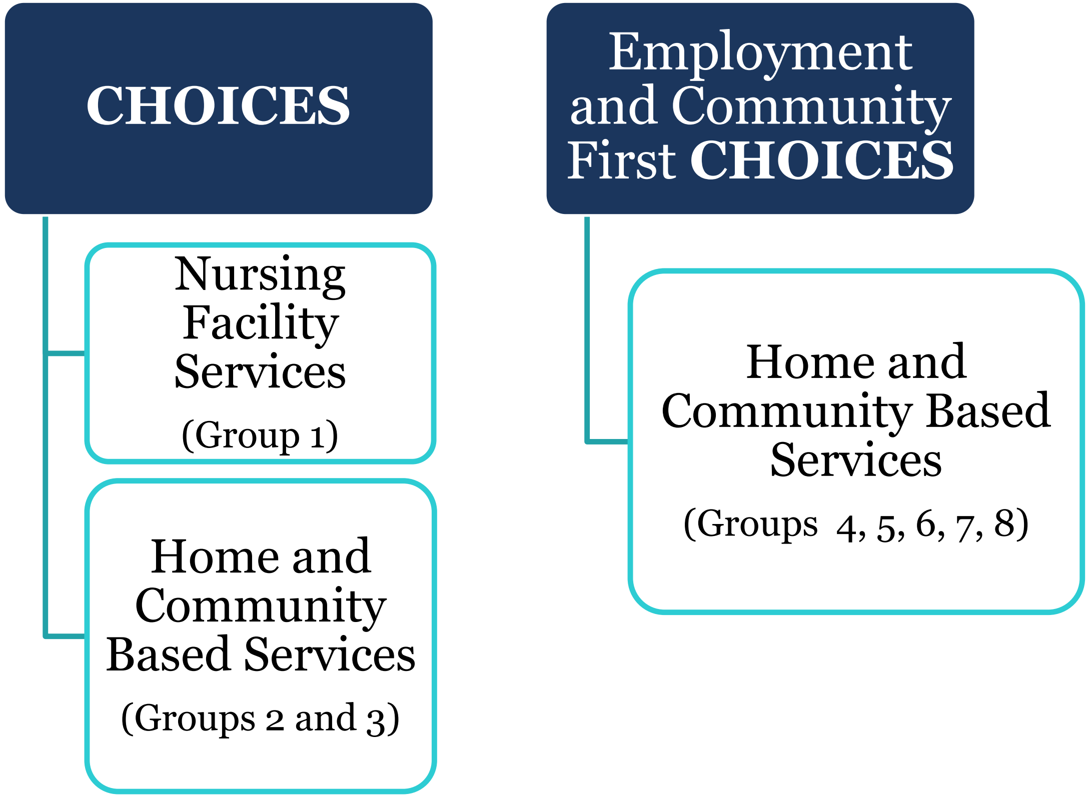
TN Division of TennCare | LTSS

Today's Presenter

Stephanie Gibbs, Director of System Transformation and Innovation, Division of TennCare

MLTSS: Supporting Family Caregivers

TennCare MLTSS Programs



CHOICES

- Nursing Facility Services (Group 1)
- Home and Community Based Services (Groups 2 and 3)

Older adults; Adults age 21+ with physical disabilities

Employment and Community First **CHOICES**

- Home and Community Based Services (Groups 4, 5, 6, 7, 8)

Individuals with intellectual and developmental disabilities

Supporting Caregivers through MCO Collaboration

- Contractor Risk Agreement Language:
  - Long-term care services identified through care coordination and provided by the CONTRACTOR shall build upon and not supplant a person's existing support system, including but not limited to informal supports provided by family and other caregivers…"
  - Requirement to assess: "the member's natural supports, including care being provided by family members and/or other caregivers…and whether there is any anticipated change in the person's need for such care or services or the availability of such care or services from the current caregiver…"
  - As part of ongoing care coordination: "Maintain appropriate on-going communication with community and natural supports to monitor and support their ongoing participation in the person's care;"
  - Recognize as a significant change of circumstances requiring re-assessment and updates to the plan of care: a "[c]hange of residence or primary caregiver or loss of essential social supports;"

Supporting Caregivers through MCO Collaboration

- Coordinator training in person-centered practices (not a complete list):
  - Working with family members and/or conservators, while respecting individual choice
  - Supporting family caregivers, which at a minimum shall include the following: The *Supporting Families* initiative and approach
  - Family caregiver needs assessment and support planning processes
  - Understanding guardianship, and alternatives to guardianship, including supported decision making, and understanding guardians' and conservators' legal role and working with family members, guardians or conservators on assisting an individual with supported decision making processes when applicable
  - A comprehensive training program on person-centered thinking, planning, and service delivery, including training on assessing a member's strengths and goals and identifying, developing and accessing community and natural resources
  - Federal person-centered planning and HCBS setting requirements and the importance of the individual's experience
  - Planning and implementing HCBS to support employment and community integration and participation

Supporting Caregivers through MCO Collaboration

- Comprehensive Person-Centered Support Planning and Coordination
    - Goal-setting
    - Prevention – fall prevention, smoking, obesity, etc.
    - Referrals to community resources and community engagement

- Caregiver Assessments and Action Plans
  - Assess the needs of family caregivers
  - Typically performed as part of the face-to-face assessment
    - at least once every 365 days as part of the annual review
    - upon a significant change in circumstances; and
    - as the care coordinator deems necessary

  - "If a caregiver expresses concern about his or her overall well-being and/or ability to continue providing their current level of care for the person, the Coordinator shall complete a full caregiver assessment."

Employment and Community First CHOICES: Stakeholder Feedback

Key messages and themes from listening sessions with people with disabilities and families:

- More cost-effective programs that could serve more people
- More independent community living options and help engaging in employment and activities that are meaningful
- More focus on preventive services (not waiting for “crisis”)
- More education about how to empower themselves instead of relying on paid staff and supports
- Services that are targeted at young adults coming out of high school
- Better coordination between long term services and supports and other aspects of health, like medical services and behavior services
- Consistent, well trained, quality direct support staff

Employment and Community First Choices: Family-Centered Supports

- Supporting Family Caregivers Through Employment and Community First CHOICES:
  - Respite Care
  - Supportive Home Care
  - Family Caregiver Stipend
  - Decision Making Supports
  - Community Support Development, Organization and Navigation
  - Family Caregiver Education and Training
  - Family to Family Support

Addressing Delivery System Challenges

QuILTSS Workforce Development Initiative

QuILTSS Institute Offerings

Workforce Development Program

- Based on CMS' DSW 12 Core Competencies
- Content written by national subject matter experts
- Offered through TBR institutions or QuILTSS
- 12 courses for 18 college credit hours

Content- or Program-Specific Training

- Programs based on content area or program served
  - Pre- and early-service training
  - Self-direction of healthcare tasks
  - HealthLink training
  - Dementia training


TN
COMMUNICATION


TN
CRISIS PREVENTION & INTERVENTION


TN
EDUCATION, TRAINING & SELF DEVELOPMENT


TN
PERSON CENTERED PRATICE


TN
COMMUNITY LIVING SKILLS & SUPPORT


TN
COMMUNITY INCLUSION & NETWORKING


TN
CULTURAL COMPETENCY


TN
PROFESSIONALISM & ETHICS


TN
EVALUATION & OBSERVATION


TN
HEALTH & WELLNESS


TN
SAFETY


TN
EMPOWERMENT & ADVOCACY

TN Interagency Coordination and Policy Updates

TN Updates

- Alzheimer’s Disease and Related Dementia Advisory Council
- Preliminary State Plan Submitted Jan 2020
  - Goal 2: Support and Empower Persons with Dementia and their Caregivers

Thank you!

Stephanie Gibbs
Director of System Transformation and Innovation
Division of TennCare

Q&A

Please type your questions into the chat box.

Thank you!

Your opinion is important to us. After the webinar ends, you will be redirected to a web page containing a **short survey**. Your answers to the survey will help us as we plan future NASHP webinars.

This webinar is supported by the John A. Hartford Foundation.