Policy Title: Pilot Project: Utilize TCARE, a screening/assessment tool for family and informal caregivers

Primary Contact and Names of Members Who Worked on the Proposal:

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Brief Description

- Release an RFP for 2-4 consortiums comprised of both Medicaid and non-Medicaid partners in rural and urban areas to pilot TCARE for one year. Data will be collected and analyzed at the end of the pilot period.
- TCARE is a caregiver screening/assessment that asks questions of the family or informal caregiver to assess *the caregiver's* health and well-being, stress levels, challenges, skills needed to perform care, informal support system and strengths that enable them to provide care. The assessment identifies areas where the caregiver may need additional supports to keep them healthy and allow them to continue to provide care in the community setting, thus delaying the need for placement in a facility. The assessment is not meant to be a critique of a caregiver's ability; rather, the process itself can be therapeutic for family caregivers as it may be the first time anyone has acknowledged the importance of their role.
- A pre-screening tool is used by staff from any community agency that interacts with a family caregiver. High risk caregivers would be identified and then referred for the full TCARE assessment.
- The full assessment would be completed by staff who will be trained and licensed to conduct a TCARE assessment. Staff members could be ADRC staff, IRIS consultants, tribal and county aging unit staff, and health care staff.
- TCare is an evidence-based assessment approved by the Administration for Community Living. It is the only family caregiver assessment that uses an algorithm to triage services and supports to caregivers in the most need.

Analysis - Anticipated benefits:

A family caregiver screening/assessment is essential in determining what needs the caregiver has and delivering services that will enable them to provide care in a safe manner for as long as possible.

When family caregivers are healthy and supported, they will be able to continue to keep their loved on in the community longer. A pilot study of TCARE showed a 20% reduction in

Medicaid Services, an 18-24-month delay in nursing home placements, and 84% reduction in stress/depression within 6 months.

Recently AARP issued a <u>report</u> analyzing the use of caregiver assessments within managed long-term services and supports (MLTSS) programs like Family Care in Wisconsin.

AARP found that just seven MLTSS programs required some sort of caregiver assessment, often allowing Managed Care Organizations to develop their own assessments, not allowing for comparison or standards across known caregiver issues and without a requirement that caregiver needs be addressed or analyzed further.

The AARP report includes state comparisons, including Wisconsin's Family Care Program. Although the Family Care contract mentions caregivers in its comprehensive assessment process, assessment questions are related only to the "member" or care recipient's needs. The contract also references that an MCO must have a policy to assess member risk that includes use of an assessment of caregiver stress. The tool to measure stress is not defined, and there is no requirement that caregiver needs be addressed.

Tennessee is an example of one state that more clearly identified the role of a caregiver assessment in their managed care waiver (similar to Family Care) and contract. The <u>Tennessee Caregiver Assessment Contract</u> states that caregiver assessment must be used for adults with a disability and seniors over age 65 who qualify to receive nursing home care and choose to receive home care services **and for** those who don't qualify for nursing home care, but need a more moderate package of home care services. At a minimum, the assessment shall include:

(1) an overall assessment of the family member(s) and/or caregiver(s) providing services to the member to determine the willingness and ability of the family member(s) or caregiver(s) to contribute effectively to the needs of the member, including employment status and schedule, and other caregiving responsibilities;

(2) an assessment of the caregiver's own health and well-being, including medical, behavioral, or physical limitations as it relates to the caregiver's ability to support the member;

(3) an assessment of the caregiver's level of stress related to caregiving responsibilities and any feelings of being overwhelmed;

(4) identification of the caregiver's needs for training in knowledge and skills required to assist the person needing care; and

(5) identification of any service and support needs to be better prepared for their caregiving role. Additionally, the care coordinator or support coordinator shall ensure that all identified caregivers have the care coordinator's name and contact information.

It also states that the caregiver assessment shall be conducted at least once every 365 days as part of the annual review, upon a significant change in circumstances, or as the care coordinator deems necessary.

- Potential funding options/cost savings/benefits. The delay of placement in a long-term care facility will save money in the Medicaid program. The pilot in Washington state showed a 20% reduction in Medicaid Services which equates to \$10 million savings serving 2,300 people.
- What state agency or other entity would be responsible for implementing the proposal, if it were approved? The Department of Health Services (DHS) would administer the pilot program. Agencies that would be encouraged to apply include ADRCs, MCOs, Aging Units, IRIS agencies, tribal agencies, and health care providers.
- Cost estimates: Include any known information on what types of costs there would be, including staffing needs and whether these costs would be one-time or ongoing.

One-time implementation fee: \$10,000

Licenses for a minimum of 25 staff people: \$50,000 (\$2,000/license/year) Additional staff time: This could be a minimum of one FTE at DHS to oversee the project and support coordination with TCare and pilot agency staff

Staff at the local level could be diverted from using current family caregiver assessments or include the enhanced family caregiver assessment as part of their typical care management practices. It is possible that proper implementation of the pilot project would include some base infrastructure funding for pilot agencies to complete data collection and participate in project evaluation.