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Overview of Wyoming

• Wyoming’s unique topography
• Character of the cowboy state
• Distribution of the population
• Placement of programs and services is a challenge
Map 1. Population density (age 60+) relative to the state’s 204 Census Designated Areas

<table>
<thead>
<tr>
<th>County</th>
<th>Total 60+</th>
<th>% of County</th>
<th>% 60+ in CDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>5,060</td>
<td>14</td>
<td>71</td>
</tr>
<tr>
<td>Big Horn</td>
<td>3,179</td>
<td>27</td>
<td>60</td>
</tr>
<tr>
<td>Campbell</td>
<td>5,232</td>
<td>11</td>
<td>63</td>
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<tr>
<td>Carbon</td>
<td>3,091</td>
<td>20</td>
<td>85</td>
</tr>
<tr>
<td>Converse</td>
<td>2,641</td>
<td>19</td>
<td>62</td>
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<tr>
<td>Crook</td>
<td>1,733</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>Fremont</td>
<td>8,948</td>
<td>22</td>
<td>59</td>
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<tr>
<td>Goshen</td>
<td>3,485</td>
<td>26</td>
<td>56</td>
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<tr>
<td>Hot Springs</td>
<td>1,693</td>
<td>34</td>
<td>87</td>
</tr>
<tr>
<td>Johnson</td>
<td>2,164</td>
<td>25</td>
<td>71</td>
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<tr>
<td>Laramie</td>
<td>18,265</td>
<td>19</td>
<td>84</td>
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<tr>
<td>Lincoln</td>
<td>3,725</td>
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<td>71</td>
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<tr>
<td>Natrona</td>
<td>14,796</td>
<td>19</td>
<td>87</td>
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<tr>
<td>Niobrara</td>
<td>570</td>
<td>23</td>
<td>71</td>
</tr>
<tr>
<td>Park</td>
<td>7,430</td>
<td>26</td>
<td>52</td>
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<tr>
<td>Platte</td>
<td>2,531</td>
<td>29</td>
<td>78</td>
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<tr>
<td>Sheridan</td>
<td>7,412</td>
<td>25</td>
<td>64</td>
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<tr>
<td>Sublette</td>
<td>1,742</td>
<td>17</td>
<td>38</td>
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<tr>
<td>Sweetwater</td>
<td>6,287</td>
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<td>98</td>
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<tr>
<td>Teton</td>
<td>3,535</td>
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<tr>
<td>Uinta</td>
<td>3,242</td>
<td>15</td>
<td>73</td>
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<tr>
<td>Washakie</td>
<td>2,225</td>
<td>26</td>
<td>65</td>
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<tr>
<td>Weston</td>
<td>1,788</td>
<td>25</td>
<td>71</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110,760</strong></td>
<td></td>
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</table>

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WyCOA’s Mission

To optimize the health and wellbeing of Wyoming’s older residents and their caregivers through interagency partnerships, basic and applied research, community education, and clinical training and services.
Geriatric Workforce Enhancement Program
The Wyoming Center on Aging was awarded funding for project period 2015-2019; just funded 5 more years.
Why TCARE for Wyoming?

• Maximize limited resources
• Move from services to strategies
• Better understand community needs
  • Link with Aging and Disability Resource Website
Alzheimer’s Disease Program Initiative Grant
Enhancing Dementia-Capable Wyoming through Community Partnerships

- People with Dementia Living Alone
- Caregiver Management of Challenging Behaviors
- People with Intellectual & Developmental Disabilities who have or are at risk for Dementia
Alzheimer’s and Dementia Program Initiative

• Use TCARE with caregivers of people with dementia who live alone
• Use TCARE to identify caregivers who need coaching for behavioral and psychological symptoms of dementia
• Use TCARE to ensure follow-up with families engaged in other services through the grant
Alzheimer’s and Dementia Program Initiative

• Use TCARE with caregivers of people with intellectual disabilities
  • Improve family well-being
  • Provide dementia screening for people with intellectual disabilities
People with Dementia Living Alone

- TCARE
- Healthcare Provider referral
- First Responder Training
- Community Gatekeeper Program

WyCOA Dementia Support Center

Supported Independence
- Safety assessment
- Expansion of support network
- Socialization & follow-up
The TCARE System

Screen and/or referral

10-minute web-mediated assessment

Care manager conducts 40-60 min. web-mediated assessment with caregiver

Assessment

Care Planning

Identifies goals, strategies, initial list of recommended services & resources from 90 types

Feedback and Tailoring

Recommendations are tailored to caregiver’s needs, preferences, and availability

Follow-up

At 3-month intervals, adjust care plan as needed

• Caregivers of People Living Alone with Dementia
• IDD dementia screening (for caregivers)

• SHARE
• CarePRO
• Supported Independence
• IDD Dementia screening (with caregivers)
Challenges

• Integration of TCARE with existing assessments
• Changing practices to use evidence-based intervention
• Providers unable to bill insurance for caregiver supports
Care for the Caregiver

Evidence-based, accredited family caregiver support program that prevents burnout through precision tailored interventions
61 AAAs across 22 States
TCARE Outcomes
Serving family caregivers

22 States

100,000+ Caregivers Impacted by TCARE

500+ Care Professionals using TCARE
Outcomes & Engagement

84% Report lower levels of stress & depression

Reduced levels of stress in as little as 3mo.

79% Engagement at the 3 mo. follow up; 54% at 12 mo.
TCARE Science
Collaborative Development & Testing

TCARE team led by Dr. Rhonda Montgomery

- Researchers at University of Wisconsin
- Thousands of Caregivers
- Hundreds of Care Managers & Administrators representing
  - State Units on Aging
  - Area Agencies on Aging
  - Alzheimer's Association
  - Home Care Organizations
  - Senior Care programs
Caregiving Activities ≠ Predict Intention To Place

Hours of Care ≠ Caregiver Burnout
Measurable Predictors of Burnout

- Relationship Burden
- Objective Burden
- Depression
- Uplifts
- Identity Discrepancy

Stress
Identity Discrepancy is central to understanding burnout

“Am I her daughter or her caregiver?”

TCARE reduces burnout by identifying the goal, strategy, and resources needed to close the gap between how a caregiver self-identifies and how they clinically measure.
Identity Discrepancy

How a caregiver sees themself vs. how they clinical measure
TCARE Solution
TCARE® Protocol Map

1. TCARE® Screen
   Triage Tool

2. TCARE® Assessment

3. Algorithms
   Determine Goal - Strategy - Intervention

4. Tailored Care Plan

5. Information & Referral
   Local Community Resources

6. Weekly Engagement

7. 3 Month Follow Up
Within five minutes, TCARE screens and categorizes caregivers as either low, medium, or high risk of burnout—completed online, over the phone, or face-to-face.
The TCARE assessment is a guided counseling session that is the behavioral intervention itself—not merely a question and answer session.
Algorithms
Determine Goal - Strategy
- Intervention

From the assessment, a diagnostic report with clinical measures is generated and fed through TCARE’s proprietary algorithms to identify the root causes of burnout.
The care plan is generated, with defined goals and strategies; care professionals are empowered with well-targeted interventions that address the root causes of burnout.
Continuous engagement ensures adherence to, and efficacy of, the care plan—crisis prevention, not crisis management.
TCARE® is a gateway to your existing programs

Overwhelming number of options

Systematic distribution of your existing programs
TCARE Implementation
**TCARE® Implementation**

**STEP 1**
Provide list of care managers (name, email, etc.)

**STEP 2**
Training & Certification

**STEP 3**
Login Activated

IN TWO WEEKS
Backers & Supporters
Appendix
Sample questions asked during assessment

Designed as a guided conversational protocol that breaks the ice and moves into more in-depth questions.

Examples include:

- Has [care receiver name] exhibited sexual behavior at inappropriate times?
- How many times has [care receiver name] had a bowel “accident” in the past 5 days?
- How often have you felt depressed during this past week?
Finalized as an easy to read, portable document that is securely shared from care manager to caregiver.

- Care manager and caregiver agree on goals, strategies & tactics
- Clear referral information to resources — address, hours of operations, frequency of visits, etc.
- Includes triggers for follow-up with care manager, including direct line to care manager
Consultation Plan

Presented to caregiver as a “menu” of services developed in collaboration with care manager

- Evidence-based logic trees and algorithms determine goals, strategies & intervention categories — the right resources, at the right time
- Auto-populates specific services within intervention categories within ZIP code
- Cost-aware, community based resources & informal support networks
Creating the “Next Generation” System of Care: Long-Term Services and Supports Initiative of the Medicaid Transformation Project Demonstration
Unprecedented demand for LTSS

Projected Growth of Older Population in WA State as % of 2012 Population
Caregiving: Impacts on family

• In Washington State, approximately 80% of the care statewide is provided by family members and other unpaid caregivers.

• Unpaid caregiving has an economic impact on families:
  – Loss of earning potential
  – Decreased savings for retirement
  – Impacts on ability to provide for their own children’s needs
  – Increased health care costs due to stress and burden

• If just one-fifth of unpaid caregivers stopped providing care, it would double the cost of long-term services and supports in Washington.
Support for Family Caregivers: 
Interrupting the Path to Medicaid

Over 850,000 Washington State citizens are unpaid family caregivers and provide care equal to 5 times the Medicaid LTSS budget. They allow family members to remain at home for as long as possible.

• The path to Medicaid is common and predictable:

  **STEP ONE:** Someone has a need for care  
  **STEP TWO:** Family caregivers become exhausted  
  **STEP THREE:** Out of pocket spending exhausts resources  
  **STEP FOUR:** Medicaid

• We can help families delay the point at which they must turn to Medicaid

• They benefit, and the state budget benefits
Washington’s History of Caregiver Support

- **1989** - State Respite Care Services
- **2000** - State Family Caregiver Support Program (FCSP)
- **2001** - Title IIIIE OAA, National FCSP
- **2007/2008** - Increased funding, mandate for evidence-based caregiver assessment, statewide survey (BRFSS); 4-state, 18-month study of the TCARE intervention
- **2009** - Family Caregiver-TCARE® Assessment
- **2010** – Rosalynn Carter Leadership in Caregiving Award
- **2012-13** - FCSP expansion
- **2017** – 1115 Medicaid Waiver – Caregiver Initiative
Does the Family Caregiver Support Program make a difference?

In 2007 WA State Legislature mandated development of evidence-based caregiver assessment and referral tool. (RCW 74.41)

The use of Tailored Caregiver Assessment & Referral (TCARE®) offers a consistent, consultative model across the state, allowing caregivers to make informed choices and provides accurate data for decision-making.
Family Caregiver Support Program Expansion 2012 and 2013

• Expansion was to avoid serving caregivers “too little, too late”.
• Caregivers up to this time were required to have multiple high levels of stresses/burdens/depression before being eligible for in-depth, higher level of services. This changed. (Originally, someone would have to have 4 out of five highs in various burden, depression, etc. scales, this was greatly reduced to 1 high or three mediums score).
• Together with the Older American’s Act funding through the National Family Caregiver Support Program (about $2.8 million), a total of about $14 million is allocated today to the program.
Family Caregiver Support Program
Outcomes for both Caregivers and Care Receivers

When caregivers access support earlier in their caregiver journey, before they are experiencing the highest levels of stress and burden:

- There is a statistically significant delay in the use of Medicaid long term services and support (LTSS) for the care receiver
- Caregiver’s well-being is improved
FCSP Improves Outcomes for Family Caregivers

Over a 6-month period, caregivers who receive ongoing support show statistically significant improvements in:

- Stress burden
- Relationship burden
- Objective burden
- Depression
- Comfort with caregiving role

Majority of caregivers (84%) show significant improvements on key outcomes

Spousal caregivers also show a decreased “intention to place”
Characteristics of Family Caregivers We Serve

• **61%** over age 60
• **24%** ended their employment due to caregiving responsibilities
• **59%** provided care for a minimum of two years (**29%** provided care for 5 or more years)
• **75%** spend at least 40 hours a week caregiving
• **53%** caring for individuals with Alzheimer’s Disease or dementia (**32%** caring for individuals with memory/cognitive problems)
• **82%** are coping with challenging behaviors of care receivers

WA State TCARE® Data, SFY 2014
The LTSS System of the Future Must:

• Preserve and promote choice in how individuals and families receive services

• Provide effective services for individuals before they spend down to Medicaid

• Delay or avoid the need for more intensive Medicaid-funded LTSS when possible

• Support families in caring for loved ones while increasing the well-being of caregivers

• Promote the right service at the right time and place

• Have the capacity to meet the needs of the population
The 1115 Waiver will allow us to Sustain and Continue LTSS Innovation

- Allow individuals to choose to have benefits wrapped around their unpaid caregiver as an alternative to traditional Medicaid benefits of personal care or nursing home care
- Provide effective services for individuals before they spend down to Medicaid
- Strategically target LTSS Medicaid investments to slow the growth rate of public expenditures
Two New Choices

Medicaid Alternative Care (MAC)
–A new option designed to support unpaid caregivers in continuing to provide quality care

Tailored Supports for Older Adults (TSOA)
–A new eligibility group to support individuals who need LTSS and are at risk of spending down to impoverishment
Demonstration Outcomes

• Serve up to 7,000 people over 5 years

• Improve outcomes and satisfaction

• Cost neutral

• Evaluation by both CMS’ independent external evaluator and our own experts

• Ask legislature for 50% funding to begin when demonstration is concluded
# Medicaid Alternative Care (MAC)

A new choice designed to support unpaid caregivers in continuing to provide quality care

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Age limit</td>
<td>55+</td>
</tr>
<tr>
<td>Estate Recovery</td>
<td>Waived for services provided under the MAC benefit.</td>
</tr>
<tr>
<td>Cost sharing</td>
<td>No</td>
</tr>
<tr>
<td>Resources</td>
<td>Must meet Medicaid requirements. Spousal impoverishment protections will apply to this population so potentially higher resource limits for married couples.</td>
</tr>
<tr>
<td>Income</td>
<td>Medicaid Eligible</td>
</tr>
<tr>
<td></td>
<td>No specific income level. Applicant must be eligible for CN (categorically needy) or ABP (alternate benefit plan).</td>
</tr>
<tr>
<td>Dyad:</td>
<td>Married couple that doesn’t want to worry about estate recovery and participation yet needs supports to remain at home.</td>
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Tailored Supports for Older Adults: Delay Spend Down to Medicaid

A new eligibility group to support individuals who need LTSS and are at risk of spending down to impoverishment

<table>
<thead>
<tr>
<th>Age limit</th>
<th>55+</th>
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<tbody>
<tr>
<td>Income</td>
<td>300% Federal Benefit Rate ($2,199 based on 2016 standards). Calculated only on the applicant’s income, even if the applicant is married.</td>
</tr>
<tr>
<td>Cost sharing</td>
<td>No</td>
</tr>
<tr>
<td>Estate recovery</td>
<td>Waived for services provided under the TSOA benefit.</td>
</tr>
<tr>
<td>Resources</td>
<td>Asset limit of:</td>
</tr>
<tr>
<td></td>
<td>- $53,100 for a single individual</td>
</tr>
<tr>
<td></td>
<td>- $53,100 plus $54,726 for a spouse not receiving services</td>
</tr>
<tr>
<td>Individual</td>
<td>A person who lives alone yet needs some personal care to remain living at home.</td>
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Proposed Benefit packages: MAC & TSOA

- **Caregiver Assistance Services**: Services that take the place of those typically performed by unpaid caregiver.

- **Training and Education**: Assist caregivers with gaining skills and knowledge to care for recipient.

- **Specialized Medical Equipment & supplies**: Goods and supplies needed by the care receiver.

- **Health Maintenance & Therapies**: Clinical or therapeutic services for caregiver to remain in role or care receiver to remain in home.

- **Personal Assistance Services**: Supports involving the labor of another person to help recipient (TSOA only).
Benefit Levels

• Step One: Eligibility screening, demographics yields $250 once in lifetime benefit

• Step Two: Eligibility screening, demographics, TCARE® or GetCare Screen yields $500/year (minus whatever spent at step one) benefit

• Step Three: Above plus TCARE® or GetCare Screen score that leads to full assessment yields average of $615/month up to $3,690 in 6 months (dyad) OR $615 month capped (TSOA individual)
How to Access

• MAC/TSOA may be accessed through either the Area Agency on Aging or the Home & Community Services front door.

• HCS provides initial eligibility screen, and confirms final functional and financial eligibility.

• AAA provides initial eligibility screen, screen, assessment, care plan, authorization and follow up.

• Warm Hand-Off protocols to support communication between AAA and HCS local offices.
Year 3 Status Check

• Served over 4,500 care receivers and 1,600 caregivers to date.
  – More people identifying as individuals than as caregiver dyads (2 individuals for every dyad)
  – Only 3% enrolled in MAC (dyads only)

• Monthly caseload level 2,500 and rising by about 100 cases per month.

• Caseload forecast for Medicaid LTSS is dampened compared to prior forecasts
Next Steps

• Third participant survey underway
• Data mining and analysis
• Preparing evaluation story for legislature, to get it in front of them for the 2020 session. Will need funding approved in the 2021 session.
• Continued conversation with the WA Medicaid Agency and with CMS for ongoing authority.
Questions?

For more information please contact:

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Home and Community Services

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Jennifer.Ferguson@dshs.wa.gov

Web Site:

http://www.altsa.dshs.wa.gov/
Wyoming Department of Health
Aging Division
Lisa Osvold, BSW, MBA
Senior Administrator
Wyoming Department of Health, Aging Division

• Single Planning & Service Area-Responsible for administering the Older Americans Act core programs, as well a state funded program (WyHS) which assist both older adults and individuals with disabilities who are at risk of premature institutionalization.

• WyHS-Wyoming Home Services Program-Provides care coordination, personal care, chore services, homemaker services, personal emergency response systems, adult day care and respite care. The program aligns particularly well with the Title III-E, National Family Caregiver Support Program, as it provides support to the caregiver via the respite program.
Wyoming’s Aging & Caregiver Demographics

• The number of Wyoming residents over age of 65 expected to grow from ~ 90,000 in 2016 to 138,000 in 2030, (a 56% increase). As of 2018 the population of Wyoming was only 577,000! Wyoming’s population is getting older.

• Currently, in Wyoming, there are 16.8 working adults for every person over 80. This is expected to decrease to 10.1 by 2030. There will be fewer adults available to provide informal and unpaid care.

• The number of Caregivers in Wyoming is estimated as being 66,000, yet less than 1% enrolled are in Title III-E or Respite Services through WyHS. Wyoming must increase enrollment and support our Caregivers.
Partnership with Wyoming Center on Aging (WyCOA)

• Approached by Wyoming Center on Aging in 2018 about partnering on TCARE.

• Objectives of TCARE align with Wyoming’s State Plan on Aging and overall mission of programs. **Goal one in State Plan: Strengthen and expand programs that delay or prevent the need for long-term care services by enhancing the supports for Wyoming Caregivers** (this is especially important in consideration of Wyoming’s aging demographics).

• Our Title III-E program, as well as our Wyoming Home Services Program respite program leads our efforts to support Caregivers.
Current Status of TCARE & Future Plans

• Two program managers trained to do TCARE assessments one of which is also a Train the Trainer.

• In the infancy state of implementing the TCARE program into Title III-E and Wyoming Home Services. RFP for services goes out next year, plan to integrate assessments into Title III-E & WyHS.

• Overcoming challenges with Title III-E in Wyoming (fingers crossed) will help with efforts.