- Overview of the PANDA Project
  - Jennifer Fuller: Project Director, Middle Alabama Area Agency on Aging
- PANDA and First Responders
  - Matt Maples, EMS Director, Pelham Fire Department, via video
- Overview of TCARE®
  - Linda Miller, Director of Caregiver Services, TCARE
- Goals and the evaluation and sustainability plan
  - Steven Lutzky, President, HCBS Strategies
- Initial findings
  - Andrew Cieslinski, Senior Associate, HCBS Strategies
- TCARE® expansion and the role of Medicaid
  - Jean Stone, Assistant Commissioner Medicaid Waiver Programs, Alabama Department of Senior Services

Speakers and Agenda
M4A's PANDA project is to provide supportive services to Persons With Dementia (PWD), older adults with an Intellectual or Developmental Disability (IDD) who have, or are at a high-risk of developing dementia, and their caregivers.

These supportive services help to improve quality of life, promote independence, assist clients with remaining in their homes, provide support and empowerment, and help to reduce hospitalizations overall healthcare costs.
- Collaborative and coordinated community response to dementia;
- Increased quality of life for PWD through person-centered care planning;
- Reduced burden for caregivers of PWD, including caregivers of older adults with IDD who have or who at risk to develop dementia;
- Reductions in hospital visits and overall healthcare costs

PANDA Project: Impact
3-year federal $1.5m grant for Shelby County

Time frame: October 1, 2019 – Sept 30, 2022

Grant targets 3 groups of Shelby Residents: People with Dementia, older adults with Intellectual or Developmental Disabilities (IDD) who have or are at risk of developing dementia, and their caregivers

PANDA brings together a diverse partnership of community-based organizations, advocacy organizations, faith-based groups, local government, and university-researchers to address the challenges of dementia and dementia caregiving.
PANDA Project: Partners
City of Pelham Community Paramedic Program
New Shelby County Local Respite Programs
Statewide Dementia Friendly Program
Healthy Brain Education Program
Dementia Marketing Campaign
Data Collection & Evaluation

PANDA Project: Initiatives
PANDA IN THE HOME

PANDA Project: Direct Services
- Alabama Brief Cognitive Screener (ABC)
- Quality of Life AD
- Falls Assessment
- TCARE

PANDA Project: Assessments
• In-person home visits delayed
• Created virtual Coffee Break event
• Workshops revised and conducted online
• Outreach activities postponed
• Opening of 2 Adult Day Centers adjusted

Impact of COVID-19
City of Pelham Community Paramedic Program
Family Caregiver Support Program
Preventing Burnout Through Precision Tailored Interventions

Preferred Partner
Accredited Evidence-Based
CMS 1115 Approved
Kaiser Permanente AGING-IN-PLACE 1ST PLACE WINNER
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
Caregiving Journey: Systematic Change Process

• Change in *activities*
• Change in *relationship* with care receiver
• Change in *identity* of caregiver
Measurable Predictors of Burnout

- Relationship Burden
- Depression
- Stress
- Objective Burden
- Identity Discrepancy
Impact in Washington (2,300 caregivers)

20% + 21 mo. = $20M

Less likely to use Medicaid LTSS service usage

Delay in nursing home/ALF placement

Annual savings

RDA-Report 8.31 "Expanding Eligibility for the Family Caregiver Support Program in SFY 2012"
Bridget Lavelle, PhD, David Mancuso, PhD, Alice Huber, PhD, Barbara E.M. Felver, MES, MPA
Legislatively Mandated FCSP in Washington

CMS 1115 Approved

https://www.dshs.wa.gov/alsa/stakeholders/caregiver-assessment-and-planning-tcare
TCARE® ROI with Medicaid Plans

- LTSS / HCBS Reduction 20%
- 21 month Delayed nursing home placement
- Improved HEDIS Measures
TCARE® Solution/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
TCARE® Implementation

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

**STEP 2**
Training & Certification

**STEP 3**
Login Activated
TCARE Footprint

- 84% Report lower levels of stress & depression
- Reduced levels of stress in as little as 3mo.
- 500+ Certified TCARE Specialists
- 79% Engagement at the 3 mo. follow up; 54% at 12 mo.
- 200,000+ Caregivers Impacted
Also available in 7 languages
TCARE SUMMARY

1. Comprehensive Assessments
   - Identify a caregiver’s true needs & root causes of stress/depression/burnout
   - Helps support staff with proper identification of those in greatest need

2. Person Centered Care Plans
   - Resources are driven to those identified as greatest risk:
     • Available,
     • Accessible,
     • Acceptable
     • Affordable

3. Clinical Outcome Reporting
   - Continuous Engagement and data collection delivers outcomes:
     • Validated Less depression
     • Lower stress scores
     • Ability to show lengthened aging in place
     • Lower program cost to LTC

4. Program Impact
   - Pathways to Monitor
     Where your dollars are going
     Caregiver Demographic
     Outcomes to seek $$$$ PROGRAM SAVINGS = EXPANSION
TCARE’s Customers

State/Agency Payers
- Washington State Department of Social & Health Services
- New York State Office for the Aging
- Hawaii State Department of Health
- State of Alaska Department of Health and Social Services

Health Plans
- Massachusetts
- Cigna
- Anthem
- BlueCross BlueShield Minnesota
- UnitedHealthcare
- EmblemHealth

Private Insurance (Life/LTC)
- RGAX
- Aflac
- Thrivent Financial
- Prudential
- Genworth
- Mutual of Omaha

*pending implementation
- Did the project meet milestones for building operations?
- What services and supports did program participants receive?
- Was the training effective increasing knowledge about dementia in the broader service deliver system
- Did the intervention improve caregiver outcomes?

Goals of the Evaluation:
What We can Measure in the Shorter Term
● Did PANDA delay or prevent nursing facility placement?

● Did PANDA delay or prevent spenddown to Medicaid?

● Did PANDA result in the use of less publicly-funded services?

Goals of the Evaluation: Longer Term Measures
HCBS Strategies has been working with M4A to develop quarterly reports to summarize participants served, trainings, services delivered, and outcomes.

Discussion data is from the initial two quarters of the project, April 1 through September 30, 2020.

Short Term Findings
90 individuals were enrolled in the pilot
  - 46 persons with Dementia (PWD) & 44 caregivers
  - 50% of PWD are spouse/partners of their caregiver and 45% are parents
  - 23% of PWD live alone
  - 96% of PWD and 70% of caregivers are age 60+
  - 59% of PWD and 72% of caregivers are female
  - 15% of PWD and caregivers identified as being part of a minority group
  - 80% of PWD and 78% of caregivers live in an urban setting

Who Is Being Served Through PANDA?
Services provided thus far include:

- Caregiver education (10 individuals)
- Financial and/or legal services (2)
- In-home services (4)
- Living environment modifications (3)
- Respite (3)
- Pelham Community Paramedic Supports (15)
M4A staff are following up with participants and caregivers every 6 months

Capturing critical incidents information to identify potential impacts of pilot interventions

- Incidents include falls, hospitalizations, ER visits, NF admissions, 911 calls

73% of PWD reported falls in the last 6 months

- 6% of PWD reported ER visits or 911 calls in last 6 months
- 3% of PWD reported hospitalizations or NF admissions in last 6 months

Tracking Critical Incidents
M4A and their partners are offering four trainings for targeted audiences:
- Dementia Friendly First Responder Workshop
- Brain Health Training
- Care Resistant Behaviors Training
- Elder Justice Training

Despite challenges from COVID-19, over 50 individuals have received at least one of the trainings.

Outreach has included coffee break events, IDD webinar, newsletters, and targeted outreach to discharge planners.
30 caregivers received the TCARE Screen and 11 proceeded to the full TCARE assessment

- 58% of caregivers reported a High relationship burden and stress burden
- 70% reported a High objective burden
- 76% reported a High identity discrepancy
- Caregivers reported a higher score for intention to place in the future than intention to place now, however both averaged to a score that indicated placement was unlikely

Outcomes of the TCARE Screen & Assessment
M4A is administering the QoL-AD at 6-month intervals to pilot participants with Dementia.

QoL-AD captures a wide range of measures, including physical health, energy, mood, family, marriage, self as a whole, ability to do things for fun, memory, and living situation.

Only living situation had an average rating of “Good”.

- Ability to do things for fun, money, and ability to do chores around the house all scored as “Poor”.
Sustainability Plans

Business Case for State and Medicaid Funding

- Prevent Costly Service
- Delay Medicaid
- Maintain Family Support
Opportunities for Medicaid Funding

- Administrative Match
- Waiver Service
- State Plan
Matching Funds (usually 50%)

Help Medicaid to be more effective and efficient

Traditionally has been outreach, eligibility, service coordination for people who are Medicaid eligible

Requires infrastructure to determine portion of time that is Medicaid related

Medicaid Administrative Match
Medicaid Administrative Match to Reduce Future Medicaid Spending

Time spent working with people who are at high risk of going onto Medicaid

Allow person to remain in community longer by shoring up informal support, making private pay go further and connecting to other supports

Consistent with other CMS Efforts: Money Follows the Person (MFP) Balancing Incentives Program (BIP)

Much of the PANDA staff time could be claimed
Participants would have to be Medicaid eligible, meet Nursing Facility (NF) level of care, and have available waiver slot.

Could fund some or all PANDA components.

Would have to be open to any willing and qualified provider (unless using a 1915(b) waiver).

Funding Portions of PANDA Using a 1915(c) Waiver
Funding Portions of PANDA Using a 1915(k) Community First Choice Option

- Participants would have to be Medicaid eligible, meet NF level of care
- Could fund some or all PANDA components
- State could not cap number of people who received it
- State would receive 6% enhanced match
- Would have to be open to any willing and qualified provider (unless using a 1915(b) waiver)
Funding Portions of PANDA Using a 1915(i) Medicaid State Plan HCBS

Participants would have to be Medicaid eligible and meet targeting criteria

Could fund some or all PANDA components

State could not cap number of people who received it

Would have to be open to any willing and qualified provider (unless using a 1915(b) waiver)
Medicaid Administrative Claiming May Be the Best Starting Point

- Can better target people early in their LTSS journey, reducing future issues
- State can limit commitment to any new spending
- May be bureaucratically simpler (no waiver/SPA, regulations, etc.)
- Easier for the state to take corrective action if problematic
- Support for Program
- Review Pilot results for determination of expansion capability
- Collaborate with Medicaid for available sources of funding where possible to assist with sustainability
- Use of the ADRC to further support Panda Project activities and assess for any needed enhancements
- Provide enrollment assistance for those who may need additional services and supports through our waiver programs