

When being good just isn't enough: reforming HCBS programs to better support caregivers



Transforming
Lives

Reforming HCBS Programs to Better Support Caregivers

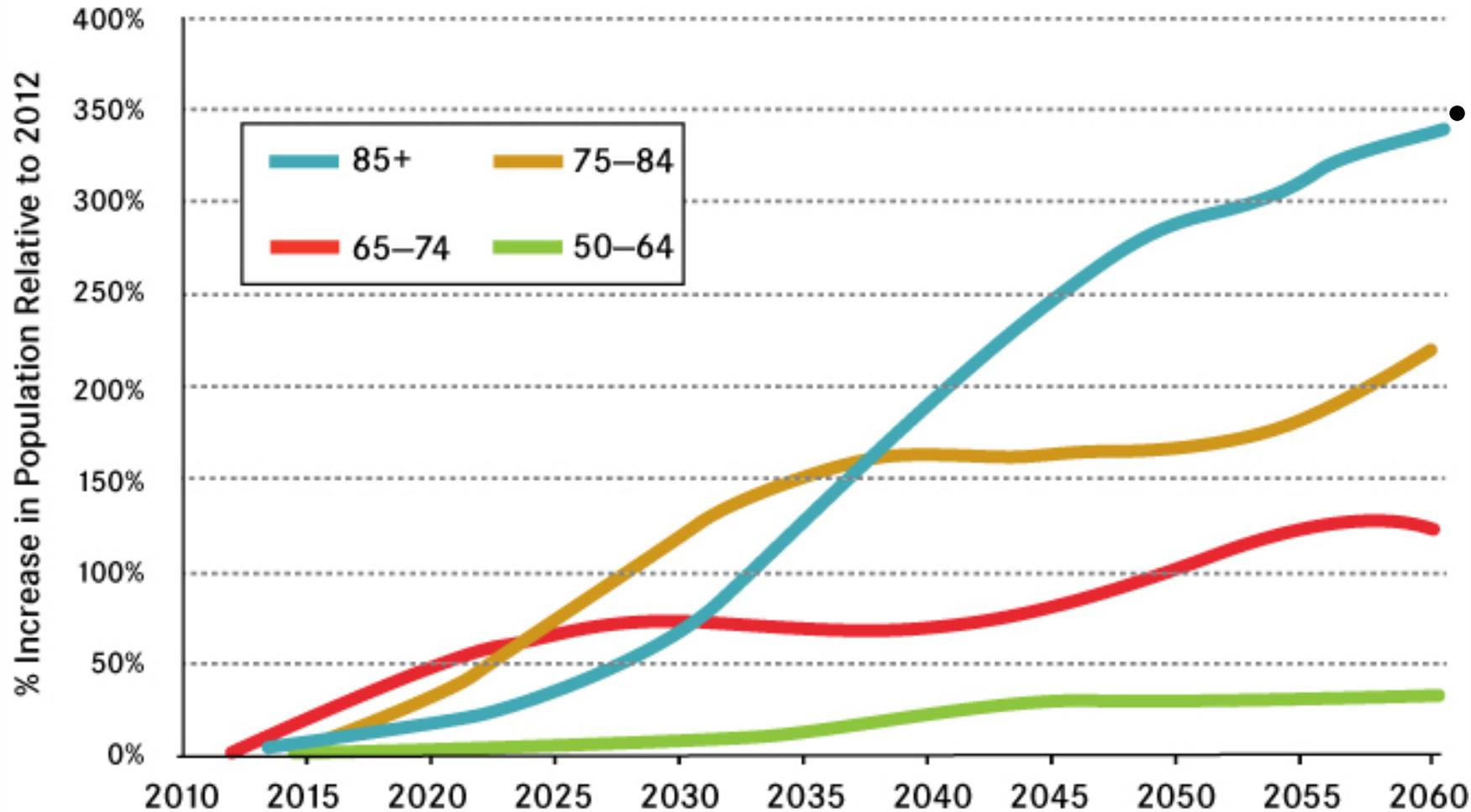
HCBS Conference 2023

Presenter:

Bea Rector, *Assistant Secretary*
Aging and Long-Term Support Administration



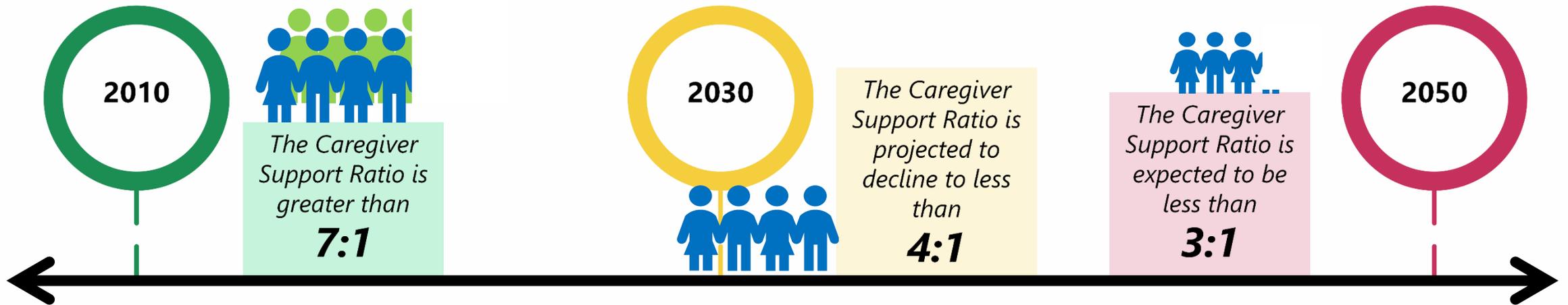
Aging Demographics Force Continual Innovations



- **Demand for Long-Term Supports and Services will continue to grow**

Demographic Shifts in Caregiver Ratios

Sharp declines in support for everyone during high-risk years of ages 80+



CRISIS: Rising demand and shrinking families to provide LTSS

POLICY ACTION: Call for new solutions to the financing and delivery of LTSS and family support

The Path to Medicaid is Common & Predictable

Average Senior Retirement Savings: \$148 k; Average Life Cost of LTSS: \$260 k



When Family Caregivers and Financial Resources are exhausted, Medicaid becomes a safety net.

Long Term Services and Support
Medicaid

Unpaid Caregivers Shoulder the Burden



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

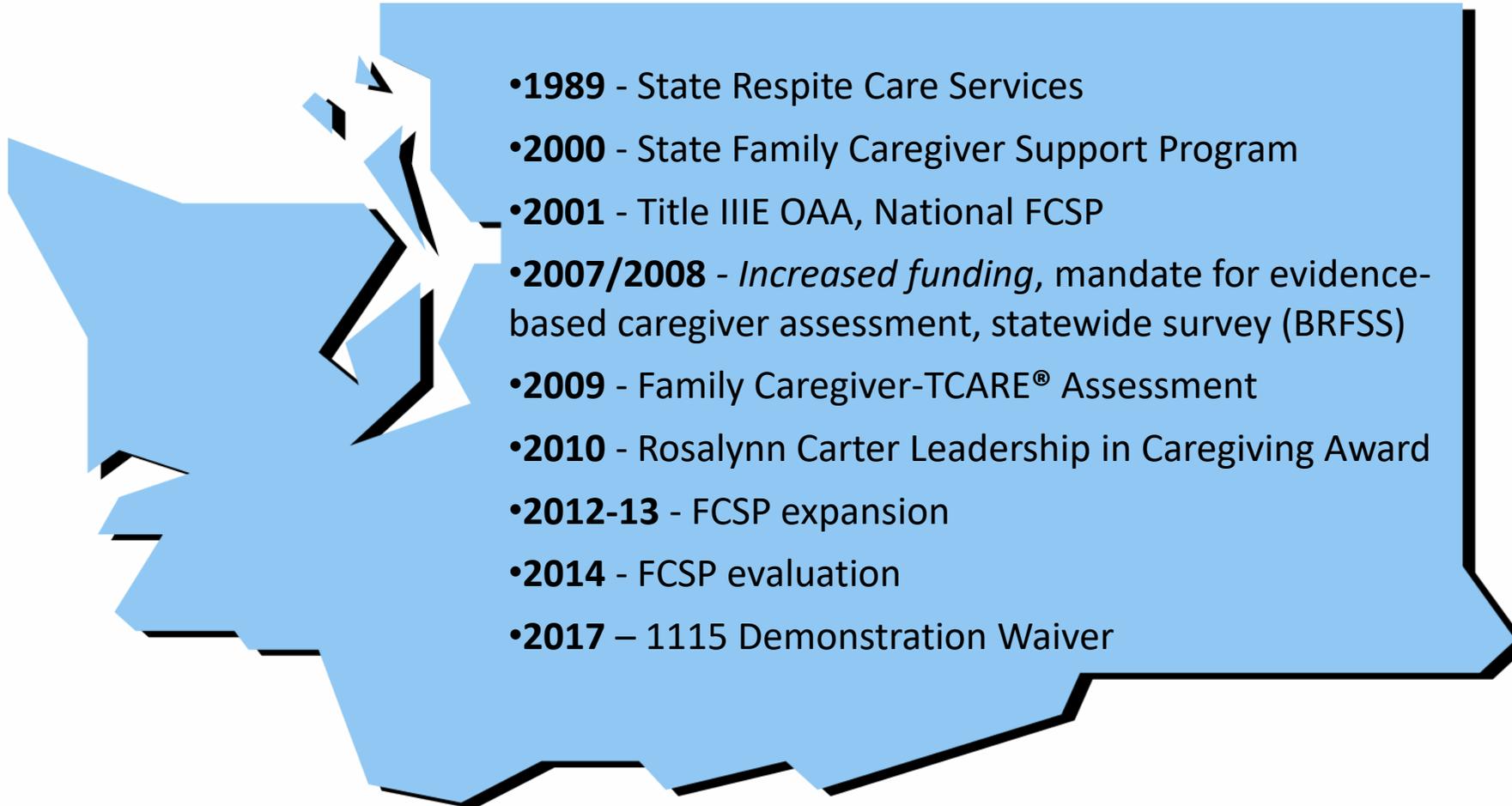


The work of these unpaid caregivers is valued at \$10.6 billion per year.



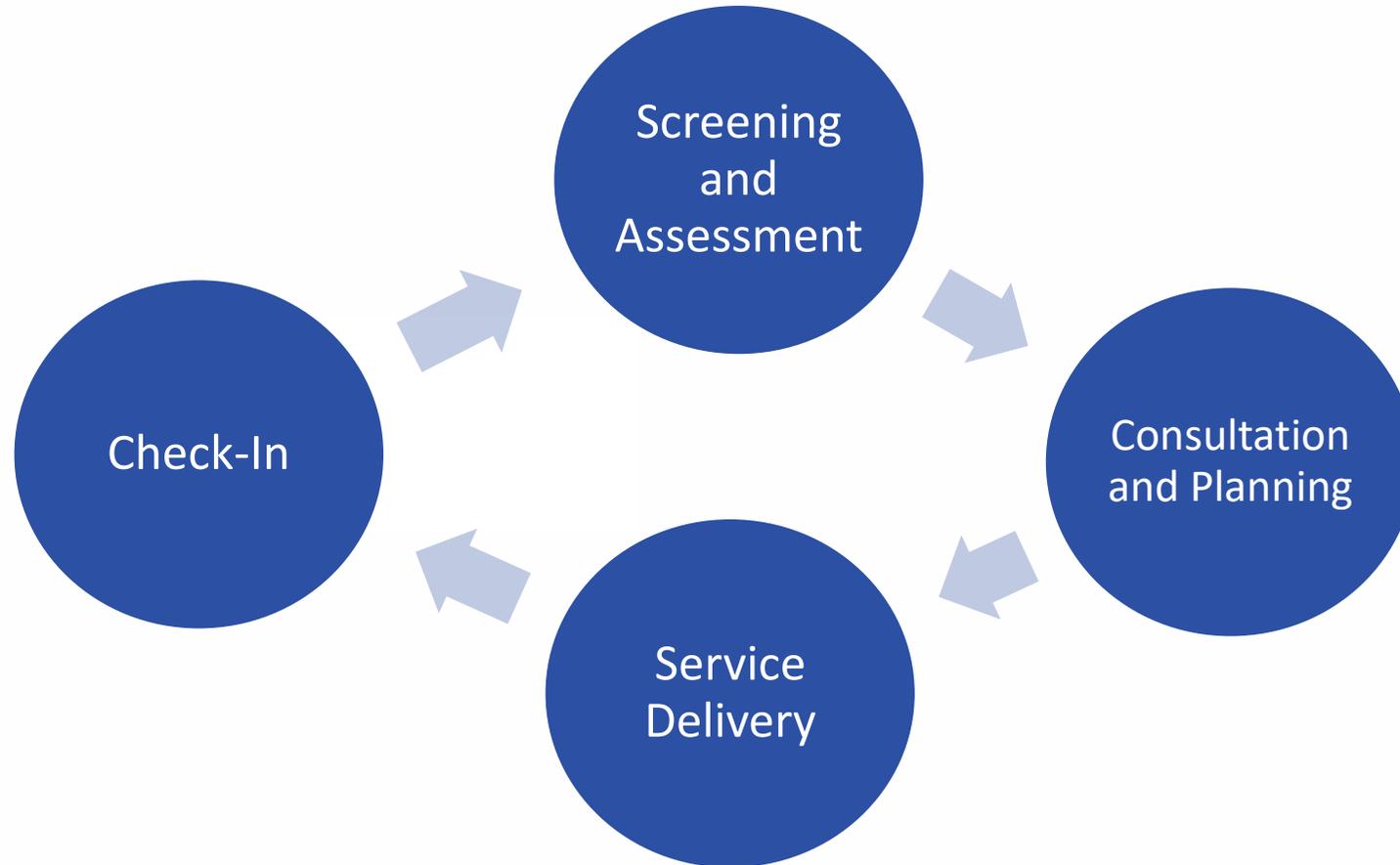
Caregivers may burn out, increasing the need for paid workers

Washington's history of supporting unpaid family caregivers:



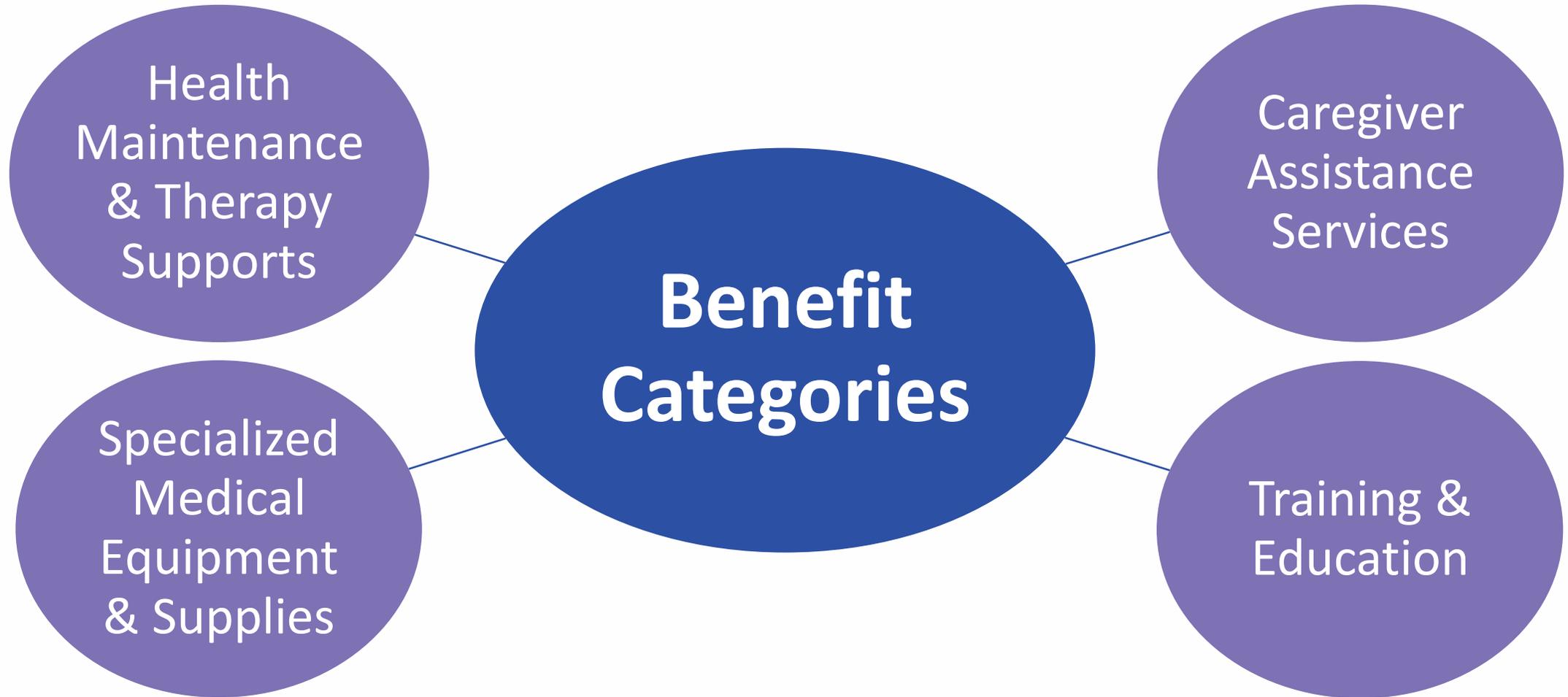
Caregiver Evidence-Based Assessment: T-CARE

Tailored Caregiver Assessment and Referral



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

1115 Medicaid Alternative Care Benefits

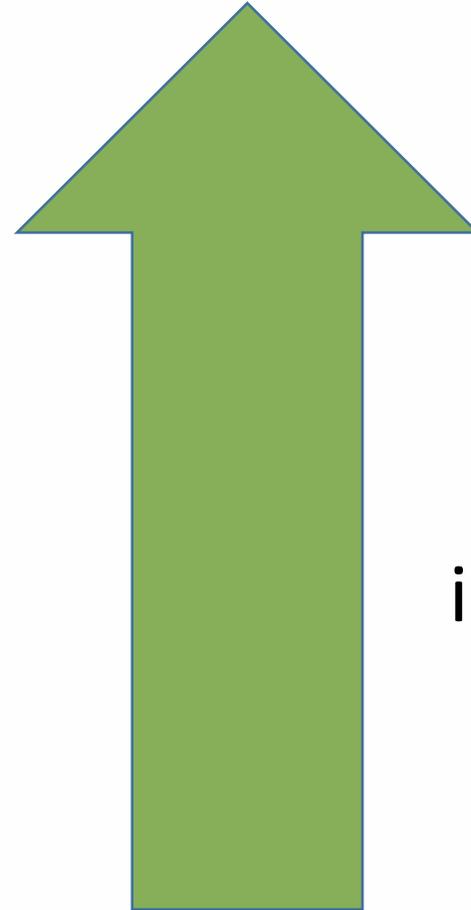


Positive Outcomes for Family Caregivers

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

Spousal caregivers also show a decreased “intention to place.”

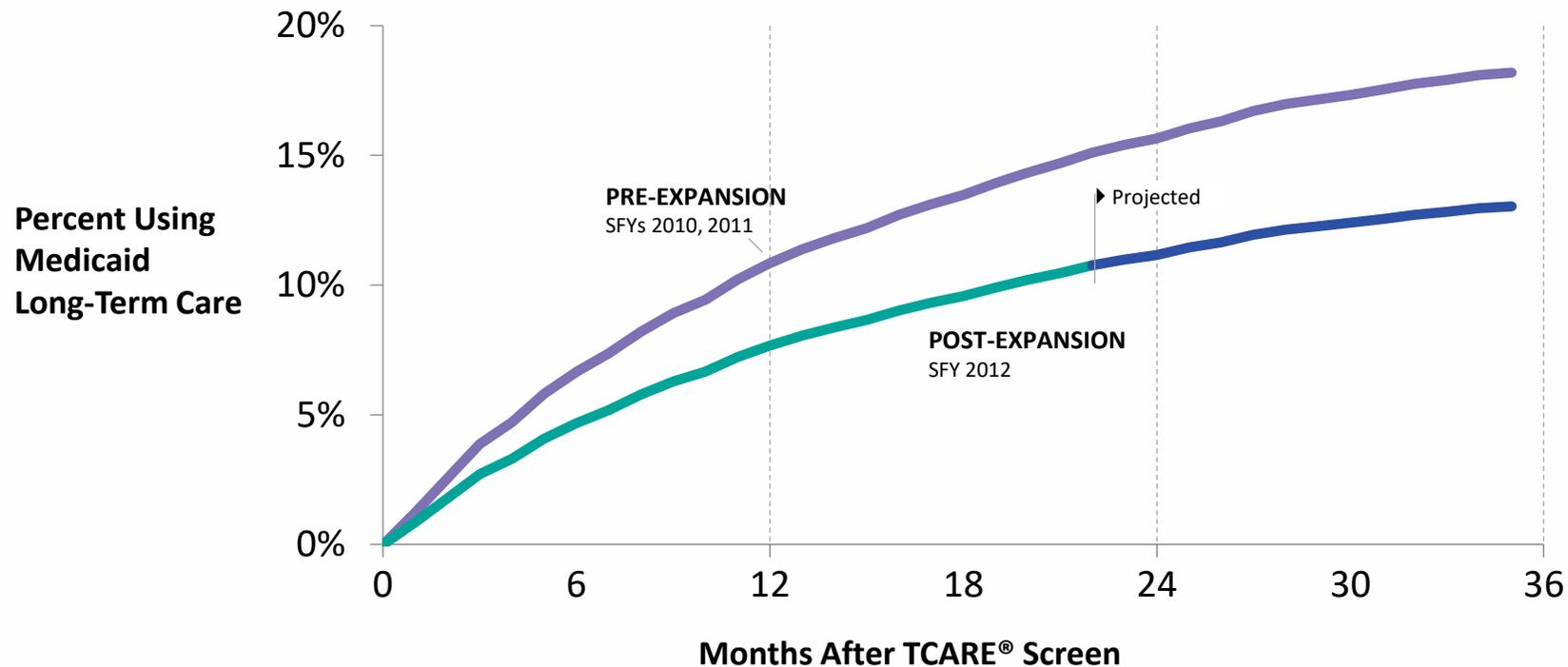


84%

of caregivers
show significant
improvements on key
outcomes

Family Caregiver Support Outcomes

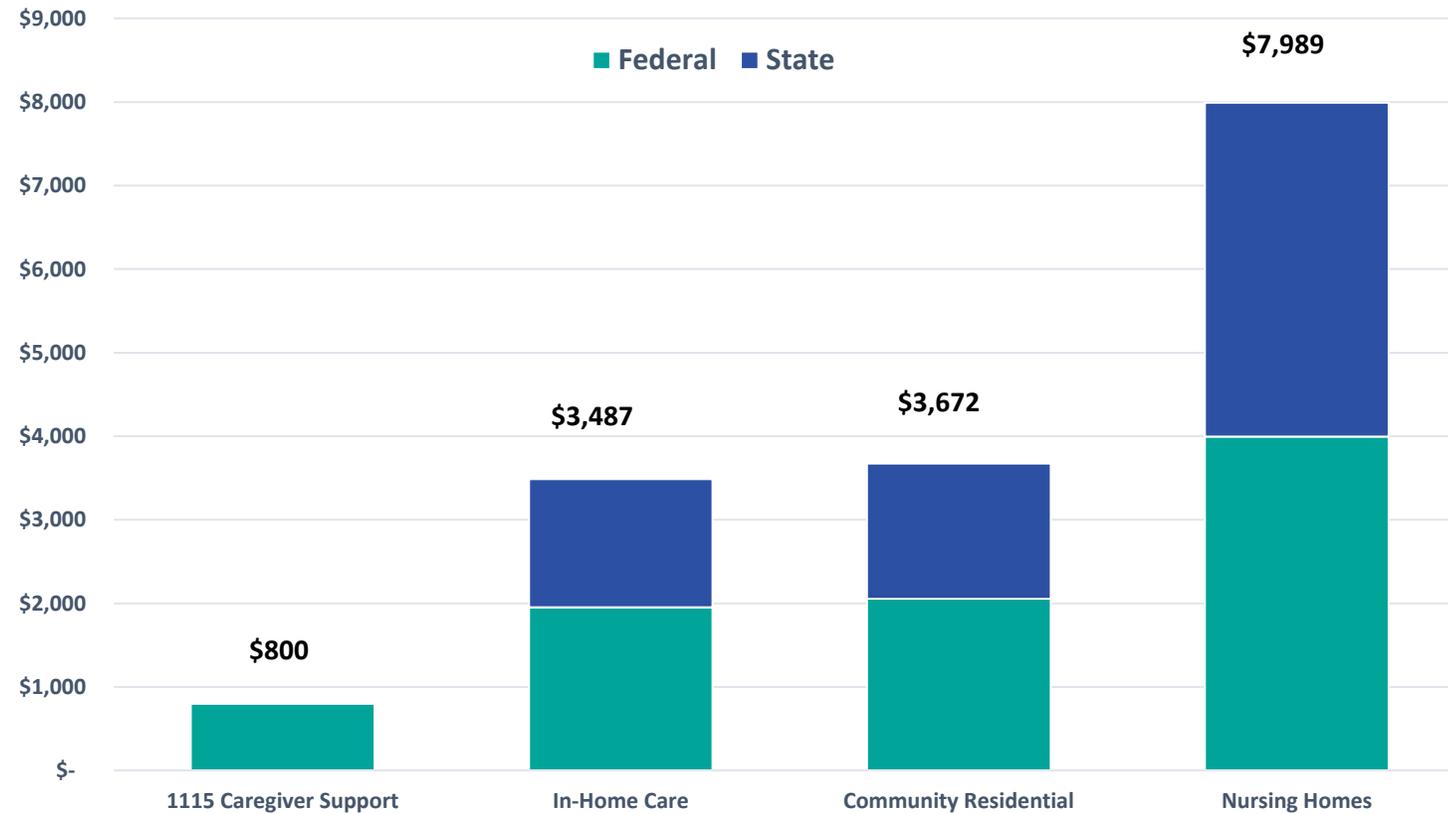
Time from TCARE® Screen until First Use of Medicaid Long-Term Care
Pre- and Post-Expansion, Controlling for Baseline Differences



Source: Bridge Lavelle, PhD; David Mancuso, PhD; Alice Huber, PhD, Barbara E.M. Felver, MES, MPA; DSHS Research and Data Analysis, April 2014.

Family Caregiver Support Services are an Economic Tool

To provide greater access to LTSS without waitlists or service reductions



**Monthly Per Capita Service Costs
– Medicaid LTSS
*January 2022***

Caregiver Outreach



USTED LO LLAMA
"recordarle a mi esposo que se tome sus pastillas."

NOSOTROS LO LLAMAMOS
cuidarlo.

 Washington State Department of Social & Health Services
1-855-567-0252
www.waclc.org
 AUGUSTUS C. WILDER FOUNDATION
Here for good.

YOU CALL IT
"checking in on my sister."

WE CALL IT
caregiving.

 Washington State Department of Social & Health Services
1-855-567-0252
www.waclc.org
 AUGUSTUS C. WILDER FOUNDATION
Here for good.

YOU CALL IT
"helping my husband when he can't find his way."

WE CALL IT
caregiving.

 Washington State Department of Social & Health Services
509-960-7281
www.waclc.org
 AUGUSTUS C. WILDER FOUNDATION
Here for good.

Outreach Materials

Brochures

Medicaid Alternative Care and Tailored Supports for Older Adults

Unpaid caregivers are the backbone of our long-term services and supports. These services are designed to assist unpaid caregivers in getting supports necessary to continue to provide high-quality care and to focus on their own health and well-being.



 Washington State
Department of Social & Health Services
Transforming lives

Rack Cards



YOU CALL IT
“advocating for the healthcare needs of my partner.”

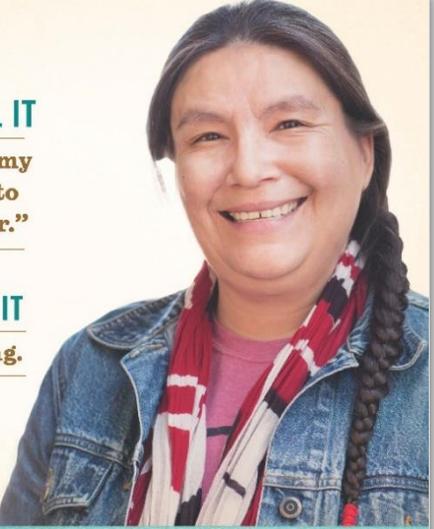
WE CALL IT
caregiving.

1-855-567-0252
www.waclc.org/familycaregiver

 Washington State
Department of Social & Health Services
Transforming lives

 AMHERST H
WILDER
FOUNDATION
Here for good.

Posters



YOU CALL IT
“helping my mom go to the doctor.”

WE CALL IT
caregiving.

THERE IS SUPPORT FOR FAMILY CAREGIVERS:
1-855-567-0252
www.waclc.org/familycaregiver

 Washington State
Department of Social & Health Services
Transforming lives

 AMHERST H
WILDER
FOUNDATION
Here for good.

Paid Family Caregivers Supporting Client Autonomy

- Washington has paid family members to provide personal care since 1981
- Training and Certification is offered in 13 languages
- Paid family members are entitled to the same pay and benefits as other workers



Dementia Support for Caregivers

Resources and Information for Caregivers

Publication

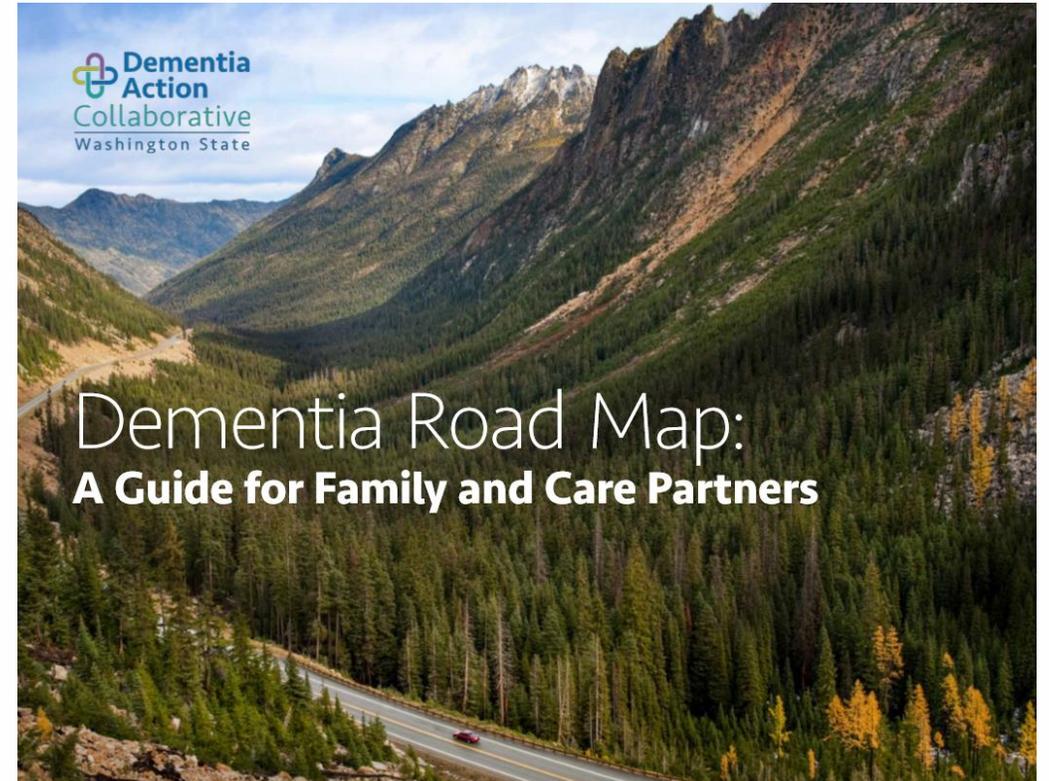
Dementia Roadmap:

A Guide for Family and Care Partners

Support through

dementia:

- *Wondering*
- *Mild Cognitive*
- *Early-Stage Dementia*
- *Mid-Stage Dementia*
- *Late-Stage Dementia*



Link: [Dementia Road Map: A Guide for Family and Care Partners](#)

Paid Family and 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 W-2 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.

Transforming
Lives

Thank You!

Bea Rector

bea-alise.rector@dshs.wa.gov

(360) 725-2311





HCBS Caregiver Reform Research Project

Miriam Hirman, MA, MSW
HCBS Reform Coordinator
MN Department of Human Services

Susan McGeehan, MGS, LSW
Associate Principal
Health Management Associates

Project purpose

1. Understand Minnesota's home and community-based service (HCBS) programs that support older adults and the family and friends who provide care.
2. Review how Minnesota's HCBS programs align with national best practices.
3. Develop recommendations to strengthen how Minnesota's HCBS programs support caregivers.

About project

- Partnered with Health Management Associates
- Research conducted September 2022 - June 2023.
- Funded through American Rescue Plan enhanced FMAP funds.

Programs Researched

Program	Authority	Administration	People (SFY21)
Elderly Waiver (EW)	Medicaid 1915	MN DHS & Lead Agencies: primarily Managed Care	28,180
Alternative Care Program (AC)	Medicaid 1115	MN DHS & Lead Agencies: primarily counties and Tribal Nations	2,655
Older Americans Act (OAA)*	Older Americans Act (Title III)	MN Board on Aging & Area Agencies on Aging	19,252

*Subset of all OAA funded programs and services

Goal of the Study

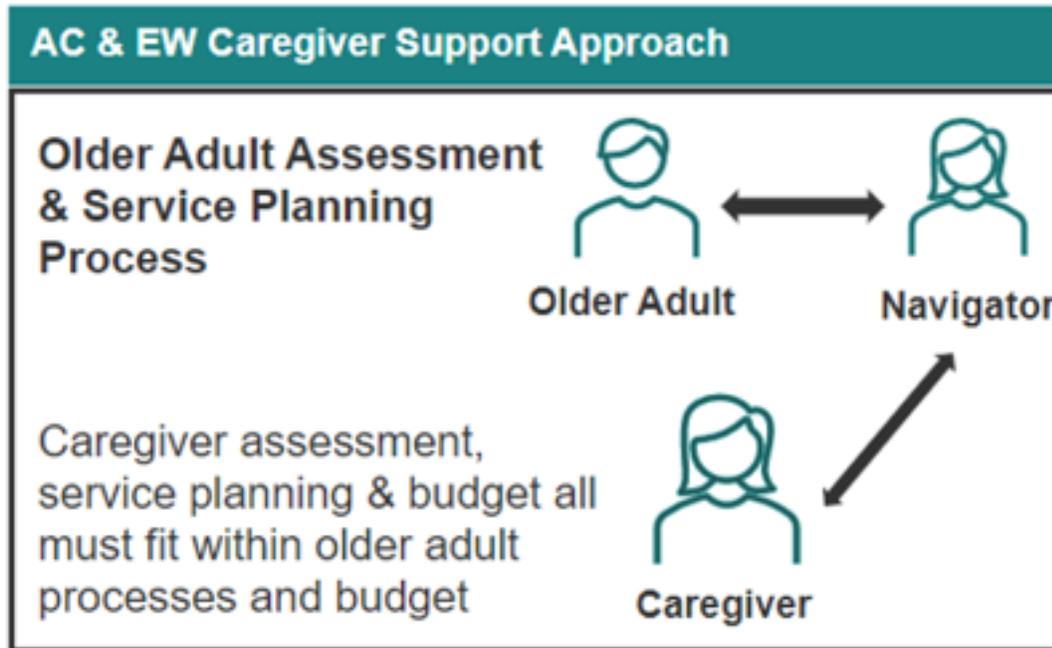
- A primary focus of the study was to look across the three largest HCBS and caregiver support programs in place **to identify opportunities for alignment.**
- **Minnesota offers many best practices;** the goal was to identify those and build on existing successes across the three programs in scope.

National Best Practices Research

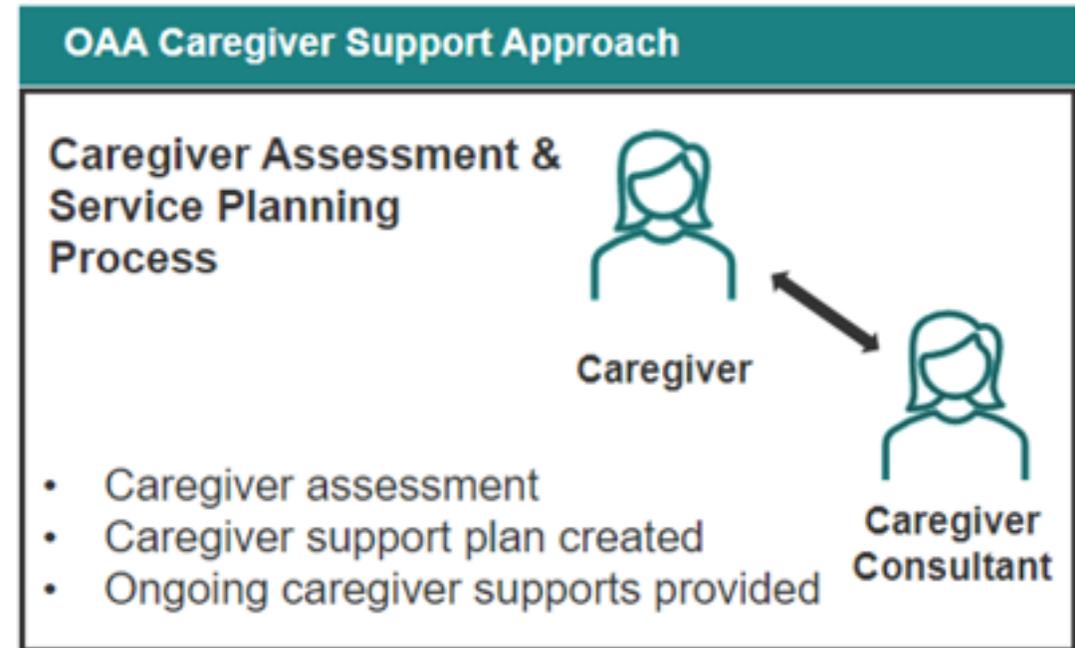
HMA's research targeted three overarching areas to analyze best practices:

1. Increasing family caregiver awareness, identification and engagement (e.g., public awareness campaigns, interface with healthcare).
2. Family caregiver screening/assessment and risk stratification (e.g., health, values, resources).
3. Measurement-based caregiver support services (e.g., education, skills training, emotional/logistical support and measuring outcomes).

How Caregiver are Supported: EW/AC vs. OAA



"Navigator" = EW care coordinator and AC case manager



TRUALTA CAREGIVER SUPPORT PLATFORM

Key Services Researched

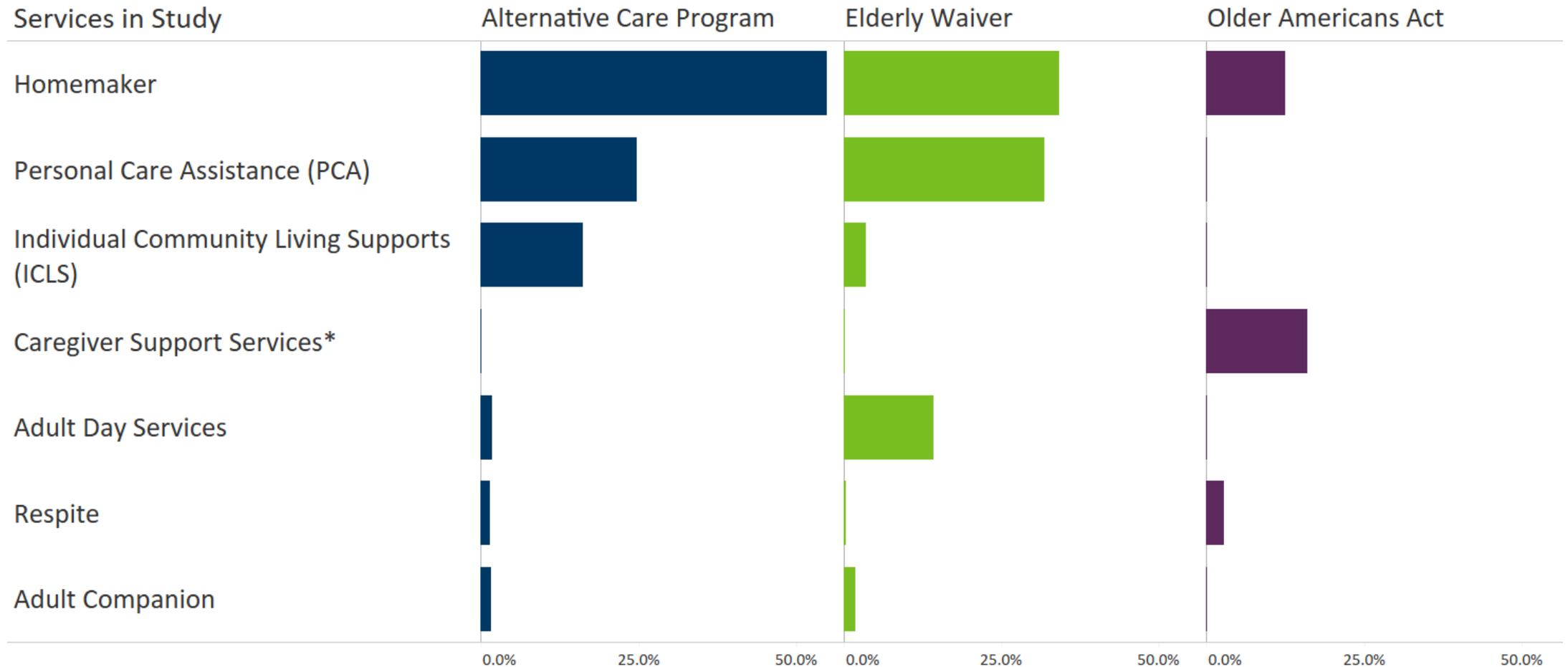
Research focused on a limited set of services provided across that programs that directly support or are commonly accessed ‘wrap-around’ services for older adults with caregivers.

Service	Elderly Waiver/Alternative Care Program	Older Americans Act Program
Adult Companion Services	X	X
Caregiver Support Services*	X	X
Homemaker	X	X
Respite	X	X
Adult Day Services	X	Not available
Individual Community Living Supports (ICLS)	X	Not available
Personal Care Assistance (PCA)	X	Not available

*Caregiver Support Services = Caregiver Coaching & Counseling, Caregiver Training & Education, and Caregiver Consultation Services

Service Utilization Across Programs

% Of All Program Participants who Used Service (SFY2021)



* = Caregiver Coaching & Counseling, Caregiver Training & Education, and Caregiver Consultation Services

Project Definitions: Caregivers

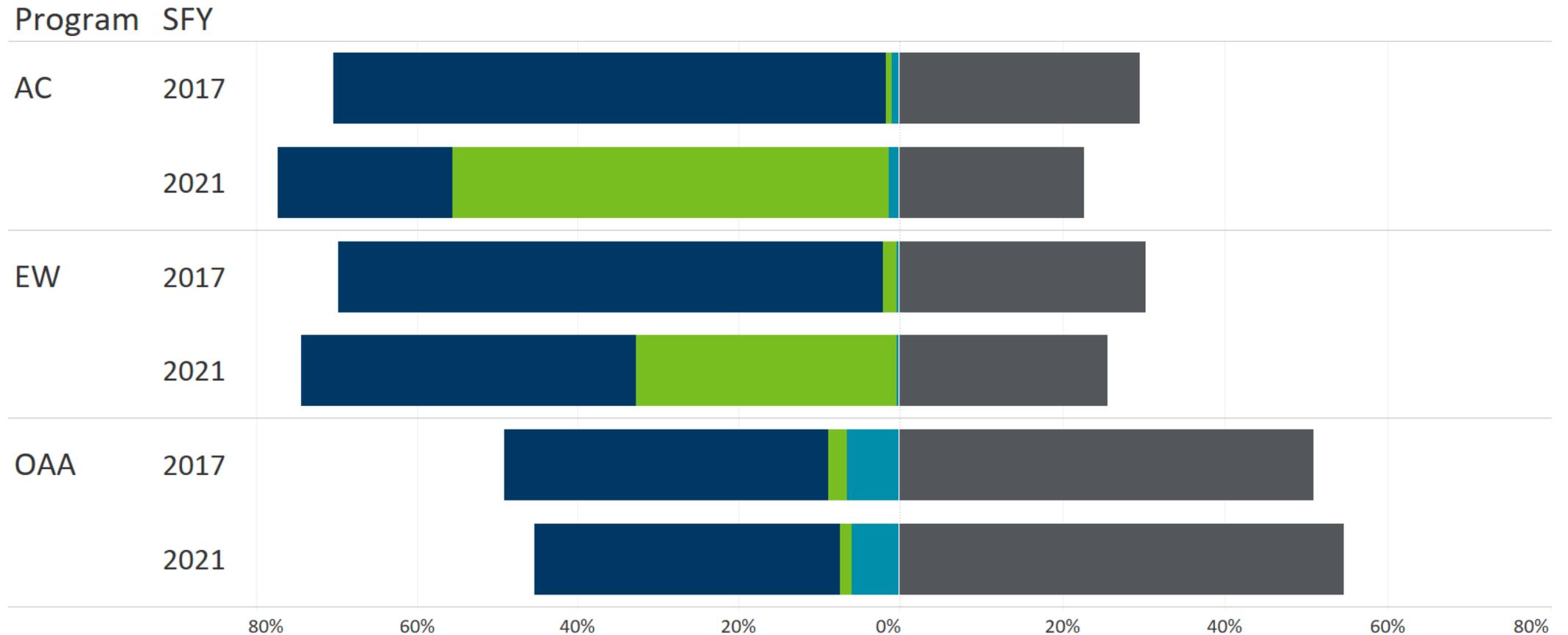
To better understand the experience of caregivers across programs, definitions were developed to allow researchers to identify people with or presumed to have caregivers.

Component	Supported Caregiver	Identified Caregiver	Presumed Caregiver	No Caregiver
Caregiver support services or respite received	Present	Missing	Missing	Missing
Caregiver identified in record	N/A	Present	Missing	Missing
Record indicates: 1. Spouse 2. Living with family or friend 3. Family or friend involved in service planning or in service plan	N/A	N/A	Present	Missing

% of People with Caregivers Identified

SFY2017 vs. SFY2021

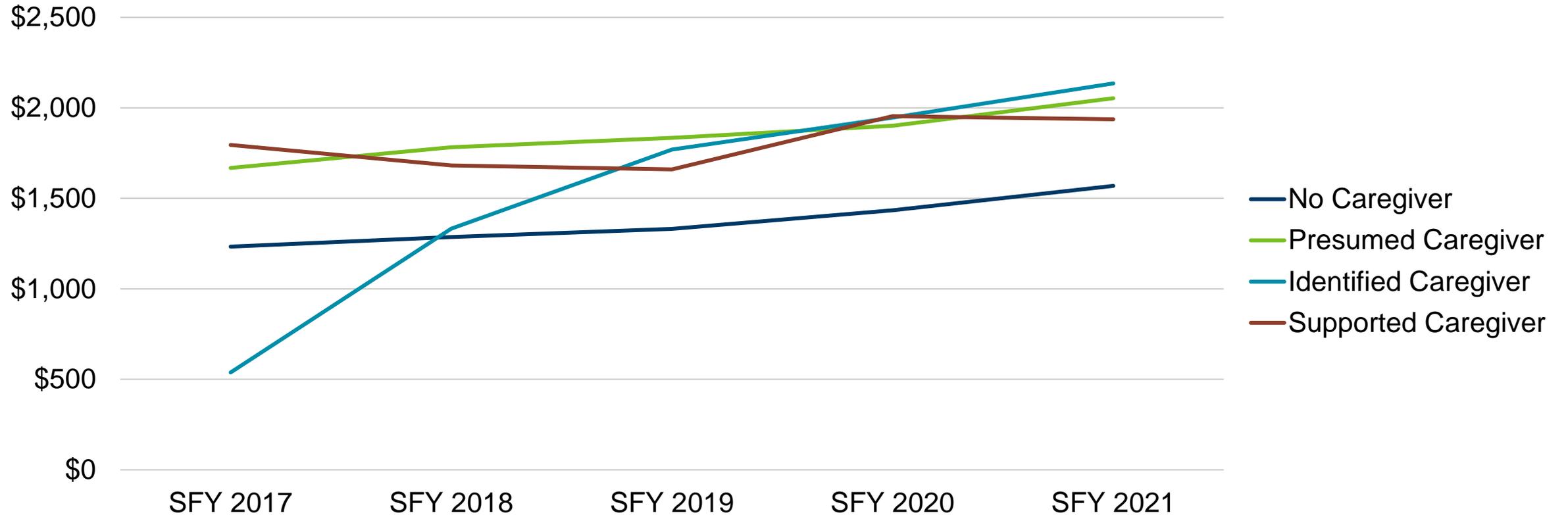
PRESUMED CAREGIVER | IDENTIFIED CAREGIVER | SUPPORTED CAREGIVER | NO CAREGIVER



Service Utilization by Caregiver Category

Elderly Waiver

Per-Member Per-Month HCBS Spending for EW by Caregiver Category
(SFY2017 – SFY2021)



Provider Network Analysis

For services in scope

Provider network important as providers are the backbone of increasing service access/utilization and reforming delivery models.

Availability

- While smaller in number, *a greater proportion* of OAA providers actively support people through the services they are contracted.
- Data indicates geographic areas where providers are and aren't providing services varies by program. OAA is more rural and EW/AC is more metro.
- Many providers are contracted or enrolled to provide multiple types of services that could be leveraged. For example, providers who are homemaker and respite providers.

Continuity

- Provider continuity across programs creates continuity for caregivers.
- Data shows there is provider *overlap between programs*. Approximately 2/3rds of contracted OAA providers are also enrolled to provide the same services for EW/AC.

Health Equity Considerations

- **Shifting Age Demographic** – number of Minnesotans ages 65 and over who desire to age in place, who may or may not have a family caregiver with varying degrees of support.
- **Increasingly Diverse Population** – number of Minnesotans, including older adults, who identify as BIPOC (Black, Indigenous, and People of Color) and American Indian.
- **Direct Service Workforce Shortage** – across a critical workforce that largely comprises women and BIPOC.
- **Future State of Person-Level Data Collection and Reporting** – data across programs to measure HCBS system performance and disparities.

Project Recommendations for MN DHS

HCBS Network Navigation and Service Alignment

- Improve HCBS Network Navigation
- Alignment of Caregiver Terms, Services, and Resources

Enhanced Caregiver Support through Strengthened Identification of Needs and Caregiver Support Planning

- Increase referrals to caregiver consultants across programs
- Identified caregivers across programs will have individualized attention and focus
- Supporting deeper expertise to focus on caregiver needs

Statewide Caregiver Resource Platform and Measurement Strategy

- Make a statewide resource platform available to caregivers across programs
- Implement a Statewide Caregiver Support Measurement Strategy

Thank you!

Miriam Hirman

miriam.hirman@state.mn.us

Susan McGeehan

smcgeehan@healthmanagement.com