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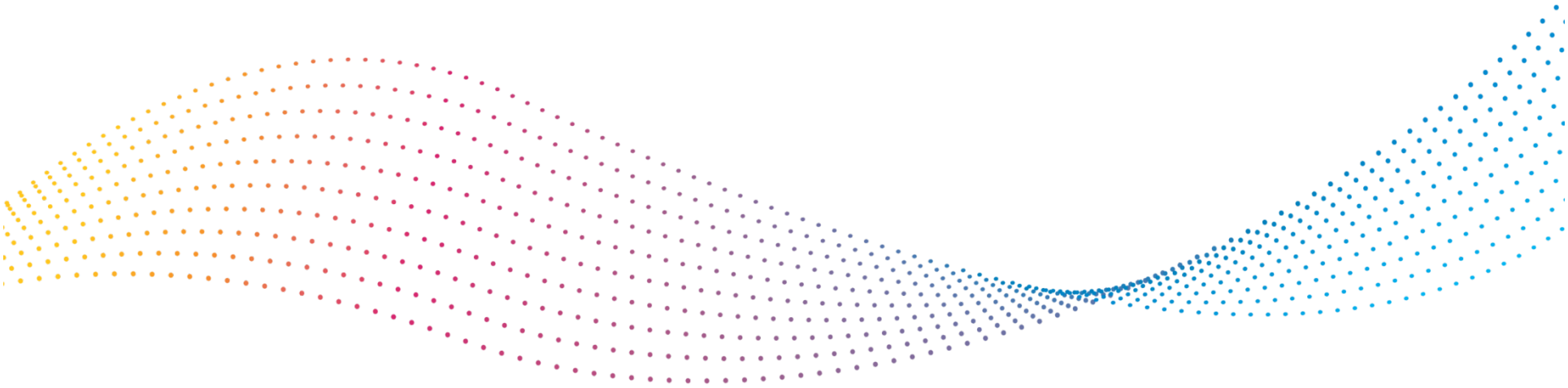
How Managed Care Can Support Family Caregivers

Long-Term Care Discussion Group
Monday, January 30, 2017
1:00 – 2:00 p.m.



Opportunities for Managed Care Plans to Support Family Caregivers

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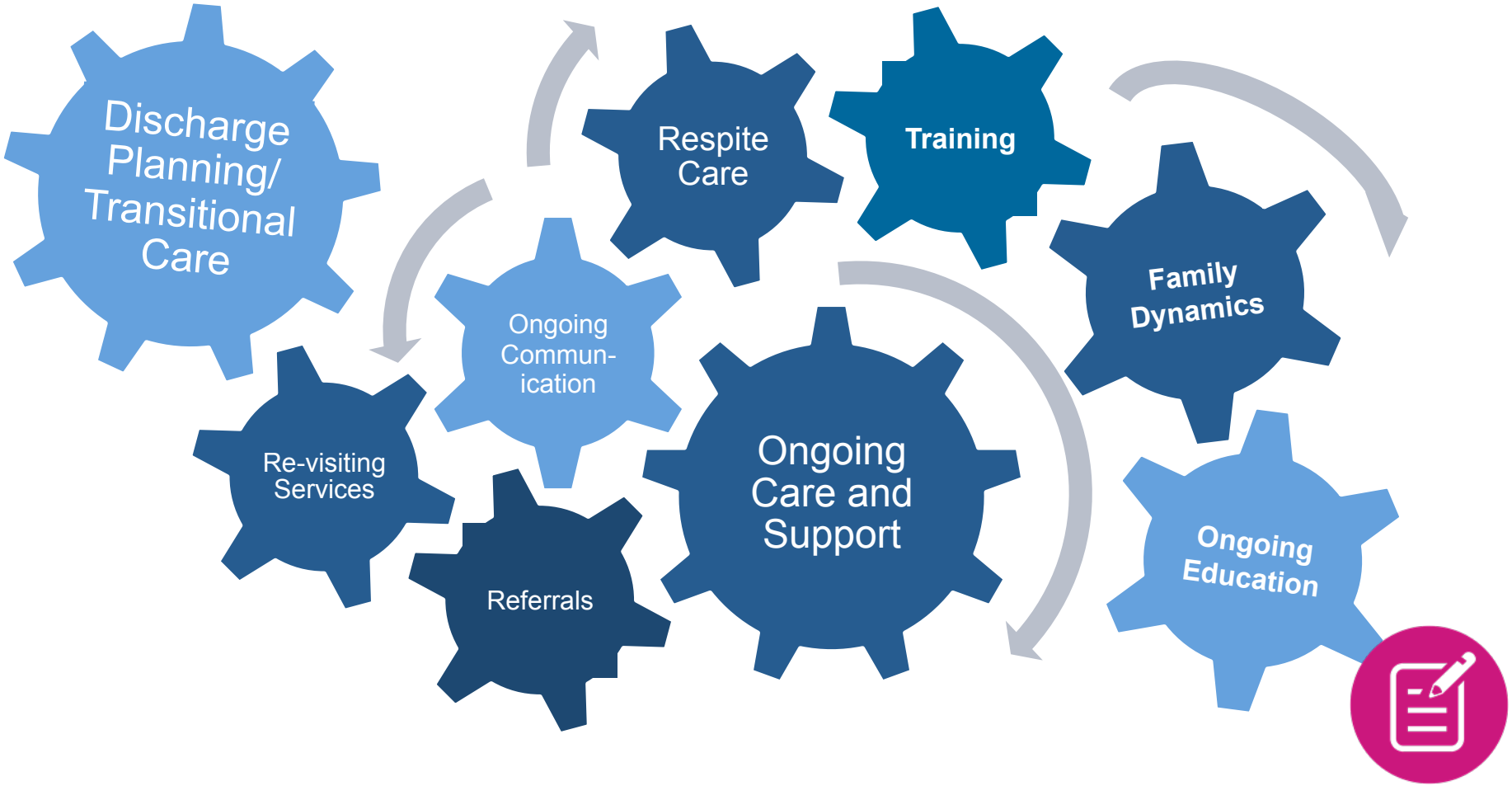
Assessment and Care Planning

- Identification of family caregivers through enrollment, medical records, screenings, assessments, care planning and/or advanced directives.
- Documentation in member's file.
- Participation in a member's assessment and care plan.
  - Representative or caregiver participation based on member approval.
  - With member preference, family caregivers may be the sole source of information or may not be involved at all, with any level in between. Family caregivers offer different insights that are beneficial for on-going care coordination.
  - Caregiver input is essential in many situations to develop person-centered goals and self-management goals.
  - Care Manager assures all parties are in agreement with the care plan to ensure successful implementation.

Current Care Coordination Practices

Inclusion and interaction of family caregivers in care coordination is key.



Current Care Coordination Practices

Paid or unpaid family caregivers

- Utilize unpaid supports as appropriate, driven by comprehensive assessment.
- Payment is dependent on state administrative code or rules.
- Rules may be specific to type of family member, service provided, paid hours per week, additional paperwork, etc.
- Member choice of who will perform specific functions.
- Unpaid hours are taken into consideration in the determination process for member's benefit covered services.
- Considerations around the unpaid family caregiver tasks include:
  - Family caregivers being trained on clinical tasks.
  - Capability to perform the tasks.

Development of Quality Measures

1. "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement", Final Report, September 2016, National Quality Forum. Domain: Caregiver Support
   - Family caregiver/natural support well-being
   - Training and skill-building
   - Family caregiver/natural support involvement
   - Access to resources

2. National Core Indicators – Aging and Disabilities NCI-AD™

   The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships.

3. Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees in Managed Long-Term Services and Supports (MLTSS).

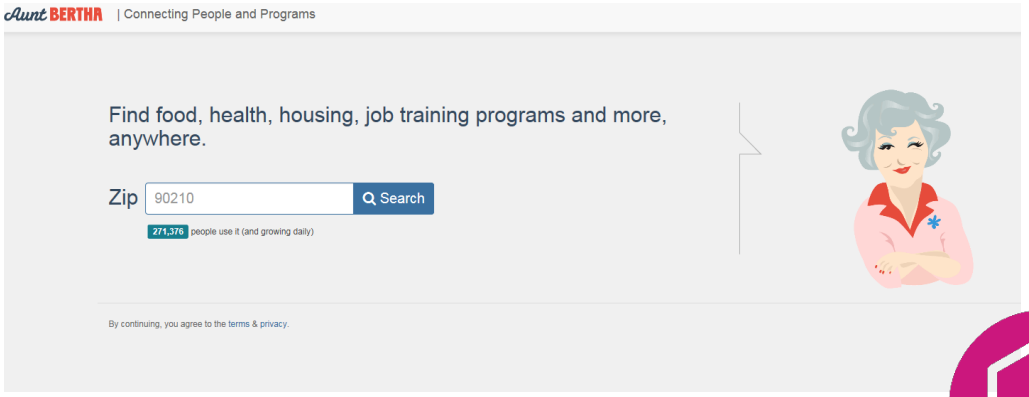
Development of Quality Measures (cont'd)

4. NCQA: Long-Term Services and Supports Distinction for Health Plans
   - Element B; Assessment of Health, Functioning and Communication Needs: Factor 5 - How case management services are coordinated
     - CM program coordination may include caregivers
   - Element C: Resource Assessment: Factor 1 - Caregiver resources

     Case management policies and procedures specify a process for assessing the adequacy of paid and unpaid caregiver resources(e.g., family involvement in and decision making about the care plan). Evaluation should include availability, skills and the capacity of the caregiver to support the individual with their requested ADL/IADL/psychosocial needs. Evaluation should also consider and anticipate any undue burden placed on the caregiver (e.g. unreasonable stress or strain) and caregiver needs for support (training, respite).

Utilizing Tools and Technology

- Remote monitoring and sensing systems
  - HealthSense
- Managing medications
  - TowerView Health
- Admissions, discharges and transfers (ADT) data
- On-line chat
- Texting, mobile and online solutions
  - MyStrength.com
  - Aunt Bertha



Training Managed Care Staff

HCBS Final Rule and Community First Choice contract requirements.

"The MCO must provide access to ongoing training and continuing education for Service Coordinators. Service Coordinator training should include focus on evidence-based best practices in case management for children and young adults with disabilities; Person-Centered Planning; and Cultural Competency."

"Service Coordinators working with Members receiving Community-Based Services, including CFC and STAR Kids MDCP services, must complete by March 1, 2017, (or within two years of hire date) an HHSC-approved training on Person-Centered Practices and Person-Centered Plan Facilitation to meet federal requirements on person-centered planning for home and Community-based Long-Term Services and Supports."

Challenges

- Constraints on releasing information.
- Limited Medicaid/Waiver benefits or funding to support the family.
- Family's own insurance may not cover or may "under-cover" services they may need to keep healthy themselves.
- Community resources are not always available to the family, depending on where they live in the state.
- At times it can be cost-prohibitive for the family to be as involved. If they are paid supports, it may still not be enough for the family. They will still have to work outside of the home.

Variation Between States and Populations

- Paid caregiver policies.
- State rules around “unmet” need or informal support, and delegation.
- Contract language

MMP Demonstration
Comprehensive Health Risk Assessment – **…**domains will include, but not be limited to, physical and behavioral health, social needs, functional status, wellness and prevention domains, **caregiver status and capabilities**….

Community First Choice
Service delivery, regardless of the model, is structured around the **person-centered** assessment of need.

Areas of Continued Focus

- Assessing the needs of the family caregivers.
- Utilizing transitional care teams.
- Partnering with organizations such as AAAs, ADRCs, Centers for Independent Living, senior centers, park districts, employment agencies, non-profit community organizations and state Health & Human Services departments to provide training to caregivers and share best practices.
- Exploring optional services or referrals to community partners to enhance the managed care benefit package. For example:
  - Vocational rehab
  - Money management
  - Home delivered meals
  - SNAP benefits
  - Benefits counseling
  - Housing resources
  - Legal assistance
  - Support groups
  - Individual/Family counseling

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“There are only four kinds of people in the world.
Those who *have been* caregivers.
Those who *are currently* caregivers.
Those who *will be* caregivers,
and those who *will need* a caregiver.”

-Rosalyn Carter