



PANDA PROJECT

Providing Alzheimer's 'n Dementia Assistance

Building Family First Infrastructure for
People with Dementia in Alabama

- ❖ 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.



PANDA Project: Mission

- ❖ 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: Program Facts



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



**AGING-IN-PLACE
1st PLACE WINNER**

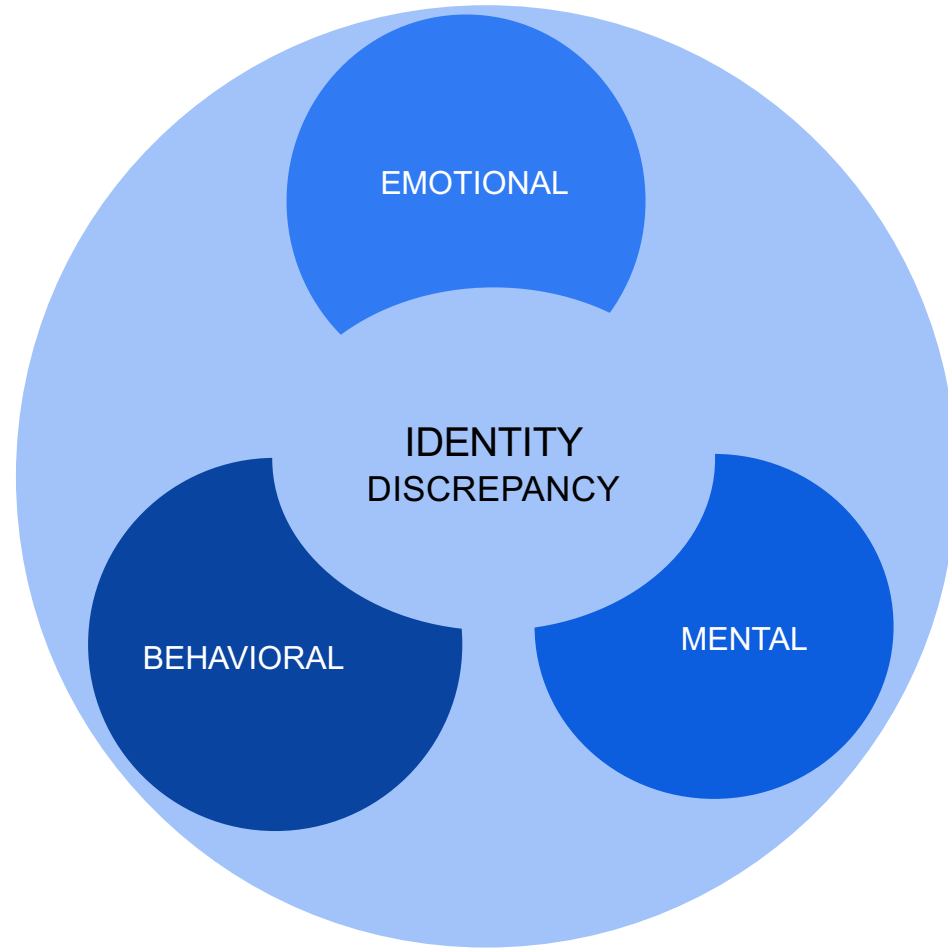
Collaborative Development & Testing

TCARE team led by Dr. Rhonda Montgomery

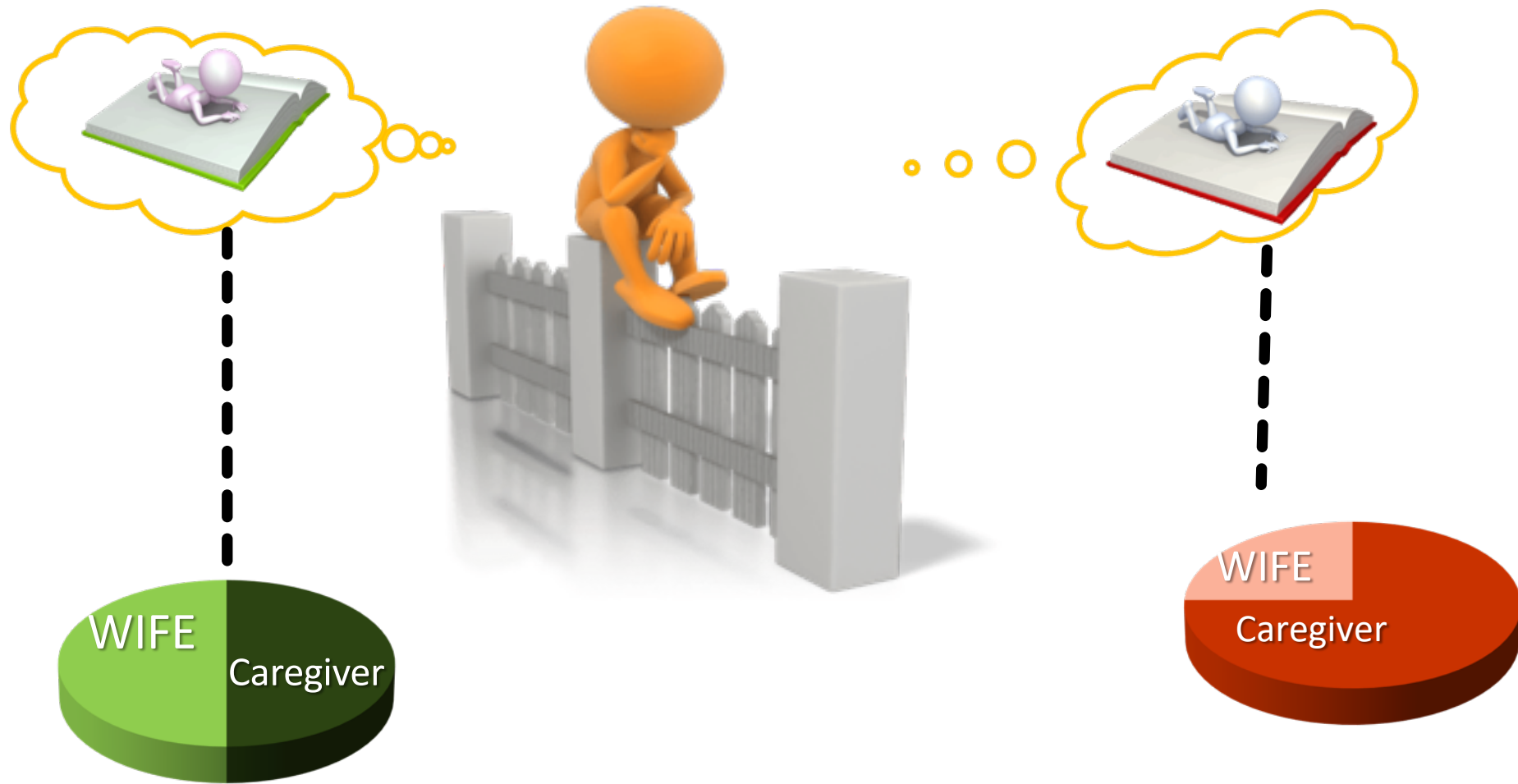
- Researchers at University of Wisconsin
- Thousands of Caregivers
- Hundreds of Care Managers & Administrators representing
 - State Units on Aging
 - Area Agencies on Aging
 - Alzheimer's Association
 - Home Care Organizations
 - Senior Care programs



**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

Objective
Burden



Depression

Identity
Discrepancy

STRESS

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

Legislatively Mandated FCSP in Washington



CMS 1115 Approved



Washington State Department of Social and Health Services

Aging and Long-Term Support Administration
About ALTA | Frequently Asked Questions | Find Local Services, Information and Resources

Caregiver Assessment and Planning - TCARE

Are You Providing Care for a Loved One?
Learn about how the Family Caregiver Support Program can help.
Get information on specific caregiving topics.
This section of this site is for family caregiver service providers and stakeholders interested in learning about the family caregiver assessment and tailored planning process offered through Washington State's Family Caregiver Support Program offices.

Additional Family Caregiver Support Program (FCSP) Resources and Reports

- Expanding Eligibility for the Family Caregiver Support Program in SFY 2012, Updated Findings, Research and Data Analysis, DSHS - April 2014
- Has the use of Tailored Caregiver Assessment and Referral[®] System Impacted the Well-being of Caregivers in Washington? Rhonda J.K. Montgomery, Ph.D., Helen Bader School of Social Welfare, University of Wisconsin-Milwaukee
- FCSP Expansion Report January 2013. A report describing the FCSP Expansion July 2011 through June 2012.
- Did Expanding Eligibility for the Family Caregiver Support Program Pay for itself by Reducing the Use of Medicaid-Paid Long Term Care?
- RCW 74.41 law mandating the creation of an evidenced-based caregiver assessment.
- History of Family Caregiver Support in Washington State an overview of the major milestones in family caregiving throughout the last 25+ years.

TCARE[®] Theory

The following is information from Rhonda Montgomery, PhD, researcher and developer of TCARE[®].

- http://www.resilyncare.org/caregiver_intervention_database/miscellaneous/t_care/: This site provides Family Caregiver Specialists and TCARE[®] Assessors and with useful information as they implement the TCARE process with family caregivers they serve.

Caregiver articles based on TCARE[®] theory from extension

- Coping with Stress discusses different types of caregiver stress or burden, consequences of not dealing with the stress, and strategies to reduce it.

<https://www.dshs.wa.gov/altsa/stakeholders/caregiver-assessment-and-planning-tcare>



TCARE[®] ROI with Medicaid Plans



**LTSS / HCBS
Reduction
20%**

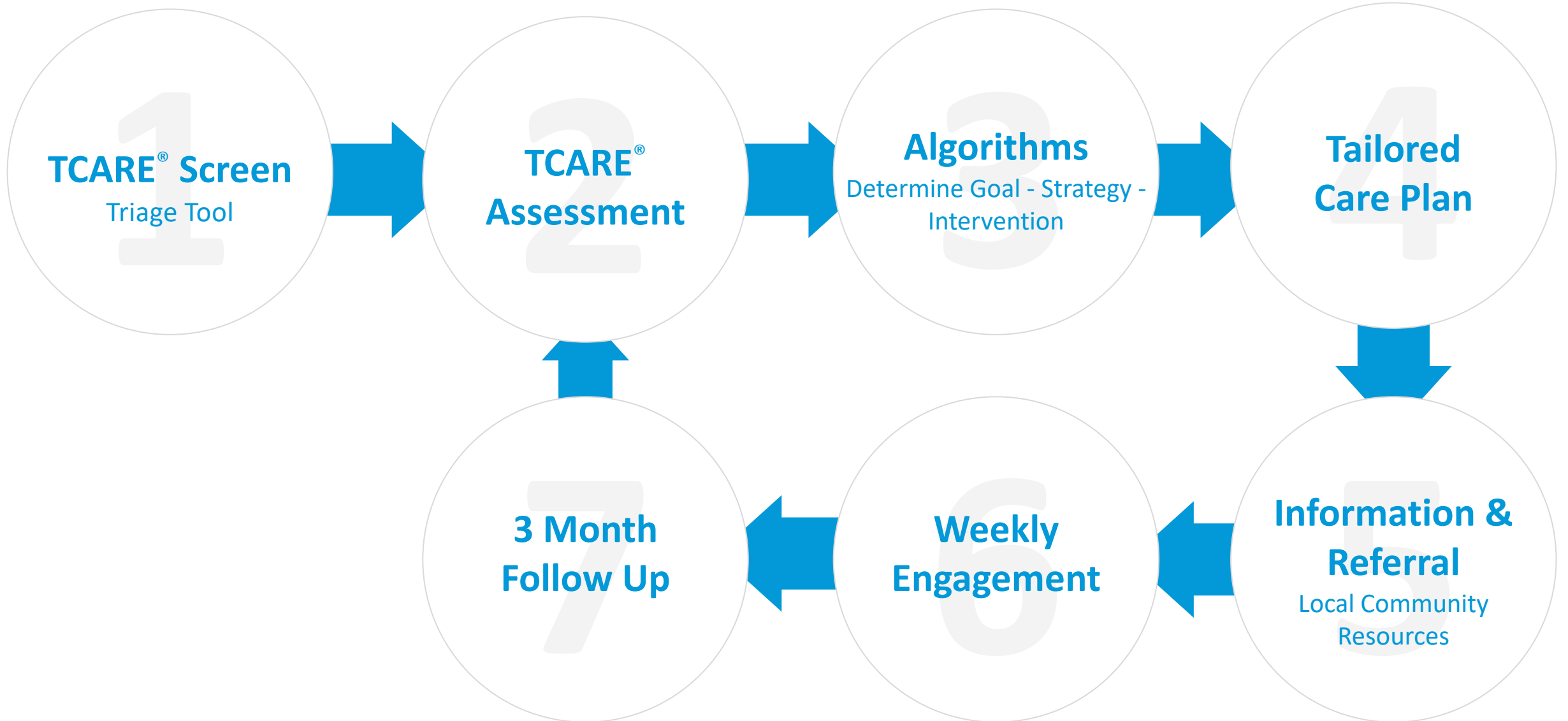


**21 month
Delayed nursing home
placement**



**Improved
HEDIS Measures**

TCARE[®] Solution/Protocol Map



TCARE[®] Implementation



TCARE Footprint

500+

Certified TCARE
Specialists

Reduced levels of stress
in as little as

3mo.

Caregivers
Impacted

200,000+

84%

Report lower levels of
stress & depression

79%

Engagement at the 3 mo.
follow up ; 54% at 12 mo.



Also available in 7 languages

MILITARY

OLDER ADULTS
/DEMENTIA

DEVELOPMENTALLY
DISABLED (IDD)



TCARE SUMMARY

Comprehensive Assessments

1

Identify a caregiver's true needs & root causes of stress/depression/burnout

Helps support staff with proper identification of those in greatest need

Person Centered Care Plans

2

Resources are driven to those identified as greatest risk:

- Available,
- Accessible,
- Acceptable
- Affordable

24

Clinical Outcome Reporting

3

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

Program Impact

4

Pathways to Monitor

Where your dollars are going

Caregiver Demographic

Outcomes to seek \$\$\$\$

PROGRAM SAVINGS = EXPANSION



TCARE's Customers

State/Agency Payers

Health Plans

Private Insurance (Life/LTC)



- ❖ 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)



Services Provided Through PANDA

- ❖ 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



Training & Outreach

- ❖ 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

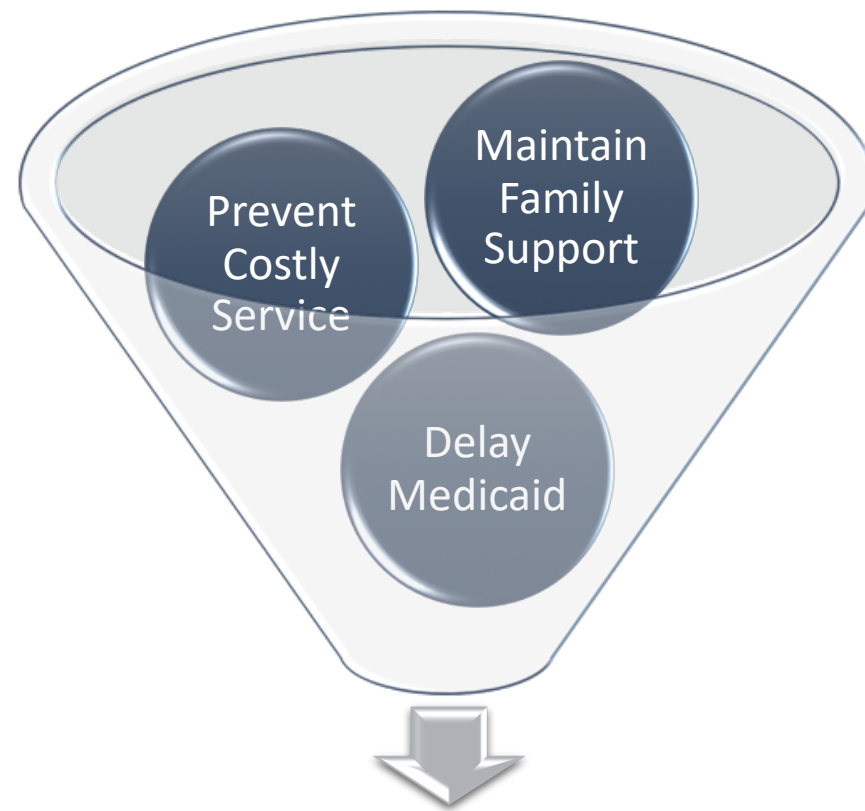


Outcomes of the TCARE Screen & Assessment

- ❖ 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”



Quality of Life-Alzheimer's Disease (QoL-AD) Survey



Business Case for State and Medicaid Funding



Sustainability Plans

Administrative
Match

Waiver Service

State Plan



Opportunities for Medicaid Funding

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

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



Medicaid Administrative Match to Reduce Future Medicaid Spending

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

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(k) Community First Choice Option

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)



Funding Portions of PANDA Using a 1915(i) Medicaid State Plan HCBS

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



Medicaid Administrative Claiming May Be the Best Starting Point

- ❖ 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



Role of Alabama Department of Senior Services