

# **National Alzheimer's Advisory Council LTSS Federal Update August 2016**

## **Goal 4: Public Awareness**

### **Administration for Community Living (ACL):**

- **PSA Airings:** The What is Brain Health? PSA has aired on over 100 television stations more than 35,000 times for a media value (cost of airtime if we had paid) of approximately \$7 million.
- **Media Buy and Story Telling Events:** ACL held mini-campaigns in two cities featuring a combination of paid media and live events. Events included participation of local brain health experts in storytelling events, and purchase of radio, digital, and print advertisements in San Francisco and Chicago. The mini-campaigns garnered local media attention, drove over 50% of the visits to the web site, and provided content (podcasts) for our social media channels.
- **Social Media:** During June, the campaign's Facebook page had over 50,000 engaged users and maintained an engagement rate of over 10%. A refresh of the campaign's website is underway now.
- **Campaign for a Hispanic Audience:** ACL is designing a brain health campaign for a Hispanic audience. Much of the campaign's original research has been repeated with a Hispanic audience and several findings suggest a new approach is in order. The first meeting of the Hispanic Technical Expert Board, including representatives from CMS, AARP, National Hispanic Council on Aging, Latinos Against Alzheimer's Disease, and the Pan American Health Organization, will be held in September. ACL intends to run the campaign for a Hispanic audience in Miami some time in 2017.



## Goal 3: Expand Services (3)

- **Administration for Community Living (ACL):**
  - Published a policy brief on promoting community living for older adults, with a special emphasis on those with dementia. Available in the dementia section at: [http://www.acl.gov/Get\\_Help/BrainHealth/Index.aspx](http://www.acl.gov/Get_Help/BrainHealth/Index.aspx)
  - Issued continuation funding for the National Alzheimer’s Call Center (Alzheimer’s Association is grantee) for the next budget period (from 8/1/16-7/31/17).
  - Hosted a webinar on July 20 with the David Godfrey, J.D. from the ACL-supported National Legal Resource Center on legal planning. It covered : Benefits of legal planning and obstacles to it, along with supported-decision-making to ensure choices reflect the wishes of the person with dementia.
  - Collaborating with CDC & NIA to hold a 5th free webinar series on dementia resources and research. The series will provide information to an audience of aging and disability, public health, and research professionals on promoting awareness of research participation opportunities and improving coordination of federal resources available to assist people with dementias, including Alzheimer’s disease, and their family caregivers.

## Goal 3: Expand Services (4)

- **Department of Veterans Affairs (VA) & ACL:** Held a webinar on May 5, 2016, to provide information to aging network partners about a new VA model of dementia care called Mobile Adult Day Health Care. Two VA presenters described the innovative model, which involves community partnerships to provide meeting space for a mobile team to provide adult day health care to Veterans, including those with dementia. This model helps build community partnerships and increases access to this day care service in an expanded range of convenient locations. More than 300 participants attended the webinar.
- **Health Resources and Services Administration (HRSA) & ACL:** Held a webinar on June 22, 2016 featuring HRSA’s efforts to develop a dementia capable workforce. It covered: identifying ways for efficient dementia case finding, learning about lifestyle interventions for persons living with dementia, developing effective communication strategies across all levels of care, and learning about inter-professional health care teams that include community service partners.

## Goal 2: Enhance Quality (1)

- **ACL:** Continues to work with states as they implement the LTC Ombudsman Rule, which was effective July 1, 2016. Regional Support Centers are incorporating Rule implementation into the 2016 state annual reviews.
- **Centers for Medicare & Medicaid Services (CMS):** As part of its HHS project to define home and community-based services (HCBS), examine quality measurement in HCBS, and identify gaps in HCBS measurement:
  - NQF recently issued a third interim report
  - Public comment closed in late July
  - Public Webinar on Thursday August 4 prior to the issuance of a Final Report
  - [http://www.qualityforum.org/Measuring\\_HCBS\\_Quality.aspx](http://www.qualityforum.org/Measuring_HCBS_Quality.aspx)

## Goal 2: Enhance Quality (2)

CMS Final rule on Medicaid managed care (April):

- States must develop and implement a beneficiary support system that includes choice counseling and assistance in understanding managed long-term services and supports (LTSS)
- When LTSS are covered under a risk contract a member representative advisory committee must be established and maintained
- The quality and appropriateness of using LTSS must be assessed between care settings
- There must be a comparison of services and supports actually received in the beneficiary's service plan
- Managed care entities providing LTSS must identify performance measures for quality of life, rebalancing, and community integration activities
- A to-be-developed Medicaid managed care quality rating system will publicly display an annual quality rating for each managed care entity

<https://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/managed-care-final-rule.html>

## Goal 2: Enhance Quality (3)

CMS: Integrated Care Improvements for Minnesota Medicare-Medicaid Enrollees

- In June HHS published a report on the results of the Minnesota Senior Health Options program, which began in 1997 to coordinate acute care and LTSS
- CMS is working with other states to similarly improve services and coordination for dually eligible beneficiaries
- Between 2011-2015 the number of dually eligible beneficiaries served in integrated care programs rose from approximately 162,000 to more than 650,000 people
- The Report shows 48 percent of the Minnesota enrollees are less likely to have a hospital stay, 6 percent are less likely to have an outpatient emergency department visit, and 13 percent are more likely to receive home and community-based services

(Strategy 2G)

<https://aspe.hhs.gov/report/minnesota-managed-care-longitudinal-data-analysis>

## Goal 2: Enhance Quality (4)

CMS: Medicaid Spending on Long-Term Services and Supports

- In July CMS issued the annual LTSS expenditure report which summarizes national trends in LTSS data and spending, the percent of Medicaid spending used for LTSS (institutional and community-based), the home and community-based services (HCBS) portion of total LTSS expenditures, state spending variation, population groups, and any shifts in Federal statutory authorities used to deliver HCBS
- Federal/State Medicaid LTSS spending was about \$152B in FY 2014, a 4 percent increase from \$146B in FY 2013
- Expenditures for LTSS provided through managed care organizations grew, increasing 55 percent in FY 2014, from \$14.5B to \$22.5B and accounting for 15 percent of LTSS spending in FY 2014
- The percent of LTSS spending on HCBS increased from 51.3 percent in FY 2013 to 53.1 percent in FY 2014. The shifting balance was caused by a 7.7 increase in HCBS spending, from \$74.9B to \$80.6B, while institutional service spending was flat, with only a 0.2 percent increase from \$71.1B to \$71.2B

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/downloads/ltss-expenditures-2014.pdf>.

## **Goal 1: Research (1)**

### **Enable Family Caregivers to Continue to Provide Care while Maintaining Their Own Health and Well-Being**

#### **Interventions**

- COON, DAVID W (1R01AG049895-01A1): EPIC: A Group-based Intervention for Early-stage AD Dyads in Diverse Communities
- GAUGLER, JOSEPH E. (1R01AG048931-01A1): The Residential Care Transition Module
- GITLIN, LAURA N. (1R01AG049692-01A1): Improving Outcomes for Family Caregivers and Older Adults with Complex Conditions: The Adult Day Service Plus Program
- MOYNIHAN, JAN (1R01AG052495-01): A Mindfulness based stress reduction for family caregivers of dementia patients

## **Goal 1: Research (2)**

### **Enable Family Caregivers to Continue to Provide Care while Maintaining Their Own Health and Well-Being**

- ROTH, DAVID L (1RF1AG050609-01A1): Transitions to Family Caregiving and Its Impact on Health Indicators

#### **Tools and Training**

- HAVEY, GARY D (9R44AG053936-02): Tools for Coordination among Caregivers of Patients with Alzheimer's Disease and Other Dementias
- JAKOBS, THOMAS (1R43AG051303-01A1): Caregiver training app to maintain independence in persons with Alzheimer's

#### **Maintain the Dignity, Safety and Rights of People with Alzheimer's Disease**

- RUBINSTEIN, ROBERT (1R21AG052763-01): Strategies for Managing Persons with Dementia in Assisted Living