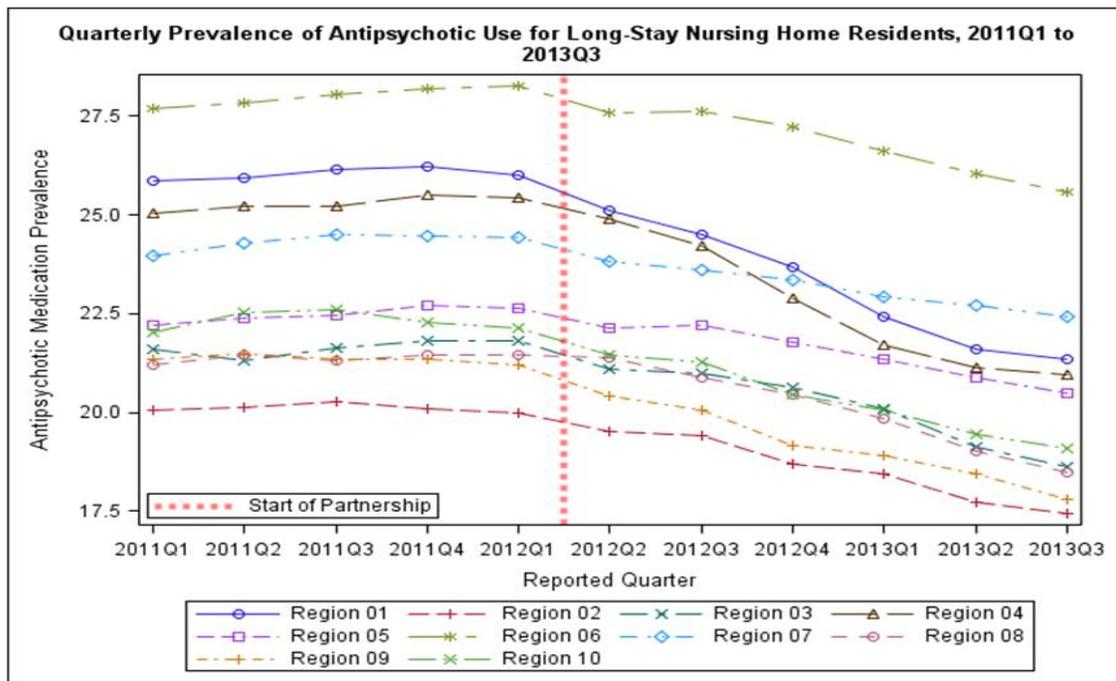


CMS National Partnership to Improve Dementia Care

- **National Partnership began in 2012**
- **Established State Coalitions - outreach calls to 50 states**
 - Coalitions established or strengthened in all 50 states
- **Continuous outreach calls by CMS to various public and private partners**
 - Ombudsman, associations, behavioral health, dementia specialists, psychiatry
 - Actively engaged these groups in the national work and state coalitions
- **Completed surveyor training videos and revised interpretive guidance**
- **Development & maintenance of resource page dedicated to the partnership through Advancing Excellence**
 - Resources and tools
- **Quarterly State Coalition, stakeholder and periodic LTC provider calls held**
 - Provide initiative updates
 - highlight best practices

26



27

Other LTSS Activities

- Last week an HHS-supported special issue of *The Gerontologist* came out, devoted exclusively to culture change in nursing homes. We know that many of the hallmarks of this new resident-centered approach to nursing home care – such as consistent staff assignments and allowing individuals to choose when to eat meals – makes a big difference in the quality of life of people with dementia who live in nursing homes. Copies are available at the registration table.
- In the next couple of weeks, ASPE will release a study that summarizes the research on care coordination for people with dementia (2.G.1). The report includes a particular focus on coordinating health and long-term care and concludes that more evidence is needed on these models.
- ASPE recently completed a study of managed long-term services and supports, a growing trend in state Medicaid programs. From 2004 to 2012, the number of states that contracted with MLTSS managed long-term services and supports plans doubled from 8 to 16. Twenty-six states are expected to have MLTSS contracts by the end of 2014. Case studies indicated that the transition to MLTSS did not have a disruptive impact on pre-existing LTSS providers; the great majority continued to provide services under contract with managed care organizations. We have briefed HHS stakeholders and MACPAC on this work and if members of the council are interested in hearing about this trend in state services, we can arrange a briefing at an upcoming meeting.
- On January 16, CMS issued a long-awaited regulation addressing community integration in home and community based services. The rule was developed with extensive stakeholder input and applies to 1915(c) waivers, 1915(i) and other community based services financed by Medicaid. If the group is interested we can arrange a briefing and discussion at an upcoming meeting.