

December 9, 2020

A Story of Capturing, Collaborating, and Caring: Lessons Learned During the COVID-19 Crisis

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#HCBS2020



Today's Presenters

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Goals

- Review how state, public, and private entities can collaborate quickly to adapt to a crisis
- Share data on how family caregivers are an asset to healthcare at the state and local levels
- Demonstrate how technology/innovation is a game changer
- Discuss care models broadly
- Review impact on families / healthcare system

Today's Presentation

- Coronavirus: Uncharted Waters
- The State of Indiana's Response
- Partnership & Innovation
- The Role of Family Caregivers
- Takeaways

Housekeeping Reminder

Panelists will share data/ slides over next 45 mins. We will reserve time For Q+A so if you have question please place in the Zoom chat stream at bottom of your screen and we will address at end of presentation.

Coronavirus: Unchartered Waters



COVID-19 | Health Care

AARP report says nursing homes need more resources, scrutiny in pandemic

Advocates say data raises questions about assisted living; trade group says the problem is COVID-19

Sections

The Washington Post

Democracy Dies in Darkness

Get one

Health

For those needing in-home care, a dire decision amid a pandemic

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Coronavirus: Impact to NF Admissions

National Investment Center for Senior Housing & Care (NIC)

- Skilled nursing occupancy dropped to 78.9% at the first peak of COVID-19 in April
- Down from 84.4% in April, 2019
- Down from 84.7% in February, 2020
- Lowest level since NIC started gathering the numbers in 2012



Coronavirus: Impact to HCBS

Center for Budget & Policy Priorities – 9/2/2020

States Are Implementing New Medicaid Policies to Respond to COVID-19

- Making it easier to get HCBS: Permitting virtual assessments, Modifying processes for LOC evaluations, extending reassessment and re-evaluation dates
- Expanding Services and Settings: allowing HCBS in alternative settings, adjusting service limits, adjusting PA's, adding services to address emergencies
- Strengthening the HCBS Workforce: extending paid family caregiver limits, increasing payment rates, making retainer provider payments

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Better Integration of Family Caregivers

Family caregivers are responsible for producing **80% of the total estimated economic value** of community-based long-term services and supports for older adults¹

RAND Health, in partnership with Seniorlink and others, recently **published a whitepaper** outlining barriers that limit family caregiver integration and identify key policy opportunities that can help to facilitate change.

The report shows that successful integration is key in improving health outcomes in older adults.

Key Findings

- Myriad benefits to integrations
- Barriers to entry, but workable
- Improved outcomes
- Appendix K / Additional flex at state level yielding new opportunities

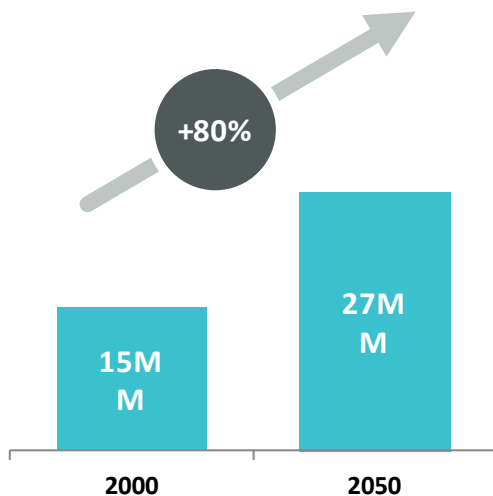


1. "Supporting Family Caregivers of Older Americans," New England Journal of Medicine, December 29, 2016

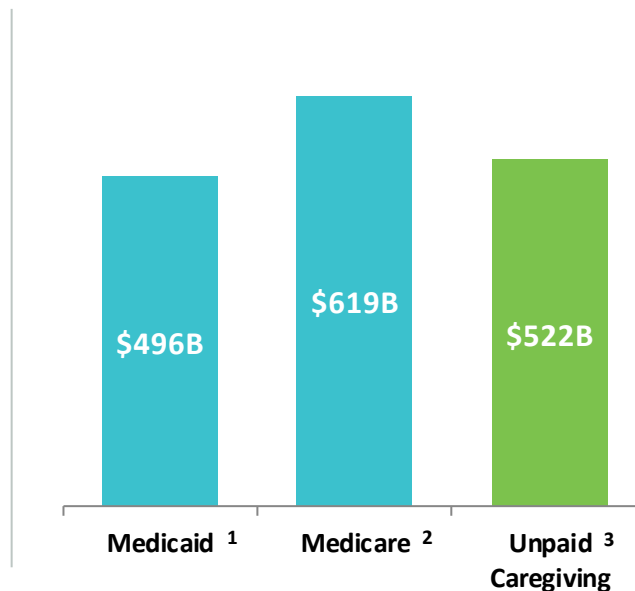


Why Caregiver Work Effort Matters

Population Requiring LTC Services (lives, millions)



Significant Spend



Impact of Family Caregiver Involvement

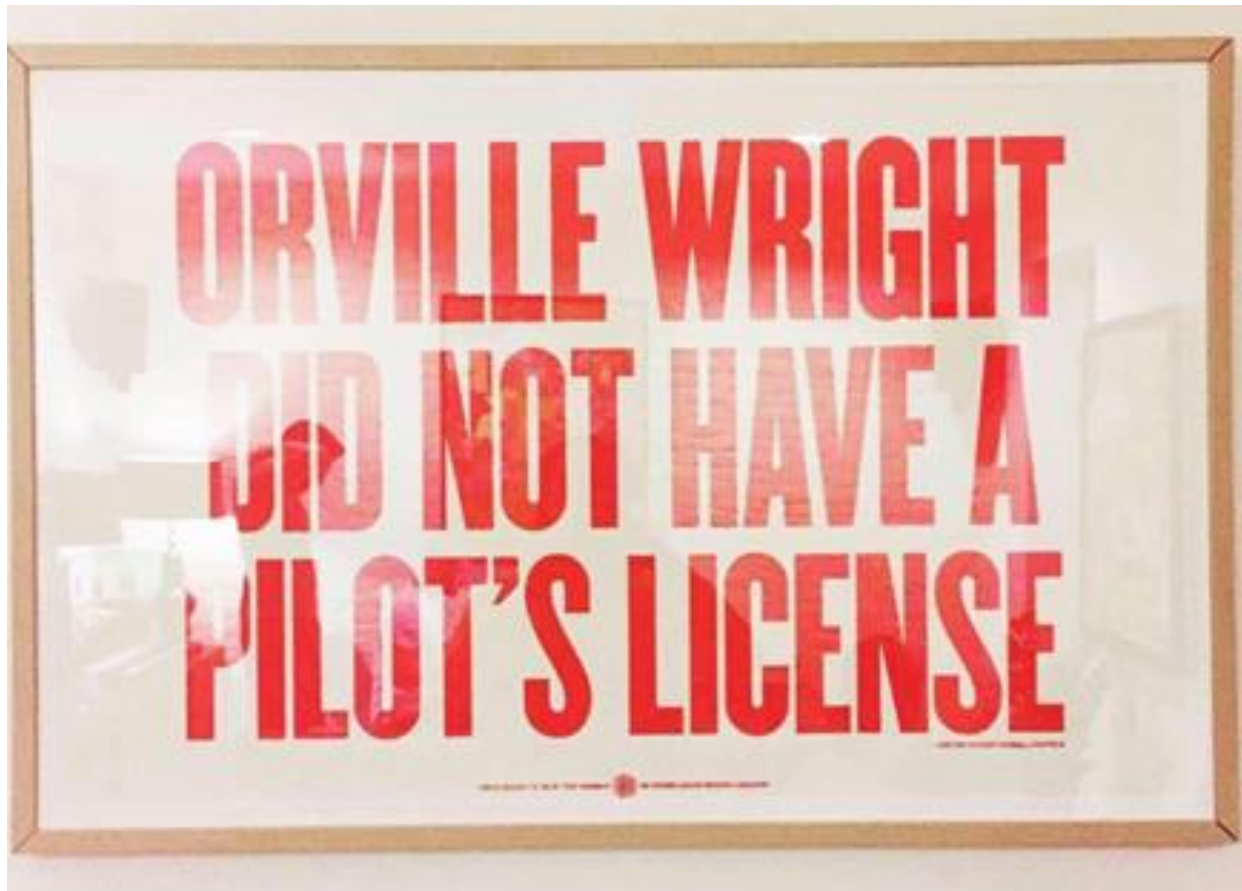
↓ 30%
fewer ER Visits

↓ 50%
lower Hospital Utilization*

“We find that family involvement significantly decreases Medicaid utilization.”

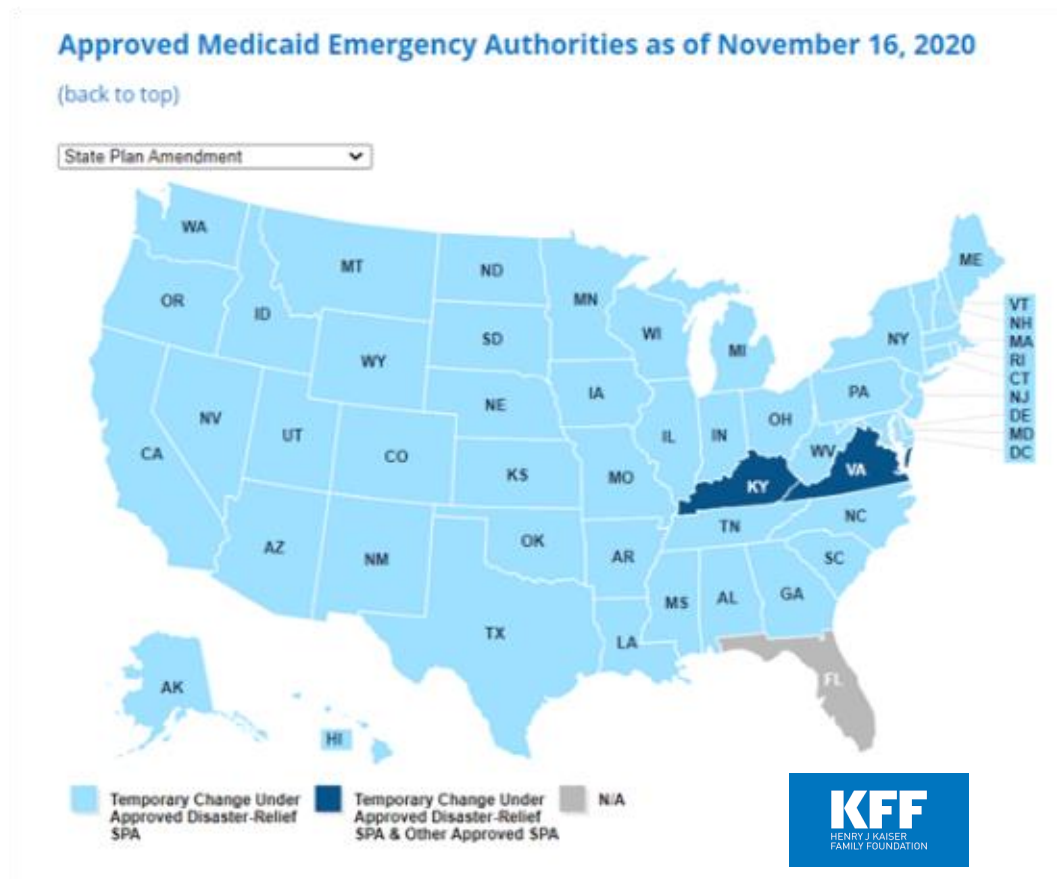
1. CMS: 2015: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>; 2. AARP: Valuing the Invaluable: July 16, 2015 <http://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html>; 3. NBER Working Paper: What is the Marginal Benefit of Payment Induced Family Care, May 2016; *The hospital utilization measures we examine include: any emergency room use; any hospital inpatient days; the number of inpatient hospital days; time until hospitalization; any Medicaid inpatient spending; the number of months with inpatient spending; and the total Medicaid inpatient expenditure.”

Orbiting the Giant Hairball



Proactivity Re: Appendix K

- Amendments to Support Waiver Providers
- Amendments to Support Waiver Care Managers
- How Appendix K Supports Hoosiers



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High-Risk Emergency Response Plan

Connecting with Indiana's Most Vulnerable Population

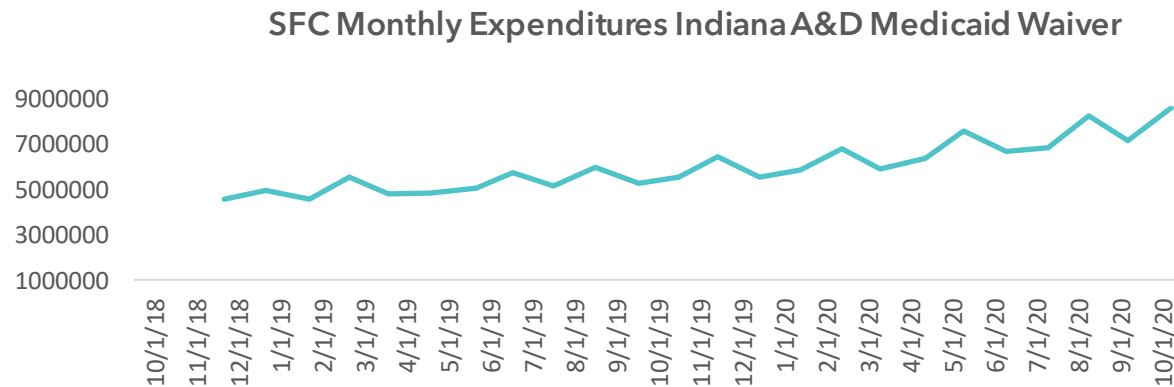
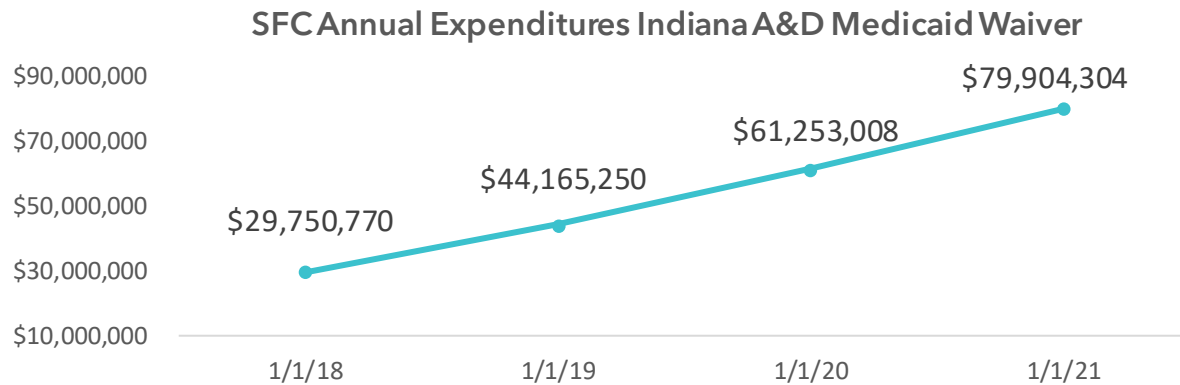
- Identification of “at risk” diagnoses
- Identification of high risk waiver participants

Collaboration with Local Area Agencies on Aging

- A list of high risk response participants within each area agency was provided to each of the 15 local area agencies on aging.
- All “at risk” participants received wellness checks based on level of need determined.

	Definition	Minimum Frequency of Remote Wellness Check
Level 1: Stable	<ul style="list-style-type: none"> - Participant has identified a caregiver; and - Participant/caregiver has identified no change in participant's health status and care plan 	Once every two weeks
Level 2: Unstable	<ul style="list-style-type: none"> - Participant is not able to identify a caregiver; or - Participant has identified a change in health status and/or care plan 	Once every 72 hours until stable
Level 3: Unreachable	<ul style="list-style-type: none"> - Participant is unable to be reached by phone every day for at least 3 days in a row; and - Participant's caregiver (if applicable) is unable to be reached by phone; and - The care manager has left at least one voicemail for the participant (and caregiver if applicable) describing how the participant/caregiver can contact the care manager. <p>Note: care managers should make contact attempts at various times throughout the day.</p>	<p>The participant should be removed from the “AAA Participant Triage List” once all required contact attempts have been fulfilled AND the care manager has pursued the considerations outlined on page 3 under “Considerations prior to assigning a participant Level 3: Unreachable.”</p> <p>Once a participant is categorized as Level 3- Unreachable, an incident report should be submitted to the DART Incident Reporting Management System. For these Level 3 participants, AAAs should also email the incident report to the Provider Team within the Division of Aging at daqa.inquiries@fssa.in.gov.</p>

Indiana LTSS Snapshot / # of Family CGs



1. Providers have six months to claims, so numbers are not necessarily final.
2. 2021 expenditures are an estimate.



Looking Forward: Caregivers

- Identifying informal and formal caregivers
- Create a strategic awareness campaign to connect caregivers with services as well as other caregivers.
- Megaphone that caregiver supports exist.
- Develop and implement caregiver training program.

Caregiver Burnout: When all-in dedication takes a toll on physical and mental health, it's time to step back and ask for help

Statistics of Caregiver Burnout



Majority of caregivers [82%] care for 1 adult, 15% care for 2 adults and 3% care for 3 or more adults at once¹



Caregivers between the ages of 50-64 [34%] provide care the most. Those between the ages of 18-49 [47%] cover almost half of all responsibilities¹

Signs & Symptoms of Caregiver Burnout



More than 96% help with activities of daily living [e.g.: personal hygiene] and instrumental activities of daily living [e.g.: taking prescribed medications] or both¹

Moving Forward: Assessing Loneliness

UCLA'S Three-Item Loneliness Scale

There are three dimensions of loneliness that are addressed in UCLA's Three-Item Loneliness Scale: relational connectedness, social connectedness and self-perceived isolation.

The questions are:

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

The Loneliness Scale captures the following response categories:

- 1) Hardly ever, 2) Some of the time and 3) Often.

How to score and interpret resident results

In order to score a resident's answers, each responses should be scored as follows:

Response	Score
Hardly Ever	1
Some of the Time	2
Often	3

The scores for each individual question can be added together to give a possible range of scores from 3 to 9. Researchers in the past have grouped people who score 3–5 as “not lonely” and people with the score 6 – 9 as “lonely.”



AIHS Adaptation During COVID

Nutrition Program

- Increase Meals at delivery (traditional and shelf stable)
- Allowed for double capacity in the program
- Provided no-contact drive thru meal service (Grab n' Go)
- Served 98,340 Grab n' Go meals through September 28th

Partnership with IU School of Medicine Fort Wayne

- Additional telephonic support provided for hi-risk individuals

Telehealth

- Implemented doxy.me technology
- Distributed GrandPad devices

Title III Funds for Caregivers

The Shift to Virtual

1

Support Groups

2

Training

3

Evidence-based Programming

Surveys and Screening

Finding Best Technology

- Doxy.me
- GrandPad

Improving Offerings

- Comfort using platform/device
- Improvement of services
- Level of connectivity
- Use of extra features (GrandPad only)



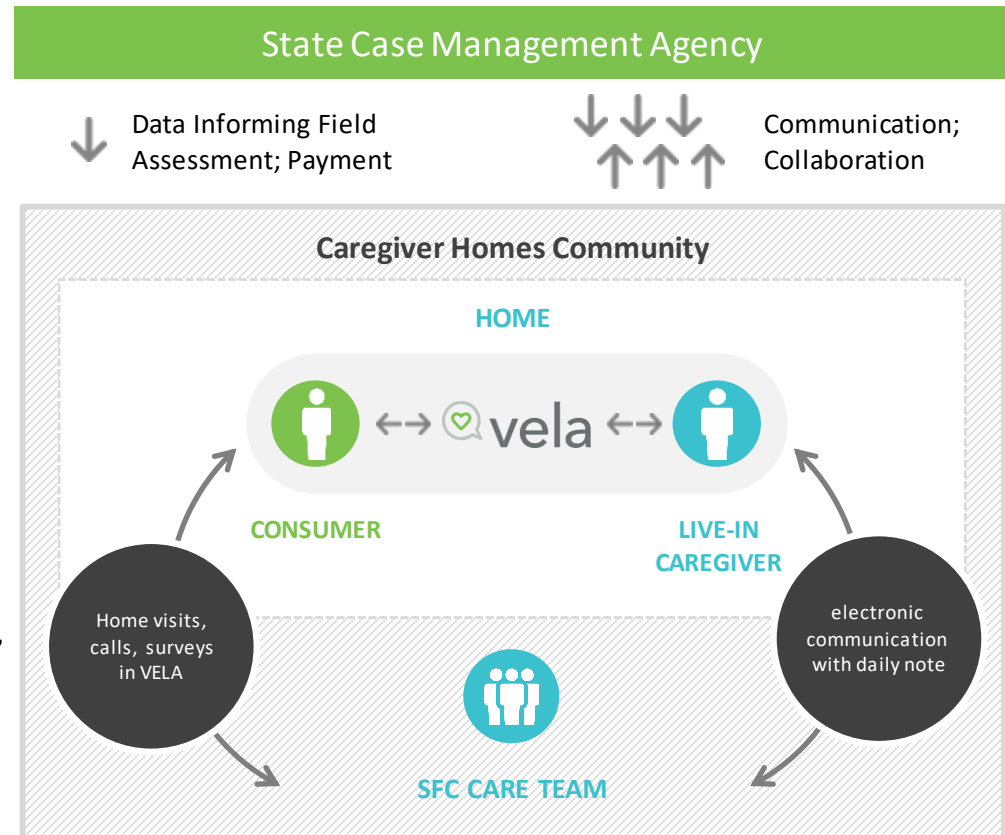
Caregiver Homes from Seniorlink Home-Based Model of Care



Our Care teams are comprised of nurses and care managers who:

- Develop and manage person centered care plans
- Utilize evidence based coaching protocol to educate caregivers
- Support caregivers and coordinate community-based services
- Interact daily through VELA – HIPAA secure app
- Monitor and support the environment so the consumer and caregiver can live happier, healthier, and longer in their home.

Home-Based Model



200+ families supported by CGH & AIHS



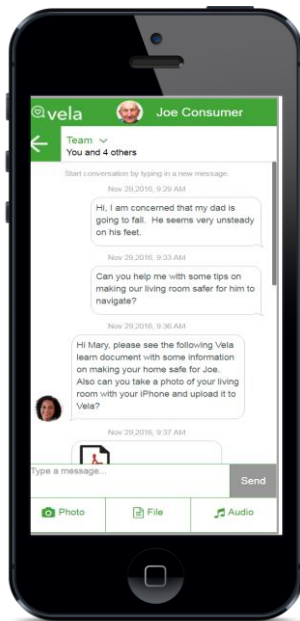
Caregiver Homes from Seniorlink Powered by Vela

Vela is a HIPAA-secure app that allows care teams, consumers and caregivers to seamlessly communicate and coordinate care, resulting in high-quality, person-centered care delivered at scale.

Vela: Caregivers interact with their Care Team sharing real time updates

Send and receive text messages and images to share information and communicate

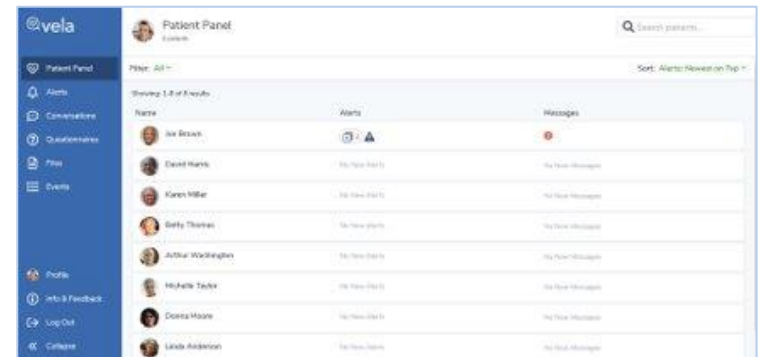
Access a shared calendar to easily schedule and view appointments, events and tasks



Receive real-time alerts to stay informed of changing consumer health and incidents

Provide educational content based on the care needs of the consumer or caregiver

Vela Pro: Care Teams manage assigned caseload



Vela Provides Enterprise Level Security and Professional User Configuration for Managing Case Loads

AIHS + Caregiver Homes: The First 90 Days

381 total AIHS messages sent

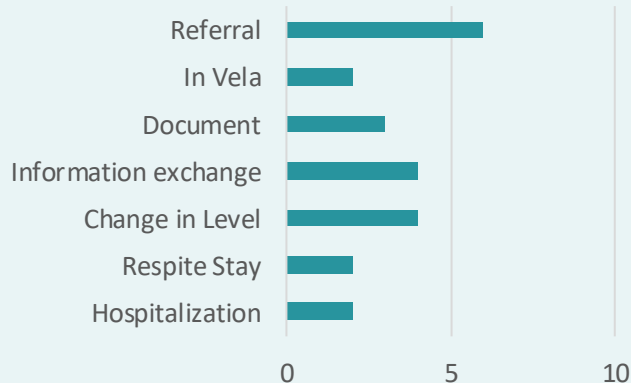
81 Collaborative Care Team Conversations

23

AIHS Initiated
Conversations



AIHS Initiated

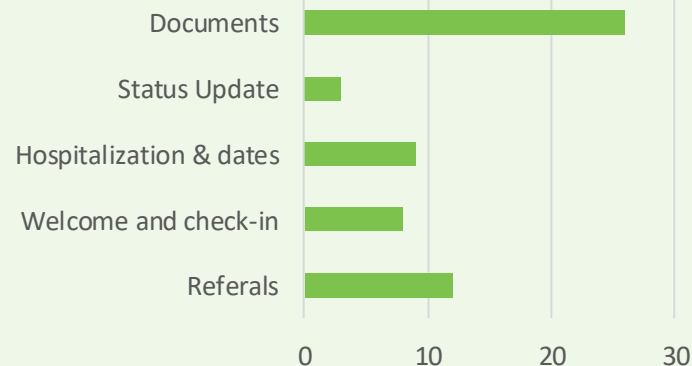


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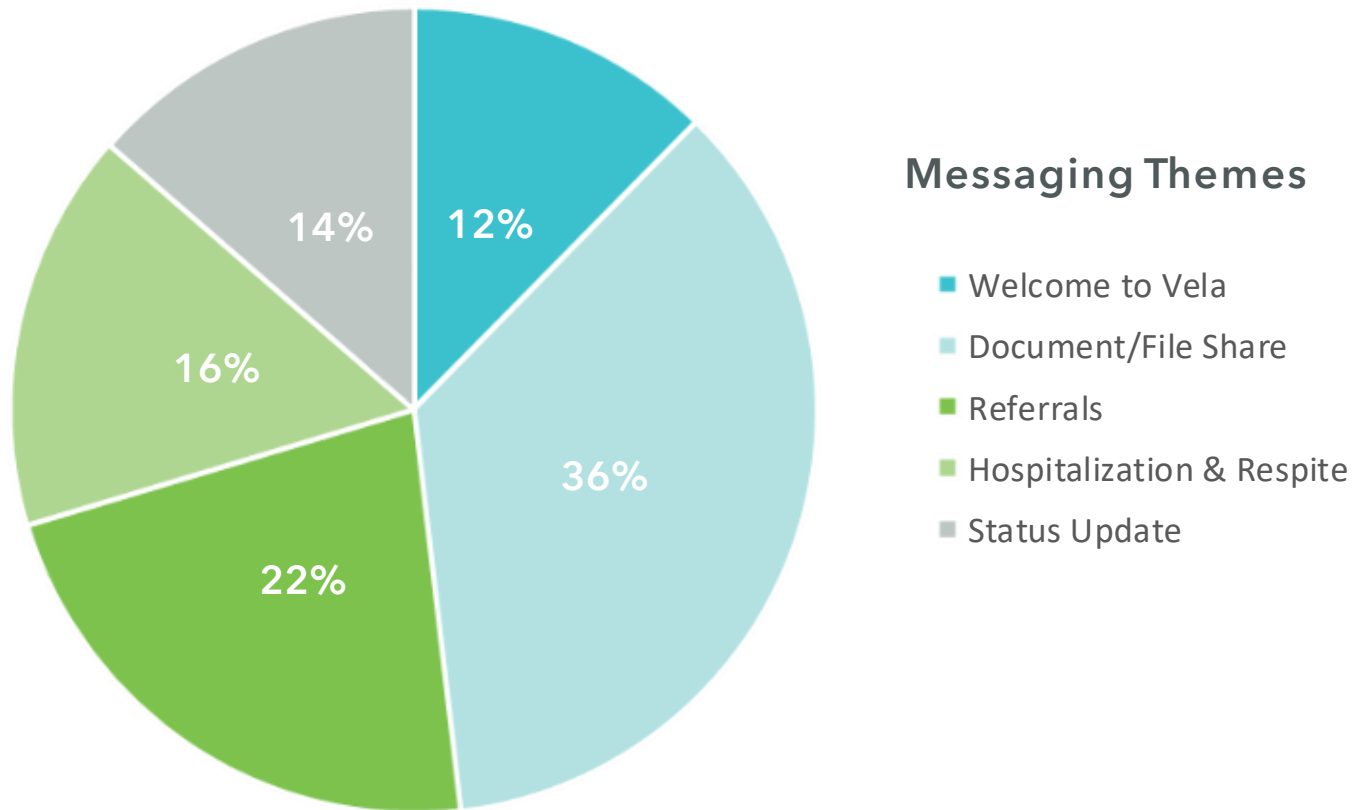
Caregiver Homes Initiated
Conversations



CGH Initiated



AIHS & CGH Pro Messaging & Collaboration



AIHS & CGH Pro Messaging & Collaboration

Document Share → Request for Level of Service Assessment

CGH

Andrea, see attached Quarterly Report summary for Consumer. We had a nice visit today. I am wondering if you can complete a level assessment for her. Caregiver reported that she is providing increased support with ADL care needs.

Yes, I can do that. She was still at a level 2 in July when I did her annual. I'll give her a call and will send you an updated LOS if there are any changes.

AIHS CM

CGH

Thanks Andrea. I appreciate it. Also, Shane from Rehab Medical is going to her home on 8/27 to fit Consumer for a chair.

Great news! Nice to see progress so quickly.

AIHS CM

Communicating Dates → Accurate Case Management & Billing

AIHS CM

Can you tell me the dates of Consumer's most recent respite stay? I don't believe I have it documented. I left Caregiver a voicemail and text but have not heard back yet. Thanks!

Hi Lori, dates were 7/3-8/8.

CGH

AIHS CM

I confirmed with the nursing facility and entered her interrupt and restart 7/31-8/8. Thanks!

AIHS & CGH Pro Messaging & Collaboration

CGH CARE MANAGER:

Hi Katie, I just got off the phone with Caregiver and Care Recipient; Care recipient is new to me and wanted to clarify some things in his file-

2:04 pm

1.) He reports that he is now receiving primary care through Advanced care connections and Lindsey is his NP- Do you know her last name by chance?

He also reports that she is trying to get a new hospital bed for him - Possibly through NuMotion - Do you know anything about that?

2.) He reports the VA will be supplying him with a new power wheelchair in September- He said something about private pay- Do you know any details of this? Certainly can't see him fully paying for that with VA AND Medicaid benefits? If not, that's fine, I will follow up on the delivery and update his goal I was just curious.

Thanks ever so!!

AIHS CARE MANAGER:

Yes. I recently made the referral to advanced care connections because the VA has been closed and I think he just wanted to have someone to check in with. Her last name is _____.

2:15 pm

I do not know anything about the hospital bed. He has told me about the power wheelchair. At one point, he asked me to assist with this and I explained I would need a script to make the referral and then when I talked to him he said it was going through the VA. He never mentioned anything to me about private pay. I am doubtful about that as well. Let me know if you need any assistance in following up with any providers. I also have _____ cell phone number if you need.

Lightning Round

Actual Indiana lightning!



Thank you

Reach out for more information

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