

The South Carolina Healthy Connections Prime Experience: Caregivers & Person-Centered Program Design

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Reforming States Group Pre-Conference, Philadelphia, PA

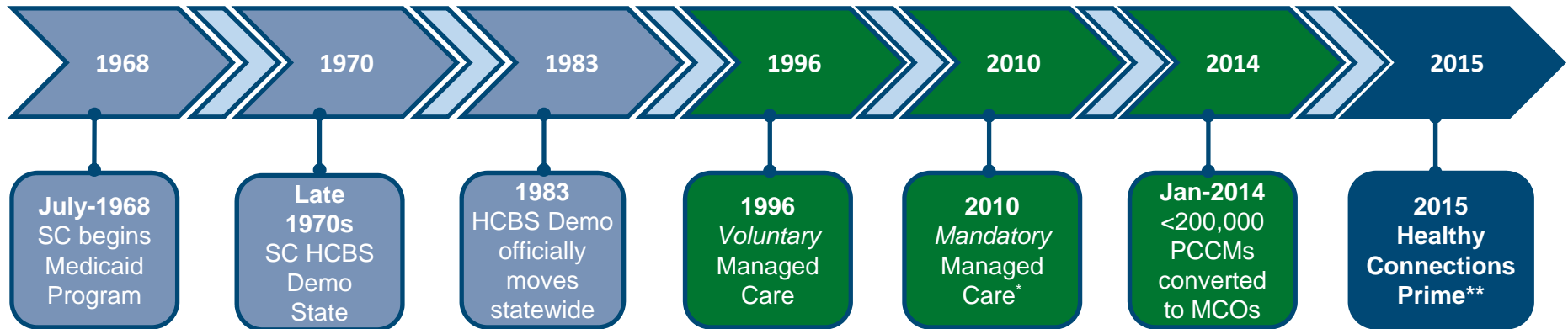
November 15, 2017

Agenda

- [South Carolina History & Background](#)
- [Healthy Connection Prime Program Design](#)
- [Early Outcomes & Experiences](#)
- [Conclusion](#)
- [Resources](#)

South Carolina History & Background

History & Background



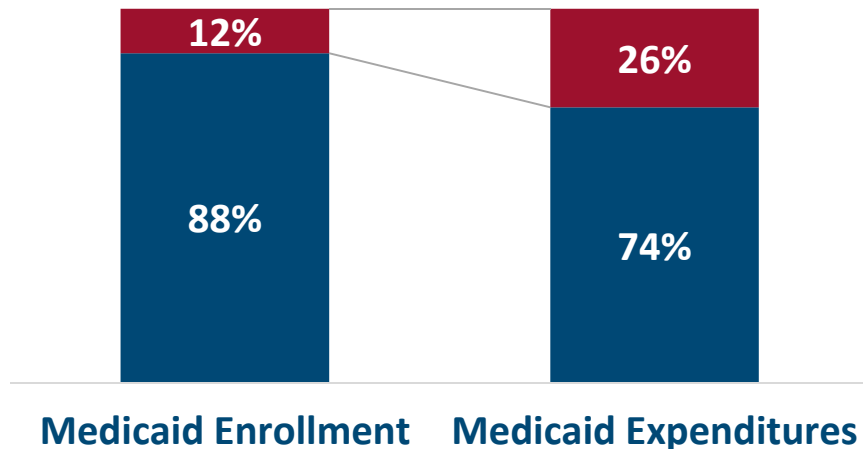
History

- 1983 statewide establishment of **home and community based services (HCBS)**
- 1996 South Carolina fully implements **managed care (voluntary)**
- 2010 South Carolina **expands to mandatory managed care**
 - Excludes some populations (i.e., dual eligibles, institutional and waiver)
 - Two models of coordinated care: managed care and primary care case management
- 2014 South Carolina transitions to **full-risk based managed care model**
- 2015 **Healthy Connections Prime implementation** for older adults – includes institutional and community based long-term services and supports**

Medicaid Expenditures

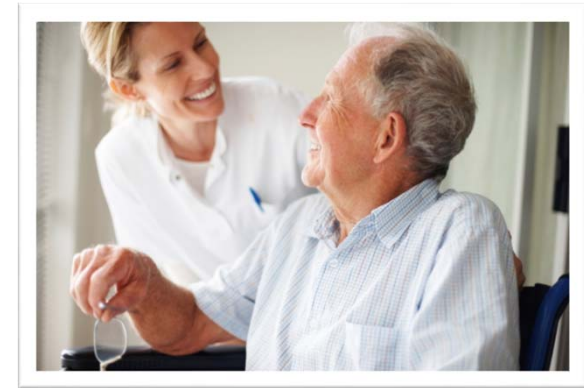
In 2016, Medicare-Medicaid Enrollees represented 12% of Medicaid beneficiaries and 26% of Medicaid expenditures in South Carolina.

South Carolina Medicare-Medicaid Enrollee Percentage of Enrollment and Relative Share of Program Expenditures (CY2016)



■ Medicare-Medicaid Enrollees ■ Medicaid-Only Enrollees

Source: South Carolina Department of Health and Human Services, Office Reporting



Quick Facts

- Medicaid budget - **\$7 Billion**
- **One in five** South Carolinians will be over 65 (by 2029)
- **70% of older adults** expected to need long-term services and supports

Healthy Connections Prime

South Carolina's Initiative

- Implemented: **February 2015**
- Demographic: **Medicare-Medicaid Enrollees 65 years and older**
- Current Membership: **11,468**
- Model of care includes **full continuum** of Medicare and Medicaid services and leverages **person-centered care coordination** for all members
- **Three** Medicare-Medicaid Plans (MMP):



- Healthy Connections Prime is available
- Healthy Connections Prime is not yet available



Person-Centeredness

What Is Person-Centeredness?

- Emerged in 1950's as an approach to human relations and community building
- Focused on person and his/her **strength and preferences**
- Departure from **patient-centeredness**
- Practice applies to caregiving: Caregivers need support to **view person first and clinical disease process second**
- Incorporates family caregivers in **care planning and overall care team** (when appropriate)

Treat them as *they* wish to be treated
—*not* the “golden rule”

Family Caregivers

South Carolina Caregivers



770,000 unpaid caregivers in SC



Care is valued at over \$7 billion



Caregivers arrange transportation, help with grocery, finances, meal prep, and housework

South Carolina Elderly and Disabled Waiver

- Over 1,500 paid family caregivers
- Selected by **Medicaid waiver participants**
- Support **activities of daily living**, monitors medical condition
- Person-centeredness in **integral to self-direction**
- Caregivers identified but needs **not fully assessed**

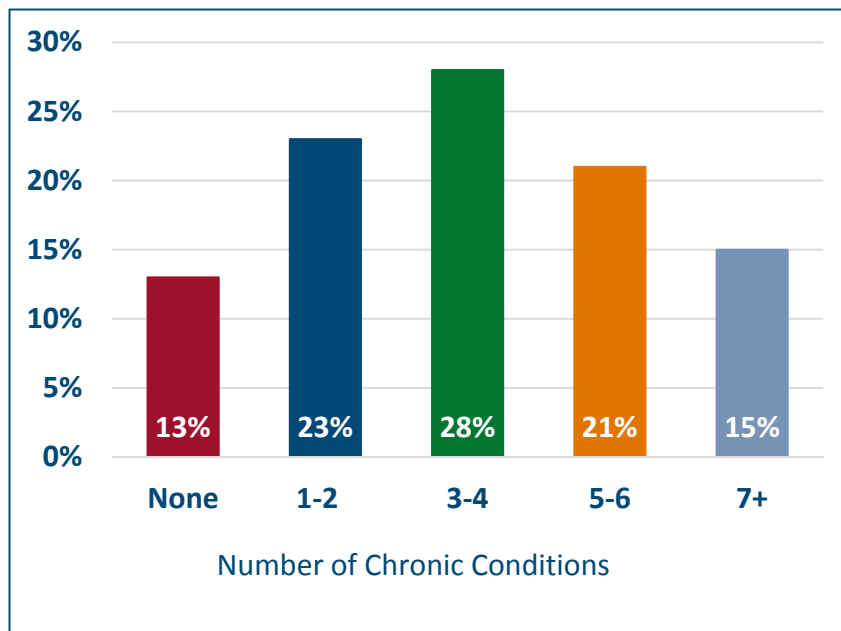


“The caregiver-as-provider role places them in a critical position to affect outcomes that matter to the managed care organization.”

Healthy Connections Prime Program Design

Member Profile

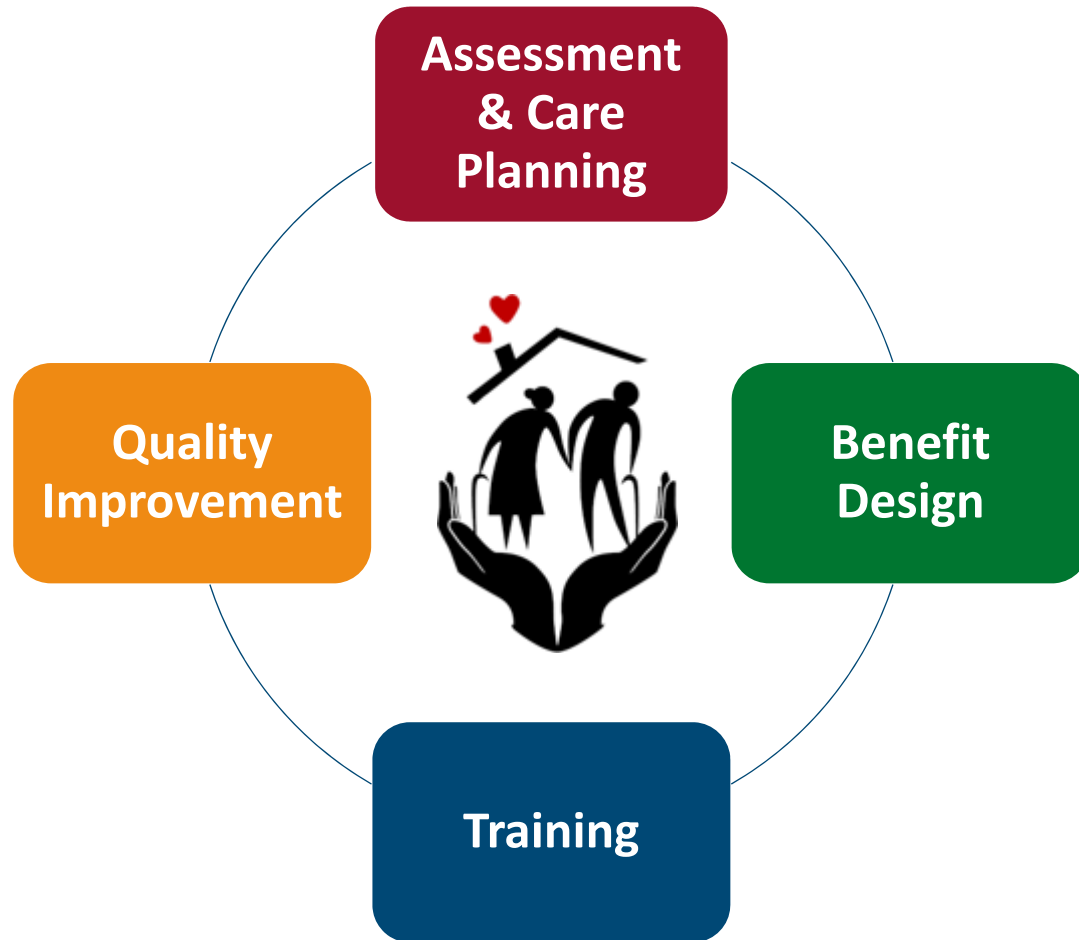
- Nearly **53%** of members are between **65-74 years old**
- **14%** are **over 85**
- **13%** with a **behavioral health diagnosis**
- **15%** with **Long-Term Services and Supports (LTSS)**
- More than **50%** have **3 or more chronic conditions:**



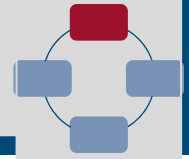
Due to **age and multiple chronic conditions**, many members are partially, if not fully, dependent on their caregivers. These caregivers may be unpaid or paid (self-direction of attendants and companions).

Program Design

Person-Centered Program Design

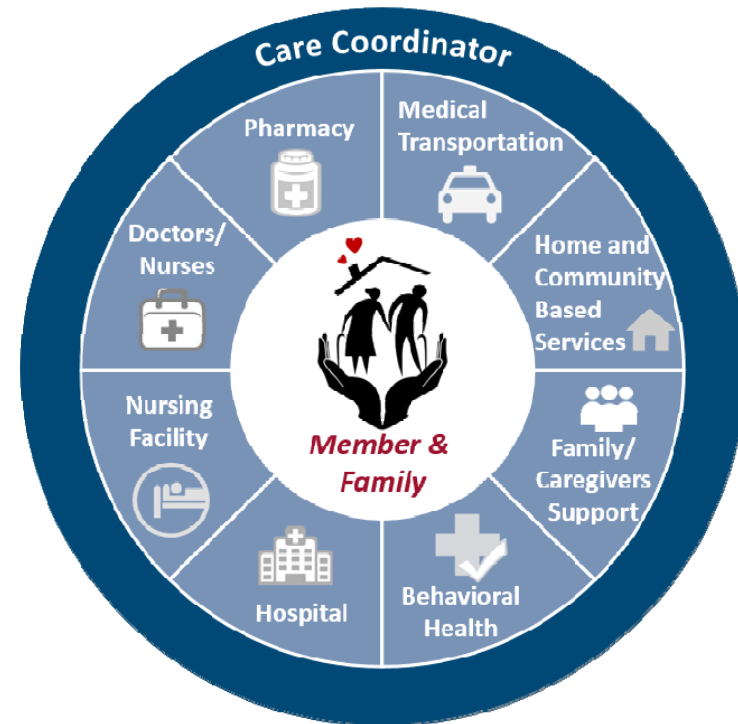


Addresses caregiver supports utilizing **multi-pronged** approach



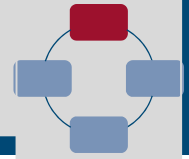
Comprehensive Assessment

- Measures members' **psychosocial, functional, behavioral** health
- Includes assessment and regular re-assessment of **caregiver well-being**
 - Caregiver Health Self-Assessment
 - **Standardized** across all 3 MMPs
 - Developed and validated by American Medical Association
 - Earlier intervention may **prevent burnout**
- Influences **individualized care plan**



Case Study

One MMP identified 1,063 members (28% of their membership) with an involved caregiver. 100% received education about caregiver stress. 1,544 caregiver assessments and reassessments were administered over 18 months.

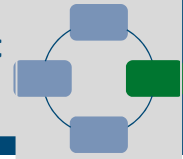


Prioritize member cognitive screening to support members & caregivers

- **Members** receive cognitive screening first
- **Cognitive impairment** in older adults can be caused by **many factors**.
- Carolina Alzheimer's Registry estimates **7.8%** of South Carolinians aged 65 and older and **31%** aged 85 or older have Alzheimer's dementia
- Even **mild cognitive impairment** can impair functioning and ability to meet one's own needs
- Cognitive impairment impacts the member's caregiver and screening helps **link member and their caregivers to services**

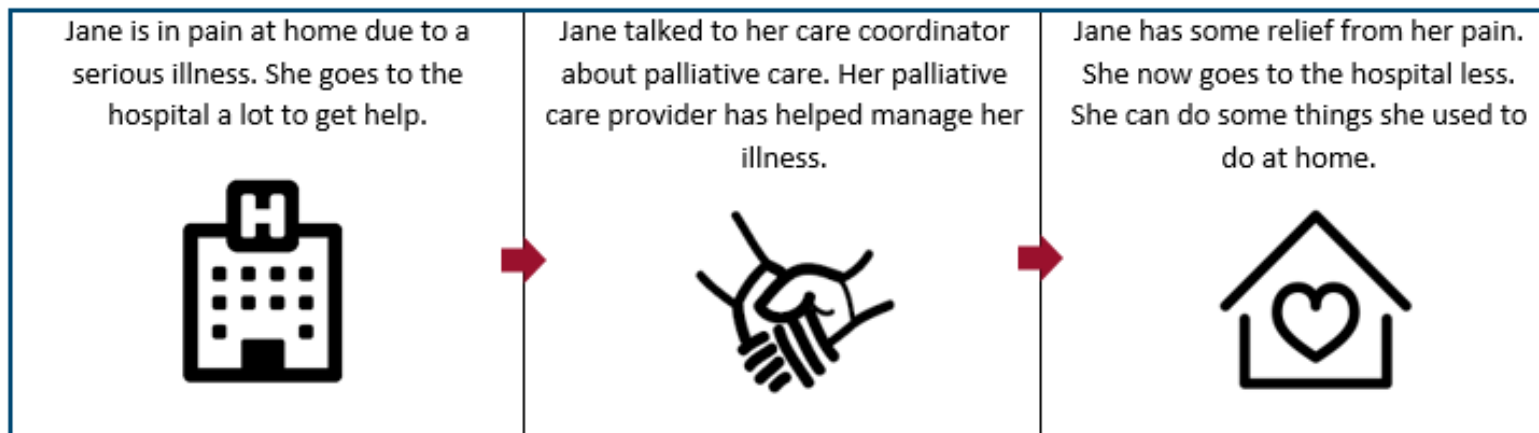
Benefit Design

Benefit
Design

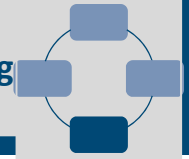


Integration of Palliative Care

- Targeted to members with **serious illness**
- Goal is to improve **quality of life for both the patient and family**
- Helps facilitate **Advanced Care Planning**
 - Avoids planning under pressure
 - Less than 50% of older adults have completed advanced care document
- **1,237 or 49% of members appropriate for this care** received palliative care in 2016



Source: CY2016 Core and State-Specific Data reported to NORC.



Dementia-Capable Training

- ***Dementia Dialogues Certification Program*** – funded by Medicaid Agency through University of South Carolina Office for the Study of Aging
 - Continuing Education Units, 5-part series
 - Supports Person-Centered **Dementia Care Framework**
 - Trains staff and caregivers to “**step into the world**” of the person with dementia
- **Alzheimer’s Association’s Advanced Dementia Training**

Additional Training

Dementia Dialogues T.I.P.S.

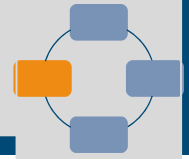
Talking Points, Interventions, Problem Solving Strategies, and Solutions

Elder Abuse Identification and Reporting

Types of abuse, mandated reporting, Adult Protective Services

End-of-Life Care

Advanced Care Planning, Hospice, Palliative Care



Engaging Family Caregivers in Quality Improvement Efforts

- MMPs required to have **Quality Improvement Projects (QIP)** related to caregiver supports
- Goals: Reduce **fall risk**, increase **respite utilization**, reduce **caregiver burden**
- Tools:
 - **Fall Prevention Kit**
 - **Respite Education**
 - **Caregiver Toolkits**

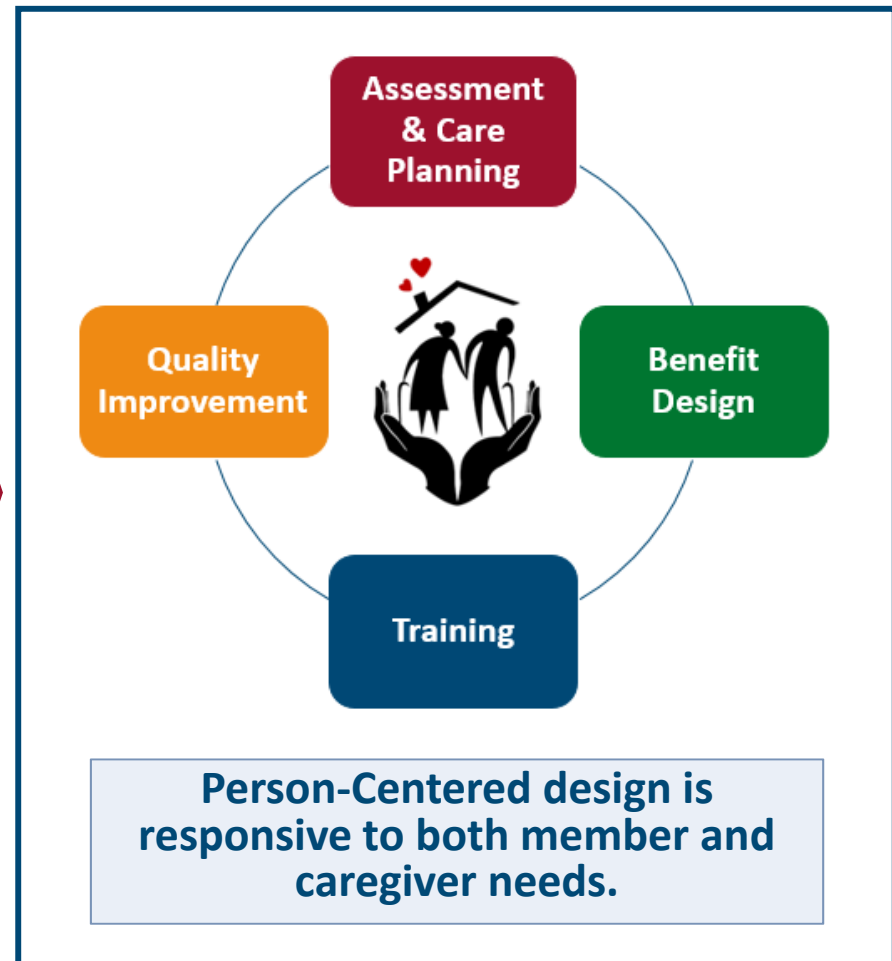


Early Outcomes & Experiences

Addressing Family Caregiver Needs

According to 2015 national survey, caregivers need information on:

- Managing their **stress**
- Dealing with **incontinence or toileting**
- Keeping their **loved one safe at home**
- Managing **challenging behaviors**
- General **caregiving topics**



Early Outcomes & Experiences

Tools for Success

- **Caregiver assessment** promotes early intervention to delay and/or prevent caregiver burnout
- **Dementia-capable and other training** equips staff to meet needs of both members and caregivers
 - MMPs leverage other community resources (i.e., support groups)
- Extra resources **enhanced care coordination** knowledge base and provided additional tools in the ‘tool box’
- State requirements promoted state priorities while **allowing for MMP innovations**

Absolute Total Care’s Falls Prevention Kit



More than **1 in 4 older adults fall each year**. Less than half tell their doctor. Falling once doubles your chances of falling again.

Early Outcomes & Experiences

New Practices

- Recognition of growing demand for **dementia capable training**
 - Facilitated Dementia Dialogue training events
 - Developed dementia workshop for community- and faith-based organizations
- **Caregiver events** to recognize, honor and pamper caregivers
- Promote in-home and institutional **respite**
 - Leverage **personal care and companion services** for non-waiver members
 - An MMP encouraged a large nursing facility chain to become **institutional respite provider**
- Beneficiary and caregivers represented on MMP **Enrollee Advisory Committees**

Statewide caregiver-focused events to recognize and honor caregivers



First Choice VIP Care Plus **[2017] VIP Caregiver Retreat** with Leeza's Care Connection

WHEN: [Friday
September 15, 2017
10:00 am—3:00 pm]

WHERE: [Leeza's Care Connection at
St. Mary's Episcopal Church
170 St. Andrews Road
Columbia, SC 29212]

DETAILS:

Are you a caregiver? Then you could use a little pampering — VIP style! Take a break and join us with other well-deserving caregivers as we feed your mind, body and spirit! **All VIP services provided FREE of charge!**

Experts will be on hand to discuss important caregiver topics like:

- [Dear Stress, let's break up! *Is home care or respite right for me?*]
- [Think smart before you start! *Fall prevention tips*]
- [Dementia Dilemmas: Do's and Don'ts]
- [Medicare/ Medicaid Basics]

Let us pamper you for all you do!

- Lunch
- Massages
- Hand Treatments
- Hairstyling
- Gift Bags
- Certificate of Recognition

RSVP by [Tuesday, September 12th]

by calling [(803) 888.7525]

or email: [kena@leezascareconnection.org]

Early Outcomes & Experiences

New Priorities

- **Best practices identified** will be applied more broadly
- MMP include **motivational interviewing** training for all staff who work with members
- **Dedicated outreach team** mobilized to engage members and caregivers



Toolkit includes the handbook, non-slip socks, two pens, a back scratcher, and tote bag. Handbook address key topics such as self-care, safety, and support services.

Early Outcomes & Experiences

Challenges to Implementation

- **Caregiver and member engagement**
 - Identifying caregivers: multiple caregivers, caregivers change over time
- **Insufficient provider capacity** to support MMP innovations (i.e., lack of facility-based respite providers and limitation of in-home respite benefit)
- **Data limitations; limitation of assessment tool**
- **Measuring effectiveness of palliative care benefit**
 - Need clearly defined and standardized process for identifying utilization – experienced variation among MMPs
 - Potential new measures related to care goal discussions, achieving care goals, and advanced care planning
- Maintaining on-going **training opportunities**

Conclusion

“There are only four kinds of people in this world—those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who need caregivers.”
- Former First Lady Rosalynn Carter

Conclusion

Other Considerations for States

- Leverage current **legislative climate and health care discourse**
- Implement policies and requirements that support state priorities while **allowing for health plan innovation**
- **Prioritize building adequate provider capacity** to support growing population and family caregivers
- Identify appropriate **outcome measures** for caregiver supports
- Align with **broader state initiatives** (e.g., Alzheimer's disease state plan)
- Relax and/or eliminate burdensome policies and requirements to allow health plans to **prioritize quality of care and quality of life initiatives**

Resources

Resources

RAISE Family Caregivers Act

- **Unanimously** passed Senate
- Requires Secretary of Health and Human Services to develop, maintain and update **national strategy** to recognize and support family caregivers



Resources



GetCareSC

Find service providers for seniors, caregivers, and adults with disabilities

If you need help finding assisted living, transportation, financial assistance, or other services, please visit GetCareSC.com

Featured Programs & Initiatives



Medicare and SHIP

Through the SHIP program (also known as I-CARE), we help South Carolina seniors navigate Medicare and enrollment.



Family Caregiver Support

We provide information, assistance, and respite for exhausted caregivers.



Nutrition

Through our group meals and mobile food programs, we provide help with basic nutrition for thousands of seniors.

Long Term Ombudsman Program

Residents in long-term care facilities are often physically and emotionally vulnerable, facing daily challenges in pursuing a meaningful quality of life. When problems arise, residents or families can call upon an ombudsman for help.

[Ombudsman Program](#)

Learn More

The screenshot shows the website's navigation menu with options: ABOUT PRIME, PROVIDERS, RESOURCES/NEWS, CONTACTS, and FOR CICOS. A dropdown menu under 'ABOUT PRIME' lists: What is Prime?, Frequently Asked Questions, Member and Advocate Materials, Member Stories, and To Learn More or Enroll. The main banner features a photo of a couple on a bicycle and text: 'Connections Prime = Medicare + Medicaid', 'One plan', 'One card', 'No insurance premiums', 'No drug copays', and a 'To Learn More or Enroll' button. Below the banner is a paragraph: 'Healthy Connections Prime is a new program that combines all of the benefits of Medicare and South Carolina Healthy Connections Medicaid under a single Medicare-Medicaid Plan to make it easier for members to get needed health services.' An 'UPDATE' section highlights a 'Dec. 8th Lunch & Learn: Healthy Connections Prime' with a 'Read More' link. The footer contains three columns: 'NAVIGATION' with icons for 'What is Prime?', 'Frequently Asked Questions', 'Events', 'Provider Toolkit and FAQs', 'Resources/News', and 'Contacts'; 'ANNOUNCEMENTS' with three press releases from Jan 24, 2017; Jan 13, 2017; and Nov 14, 2016; and 'TESTIMONIALS' featuring a photo of a woman and a quote: 'I like everything about my health plan. I like that my representative picks up my prescriptions and helps me with food.'

Please visit our website at:

www.scdhhs.gov/prime

- Simple direct messaging
- Upcoming Events
- Member stories
- Communication Toolkits for Members/Advocates and Providers
- Interactive Scenarios
- Stakeholder Updates

Thank You!

