Putting Family Caregiving Policy Recommendations Into Practice

From AcademyHealth's Long-Term Services and Supports Interest Group and sponsored by the Long-Term Quality Alliance.

March 7, 2017
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Learning Objectives

- Describe current innovative practices in caregiving policy
- Discuss challenges to supporting caregivers across programs
- Recommend strategies for disseminating policy initiatives
Presenters

**Moderator:**
- **Katherine Ornstein**, The Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai

**Speakers:**
- **Burt Rea**, Deloitte Consulting
- **Carol Zernial**, WellMed Charitable Foundation
- **Michelle Bentzien-Purrington**, MLTSS and MMP, Molina Healthcare, Inc.
- **Bea Rector**, Home and Community Services Division, Aging and Long Term Support Administration - Washington State Department of Social and Health Services
- **Gail Gibson Hunt**, National Alliance for Caregiving

**Discussant:**
- **Lynn Friss Feinberg**, AARP Public Policy Institute
Deloitte’s Paid Family Leave Policy
Enhancing Our Ability to Attract and Retain Top Talent
Agenda

**TOPIC**

Program Overview

Why We Pursued This

What Our Employees Value

How It’s Working

Q&A / Discussion
Deloitte’s Paid Family Leave Program
In September, 2016, Deloitte introduced a new paid family leave program that enhanced and increased our prior paid parental leave program while broadening the scope to include caring for a family member with a serious medical condition.

OVERVIEW

- Deloitte’s new paid family leave provides eligible* professionals up to 16 weeks of paid leave in a rolling 365 day period.
- Intended for employees needing time to bond with a child through birth or adoption, or to care for a spouse/domestic partner, parent, child, or sibling with a serious health condition.
- Paid family leave may be supplemented by short-term disability, paid time off, and/or unpaid family leave, for up to 24 weeks in total.

* An eligible employee is defined as actively employed by the Deloitte U.S. Firms, salaried or hourly paid (full-time or not), and regularly scheduled to work at least 20 hours per week.

PRIORITIES

- Empower the well-being of our people.
- Support the Deloitte U.S. Firms’ strategy.
- Reinforce public policy.
- Support Deloitte’s inclusive culture.
- Increase employer brand / “employer of choice”.
- Increase long-term talent attraction and retention of top talent.
Why We Pursued This
Based on employee feedback and our focus on wellbeing, we assessed what was working well, along with the opportunities to improve.

**What was working well?**
- Employees feel supported to take FLMA benefits
- Paid primary caregiver leave of 12 weeks
- Paid non-primary caregiver leave of 3 weeks
- Followed industry standard
- Leaders fully supportive of employees taking the time away

**What are the opportunities?**
- American workers miss an average of 6.6 days a year tending to caregiving needs
- Over 17,000 Americans provide unpaid care to a family member
- Employees who balance caregiving roles and work roles may not be fully engaged in either
- When employees leave the workforce for caregiving needs they suffer reduced lifetime wages and reduced Social Security benefits
- Companies spend up to $3.3B/year to recruit and retrain new employees as a result
- In a recent parental leave survey, we found less than half those surveyed feel their organization helps men feel comfortable taking parental leave
What Our Employees Value
We looked at the business case for extending our paid family leave policy

• Even if an employee does not take time off using this program, they report significant value for having the *option* to do so in case the need arises unexpectedly or if they decide to start a family.

• The generous duration of paid family leave conveys a commitment to and trust placed in our employees, which they recognize and value.

• By offering the opportunity for planned, paid leave, we reduce the occurrence of ad hoc absences.

• Providing equal amounts of paid family leave for men and women elevates the self-perceived importance of the father’s role in the care of their child, and it supports women to be more involved at work.*

• This program demonstrates our commitment to our employees’ well being, a key component of our culture.
How It’s Working

The program has brought material benefits to our employees and our firm

• Employees report they see themselves staying longer at Deloitte because of the flexibility this benefit offers further ahead in their careers

• The concept of taking time away from work for family has become a “business as usual” dynamic

• Leaders, managers, and employees are more open about planning for and taking paid family leave

• There is more empathy toward multiple reasons for taking family leave – no long just for maternity

• The administrative and operating costs of the program are outweighed by the talent attraction and retention benefits – mitigating the cost of employee turnover is significant

• Significant press attention and positive return to our employer brand and “employer of choice” standing
Carol Zernial
WellMed Charitable Foundation
Putting Family Caregiving Policy Into Practice
WellMed Charitable Foundation

Established in 2006 by Dr. George Rapier

- Independent non-Profit, 501(c)3 Foundation
- Philanthropic partner of WellMed Medical Management

Mission

- Support programs that serve seniors and their family caregivers with a special focus on living well with chronic conditions
Vision

To change the face of healthcare delivery for seniors by providing quality, proactive patient care with a focus on prevention.

Mission

To help the sick become well and to help patients understand and control their health in a lifelong effort at wellness.
WellMed Owned PCP Locations

Patients: 310,000 under Medicare Advantage
WellMed physicians and specialists: 5,100
Total Network Providers: 12,000

Total: 193

El Paso
10 LOCATIONS

Dallas
88 LOCATIONS

Austin
14 LOCATIONS

San Antonio
50 LOCATIONS

Corpus Christi
16 LOCATIONS

Rio Grande Valley
15 LOCATIONS

Total: 25

Greater Orlando
4 LOCATIONS

Greater Tampa
11 LOCATIONS

Treasure Coast
4 LOCATIONS

Miami
6 LOCATIONS

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Evolution of Caregiver Services in WellMed

- Partnership with Leeza Gibbons Memory Foundation
  - 2008: Opened first *Leeza’s Place* in San Antonio
  - 2011: Sponsored five *Leeza’s Place* centers in San Antonio, Harlingen, and Corpus Christi
- 2009: Caregiver Teleconnection created with a grant from the Harry and Jeannette Weinberg Foundation
- 2011: Caregiver SOS Family Caregiver Resource Centers
  - WCF takes responsibility for operating all caregiver centers
  - Shift to evidence-based and evidence-informed practice
- 2013: UTHSCSA granted exclusive rights to distribute and provide training for the Stress-busting Program for Family Caregivers
- 2015: Adopted Benjamin Rose Institute Care Consultation Program
- 2015: Launched Stress-busting Program for Chronic Conditions
- 2016: Launched Spanish Language Stress-busting for Hispanic caregivers
Caregiver SOS Resource Centers
A Comprehensive Approach

Caregiver SOS program provides a complete range of services to support and develop W.I.S.E. family caregivers at no cost:

– Wellness
– Information
– Support
– Education

5 Locations

– (2) San Antonio, Corpus Christi, (2) Lower Rio Grande Valley

www.caregiversos.org
How Clinics Identify Caregivers

• Past Approaches
  – 12 Question Zarit Caregiver Burden Scale (self-administered)
  – Email/Phone Referrals
  – Desktop Icon

• New Approaches
  – Caregiver referrals integrated into electronic medical record
  – Focus referrals of caregivers for patients with dementia
  – Embedding caregiver training in provider clinic onboarding process
  – Outreach in patient transportation vehicles
How to Connect Providers to Caregiving Agenda

• Caregivers are responsible for adherence to a plan of care for our patients.
  • Medication management
  • Appointments/tests
  • ER decisions

• Best practices for dementia care
  • At WellMed, patients with dementia and chronic disease can cost up to 30% more than a patient with just a chronic illness
  • Recommended to refer family member of patients with dementia to Caregiver SOS
Two Key Questions for Family Caregivers
In Health Care Environment

• What are you willing to do?

• What are you able to do?
BRI Care Consultation

- Evidence-based program developed at the Benjamin Rose Institute with 15 years of research with over 2,000 families across the U.S.
- Personalized guidance/coaching with managing daily activities and making decisions to improve care
- Proven impact:
  - Improved care
  - Less stress
  - Fewer visits to the emergency department and hospital
  - Delayed nursing home placement
A Low-Cost, Low-Tech Solution

The Caregiver Teleconnection:

- Connects caregivers with professionals and other caregivers the telephone
  - Technology available to 91% of population
  - Most quickly adopted technology in history
- Anonymous, safe and convenient
- No cost to participants
- No need to travel, get dressed or find respite
- Can be offered in any language, at any time of day to any caregiver in the country
- Flexible, scalable and accessible
How It Works

• One-hour telephone learning sessions (teleconferences)
• Offered in groups, not individual counseling
  • Different group of caregivers on each call unless offering health education or a support group
• Experts include physicians, social workers, lawyers who can also be located anywhere
• Offers education, support and socialization
# Monthly Calendar

## Supporting seniors and family caregivers

### Free Telephone Learning Sessions

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<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
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<tr>
<td><strong>Wednesday, June 8th</strong></td>
<td>12:00 pm Eastern</td>
<td><strong>Adults with Aging Parent Drivers</strong> with Matt Surwillo. This session involves many of the legal, ethical, and most importantly, the emotional challenges faced by a caregiver when considering a loved one’s retirement from driving. Presented by Matt Surwillo, Founder and CEO of Keeping Us Safe, the session will provide a roadmap to help families address the issue with their loved one. Knowing when to proceed with a loved one’s driver’s license and independent transportation is never unimportant.</td>
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<td>9:00 am Pacific</td>
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<tr>
<td><strong>Monday, June 15th</strong></td>
<td>1:00 pm Eastern</td>
<td><strong>Legal Issues: Avoiding the Pitfalls and Preparing for the Future with Steve Early</strong>. How can caregivers look ahead and prepare for the inevitable legal issues of older loved ones? Learn about the most common mistakes made and ways to be more proactive. Sponsored by the North Central Texas Caregiver Teleconnection.</td>
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<td>11:00 am Mountain</td>
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<tr>
<td></td>
<td>10:00 am Pacific</td>
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<tr>
<td><strong>Tuesday, June 21st</strong></td>
<td>3:00 pm Eastern</td>
<td><strong>Caregivers as Key Partners of the Healthcare Team with Evelyn Grote, LCNW</strong>. Family caregivers have become an integral part of the health care system, working in partnership with patients and health care professionals. Patients may rely on their family caregivers for support in negotiating physician interactions. Learn how you can work productively with your loved one’s healthcare team for the best outcomes for your loved one and yourself.</td>
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<td>1:00 pm Mountain</td>
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<tr>
<td></td>
<td>12:00 pm Pacific</td>
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</tr>
<tr>
<td><strong>Tuesday, June 28th</strong></td>
<td>3:00 pm Eastern</td>
<td><strong>How to Communicate with Dementia Patients with Tom Cunings.</strong> In this presentation, Tom provides instruction and practical methods that help caregivers successfully communicate in the best way possible with those who suffer from dementia. The topics presented are how a caregiver’s communication strategies should respond to changes, techniques for physically approaching the dementia patient, tips for dealing with dementia patients who resist care.</td>
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<td>12:00 pm Pacific</td>
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**Call. Learn. Share.**

**Confidential. Free.**

You can register online at [www.caregiverconnection.org](http://www.caregiverconnection.org) or call 866.390.6491 Toll Free between the hours of 8 to 5 M – F (central standard time) to register via phone. **Register at least 24 hours prior to the class.**

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Registration

• Website: www.caregiverteleconnection.org

• Live customer service representative: 866-390-6491
Stress-busting Program for Family Caregivers

The Stress-Busting Program (SBP) for Family Caregivers is an evidence-based program that provides support for family caregivers of persons with Alzheimer's disease and related dementias. It is designed to:

- Improve the quality of life of family caregivers who provide care for persons with Alzheimer's disease and related dementias
- Teach caregivers how to be more effective and cope better with the burden.

“Whenever I feel overwhelmed, there’s someone to help me.”
Stress-Busting Program for Family Caregivers

• Nine-week evidence-based program proven to reduce caregiver stress, anxiety and anger and improve quality of life*

• Two Programs for Stress Self-Management :
  • Caregivers of persons with Alzheimer’s/dementia
    • Available in Spanish (en español)
  • Caregivers of persons with chronic illness

*University of Texas Health Science Center at San Antonio
Contact Us

Caregiver SOS Customer Service
866-390-6491 or 210-871-7720
www.caregiversos.org
caregiversos@wellmed.net

Carol Zernial
Executive Director
WellMed Charitable Foundation
210-877-7719
Czernial@wellmed.net
Michelle Bentzien-Purrington
MLTSS and MMP, Molina Healthcare, Inc.
Promoting Independence through Caregiver Support

March 7, 2017
The Molina Healthcare Story

Taking care of kids, adults, seniors and families for over 35 years

Molina Healthcare was founded by emergency room physician Dr. C. David Molina in 1980. After having treated patients with everyday ailments in the ER because they had no primary care physician, Dr. Molina opened a clinic especially for them. Today Molina Healthcare continues his mission, serving millions of people through Medicaid, Medicare and the Marketplace, as well as other government-sponsored programs for low-income families and individuals.

4.2M\(^1\) served through managed care

226K\(^1\) MLTSS program enrollment in 9 states

Molina Health Plans
- Medicaid, Medicare, Marketplace and other government sponsored programs

Molina Medicaid Solutions
- Medicaid Management Information Systems

Molina Medical Clinics
- Primary care clinics
  - California 19
  - Florida 1
  - New Mexico 1
  - Michigan 1
  - Utah 2
  - Washington 1

Includes MLTSS Program
- California, Florida, Illinois, Michigan, New Mexico, New York, Ohio, South Carolina, Texas

\(^1\) as of December 31, 2016
Implementing Promising Practices

- Evidenced based screening tools
- Caregiver training support programs
- Community resource and referral guide
- Improved care coordinator training

- Alzheimer’s Association of Greater Los Angeles Project
- South Carolina Healthy Connections Prime
- Caregiver Training Support Projects
- Community Resources Guides
Early Indicators of Success

- Reduced stress / improve quality of life for members and caregivers
- Improved understanding of how to engage and maximize resources
- Early evaluation, diagnosis, and treatment of members presenting with dementia like symptoms
- Prevent / delay institutionalization

Use of Respite Year Over Year

Caregiver Training: Meeting Needs

1. Class content met your needs:

- Exceeded Expectation
- Above Average
- Average
- Below Average
- Below Expectation

Caregiver Training: Resource Awareness & Access

- Agree
- Somewhat agree
- Somewhat disagree
- Don't agree

- 8. I would like to be a part of my client’s care team.
- 6. I can help my client with options of who to call at his/her health plan.
- 5. I have a better understanding of managed care and the benefits health plans offer.
For Additional Information

Michelle Bentzien-Purrington  
Vice President, MLTSS and Duals Strategy  
Molina Healthcare, Inc.

Michelle.bentzien-Purrington@molinahealthcare.com
www.Molinahealthcare.com
888-562-5442, ext. 111571
**Vision**

Seniors and people with disabilities living in good health, independence, dignity, and control over decisions that affect their lives

**Mission**

To Transform Lives by promoting choice, independence and safety through innovative services

**We Value**

The Pursuit of Excellence, Collaboration, Honesty, Respect, Open Communication, Diversity, Accountability, and Compassion
Family Caregivers Largest Sector of Paid LTC Workforce

- Options to select family members to provide paid personal care services since 1983

- Approximately 25,000 family members are paid under state plan and waivers

- Required and optional training offered in multiple languages (training and certification in 11 languages with translation for others)

- Same pay and benefits as other workers

- Statute allows family to provide skilled care within paid hours
Washington’s History of Unpaid Caregiver Support

- **1989** - State Respite Care Services
- **2000** - State Family Caregiver Support Program (FCSP)
- **2001** - Title III E OAA, National FCSP
- **2007/2008** - Increased funding, mandate for evidence-based caregiver assessment, statewide survey (BRFSS)
- **2009** - Family Caregiver-TCARE® Assessment
- **2010** - Rosalynn Carter Leadership in Caregiving Award
- **2012-13** - FCSP expansion
- **2017** – 1115 Medicaid Waiver – Caregiver Initiative
Characteristics of Unpaid Family Caregivers Served

• **61%** over age 60

• **24%** ended their employment due to caregiving responsibilities

• **59%** provided care for a minimum of two years (**29%** provided care for 5 or more years)

• **75%** spend at least 40 hours a week caregiving

• **53%** caring for individuals with Alzheimer’s Disease or dementia (another 32% caring for individuals with memory/cognitive problems)

• **82%** are coping with challenging behaviors of care receivers

WA State TCARE® Data, SFY 2014
Support for Family Caregivers: Interrupting the Path to Medicaid

- Over 850,000 Washington State citizens are unpaid family caregivers and provide care equal to 5 times the Medicaid LTSS budget. They allow family members to remain at home for as long as possible.

- The path to Medicaid is common and predictable:
  - **STEP ONE:** Someone has a need for care
  - **STEP TWO:** Family caregivers become exhausted
  - **STEP THREE:** Out of pocket spending exhausts resources
  - **STEP FOUR:** Medicaid

- We can help families delay the point at which they must turn to Medicaid
Does Family Caregiver Support Program make a difference?

In 2007 WA State Legislature mandated development of evidence-based caregiver assessment and referral tool. (RCW 74.41)

The use of Tailored Caregiver Assessment & Referral (TCARE®) offers a consistent, consultative model across the state, allowing caregivers to make informed choices and provides rich data for decision-making.
Family Caregiver Support Services

• **Caregiver Assistance Services**: Services that take the place of those typically performed by unpaid caregiver

• **Training and Education**: Assist caregivers with gaining skills and knowledge to care for recipient

• **Specialized Medical Equipment & supplies**: Goods and supplies needed by the care receiver

• **Health Maintenance & Therapies**: Clinical or therapeutic services for caregiver to remain in role or care receiver to remain in home
Family Caregiver Support Program
Outcomes for both Caregivers and Care Receivers

When caregivers access support earlier in their caregiver journey, before they are experiencing the highest levels of stress and burden:

• There is a statistically significant delay in the use of Medicaid long term services and support (LTSS) for the care receiver

• Caregiver’s well-being is improved
FCSP Improves Outcomes for Family Caregivers

Over a 6-month period, caregivers who receive ongoing support show statistically significant improvements in:

- Stress burden
- Relationship burden
- Objective burden
- Depression
- Comfort with caregiving role

Spousal caregivers also show a decreased “intention to place”

Majority of caregivers (84%) show significant improvements on key outcomes
The 1115 Demonstration Waiver will allow us to sustain and continue LTSS innovation

• Allow individuals to choose to have benefits wrapped around their unpaid caregiver as an alternative to traditional Medicaid benefits of personal care or nursing home care

• Provide effective services for individuals before they spend down to Medicaid

• Strategically target LTSS Medicaid investments to slow the growth rate of public expenditures
# Medicaid Alternative Care (MAC)
A new choice designed to support unpaid caregivers in continuing to provide quality care

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<tr>
<td>Age limit</td>
<td>55+</td>
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<tr>
<td>Estate Recovery</td>
<td>Waived for services provided under the MAC benefit.</td>
</tr>
<tr>
<td>Cost sharing</td>
<td>No</td>
</tr>
<tr>
<td>Resources</td>
<td>Must meet Medicaid requirements. Spousal impoverishment protections will apply to this population so potentially higher resource limits for married couples.</td>
</tr>
<tr>
<td>Income</td>
<td>Medicaid Eligible</td>
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<tr>
<td></td>
<td>No specific income level. Applicant must be eligible for CN (categorically needy) or ABP (alternate benefit plan).</td>
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Tailored Supports for Older Adults: Delay Spend Down to Medicaid

A new eligibility group to support individuals who need LTSS and are at risk of spending down to impoverishment

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<tbody>
<tr>
<td><strong>Age limit</strong></td>
<td>55+</td>
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<tr>
<td><strong>Income</strong></td>
<td>300% Federal Benefit Rate ($2,199 based on 2016 standards). Calculated only on the applicant’s income, even if the applicant is married.</td>
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<tr>
<td><strong>Cost sharing</strong></td>
<td>No</td>
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<tr>
<td><strong>Estate recovery</strong></td>
<td>Waived for services provided under the TSOA benefit.</td>
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<td><strong>Resources</strong></td>
<td>Asset limit of:</td>
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<td>- $53,100 for a single individual</td>
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<td>- $53,100 plus $54,726 for a spouse not receiving services</td>
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Strategies States Can Use to Support Caregivers

• Allow family to be paid in Medicaid programs
• Allow family to administer medications and provide skilled services even when paid
• Nurse Delegation
• Care Coordination and Transition Support
• Family Medical Leave Act
• Workplace Caregiver-Friendly Policies
• Surveillance of Family Caregivers (e.g., BRFSS)
• State funding for Family Caregiver Support Program
• Evidence Based Models
Questions?

For more information please contact:

Bea Rector, Director
Home and Community Services
(360)725-2272
RectoBM@dshs.wa.gov

Web Site:
http://www.altsa.dshs.wa.gov/
Gail Gibson Hunt
National Alliance for Caregiving
Caregiving Practices and Programs: Dissemination

Gail Gibson Hunt, President & CEO
National Alliance for Caregiving
March 7, 2017
About the Alliance

• Nonprofit coalition of over 50 national organizations focused on family caregiving issues
• Established in 1996 with a dedication to improving the quality of life for families and their care recipients through research, innovation, and advocacy
• NAC Activities:
  • Conduct research and policy analysis;
  • Develop national programs;
  • Strengthen state and local coalitions;
  • Increase public awareness;
  • International work and awareness.
NASEM Recommendations

NASEM offered four recommendations and seven sub-recommendations for the new Executive Administration to address the issues family caregivers face:

- Collaboration among federal agencies and private-sector organizations with subject matter expertise to develop national family caregiving strategy
- Realize the needs of older adults on a state level by modeling programs after states with caregiver supports
- Establish fund for research and innovation to address the needs of caregiving families
- Address the diversity of family caregivers while developing supports and systems
State & Local Dissemination

Dissemination through state and local channels is intended to reach family caregivers directly, often through online channels, and indirectly, through grassroots organizations. Opportunities for state and local dissemination are:

- Family caregiving coalitions
- Advocacy work groups, i.e. NAC’s Advocacy Task Force
- Social Media
National Dissemination

Dissemination of policy and practice recommendations on a national level reaches lawmakers, organizational leaders, and thought makers in the family caregiving field. Opportunities for national dissemination are:

- Congressional briefings
- Roundtables
- National media
- Corporate planning meetings
- Healthcare organization
Promising Legislation

• The RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregivers Act
  • Passed the Senate in 2015, House bill (H.R. 3099) gaining support

• Credit for Caring Act (H.R. 4708 and S. 2759)
  • Introduced in the House and Senate, bipartisan support
  • See also Americans Giving Care to Elders (AGE) Act (S. 879)

• Caregiver Advise, Record, Enable (CARE) Act
  • 30 states adopted
  • Caregivers named in EHR; invited to participate in discharge planning; given discharge care instructions
Thank You

Gail Gibson Hunt
President & CEO
National Alliance for Caregiving

www.caregiving.org
Putting Family Caregiving Policy Recommendations into Practice

AcademyHealth LTSS Webinar
March 7, 2017

Lynn Friss Feinberg, MSW
Senior Strategic Policy Advisor
AARP Public Policy Institute
You Take Care of Mom, But Who Will Take Care of You?

Caregiver Support Ratio

Selected AARP Public Policy Institute Research & Publications

*Family Caregivers and Managed Long-Term Services and Supports*
www.aarp.org/familycaregiversandMLTSS

*Valuing the Invaluable: 2015 Update*
www.aarp.org/valuing

*Caregiving in the United States 2015*

*The Aging of the Baby Boom and the Growing Care Gap*

*Home Alone: Family Caregivers Providing Complex Chronic Care*
www.aarp.org/homealone

*Raising Expectations: A State Scorecard on LTSS*
www.longtermscorecard.org

*The Dual Pressures of Family Caregiving and Employment*
http://www.aarp.org/content/dam/aarp/2016-03/The-Dual-Pressures-off-Family-Caregiving-and-Employment.pdf
Questions may be submitted at any time during the presentation

To submit a question:
• Click in the Q&A box on the left side of your screen
• Type your question into the dialog box and click the Send button
Thank You

Please take a moment to fill out the brief evaluation which will appear in your browser