



Mechanisms for Organizational Behavior Change to Address the Needs of People Living with Alzheimer's Disease and Related Dementias: Creating Change Panel

The National Academies of Sciences, Engineering, Medicine Board on Health Care Services

Kate McEvoy, JD

Program Officer

Milbank Memorial Fund



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The Milbank Memorial Fund

- ➔ Milbank is an over 100-year-old endowed operating foundation that focuses on nonpartisan analysis, collaboration and communication, with an emphasis on state health policy
- ➔ Our aim is to improve population health by connecting state leaders with trustworthy evidence and experience
- ➔ Along with work on value-based payment approaches in primary care and state-based cost growth benchmarks, Milbank has more recently been focusing on state policy and practice related to healthy aging

What we want for people with dementia and their circles of support:

Person-centered, holistic supports that are flexible, integrated, equitable, enabled by human touch and discernment, and supported by technology.



How we get there:

- ✓ *By focusing on middle- and low-income people who need coordinative and financial support to meet their needs.*
- ✓ *By synthesizing distinct strands of federal, state and local planning and strategic work, as well as optimizing use of available funding streams.*

There are many positive features of the environment

- ✓ **Federal leadership** (National Plan to Address Alzheimer's Disease and related work) and **emerging state level coordination**, including the [Master Plan on Aging](#) approach, Older Americans Act (OAA) State Plans on Aging, and state Alzheimer's Disease Plans
- ✓ **Information sources**, most notably exemplified by Aging & Disability Centers/No Wrong Door
- ✓ **Funding**, including:
 - Medicaid waiver supports
 - OAA National Family Caregiver (III-E) resources
- ✓ **The emerging evidence base** for specific interventions
- ✓ **Advancement of technology**, including Smart Home and other approaches

That said, there remain significant underlying challenges . . .

- ✓ **Federal and state planning and strategic direction tends to be siloed to existing pathways**, and does not effectively synthesize related strands of work (e.g. Medicaid and OOA)
- ✓ **Consumers are poorly informed and information sources remain underutilized until a crisis or caregiver burnout occurs**
- ✓ **There are serious funding constraints for middle- and low-income people**, which relate to:
 - Lack of a publicly-sponsored long-term care insurance vehicle
 - High variability in the extent to and manner in which Medicaid waiver services are available to people with dementia
 - Modest funding for OAA III-E services

Recommendation 1:

Create a joint Centers for Medicare and Medicaid Services/ Administration for Community Living framework for supporting people along the income and resource continuum.

- ✓ CMS and ACL should partner to **address the longstanding literacy challenge that consumers mistakenly believe that Medicare will cover most of their LTSS.**
- ✓ **CMS should endorse state Medicaid program coverage of services** that 1) improve consumer literacy; and 2) support and preserve functioning in the home setting, including:
 - ✓ Aging and Disability Resource Center services
 - ✓ home adaptation, emergency response systems, telemonitoring and assistive tech
- ✓ **In the absence of enabling authority to braid resources, CMS and ACL should collaborate to frame a strategic approach for people who have resources in excess of Medicaid eligibility criteria**, to support them in optimizing the use of their own resources as they spend down to Medicaid coverage.

Recommendation 2:

Overcome historical barriers to create a federal or state-based long-term care insurance benefit.

Acknowledging that previous U.S. efforts (e.g. the CLASS Act) have not succeeded and that a number of features (e.g. opt-in/opt-out, size and risk profile of pool, actuarial viability, portability) must be resolved to achieve a different result, it will be important to:

- ✓ track the trajectory of the proposed federal **Well-Being Insurance for Seniors to be at Home (WISH) ACT**
- ✓ monitor and potentially replicate [Washington state's efforts](#) to implement a **state-based, payroll-funded long-term care insurance model**.

Recommendation 3:

Congress and CMS should champion means of financing, and ensure performance accountability of, publicly-funded integrated care models for dually-eligible people.

- ✓ Medicare and Medicaid should **cover bundled payments for models such as CAPABLE** (nursing, occupational therapy and handyman services) and “re-ablement”. CMS should also **launch a specific LTSS Medicare/Medicaid 1115 waiver opportunity**. This should include advance care coordination payments, equity measures, interventions for social drivers of health, and graduated assumption of financial risk.
- ✓ Related, Congress should broaden access to Medicaid waiver services by **implementing proposed Build Back Better provisions around federal Medicaid match and coverage, as well as making the Money Follows the Person demonstration and spousal impoverishment provisions permanent**.
- ✓ To improve access and coverage for people served by Medicare Advantage, CMS should **implement the recent recommendations of Office of the Inspector General**.

Kate McEvoy, JD
Program Officer
Milbank Memorial Fund
kmcevoy@milbank.org
<https://www.milbank.org/>