

Access to Dementia-Specific Care: Building Capacity of Long-Term Services and Supports

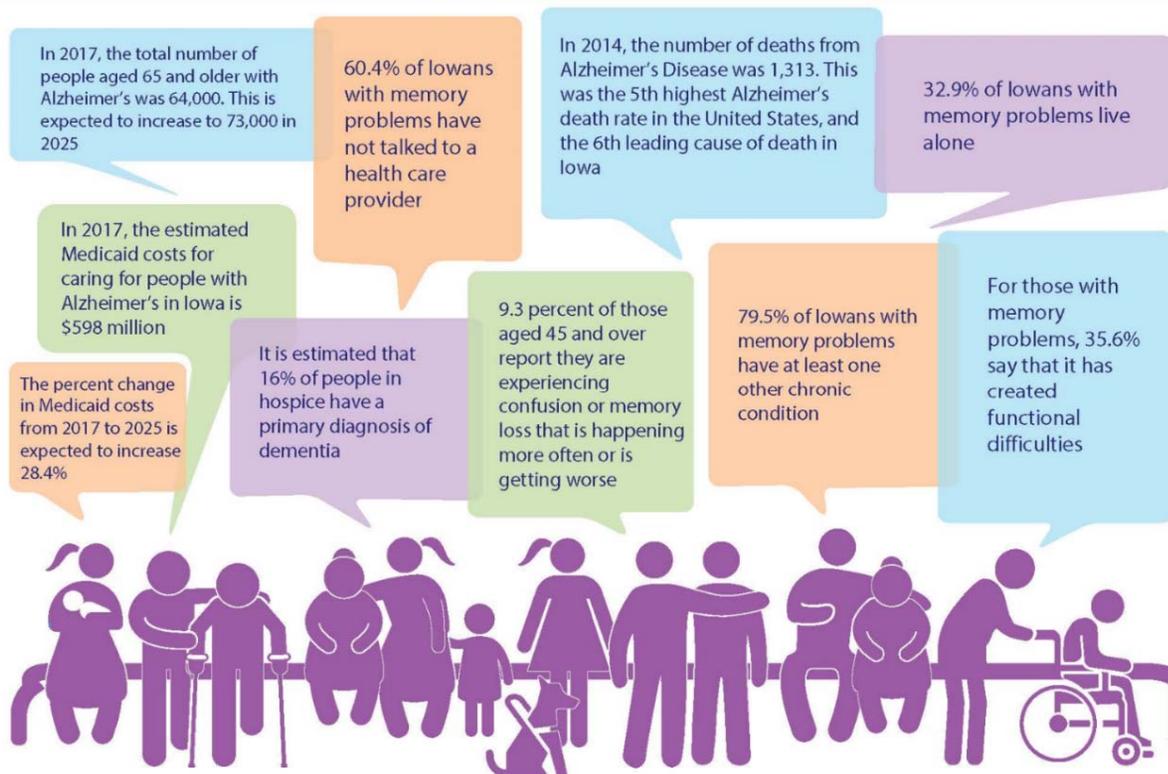


IOWA DEPARTMENT ON AGING

Presented by Director Linda Miller | January 18, 2018



Profile of Dementia and Cognitive Decline in Iowa





History of Dementia-Related Reports/Task Forces

- 2007: 18 recommendations
- 2011: Develop the infrastructure necessary to support and fund Alzheimer's activities
- 2012: Office of Substitute Decision Maker
- 2014: Recommendations to strengthen Iowa's elder abuse prevention, detection and intervention efforts
- 2017: Response to House File 653, Section 97



House File 653:

This report is being written in response to House File 653, Sec. 97.
ACCESS TO DEMENTIA-SPECIFIC CARE.

Charge:

“The department on aging, the department of public health, the department of inspections and appeals, and the department of human services shall jointly analyze and make recommendations regarding options for coordination between state agencies and private entities to promote increased access to dementia-specific care in both residential and home and community-based settings. The analyses and recommendations shall address barriers to, gaps in, and opportunities for increased access, the availability of services in home and community-based settings as an alternative to residential settings, and any changes in law necessary to better address the needs of individuals with dementia and their families. The departments shall submit a joint report of findings and recommendations to the governor and the general assembly by December 15, 2017.”



Access to Dementia-Specific Care Task Force

- The Task Force met on Nov. 17, 2017, to review and make recommendations regarding options for coordination between State agencies and private entities to promote increased access to dementia-specific care in both residential and home and community-based settings.
- Representatives from IDA, IDPH, DIA and DHS attended, along with other key stakeholders, policymakers, academics and caregivers.



Access to Dementia-Specific Care Task Force

Specifically, the Task Force addressed:

1. Barriers to, gaps in and opportunities for increased access;
2. The availability of services in home and community-based settings as an alternative to residential settings; and
3. Any changes in law necessary to better address the needs of individuals with dementia and their families.



National Best Practices

National best practices were shared to inform Task Force members and promote discussion:

- Across the nation, states are trying to sustain and build the capacity of dementia care by implementing strategies to improve Long-Term Services and Supports (LTSS).
- A majority of states have developed a multi-tiered strategy designed to improve their LTSS systems.



National Best Practices

Strategies used by other states include to improve LTSS systems include:

- Develop No Wrong Door system
- Increase support to the pre-Medicaid population
- Improve Home and Community-Based Services (HCBS) settings
- Measure quality
- Support family caregivers
- Utilize managed Long-Term Services and Supports
- Expand Older Americans Act programs
- Implement person-centered planning
- Realign state agencies



Task Force Recommendations

In order to address the areas of concern identified by legislators in HF 653, Sec. 97, the Task Force agreed Iowa must:

- Strengthen the existing ADRC to develop a robust No Wrong Door program;
- Utilize best practices from other states to improve practices and policies;
- Support family caregivers; and
- Realign state agencies to make one agency responsible for LTSS, regardless of funding stream.



Develop a Robust No Wrong Door System

- In a No Wrong Door system, a consumer who contacts any organization that is part of the network can be connected/referred/transferred to the person, organization or resources needed, resulting in a “no wrong door” for access to services and supports, regardless of age, income or disability.

- Three main goals of a No Wrong Door system:
 1. Educate consumers on all their choices, empowering individuals to use the resources available in an effective way.
 2. Assist consumers in managing their personal assets.
 3. Delay or prevent forced entry into entitlement programs prematurely. (Medicaid is the safety net, not the solution.)



Develop a Robust No Wrong Door System

- Iowa does not yet have a comprehensive No Wrong Door system, but has started to develop one through its Aging and Disability Resource Center, LifeLong Links.
- The federal grant to support the ADRC has ended, but the State is responsible for its ongoing operation.
- To finish developing the No Wrong Door system and expand it, the state will need to build capacity.
- A strong No Wrong Door system will be critical to Iowans' ability to access dementia-specific care.



Utilize National Best Practices

- Several states have started to expand programs to support the pre-Medicaid spend-down population by providing them with enhanced services and supports designed to keep them from needing Medicaid services. This is being done under demonstration authority under the Medicaid program.
- By expanding Medicaid to serve clients who are not yet eligible for Medicaid and providing them with a package of preventive services, these states are helping individuals remain in their homes and communities and are preventing them from spending down their resources.



Support Family Caregivers

The Older Americans Act (OAA) is designed to support older adults as they age in their homes and communities. It provides funding for critical services, including:

- Information and referral services
- Case management
- Homemaker services
- Respite care
- Nutrition programs (home-delivered and congregate meals)
- Family caregiver support
- Adult day services
- Evidence-based health promotion programs



Support Family Caregivers

Because federal funding for the OAA is not sufficient to support the growing population of older adults, many states have supplemented OAA funding with state funding in order to support the programs in highest demand.

To support programs for individuals with dementia, states have increased funding in the following areas:

- Adult day services
- Respite care
- Family caregiver support
- Nutrition programs



QUESTIONS?

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