

Utah Commission on Aging Quarterly Summit Agenda Thursday – February 22, 2024

12:00 PM - 01:30 PM

Community Partner and Member Networking Meeting

Join Zoom Meeting <https://zoom.us/j/640416337>

Or Dial 669 900 6833

Meeting ID: 640 416 337

(Zoom conference information will remain the same for all UCOA quarterly meetings)

Agenda

12:00 Welcome to members and partners Darlene Curley

First time attendees – please put name and organization in chat.

Introduction to newly appointed members – brief comments

Casey Cameron – Director, Utah Workforce Services

12:10 Legislative Updates Rob Ence

DHHS

Nels Holmgren

AARP

Alan Ormsby

Alzheimer's Assoc

Jeremy Cunningham

Other partners' sharing

Open Forum

12:30 Master Plan on Aging Update Rob Ence

Time Line Review

Work Groups – Issue Teams – Metrics Discussion

12:50 Mental Health Access and Resources for Older Adults Across Utah

Candice Daniel, PhD

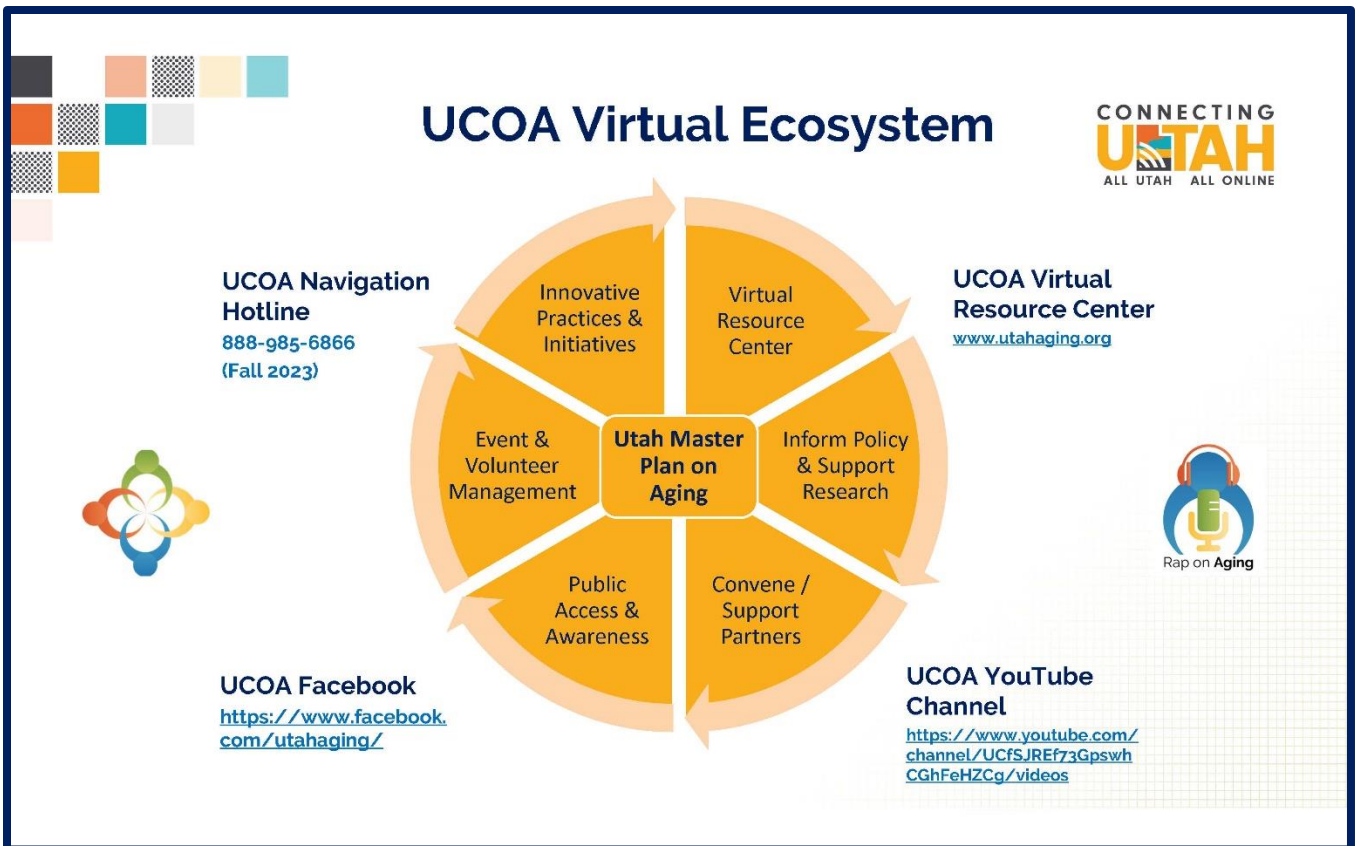
01:20 Participant comments and input Darlene Curley

Next meeting Thursday – May 09, 2024, at Noon – via Zoom

(Public and partner comment and input welcomed throughout. Session will be recorded.)



UtahAging.org
Utah Commission on Aging





State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Office of the Governor

Feb. 5, 2024

Utah's population will soon exceed 4 million people. People who are 65 and older make up about 15% of the total population, and in the near future, are expected to represent one in every five residents. This demographic trend impacts our households, culture, economy, environment, and increasing needs of older adults.

Utah benefits from the wisdom and contributions of our older adults, and we recognize that the next generation will be more diverse, live longer, and desire to make meaningful contributions to our great state. If we don't have a meaningful plan for an aging population, we expect to see an increase in the struggles for meaningful employment, affordable housing, food and financial security, and access to quality health care.

These trends are not new, but without deliberate planning, the challenges will accelerate and overshadow the opportunities that should be available to everyone. The purpose of the strategic plan for intelligent aging is to make sure Utahns are engaged and valued across the spectrum of aging into older adulthood.

S.B. 104 Master Plan For Aging was signed into law March 15, 2023, and directs the Utah Commission on Aging to periodically publish a plan that will guide the aging experience over the future decades and make sure all Utahns are able to navigate the challenges and opportunities of older adulthood.

This is a call to action for state and local governments, private and public entities, and individuals to engage innovatively, proactively, and collaboratively to create a Utah where people of all ages can thrive and age with the grace and dignity they deserve. This plan helps lead the way.

Sincerely,

A handwritten signature in black ink, appearing to read "Spencer J. Cox".

Spencer J. Cox
Governor

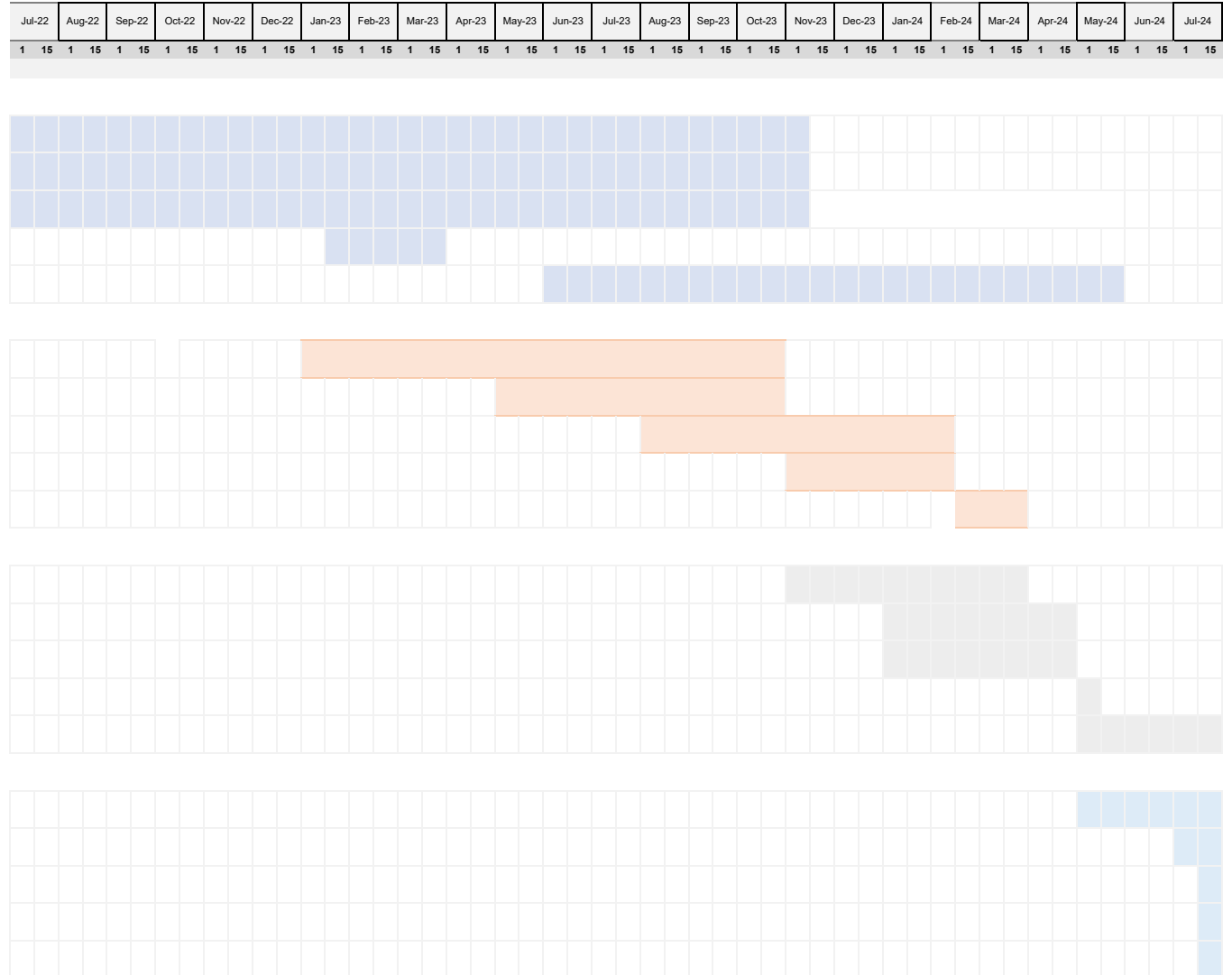
Utah Master Plan for Aging

Project Lead - Rob Ence

Utah Commission on Aging Partners

Project start: **Fri, 7/1/2022**

TASK	PROGRESS	START	END
Conceptual Development			
Community Meetings	100%	7/1/22	11/1/23
Commission Summits	100%	7/1/22	11/1/23
AAAs/DAAS Conversations	100%	7/1/22	11/2/23
Legislative Statutory Amendment	100%	1/15/23	3/15/23
CHCS Collaborative Engagement	58%	6/1/23	5/31/24
Planning and Design			
Core Issues Framework	50%	1/1/23	11/1/23
Core Strategies Framework	50%	5/1/23	11/1/23
Tactical Priorities	60%	8/1/23	2/15/24
Public Feedback	60%	11/1/23	2/15/24
Issue Groups/Metrics Teams	20%	2/15/24	4/1/24
Execution			
3 Year Top Priorities	35%	11/1/23	4/1/24
Final Editing/Proofing	25%	1/1/24	5/1/24
Establish Dashboard Tracking	25%	1/1/24	5/1/24
Legislative HHS Interim Committee	0%	5/1/24	6/1/24
Public Awareness Campaign	0%	5/1/24	7/31/24
Evaluation and Reporting			
UCOA Quarterly Summit Reports	0%	5/1/24	7/31/24
Annual Report to the Legislature	0%	7/1/24	7/31/24
Open Survey Analysis Ongoing	0%	8/1/24	No End
Plan Adjustments	0%	8/1/24	No End
Metric Tracking	0%	8/1/24	No End



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Utah Geriatric Education Consortium Caregiver Conference

**Learn about resources and
support for Caregivers.**

Including Those Caring for Veterans and
Persons with Dementia

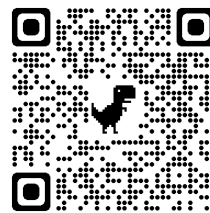
Wednesday, February 28th
9:30 am to 3:30 pm

Davis School District Training Center
Building F-2, Clearfield UT 84015



Register by February 21st by

By contacting Senior Services
(o) 801-525-5050
mforbush@co.davis.ut.us
or by scanning the QR code
**Virtual options are available*



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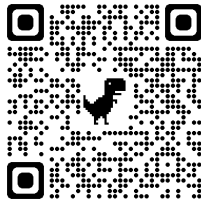
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**Virtual options are available*



Utah Geriatric Education Consortium Caregiver Conference

Resources and Support for Caregivers *Including Those Caring for Veterans & Persons with Dementia*



WHEN: Wednesday, February 28th
9:30am to 3:00pm

WHERE: Davis School District Training Center
Building F2
Clearfield, Utah 84015

WHAT: Free event for caregivers to learn more about resources and support in the community. Lunch included. Registration required.

HOW: Register by February 21st in 1 of 3 ways:

1. Call Davis County Health Department at 801-525-5050 (Option 5) or Megan Forbush at 801-525-5088 or at mforbush@co.davis.ut.us
2. Click [HERE](#), or
3. Scan the QR Code



**Virtual Options Available*

Utah Geriatric Education Consortium Caregiver Conference

Utah Geriatric Education Consortium (UGEC) Davis County Caregiver Conference - Schedule

9:30 – 10:00	Conference Registrants Check-In	
9:55 – 10:00	Welcome & UGEC Programs	Jacque Telonidis, MS, UGEC Training Programs Administrator
10:00 – 10:30	What is Alzheimer's Disease and Dementia	Becka Schultz, Program Manager Alzheimer's Assoc. Utah Chapter
10:30 – 11:00	Screening for the 3D's: Dementia, Depression and Delirium	Randall Rupper, MD, Director (Clinical) GRECC
11:00 – 11:15	Break	
11:15 – 11:45	Importance of Advance Care Planning	Kara Dassel, PhD, FGSA, FAGHE, Professor UofU College of Nursing, Director UGEC
11:45 – 12:15	Coping with Grief & Loss	Kathie Supiano, PhD, LCSW, Professor UofU College of Nursing, Director of Caring Connections
12:15 – 1:00	Lunch & Resources and Support Stroll	
1:00 – 1:30	Davis County AAA Community Resources	Rachelle Blackham, Davis County Health Department, Director Senior Services
1:30 – 2:00	VA Caregiver Support Programs	Andrew Wittwer, MSW, MPA, General Caregiver Support Services
2:00 – 2:30	VA Healthcare Enrollment	Shanna Andersen, SSW, County VSO, Case Manager, Veterans Benefit Specialist Bear River AAA
2:30 – 3:00	Wrap-Up & Questions and Answers	

CULTURAL HUMILITY TRAINING

MARCH 15TH, 2024 | 4 HOURS

9:30am - AKST | 8:30am - Hawaii | 1:30 pm- EST | 11:30am - MT

LIVE Interactive viewing ONLY!

Facilitated by the Southcentral Foundation Learning Institute, an Alaska Native nonprofit healthcare organization that provides consultation and training services.



Southcentral Foundation's Our Stories: Shaping Cultural Humility, leads participants through an experiential process of understanding one's own experiences, beliefs, and cultural identities and how they impact the ways one sees and moves in the world.



- Limited Training Slots!
- Cost: \$150/person
- Online ONLY!
- [REGISTER NOW!](#)

DISCUSSION

Discuss how culture shapes behaviors, values, and institutions.

CONNECTION

Identify relational behaviors that are healthy and display cultural humility.

IDENTIFICATION

Recognize culturally responsive approaches when working in communities outside's culture.



HOSTED BY THE GWEP INDIGENOUS PEOPLES CONSORTIUM
(GWEP: GERIATRIC WORKFORCE ENHANCEMENT PROGRAM)

CONTACT WYCOA@UWYO.EDU WITH ANY QUESTIONS



SAVE THE DATE

2024 UGEC Virtual Retreat

Coming soon! SAVE THE DATE!

March 20 and March 21, 2024

This year's event will be two sessions and will center on **Social Connections and Special Populations.**

Session 1 – Wednesday, March 20 – 5 p.m.-6:30 p.m. MT

Community-focused evening session on social isolation



Scan QR code to register for session 1.

Session 2 – Thursday, March 21 – 1 p.m.-3:30 p.m. PM MT

UGEC afternoon ECHO series with Nicholas Brening, MD



Scan QR code to register for session 2.

Speaker information and full agenda will be announced soon.

Or contact Jon Champney for information: jchampney@comagine.org

Presented in cooperation with:



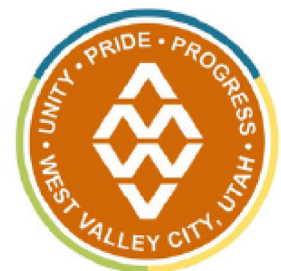
S A V E T H E D A T E

March 27, 2024



Connect
the Dots

presented by
HEALTH CHOICE
UTAH



URBAN
INDIAN
CENTER
of Salt Lake

CommonSpirit



findhelp



Invitation Link: <https://forms.gle/ckXgstCmF4XqZAjA6>



SAVE THE DATE

Eighth Annual Advance Care Planning Summit: **Empowering and Supporting All Adults**

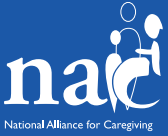
April 16, 2024 | Noon-2 p.m. MT | Virtual

Speaker information and full agenda will be announced soon. There is no cost to attend. Scan the QR code or [click here](#) to register. For more information, please reach out to Comagine Health Associate Improvement Advisor Jon Champney at jchampney@comagine.org.



This event is co-designed with local community partners, including the Utah Commission on Aging, Intermountain Health, Holy Cross Ministries, Salt Lake Interfaith Roundtable, Utah Coalition for Caregiver Support, University of Utah College of Nursing, Utah Geriatric Education Consortium, Homecare & Hospice Association of Utah, Hispanic Ministry for the Diocese of Salt Lake City, Cami Collett – Retired Family Physician, Utah National POLST Representatives and Utah POLST Registry Committee.





Policy Brief: How the 2024 Medicare Physician Fee Schedule Advances Supports for Family Caregivers

November 2023



Introduction

The 2024 Medicare Physician Fee Schedule introduces new billing codes for caregiver training services, allowing eligible practitioners to bill Medicare for providing training and education to caregivers of patients with chronic illnesses or disabilities. This new provision aims to enhance patient care by equipping caregivers with the knowledge and skills needed to support their loved ones and manage their conditions effectively. It aligns with the 2022 National Strategy to Support Family Caregivers and the Biden-Harris Administration's efforts to improve access to quality care and empower caregivers.

Background

Each year since 1992, the Centers for Medicare and Medicaid Services (CMS) reviews payment practices under fee-for-service, or traditional, Medicare. The annually updated Medicare Physician Fee Schedule (PFS) also outlines significant policy changes for Medicare part B. The most recent Medicare PFS was finalized in early November and is effective January 1, 2024, and it includes a number of changes aimed at improving services available for family caregivers and the Medicare beneficiaries under their care.

Most notably, the [CY 2024 Medicare Physician Fee Schedule](#) includes payments for physicians and other clinical practitioners to provide education and training to family caregivers. The final rule also includes new payments proposed for services that address health-related social needs (HRSNs) and improve access to mental and behavioral health treatment. These additions represent consequential advancement toward achieving core policy principles and proposals outlined in various administration initiatives to improve support for family caregivers. These important federal frameworks include, but are not limited to:

- [Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers](#)
- [2022 National Strategy to Support Family Caregivers](#)
- [Cancer Moonshot](#)
- [Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#)
- [HHS's Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity](#)

In September, the National Alliance for Caregiving (NAC) submitted comments to CMS in response to their draft changes. Overall, NAC's comments commended CMS for including proposals in the CY 2024 Medicare PFS aligned with the Goal 2¹ of the 2022 National Strategy to Support Family Caregivers to leverage existing federal agency authority to 1) boost the supply of education and long-term care and to provide support for family caregivers; 2) support family caregivers of beneficiaries of federal health care programs and services; 3) recognize and address systemic barriers to healthcare services and benefits for people of color and other underserved groups; and 4) help patients, families, and caregivers better navigate the caregiving experience.

ABOUT THE NATIONAL STRATEGY TO SUPPORT FAMILY CAREGIVERS

The [2022 National Strategy to Support Family Caregivers](#) is the first whole-of-society blueprint to support family caregivers of all ages, from youth to grandparents, and regardless of where they live or what caregiving looks like for them and their loved ones.

The strategy includes nearly 350 actions that federal agencies will take in the next 3 years, as well as specific actions that states, communities, health care systems, long-term support and service providers, researchers, employers, philanthropic organizations, and many others can take to make these goals a reality.

Goals of the National Strategy

- | | | | | |
|---|---|---|--|---|
| 1 | 2 | 3 | 4 | 5 |
| Increase awareness of, and outreach to, family caregivers | Advance inclusion and engagement of family caregivers within care teams | Advance innovations in family caregiver services and supports | Strengthen financial and workplace security of family caregivers | Advance a family caregiver national research and data collection strategy |

¹Goal 2 of the National Strategy is "advancing partnerships and engagement with family caregivers."



Nearly six in 10 family caregivers assist with medical and nursing tasks such as injections, tube feedings and changing catheters. Only seven percent report receiving any training related to tasks they perform.

The Role of Family Caregivers in Healthcare

Caregivers are essential participants in a patient's care team but have historically been unrecognized and unsupported. According to recent research conducted by NAC and AARP,² nearly six in 10 family caregivers assist with medical and nursing tasks such as injections, tube feedings and changing catheters. Unfortunately, according to the same report, fewer than three in 10 caregivers surveyed (29 percent) said they have had general conversations with health professionals, such as a doctor, nurse, or social worker, about their caregiving duties. Only 13 percent said a health care professional has asked what they need to take care of themselves.

Furthermore, only seven percent report receiving any training related to tasks they perform.³ Black and Latino American caregivers (67 percent each) more often help with medical/nursing tasks than do White caregivers (52 percent). While four in 10 caregivers are in high-intensity caregiving situations (40 percent) the proportion of caregivers (31 percent) who reported difficulty in coordinating care among health care providers is growing.⁴

Demographics portend that absent significant and cross-cutting action from federal policy makers, these challenges will become more acute. The population of older adults—the majority of Medicare beneficiaries needing care—is growing at an historic rate, necessitating the support of increasing numbers of family caregivers. In fact, between 2015 and 2020, the number of unpaid family caregivers increased by more than 10 million, to 53 million family caregivers according to research from NAC and AARP. However, the ratio of available caregivers to those who need care is declining. Existing national programs to support caregivers are vital but insufficiently funded to meet the need. CMS leadership and engagement is crucial to national efforts aimed at shifting the trajectory of these statics.

The CY 2024 Physician Fee Schedule recognizes that family caregivers are essential participants in a patient's care team

The Department of Health and Human Services (HHS) and CMS serve a critical role in ensuring that the federal government achieves the ambitious, but essential, goals outlined to support family caregivers in the National Strategy—a population that has been historically underrepresented and underserved in federal health care policy deliberations and decisions. By bolstering access to training and support services for caregivers, the CY 2024 Medicare PFS makes progress toward addressing the demographic challenges inherent in a growing older adult population but declining number of available and willing family caregivers. This is a critical step in recognizing the essential role that family caregivers play in safeguarding the health of American families.⁵

²<https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

³Burgdorf J, Roth DL, Riffin C, Wolff JL. Factors Associated With Receipt of Training Among Caregivers of Older Adults. *JAMA Intern Med.* 2019;179(6):833–835. doi:10.1001/jamainternmed.2018.8694

⁴Supra at 2

⁵<https://www.caregiving.org/nac-applauds-proposed-medicare-rule-change-to-support-training-for-family-caregivers/>

Caregiver Training Services

Specifically, the CY 2024 Medicare PFS includes specific CPT payment codes for individual and group caregiver training services (CTS) for patients with a mental or physical health diagnosis as well as caregivers for patients who need help with activities of daily living (ADLs) and instrumental ADLs. While payment for CTS was recommended by the American Medical Association (AMA) and NAC several years ago, CMS traditionally does not pay practitioners under Medicare Part B to deliver services to individuals other than the patient—especially when the patient is not present. CMS recognizes the “extensive empirical support” that appropriate and adequate training for caregivers as part of a person-centered care plan promotes improved patient outcomes. Subsequently, the CY 2024 Medicare PFS includes payment for CTS starting on January 1.

CPT Codes in Detail

CMS will recognize and pay for two existing CPT® codes, which in 2023 had a status indicator of bundled (96202 and 96203), and three new CPT® codes that will allow physicians and other qualified health care professionals to provide training for caregivers of patients (97550-97552)

One set of codes (96202, 96203) is for group training in behavior management/modification of patients with a mental or physical health diagnosis. The group training would include caregivers of different patients.

Two of the new codes, 97550 and 97551 are for caregivers of an individual patient to facilitate the patient’s functional performance in their home and community relating to Activities of Daily Living. (ADL) These are timed codes, 30 minutes and 15 minutes respectively. The third new code, 97552 is for group training of multiple sets of caregivers (who are caring for different patients). That group training code is not assigned a time.

Code	Definition	Service	Participants	Time
96202	Multiple-family group behavior management/modification training for parents(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	Behavior management/modification training	Multiple sets of caregivers (regarding different patients)	Entire 60 minutes
96203	each additional 15 minutes	Behavior management/modification training	Multiple sets of caregivers (regarding different patients)	Entire 15 minutes
97550	(Caregiver training in strategies and techniques to facilitate the patient’s functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes	Functional performance of ADLs	One or more caregiver(s) for a single patient	Entire 30 minutes
97551	each additional 15 minutes	Functional performance of ADLs	One or more caregiver(s) for a single patient	Entire 15 minutes
97552	(Group caregiver training in strategies and techniques to facilitate the patient’s functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers).	Functional performance of ADLs	Multiple sets of caregivers (regarding different patients)	Not timed

Provider Coverage

Effective January 1, 2024, Medicare practitioners (including physicians, nonphysician practitioners (NPPs), or physical, occupational, or speech therapists) can bill for engagement and training with patient caregivers as training relates to a patient's treatment plan.

CMS Definition of Caregiver

NAC encouraged CMS to expand the originally included definition of caregiver to better reflect existing federal programs and policies addressing caregivers and the caregiver/patient experience. Specifically, NAC encouraged CMS to consider aligning the definition of caregiver with existing statutes and administration priorities that define caregivers. For example, the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act (P.L. 115-119) defines the term "family caregiver" as "an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation."

In response, CMS updated the CY 2024 Medicare PFS definition of caregiver to reflect the RAISE Act noting that the Act influenced the initial CTS proposals. As revised, a caregiver is defined in the final rule as, "an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation" and "a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition".

Sessions Covered

Additionally, the final CY 2024 Medicare PFS aligns with NAC comments that permit practitioners to provide more than one session of CTS delivery per year. CMS acknowledged comments from myriad advocates noting that the needs of patients with complex illness evolve over time as their conditions change and/or they are diagnosed with additional illnesses. Furthermore, CMS recognized that there may be more than one person caring for an individual beneficiary and/or that one caregiver may be providing support for multiple beneficiaries. As such, CMS finalized the proposal to provide "reasonable and necessary" CTS determined by the practitioner and according to the "volume and frequency" required by the patient's care plan.

CTS Services: Not a Substitute for Other Benefits

CMS also outlined that "CTS services have their place in a reasonable and necessary treatment plan for some patients and can serve as an important supplement to other caregiver training and other resources that might be available." These and other provisions in the final rule align with NAC's comments that CTS are not duplicative of other federally funded caregiver support programs, and that they should be provided supplemental to—rather than as a substitute for—any additional benefits for which patients are eligible.

NAC encouraged CMS to expand the originally included definition of caregiver to better reflect existing federal programs and policies addressing caregivers and the caregiver/patient experience.



Opportunities for Future Updates to CTS

While CMS rejected some recommendations from NAC and other commenters related to CTS, the final rule notes that the agency will continue to consider whether these recommendations should be incorporated in future rulemaking. For example, the CY 2024 Medicare PFS does not permit alternative methods of CTS delivery—including via telehealth—nor does it permit additional auxiliary personnel operating under general supervision of the Medicare provider or NPP to provide CTS. Furthermore, CMS acknowledged the importance of—but declined to include—standards or quality requirements for CTS activities. The agency also determined that physical and behavioral health examples included in the proposed rule sufficiently represented the types of conditions that could necessitate CTS, and did not expand the referenced circumstances. However, advocates should continue to communicate these and other needed policy updates as CTS services are implemented in 2024 and beyond.

Consent and Co-Payment Required for CTS

The National Alliance for Caregiving did not comment about the proposed consent or co-payment requirements for CTS, but it is important to note that the final rule requires patient consent to deliver caregiver training services because those services will be delivered without the patient present. The final rule specifically states that providers will need to obtain consent for CTS directly, and that CTS will not be covered under a patient's general consent to receive treatment.

Furthermore, CMS states consent is necessary because any applicable cost-sharing requirements will be the patient's responsibility. Because CTS will be a Medicare Part B service, deductible and coinsurance requirements will apply. While Medicaid and Medigap coverage may cover some or all of these costs for eligible and enrolled beneficiaries, the provider cannot elect to waive the deductible or cost-sharing requirement for CTS.

Additional provisions in the CY 2024 Medicare PFS that Will Affect Family Caregivers

In the final rule, CMS implemented the proposed expansive steps to recognize the distinct impact that Health-Related Social Needs (HRSNs) contributes to negative health outcomes and increased total cost of care for beneficiaries. Specifically, the agency finalized new billing codes for Community Health Integration (CHI), Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation (PIN) services delivered by health care support staff, including community health workers, care navigators, and peer support specialists.

These services are meant to address unmet SDOH needs that will affect the diagnosis or treatment of a patient and to help Medicare beneficiaries with high-risk conditions, such as dementia or cancer, connect with clinical and supportive services resources. These are an important and forward-looking approach to support a whole person model of care, which can reduce the immense burden that family caregivers face.

Furthermore, CMS finalized proposals aimed at improving support for emotional and mental well-being through their behavioral health care. These changes to improve access to behavioral health will allow clinical social workers, marriage and family therapists, and mental health counselors, including addiction counselors, to enroll in Medicare and bill for their services. Given that an estimated 13 million caregivers support adults with mental health conditions and substance use conditions,⁶ expanded access to health behavior assessment and intervention (HBAI) services is a critical component to supporting caregivers.

Conclusion

Overall, the changes and additions included in the CY 2024 Medicare Physician Fee Schedule represent a broader whole-of-government approach to improve supports for family caregivers, reflect the input and wisdom of caregiver advocates, and are a milestone toward achieving Goal 2 of the National Strategy and to building a society that values, supports, and empowers America's 53 million family caregivers. We encourage Medicare to raise awareness of these caregiver-specific services among beneficiaries and healthcare providers. For example, education about these new codes and services should be integrated into the Medicare Learning Network, Medicare tip sheets, and Welcome to Medicare Handbook. Further, we encourage Medicare and Congress to focus on changes that strengthen and expand services that can help beneficiaries and caregivers at home. Without more robust support from Medicare, family caregivers will be unable to keep pace with the growing need for home-based services.

⁶Supra at 2