



Long-Term Services and Supports Minutes – July 28, 2020

**Participants:** Jayla Sanchez-Warren (co-chair), Gabriel Kaplan (co-chair), Christian Itin, Karin Stewart, Kelly Osthoff, Hope Carwile, Rich Mauro, and AJ Diamontopoulos

**Action Items:**

- If available, additional information related to the New York Alzheimer’s Disease Caregiver Support Initiative will be shared in August
- Jarett Hughes to edit and refine draft recommendations ahead of August meeting

**Key Takeaways and Notes:**

*Wellness Funds*

AJ Diamontopoulos, Accountable Health Communities (AHC) Manager with the Denver Regional Council of Governments (DRCOG), joined to continue the discussion around Wellness Funds. AJ pointed out that Wellness Fund initiatives are in-line with other efforts we are seeing across the country such as the expansion of social health information exchanges and integrated health efforts that focus on social needs such as access to nutritious foods, housing, and transportation. Health related social needs are a cornerstone of the AHC work and the goal of Wellness Funds in supporting proactive community-based services.

Wellness Funds would be able to leverage smaller amounts of funding with strategic investments in community-based services. Blended, or pooled, funding from multiple sources – such as the state, local governments, health systems, private insurance - are able to be used to support services at the local levels to meet specific health related social needs. Recent work through AHC at DRCOG has indicated that nutrition and transportation security continue to be two of the greatest needs. AJ indicated that Imperial County, California is currently working on data analysis related to their Wellness Fund.

AJ proposes a Wellness Fund pilot project spanning 5-7 years based in an urban and rural setting with the goal being to lower the cost of care for the experimental group. Partners would be the regional Area Agency on Aging, health insurers, and community-based providers. AJ noted that health insurance providers are interested in investing, but they are concerned about the sustainability of these initiatives.

It is important to move towards models that do not focus solely on referrals but focus on providing incentives for providing the services. Jayla noted that because hospitals are receiving incentives for referrals, there is growing concern that social health needs will become “medicalized” and provided by hospitals instead of smaller community-based organizations.



## Strategic Action Planning Group on Aging

### *New York Alzheimer's Disease Caregiver Initiative*

Gabriel Kaplan, Kelly Osthoff, and Jarett Hughes then introduced the New York Alzheimer's Disease Caregiver Support Initiative. This Initiative began with a nearly \$25M investment with blended state and grant dollars totaling \$5M over 5 years. New York is still in the process of finalizing the cost analysis so final numbers are not available, but some preliminary takeaways have been shared. Initial findings indicate delayed placement in residential long-term care which should delay the need to draw down on state-funded services such as Medicaid. If new information is available for the August meeting, it will be shared. Even without the cost analysis, there is a rich body of research that indicates the positive outcomes with increased family caregiver supports.

### *Draft Recommendations*

With regards to the draft committee recommendations, it was noted that strategies for implementation should be included where appropriate. With some recommendations, we need to be more specific and use more actionable language, other can remain a bit more general. In the narrative of the Action Plan Update, it is important includes language around momentum and obstacles related to recommendations.