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University of Michigan IDEAL RRTC
Webinar Series: Policy Solutions to Support Family Caregivers

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ICPSR Webinar

JANUARY 27, 2021

>> ANNA SHELTON: All right. Hello, everyone. Hello, everyone and welcome! We are just getting all of our attendees into this webinar. Hello and welcome. We are so glad to see you here.

We're just going to take one minute to allow all of our attendees to get into the webinar.

Hello to everyone. Welcome, welcome. We are so glad to have you here.

All right, fantastic. I see the attendees number is going up. So, we're just going to wait one minute to allow everyone in.

Hello and welcome to everyone new who is just joining. Hello, everyone. Welcome. We're just taking one minute to allow everyone's system to let them in.

Hello! Hello to all of our new folks!

Hello, everyone. Thank you for joining. We are just allowing one minute to let everyone's system take a moment to let them in...

All right, wonderful. We will go ahead and get started. Looks like we still have a few people popping in, which is great. All right, fantastic.

Well, hello officially and welcome. We are delighted to have you join us. This webinar will be recorded and the recording and the slides will be sent to you via e-mail.

During these live presentations please do excuse any cameos from canine colleagues and other unexpected moments. And of course we hope that this doesn't happen, but if the webinar were to close unexpectedly, please do reopen it from the link that you used to attend this presentation.

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One last note, if you are posting to social media about what you learn here, please do tag us. And you can also use the hashtag ICPSR. Once again, this webinar will be recorded. And the slides will be sent to you via e-mail. And with that, Dr. Meade, the floor is yours.

>> MICHELLE MEADE: Thank you, Anna. Hello and welcome to this session, *Policy Solutions to Support Family Caregivers*, which is part of our quarterly webinar series for the Investigating Disability factors and promoting Environmental Access for healthy living, or IDEAL, Rehabilitation Research and Training Center which is a grant funded by the National Institute on Disability, Independent Living and Rehabilitation Research within the US Department of Health and Human Services.

I am Dr. Michelle Meade, Director for the IDEAL RRTC as well as Co-Director for the University of Michigan Center for Disability Health and Wellness. And I am delighted to be here to introduce you to our speaker for this webinar.

The mission of the IDEAL-RRTC is to understand and enhance healthy aging for people with long-term physical disabilities, especially those at risk for poor outcomes because of location, severe disability, or other circumstances.

With this webinar, Ms. Robyn Rontal will be focusing on the priority issues for many individuals living with long-term disabilities. The support and engagement of family caregivers. And the role of policy for creating positive outcomes. According to the AARP, over 43 million adults currently provide unpaid care to family members or friends in the United States. With an estimated economic value of about \$470 billion a year, reported in the year 2017. Almost 40% of all caregivers find their situation to be emotionally stressful. When caregivers feel that they have no choice in assuming the care-giving responsibilities, this feeling increases to 53%. Recent trends indicate a shift in care from institutional to home-based settings and the isolating impact of the COVID-19 pandemic are creating an even greater sense of urgency to find ways to better support caregivers.

This webinar is intended to review the current state of family caregiving in the United States, to describe the research on factors that impact caregiver stress, and to discuss various policy solutions at local, state, and national levels.

Our speaker Ms. Robyn Rontal leads policy analytics and consulting projects at research for health and research transformation, or CHART, with over 30 years' experience working with stakeholders across the healthcare marketplace, including consumers providers and policy makers. She is the Co-PI of the IDEAL-RRTC and provides analytic grant writing and project management expertise for several organizations seeking to participate with Medicaid delivery systems transformation initiatives. Most recently, she led a team providing analysis and recommendations to the State of Michigan to support their COVID-19 response to improve nursing home care. Robyn has a juris doctorate degree from Wayne State University and a Master of Health Services Administration from the University of Michigan.

Thank you so much, Robyn, for being here. And presenting on this important topic.

>> ROBYN RONTAL: Good afternoon. And thanks Michelle for the kind introduction it's likely that all of you on this Zoom webinar have either been a family caregiver or know someone who has...I'm just trying to –

There we go.

Today, I'm going to briefly review the current state of family caregiving in this country, describe evidence-based research findings on caregiver stress and its impact, and then focus on an overview of local, state, and national policy solutions that have been proposed or are being tested. The definition of family caregiving is largely a medical definition. In fact, eligibility for the benefits that are available are primarily based on the number of functional limitations that a person has.

In reality caregivers provide assistance across many, many dimensions. One thinks of caregiving as the meal preparation and help with bathing and things of that sort. But an unpaid caregiver is often handling major medication, wound care, cloths, bag changes, tube feedings. Extensive care that is not provided necessarily by a medical professional. And then there are the unstated care that involves coordination among providers and advocating during medical appointments or hospitalizations. It's a huge job. I have a number of slides that go through some statistics based on a recent survey conducted by the AARP that I recommend to all of you who have not read the survey results yet. And I pulled in some relevant slides that I thought would be useful to give you some updated statistics.

This one shows that in 2020, 1 in 5 adults were caregivers. And you can see that in the far-right slide. Of particular note is that this increased substantially between 2015 and 2020, from 18% of the adult population to 21% of the adult population.

So, the number of caregivers, and our dependency on caregivers, is increasing. Caregiving is often a long-term commitment. The average number of years of care provided today is 4.5. But if you look at these bars, almost 30% of care recipients -- care for the recipient more than five years. Looking at the top two bars. The economic value of caregiving, as Michelle indicated in her intro, 41 million family caregivers provide these services, and the economic value is estimated at approximately \$470 billion. This is based on an approximate 16 hours per week at \$13.81 per hour, to reach this total. And to put this into perspective, more than three times the Medicaid spending for long-term services and supports, if you look at the top bar, and this is greater than all out-of-pocket expending on healthcare in the country. It's a huge contribution that unpaid caregivers are providing to our society.

Who are these family caregivers and what are their stories? Personally, my first awareness of family caregiving was when I was a teenager and sat down with my Great Auntie Murr in England and learned that she as an only daughter had been expected to remain unmarried and care for her parents into their old age, which she obediently did. It shocked me. For myself, it's been caring for my late disabled husband and my father, who himself was a caregiver for many years, for my stepmom.

PBS has a series with stories of caregivers, some of which are very poignant. And I just want to summarize one that I thought was quite relevant to today: A wife caring for her husband for many years, fairly successfully and supported, following a stroke, was managing okay until COVID hit. And then she was isolated. The people who had help her, her family, her friends, could no longer come in to help. And she struggled and was extremely challenged, like many people.

There is an increasing amount of research studying caregivers, and the factors that impact them

and the care recipients. Caregiving stress is multifaceted. The issue of stress -- and this is one of the most important things -- is that not only the caregiver but the care recipient is impacted when the caregiver is stressed. Care recipients are more likely to report poor outcomes. And they may need to be admitted to a nursing home rather than remain in their own home, which more and more people are wanting to do now.

Interactions with the health system often only add to their stress, due to the overwhelming number and complexity of providers that they have to deal with. As you can see in the right-hand pie chart almost 40% of caregivers find the situation to be emotionally stressful. And for those that did not choose to be a caregiver, often a spouse, that percentage increases to 53%. So, this is a real issue, and affects the health of the caregiver and the health of the recipient.

A caregiver must maintain their own health to provide care to the recipient, as I indicated. And research has found that the caregiver's health is strongly correlated with their income. Caregivers with less than \$50,000 in income have a significantly poorer health than those with more resources to draw upon. And this is partially because unpaid caregivers can expect to spend roughly 20% of their personal income to help with care. Compared to the general population, twice as many caregivers report fair or poor health, and this has increased over the past five years.

Most caregivers are employed. However, more than half of employed caregivers have had to take time off from their jobs, reduce their work hours, or quit their jobs. And most employed caregivers indicate that their caregiving has interfered with their employment. Benefits for employed caregivers in this country, as you'll see shortly, are minimal. Of those that were employed, 60% worked full time. And balance a full-time job and their caregiving responsibilities. And that's shown in the far-right graph. And nearly half of these caregivers have experienced at least one financial impact. These impacts include no longer being able to save money, taking on more debt, using their own savings, not paying bills, and borrowing money.

There are some services that pay and support caregivers, but the vast majority of care is unpaid and provided by family caregivers. Medicaid has an array of waiver programs that serve as an alternative to traditional Medicaid. They vary state to state and eligibility is often focused on individuals who qualify for nursing home levels of care but want to remain at home. I'm going to discuss this in more detail in a later slide.

Medicare has minimal to no support for caregivers. There are services that are available to individuals post-acute care, when discharged from hospitals, that include skilled nursing care and therapy services that support those types of caregivers in the home, but the family caregiver gets no direct support from Medicare.

The Veterans Administration actually has the most comprehensive support for family caregivers and there are multiple options depending on eligibility, which can be fairly strict. Similar to the Medicaid waivers, there's a Veterans directed care program where the vet qualifies for nursing home level of care

and the VA provides a budget of approximately \$2,200 per month that can be used for services including paying a family member to be a caregiver. The Aid and Attendance Program within the VA supplements the military pension and supports family members as well. But that has limited eligibility. Bed confinement, blindness, nursing home eligibility, and multiple activities of daily living needs. There is a house-bound program that provides supplements to the pension -- so these are available to pensioners within the VA system.

On this next slide, I have some details about the most comprehensive program within the VA. And this is for eligible Veterans who are disabled, with a 70% rating or more, which indicates the severity of their disability. And they also have to have documented need for six months or more care. For those who qualify, this is a phenomenal benefit, because it provides a primary caregiver and up to two secondary caregivers who are supported with both resources and training and education. The secondary and primary caregivers can receive a lot of the supportive resources and financial assistance for accompanying the Vet to medical appointments. The primary caregiver receives a monthly stipend, stipend, access to healthcare, travel benefits, and 30 days of respite care. There is a program for Vets that don't have certified conditions, which is primarily resource-based.

Why are caregiver policy changes so important to talk about today? First and foremost, the supply of caregivers for those needing care will be declining when the need is increasing. We are having fewer children. More older adults are single. And children live further away. And more are working. By 2050 there will be only three potential caregivers for each person age 80 and older. And just for reference, in 2010 there were seven for every person.

Secondly, policy changes at the Federal and State level are shifting care to home-based settings and away from institutional nursing home settings. And this is driven both by financial impetus, but also because this is what people prefer and want as they age. And then I would add that in this past year there's been increased societal awareness of the need for caregiving support due to the impact of COVID and the isolating impact and the exacerbated needs for individuals, both the recipients and the caregivers.

I'm going to cover a number of local, state, and national programs and potential policy solutions that can support caregivers. I'm going to touch on these at a fairly high level but I encourage you to further explore them at your leisure because there are many, many exciting things happening that can change the landscape of family caregiving over time and into the future.

Local initiatives are important because this is the place where new ideas can be piloted, tested on specific communities, and transferred to other communities where they can be implemented successfully and further tested. I have as an example a program that's not specific to caregivers but shows evidence-based outcomes that enable recipients to stay in their homes, with support, and benefit caregivers. This program is known as CAPABLE, and it was developed at Johns Hopkins and expanded now to 25 locations. I'm also going to touch on the use of county-level Senior Millages and County Commissions on Aging, where eligibility varies considerably. Much of this focuses on seniors. But some

programs extend their services and their mission to individuals with disabilities as well. The CAPABLE program was originally funded by NIH and the CMS Innovation Center, and it was located originally in Baltimore. It includes a team that involves a registered nurse, an occupational therapist, and a handyman. Because often issues with being able to stay in one's home have to do with accessibility.

So, the focus is on keeping a person functional and safe within their own home. The costs relative to the savings -- and you can see the savings further down -- are significant in terms of savings for Medicare. And this has been measured and tested with strong research that has looked at a comparison group. The implementation across the country is varied. It's been in accountable care organizations, within pace programs, meals on wheels, within some state Medicaid waiver programs, or funded by private philanthropy. And as I indicated there are savings on a per-participant basis of more than \$10,000 per year. And also, importantly, participants have improved in functionality, reduced symptoms of depression, and other activities of daily living.

Other local strategies include the programs I mentioned, Senior Millages and County Commissions on Aging. That include many services that support or provide resources to family caregivers. Such as personal care support and respite care. When a county has both a County Commission on Aging and a Senior Millage, the Commission generally manages and distributes the funds to the service providers within that county. As an example, here in Michigan, Monroe County has had a Commission on Aging for many years. They also have a Senior Millage. And they have extensive caregiver resources on their website that are available funded by the Senior Millage.

At the State level, I'm going to touch briefly on Medicaid waivers, PACE Programs -- which are not in all states but are in many -- and a new funding initiative that was recently implemented by Washington State, the very first Long-term Care insurance program across the whole state.

With respect to Medicaid waivers, Medicaid is administered at the state level and funded with Federal and State dollars. States are provided some discretion to set eligibility and service options. States use Medicaid waivers to give them flexibility in service delivery and payment options. Some of these waivers include support for family caregivers, and this is most frequently through the long-term services and supports waivers that I've listed here, that offer -- the first one offers flexibility to test payment and service delivery options. The second one is primarily focused on home and community-based services as alternatives to nursing homes.

Seven states have specifically used these waivers to provide education and training to unpaid caregivers. And many states use them for various support services that I've listed here below. In Michigan, there are three Medicaid waiver programs. The MI Choice program, for individuals who qualify for nursing home level of care but want to stay in their homes, the Home Help Program, where family members can be paid for caregiving services, the MI Health Program which is for dual Medicaid-Medicare eligibles, which includes some support for family caregivers. PACE provides the most comprehensive medical and social services to dual-eligibles that's currently offered at the state level. Eligibility

requirements are very strict, and most PACE programs have waiting lists. A person must qualify for a nursing home level of care but once they qualify, they receive extensive both medical and social services, as I've indicated. That includes respite care and support for the caregivers. And again, there's been extensive research and studies on the cost-benefit of PACE, and the savings are associated with significant reductions in emergency room visits, hospitalizations, and long-term care nursing placements. And in emphasizing the impact on caregivers, a survey recently found that caregiver stress was low in both family members and caregivers of participants, and that they were extremely satisfied with the support they received, as well as recommending PACE to others. Almost everyone, very close to 100% here.

PACE, however, has the issue of limitations in access and eligibility. It's only offered in 31 states and there are only 263 centers. It's very difficult to get in, even if one is eligible, and it only provides care to individuals age 55 and older. So there are a lot of opportunities and some efforts to expand eligibility and access to PACE, or to start programs in states that don't already have them.

And then finally, Washington's long-term care program is very innovative. This is the first state to create a public long-term care insurance program, as I indicated. The way they're going to do this is funding it through a payroll tax that's going to start in 2022. For those that participate, the program will pay benefits up to \$36,500 for people who need assistance with at least three activities of daily living and some other criteria. This includes caregiving support, respite care, Meals on Wheels, home modifications, and direct payment to family caregivers. Many of us will be watching to see -- and I know that many states are watching to see -- how this rolls out in Washington.

I'm going to focus on ... that may influence caregiver strategy... (audio issue). One, the recent RAISE Act, which has directed the establishment of national family caregiving strategy. And the second is the National Alzheimer Project Act, NAPA, which has been in existence since 2011 and has led to the creation of a national strategic plan specifically for Alzheimer's and related disorders. And it continues to be updated and influence policy related to this segment of the population.

I'm also going to talk about three programs with a potential for policy enhancements that could benefit family caregivers. First, the Family Medical Leave Act, which could potentially be expanded. The second is the National Family Caregiver Support Program, funded through the Older Americans Act, which could receive increased funding. And third, for Social Security, the concept of providing working credits for family caregivers who leave the work force.

RAISE, as I indicated, became law in 2018. And established -- or health and human services established the family caregiving advisory council which is busy working on a national family caregiver strategy. They've involved multiple stakeholders and they've been assessing the impact on family caregivers within the Medicaid program and current and future opportunities. There's extensive work and public documents available, and I encourage you to follow and look at what this group has already done and developed.

They have adopted recently 26 recommendations and this year they're going to be working on developing this national family caregiving strategy, which may have the potential for tremendous impact on caregiver policies, now and into the future. The categories that these 26 recommendations fall into -- and I'm not going to get into the details today, but the categories include: Awareness and outreach. Engagement as partners in long-term services and supports. Services and supports. Financial and workplace security. Research. Data. And evidence-informed practices. And as I indicated, I encourage you to follow the development of this Council's work.

The National Alzheimer Project, as I indicated, has been ongoing for some time and includes some very specific measures that support caregivers in their recommendations, in their recent recommendations. Looking out to 2025, they're recommending that programs including but beyond Medicaid that provide long-term services and supports be expanded to support individuals and their caregivers. And they specifically get into details about three of these areas.

Recommending that Congress suspend the Family Medical Leave Act, which I'll get into in a minute. And that states expand support for paid leave for caregivers. Also, that states suspend voluntary long-term savings accounts. These would be similar most likely to the Medicaid savings accounts that are currently in place. Congress and states should also expand tax credits for caregivers according to their recommendations.

The Family Medical Leave Act does provide important protections for workers that need to leave work temporarily to provide care to family members. However, there are some fairly significant limitations to this program. And I'm just going to step through the ones that have been discussed as needing to change to support caregivers. At this point in time, more than a quarter of family caregivers don't fall under the lowest definition, even if they meet all the other requirements. It doesn't include relationship such as siblings, in-laws, or grandparents. In addition, almost 40% of the workers in this country today are completely excluded from these benefits because they work in situations with smaller employers, or part-time, that don't fall under the eligibility requirements. And for example, employers employing fewer than 50 workers, the employees are not eligible for FMLA. You have to work in a larger organization to be covered. And then, most significantly, FMLA only offers protection from job loss. Your company has to offer you work when you return following your leave but includes no provisions for paid leave. And this is a short-term program. A person only has 12 weeks of FMLA in a 12-month period. So, there are a lot of limitations that are being discussed as opportunities for policy change to support the working caregiver.

The National Family Caregiver Support Program, which is part of the Older Americans Act, is a longstanding program with Older American Act funding going to the Area Agencies on Aging across the country. So, this is administered through Area Agencies on Aging, which all have some degree of caregiver activity and support as part of their mission. However, as you can see here, in 2020, only about 9% of the funding under the Older Americans Act was allocated to family caregiving support. And the policy solution proposal is to increase this level of funding to enable more services to be given to caregivers through this

vehicle.

Social Security is another area that is considered as an opportunity for changes that could benefit family caregivers. To qualify for Social Security, a worker needs to have at least 40 credits. And you can only get four credits per year. Which equals about ten years of work. At a minimum level of income. When a person leaves the workforce to be a family caregiver, as many do, they no longer are contributing work credits to their Social Security eligibility. And the suggested solution is to amend Social Security to provide working credits for family caregivers who leave the workforce, and that the value of this is that it would support the caregivers strengthen their future Social Security retirement benefits, and keep them from becoming impoverished later in life. And then finally, what can you personally do to influence caregiver policy? As I've indicated along the way throughout this presentation, probably the most important thing is to stay fully informed so you can follow through on other activities related to caregiving. And one of those ways will be to follow what the RAISE Advisory Council is doing in developing a National Family Caregiver Strategy.

Secondly, in your own community, what is going on with local initiatives to support family caregiving? And how might you get involved? Are there collaborative initiatives that are happening that caregivers can tap into? Are there information resources? Caregivers are often searching for information that's hard to find. Or are there resources through Senior Millage or other programs that could help people on the ground?

And then finally, for those of you in research or policy, consider writing a policy brief. For those of you who aren't, consider telling your story. Policy makers are hungry for information and rely heavily on experts to inform them as they are working through policy decision making. This is an excellent opportunity and the time is right to consider this for ways to get out the research that you might be involved in to support key areas that you're advocating for, for clients or family members. And there are many examples that you can review and look at. But it's basically a short document that summarizes research, so it can be fact-based, lessons-learned, and makes recommendations. Some of the recommendations and items that I've highlighted here could very well benefit caregivers and care recipients in the future. And think in terms of what a call to action might look like based on these research and facts.

In closing, I invite you all to consider and reflect on the fact that we're all both potential caregivers and care recipients in the future. And that how we support one another is a reflection on the health of our society. And with that, I want to leave the remaining time for questions, that Michelle is going to help summarize, and then I will answer. And if there are questions that I cannot answer, I will be happy to follow up by e-mail in writing.

>> MICHELLE MEADE: Wonderful. Thank you, Robyn, for a very informative presentation. It is good to see that there are initiatives on the ground. I guess before we start with some of the questions from the audience, I wanted to ask: What is the stance that the new administration is taking with regard

to supporting caregivers, both of older adults as well as of children and individuals with disabilities?

>> ROBYN RONTAL: That's a very good question, Michelle. I have not seen an explicit policy position on caregivers. However, I think there is a strong recognition of the need to find and support innovative solutions. And this is focused largely on those who are under-served, which includes Medicaid recipients, and those who are individuals living with various disabilities. So, I see an increased emphasis on both research and services to support caregiving over the next four years.

>> MICHELLE MEADE: Wonderful. So, one of the questions we have from our attendees is from Margaret, who writes: Are there ongoing efforts to link the dilemmas of family caregivers of the elderly and disabled to parental caregivers of young children? For example, the family act would seem to have some potential. And is it possible for Social Security credits for infants and early childhood care to be linked to Social Security credits for care of individuals with disabilities or the elderly?

>> ROBYN RONTAL: Oh, that's also an interesting question. I don't know as much about the top initiatives related to support for families with young children. I do know that some of the most stressed caregivers are those who are in that sandwich generation caring for their children and their parents, and that this is a critical area in the workplace there is often -- or increasingly more recognition of support needed for childcare and other services related to young children, and less recognition of the caregiving. Although those with young children may disagree with that, having been there a while ago myself. But tying those two together, I think, is a very good strategy. Because many of the solutions are similar. Michelle, you're on mute...

>> MICHELLE MEADE: The follow-up piece of that is, do d we want to think about care across generations? I know there are various initiatives about connecting childcare at older adult facilities and stuff? Have you heard of any of those type of initiatives?

>> ROBYN RONTAL: Um... I mean -- this is a small, emerging kind of lifestyle solution. Multi-generational communities. Where individuals choose to live in settings where they aren't as isolated. I don't know how much of a trend this is going to be. But in some countries internationally, there are increases in housing type arrangements where people live in proximity to be able to help each other out more. So, you know, those are the types of longer-term solutions that may provide that multi-generational support.

>> MICHELLE MEADE: Wonderful. Another question was specifically about the VA programs you were talking about. And the question was: Is the VA program of general caregiver support services first tied to the pension eligibility? In other words, some charges disqualify Vets from pensions. Or on the other hand, tied to being service connected. And two, is it restricted to family members?

>> ROBYN RONTAL: The general assistance program is not tied to pensions and is not tied to service-related disabilities. So, that is the broader program that provides primarily resources and educational support for Vets who need -- or for caregivers of Vets who need services. It's almost like a resource center with support available. The more extensive services do require some level of disability or

nursing home eligibility. And also the more extensive programs are for those who are already receiving a pension. But there are broader services available more universally to Veterans.

>> MICHELLE MEADE: Good. Another question is: We talk a lot about caregivers being adults; how about young people under the age of 20 who can also serve in roles as primary and secondary caregivers to parents, grandparents, and other family members? Do we know of any policy initiatives that include provisions for young people who are caregivers?

>> ROBYN RONTAL: We know that it's increasing. If you look at the statistics, the youngest age segment, which I believe is the 20-somethings, and we know that there are teenagers of course that help out, but in the survey that I reported from the AARP, that youngest segment showed up for the first time in this survey and was just shy of 10% of that group, which was pretty high. So, we know that that's an increasing factor. And will only increase further. I don't know of any specific programs to help those individuals. These are people who are just getting started in the workplace. And we know that they are the ones most likely to have jobs without as rich benefits or working for smaller organizations. So, they probably are falling through the cracks probably in many of the programs intended to support caregivers. I think that's something to highlight.

>> MICHELLE MEADE: Thank you. How does marital status fit in? I've heard of several -- or people being counselled almost to divorce their spouse in order to save resources or allow for eligibility among various programs.

>> ROBYN RONTAL: That's complicated. Yes. There are situations where people go through a painful divorce, not wanting to divorce, to allow one spouse to receive services that they otherwise wouldn't be eligible for. One has to be extremely careful of those types of decisions because, for example, the Medicaid spend-down rules are very rigid and need to be handled with care if those are to be -- I mean there's both the, um... equity of it, but also the, um... you know, what's right and how it's being handled. But, yes, that does happen. And it's unfortunate because, um... particularly in our older generation, marriage is sacrosanct, and you hate to see that becoming a necessary situation. I think there are changes that are going to support the spouse if some of these initiatives move forward and not require that very hard, horrible situation to occur. But it does. Yeah, there are situations where that, arguably, is in the person's financial best interest.

>> MICHELLE MEADE: And what we also see, we know among the disability community, is people deciding not to get married because it actually decreases their resources as a couple versus single.

>> ROBYN RONTAL: Yeah, and I think that may even be more common, particularly in the disability community, where Medicaid, as you can see from the slides, is one of the programs that provides more support to those that are eligible to allow them to stay in their homes.

Because there's recognition that it's both a good thing but also, I think what drives it is the cost-benefit analysis, which -- it saves money. So, if there are resources put into enabling a person to stay in their home, Medicaid has increasingly stepped in to support that. So, if a person qualifies for

Medicaid and is receiving those services and has an opportunity to decide whether or not to get married, they may decide not to because they would lose those services.

>> MICHELLE MEADE: So, the question that has come up is: How is it possible to access effective and cost effectiveness of the support policy or program? And do you have any evidence about the cost effectiveness of respite care facility programs?

>> ROBYN RONTAL: For respite care, I don't have any specific studies in mind that have looked at respite care. However, I think as part of the PACE Program, respite care is one of the strong factors that has enabled people to stay out of the hospital and nursing home, which is the major savings that shows benefits for that type of program. And I think we see evidence of this with both respite being part of the VA program, a pretty significant part with 30 days of respite provided, part of the PACE program, part of Medicaid. I would have to look further to see if there were any specific studies that looked at respite alone as a cost-saving measure. And I can make a note of that, to follow up on.

>> MICHELLE MEADE: Great. Another one is -- this is a bit of a repeat question, but the specific question of stressed unpaid family caregivers. There is an Asian organization caring across the generations offering the idea of universal family care and insurance programs. Does this have any utility in raising the care of elders and people with disabilities as well as care needs even if it doesn't fit into the short-term policy prospect?

>> ROBYN RONTAL: Yeah, I think it certainly does. You know, these -- it's going to take a multitude of different approaches, not just one solution, to impact and improve family caregiving in the area that I've talked about. And what I think, you know, the person who asked the question about multi-generational policies and programs... I don't think there's just one solution here. I think this is only going to, um... be solved by multiple solutions that, all pulling together, and maybe different in different populations and in different areas, um... so I do think that, um, all these various ideas, um, need to be further developed, and in some cases, come together, or focused in on those areas that work most effectively. It's sort of a roundabout answer, but...

>> MICHELLE MEADE: What type of data then will those programs need to collect to show (dog barking) their effectiveness and to be able -- so that other places will be willing to replicate them?

>> ROBYN RONTAL: First and foremost is generally cost savings, or the ability to use the same resources to more effectively keep people in their homes and not needing to receive institutional care. I mean, that is the strongest evidence and driver. However, there are many other factors, other than just the dollars and cents. You know, there's mental health. There is, um... satisfaction with care and interpersonal relationships. There's the work force aspect that can also be very influential. Because if employers see that they have workers who can stay engaged and contribute, they're much more likely to support efforts to improve caregiving support. So, it really has to -- you almost have to look at each population affected and some of the levers to determine what's going to be most influential.

>> MICHELLE MEADE: Wonderful. And I know we're now at the top of the hour. And you've given us a lot to think about, Robyn. Thank you so much for covering all these important issues. Thank you to those in attendance for providing such interesting questions and thought-provoking ideas. We will be sending out the slides and a recording of this webinar to everyone who registered. And if you have another question, please send it in and we'll try to get it answered. Following I believe there's going to be an evaluation attached to that follow-up e-mail. Please take the time to do that as well. Thank you once again Robyn for all your time.

>> ROBYN RONTAL: Thank you very much. I'm enjoyed this.

>> MICHELLE MEADE: Great. Take care, everyone.

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