TRUALTA

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Division of Regulations Development
Room C4-26-C05
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Baltimore, MD 21244-1850
Attn: OMB Control Number 0938-1296

To whom it may concern:

Trualta is the only learning management system purposely built for the informal caregiver audience. We currently support 10,000+ caregivers across 33 states with personalized, skills-based training, in partnership with state and local governments, health plans, and healthcare providers. We are excited to see the Centers for Medicare and Medicaid Services (CMS) introduce a new Model of Care (MOC) and want to make sure that it recognizes the importance of trained, confident caregivers. We would like to use the comment period to share what we know works when training caregivers, based on our experience delivering caregiver training programs since 2018, and encourage CMS to think broadly about acknowledging and incorporating caregivers in its strategy.

More now than ever, given demographic changes and reduced public funding, identifying, engaging and supporting caregivers is of the utmost importance. Having increased requirements for Dual Eligible Special Needs Plans (D-SNPs) to identify, engage and monitor caregivers is a winning strategy for all–the enrollee, the caregiver, the plan, the state, and the federal government. We need to push on policy levers to support plans in investing better attention and efforts for this.

Research shows an underutilization of caregiver supports, even when they are available, plus an ongoing issue of people not identifying as caregivers. As enrollee needs change, caregiver training needs change. There needs to be a focus on how to best support caregivers because caregivers, in turn, will be able to support enrollees longer.

Requiring Special Needs Plans (SNPs) to report more caregiver support specificity will increase SNP engagement with existing resources that they often do not leverage. MOC requirements could drive SNP efforts to work more closely with Area Agencies on Aging (AAAs) and other caregiver resources (1915c caregiver supports in states have extremely low utilization). It benefits enrollees and caregivers and the entire system to have better coordination and awareness of supports.

We applaud the CMS MOC framework for already considering and including caregivers in MOC requirements and expectations. We have several recommendations below for how CMS can be

more specific to include caregivers in the framework. We believe CMS must think more strategically on how this framework impacts caregivers. We advise a move from reporting policies to action-oriented policies, and recommend CMS start incorporating some sort of audit activity around SNPs' caregiver identification, engagement and support into MOC audits.

- D-SNPs & C-SNPs: D-SNPs can be approved up to three years (submit redlined updates as needed for model changes) but C-SNPs must submit annually
  - Trualta supports C-SNPs' annual submission and model focus given what Trualta has observed around caregiver utilization and chronic conditions.
  - It also supports C-SNPs more meaningfully engaging caregivers in the model.
- If CMS moves forward with recommended edits to strengthen the expectation that enrollee caregivers be identified and more meaningfully engaged as SNPs operationalize their MOCs, we also recommend that CMS include caregiver-related questions to the Attachment B, Dual Eligible Special Needs Plan Model of Care Questionnaire.

MOC Element 1: Description of the Population
Element 1A: Description of the overall SNP Population

- It requires SNPs to describe factors impacting the health of SNP enrollees and "caregiver considerations" is one item. We recommend that renewing plans with existing membership (D-SNPs are required to provide data on existing membership for renewals) provide specific data on the percentage of members who have a caregiver.
  - It is necessary to differentiate paid caregivers from informal caregivers.
  - Trualta identifies informal caregivers as "any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an [individual] with a chronic or disabling condition. These individuals may be primary or secondary caregivers and live with, or separately from, the person receiving care (Family Caregiver Alliance definition)," and proposes that CMS adopts this definition.
- SNPs are also required to provide a "description of how the SNP addresses enrollee needs related to Social Determinants of Health (SDOH)."
  - Trualta recommends that CMS be more specific in requiring SNPs to also detail how they engage caregivers and support them.
- A new MOC element requires SNPs to differentiate between the general SNP population and its most vulnerable enrollees.
  - Trualta suggests that CMS include a requirement for SNPs to track and measure within these subsets how many enrollees have caregivers and outline efforts to support caregivers for the most vulnerable population.

MOC Element 1B: Services for the Most Vulnerable Enrollees

- Trualta recommends this edit: "Address how the SNP will meet enrollee needs throughout the full continuum of care, including end of life considerations **and how D-SNPs are engaging and supporting caregivers.**"
- Trualta recommends this edit to the new language (replacing other): "Include a list of the partnerships and available services specific to the service area, **differentiating**

partnerships and services/support specific to meeting the needs of enrollee caregivers" to reinforce the importance of SNPs offering caregivers supports.

    - This has the potential to influence D-SNP engagement with AAAs and other resources that benefits enrollees, caregivers and the entire system to have stronger service intersection.

- Trualta acknowledges and thanks CMS for already having in this section, "Describe the established partnerships with community organizations that either provide, facilitate, or assist in identifying resources for the most vulnerable enrollees **and/or their caregivers**, including the processes to support and/or maintain these partnerships and facilitate access to community services."

MOC Element 2: Care Coordination

Trualta recommends explicitly calling out both enrollees and their caregivers who should be at the center of all Care Coordination activities in the revised MOC 2 description: "Care coordination involves deliberate organization and communication of health care activities with **enrollees and their caregivers**, stakeholders, including providers both inside and outside of the SNP's network, to help ensure that enrollees health care needs, preferences for services, and information sharing across health care settings are met. Effective care coordination ultimately leads to improved enrollee outcomes.

MOC Element 2A: SNP Staff Structure: Trualta recommends directly calling out caregiver education and support as an area in which SNPs should consider staff support in the revised language: "Staff that perform clinical functions, such as direct enrollee care and education on self-management techniques, **caregiver education and support**, care coordination, pharmacy consultation, behavioral health counseling, etc."

MOC Element 2B: Health Risk Assessment (HRA): Trualta recommends specifying caregivers in the revised language to reinforce the need to identify, engage and support with HRA activities:

- "Describe how the HRA is used to develop and update, in a timely manner, the Individualized Care Plan (ICP) for each enrollee, and how the HRA information is disseminated to and used by the Interdisciplinary Care Team (ICT) **and caregivers as applicable**, for care management."
- Trualta recommends the presence of a caregiver be a stratification requirement.
- Trualta acknowledges and thanks CMS for already including caregivers further in the expectations for communication later in this section.

MOC Element 2C: Face-to-Face Encounter: Trualta recommends specifying caregivers in the revised language to reinforce the need to identify, engage and support with HRA activities:

- "Describe the types of clinical functions, assessments and/or services that may be provided during the face-to-face encounter, and how health concerns and/or active or potential health issues are addressed. This includes a description of how the SNP will conduct care coordination activities, **ensure proper identification and engagement with enrollee caregivers** and ensure that appropriate follow-up, referrals, and scheduling are completed as necessary."

- "Describe the process used to obtain consent from enrollees to complete a face-to-face encounter and how the SNP verifies that the enrollee has granted consent prior to the face-to-face encounter **and has received information on their right to have caregivers or others they would like to be invited to participate in the face-to-face encounter**."

- Trualta acknowledges and thanks CMS for already including caregivers further in the expectations for communication later in this section.

MOC Element 2D: Individualized Care Plan (ICP): Trualta recommends specifying caregivers in the revised language to reinforce the need to identify, engage and support with ICP activities:

- "Describe how the SNP will incorporate the following requirements into the ICP: enrollee self-management goals and objectives to meet their medical, functional, cognitive, psychosocial, mental health, and social determinants of health needs identified in the HRA (based on enrollee preferences for delivery of services and benefits); how often goals will be evaluated; the enrollee's personal health care preferences; description of services specifically tailored to the enrollee's needs; and **the role of the caregiver(s) and what education, services and/or supports are being provided to support their ability to continue to be a caregiver."**
- "Describe how often SNP personnel review and update and/or modify the ICP based on the evaluation of enrollee goals, changes in health care needs/status **and caregiver**, and/or recent HRA information, etc".
- "D-SNPs: Describe how the ICP coordinates Medicare and Medicaid services and, if applicable, the D-SNP or affiliated Medicaid plan provides these services, including long-term services and supports, **caregiver supports** and behavioral health services."
- Trualta would like to acknowledge and thank CMS for already including caregivers in the expectations for ICP operations to the degree they already do in this section.

MOC Element 2E: Interdisciplinary Care Team (ICT): Trualta would like to thank CMS for having a strong foundation of expectations that caregivers be part of the ICT. Trualta recommends that CMS refines language to further D-SNP actions to more meaningfully engage and support caregivers as part of the ICT now.

- Trualta suggests adding a bullet after this bullet, "Describe how the SNP informs and invites enrollees and their caregivers to participate as active members of the ICT." Bullet to add, "**Describe how the SNP provides education and guidance to enrollees and their caregivers on how they can participate as active members of the ICT and why they would want to.**" Oftentimes clinical professionals forget that non-clinical individuals may not recognize or understand why they would want to be part of the ICT. It should not be assumed that enrollees or caregivers know the best way to leverage ICTs or engage so it is important that this conversation be required.
- Trualta suggests this addition: "Describe how the SNP analyzes enrollee health care needs, **the presence of and/or changes in the support of a caregiver**, and outcomes data to implement changes and/or adjustments to the ICT composition."
- Trualta suggests this addition: "Describe how clinical managers, case managers, or other plan staff ensure that the SNP's interdisciplinary care processes are effective in meeting **enrollee and caregiver (as applicable)** needs."

- Trualta suggests this addition: "D-SNPs: Explain how the ICT coordinates with Medicaid providers when there are needed Medicaid-covered medical or **social services for enrollees and/or their caregivers** that the plan does not cover, if applicable."

MOC Element 2F: Care Transitions Protocols: Care transitions are critical times to engage the family caregiver. Trualta's research shows that when the caregiver is highly engaged, there is a 20% reduction in ED utilization as compared to a non-engaged caregiver.

  - Trualta suggests this addition: "Describe how care transition protocols are used to maintain continuity of care for SNP beneficiaries, including the process for connecting the **enrollee and their caregiver as applicable**, to the appropriate provider(s), services, community resources, etc., regardless of network affiliation."
  - Trualta suggests this addition: "Describe how the enrollee and/or caregiver(s) will be educated about their condition, signs/symptoms of improvement or worsening, self-management techniques, when to contact their provider(s), and how they will demonstrate understanding of this information. "**Describe how specific caregiver education is provided about changing caregiver tasks that will be needed upon enrollee discharge for enrollees with active caregivers.**"

MOC Element 3: SNP Provider Network
We recommend that CMS consider added requirements for SNPs to make information available to the provider network around caregiver support resources the SNP has in place. Oftentimes the SNP provider network is the ICT member engaging with caregivers so they would benefit from additional training on resources the SNP has available.

MOC Element 3A: Specialized Expertise

- Trualta recommends the following edit: "Describe how the SNP oversees its provider network facilities and ensures its providers are actively licensed and competent (e.g., confirmation of applicable board certification) to provide specialized healthcare services to SNP enrollees **and to be effective at supporting enrollee caregivers as applicable**. Specialized expertise may include but is not limited to internists, endocrinologists, cardiologists, oncologists, nephrologists, mental health providers, etc."
- Recommend the following edit: "Describe how providers collaborate with the ICT, ~~and~~ SNP enrollees **and their identified caregivers**, contribute to the ICP and ensure the delivery of necessary specialized services. For example, describe how providers communicate SNP enrollee care needs to the ICT, **engaging with caregivers** and other stakeholders, how specialized services are delivered in a timely and effective manner, and how relevant information/data is shared with the ICT and incorporated into the ICP."

MOC Element 3B: Use of Clinical Practice Guidelines & Care Transitions Protocols

- Trualta recommends the following edit: "Describe how the SNP oversees enrollees whose complex health care needs require clinical practice guidelines and nationally-recognized protocols to be modified to fit the unique needs of vulnerable SNP enrollees. Also describe how these decisions are made, incorporated into the ICP, **conveyed to caregivers who are also provided with additional training to meet needs as appropriate**, and communicated with the ICT."

MOC Element 3C: MOC Training for Provider Network Staff

- Trualta recommends that CMS considers adding an additional training requirement to ensure SNPs are educating network providers on availability of non-medical supports and services (HCBS waiver services, value-add services, supplemental benefits and targeted caregiver support resources) that would be of increased value to the higher needs of the SNP population. Trualta proposes this only be applicable to renewal plans as they will have actionable experience with the SNP population to better understand what types of additional support would be most impactful.
- Trualta proposes adding the following requirement: **"Renewal plans must include in their annual MOC training specific details on non-medical resources the SNP plan has available to SNP enrollees and their caregivers such as HCBS waiver services, value-add services, supplemental benefits and targeted caregiver support resources."**

MOC Element 4: MOC Quality Measurement & Performance Improvement

Trualta recommends that CMS considers adding a caregiver identification and support quality requirements to deepen the focus and action taken by SNPs specific to enrollee caregivers. This could be embedded in a variety of ways through requirements in the quality measurement and performance improvement work. As this would be a new element, Trualta recommends starting with process measures and eventually moving towards outcome measures. Some examples of how this could be done are proposed below:

- Trualta recommends the following edit: "SNPs are required to establish measurable goals related to the 1) overall MOC performance, ~~**and**~~ 2) enrollee health outcomes for the SNP population, **and 3) identification and engagement of caregivers actively involved in supporting enrollees in meeting healthcare goals**. MOC Element 4A establishes the SNP's overall quality performance improvement plan.
- Trualta recommends the following edit: "Describe the overall quality performance improvement plan and how it ensures that appropriate services are being delivered to SNP enrollees **and how caregivers are identified and engaged**. The plan must be designed to determine whether the overall MOC structure effectively accommodates enrollees' unique health care needs, while delivering high quality care and services. At a minimum, the plan must address its process for improving access to and coordination of care, member/provider satisfaction, **caregiver engagement** and program effectiveness.
- Trualta recommends this edit: "Describes what the SNP does to systematically identify **1)** which enrollees receive no covered Medicare services during a defined period of time, **and 2) caregivers who have not engaged with any caregiver support the SNP plan made referrals to** and action taken by the SNP to identify and connect with these enrollees.
- Trualta recommends this edit: "Describe the SNP's measurable goals for 1) overall MOC performance, ~~**and**~~ 2) enrollee health outcomes for the SNP population as a whole, **and 3) identification and engagement of caregivers actively involved in supporting enrollees in meeting healthcare goals.** All goals must be measurable and specific, contain relevant information, data source(s), frequency for measurement, etc., and describe how the goals are communicated throughout the SNP and to stakeholders."

- Trualta recommends this edit: "Provide a description of the overall MOC performance goal(s) using the criteria outlined above. Examples may include, but not be limited to:
    - o Improving access and affordability of care for the SNP population.
    - o Improvements made in care coordination and appropriate delivery of services through the direct alignment with the HRA, ICP, and ICT.
    - o Enhancing care transitions across
    - **o Improving identification and engagement with enrollee caregivers"**