

Integrating Caregivers as Care Team Partners

August 6, 2025

2:00-3:00 PM ET



Agenda

Welcome Overview from ACL on the Integration of Health Care and Social Services Panel: Strategies for Integrating Caregivers as Care Team Partners Closing

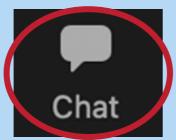


Welcome



Logistics

Use the Zoom chat function to submit comments or questions to speakers during the session:



To access the CART transcription, click the Show Captions icon:



The session slides and recording will be available on the NCSC website soon.



Learning Objectives

At the conclusion of this session, participants will be able to:

- Understand ways to partner with health care providers to address gaps in caregiver support
- Share and apply caregiver-inclusive tools and strategies in local health care settings
- Explore opportunities for technical assistance to better support the needs of aging, kinship, and tribal networks



Overview from ACL on the Integration of Health Care and Social Services

Speaker



Kristie Kulinski

Director,
Office of Network Advancement,
Administration for Community Living

Advancing Partnerships to Align Health Care and Social Services Across Administrations

Increased Focus on Business Acumen & Technical Assistance

- Affordable Care Act
- Aging and Disability Business Institute
- ACL Technical Assistance

2009-2016

Increased Collaboration with CMS

- Launch of ADRCs
- Scaling of Evidence Based Programs
- Creation of MIPPA

2001-2009

Increased Collaboration with Health Plans & Systems

- National Summit on Health Care and Social Service Integration Summit
- ACL Strategic Framework for Action

2017-2021

Present Opportunities

2022-2024

Increased Focus on Whole-Person Health

- Center of Excellence to Align Health & Social Care
- CDC Investments
- National Strategy to Support Family Caregivers



Contracting Between CBOs and Health Care

- Community-based organizations (CBOs) are increasingly contracting with health care organizations to address healthrelated social needs*
 - Leverages CBO core competencies and services
 - Proportion of CBOs contracting with health care has increased from 38.1% in 2017 to 46.7% in 2023
 - More than one-third (36%) of contracting CBOs are doing so as part of a network led by a community care hub

*Source: Aging and Disability Business Institute 2023 CBO Health Care Contracting Survey



Community Care Hub

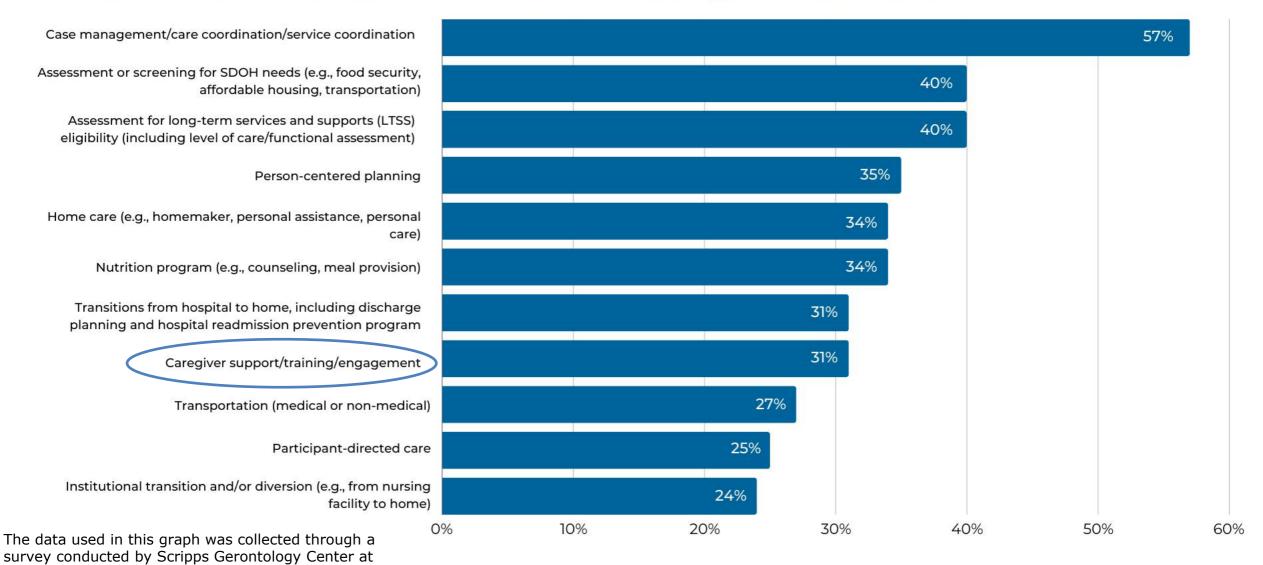
- Effective, sustainable partnerships between CBOs and health care can be facilitated through a community care hub (CCH)
- Community-focused entity that organizes and supports a network of community-based organizations providing services to address health-related social needs
- CCH centralizes administrative functions and operational infrastructure, including but not limited to:
 - Contracting with health care organizations
 - Payment operations
 - Management of referrals
 - Service delivery fidelity and compliance
 - Technology, information security, data collection, and reporting

Miami University on behalf of the Aging and Disability

information, visit https://bit.ly/Nexus-of-Social-Care

Business Institute, led by USAging. For more

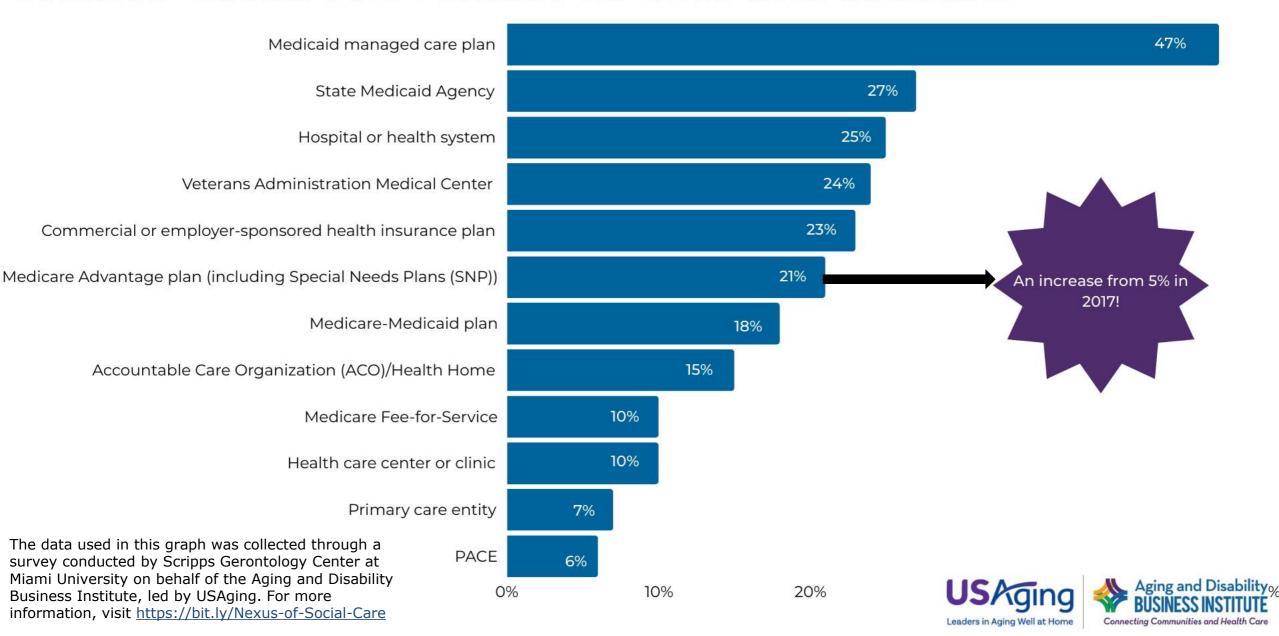
Most Common Services Provided Through Contracts





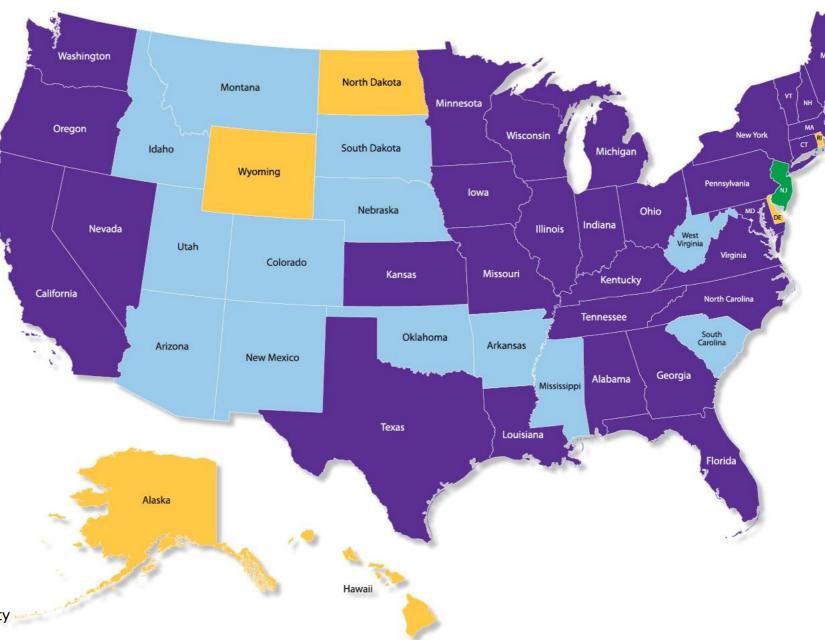


Common Health Care Partners for CBOs with Contracts



2023 RFI Survey Contracting Map

- No known activity
- Contracting and network
- Contracting
- Not contracting, but pursuing







The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit https://bit.ly/Nexus-of-Social-Care

Integrated Care Caregiver Support Program

Exhale: The Family Caregiver Initiative: Caregiver Respite programs incubated in W. New York and SE Michigan through Ralph C. Wilson Jr. Foundation and Health Foundation of Western and Central NY



Evidence-Based In Home Assessments:

- Member SDOH Assessment
- Caregiver Assessment



Monthly Coaching:

- Set Goals
- Connect to Resources
- Follow up



Exhale Program:

- Review Options
- Enroll
- Follow up



Integrated Care's Health Plan Contracts

	Program	Funding Mechanism
	Post-Discharge Meal Delivery Program	MA Plan Supplemental Benefit
	Community Health Coaching	MA Plan Program, extension of case management
	Healthy IDEAS	MA Plan Program, extension of BH case management
	Falls Prevention	MA Plan Supplemental Benefit
b	Caregiver Support	MA Plan Program, extension of case management
	Diabetes Prevention Program	Medicare Part B Benefit
	Diabetes Self-Management Training	Medicare Part B Benefit
	Medical Nutrition Therapy	Medicare Part B Benefit (i.e. DM/CKD) & added MA Plan Supplemental Benefit for any other diagnosis
•	Housing Supports and Navigation	NY Medicaid 1115 Waiver program
•	Nutrition & Food Supports	NY Medicaid 1115 Waiver program
	Transportation to HRSN Services	NY Medicaid 1115 Waiver program
•	Navigation and Enhanced Social Care Management	NY Medicaid 1115 Waiver program

Integrated Care

was designated as 1 of 9 Social Care Network Lead Entities for NY's Medicaid 1115 Waiver





Panel: Strategies for Integrating Caregivers as Care Team Partners



Panelists





Caregivers As Partners in Care Teams







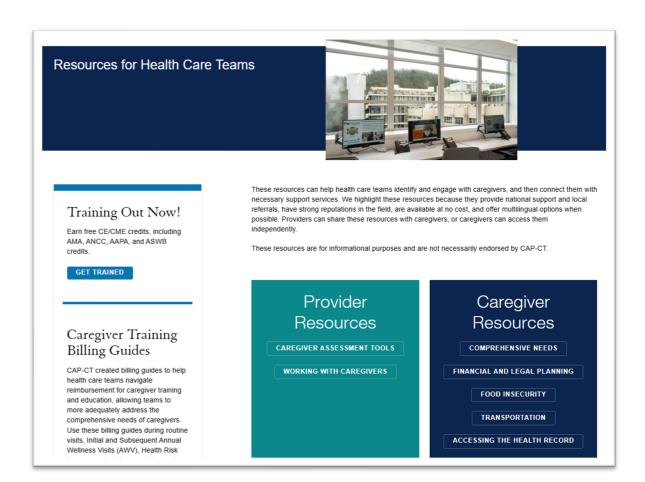
CAP-CT is a national training program that provides health care teams with the skills and confidence to include family caregivers in a patient's care journey.

Engaging family caregivers in a patient's care journey benefits patients, caregivers, and health care teams.

CAP-CT Offers Trainings & Resources

Trainings

- Foundational Skills for Engaging Caregivers in Health Care
- Supplemental deep-dive courses
- Courses on grandfamily caregivers; inpatient and nursing home settings (coming soon!)
- Resources
 - Caregiver Identification Tool
 - Billing Guides
 - Website & Resource Guide









What strategies have you found most effective in promoting integration of family caregivers into care teams, and how have these strategies improved outcomes for caregivers?





How has your organization supported teams in building the skills and knowledge needed to include family caregivers in care planning and delivery processes?





How do you measure the success of integrating family caregivers into care teams, and what indicators of success have you identified?





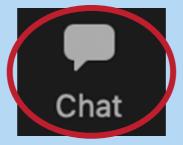
What are your recommendations for actions aging, kinship, and tribal network organizations could take to collaborate with health care providers to enhance caregiver support and integration?



Questions and Answers



Please submit questions through the Zoom Chat function.





Closing



Resources: Learn More

Health Care Teams –
Family Caregiving
Resource Guide

CAP-CT Training

Rush Caring for Caregivers Information Page

RAND Report: A
Framework for
Integrating Family
Caregivers into the
Health Care Team

Five Key Factors for
Successful Health
Care & CBO
Partnerships

Campaign for Inclusive Care – Elizabeth Dole Foundation

Thank you for attending!



