TRUALTA

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Change My Mind:
Caregiver Support Doesn't Make an Impact

MLTSS Summit 2026

What we'll discuss today

01 **Introductions**

02 **Background on Caregiver Support**

03 **Change my mind:** an interactive deep dive into hot takes about what makes caregiver programs work

Trualta Inc. 2023

Facilitators



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The Importance of Family Caregiver Support

A lot is being asked of payers right now...

Health plans across Medicaid, MA, Duals, and LTSS facing an unprecedented level of uncertainty and pressure

Costs/ Performance

- Rising costs/MLR
- Budget uncertainty
- Stars, CAHPS, HOS impacts

Market Shifts

- Shift to Duals
- Enrollment Declines
- Restructuring/Consolidation

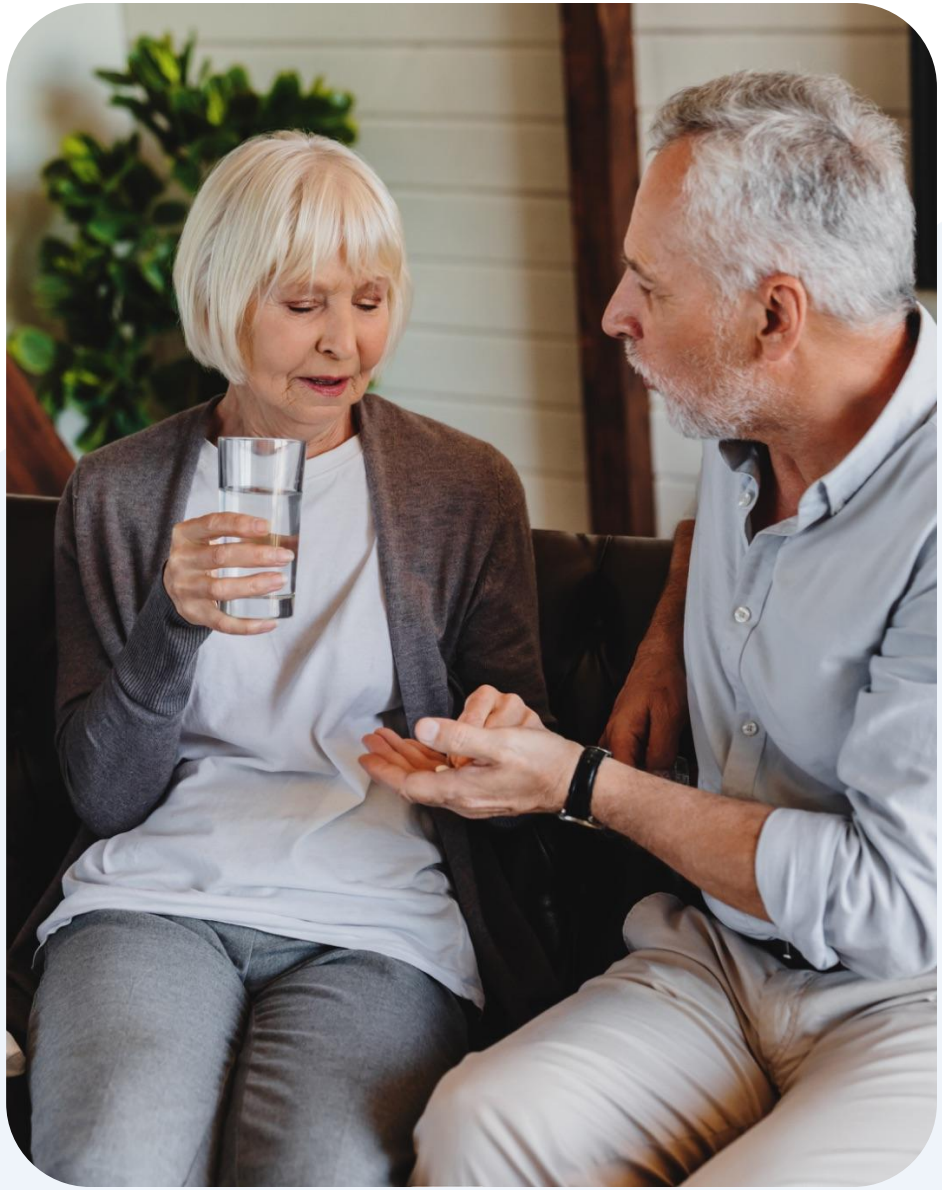
HEALTH PLANS

Systemic Forces

- Regulatory Headwinds
- Fragmentation
- Workforce Shortages

Population Health

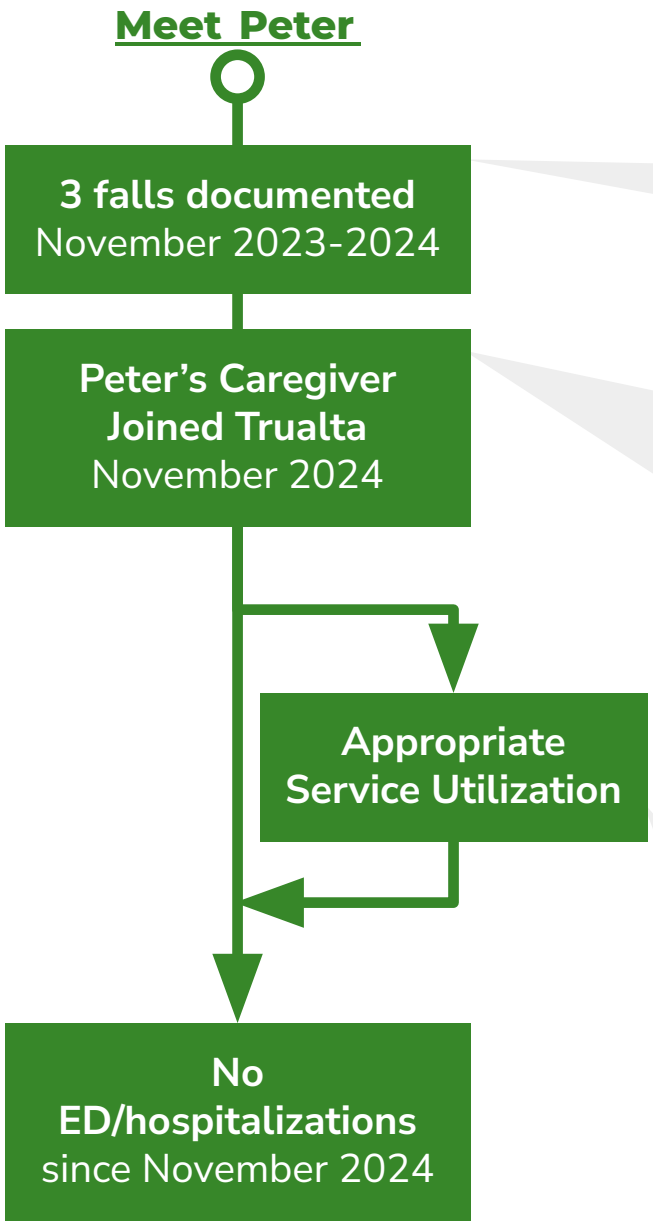
- HR1
- SDoH
- Health Equity



Why focus on caregivers will continue in LTSS

1	**RFP Procurement**	Medicaid procurements in states like IN and FL require caregiver support
2	**Policy focus**	RAISE Act and CMMI is rolling out programs like GUIDE and CPT codes
3	**Workforce**	Direct care shortage puts more focus on caregivers; self-direction programs create additional pathways for caregivers too
4	**Clinical impact**	Caregivers drive adherence, reduce transitions and ED utilizations
5	**Quality**	Caregiver experience shows up in CAHPS, grievances and disenrollment
6	**Plan Selection**	Caregivers are often the decision-makers when choosing a plan, specifically for the member's Medicare coverage

How caregivers make an impact



Member Peter has significant needs (Type 2 diabetes, chronic kidney disease, chronic pain, COPD, limited mobility) with an identified primary caregiver (wife)

Peter's Caregiver shows deep engagement on Trualta

- **Top topics:** Local Resources; Prescriptions; Physical Changes; Pain; Mobility & Falls; Lung Health; Loneliness; Relationships
- **Training**: 5 skills for mobility & fall prevention; diabetes kit; med management
- **Plan Resources**: Plan Resources; OneCare Summary of Benefits
- **Support groups**: Anonymous talk on hope; Drop-in Caregiver Support Group
- **Discussion boards**: Let's Vent

Increased engagement & appropriate utilization of Plan services

- **Utilizing appropriate services:** Rx Med Minder with spouse providing cues; PT/OT, spouse support for ADLs, meal delivery; appropriate DME - cane, walker/rollator, shower chair, CGM/glucometer
- **Medications filled & regular engagement with PCP,** health plan & specialists

Change My Mind:
Caregiver Support Doesn't Make an Impact

How this session works

01

Hot take

A single provocative claim goes on screen

02

Poll the room

Agree or disagree, live and anonymous

with Slido

03

Debate

Panelists argue assigned sides, not their own views

04

Quick re-poll

See whether the room actually moved

quick hand raise

HOT TAKE 1 · ASSESSMENT

“You need a caregiver assessment to meet caregivers’ needs.”

Agree or disagree?

Do not edit
How to change the design



“You need a caregiver assessment to meet caregivers’ needs.”

Presenting with animations, GIFs or speaker notes? Enable our Chrome extension

slido

HOT TAKE 1 · ASSESSMENT

“You need a caregiver assessment to meet caregivers’ needs.”

AGREE

- Needs vary too much for generic content
- Baseline and repeat measure show change, and ultimately drive impact
- GUIDE and state contracts already require it



DISAGREE

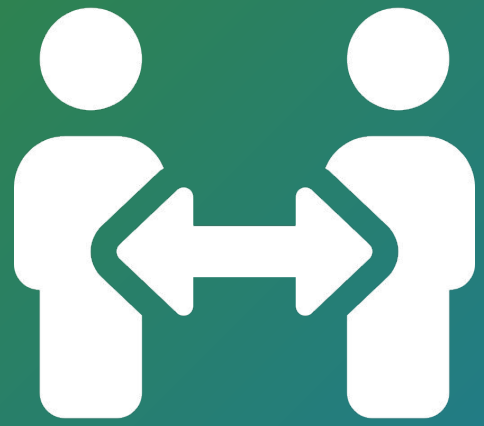
- Many caregivers don’t self-identify
- Don’t assess what you can’t serve
- Friction at a crisis costs registration completion
- Too much included in assessment already



RE-POLL · HOT TAKE 1

Where did the room move?

“You need a caregiver assessment to meet caregivers’ needs.”



HOT TAKE 2 · OUTCOMES

“Caregiver support doesn’t count unless you can prove it in claims.”

Agree or disagree?

Do not edit
How to change the design



“Caregiver support doesn’t count unless you can prove it in claims.”

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HOT TAKE 2 · OUTCOMES

“Caregiver support doesn’t count unless you can prove it in claims.”

AGREE

- Another population’s data doesn’t transfer
- Continued funding needs directional proof
- Can you even tie a caregiver to the member at scale?



DISAGREE

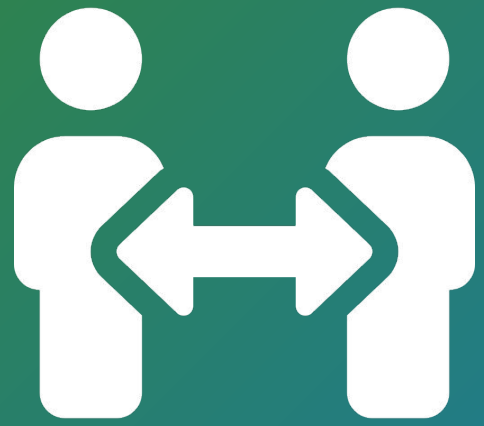
- Too many initiatives to isolate impact: correlation is not causation
- Quality and satisfaction never show in claims despite knowing it makes an impact
- Attribution is always an ongoing battle



RE-POLL · HOT TAKE 2

Where did the room move?

“Caregiver support doesn’t count unless you can prove it in claims.”



HOT TAKE 3 · CASE MANAGERS

“Caregivers will only participate in support programs if a care manager explains it to them or signs them up.”

Agree or disagree?

Do not edit
How to change the design



“Caregivers will only participate in support programs if a care manager explains it to them or signs them up.”

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HOT TAKE 3 · CASE MANAGERS

“Caregivers will only participate in support programs if a care manager explains it to them or signs them up.”

AGREE

- Puts the caregiver on the care team and already close to the caregiver increasing referral success
- Inputs the caregiver directly into care plan
- Caregivers can’t be reached otherwise because no one has data



DISAGREE

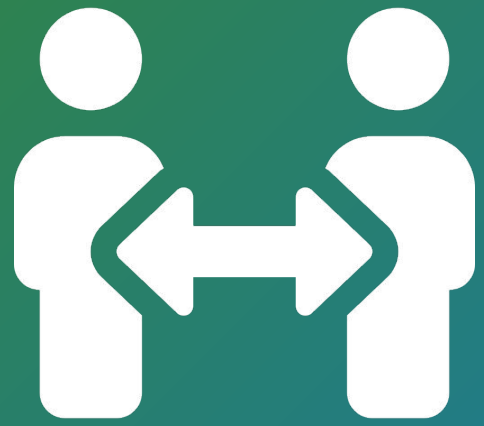
- CMs are maxed out already
- Every initiative wants the same mindshare and will burn them out more
- CM doesn’t have time with so many other requirements



RE-POLL · HOT TAKE 3

Where did the room move?

“Caregivers will only participate in support programs if a care manager explains it to them or signs them up.”



HOT TAKE 4 · REACH

“Caregiver support is not worth the health plan’s investment unless at least half of eligible caregivers will participate”

Agree or disagree?

Do not edit
How to change the design



“Caregiver support is not worth the health plan’s investment unless at least half of eligible caregivers will participate”

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HOT TAKE 4 · REACH

“Caregiver support is not worth the health plan's investment unless at least half of eligible caregivers will participate”

AGREE

- Low reach can’t move plan-level metrics
- Thin reach signals broken identification; we know how many caregivers exist within a plan
- Small amount of data can’t justify ongoing spend



DISAGREE

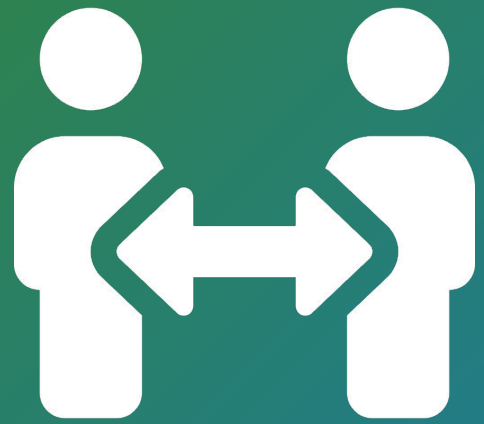
- Depth beats breadth for an outsized impact on a subset of high cost members
- Only a subset really need support so focusing on those at risk of LTC transition is a big win
- Needs are unpredictable over an extended period, so caregivers need a safety net



RE-POLL · HOT TAKE 4

Where did the room move?

“Caregiver support is not worth the health plan’s investment unless at least half of eligible caregivers will participate”



What we discussed today

1. **The Value of Assessments**
   "You need a caregiver assessment to meet caregivers' needs."

2. **Proving Value in Caregiver Programs**
   "Caregiver support doesn't count unless you can prove it in claims."

3. **Best Way to Reach Caregivers**
   "Caregivers will only participate in support programs if a care manager explains it to them or signs them up."

4. **Eligible Populations**
   "Caregiver support is not worth the health plan's investment unless at least half of eligible caregivers will participate"