Legislative Funding Request—*Fiscal Year 2019*

**In-home services (Medicaid Aging Waiver)**
The annual cost of an Aging Waiver client is $9,800 versus the $64,000+ cost of a Medicaid skilled nursing home resident. Currently the aging waiver serves its clients at 15.3%

**In-home services (Alternatives Program)**
$6,292- Approximate average annual cost per participant versus the $65,000- $70,000 annual cost of skilled nursing home care in Utah.

**Caregiver Services**
Respite care and other caregiver support services provided for caregivers to help caregivers continue to act in their role of meeting the long-term care needs of their loved ones, at home, reducing taxpayer expenses today and in the future.

**Ombudsman Services**
Provides advocacy and complaint resolution on behalf of all residents residing in skilled nursing facilities and assisted living facilities.

**Healthcare Provider Education**
CME quality training on diagnosis methods, critical conversations with patients, and related research in partnership with HealthInsight.

**Caregiver Training**
Increase Dementia Dialogs training programs currently offered to caregivers, with increased focus on rural communities

**BRFSS Survey**
Inclusion annually of Cognitive and Caregiver modules in BRFSS to capture statewide data

BRFSS has the ability to increase awareness and understanding of caregiving prevalence and it association with health factors related to physical and psychological health in Utah. The Alzheimer's and Related Dementias Program has used this information to drive public health policy and develop programming to serve caregivers. Examples include Dementia Dialogues targeted to caregivers and a variety of conferences focused on the needs of caregivers.

Information obtained from this module can be used to understand which populations are most burdened by caregiving; develop state and national reports; inform state and local plans and
policies and develop programs targeted to caregivers and identify appropriate public health initiatives and track progress.

Among the items learned from the analysis of the data was the fact that caregivers of persons with Alzheimer's disease or related dementias provided care over a longer period of time, and were more likely to report that caregiving created or aggravated their own health problems compared to other caregivers.

Data will also be used to quantify the frequency of incidence and degree of severity of cognitive decline among Utah residents over the age of 45. With the information collected, programs and decision-makers can examine the burden of cognitive decline in Utah and gain insights about current and future needs. This information is presented to the Alzheimer's and Related Dementias Coordinating Council and work-groups.