A LeadingAge Finance Task Force Report

LeadingAge™ PATHWAYS:

A Framework for Addressing Americans' Financial Risk for Long-Term Services and Supports

October 2013
Final Report: Phase 1

View the LTSS Pathways chart.

In 2012, LeadingAge—a community of over 6,000 not-for-profit organizations that support older adults and those with special needs—created a task force whose charge was to recommend a framework for action to help our country and its people plan for the potential need for long-term services and supports (LTSS). This document is the task force's final report. It does not promote a definitive answer. Rather, it offers paths to the answer, rooted in the conviction that addressing America's LTSS needs must be a national priority. For this to happen, we must engage in a spirited yet respectful discussion that will drive toward needed change.

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The task force is grateful to the numerous industry experts who provided input.

Introduction

"My husband and I were always savers, planning and stockpiling for the future as best we could. Who could have known he would get Alzheimer's disease and need years of nursing home care costing $80,000 each year? Who can possibly be prepared for that?" Elise, age 80, wife of 53 years to John, who has Alzheimer's disease and has lived in a skilled nursing facility for 11 years.

"My wife and I tried to purchase long-term care insurance when we were in our 40's. I couldn't get coverage due to a medical condition and the premiums for my wife's coverage more than doubled in a ten-year period. What are we supposed to do?" Mark, age 69, long-term care insurance consumer.

"Isn't there some kind of government program that pays for nursing home care when my parents or I need it? Haven't we all paid ahead for that at work, you know, through Medicare?" Joe, age 35.

One might read these statements and conclude that the issues raised are "not my problem." But they are. The need for long-term care is a risk we all face, a highly probable risk. As we reach age 65, we have a 70% chance of needing long-term care, for an average of three years.[1] Because this need remains a risk and not a certainty, the inclination is to ignore the issue despite the odds. This approach has a high price tag for individuals and our country.

The need for long-term services and supports (LTSS)[2] and related caregiving has increased with the aging of the population, with its cost far surpassing the capacity of families to provide, depleting personal resources and outstripping public financial resources. Over 12 million adults in the United States currently need care; they are our neighbors, friends, and family members.[3] Despite the temptation to ignore the problem, its consequences are becoming increasingly apparent at the personal, local, state, and federal levels, and the question for our country is, "What do we need to do NOW?"

LeadingAge—a community of over 6,000 not-for-profit organizations that promote services and programs that support older adults and those with special needs—set out to answer this question. LeadingAge convened a blue ribbon, multi-disciplinary task force, and this report summarizes its work. The task force is not promoting a definitive answer. Rather, it offers paths to the answer, rooted in the conviction that addressing America's LTSS needs must be a national priority. For this to happen, we must engage in a spirited yet respectful dialogue of what we want to accomplish nationally, regionally, and locally; the options for getting there; and how together we can drive toward needed change.

Through this report, LeadingAge is advancing this national discussion by modeling a process, uncovering important facts and perspectives, and laying out a full range of options that span private market, public and mixed solutions, along with their implications, for consideration as "America's response" to the need. It builds upon and furthers the vision put forth by the federal Commission on Long-Term Care, by suggesting various pathways for addressing Americans' financial risk for LTSS. LeadingAge views the work of this task force as a necessary *first* phase. LeadingAge's commitment is to immediately undertake a second phase of work continuing through mid-2015. Phase Two will include community engagement and dialogue to refine the pathways and foster development of specific proposals, including actuarial and economic analysis, based on one or more of the pathways. LeadingAge seeks to undertake this second phase in partnership with others who are also committed to identifying and implementing America's response to the need.

The Challenge

"My husband and I could never have known that he would get Lou Gehrig's disease and certainly not in his 40's when our children were young and we hadn't had time to save much." Melissa, age 51.

"Long-term care insurance? Are you kidding? Have you seen how much it costs? I am just trying to put food on the table and make house payments. It is out of the question!" Alex, age 41.

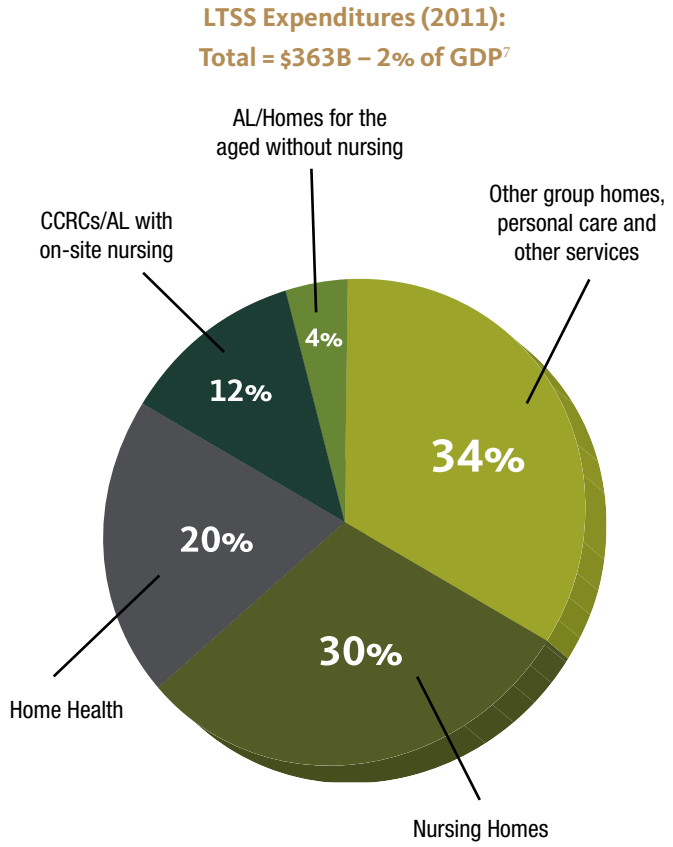


Figure does not include LTSS that is not counted towards GDP, specifically, unpaid family caregiving valued at $450 billion annually

LTSS in the United States is an enormous proposition, currently costing about $363 billion annually—more than two percent of the nation's GDP[4]—to provide for the needs of over 12 million people—almost equally split between adults who are age 65 and older (56 percent) and adults under 65 (44 percent).[5] With the aging of the American population, **the costs of LTSS are expected to grow, doubling (in constant dollars) in just over ten years (2025) and multiplying five times by 2045.[6]**

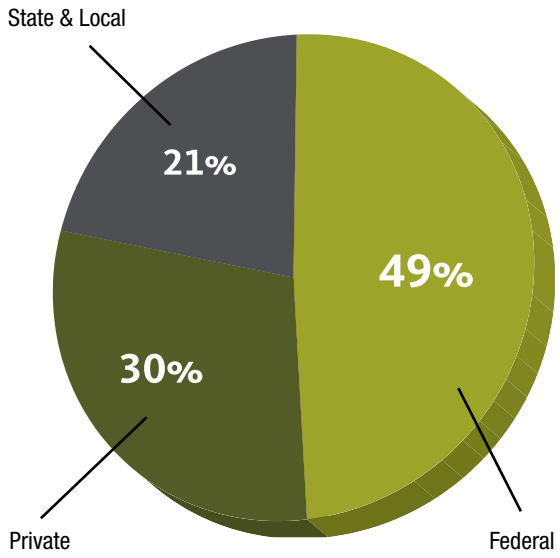
As people live longer and baby boomers grow older, the need for LTSS will increase significantly, both in numbers and as a percentage of the U.S. population. Today, more than 40 million people in the United States are 65 and older, a number expected to more than double by 2050. Within this group, the number of those 85 and older—who have the highest rates of disability and institutionalization—is projected to rise rapidly over the next 40 years.[8] The number of Americans needing LTSS is expected to double over the next thirty years.[9]

Every one of us faces a risk, but not a certainty, that we will need LTSS.[10] Nearly 70 percent of those who turned 65 in 2005 will use some long-term services from paid help or other caregivers, for an average of three years. Although 30 percent will require no long-term services, 20 percent will need care for between two and five years, and another 20 percent will require this assistance for more than five years.[11] Paying for care is expensive. Private-pay (i.e., not subsidized by public programs) national average rate for a nursing home private room was $90,520 annually in 2012; the national average private-pay rate for home health aides was $21 per hour in 2012.[12]

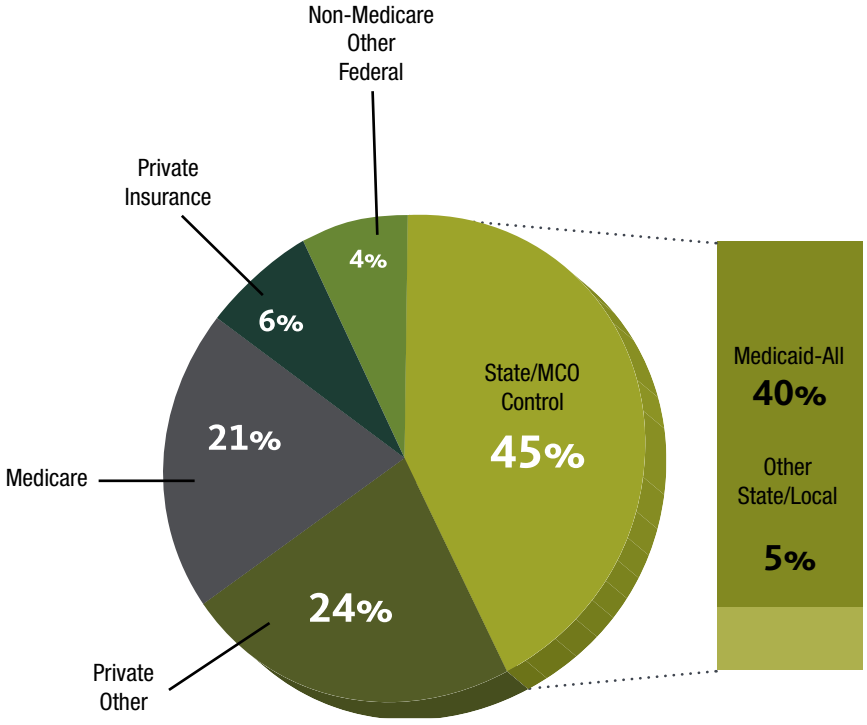
Despite these staggering numbers, our "system" of financing and providing care is cobbled together from an age when the need for LTSS was much less common. Neither family caregiving nor Medicaid, the two mainstays of LTSS, is equipped to handle future care needs.

Family members provide the majority of care for those needing LTSS. More than 42 million people provided unpaid care to an adult in 2009, with a value estimated at $450 billion.[13] Today, an estimated 17% of adults with full-time or part-time employment care for a family member or friend.[14] Families continue to do all they can, often to find that that their own finances, health, and employment security are stretched to the breaking point. For example, a national survey of adults age 40 and older found that 44 percent of those surveyed are "a great deal" or "quite a bit" worried about being able to pay for care or help they might need as they get older; another 27% are moderately concerned.[15]

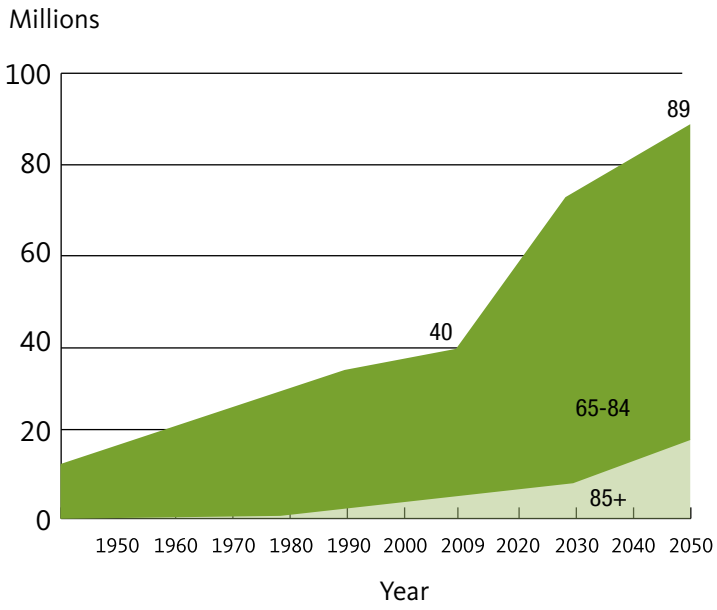
LTSS Funding by Source of Funds: Total = $363B



LTSS Funding by Program: Total = $363B



U.S. Population Ages 65 and Older, 1950 to 2050



Source: PRB analysis data fron U.S. Census Bureau.

When all else fails, people turn to Medicaid to finance their care, even though they must impoverish themselves to get this help. Medicaid, a program jointly funded by the federal and state governments, was designed as a "safety net" for the exceptional costs that could not be borne by individuals. Today, over 40% of LTSS expenditures are paid by Medicaid. The Congressional Budget Office estimates that spending on Medicaid will rise from nearly two percent of the U.S. GDP in 2013, to 3.2 percent in 2038, in part due to the aging of the population.[16] This has implications not only for federal but also state budgets. At the state level, where deficit spending is not allowed, Medicaid spending threatens to drive out other spending. In 2009, Medicaid surpassed K-12 education as the largest single segment of state budgets, and as Medicaid spending continues to rise, the proportion of spending devoted to K-12 is falling.[17] If trends continue, more than 35 percent of state budgets will be needed for Medicaid by 2030, of which half will be for LTSS.[18]

Another 21% of LTSS is paid by Medicare through post-acute care. Medicare and Medicaid are two of the largest drivers of federal budget deficits.[19] When all governmental sources are included, an estimated 70% of LTSS is paid by public sources.[20]

Due to demographics and the needs within our country, it is inevitable that LTSS costs will exist; they must be borne one way or another. The questions for our country are who will bear the costs and how will they be borne to achieve the best outcomes and create the most sustainable and feasible financing for LTSS? In addressing these questions, inaction does not equate to "least expensive." While measurements vary, a number of sources suggest that LTSS may be costing the American public the same or even more (in terms of public spending as a percent of GDP or on a per capita basis) than some countries with specific public financing approaches to LTSS, such as Japan and Germany.[21] Thus, there is ample room within the current system to deliver LTSS that is more effective, efficient, and affordable.

All of this context converges into a stark problem for Americans, stated simply by the task force:

> *Our country and its people cannot meet their long-term services and supports needs.*

The Approach

Addressing this problem in our country is an enormous undertaking, with abundant room for disagreement about outcomes and methods. LeadingAge sought a process to navigate the full range of views, values, and hopes around this issue in order to build momentum for needed change.

LeadingAge created a Finance Reform task force, an expert panel of 20 individuals from diverse disciplines and representing the full range of perspectives and values on the topic of long-term care and its financing. The task force was charged with recommending a framework for action to help consumers and our country plan for the potential need for LTSS. A list of task force members is included at the beginning of this report.

Using principles from scenario planning, the task force developed seven possible pathways for financing LTSS. The task force reasoned that moving forward with multiple pathways would position our country to respond to future conditions that are unknowable at the present time. Depending on the circumstances, one path may be more effective and suitable than others. In studying experiences from other countries, the task force learned that national programs and policies continually adjust over time to meet needs as they evolve and concluded that finding a policy

entry point is critical for our country to move forward on this issue. To this end, it is best to be prepared with multiple pathways.

Below is a summary of the process and tools used by task force members, a review of their key findings, and an outline of the seven pathways they developed for consideration by policy-makers and the public. More detailed information on each pathway can be found in the pathways grid.

The Solution Framework

A national conversation about LTSS requires a framework for thinking about and discussing the challenges and potential solutions. We cannot design effective solutions if we do not know where we are headed and what contributes to the problem. To this end, the task force constructed a "solution framework" that sets forth a long-term vision with shorter-term goals that must be achieved to foster the vision:

Vision: *Achieve societal and individual ability to prepare and pay for LTSS needs.* This vision must be achieved progressively, with shorter-term goals accomplished successively over the next ten years.

Shorter-term goals: *The task force recognized that achieving the vision requires the pursuit of several goals aimed at addressing multiple contributors to the overall LTSS problem.*

1. ***Americans must have information and awareness about LTSS and how to plan for those needs.*** The need to plan for LTSS is a relatively new phenomenon. Regardless of how our country proceeds with financing LTSS, the need for information and education are imperative.

2. ***Americans must have meaningful choices for meeting their LTSS needs.*** Americans need opportunities to act—options that are appropriate and can be tailored to care needs as well as varying financial and familial circumstances. Any variety of public and private mechanisms could be made available to the American public; seven possible approaches have been developed by the task force.

3. ***Available options must be feasible and sustainable, both financially and politically.*** Our current approaches to LTSS are not sustainable. Any new solution must be sustainable for everyone involved, including those who pay for LTSS and those needing care. The solution must also have widespread political acceptance, ensure that professional caregivers are fairly compensated, and recognize and support the critical role of family caregiving.

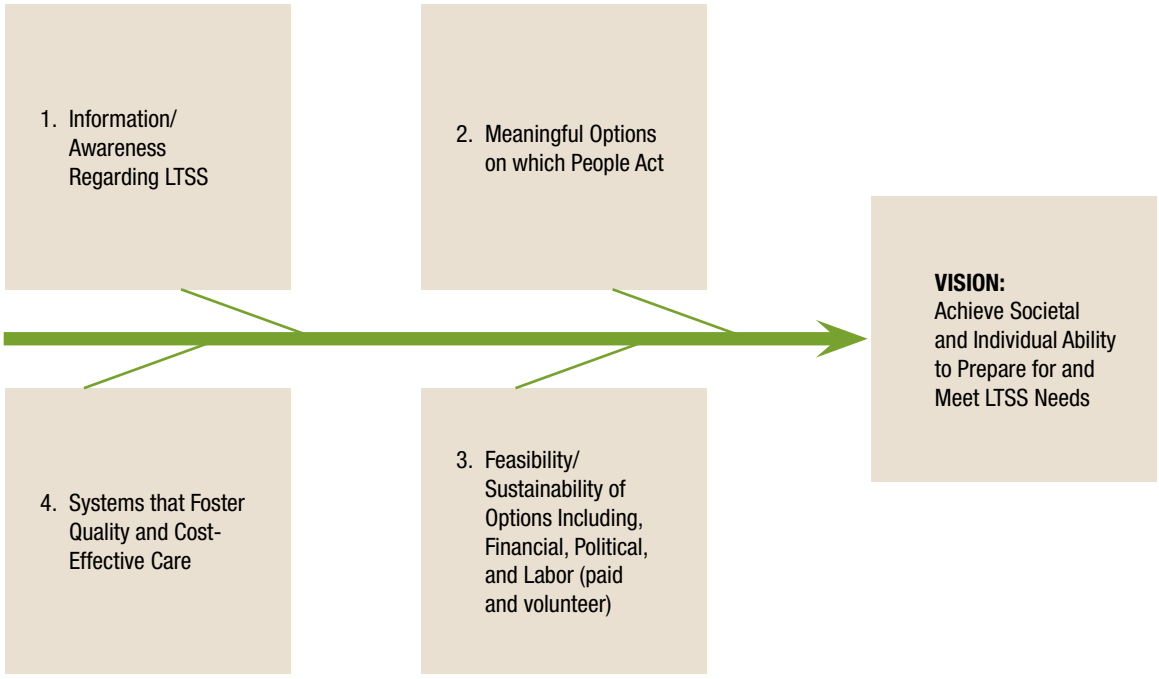
4. ***Our systems must be designed and aligned to foster quality and cost-effective care.*** The bottom line is quality care for Americans. Any financing approach must ensure that Americans can get the care they need at prices they can afford and that the system encourages care that is effective and delivered efficiently. This includes improving the integration of acute care and LTSS, better use of technology, and helping people live better in their homes, which is where most people want to be as they age.

Pathways Toward Change

With this solution framework in hand, the task force developed a set of pathways to address the LTSS problem. As an aid in doing this, a decision matrix identified many of the myriad questions that would need to be addressed in designing any given solution. This matrix was hierarchical, beginning with high level questions such as, "Do we want our solution to address only older adults, or all people needing LTSS?" and "What role should the government play?" The questions progressively became narrower, addressing issues such as the role of employers and whether there would be tax incentives to promote savings and/or purchase of insurance. This process helped ensure that a wide variety of pathways were being considered and that the various pathways were internally consistent.

The task force identified seven pathways that run a spectrum of options, from those that are highly reliant on private markets to those that are highly reliant on public programs. The task force also included a status quo pathway. While status quo situations might not require deliberate action, there are nevertheless implications of taking no action, and therefore the task force concluded that it should be

LTSS Solution Framework



understood just as fully as any of the other pathways. The task force then considered the potential implications of the pathways for people who need care, the marketplace, caregivers, and state and federal budgets, and likelihood of acceptance given U.S. history, culture, and the current political and economic environment.

The seven pathways are:

- Status Quo
- Personal Responsibility
- Private Market
- Private Catastrophic
- Public Catastrophic
- Common Good
- Comprehensive

A brief description of each pathway follows, with a fuller description provided in the Report Appendix. While no matrix of all the pathways provided in the pathways grid is perfect, many reflect positive steps forward; thus, the descriptions attempt to identify some of the opportunities and challenges within each pathway.

The Task Force identified seven pathways that run a spectrum of options, from those that are highly reliant on private markets to those that are highly reliant on public programs.

1. STATUS QUO

In the United States, there is an expectation that people will take personal responsibility for their own LTSS needs. The U.S. operates a "safety net" system that is heavily reliant on Medicaid for those who are impoverished. However, over 40% of LTSS expenditures are borne by Medicaid, with an additional 21% paid by Medicare and 9% by other public sources, meaning that 70% of spending for LTSS is publicly financed.[22] Medicaid and Medicare are already under considerable fiscal stress, a situation that will be exacerbated with the coming boom in our aging population. The status quo is not fiscally sustainable for Medicaid or Medicare, as neither is structured to meet the impending demand for LTSS.

In addition to the publicly financed programs, some individuals have elected to purchase long-term care insurance products, which are regulated by state and federal governments. Take-up of private long-term care insurance has been limited; roughly 10% of Americans aged 65 and older have purchased such an insurance policy, a smaller percentage than in Germany, France, or Israel, which have public LTSS systems.[23] Private insurance covers about 6% of annual LTSS expenditures.[24]

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• No intentional target
Government Roles	• Government regulation of financial instruments • Public safety net
Purpose of and Reliance on Safety Net	• High reliance on public safety net • Covers only those who are impoverished
Role of Private Products	• Intended to be primary form of coverage
Primary Outcome(s)	• Expectation of personal responsibility • High reliance on safety net
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Based on private policy terms
Level of Benefit	• Determined by policy
Form of Benefit	• Determined under private coverage
Participation in program *	• Voluntary
SYSTEM FEATURES	
Uses of Cash Benefit	• Determined by policy terms
Basis of payment for coverage	• Individual and/or group risk profile
Subsidies for Low Income	• N/A
OTHER MECHANISMS	
Private Insurance	• Current private product market array of options
Incentives for purchase of private insurance	• Tax preference (deduction) • Asset protection in LTC-Partnership states
Employer role	• Optional savings and LTC plans offered by employers
Savings	• Preferential tax treatment

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

2. PERSONAL RESPONSIBILITY

This pathway aims to reduce the government role in financing LTSS by tightening the public safety net and narrowing eligibility, with the intention of fostering more personal responsibility in planning for and meeting individual LTSS needs. Individuals may seek insurance coverage for LTSS in the private market. The government would offer no subsidies for the purchase of long-term care insurance; however, it would provide preferential tax treatment for those who save for their long-term care needs. Under this option, compared to the status quo, the public safety net would shrink slightly as a percentage of total long-term care costs, as would the number of people potentially covered and the number who receive benefits. The challenge with this pathway is that there would likely be an increase in unmet needs because fewer people will be eligible for Medicaid and there would not be new or more affordable options for them in the private market.

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• 65+ and/or adults needing LTSS
Government Roles	• Government encourages behavior in private market (e.g., marketing, simplifying, improving options) • Government regulation of financial instruments • Public safety net
Purpose of and Reliance on Safety Net	• Unless capped, increased reliance on public safety net • If capped, increased unmet need for those without coverage or safety net
Role of Private Products	• Intended to be primary form of coverage • Extends private market options
Primary Outcome(s)	• Reduce government + increase personal responsibility
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Based on private policy terms
Level of Benefit	• Determined by policy
Form of Benefit	• Determined under private coverage
Participation in program *	• Voluntary
SYSTEM FEATURES	
Uses of Cash Benefit	• Determined by policy terms
Basis of payment for coverage	• Individual and/or group risk profile
Subsidies for Low Income	• No
OTHER MECHANISMS	
Private Insurance	• Evolves to better meet consumer demand (e.g., long-term disability/LTC conversion) • Government-established simplification/standardization of like-type policies • Alternative options (e.g., accelerated life insurance death benefits)
Incentives for purchase of private insurance	• No government role
Employer role	• Discretionary
Savings	• Preferential tax treatment

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

3. PRIVATE MARKET

This pathway seeks to activate and strengthen the private market as the primary source of meeting Americans' LTSS needs. It would encourage the development of a greater choice and standardization of products, including those that offer cash benefits, as well as incentivizing the purchase of those products. Cash benefits would not only provide policy holders with more flexibility to customize their services, they also are actuarially more predictable for insurers. Incentives might include preferential tax treatments, subsidies based on income, and government sponsored stop-loss coverage or reinsurance pools to limit the cost of insurance products and to encourage more private providers to enter the marketplace by reducing their risk. LTSS planning, education, counseling, and purchase of private products would also be available through employers and health exchanges. Compared to the status quo, an uptick in private coverage would be expected, with a corresponding reduction in reliance on the safety net. The challenge to address with this pathway is that the increased uptake would likely be limited; analysts estimate that uptake might increase from 10% to 20%.[25] Thus, this option would provide limited relief for state and federal Medicaid budgets, and would only slightly reduce the number of Americans who are unprepared for the cost of LTSS.

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• 65+ and/or adults needing LTSS
Government Roles	• Government incentivizes (via "carrots and sticks") behavior in private market (increasing/improving options) and incentivizes savings • Government regulation of financial instruments • Government subsidies premiums for low-income people • Government stop-loss role • Public safety net
Purpose of and Reliance on Safety Net	• Continued reliance on public safety net, but less reliance than status quo and Pathway #1
Role of Private Products	• Intended to be primary form of coverage • Extends private market options
Primary Outcome(s)	• Increase private market uptake and, therefore, reduce reliance on safety net
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Based on private policy terms
Level of Benefit	• Determined by policy
Form of Benefit	• Determined under private coverage
Participation in program *	• Voluntary with "carrots and sticks"
SYSTEM FEATURES	
Uses of Cash Benefit	• Determined by policy terms
Basis of payment for coverage	• Individual and/or group risk profile
Subsidies for Low Income	• Yes for lower income
OTHER MECHANISMS	
Private Insurance	• Evolves to better meet consumer demand • Government established simplification/standardization of like-type policies • Alternative options • Stop-loss/reinsurance pools (government sponsored)
Incentives for purchase of private insurance	• Tax preferences and incentives for all incomes
Employer role	• Encouraged/incentivized to offer education and benefits
Savings	• Preferential tax treatment • Products for lower income

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

4. PRIVATE CATASTROPHIC

With this pathway, the government would require individuals to purchase catastrophic long-term care insurance made available in the private market (although persons who could demonstrate the means to cover their own expenses would be allowed to opt out). Catastrophic coverage would be triggered when a covered individual meets a LTSS qualified expense threshold and a functional need level. Benefits could be in the form of services or cash. Qualified expenses could include family caregiving costs and benefits to acknowledge the role of family caregiving and support individuals in the context of family and community. The objectives of this scenario would be to avoid the impoverishment that occurs when long-term care expenses mount, to acknowledge the important role of families in providing care, and to ease pressures on state and federal budgets by substantially reducing the reliance on the Medicaid safety net. This type of coverage might prove far more affordable than existing products and has not yet emerged in the marketplace.[26]

Government would have a number of roles in this pathway. It would establish the standards for "qualified" private market insurance products that offer basic, affordable catastrophic coverage. These products could be marketed in a number of ways, including through employers and health exchanges. Government would also provide stop-loss coverage for qualified plans to help make insurance more affordable for Americans, and to

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• 65+ and/or adults needing LTSS
Government Roles	• Government requires private insurance purchase • Government regulation of financial instruments • Government defines need trigger • Government defines $ threshold and qualifying expenditures • Government stop-loss role above catastrophic ceiling—could serve as public safety net • Public safety net
Purpose of and Reliance on Safety Net	• Safety net serves as alternative (high risk) insurance pool • Moderate or decreasing reliance on safety net
Role of Private Products	• Reliance on private products • Extends private market options
Primary Outcome(s)	• Avoid impoverishment • Reduce Medicaid pressures • Acknowledge/support family caregiving • Tends to help people with more assets
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Reach $ threshold (informal care can be used to meet threshold) • Meet functional need eligibility
Level of Benefit	• Standard catastrophic coverage
Form of Benefit	• Cash and/or services
Participation in program *	• Catastrophic coverage required with penalty for failure to buy; OR • Voluntary opt out if meet income/assets test
SYSTEM FEATURES	
Uses of Cash Benefit	• Determined by policy terms
Basis of payment for coverage	• Individual and/or group risk profile
Subsidies for Low Income	• Income based (with family means testing)
OTHER MECHANISMS	
Private Insurance	• Encourage private market to develop products to meet consumer demand • Government-established simplification/standardization of like-type, front-end policies and required catastrophic coverage • Stop-loss/reinsurance pools for coverage above catastrophic coverage (government sponsored)
Incentives for purchase of private insurance	• Tax preferences and incentives for all income for front-end coverage
Employer role	• Administer private insurance enrollment and withholding
Savings	• Preferential tax treatment • Products for lower income

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

encourage a competitive marketplace for such products. Government would provide subsidies to Americans who are unable to afford private insurance. The safety net would no longer be needed as currently constructed; instead it would become an alternative insurance pool for high-risk individuals who are unable to secure coverage in the private market. Compared to the status quo, safety net expenses would be considerably reduced (depending on the successful enforcement of the purchase requirement), thereby reducing pressure on state and federal Medicaid budgets. Additionally, most Americans would be covered against large-scale LTSS expenses. While this pathway offers potential for addressing the LTSS problem, the challenge will be political and public acceptance: a national survey of adults 40 and older found that 42 percent of Americans oppose a requirement that individuals buy private long-term care insurance.[27]

5. PUBLIC CATASTROPHIC

This pathway is similar to the previous scenario, except that insurance coverage would be provided through a public program and Americans would be required to purchase coverage by paying premiums to the government. A public program holds more opportunity to be shaped by policy-makers to meet agreed-upon public objectives, such as eligibility and the basis for pricing premiums. Because this insurance pool would be inclusive of all Americans, this scenario effectively would become the public safety net, replacing the need for Medicaid for most Americans. Once again, benefits would come in the form of services and/or cash. Persons with lower incomes might still rely on the safety net to the extent they could not afford care at expenditure levels below the catastrophic coverage level. Additionally, Americans could still choose to cover their front-end needs with private insurance. Compared to the status quo, safety net expenses would be reduced dramatically and Americans would be covered against large-scale LTSS expenses. While this pathway offers the potential for addressing the LTSS problem, the requirement of participation could be a challenge.

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• 65+ and/or adults needing LTSS
Government Roles	• Government arranges for public option of catastrophic care, sets sliding deductible range and mandates use • Government encourages behavior in private market (e.g., marketing, simplifying, improving options) • Public safety net
Purpose of and Reliance on Safety Net	• Catastrophic insurance pool becomes primary safety net • Moderate or decreasing reliance on other safety net needs
Role of Private Products	• Primary reliance for front-end • Supplemental for added catastrophic coverage
Primary Outcome(s)	• Avoid impoverishment • Affordable for all incomes • Reduce Medicaid pressures • Support family caregiving • Tends to help people with fewer assets
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Functional needs levels defined by government (for public catastrophic) • Meet catastrophic $ threshold (informal care can be used to meet threshold)
Level of Benefit	• Catastrophic benefit
Form of Benefit	• Cash and/or services
Participation in program *	• Required catastrophic; OR • Or Voluntary opt out if proof of coverage in private market and/or meet income/assets test
SYSTEM FEATURES	
Uses of Cash Benefit	• Formal care • Informal care
Basis of payment for coverage	• Formula based on variables such as income, age, informal care resources, premium cap
Subsidies for Low Income	• Vary catastrophic threshold by income OR • Subsidize lower income with front end care
OTHER MECHANISMS	
Private Insurance	• Encourage private market to develop products to meet consumer demand for front -end coverage • Government established simplification/standardization of like-type, front-end policies
Incentives for purchase of private insurance	• Penalties for failure to participate • Tax preferences and incentives for all income
Employer role	• Administer public insurance enrollment and withholding • Education and marketing role
Savings	• Preferential tax treatment • Products for lower income

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

6. COMMON GOOD

This pathway would create a public program to meet basic, "front-end" LTSS needs for working and retired Americans, by providing cash and/or services for a defined dollar or time limit. Underpinning this pathway is the view that long-term care is a risk common to all Americans, a risk most effectively and fairly handled by pooling that risk (such as unemployment insurance for joblessness or longevity via Social Security). Participation would be either required or strongly incentivized and premiums would be based partially on income. Because coverage would not be comprehensive, the safety net remains for people who have not met minimum contribution requirements, are outside the program, or are unable to afford LTSS expenditures that exceed those covered by the program. The private sector would be encouraged to develop supplemental and catastrophic need products, a market segment that has proven relatively successful in other countries (e.g., France, Germany, and Israel).[28] Compared to the status quo, the safety net shrinks substantially and virtually all Americans would be covered in a way that supports individuals in the context of family and community. While this pathway would reduce pressure on state and federal Medicaid budgets and cover most people in need, its mandatory nature and departure from our current heritage of self-reliance will present challenges to adoption. However, survey data of Americans 40 and older suggest openness to such an approach, with 66 percent strongly or somewhat favoring a government-administered long-term care insurance program similar to Medicare.[29]

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• All • Current/former workers who contributed and need LTSS
Government Roles	• Government arranges for public option of basic care and incentivizes OR requires participation • Public safety net
Purpose of and Reliance on Safety Net	• Decreasing reliance on safety net—(for those who do not meet minimum contributions, are outside system, or exceed basic coverage limits)
Role of Private Products	• Supplemental • Catastrophic
Primary Outcome(s)	• Recognize need for LTSS as social risk • Everyone gets basic needs met • Support family caregiving
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Meet need levels
Level of Benefit	• Basic, front-end coverage (level varies by income)
Form of Benefit	• Cash and/or services
Participation in program *	• Required participation or voluntary opt out if proof of private coverage and/or meet income/assets test
SYSTEM FEATURES	
Uses of Cash Benefit	• Formal care • Informal care
Basis of payment for coverage	• Formula based on variables
Subsidies for Low Income	• Premium subsidies based on income
OTHER MECHANISMS	
Private Insurance	• Encourage private market to develop products to meet demand for supplemental and catastrophic coverage • Government-established simplification/standardization (supplemental and catastrophic coverage)
Incentives for purchase of private insurance	• Tax preferences and incentives for all for catastrophic coverage • Penalties for failure to participate
Employer role	• Administer public insurance enrollment and withholding • Education/marketing role
Savings	• Preferential tax treatment • Products for lower income

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

7. COMPREHENSIVE

This pathway combines the public catastrophic coverage and the front-end common good coverage to create a comprehensive program for LTSS needs providing a benefit of cash and/or services. Personal responsibility would come in the form of co-payments or deductibles—a feature of most long-term care systems in the world today. Participation would be mandatory, nearly eliminating the safety net, which would remain only for those who cannot afford their share of co-pays/deductibles or who remain outside the system for a variety of reasons. While this pathway would reduce pressure on state and federal Medicaid budgets and cover the most people in need, it would be a radical departure from our current heritage of self-reliance and responsibility.

PURPOSE/FOUNDATIONAL PRINCIPLES	
Target Population for Who is Covered	• All
Government Roles	• Government arranges for public options and mandates use • Public safety net
Purpose of and Reliance on Safety Net	• Safety net for people who cannot afford their share of costs or are outside of system • Minimal or least amount of reliance on safety net
Role of Private Products	• Supplemental
Primary Outcome(s)	• State covers social risk of LTSS need • Support family caregiving
SYSTEM STRUCTURE	
Eligibility for benefits trigger	• Need level determines benefit levels • Informal support level determines benefit level
Level of Benefit	• Comprehensive public insurance
Form of Benefit	• Cash and/or services
Participation in program *	• Required participation
SYSTEM FEATURES	
Uses of Cash Benefit	• Formal care • Informal care
Basis of payment for coverage	• Formula based on variables
Subsidies for Low Income	• N/A
OTHER MECHANISMS	
Private Insurance	• N/A
Incentives for purchase of private insurance	• Tax preferences and incentives for all income levels • Penalties for failure to participate
Employer role	• Administer public insurance enrollment and withholding • Education and marketing
Savings	• Preferential tax treatment • Products for lower-income categories

* Program means different things across and among pathways--includes: 1) personal assets/self-insured; 2) private insurance market; 3) public program; 4) safety net

Guiding Principles

While the task force is not recommending one particular pathway, in deference to the national discussion it believes must take place, it developed a set of principles through which these pathways can be evaluated and reshaped as needed.

- **Insurance for LTSS is essential.** The need for LTSS is a risk, not a certainty for any one person, but resources applied early can and should help the large number of people who cannot afford to do more on their own; costs can be catastrophic for the unlucky. Seen in this light, LTSS should be insured against to broadly spread risk in a way that makes LTSS available and affordable for all.
- **Fiscal responsibility and stewardship of public and private resources are widely shared American values and critical for sustainable insurance reform.** Actuarially sound methods that build over time reserves that are sufficient to pay for future needs can and should reduce cost-shifts from current to future generations, taking into account the substantial intergenerational help (in both directions) that rightly occurs. Methods such as combining annuities with LTSS insurance appear promising.
- **Public and private insurance have important complementary roles.** Meaningful insurance alternatives to Medicaid must be widely affordable and accessible as essential safety nets are preserved and strengthened. Private options can and should help meet the needs of more people and may benefit from publicly-facilitated market reforms, but they should not cost taxpayers more than public options. Experience from other countries suggests that private markets are strengthened and public safety nets are preserved when public and private roles are clearly delineated.
- **Service delivery and payment models must be designed and aligned to foster person-centered, cost-effective, high quality care.** LTSS should be seamlessly integrated with acute, ambulatory, and other system components. Consumer choice and control must be ensured, and meaningful opportunities to participate in mainstream American life must be supported. Payment incentives must align, focus spending on critical direct care workers, and provide needed resources for family caregivers.
- **Affordable housing with services, facilitated by new technologies, is a key part of the solution.** Our country can and must implement sustainable strategies to increase the supply of affordable housing and connect that housing to needed services. Accessible, affordable housing and adequate services and supports are necessary for people to remain in their communities and are investments that result in both lower care costs and better quality of life outcomes. Services provided in supportive housing—such as meals, transportation to a doctor, health and wellness nurses, and assistive technology—can help people stay healthier, remain independent longer, and avoid moving to more expensive settings, such as nursing homes or hospitals.

Toward a National Discussion

A short-term goal of LeadingAge is to spearhead a national discussion as a necessary precursor to implementing a new LTSS solution for our country. The task force recognizes that each of the seven pathways is rooted in different values and different viewpoints about the nature of our LTSS problem and the most effective way to address that problem. These values and viewpoints are precisely what we must discuss to determine which pathways warrant further study. Critical foundational questions in this discussion include:

- How do we help the most people within the fiscal constraints of state and federal budgets?
- Should we seek to guide LTSS (public) spending, such as a certain percentage of GDP growth or per capita amount, thereby establishing economic parameters within which we must operate?
- How can a financing system help Americans needing LTSS maintain their independence to the maximum extent possible, and support their lifestyle choices, such as remaining at home and/or in the community?
- How do we move away from a system that requires impoverishment in order to access needed LTSS?

- Is there consensus for fostering dignity in aging by framing LTSS as a risk common to all Americans, rather than a personal risk in which individuals and their families are solely responsible?
- If LTSS is a common risk, what are the most cost-effective methods of pooling that risk?

In addition to answering these foundational questions, we must also address a set of technical questions relating to specific proposals that emerge under each pathway, including the economic and actuarial aspects of such proposals. Critical questions in this discussion include:

- What happens to overall spending on LTSS?
- What happens to public spending on LTSS?
- Who will bear the costs and how will those costs be borne?
- What is the impact on the federal and state budgets?
- At what price is any proposal actuarially sound and sustainable and affordable for Americans?
- Who will actually participate and to what benefit?

Findings from Other Countries

To assist the discussion, the task force has compiled lessons from other countries. Our country is not the first to find its long-term care needs growing at unprecedented rates. Many other countries, especially rapidly aging countries in Western Europe and Asia, have developed national systems of addressing long-term care needs. The task force reviewed the experiences of these countries and compared them to those in the United States.[30] The task force was not seeking to import a solution, but rather to identify whether the experiences of those who have been grappling with LTSS for a longer time might provide any lessons for the United States as we move forward in defining a uniquely American solution. Some of the lessons were surprising.

- **Even though the U.S. does not have a "system," we spend public amounts comparable to some countries that do have LTSS systems.** In the United States, the expectation is that people will plan and financially provide for their own LTSS, accessing the safety net only in dire circumstances. In fact, public programs bear nearly 70% of total spending for LTSS—comparable public spending on a GDP or per capita basis to some countries that have implemented broad public programs to address their long-term care needs.

- **There are many possible approaches with no "right" answer.** There are as many answers to addressing LTSS as there are countries. Across Western Europe, for example, each country has developed a system unique to itself, with a variety of service and financing arrangements and differing mixes of public-private responsibilities and roles. No country has discovered a perfect solution or is without continued problems to solve.

- **Systems do not stop evolving once established; identifying a starting point is key.** LTSS systems are complex with many moving parts. These components include reliance on and cultural attitudes towards family caregiving, demographics of aging, payment systems that incentivize families as well as providers, the maturity of private markets for insurance, institutional and home care, and inter-related public budget systems—where a change in one (e.g., Medicare) can yield unintended changes in another (e.g., Medicaid). Many countries have found that LTSS systems do not materialize as envisioned when they were designed. Waiting for the "perfect" design is tantamount to inaction. These countries found the key is to begin with an initial approach, allowing experience and learning to guide future refinements and improvements.

- **Once established, budgetary pressures and demands for expansion of benefits are common, but these can be managed with program design.** Many countries found higher than expected demand for LTSS. Our country should be prepared for this possibility, and realize that costs can be carefully managed through design of the program.

- **Policy innovation in LTSS is shaped by cultural values and expectations.** Experience from other countries suggests that innovation and its goals are often shaped by cultural goals and values. For example, Japan wanted to remove a cultural expectation that daughters-in-law serve as caregivers. On the other hand, Germany sought to recognize and support the care provided by family caregivers. In Sweden, the cultural expectation is that the state provides care, whether for childcare or long-term care.[31]
  The question for Americans as we consider the seven pathways is this: What values do we want to support?

- **Policy innovation is shaped by policy heritage.** Few countries developed a system from a clean slate. Instead, countries tend to follow what is known as "path dependency." That is, new systems follow on the path of existing systems. What path are we on in the United States? We begin with a strong expectation of individual responsibility, including a pride in self-reliance. If and when that fails, we shift to our safety net heritage, an approach that views the need for LTSS as a dependency, in response to which our country offers social assistance after all other resources have been exhausted and an individual is impoverished. Population demographics and labor force participation rates foretell an erosion of family caregiving, coupled with an emerging care culture of self-determination and autonomy, all of which will challenge our current paradigm. The question is whether we will view LTSS as an individual risk or a common risk, warranting a shared response.

Next Steps

LeadingAge is pursuing a vision to achieve societal and individual preparation for meeting LTSS needs. This vision can best be achieved by first pursuing shorter-term goals of substantially increasing awareness of and a sense of urgency around LTSS needs and creating a movement to address the LTSS problem.

The task force acknowledges and commends the federal Commission on Long-Term Care for beginning this nationwide conversation via its Final Report and Dissenter's Report.[32] The task force affirms the recommendation to create a National Advisory Committee and pledges its support to ensure that any future Advisory Committee receives the reinforcement and momentum needed to foster new and effective approaches to meeting LTSS needs. Having built on the Commission's financing vision statement by outlining these seven pathways, LeadingAge will pursue strategies to create mutually reinforcing activities that drive toward a national consensus on meeting our country's LTSS needs.

LeadingAge views the work of the task force as a necessary *first* phase. LeadingAge's commitment is to undertake a *second* phase of work starting immediately and continuing through mid-2015. LeadingAge will engage partners and other stakeholders in a national discussion that drives toward specific solutions. Phase Two will include community

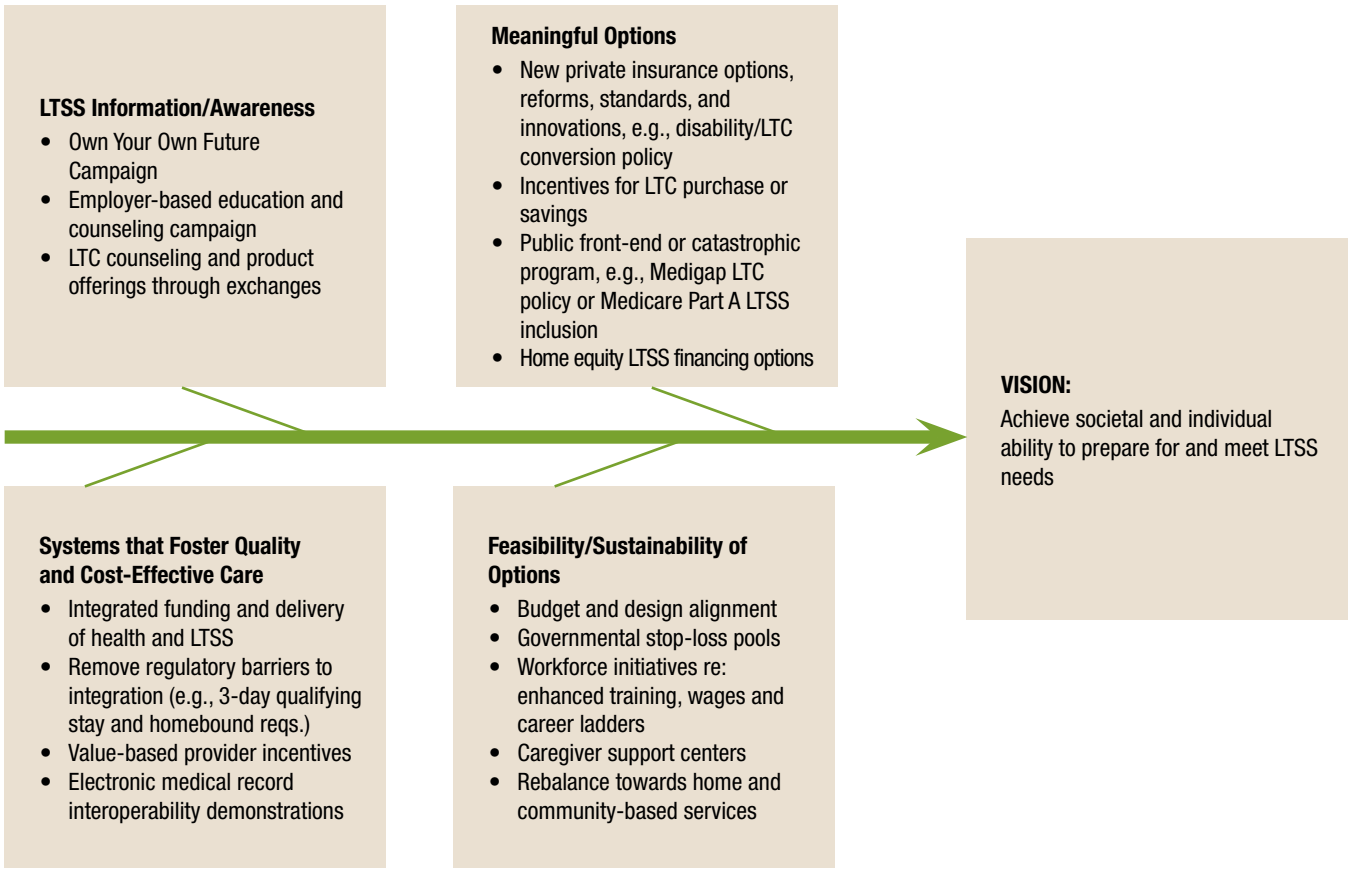
engagement and dialogue to refine the pathways and foster development of specific proposals, including actuarial and economic analyses, under one or more of the pathways.

In Phase Two, LeadingAge will apply established community engagement methodologies and tools to build local, state, and national coalitions. The coalitions will undertake community conversations that bring new sensitivities to LTSS in a way that promotes public understanding and facilitates exploration of and ultimately progress toward plausible solutions. LeadingAge will provide organizational support and assistance to coalitions undertaking these conversations, yet will not prejudge or advocate for particular solutions. While LeadingAge acknowledges that its guiding principles may influence and even reshape some pathways, it is not prejudging which solutions our country might pursue. Instead, LeadingAge is interested in fostering an open-minded process that is inclusive of all viewpoints because the risk of needing LTSS is independent of one's political viewpoint. We are all in this together with a shared imperative to find meaningful and affordable solutions.

In addition, LeadingAge will support the actuarial and economic analyses required to move the national discussion forward. The Status Quo pathway is likely to be very expensive, and appears not to be sustainable without major tax increases at the state and federal levels to support rising Medicaid expenses. It will be equally important to have clarity around the financial future under other pathways, determining to what extent the solutions are affordable for Americans, both individually and as part of the public purse.

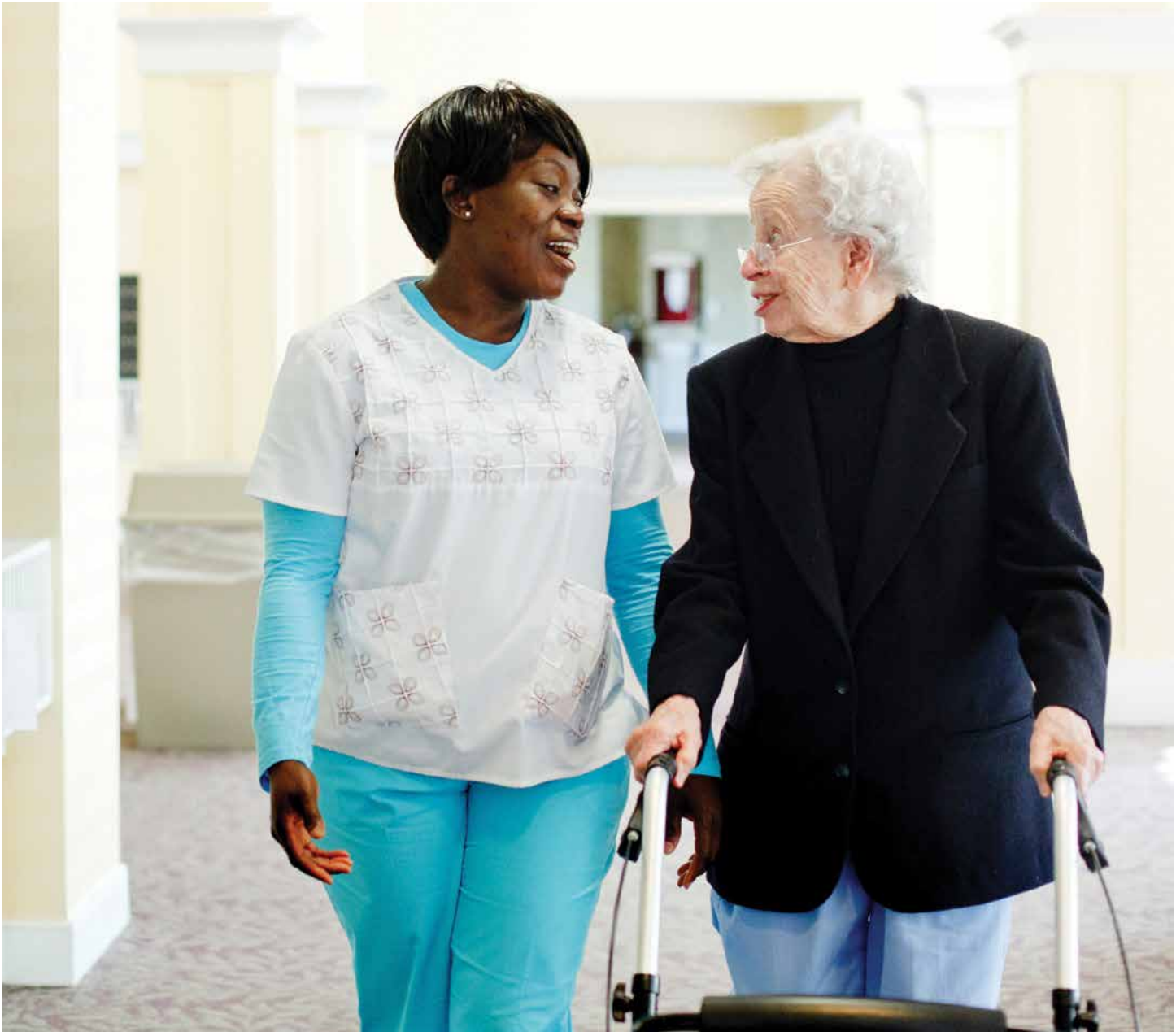
LeadingAge will undertake these strategies to achieve tangible movement toward solutions that impact all aspects of the LTSS problem. The process will identify options and strategies that will help achieve the vision of societal and individual ability to meet LTSS through greater awareness of the scope of the issue and new options that are affordable for individual and government payers and that foster high-quality, cost-effective care. Example initiatives that might flow from the solution framework could include those depicted in the graphic below.

Solution Framework: Possible Initiatives



Conclusion

Every American faces a significant risk of needing LTSS, and each of us faces a risk that the cost could be financially catastrophic. Most Americans are not adequately equipped to protect against the risk. When faced with other risks of this magnitude, the United States has responded by pooling the risk and sharing the costs, such as with unemployment insurance or Social Security. With respect to LTSS, we must ask ourselves whether we want to create a shared solution to this most human of problems. LeadingAge and the task force believe the answer to this can be nothing other than a resounding "Yes." We must work together to achieve a solution to how LTSS is delivered and paid for. We invite you to work with us to identify a uniquely American response to the challenge of addressing our shared risk of needing and financing long-term services and supports.



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"Allowing these health and long-term care problems to persist not only deprives millions of Americans of what they ought to be able to have... it diminishes our economy... [and]... the United States of America. I don't think it's possible to say... that we are a civilized nation when so many of our people... do not have long-term care, do not have health insurance."

Sen. John D. Rockefeller IV
from the *Pepper Commission Report*, 1990

"Thought leaders and a few policymakers have called for the creation of affordable and sustainable LTC financing options for some time. However, time is running out. New policy solutions, whether these are private and/or public, need to be fully operational within three to five years in order to meet the needs of both aging baby boomers and future cohorts with functional needs in a sustainable manner. "

SCAN Foundation, 2013

"It has been a generation and we still have not solved the problem of how to pay for long-term services and supports. We must take responsibility now."

Larry Minnix
President & CEO, LeadingAge, 2014

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