

Final Report

Commission on Long-Term Care
September 18, 2013

Statutory Charge

- **Created under Section 643 of the American Taxpayer Relief Act of 2012 (P.L. 112-240), signed into law January 2, 2013**
- **To develop a plan:**
 - ◆ **for the establishment, implementation, and financing of a comprehensive, coordinated, and high-quality system**
 - ◆ **that ensures the availability of long-term services and supports for individuals in need of such services and supports, including**
 - **elderly individuals,**
 - **individuals with substantial cognitive or functional limitations,**
 - **other individuals who require assistance to perform activities of daily living, and**
 - **individuals desiring to plan for future long-term care needs.**

Statutory Charge

- **Within 6 months of the appointment of Commissioners:**
 - ◆ **vote on a comprehensive and detailed report based on the long-term care plan...**
 - ◆ **that contains any recommendations or proposals for legislative or administrative action as the Commission deems appropriate.**

Commission Activity

- **Began organizing on June 10, 2013**
- **Convened its first meeting on June 27, 2013.**
- **Held four public hearings with testimony from 34 witnesses.**
- **Solicited extensive comments from the general public.**
- **Met in 9 executive sessions.**

Commission Vote

- **Voted on September 12, 2013 – [9 to 6] -- in favor of putting this Final Report forward as the broad agreement of the Commission.**
- **Commissioners For: Chernof, Warshawsky, Anwar, Brachman, Guillard, Pruitt, Raphael, Turner, and Vradenburg**
- **Commissioners Against: Butler, Claypool, Feder, Jacobs, Ruttledge, and Stein**

Commission Report

- **Call to Action**
- **Specific Challenges to Providing LTSS**
- **Recommendations**
 - ◆ **Service Delivery**
 - ◆ **Workforce**
 - ◆ **Financing**
- **Advancing the Agenda**
- **Appendix – Ideas from the Commissioners**

Call to Action

- **12 million Americans are assisted today through a web of long-term services and supports that for many meets their needs.**
- **Yet there are problems with the current organization and financing of LTSS that will grow more problematic with the aging of the baby boom.**
 - ◆ **Family caregivers provide most of the care now, but it can be overwhelming. Their availability will decline in the future.**
 - ◆ **Paid LTSS are expensive and can be financially catastrophic. Americans reaching retirement are not adequately prepared for these costs.**
 - ◆ **The direct care workforce has training and retention issues that could affect the quality and availability of experienced workers in the future.**
 - ◆ **Paid LTSS are highly fragmented and difficult to access - they lack focus and coordination to ensure the best outcomes, and can be expensive and inefficient.**

Call to Action

- **A dramatic projected increase in the need for LTSS in coming decades will confront significant constraints in the resources available to provide LTSS.**
 - ◆ **New approaches needed to bring LTSS care integration, technology, and innovative workforce strategies together to reduce costs and improve outcomes.**
 - ◆ **Creative financing efforts needed to affordably insure the risk of needing LTSS and encourage higher levels of savings.**
 - ◆ **A more accessible and sustainable Medicaid needed to assure its continued role in guaranteeing the availability of LTSS.**

Vision Statement

SERVICE DELIVERY

A more responsive, integrated, and financially sustainable LTSS delivery system that ensures people can access quality services in settings they choose at a lower overall cost of care.

Vision Statement

WORKFORCE

An LTSS system that is able to attract and retain a competent, adequately-sized workforce capable of providing high quality, person-centered care to individuals across all LTSS settings.

Vision Statement

FINANCING

A full array of financing options for LTSS that provide greater certainty for individuals using or likely to use LTSS by protecting against extreme long-term costs, enabling and encouraging individual planning and preparation, and providing an effective safety net for those without the income or assets to provide for themselves.

Recommendations: Service Delivery

- **Rebalancing** – incentivize state provision of LTSS to enable individuals to live in the most integrated setting informed by an objective assessment of need.
- **Care Integration** –
 - ◆ Align incentives to improve integration of LTSS and health services in a person- and family-centered approach.
 - ◆ Establish a single point of contact for LTSS on the care team.
 - ◆ Use technology more effectively to mobilize and integrate resources
 - ◆ Create livable communities
- **Uniform Assessment** – implement a standardized assessment tool that can produce a single care plan across care settings.

Recommendations: Service Delivery

- **Consumer Access** – expand “No Wrong Door” to provide enhanced options counseling.
- **Quality** – accelerate development of LTSS quality measures for home and community-based services and make them available to consumers.
- **Payment Reform** – promote payment for post-acute and LTSS based on the service rather than the setting.

Recommendations: Workforce

● Family Caregiving

- ◆ Require HHS to develop a national strategy to maintain and strengthen family caregiving.
- ◆ Include family caregivers in the needs assessment and care planning process.
- ◆ Encourage expansion of caregiver interventions.

● Paid Workforce

- ◆ Encourage states to revise scope of practice to permit delegation with supervision to direct care workers.
- ◆ Enable criminal background checks for LTSS workforce.

Recommendations: Workforce

- **Direct Care Workforce**

- ◆ create meaningful ladders and lattices for career advancement.
- ◆ Integrate direct workers in care teams.
- ◆ Collect detailed data on LTSS workforce.
- ◆ Encourage standards and certification for home-care workers.

Financing: Alternative Approaches

The Commission did not agree on a single approach, but offered two different approaches that might achieve the common vision.

- **Private options to strengthen financing**

- **Social insurance**

Recommendations: Financing

- **Medicaid Improvement**

- ◆ Create a demonstration program to provide LTSS to persons with disabilities to remain employed.
- ◆ Assist states to achieve greater uniformity in Medicaid Buy-In programs.

- **Medicare Improvement**

- ◆ Eliminate the 3-day prior hospitalization requirement for SNF
- ◆ Reconsider the “homebound” requirement for home health services.

- **Savings**

- ◆ allow individuals with disabilities and their families to set up section 529 savings funds.

Next Steps

- **The Report provides a foundation and a guide for more extensive work needed to develop and promote a sustainable comprehensive program to improve the organization and financing of LTSS.**
- **The Commission recommended:**
 - ◆ **Creation of a national advisory committee**
 - ◆ **Convening of 2015 White House Conference on Aging in coordination with the National Disability Council to focus on LTSS.**