



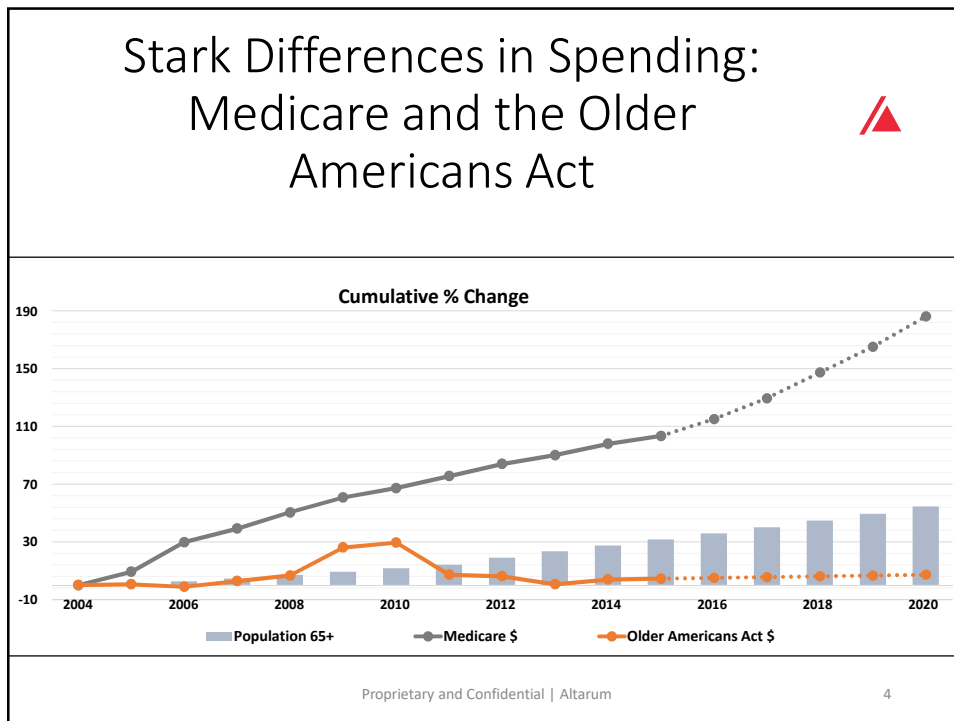
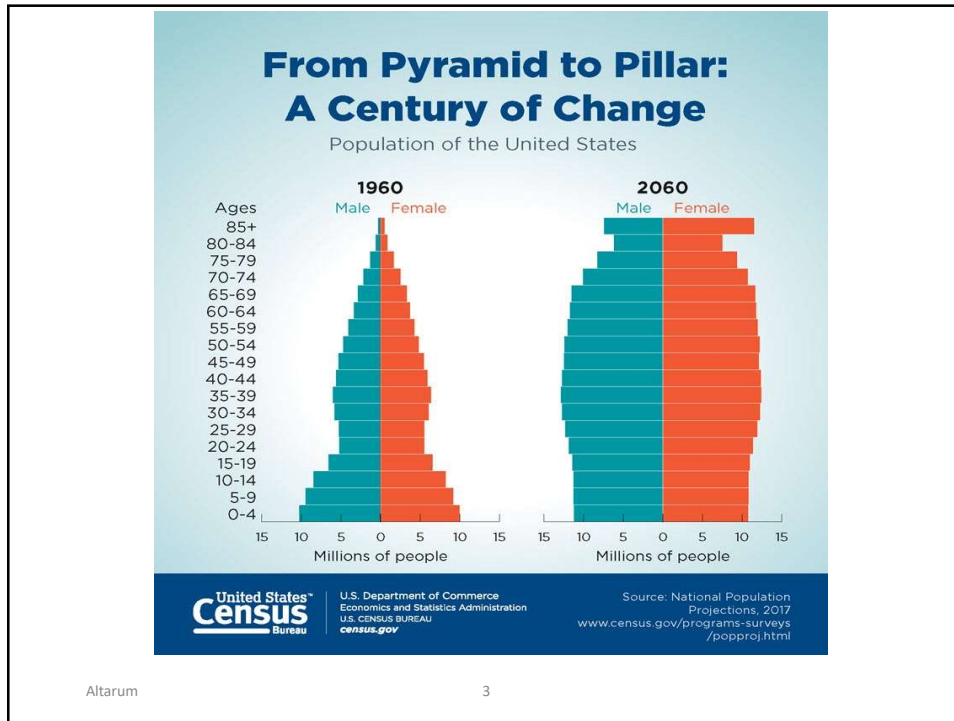
**Long-Term Care:
Where Are We, and
What's Next?**
*Alliance for Health
Policy
Nov. 18, 2019*

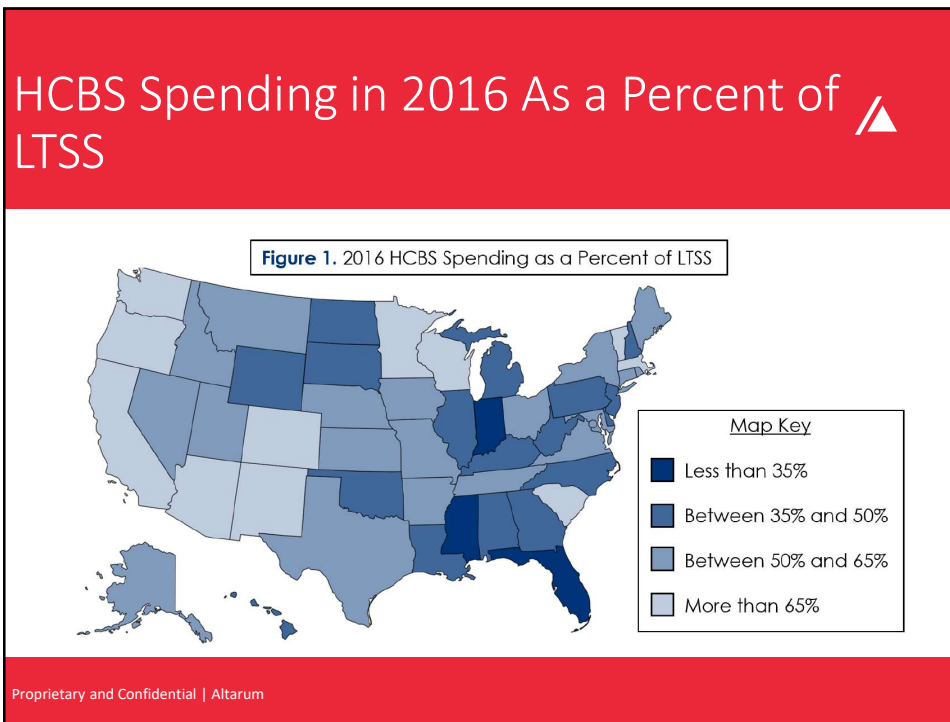
Anne Montgomery, Program to Improve Eldercare, ALTARUM

Altarum's Program to Improve Eldercare

- Altarum is a nonprofit health systems research and consulting organization with the aim of leveraging independent research and work to solve underlying issues that cause the health care system to be inefficient, ineffective, or unsustainable.
- And in fact **there is no single "system," since health and health care depend on a complex set of factors that are constantly interacting and changing.**
- The Program to Improve Eldercare is dedicated to the proposition of identifying, testing and implementing different strategies to assure that we can all live comfortably and meaningfully through a period of disabilities toward the end of life, at an affordable cost.

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- ## HCBS Infrastructure Improvement Targets
- **Housing Supports** – e.g., development of “lifelong” housing stock, including various incentives for developers
 - **Transportation Supports** – e.g., development of affordable, accessible, reliable public transportation within ¼ mile of senior residences and public housing; installation of audible pedestrian signals and more crosswalks
 - **Workforce and Unpaid Caregiver Supports** – e.g., training that establishes career ladders and lattices for the direct care workforce along with initiatives to enhance to supply and retention; development of broader infrastructure to support self-direction, including use of matching service registries and training; implementation of supports directed to family caregivers, including widespread use of assessments
 - **Employment Supports** – e.g., development of statewide infrastructure that establish and support opportunities for competitive employment for individuals with disabilities
 - **No Wrong Door**—e.g., development of statewide system that enable consumers to access LTSS - through an agency, organization, coordinated network, or portal that provides information about service availability and options; how to apply; determinations of financial and functional eligibility, and/or assistance with assessment processes for financial and functional eligibility
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Possible Grant Incentive Structure

- Mandatory grants tied to baseline of HCBS spending would allow for greater flexibility for the use of funds; detailed plans from states would be required upfront to assure accountability and allow for effective monitoring
- .25% Increase for states already at 65% HCBS expenditures;
- .50% Increase for states already at 50% - 64% HCBS expenditures;
- 2.0% Increase for states already at 35% - 49% HCBS expenditures;
- 5.0% for states below 35%.
- For the final two years of the program, enrollment criteria can be added to ensure HCBS program expenditures expand the number individuals being served in the community (i.e., 85%, 75%, 65%, 50%)

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Medigap: A Possible Avenue for Enhancing Take-Up of Private “Front End” Coverage

- The National Association of Insurance Commissioners (NAIC) could be authorized/directed to augment existing Medigap policies with limited home support services, accompanied with consumer protections and reporting of data; benefits would be much leaner than comprehensive LTCI
- Medigap is popular in part because individuals turning 65 have a six-month window where they can purchase a policy with no underwriting

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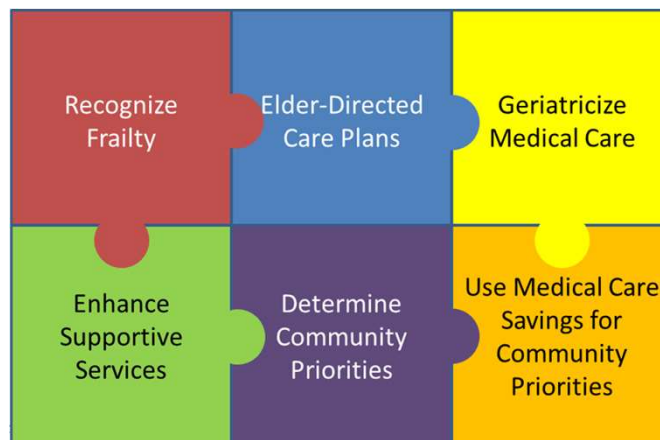
PACE: A “Gold Standard” Model With Substantial Room to Grow in Medicare-Only Population



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What's Next? What's Possible?

- PACE and CBOs can collaborate to create community-based health organizations.



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