

Bibliography of Long Term Care Financing Articles/Reports

AARP. (2008). *State Long-Term Care Reform in Massachusetts*. Retrieved from http://assets.aarp.org/rgcenter/il/2008_10_ltc_ma.pdf

Summary: Two page fact sheet on MA rebalancing and policies.

Citizens for Long Term Care and Paraprofessional Healthcare Institute. (2003). *Long-Term Care Financing And The Long-Term Care Workforce Crisis: Causes and Solutions*. Retrieved from <http://www.longtermcarersa.org/images/Long%20Term%20Care%20Financing.pdf>

Summary: This paper explores the interrelationship between current LTC financing system, the quality of direct care jobs, and the resulting decline in long-term care availability. It includes recommendations for LTC finance reforms.

Cohen, Mark A., PhD, Jessica Miller, MS and Maurice Weintraub, PhD (2001). Patterns of Informal and Formal Caregiving Among Elders With Private Long-Term Care Insurance. In *The Gerontologist* (41:180-187). Retrieved from <http://gerontologist.gerontologyjournals.org/cgi/content/abstract/41/2/180>

Summary: The purpose of this report is to provide basic descriptive information on community-dwelling, disabled, private long-term care (LTC) insurance policyholders who have accessed policy benefits. It is focused on how benefits are used, whether claimants feel they are getting appropriate value from their policies, and what the patterns are of formal and informal service use.

Cohen, M, Kumar, N. and McGuire, T. Financing Long-Term Care: A Practical Mix of Public and Private. *Journal of Health Politics, Policy, and Law*, 17(3):403-424. DOI:10.1215/03616878-17-3-403.

Summary: This article outlines proposals in Congress and makes recommendations that Congress should consider a program that enhances Medicaid; improves consumer education; assists states in regulating long-term care policies, so as to enhance consumer protection and confidence; and clarifies taxes on long-term care insurance to encourage workers and the elderly to protect themselves against catastrophic expenses.

Cohen, M. (2003). Private Long-Term Care Insurance. *Journal of Aging and Health*, Vol. 15, No. 1, DOI: 10.1177/0898264302239015.

Summary: This paper summarizes and synthesizes what is known about the private long-term care insurance market and its impact on public expenditures, policyholders, their families, and providers

Cohen, M. (2006). *Long-Term Care Planning and Insurance*. Medicaid Commission.

Retrieved from <http://aspe.hhs.gov/medicaid/mar/MarcCohen.pdf>

Summary: This PowerPoint presents background information on long-term care (LTC) planning, provides information on how LTC insurance fits into the planning picture and provides data on the impact of growth in the LTC insurance market on consumers and on Medicaid expenditures.

Cohen, M.A. (2002). *Long-Term Care Insurance Coverage*. Washington, DC: AARP.

Retrieved from <http://www.aarp.org/research/longtermcare/insurance/aresearch-import-566-2002-09.html>

Summary: This In Brief summarizes the findings of the AARP Public Policy Institute issue paper, Inflation Protection and Long-Term Care Insurance: Finding the Gold Standard of Adequacy. The long-term care (LTC) insurance market has grown rapidly over the past decade. Given that many individuals who purchase LTC insurance policies may not access benefits for many years, it is important that insurance benefits keep pace with inflation. To address this issue, AARP commissioned a study to determine whether a policy that includes a 5 percent compound inflation option is adequate to meet the future costs of long-term care

Cohen, M., Weinrobe, M., Miller, J., and Ingoldsby, A. (2005). *Becoming Disabled After Age 65: The Expected Lifetime Costs of Independent Living*. Washington, DC:

AARP. Retrieved from http://assets.aarp.org/rgcenter/il/2005_08_costs.pdf

Summary: The purpose of this analysis was to estimate, for persons 65 and over, the remaining lifetime probability of developing a disability and needing long-term care services, the service-related costs associated with avoiding nursing home placement and remaining at home while receiving appropriate quality care, and the costs associated with supporting currently institutionalized older persons in the community. This report does not analyze persons who have developed disabilities before the age of 65.

Commonwealth Corporation, Massachusetts Rehabilitation Commission, and Northeastern University Center for Labor Market Studies. (2006). *The Adult Disabled Population (16-74) in Massachusetts: Its Size and Demographic/Socioeconomic Composition in 2003-2004*. Boston, MA: Author. Retrieved from

http://www.clms.neu.edu/publication/documents/first_mrc_report_in_2006.pdf

Summary: This report provides a comprehensive array of estimates of the recent size of the adult disabled population in MA, a profile of their demographic/socioeconomic backgrounds, the types of disability problems they experience, and projections of the future size and age composition of the state's disabled population.

Congress of the United States Congressional Budget Office. (2004). *Financing Long-Term Care for the Elderly*. Hagen, Stuart. Retrieved from <http://www.cbo.gov/ftpdocs/54xx/doc5400/04-26-LongTermCare.pdf>

Summary: This Congressional Budget Office (CBO) paper summarizes the current state of financing for long-term care, identifies some of the issues affecting it both now and in the future, and considers policy alternatives that address the mix of private and governmental sources of financing for LTC costs.

Connecticut Long-Term Care Planning Committee. (2007). *Long-Term Care Plan*. Connecticut: Author. Retrieved from <http://www.cga.ct.gov/AGE/LTC%20Plan-2007%20Final.pdf>

Summary: This Plan was produced to educate and provide recommendations to policymakers regarding what steps Connecticut should initiate and continue to take in order to meet the long-term care challenges of the next several decades.

Crowley, J.S. (2008). *Improving Health Coverage for Americans with Disabilities*. Washington, DC: O'Neil Institute for Nation and Global Health Law. Retrieved from http://www.law.georgetown.edu/oneillinstitute/documents/Crowley_Transition_Brief.pdf

Summary: This paper identifies potential administrative and legislative actions that could be taken to bolster the capacity of Medicaid and Medicare to meet the needs of people with disabilities and chronic conditions. Policy options are listed in four key areas: (1) Eligibility and enrollment; (2) Access to services; (3) Program management and delivery system issues; and, (4) Financing.

Disability Policy Consortium. (2005). *Long Term Supports and Medicaid Information*. Boston, MA: Author. Retrieved from <http://www.dpcma.org/LinkClick.aspx?fileticket=vkXpYe4DSh0%3d&tabid=423&mid=1146>

Summary: This paper is a compilation of reports and articles about long term supports, including a glossary and list of acronyms.

Feder, J., Komisar, H.L., and Niefield, M. (2000). [Long Term Care in the United States: An Overview](#). *Health Affairs*, Volume 19, Number 3, May/June 2000.

Summary: As the population ages, the pressure to improve the system will grow, raising key policy issues that include the balance between institutional and non-institutional care, assurance of high-quality care, the integration of acute and long-term care, and financing mechanisms to provide affordable protection.

Feder, J., Komisar, H.L., and Freidland, R.B. (2007). *Long-Term Care Financing: Policy Options for the Future*. Washington, DC: Georgetown University. Retrieved from <http://ltc.georgetown.edu/forum/ltcfinalpaper061107.pdf>

Summary: The purpose of this report is to explore options for a new public-private partnership for long-term care financing. All the proposals presented here try to move the partnership away from reliance on out-of-pocket financing by people needing long-term care and their families, toward insurance, through which costs are spread across a broad population at risk of needing service, users and nonusers alike.

Galston, W. A. *Reviving the Social Contract: Economic Strategies to Promote Health Insurance & Long-Term Care*. Washington, DC: The Brookings Institute. Retrieved from http://www.brookings.edu/~media/Files/Projects/Opportunity08/PB_SocialInsurance_Galston.pdf

Summary: This paper provides suggestions for consideration regarding the social contract. Suggestions include mandating long-term care insurance and making small-group and individual health insurance more affordable.

Gibson, M.J., Gregory, S.R., and Pandya, S.M. (2003). *Long-Term Care in Developed Nations: A Brief Overview*. Washington, DC: AARP Public Policy Institute. Retrieved from <http://www.aarp.org/research/longtermcare/trends/aresearch-import-574-2003-13.html>

Summary: The purpose of this report is to provide a brief overview of many of the key long-term care policy trends that cross national boundaries in developed nations in two ways: (1) trends in delivering and organizing formal and informal long-term care services, and (2) on financing long-term care, and the movement toward universal (not means tested) public programs for long-term care.

Gibson, M. J., and Houser, A. (2008). *Valuing the Invaluable: The Economic Value of Family Caregiving*. Washington, DC: AARP Public Policy Institute. Retrieved from http://www.hcbs.org/files/149/7404/economic_value_caregiving_2008.pdf

Summary: This paper estimates the economic value of family caregivers' contributions and summarizes findings about the cost of care giving to caregivers themselves. Informal care giving helps to improve the quality of health and LTC and reduce the use of nursing home and inpatient hospital care.

Gleckman, H. (2007, April). *Medicaid and Long-Term Care: How Will Rising Costs Affect Services For An Aging Population?* Center for Retirement Research at Boston College Brief, Number 7-4.

Summary: This brief explores trends in Medicaid spending on long-term care and the implications of its rapid growth for taxpayers and for the needs of an aging population. The first section defines long-term care. The second section describes Medicaid's role in financing it. The third section describes the impact of Medicaid on state budgets. The final section assesses efforts to rein in Medicaid spending.

Gleckman, H. (2007, June). Financing Long-Term Care: Lessons from Abroad. Center for Retirement Research at Boston College, Brief, Number 7-8.

Summary: This brief reviews the experiences of Germany, Japan, France, and the United Kingdom and highlight potential lessons for the United States

Gleckman, H. (2008, June) How Can We Improve Long-Term Care Financing? Center for Retirement Research at Boston College, Brief, Number 8-8.

Summary: This brief reviews several options for LTC change including enhancing private long-term care insurance, replacing the current welfare-based system with a public social insurance program, and introducing a hybrid public-private system.

Gleckman, H. (2007, September). The Role of Private Insurance in Financing Long-Term Care. Center for Retirement Research at Boston College, Brief, Number 7-13.

Summary: This brief discusses the potential benefits of long-term care insurance, reviews its current structure and status, and explores possible explanations for low take-up rates. Also, it considers future issues surrounding the role of this product.

Health Insurance Associate of America, (2003). Washington, DC: Author. Retrieved from <http://membership.hiaa.org/pdfs/2003LTCGuide.pdf>

Summary: Summary of Long term care insurance, how it can be obtained, and how it is useful.

Hendrickson, L. and Reinhard, S. (2004). *Global Budgeting: Promoting Flexible Funding to Support Long-Term Care Choices*. NJ: Rutgers Center for State Health Policy.

Retrieved from http://www.hcbs.org/files/52/2599/State_policy_in_practice.pdf
Summary: This paper explores states' use of "global budgeting" to promote a public policy of supporting consumers' long-term care choices. Prepared for New Jersey policymakers who are developing a plan to implement global budgeting procedures, this report defines global budgeting in the context of long-term care, provides five state models, and offers lessons learned about determining what is "in the globe," legislative and administrative language to advance it, and how it can be implemented.

Johnson, R.W.; Toohey, D.; and Wiener, J.M. (2007). *Meeting the Long-Term Care Needs of the Baby Boomers: How Changing Families Will Affect Paid Helpers and Institutions*. Washington, DC: The Urban Institute. Retrieved from http://www.urban.org/UploadedPDF/311451_Meeting_Care.pdf

Summary: This study projects to 2040 the number and percentage of people ages 65 and older with disabilities and their use of long-term care services. The projections show how changes in disability levels, financial resources, children's availability, and other characteristics will affect the future demand for paid and unpaid long-term care services

Kaiser Family Foundation. (2007). *Medicare A Primer* (No. 7614). Menlo Park, CA: Author. Retrieved from <http://www.kff.org/medicare/upload/7615.pdf>

Summary: Overview of Medicare with rules and regulations as well as statistics from the 2006 year.

Kronick, R.G., Bella, M., Gilmer, T.P., and Somers, S.A. (2007). *The Faces of Medicaid II: Recognizing the Care Needs of People with Multiple Chronic Conditions*. Center for Health Care Strategies, Inc. Retrieved from http://www.chcs.org/usr_doc/Full_Report_Faces_II.PDF

Summary: The Faces of Medicaid II answers the following questions: (1) What is the prevalence of chronic conditions within the Medicaid population; and (2) Are there patterns or clustering's of these conditions that could inform the development of more appropriate guidelines, care models, performance measurement systems, and reimbursement methodologies?

Mahoney, K.J., Meiners, M.R., Shoop, D.M., and Squillace, M.R. (2002). Consumer Direction in Managed Long-Term Care. *The Gerontologist*, (42:32-38). Retrieved from <http://gerontologist.gerontologyjournals.org/cgi/content/abstract/42/1/32>

Summary: This report presents results of a survey of the attitudes and practices of managed care organizations (MCOs) concerning consumer direction. The study focused on understanding several alternative measures of consumer direction and the factors that are associated with the MCOs concerning those measures.

Massachusetts Extended Care Foundation. (2003). *[Challenging the Myths about Long-Term Care in Massachusetts](#)*. Newton Lower Falls, MA: Author. Retrieved from <http://massseniorcare.org/articles/challenging%20the%20myths.pdf>

Summary: This paper attempts to dispel some common myths about nursing homes in Massachusetts. These myths revolve around the high cost and low necessity for nursing homes as well as the myth that there are cheaper or better available alternatives.

Massachusetts Medicaid Policy Institute. (2008). *The Basics of MassHealth*. Boston, MA. Retrieved from http://www.massmedicaid.org/pdfs/masshealth_basics_fact_sheet_9-08.pdf

Summary: This fact sheet introduces the MassHealth program, describing its basic structure, who receives benefits and what those benefits are, and how enrollment and spending has changed over time. It explains how MassHealth fits into the programs created by the 2006 reform law. It concludes with a discussion of some of the current policy issues and challenges facing the program.

Master, R.J., and Eng, C. Integrating Acute And Long-Term Care For High-Cost Populations. *Health Affairs*. Retrieved from <http://healthaff.hiwire.org/cgi/content/full/20/6/161>

Summary: This report presents several "boutique" initiatives to integrate acute and long-term care. These initiatives share most of the following characteristics: prepaid, risk-adjusted financing; integrated Medicare and Medicaid funding streams; a flexible array of acute and long-term benefits; well-organized, redesigned care delivery systems that tailor these benefits to individual need; a mission-driven philosophy; and considerable creativity in engaging government payers. The experience of these "boutiques" illustrates both the obstacles to, and the opportunity for, meaningful, widespread care delivery reform for vulnerable chronically ill populations.

Merlis, Mark. *Long-Term Care Financing: Models and Issues*. National Academy of Social Insurance Study Panel on Long-Term Care. Retrieved from http://www.nasi.org/usr_doc/Merlis_LongTerm_Care_Financing.pdf

Summary: This paper provides an overview of some of the basic policy choices to be made in designing a financing system; gives examples, drawn from experience in the US and elsewhere, of the possible approaches in each issue area; and summarizes equity issues or other policy concerns raised by the options.

National Association of State Medicaid Directors. (2007). *State Perspectives on Emerging Medicaid Long-Term Care Policies and Practices*. Retrieved from <http://www.nasmd.org/resources/docs/LongTermCareRpt1007.pdf>

Summary: The purpose of this survey analysis is to provide the states with an overview of the implementation of these DRA changes across the country. This paper specifically reviews the DRA changes in Long- Term Care services and the steps the states have taken with respect to the changes.

National Council on Disability. (2005). *The State of 21st Century Long-Term Services and Supports: Financing and Systems Reform for Americans with Disabilities*. Washington, DC: Author. Retrieved from http://www.ncd.gov/newsroom/testimony/2005/novak_12-15-05.html

Summary: The last half of the 20th century will be remembered by Americans with disabilities for its legacy of public policy in civil rights, education and employment. However, public policy has fallen short in providing affordable non-medical services and supports needed by many Americans with disabilities to work and live in their communities.

O'Brien, E. (2007). *Long Term Care Partnerships: An Update*. Washington, DC: Alliance for Health Reform. Retrieved from http://www.allhealth.org/publications/long-term_care/long_term_care_partnerships_53.pdf

Summary: States have a major role to play in determining how well partnerships will serve consumers' needs for long-term care services, and how well the Partnerships will interact with Medicaid.

Senior Agenda Coalition and Rhodes to Independence. (2007). *Reforming Long-Term Care for Rhode Island: Best practices from other states*. Providence, R.I.: Retrieved from <http://rhodestoind.startlogic.com/docs/Reforming%20LTC%20in%20RI.pdf>

Summary: This report will provide examples of initiatives launched in different states to rebalance their long-term care services to allow greater access to home and community-based services. This report discusses the implementation of The Perry Sullivan Reform Act and the Real Choices System Transformation grant strategic planning process, as well as informing the strategic planning for utilization of future long term care grant funds.

Shirk, C. (2006). *Rebalancing Long-Term Care: The Role of the Medicaid HCBS Waiver Program*. Washington, DC: National Health Policy Forum. Retrieved from <http://www.nhpf.org/library/details.cfm/2510>

Summary: This paper reviews the background of the Medicaid home and community services (HCBS) waiver program and the contribution of the HCBS waiver program toward improving access to community-based care for Medicaid beneficiaries who are elderly and disabled

Stevenson, D., and Wiener, J. (1997). *Long-Term Care for the Elderly and State Health Policy*. Washington, DC: The Urban Institute. Retrieved from http://www.urban.org/UploadedPDF/anf_17.pdf

Summary: This policy brief discusses three broad strategies that states could use to control spending for Medicaid long-term care services for the elderly. An overview of utilization and expenditures associated with long-term care for the elderly provides context for the discussion.

Stevenson, D. (2008). Planning for the Future – Long-Term Care and the 2008 Election. *New England Journal of Medicine*, 358(19), 1985 – 1987.

Summary: This article explains the need for Long-Term Care reform despite its lack of attention during the 2008 election. Three key questions about reform are identified: how should long-term care be viewed within the larger context of the delivery and financing of health care?; should long-term care services that are publicly financed continue to be administered through a welfare-based strategy or should we move to a more universal approach?; and should reforms of long-term care place greater emphasis on public programs or private provision?.

Stevenson, D., and Wiener, J. (1998). State Policy on Long-Term Care for the Elderly. *Health Affairs*, Vol. 17, Issue 3, 81-100. Retrieved from <http://content.healthaffairs.org.ezproxy.umassmed.edu/cgi/content/abstract/17/3/81>

Summary: In the thirteen Assessing the New Federalism states, strategies to control the rate of increase in long-term care spending are extremely varied, especially in comparison with acute care's single-minded focus on managed care. States use three broad strategies: offsetting state spending with increased private and federal contributions, making the delivery system more efficient, and using traditional cost-control mechanisms, including controlling the nursing home bed supply and cutting Medicaid reimbursement rates.

Strategic Affairs Forecasting and Paul A. London Associates. (2008). *State Medicaid Expenditures for Long-Term Care 2008-2027*. Retrieved from <http://www.ahip.org/content/default.aspx?docid=24597>

Summary: This report examines one important aspect of that impact: the continued sharp increase in demand for long-term care services. Those services, especially extended stays in nursing homes, often cost tens of thousands of dollars a year.

University of Massachusetts Medical School, Center for Health Policy and Research.
(2006). *Diversion and Transition Services in the U.S. Promising Practices and Options for the Future*. Retrieved from
<http://74.125.113.132/search?q=cache:irroenYEMiYJ:www.resna.org/taproject/leadership/transition/diversion.rtf+UMMS+%2B+CHPR+%2B+Diversion+and+Transition+Services+in+the+U.S.+Promising+Practices+and+Options+for+the+Future&hl=en&ct=clnk&cd=1&gl=us>

Summary: This report provides a variety of recommendations for states to consider in addressing the barriers and strengthening efforts to divert and transition individuals from nursing facilities

University of Massachusetts Medical School, Center for Health Policy and Research.
(2008). *Integrating Medicare and Medicaid Benefits for Adults with Disabilities. Literature Review and Interview Summary*. Boston, MA.

Summary: This report describes findings from the academic and policy literature and key informant interviews with program officials from selected state integrated programs related to critical design and implementation issues on Medicare and Medicaid integration using SNPs.

University of Massachusetts Medical School, Center for Health Policy and Research.
(2007). *Community First PASRR Study: Understanding Individuals with Mental Health Conditions who are Screened by the Pre-Admission Screening and Resident Review Process in Massachusetts*. Boston, MA.

Summary: This paper presents data from the Pre-Admission Screening and Resident Review process in MA. Findings include a description of the demographic profile, a clarification of service needs necessary for preventing or delaying nursing facility admission, and case studies.

University of Massachusetts Medical School, Center for Health Policy and Research.
(2004). *Promising Practices: Managing the Care of People with Disabilities*. Boston, MA.

Summary: CHPR conducted a literature search, a series of interviews with national experts, and a review of six promising practices for serving and managing the care of people with disabilities. Domains included in the reviews are planning; implementation; eligibility; funding and authority; contracting; delivery system and services offered; care management and care coordination processes; evaluation and outcomes; and replication.

University of Massachusetts Medical School, Center for Health Policy and Research and Massachusetts Medicaid Policy Institute. (2004). *Understanding MassHealth Members with Disabilities*. Boston, MA. Retrieved from
http://www.umassmed.edu/uploadedfiles/MMPI_Report_June2004.pdf

Summary: The goal of this policy report is to promote a better and broader understanding of non-elderly MassHealth members with disabilities. This group of MassHealth members is exceptionally diverse and no report of this kind can possibly explain or explore all of its important nuances and subtleties

U.S. Department of Health and Human Services. (2008). *A Profile of Medicaid Institutional and Community-Based Long-Term Care Service Use and Expenditures Among the Aged and Disabled using MAX 2002: Final Report*. (Contract # HHS-100-97-0013). Washington, DC. Retrieved from <http://aspe.hhs.gov/daltcp/reports/2008/profileMAX.pdf>

Summary: This study evaluates the potential of using MAX Person Summary files to examine how successfully states have rebalanced their long-term care systems and how Medicaid enrollees who utilize community-based long-term care services differ from people in institutions.

U.S. Department of Health and Human Services, prepared by Medstat. *Money Follows the Person and Balancing Long-Term Care Systems: State Examples*. Washington, DC. Retrieved from <http://www.cms.hhs.gov/PromisingPractices/Downloads/mfp92903.pdf>

Summary: Many states have successfully developed and implemented strategies that improve the balance between spending for institutional and community-based services. Developing a balanced long-term care system in which “money follows the person” requires, at a minimum, changes in the state’s policies and procedures. State successes have included many common elements. This paper discusses those elements.