LTCl Partnerships:
The States’ View of Implementation

Facilitated By:
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Our Panel

• Mark Meiners, PhD, Center for Health Policy Research, George Mason University
• Suzanne Gore
  Commonwealth of Virginia
• Paul Strebe
  State of Minnesota
• Ilana Cohen,
  National Association of State Medical Directors
Partnership Overview:

A Historical Perspective

Mark R. Meiners, Ph.D.
Director, Center for Health Policy Research and Ethics Professor
College of Health and Human Services
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Partnership Model Overview

• Originally operational in four states; creates access to affordable, high-quality long-term care insurance. If benefits are exhausted, Medicaid covers ongoing care.
• The Deficit Reduction Act of 2005 allows more states to develop Partnership programs.
• RWJF wants to promote state adoption of the Partnership.
Partnership History

• Balance cost/quality trade-off
• Inflation Protected Quality
• Consumer education campaigns.
• Uniform reporting for insurers.
• Asset Protection models:
  -- Dollar for dollar
  -- Total assets
  -- Combo of these
Partnership Positives

- Efficient subsidy.
- Helps avoid Medicaid gaming.
- Helps avoid impoverishment.
- Improves important working relationships.
- Improves consumer confidence.
- Mitigates means testing concerns.
Partnership Challenges

- Targeting difficulties.
- State-by-State filing burden.
- Reciprocity of asset incentive.
- Distribution channel reluctance.
- Medicaid unevenness and changes.
Sales Grow Faster in Partnership States

- Normalized sales as of 1993
- Partnership states had 23% higher sales compared to other states in 2000-01
State Perspective:
Developing a Long-term Care Partnership

Suzanne S. Gore
Commonwealth of Virginia
Administrative

Each State Has Unique Requirements

- Legislation
- Medicaid State Plan Amendment
- Medicaid Agency Regulations
- Insurance Commission Regulations
Other Implementation Components

- Establishing Agent Training Requirements
- Consumer Awareness and Education
- Developing a Process and Training for Medicaid Eligibility Determination Staff
- Medicaid Agency/Medicaid Eligibility Data Base Upgrades
Points of Consideration for States

- Ongoing Operation of Partnership Program
  - Staffing,
  - Consumer/agent inquires,
  - Website,
  - Tracking information,
  - Funding
Points of Consideration for States

- Treatment of existing long-term care insurance policies
- Reciprocity with other states
- Inflation Protection
- Consumer Protection
  - Ensuring that Consumers Understand the Partnership- Not a “Golden Ticket” to Medicaid
  - Providing Clear Documentation
State challenges with Partnership

Paul Strebe
State of Minnesota
State challenges

• It’s a Partnership in more ways than one!
  – Not just Medicaid/LTCI industry, but:
    • Within agencies
    • Between agencies
    • Between states and federal
    • Within trade groups
    • Between insurers
State challenges

• Possible lack of resources
  – Funding for implementation and administration
  – Personnel with necessary knowledge
  – Willingness to invest to make it a true partnership
State challenges

• Possible lack of commitment
  – Lack of understanding among policy makers
  – Financial payoffs relatively a long way out
  – Skepticism about “privatization” within Medicaid agencies
  – Lack of concern about Medicaid budgets within insurance agencies
Some solutions

- Try to get everyone to table early on
- Spell out roles and responsibilities
- Be prepared to educate
- Use other states as resources and examples
- Be patient
Overview From The States

Ilana Cohen
National Association of State Medicaid Directors
Overview from the States

- A fall 2006 survey of State Medicaid directors found that 20 (of 40 total) respondents indicated that they planned to propose a Long-Term Care Partnership program within the year.
- This spurred a state survey on the implementation of partnership programs in February-March 2007.
Overview from the States

• States were asked a series of questions which included:
  • Have you filed a State Plan Amendment?
    » If not, when do you plan to do so?
  • Will approval of state law or regulatory policy be needed in order to create the LTCPP?
  • How long do you anticipate it will take until you can create a fully operational program?
  • What have states done with regard to training?
  • A request for states to share best practices
Overview from the States

- 3 states have had their SPA approved
- 17 states will submit a SPA in 2007
- 3 states will submit a SPA in 2008
- 3 states are unsure when they will submit a SPA
Overview from the States

- 25 states require a change in law or policy
- 5 states do not require a change in law or policy
- 2 states are currently working to update their insurance regulations
- 15 states believe it will take up to 1 year to fully implement a program
- 8 states believe it will take between 1 and 2 years to fully implement a program
Overview from the States

• 11 states have begun to work on the training requirements

• Considerations:
  • States may wish to keep open lines of communication with others, specifically stakeholders.
  • States may wish to take into consideration the specific areas of expertise that each group of stakeholders can provide.
  • States may wish to partner with other state government agencies.
    – Several states provided the above considerations.
Partnership Expansion Grants:

Mark R. Meiners, Ph.D.
Director, Center for Health Policy Research and Ethics Professor
College of Health and Human Services
George Mason University
RWJF Partnership Expansion Goals

The project has three broad purposes:

• Replicate the partnership in up to 10 states

• Identify and share best practices from current Partnership programs

• Provide intensive technical assistance to selected states
Who Is Involved

• The Center for Health Care Strategies
• George Mason University
• HHS Office of the Secretary for Planning and Evaluation (ASPE)
• The Robert Wood Johnson Foundation
Selection Criteria

• States that are:
  – Committed to expanding affordable long-term care coverage
  – Ready to involve key stakeholders
  – Willing to invest in public information and education
  – Ready to implement within the first 12 months of the grant period
Initiative Overview

- 18-month “active” CHCS/GMU technical assistance phase (June 2007 – December 2008)
- 12 months additional reporting (January-December 2009)
- Up to $50,000 in seed grants to defray costs of participation
- State Team Meetings
- Technical assistance
Lessons Looking Forward

• Make It Simple – to adopt, discuss, and promulgate
• Agents as Partners – revisit strategies
• Comparability to Non-Partnership Policies
• Cost-effectiveness important to measure and track