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CENTERING EQUITY IN LONG-TERM SERVICES AND SUPPORTS

LTSS Financing Models: Lessons from Germany, Japan, and Sweden

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COMMUNITY INNOVATORS LAB

EXECUTIVE SUMMARY

This report, the final of a three-part series, examines three international long-term services and supports (LTSS) financing programs and provides lessons for policymakers to consider. While the programs have certainly meaningfully impacted equity, trade-offs are involved in how each one is structured and administered.

GERMANY has a social insurance program that provides coverage for a portion of LTSS costs to nearly all who require services. One of the longest-standing LTSS social insurance programs, it is fully funded through mandatory enrollee contributions. While this program has a deep focus on financial sustainability, it is structured to rely on caregiving and financial contributions of families in order to cover the remaining LTSS needs—thereby moderating its impact on equity.

JAPAN, the country with the fastest-aging population,[1] has a social insurance program that provides more comprehensive LTSS coverage than Germany's program. Half of its funding comes through enrollee contributions and the other half via government taxes. It provides more comprehensive benefits but excludes most younger individuals with disabilities.

SWEDEN has a comprehensive universal LTSS financing system with very minimal costs to beneficiaries. All who require services are able to access them, regardless of age or disability type, and the program is funded primarily through income taxes. It has a high impact on equity, but also has high costs to administer, with Sweden spending a larger portion of its GDP on LTSS than many other countries.[2]

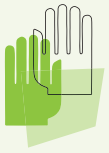
U.S. POLICYMAKERS CAN LEARN FROM INTERNATIONAL LONG-TERM SERVICES AND SUPPORTS FINANCING PROGRAMS

As the U.S. population ages and people with disabilities live longer, demand for long-term services and supports (LTSS) is rising.[3] But our LTSS system exacerbates existing inequities in our society, particularly among people of color, women, and people with disabilities.

LTSS workers, who are primarily women of color, earn poverty-level wages and have limited room for advancement.[4] LTSS consumers often must impoverish themselves in order to access the services they need through Medicaid. By forcing individuals to spend a vast majority of their assets, Medicaid limits the opportunity for generational wealth, which is the primary contributor to overall wealth.[5] And family caregivers, who are often women, are frequently forced to limit their own earnings and spend their own savings in order to care for loved ones.[6] The U.S. must take action to create a more equitable, accessible, and affordable LTSS system.

PRIVATE LTSS INSURANCE: Private insurance companies provide coverage to individuals who pay premiums. This model tends to exclude lower-income individuals who cannot afford the premiums.

SAFETY NET: The government provides LTSS coverage to individuals who fall below a certain income and asset level (as is done through the Medicaid program). This model can force those of moderate means who would not otherwise qualify to impoverish themselves to meet qualification thresholds.



SOCIAL INSURANCE: Individuals contribute taxes toward a government-run program through which they can access benefits as needed. While this model can work well for older adults who have had time to pay into the program, it does not always meet the needs of younger people with disabilities.

UNIVERSAL COVERAGE: The government provides LTSS coverage to all who need it. Generally financed through general revenues and taxes, this model is the most expensive to maintain but also tends to be the most equitable.

LTSS COVERAGE MODELS

The U.S. is long overdue to create a better resourced and more equitable LTSS system. The first report in the Centering Equity in Long-Term Services and Supports series, *A Primer on Financing Models*, introduced LTSS funding models that policymakers can consider when proposing new state and federal programs that provide coverage beyond Medicaid (see below).[7] The second report in the series, *LTSS Financing Models: Case Studies and Lessons from the U.S.*, provided an overview of learnings from models beyond Medicaid that have been tested in the U.S.[8] This final report provides an overview of the LTSS financing models in three countries—Germany, Japan, and Sweden. Each case study assesses the impact on equity and the trade-offs that are involved in how the programs are structured and administered.

The **WA CARES FUND** is a pending social insurance program that will offer up to $36,500 in benefits to those who pay into the system. This groundbreaking state-level LTSS financing program will be better suited to older adults who have had time to pay into the system and for those who do not have longer-term LTSS needs.

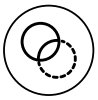
Hawaii's **KUPUNA CAREGIVERS PROGRAM** offers certain family caregivers a limited amount of LTSS coverage for their loved ones. The first state-funded program of its kind, the Kupuna Caregivers Program has been plagued by wait lists due to budget limitations. The program only covers family caregivers of older adults, excluding caregivers of younger people with disabilities.

250% WORKING DISABLED MEDI-CAL is California's version of the Medicaid Buy-In program that allows people with disabilities to pay a premium in order to access Medicaid (including Medicaid LTSS). While this program provides coverage for vital services that enable individuals with disabilities to work, income and asset limitations prevent many who could benefit from the services from being eligible.

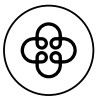
The **LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM** is a federal initiative that allows states to set up programs for individuals to purchase private long-term care insurance programs. As an incentive, if that coverage is used up, the individual can preserve a significantly larger amount of their assets if they enroll in Medicaid. The high cost of premiums, among other factors, has led to low enrollment—and those who do enroll are primarily wealthy (or upper-middle class) and white.

EQUITY

The American LTSS system perpetuates existing racial, gender, age, and ability inequities. While several factors contribute to the inequities within our LTSS system, the financing of this system creates foundational conditions which can either support equity or exacerbate inequity. For each of the models discussed in this paper, we will assess the impact on three equity-affecting measures:



ACCESS AND AFFORDABILITY: Many Americans experience barriers to accessing the LTSS they need, and few are able to fully afford the cost of LTSS.[7] Does the model allow more people to access the LTSS they need? Relatedly, does the model make LTSS more affordable?



INCLUSION: Marginalized populations, including people of color, women, older adults, and people with disabilities, often struggle to access the healthcare and LTSS that they require. Does the model include historically marginalized populations? How does it address historic inequities?

WEALTH INEQUITIES: The U.S. has extreme gender[8] and racial wealth[9] inequities. Does the model help to address these historic wealth inequities and offer the opportunity to build generational wealth?

INTERNATIONAL LTSS FINANCING PROGRAMS

The following sections examine the LTSS financing programs of three countries: Germany, Japan, and Sweden. Each program is national and has a meaningful impact on equity. The policy decisions for each program also involve trade-offs, which can be illuminating for U.S. policymakers as they contemplate building a new LTSS financing program.

GERMANY

JAPAN

SWEDEN

GERMANY

Germany has one of the longest-standing LTSS social insurance programs in the world.[9] While nearly all Germans are covered, the program is designed to only cover a portion of LTSS costs—relying on family caregivers for the remaining coverage. Some experts consider Germany's social insurance program to be the international model that is most likely to be successful in the United States.[10]

A. WHO IS COVERED?

All documented Germans are required to have LTSS coverage.[11] To qualify for LTSS social insurance coverage, individuals must have paid into the program for at least two out of the past ten years. Spouses are covered under their partners' contributions, as are children.[12] The program covers all ages, though only about 17% of individuals utilizing benefits are under the age of 60.[13]

B. WHAT BENEFITS ARE INCLUDED?

The German system covers both home-based and institutional LTSS. The number of benefits depends on the level of need a person is assessed for. Individuals can choose whether they would like to receive their benefits in services, cash, or a combination of the two. The highest value is achieved when receiving the totality of benefits through services, but individuals have a great deal of flexibility in how to use the cash benefits, including to compensate family caregivers. The program is not designed to fully cover the cost of LTSS, and family caregivers are obligated to help provide care and cover remaining costs not covered by the social insurance program.[14]

C. HOW IS IT PAID FOR?

The German LTSS social insurance program is funded by a 3.05% payroll tax, with half paid by employees and half paid by employers. Retirees must pay the full amount until and unless they qualify for benefits.[15] Because the program relies heavily on family caregivers, individuals without children pay an additional 0.25% payroll tax.[16]

Germany's System Requires Robust Family Caregiver Supports

Germany's system relies heavily on the role of family caregivers. Germany has experimented with different care leave structures for these caregivers and discovered that:

- An LTSS financing program that relies on families requires a parallel paid care leave policy (ideally from its inception)
- Paid leave mediates the LTSS workforce shortage
- Paid leave allows individuals to receive services from their loved ones if they prefer

Source: Veghte. 2021. "Designing Universal Long-Term Services and Supports Programs: Lessons from Germany and Other Countries." National Academy of Social Insurance. https://www.nasi.org/wp-content/uploads/2021/06/NASI_LTSSProgramsAbroad.pdf.

GERMANY

D. HOW DOES IT IMPACT EQUITY?

The German LTSS social insurance program has a moderate to high impact on equity:

Access and Affordability – *moderate to high impact*

By ensuring that everyone has coverage, the German program makes LTSS more accessible and affordable. However, the program does not fully cover the cost of LTSS and is designed to rely on (mostly female) family caregivers.

Inclusion – *high impact*

The German program includes people of all ages and allows spouses to qualify on their partners' contributions, making the program very inclusive. It includes documented immigrants (as long as they meet the other coverage requirements).[17]

Wealth Inequities – *moderate impact*

By ensuring universal coverage, the social insurance program defrays the cost of LTSS, which makes it less likely that an individual will spend down their assets and increases the opportunity for generational wealth-building. However, the program does not cover the full cost of the LTSS and requires significant time and monetary contributions from family caregivers. For example, if an older adult cannot afford the portion of LTSS costs not covered by the German LTSS program on their own, the government can recoup this amount from adult children with incomes above €100,000.[18] This can reinforce gender wealth inequities because the burden of care—and the impact on the ability to work—disproportionately falls upon women.

E. WHAT ARE THE POLICY TRADE-OFFS?

Overall, the German program has a high level of public support, largely because it covers almost all Germans and it is self-financed (preventing the need for yearly budget debates).[19] However, the design of the program has led to unavoidable trade-offs.

The first trade-off is that the program only covers part of the cost of LTSS in exchange for requiring a lower financial contribution. This has helped to successfully contain costs for the social insurance program, but some families are still left to figure out how to cover the remaining needs, which can enforce gender disparities. However, despite the benefit limitations, it has successfully reduced reliance on the German safety net program for LTSS coverage.[20]

Additionally, the built-in reliance on families helps to rein in the cost of the program but can have negative financial and other impacts on family caregivers, especially women. Those who exit the workforce to provide care to a loved one, for instance, may face challenges when they look to return to work.[21] And as the proportion of older adults in German society increases, the reliance on family members will be increasingly challenging.

Finally, the German program gives beneficiaries a choice in how to receive benefits—through services, in cash, or a combination of the two. This allows personal choice and preference to play a central role in the German LTSS system. However, the cash benefit has few restrictions on how it can be used and has helped to stimulate a market in which migrant workers are paid substandard wages.[22] This suppresses overall home care worker wages and contributes to the growing LTSS workforce shortage that Germany, like most countries, is experiencing.

JAPAN

Japan has the world's fastest aging population and highest life expectancy.[23] Due in large part to these demographic aspects, the country implemented its long-term care social insurance program in 2000. Loosely based on the German program, Japan's program has notable differences in who is covered, how it is paid for, and what the benefits are.[24]

A. WHO IS COVERED?

There are two categories of covered individuals. Category 1 includes people who are ages 65 and older. Category 2 includes people who are ages 40-64. While all people in Category 1 are eligible for LTSS coverage, those in Category 2 are only eligible for LTSS coverage if they have certain age-related diseases such as dementia, cerebrovascular diseases, and articular rheumatism.[25]

B. WHAT BENEFITS ARE PROVIDED?

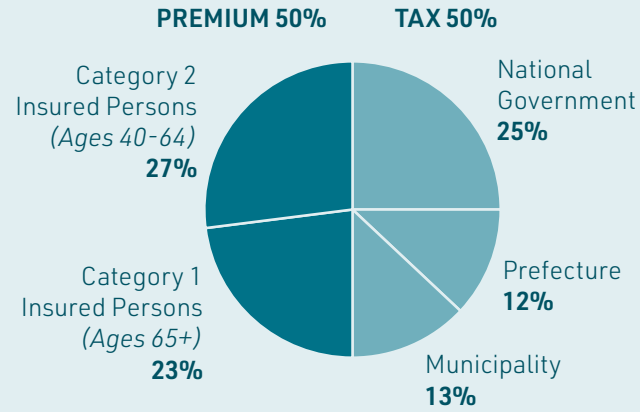
The Japanese LTSS program covers a broad range of LTSS, including both home- and community-based services (HCBS) and facility-based care (including nursing homes). Benefits are only available in services, not in cash.[26] The amount of benefits depend upon the assessed level of need of the individual.

Most covered services require a 20% copayment. Those at the highest income and asset level have an increased copay of 30% and those in Category 1 who are low income have their copay reduced to 10%.[27]

C. HOW IS IT PAID FOR?

In another notable departure from the German system, only half of Japan's LTSS social insurance program funding comes from premiums, which vary according to income. Premiums are contributed by those 40 and over. Category 1 individuals (ages 65+) have their premiums deducted from their pensions. Premiums are set by municipalities and are on a sliding scale based on income. Category 2 individuals (ages 40-64) have their LTSS premiums added onto their health insurance premiums, which are typically split between employers and employees and also take income into account.[28] The other half of the funding comes from a combination of federal, prefecture, and municipal taxes.[29]

Japan's Long-Term Care Insurance System



Source: Yamada & Arai. "Long-Term Care System in Japan." Annals of Geriatric Medicine and Research.2020; 24(3): 174-180. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7533196/.

JAPAN

D. HOW DOES IT IMPACT EQUITY?

Overall, this program has a moderate to high impact on equity.

Access and Affordability – *moderate to high impact*

Japan's system provides robust benefits and coverage that drastically improve access and affordability to those who qualify. However, it does not improve access and affordability for younger people with disabilities.

Inclusion – *moderate impact*

Japan's program works very well for those who are 65 and older. However, it only covers certain conditions for those who are 40-64 and does not provide any coverage for those under 40, leaving out younger people with disabilities. It should be noted that there are other programs, such as worker's compensation, disability pensions, and universal health insurance, that are designed to meet at least some of the needs of younger individuals with disabilities.[30]

Wealth Inequities – *moderate to high impact*

By ensuring that older adults have LTSS coverage, the social insurance program significantly improves wealth equity and the opportunity for generational wealth-building. Further, in Japanese society, women were historically responsible for caring for their in-laws.[31] Robust LTSS coverage, combined with a sliding scale that considers income and assets, minimizes the burdens on these family caregivers and frees up their time for paid work, thereby improving their financial standing. However, the lack of coverage for younger people with disabilities means that this program does not address wealth inequities for this segment of the population.

E. WHAT ARE THE POLICY TRADE-OFFS?

Japan's fairly comprehensive social insurance program created more equitable coverage of LTSS, particularly for older adults. The trade-offs that policymakers decided upon have clear implications for the outlook of the program.

First, Japan's LTSS social insurance program includes a more comprehensive benefit than Germany's, but this creates higher costs. These high costs have led to a need for reforms (such as those that limit benefits and costs) as well as increased copayments—especially as demand for LTSS increases with the aging of the population.[32]

Second, policymakers included a combination of funding sources for Japan's program, rather than solely funding the program through enrollee premiums. While this creates more than one funding stream that can be utilized to cover increased costs, it prevents the program from being fully self-sufficient. It also requires the government to play a more active role in ensuring the program is fully funded, especially since federal, prefecture, and municipal contributions go into the funding of the program.

Finally, the program is specifically designed to care for aging-related LTSS needs, excluding many younger people with disabilities. While this reins in costs, it does not ensure that the needs of all populations are met by the program.

SWEDEN

Sweden utilizes a universal model for its LTSS financing system. All residents are covered with limited cost sharing, making it an expensive program. However, its universal and comprehensive nature has a significant impact on equity. The Swedish system is also very decentralized, with most of the policy and administrative decisions made within municipalities, rather than nationally.

A. WHO IS COVERED?

Sweden's program covers all of those who require LTSS, including older adults and people with disabilities. Eligibility is based on need, which is determined by municipal care managers.[33]

B. WHAT BENEFITS ARE INCLUDED?

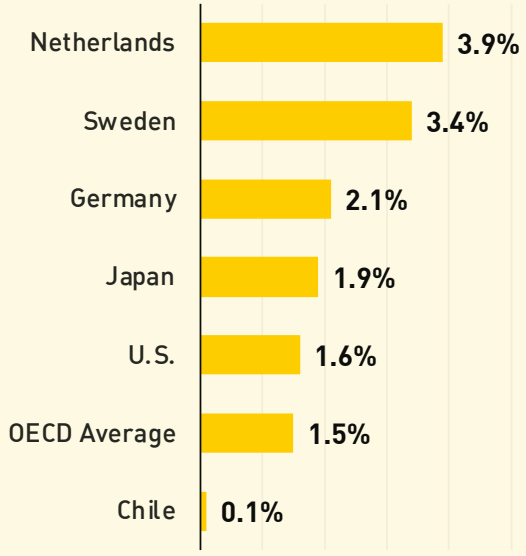
LTSS benefits are fairly comprehensive but the amount, qualifications, and type vary from region to region. The programs cover both HCBS and nursing home care, but there is a strong emphasis on HCBS.[34] Most of the cost of services are covered by the program, with beneficiaries only paying 4-5% of the cost of care.

Municipalities have the choice of offering cash benefits, though not all do.[35] The driving motivation of this option is to support the contributions of family caregivers, but the qualification requirements and amount of benefits vary greatly by municipality, contributing to low uptake.

C. HOW IS IT PAID FOR?

County councils and municipalities cover about 90% of the cost through leveraging income taxes. About 5% is covered by national taxes, and the remaining amount is covered by individuals.[36]

Total Long-Term Care Spending as a Percentage of Gross Domestic Product (GDP)



Source: Mueller & Morgan. 2020. "Spending on long-term care." OECD. https://www.oecd.org/health/health-systems/Spending-on-long-term-care-Brief-November-2020.pdf.

SWEDEN

D. HOW DOES IT IMPACT EQUITY?

The Swedish system has a high impact on equity:

Access and Affordability – *high impact*

The Swedish system offers comprehensive coverage with minimal individual costs, greatly enhancing access and affordability. The only caveat is that only those assessed with a very high level of need are eligible for facility-based coverage, limiting access to facilities.

Inclusion – *high impact*

All individuals who require LTSS can receive them. There is no difference in coverage by age, disability type, race/ethnicity, or other factors.

Wealth Inequities – *high impact*

The Swedish LTSS program prevents LTSS costs from draining wealth. Additionally, LTSS coverage has been identified as a contributing factor to very high female labor participation (when combined with other welfare programs in the country), thus impacting the wealth of women and families.[37]

E. WHAT ARE THE POLICY TRADE-OFFS?

The biggest policy trade-off in the Swedish LTSS program is that comprehensive coverage is provided, but at a high cost to the government. It requires broad public support to maintain (even with cost containment measures in place).[38]

Another significant trade-off is that the decentralized nature of the system allows municipalities to structure services in a way that best meets residents' needs but creates a lack of standardization. Eligibility criteria, service levels, and range of services provided can vary by municipality, creating challenges for data collection, quality measurement, and consistency across regions.[39]

Lastly, the system's focus on HCBS allows individuals to age in place, but can impair access to facilities for those whose circumstances or preferences would be better suited there. While a vast majority of people prefer to age in place, even those with relatively high care needs are encouraged to remain in their homes. This can increase burdens on family caregivers, who are disproportionately women.[40]

U.S. POLICYMAKERS MUST DECIDE WHICH TRADE-OFFS ARE ACCEPTABLE

While the case studies presented in this report take different approaches to meeting LTSS financing needs, they each offer valuable lessons about financing systems that could work in the U.S. Five important lessons are detailed below:

Covered services and supports versus cost

The more coverage provided (in terms of types of LTSS, amount of services, and cost-sharing for services), the higher the cost of the program. The Swedish program's comprehensive nature creates the highest cost and highest coverage. While Germany's program still provides meaningful benefits, the coverage limits rein in costs. Policymakers in the U.S. will have to decide what balance of coverage and cost is politically, financially, and administratively feasible.

Covered populations versus cost

Relatedly, the more people that are covered by a program, the higher the cost. The Japanese program excludes younger people with disabilities, which allows it to only charge premiums to people over 40. On the other hand, the Swedish system provides universal coverage but at a higher cost. U.S. policymakers will have to choose a side in the ongoing debate over whether to create a program that meets the needs of all populations or to build separate programs that are tailored to the needs of older adults and younger people with disabilities.

TRADE-OFFS

Financial sustainability versus government support (or a combination of the two)

While both Germany and Japan have social insurance programs, Germany's was explicitly designed to be sustainable through individual premiums alone. This creates less opportunity for politics to intervene, but also provides less flexibility for the government to step in when, for example, there is an economic downturn that limits contributions. Japan's program includes government-funding as well as individual contributions. This offers more levers to ensure the program is fully funded, but also creates more opportunities for politics to intervene in funding. In the U.S., Medicaid is entirely government-funded. Policymakers will have to decide whether a new LTSS financing program would continue to wholly or partly rely on government funding.

Reliance on family caregivers versus paid services

Reliance on family caregivers reduces the cost of an LTSS financing program but impacts the ability of caregivers to work and maintain their own health. The Swedish system, which minimizes the obligation of family caregivers, has been shown to contribute to Swedish women's high labor force participation—but it is also one of the most expensive LTSS funding systems.

Areas for Future Research

This report is the final in the three-part Centering Equity in Long-Term Services and Supports series. Through the research for these reports, MIT CoLab has identified several areas in which additional research and analysis is required, including (but not limited to):

- The impact of these payment systems on job quality and other workforce measures
- LTSS coverage and access for migrants
- The adequacy of systems of LTSS coverage for people with disabilities (within and outside of the financing programs examined in these reports)

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