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CENTERING EQUITY IN LONG-TERM SERVICES AND SUPPORTS

LTSS Financing Models: Case Studies and Lessons from the U.S.

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EXECUTIVE SUMMARY

This report, the second of a three-part series, examines case studies of long-term services and supports (LTSS) financing programs beyond Medicaid that have been utilized in the United States.

These case studies provide practical lessons on the challenges and limitations of each model and studying them can serve as a step forward in envisioning finance models that will address the racial, gender, and disability inequities that the current LTSS financing system exacerbates.

The report will include four case studies:

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.

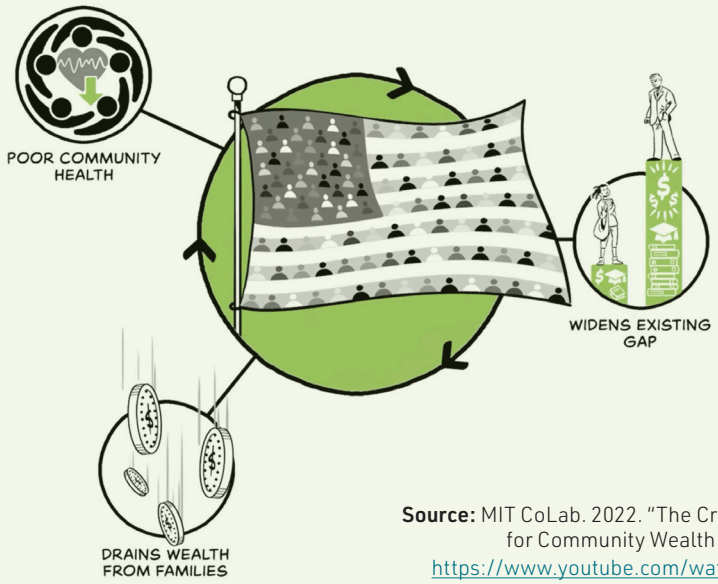
As policymakers explore options for establishing a state or federal LTSS financing program, each of these case studies provide valuable insights and learnings.

THE U.S. HAS YET TO ESTABLISH AN EQUITABLE AND ACCESSIBLE MODEL TO FINANCE LONG-TERM SERVICES AND SUPPORTS

As the U.S. population ages and people with disabilities live longer, demand for long-term services and supports (LTSS) is rising.[1] 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.[2] LTSS consumers must often impoverish themselves to access the services they need through Medicaid. By forcing individuals to get rid of a vast majority of their assets, Medicaid limits the opportunity for generational wealth, which is the primary contributor to overall wealth.[3] And family caregivers, who are often women, can be forced to limit their own earnings and spend their own savings in order to care for loved ones.[4] The U.S. must take action to create a more equitable, accessible, and affordable LTSS system.

The American LTSS System Doesn't Work for Workers, Consumers, or Family Caregivers

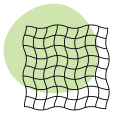


Source: MIT CoLab. 2022. "The Crisis and Opportunity for Community Wealth in Long-term Care." https://www.youtube.com/watch?v=tix3HJ6MVZs.

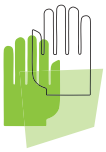
LTSS COVERAGE MODELS

Currently, the largest payer for LTSS in the U.S. is Medicaid,[5] a safety net program. While it enhances LTSS access and affordability for individuals that are already low-income, Medicaid requires working- and middle-class individuals to impoverish themselves in order to obtain the services they need—exacerbating existing inequities. The first report in this series, *Centering Equity in Long-Term Services and Supports: 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:[6]

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.



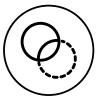
SOCIAL INSURANCE: Individuals contribute taxes toward a government-run program through which they can access benefits as needed. While this model can work well for older adults who have had time to pay into the program, it does not always meet the needs of younger people with disabilities.

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.

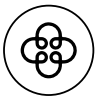
This report, the second in a series of three, delves into four U.S. case studies. Each case study in this report provides valuable insight into how different LTSS financing program structures impact equity, accessibility, and affordability. The report concludes with lessons for state and federal policymakers as they consider establishing new LTSS financing programs.

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?

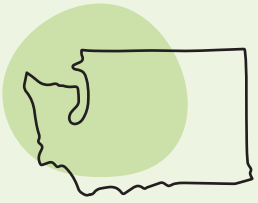


INCLUSION: Marginalized populations, including people of color, women, older adults, and people with disabilities, often struggle to access the healthcare and LTSS that they require. Does the model include historically marginalized populations? How does it address historic inequities?

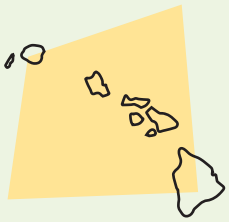
WEALTH INEQUITIES: The U.S. has extreme gender[8] and racial wealth[9] inequities. Does the model help to address these historic wealth inequities and offer the opportunity to build generational wealth?

CASE STUDIES

The following sections include four case studies of LTSS financing programs in the U.S. beyond the Medicaid program. While no funding program is perfect, each provides valuable insight and lessons for policymakers to consider when designing a new LTSS financing program.

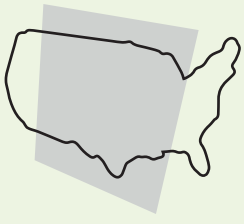


THE WA CARES FUND



KUPUNA CAREGIVERS PROGRAM

250% WORKING DISABLED MEDI-CAL



LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

THE WA CARES FUND

Washington State passed a groundbreaking law in 2019 to establish the WA Cares Fund, an LTSS coverage program that utilizes a social insurance model.[7]

This program, which is currently in the process of being implemented, has experienced opposition, including from private long-term care insurance plans, workers who live out of state, and workers nearing retirement. At the end of 2021, the legislature passed amendments that addressed some of the political and logistical challenges, but efforts to repeal the law continue to crop up. At the time of this report's publication, the law was still on track to be implemented over the next few years.

A. WHO IS COVERED?

People who work in Washington and pay into the program will qualify if they work at least part time for ten years (or three of the last six years).[8]

Recent amendments to the law allowed workers near retirement to qualify for partial benefits.[9] The original law allowed people who purchased a private long-term care insurance plan by November 1, 2021 to opt out. The amendments also allowed for the following groups to opt out of the program if they choose:

- Workers who live out of state and work in Washington
- Military spouses
- Workers on non-immigrant visas
- Certain veterans with disabilities

B. WHAT BENEFITS ARE INCLUDED?

Beginning in January 2025, those who have contributed to the fund will be eligible to receive up to $100 in benefits per day, and up to a total of $36,500 in lifetime benefits (with annual adjustments on this cap for inflation). The benefit will be paid directly to providers who offer a broad range of LTSS.

C. HOW IS IT PAID FOR?

The WA Cares Fund is paid for through a 0.58% payroll tax. Funds will begin to be collected in July 2023 and will be automatically deducted by employers.

> "[The WA Cares Fund] emerged from work begun in 2013 by the Joint Legislative Executive Committee and a grassroots organization called Washingtonians for a Responsible Future. This coalition represented a broad-based grouping of aging and disability advocates, businesses, long-term care providers, labor, consumer rights organizations, and families working to address the LTSS financing issue."
>
> **Source:** Cohen, Tell, Miller, Hwang, & Miller. 2020. "Learning from New State Initiatives in Financing Long-Term Services and Supports." Center for Consumer Engagement in Health Innovation & LeadingAge LTSS Center @ UMass Boston. https://www.ltsscenter.org/wp-content/uploads/2020/07/State-LTSS-Financing-Full-Report-July-2020.pdf.

THE WA CARES FUND

D. HOW DOES IT IMPACT EQUITY?

The WA Cares Fund has a moderate impact on equity:

Access and affordability
– moderate to high impact

This program makes LTSS more affordable for a broad section of the population. However, the lifetime benefit is low enough that a significant portion of utilizers may use it up and be left with the same access and affordability challenges that they faced before the program was established.

Inclusion – *moderate impact*

This model will meet the needs of older adults better than younger individuals with disabilities because of the relatively short duration of–and lifetime maximum on–benefits.

Wealth Inequities – *moderate impact*

The WA Cares Fund provides a valuable benefit that can prevent certain families from spending down their assets in order to qualify for Medicaid. However, the impact on wealth is mediated by the relatively small monetary value compared to the cost of LTSS.[10]

E. WHAT ARE THE POLICY IMPLICATIONS?

The WA Cares Fund is the first program of its kind and scope in the U.S. It shows, at least in principle, that **it is possible for states to create more thoughtful LTSS financing programs**. Many policymakers will be looking toward this program to determine whether it is the right fit for their states. However, because the Cares Fund is still in the process of being implemented, only time will tell how the decisions that were made in the passage and implementation of the law–such as offering a more limited benefit to fit within a tax rate deemed acceptable by the legislature–will play out.

The WA Cares Fund also highlights that **a law can be changed after its passage, either for the better or the worse**. Due to public pushback and a lawsuit, the state legislature passed amendments in December 2021 that created more exemptions from the law and allowed those near retirement to receive prorated benefits.[11] These changes improved the strength of the law and, hopefully, will lessen opposition. However, changes can move in the opposite direction, too. Opponents attempted to create a ballot initiative to repeal the law that created the WA Cares Fund. Thankfully, it failed to get enough signatures by the deadline of December 2021.[12]

These developments tie into the next policy implication: **coordinated support is required throughout both the passage of a law and its implementation**. A broad coalition of supporters convened to get the bill passed. They were immensely successful in educating policymakers and the public about the need for this program. However, much of that coordinated support dissipated once the law passed. This created an opportunity for opponents to step in and take over the messaging. For example, because the individuals had an opportunity to opt out of the fund if they purchased a private long-term care insurance plan by November 1, 2021, there was a concerted push by the insurance companies to sell their plans (sometimes by negatively portraying the WA Cares Fund). This has significantly impacted public perception, with one poll finding significant support for the repeal of the law right after the insurance opt-out deadline.[13]

THE KUPUNA CAREGIVERS PROGRAM

Hawaii has taken a completely different approach to LTSS financing. In 2017, the Hawaiian legislature passed a law establishing the Kupuna Caregivers Program, which provides certain family caregivers with a modest monthly budget to spend on LTSS for their loved ones. While this program has its limitations, it is one of only two state-level LTSS financing programs established in the past six years (the other is the WA Cares Fund).

A. WHO IS COVERED?

Family caregivers who work at least 30 hours per week and also provide direct care to a loved one qualify for coverage. The loved one that they provide services to must:

- Be at least 60 years old
- Need assistance with two or more daily living activities
- Live at home
- Not have Medicaid or private long-term care insurance coverage

B. WHAT BENEFITS ARE PROVIDED?

Qualifying family caregivers receive up to $210 worth of LTSS per week, which is paid directly to service providers.[14] Eligible services include: adult day care, transportation, chore assistance, home-delivered meals, homemaker and personal care services, and respite care.

C. HOW IS IT PAID FOR?

Kupuna Caregivers is financed through general state revenues. For this reason, it has been underfunded since its inception and has been plagued by wait lists.[15] The program is administered through the county-based Area Agencies on Aging.

"Because [Kupuna Caregivers] is not a social insurance program, the availability of program benefits is dependent upon the allocation of general revenue funds and the number of individuals eligible for the program."

Source: Cohen, Tell, Miller, Hwang, & Miller. 2020. "Learning from New State Initiatives in Financing Long-Term Services and Supports." Center for Consumer Engagement in Health Innovation & LeadingAge LTSS Center @ UMass Boston. https://www.ltsscenter.org/wp-content/uploads/2020/07/State-LTSS-Financing-Full-Report-July-2020.pdf.

THE KUPUNA CAREGIVERS PROGRAM

D. HOW DOES IT IMPACT EQUITY?

The Kupuna Caregivers Program has a moderate impact on equity.

Access and affordability – *moderate impact*

Family caregivers spend an average of $7,242 per year related to the services they provide.[16] While Kupuna Caregivers covers most out of pocket costs for Family Caregivers, it does not address total care costs. Additionally, persistent wait lists prevent widespread access for those who need coverage.

Inclusion – *moderate impact*

While Kupuna Caregivers provides essential supports to eligible caregivers, it only applies to caregivers of individuals who are at least 60 years old. This excludes caregivers of younger individuals with disabilities.

Wealth Inequities – *moderate impact*

This program is designed to enable family caregivers to continue working, allowing them to maintain financial stability. It could potentially also help the individuals they care for preserve their finances, enhancing the opportunity to build generational wealth. However, the relatively limited scope of the benefit and the wait lists limit the impact on wealth.

E. WHAT ARE THE POLICY IMPLICATIONS?

Kupuna Caregivers is the first program of its kind in the nation and shows that **it is possible to create an innovative state-level LTSS financing systems**. The Hawaii legislature determined that supporting caregivers and older adults is a worthwhile investment, though there is more needed to fully meet the needs of consumers, their families, and workers.

The Kupuna Caregivers program also shows that careful thought and planning are required to ensure that a financing system meets residents' needs. The **lack of a dedicated funding mechanism creates budget challenges**. Because the program is funded through general state revenues, it has been chronically under-funded, resulting in wait lists, limited benefits, and annual budget debates.

250% WORKING DISABLED MEDI-CAL

States have the option to implement a Medicaid Buy-In program that allows certain people with disabilities to purchase Medicaid LTSS coverage.[17] This coverage enables people with disabilities to access the services they need to work.

This approach to LTSS financing is a variation on the safety net model, with an element of private insurance (i.e., where an individual can decide whether they want to purchase this coverage). Most states have some form of Medicaid buy-in program, but the specific qualifications and benefits vary by state.[18] To enable a more detailed discussion, this case study will specifically look at California's Medicaid Buy-In Program, called 250% Working Disabled Medi-Cal.

A. WHO IS COVERED?

Working Disabled Medi-Cal aims to incentivize people with disabilities to work; the program prevents many from losing access to vital Medicaid-covered LTSS when they earn an income. To qualify, an individual must:[19]

- Meet Social Security's definition of disability
- Earn income through work
- Have an income below 250% of the federal poverty level[i]
- Have assets below $2,000 for an individual or $3,000 for a couple
    - This asset limit will drastically increase on July 1, 2022 to $130,000 for an individual and $195,000 for a couple

B. WHAT BENEFITS ARE INCLUDED?

Enrollees are entitled to all benefits provided under Medi-Cal, including LTSS and medical coverage. These LTSS benefits are often the services that enable the individual to successfully work.

C. HOW IS IT PAID FOR?

Medi-Cal is funded through a combination of state and federal general funds. For Working Disabled Medi-Cal, enrollees must also pay a premium based on their income, ranging from $20 to $375 per month.[20]

i. In 2022, this translates to $2,852 per month for an individual or $3,835 per month for a couple. Disability benefits do not count toward this income limit.

250% WORKING DISABLED MEDI-CAL

D. HOW DOES IT IMPACT EQUITY?

Working Disabled Medi-Cal has a variable impact on equity:

Access and affordability – *variable impact*

This program drastically improves access and affordability of LTSS for individuals who meet the qualification thresholds. However, the program excludes a portion of the population who cannot afford to pay for LTSS but are above the income threshold.

Inclusion – *moderate impact*

This program better meets the needs of people with disabilities who are younger than those who are older. Additionally, this program promotes a certain amount of racial equity because Black and Native American people have higher rates of disability than Americans of other races.[21]

Wealth Inequities – *variable impact*

In its current form, the program allows for very little wealth accumulation, but the drastic increase in asset limits that go into effect in July 2022 will enable enrollees to build up their savings and potentially create generational wealth. However, the income limit will still make it challenging for enrollees to accumulate wealth.

E. WHAT ARE THE POLICY IMPLICATIONS?

On one hand, Working Disabled Medi-Cal is a **vital lifeline for many people with disabilities**, a population that many other LTSS financing programs exclude. On the other hand, it excludes a significant portion of the population who would benefit from services but do not meet the qualification thresholds.

Additionally, as is the case with many Medicaid Buy-In programs, **insufficient education around the program and its benefits limits enrollment**.[22] There are many programs within the Medicaid system, each with its own qualification threshold. It can be confusing and challenging for potential enrollees to determine if there is a program that meets their needs and decide whether that program is the right fit for them.

Finally, because the program builds off of California's Medicaid program, it is subject to the **budget challenges that come with a safety net program funded by general revenue**. Medi-Cal's lack of a dedicated funding source means there is a never-ending budget battle in which political power, the state of the economy, and other factors can all impact the amount of funding for the program.

LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

The Long-Term Care Insurance Partnership Program is a public-private effort to incentivize enrollment into private long-term care insurance plans.

Individuals can purchase private partnership plans which will cover up to a certain amount of their LTSS costs. If they use up their private plan benefits, they can then qualify for Medicaid with significant assets. However, uptake has been relatively low, especially among the middle class (who could especially benefit from the program).

A. WHO IS COVERED?

Anyone who enrolls in the plan and pays the premiums is covered by the private insurance plans. However, plans are able to deny coverage to individuals who have pre-existing conditions.

B. WHAT BENEFITS ARE INCLUDED?

As with regular long-term care insurance plans, there is significant variation in benefits between plans. An individual can purchase one that covers only home- and community-based services (HCBS), only nursing home care, or both. These plans typically offer up to a certain dollar amount of services (such as up to $100,000 in benefits).

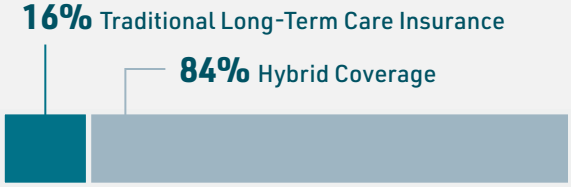
The unique benefit of purchasing a Partnership plan is that it allows the individual to qualify for Medicaid at a much higher asset threshold. In most states, the individual is allowed to keep assets equivalent to the dollar value of the coverage they received. For example, if their plan provided $100,000 of coverage, they could then keep $100,000 of their assets when applying for Medicaid.

C. HOW IS IT PAID FOR?

Partnership plans are funded by enrollee premiums, which are paid out-of-pocket.

11% of Older Adults Purchase Private Long-Term Care Plans. Yet, New Plans are Increasingly Hybridized.

350,000 Americans purchased long term care plans in 2018



Only 11% of older adults purchase private Long-Term Care plans. However, a growing number of Americans are choosing to purchase hybrid long-term care insurance plans that are not Partnership or Traditional plans. These hybrid plans combine long-term care insurance with life insurance or annuity, allowing enrollees to access the value of the annuity or life insurance early in order to cover long-term care costs. However, the number of enrollees is still very small when compared to the number of older adults who require LTSS.

Source: American Association for Long-Term Care Insurance. 2019. "Long-Term Care Insurance Facts - Data - Statistics - 2019 Report." https://www.aaltci.org/long-term-care-insurance/learning-center/ltcfacts-2019.php.

LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

D. HOW DOES IT IMPACT EQUITY?

The partnership has minimal impact on equity.

Access and affordability – *minimal impact*

In theory, Partnership plans were created to incentivize middle-class individuals to purchase long-term care insurance and would have a greater impact on access and affordability. However, due to high premiums and other factors, enrollment has been comprised primarily of upper and upper-middle class individuals, many of whom would have been able to afford LTSS otherwise.[23]

Inclusion – *minimal impact*

Because of high premiums and other factors, many middle- and working-class individuals do not enroll in Partnership plans. The individuals who do enroll are disproportionately white.[24] The ability for plans to deny coverage to individuals with pre-existing conditions excludes many younger people with disabilities.

Wealth Inequities – *variable impact*

Those enrolled in Partnership plans are able to preserve generational wealth if their needs require them to subsequently enroll in Medicaid. However, the middle-class and working-class individuals who would most benefit from the preservation of generational wealth are not enrolled in these plans.

E. WHAT ARE THE POLICY IMPLICATIONS?

Low enrollment, high premiums, and benefits that do not always meet enrollees' needs mean that Partnership plans have limited impact on the U.S. LTSS system. In fact, as of 2021 New York stopped selling new Partnership policies.[25]

The Partnership plans have highlighted that **structural decisions make all the difference**. While there is conflicting evidence on the effectiveness of partnership plans in saving the government money, the most recent studies suggest that they could save the system money by delaying individuals' enrollment in Medicaid.[26] However, a much larger enrollment base would be necessary to make a meaningful difference. The structure of the program did little to overcome barriers to purchasing regular long-term care insurance, such as cost, allowing plans to exclude "risky" individuals with pre-existing conditions, and public education.[27] As a result, the program became primarily a tool for upper-middle class and wealthy individuals to preserve their wealth.

Additionally, the Partnership plans show that **education is key**. Since only 11% of older adults have private long-term care insurance,[28] a significant amount of public education is necessary for a broader segment of the population to purchase Partnership plans. In fact, a lack of public education plays a role in why Partnership plans only comprise a portion of long-term care insurance purchases in New York and California.[29]

OTHER LTSS FINANCING INITIATIVES IN THE U.S.

The **CLASS Act** was a federal social insurance LTSS financing program that passed as part of the Affordable Care Act. It would have provided a cash benefit indefinitely to eligible individuals who proactively enrolled in (referred to as "opting into") the program. However, it was repealed because the funding was insufficient to cover an unlimited length of benefits for an opt-in population that is more likely to use those benefits.[30]

The **WISH Act** is a current federal bill that would create a national social insurance program. It has a wait period before benefits kick in, allowing a role for private insurance plans. As of the publishing of this report it had yet to gain significant support.[31]

The **Universal Home Care Trust Fund** was voted down in a ballot initiative in Maine. If passed, it would have provided home care to all older adults and people with disabilities in the state, and would have been funded through a payroll and earnings tax on high-earners in the state. Notably, it built in ways to improve home care worker compensation, training, and career pathways. However, because the program did not address some significant concerns—such as the lack of income or residency requirements to control who can access the benefit—the ballot measure failed.[32]

UNIVERSAL COVERAGE MODELS FOR LTSS

Universal coverage models for LTSS have yet to gain momentum in the United States. There have been state-level proposals, such as in New York[33] and California,[34] which combine medical and LTSS coverage in a single-payer system but the large cost and complications of combining federal funding streams has limited their progress. Vermont has been the only state to pass a law to create single-payer medical coverage (which excluded LTSS coverage), but the law was later repealed before implementation.[35] While the U.S. has yet to establish a universal, single-payer system, other countries—including Sweden, Denmark, Finland, and Norway—have done so and funded them through general tax revenues.[36]

LESSONS FOR BUILDING LTSS FINANCING PROGRAMS

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:

Building a truly equitable system requires:

EDUCATION: A through-line between all of the case studies included in this report is the importance of education in ensuring that the public understands proposals, new laws, the need for LTSS coverage, and how specific programs may work for them. This need was especially clear in the CA Working Disabled program and the Long-Term Care Insurance Partnership programs.

FLEXIBILITY: Any public policy requires trade-offs, such as those that exist between limiting costs and expanding LTSS benefits. Adjustments may be necessary to find the right balance of those trade-offs. Flexibility is also needed to make adjustments to address significant barriers to adoption or implementation, as was necessary in the WA Cares Fund.

SUSTAINABLE FINANCING: A financing program will be less successful (as in the Kupuna Caregivers Program in Hawaii) or unsuccessful altogether (as with the CLASS Act) without a sustainable source of funding.

INTENTIONAL PLANNING AROUND WORKER JOB QUALITY: Without intentional planning, any new LTSS financing system will continue to perpetuate the challenges of the current system, in which individuals face the impossible choice of receiving the needed amount of LTSS or paying a living wage to the workers who provide those vital services.

LESSONS FOR BUILDING LTSS FINANCING PROGRAMS

Advocacy and organizing play key roles in how programs are developed and implemented.

Advocacy and organizing play pivotal roles at every stage of policy development and implementation, helping to ensure that policies truly meet constituents' needs and negating some of the opposition to the bill. A lack of organizing and advocacy beyond the passage of a law (through its implementation) has led to the potential repeal of the WA Cares Fund. And a lack of including all stakeholders in the development of a proposal contributed to the rejections of the Universal Home Care Trust Fund in Maine.

Hybrid financing approaches can be promising.

Most of the case studies included in this report utilize LTSS financing models that are a hybrid of more than one model. This can better enable the program to fully serve its target population. For example, the CA Working Disabled program is a combination of a safety net program and private LTSS insurance and successfully enables certain people with disabilities to access the supports they need in order to work.

A combination of programs may be needed to meet everyone's needs.

The Kupuna Caregivers Program helps to meet family caregivers' needs, the WA Cares Fund better meets older adults' needs, the CA Working Disabled Program better meets younger people with disabilities' needs, and the Medicaid program better meets low-income individuals' needs. A combination of programs may be necessary to create a combined LTSS financing system that meets the needs of workers, consumers, and families.

A financing system can be established at a state or federal level.

Case studies from this report show that a program can be successfully implemented at a state or federal level. If there is inaction at one level, policymakers can look to the other. However, creating a system that provides equal access and affordability to all across the nation would require federal action.

CITATIONS

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THE COMMUNITY INNOVATORS LAB (COLAB) is a center for planning and development within the MIT Department of Urban Studies and Planning (DUSP). CoLab facilitates the interchange of knowledge and resources between MIT and community organizations. We engage students to be practitioners of this approach to community change and sustainability.

THE MEL KING COMMUNITY FELLOWS PROGRAM is carried out by the Just Urban Economies program within CoLab, which seeks to accelerate social innovation in and from marginalized communities in the United States. The program is dedicated to the legacy of Mel King, a still-active champion of cities and the communities they comprise. The fellowship program builds on a 40-year-old tradition of bridging practice-based knowledge and academic research. Mel King Fellows are recognized leaders in communities across the country and have experience in a range of social justice pursuits.

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