APRIL 2024

FINANCING LONG-TERM SERVICES AND SUPPORTS

A New Chapter of State-Based Solutions

By **Allison Cook, Marc Cohen,**
Sung Eun Sally Oh, and **Grant Williams**

MIT CoLab
COMMUNITY INNOVATORS LAB

EXECUTIVE SUMMARY

The U.S. is at a point where doing nothing to fix our long-term services and supports (LTSS) system exceeds the cost of trying to build a new program. Due to a lack of federal movement, states are increasingly looking at what they can do to build new LTSS financing programs.

This report, a follow-up to *Learning from New State Initiatives in Financing Long-Term Services and Supports*,[1] explores progress made since 2020 in building new LTSS financing programs in four states: California, Massachusetts, Minnesota, and Washington state. While Washington is the furthest along and starting to implement a new program, the other three states have also made progress, either recently completing or in the process of conducting an actuarial study. The lessons and themes from these states can help illuminate options and next steps for other states, including:

- **The pandemic boosted understanding of the need for, and interest in, LTSS financing reform**
- **Actuarial studies are key in supporting policy conversations and consensus-building**
- **Consistent stakeholder engagement is essential**
- **Setbacks are a normal part of the process**
- **Policy development is a multi-year process**
- **Workforce considerations are still a work-in-progress**

INTRODUCTION

The pandemic highlighted the fact that the American long-term services and supports (LTSS) system is insufficient. Older adults and people with disabilities struggle to access the services and supports they need. Family caregivers struggle to fill in the gaps, often at the expense of their own physical, mental, and financial health. LTSS workers are vastly undervalued, causing many dedicated professionals to leave the field.

The way Americans pay for LTSS has long been cobbled together. Those who are extremely wealthy can afford to pay for LTSS out-of-pocket. Private LTSS insurance has failed to meet the need, with premiums that are unaffordable for all but the upper-middle and wealthiest classes.[2] This has resulted in Medicaid, designed to be a safety net for low-income individuals, becoming the primary public payor for LTSS.[3] Many middle-income individuals struggle to afford the care that they need and others are forced to spend down their life savings in order to qualify for Medicaid and get the LTSS that they need. This negatively impacts generational wealth—the primary contributor to overall wealth in the U.S.—and widens wealth disparities.[4]

Given the growing aging population, many state budgets cannot sustain rising LTSS costs, forcing difficult choices such as cutting or limiting services. Since the federal government has not taken meaningful action on this,[i] states are exploring ways to better finance the LTSS that their residents need.

The U.S. is at the point where the cost of doing nothing to fix our LTSS system is now exceeding the cost of trying to build a new program.

In July 2020, the LeadingAge LTSS Center @ UMass Boston and the Center for Consumer Engagement in Health Innovation published a report titled, *Learning from New State Initiatives in Financing Long-Term Services and Supports*.[5] The report outlined how six states (California, Hawaii, Maine, Michigan, Minnesota, and Washington) were exploring and/or building new LTSS financing programs. This report is an update to the 2020 report, digging into the progress that has since been made in building new LTSS financing programs in four states: California, Massachusetts, Minnesota, and Washington.

---

i. The federal government passed a social insurance program called the CLASS Act as part of the Affordable Care Act but it was repealed due to lack of sustainable financing. Any federal initiatives since have failed to gain traction.

TYPES OF LTSS FINANCING MODELS

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.

In general, there are four primary types of financing models, which are not mutually exclusive. The U.S. already has a safety net program (Medicaid) and private LTSS insurance. As previously mentioned, the current system is inadequate, causing many to look to other models. The most common model states have considered is social insurance, supplemented by the existing Medicaid program and private insurance approaches.

While some states have explored expanding private long-term care insurance, none have cracked the code to support broad enrollment and coverage, though some are considering it in partnership with other approaches. States have also explored expanding access to Medicaid. However, they continue to run into the funding challenges that have long existed within the Medicaid system.

Therefore, a handful of states have landed on social insurance for a few reasons. First, social insurance could ease pressure on the Medicaid system, which was designed as a safety net but—in the absence of an affordable option—has become the primary payor for LTSS. This is true even for people who did not start out low-income but, due to high medical and LTSS costs and somewhat limited resources, came to rely on the program. In fact, an estimated six million Americans receive LTSS through Medicaid.[6] This has created growing and unsustainable pressure on state Medicaid budgets. By providing middle-income individuals with LTSS coverage, a social insurance program could prevent a portion of them from spending down their assets and qualifying for Medicaid, easing pressure on the Medicaid program and preserving generational wealth.

Second, social insurance could create a more sustainable way to pay for LTSS. Currently, most states have annual budget fights over Medicaid, which can limit the ability for long-term planning and can lead to a system that is completely underfunded. Social insurance allows the state to create a built-in financing mechanism (usually through payroll taxes) that avoids the need for annual budget fights.

Third, social insurance can benefit a larger portion of a state's residents and therefore enjoy a larger base of support. It generally covers anyone who pays into it (usually a majority of the population), rather than only those who meet income and/or asset limits.

As a side note, while most states that are considering social insurance programs are looking at time-limited benefits, this does not have to be the case. Some other countries (like Germany) offer benefits without a time limit, which better meet the needs of younger individuals with disabilities.[7]

Study Approach

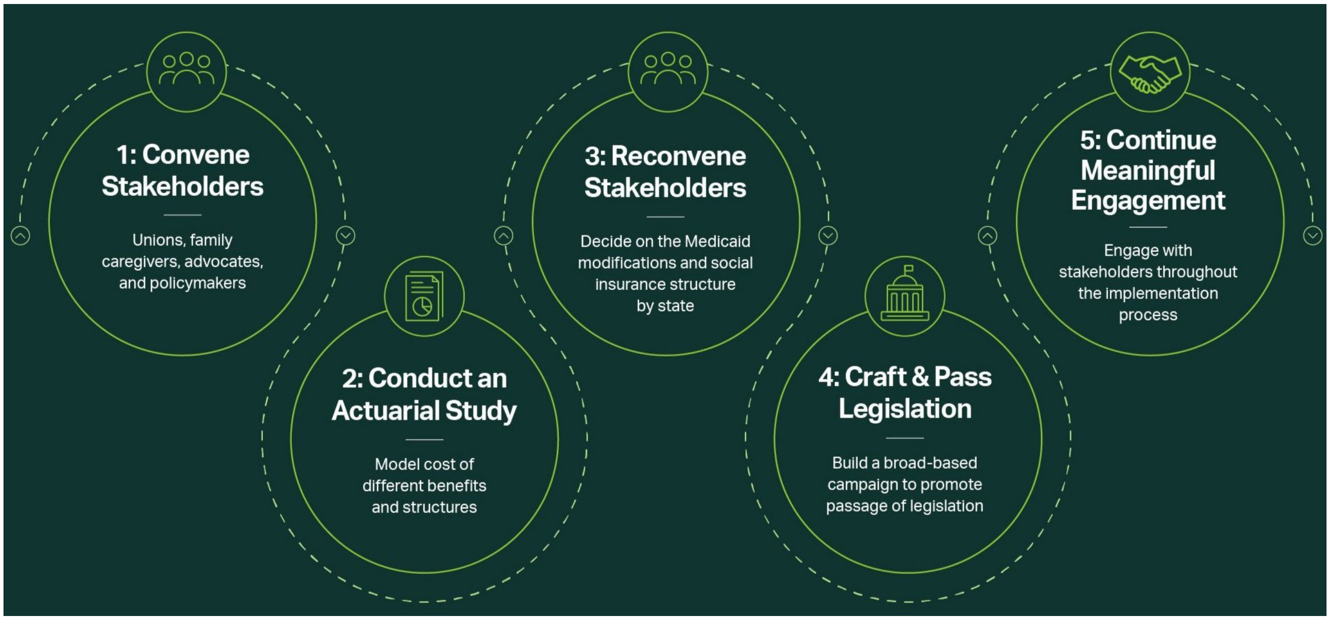
By consulting with experts in the field, we identified four focus states (California, Massachusetts, Minnesota, and Washington) that had measurable progress on building a new LTSS financing program since the 2020 report. First, we conducted desk research on each of the four focus states. Then, we conducted 2–3 interviews (either over video call or email) to uncover additional context on progress in each state. (A list of interviewees can be found in the Appendix.)

Creating a New Financing Program

We have seen a growing interest among states (even beyond the four in this report) in building new LTSS financing programs. Most states that have explored new LTSS financing programs have followed the same general steps.

Each state is different, and occasionally has to go back to the previous phase to reassess its assumptions and conclusions before moving forward again. Of the four focus states, three are in or have just completed the actuarial phase (California, Massachusetts, and Minnesota) and one is in the implementation phase (Washington).

Stages of Creating a New LTSS Financing Program



STATE UPDATES

The following table provides a high-level overview of progress made in each of the four focus states. A more detailed overview of each state can be found on following pages.

STATE	STATUS SUMMARY	PROGRAM DESIGN	STAGE
California	California published a second actuarial study in December 2023 that will be used to provide a more detailed vision of what an LTSS social insurance program could look like and has expanded access to Medicaid LTSS.	Social Insurance Medicaid expansion	Actuarial study completed; stakeholder engagement
Massachusetts	In July 2023, the state budget allocated funding toward the completion of an actuarial study to assess the cost of various program design decisions regarding a new LTSS financing program later in 2024.	Social Insurance	Actuarial study being commissioned
Minnesota	The state released a report and actuarial study in November 2023 and is now in the process of engaging stakeholders and deciding the best path forward.	Private insurance Social Insurance	Actuarial study completed; stakeholder engagement
Washington	The state created the first LTSS social insurance program in the nation, called the WA Cares Fund. It started collecting payroll taxes in July 2023 and benefits will begin in 2026.	Social Insurance	Implementation

CALIFORNIA

SUMMARY:

California released an updated LTSS social insurance actuarial study in December 2023. Simultaneously, advocates have successfully expanded access to Medicaid LTSS and continue to push for further expansions.

PROGRAM DESIGN:

Social insurance; Medicaid expansion

STAGE:

Actuarial studies completed; reconvening stakeholers

KEY STAKEHOLDERS:

Throughout these processes, the California Aging and Disability Alliance (CADA)[8]—a coalition including unions, consumer and worker advocates, and providers—has been a driving force in pushing the conversation forward.

DETAILS:

Previous work to build a new LTSS financing program include:

- Creating a Master Plan for Aging in 2021, which included a recommendation to build a state-based LTSS financing program beyond Medicaid;[9]
- Conducting an initial feasibility study in 2022 that looked at the cost of three different structures for a state-based LTSS social insurance program;[10] and
- Conducting a second feasibility study in 2022 that was a precursor to a more detailed actuarial study.[11]

In December 2023, the Long-Term Care Insurance Task Force released an actuarial report that assessed five more detailed benefit options for an LTSS social insurance program, after an involved stakeholder engagement process.[12]

While there are still areas that need to be assessed (such as workforce investments and financing mechanisms), stakeholders will be able to use this more robust data to determine next steps in establishing a new social insurance program.

Meanwhile, CADA and others in the state have also been exploring how to expand Medicaid in ways that support access to affordable LTSS. Successes have included removing the LTSS asset limit and expanding access to undocumented immigrants.[13]

LESSONS FOR OTHER STATES:

- Stakeholders can choose to outline a fairly detailed proposal for an actuarial study.
- More than one study may be necessary.
- States may also want to examine Medicaid LTSS coverage in addition to building a new program.

MASSACHUSETTS

SUMMARY:

In July 2023, the Massachusetts state budget funded an actuarial study that will assess the cost of various program design decisions regarding a new LTSS financing program in 2024.

PROGRAM DESIGN:

Social insurance

STAGE:

Actuarial study

KEY STAKEHOLDERS:

To date, key stakeholders in moving the conversation forward have included:

- LeadingAge MA;
- Massachusetts Senior Action Council;
- Marc Cohen, professor in the Gerontology Department at UMass Boston and co-director of the LeadingAge LTSS Center @ UMass Boston;
- Massachusetts Senator Patricia Jehlehn; and
- Massachusetts Representative Tom Stanley.

DETAILS:

Efforts in Massachusetts date back to 2010, when its Long-Term Care Financing Advisory Committee made recommendations around implementing the federal LTSS social insurance program in the Affordable Care Act (the CLASS Act, which was later repealed).[14] Building off the broad realization during the pandemic that the structure of the LTSS system is unsustainable, the Blue Cross Blue Shield of Massachusetts Foundation released a report on five key priorities for the next administration, one of which was LTSS financing.[15] This helped to build momentum for LeadingAge, Marc Cohen, and the Massachusetts Senior Action Council to work with legislative champion Senator Jehlen to fund an actuarial study through the 2023-2024 state budget.[16] The results of the study will be used as a starting point for broader stakeholder conversations about what a new LTSS social insurance program could look like in Massachusetts.

LESSONS FOR OTHER STATES:

- An actuarial study is a relatively uncontroversial step to move forward the LTSS financing conversation.
- An actuarial study can be used to identify legislative champions and begin educating legislators about the need for an LTSS social insurance program.

MINNESOTA

SUMMARY:

The state released a report in November 2023 outlining three options to offer better LTSS coverage, one of which was a social insurance program. It is now in the process of deciding the best path forward in partnership with a stakeholder advisory group.

PROGRAM DESIGN:

Private insurance; social insurance

STAGE:

Actuarial study completed; reconvening stakeholders

KEY STAKEHOLDERS:

The conversation around LTSS financing has been driven by the Own Your Future initiative, led by the Minnesota Department of Human Services and incorporating a variety of stakeholders.[17]

DETAILS:

Through an initiative called Own Your Future, Minnesota has undergone a multi-stage process to identify the best ways to finance LTSS in its state. It began with creating new private insurance offerings to better meet the needs of middle-income individuals, including a private life insurance that converts to LTSS insurance after age 65 (called LifeStage).

Realizing that the private market is insufficient in addressing the needs of middle-income individuals, the latest stage of Own Your Future resulted in a report and actuarial study, released in November 2023, that offered three options that could be implemented in combination or individually:[18]

- **LTSS navigation and support services:** Provided virtually, telephonically, and in person, these services would help people understand their LTSS options and support them in navigating the system.
- **Medicare Companion Product:** This product would partner Medicare coverage with a private or public insurance option that would coordinate acute care and LTSS.
- **LTSS Social Insurance:** Referred to as the "Catastrophic Lite Benefit," this social insurance program would provide up to five years of benefits after a two-year waiting period. It would be paid for through a payroll tax and/or through a monthly premium.

The Minnesota Department of Human Services is in the process of convening stakeholders and determining whether and how it will move forward with the recommendations laid out in the report. To support this decision-making process, the state also funded studies on current and future Medicaid LTSS utilization and on the demographics of older Minnesotans.[19]

LESSONS FOR OTHER STATES:

- There are ways to structure social insurance programs around expanding a private insurance market.
- States may want to consider a combination of programs to meet LTSS needs.

WASHINGTON

SUMMARY:

Washington created the first LTSS social insurance program in the nation, called the WA Cares Fund.[20] The program started collecting payroll taxes in July 2023 and benefits will begin in 2026. In November 2024, residents will vote on a ballot initiative that would make the program optional, undermining the financial stability of the program.

PROGRAM DESIGN:

Social insurance

STAGE:

Implementation

KEY STAKEHOLDERS:

From the start, Washingtonians for a Responsible Future (now We Care for WA Cares[21]) has played a key role in driving the conversation forward, conducting public outreach and education and bringing a variety of stakeholders into the process.

DETAILS:

Washington is leading the way in building a state-based LTSS financing program. Passing the Long-Term Services and Supports Trust Act[22] (which later became the WA Cares Fund[23]) required stakeholder engagement, coalition-building, amending legislation, and working closely with legislative champions. The program will provide up to $36,000 in lifetime benefits to three groups:

1. Those who have paid in for at least 10 years;
2. Those who have paid in for at least three of the last six years and have a sudden LTSS need; and
3. Those who were born before 1968 and have contributed for at least one year (at a partial benefit rate of 10% for each year contributed).

Since its passage, a few key amendments have been made, including allowing:

- Military veterans with 70% or greater service-connected disability to opt out;
- Workers who live out-of-state to opt out; and
- Near-retirees to access partial benefits.

In early 2024, an additional amendment to the law was made that will allow those who move out-of-state to access benefits.[24]

Excitingly, the program began to collect payroll taxes in July 2023. The state is working closely with stakeholders to get all of the rules and regulations in place before 2026, when benefits will begin to be paid out for eligible individuals.

On a less exciting note, opponents of the program have gotten a ballot initiative that will be voted on in November 2024.[25] If it passes, it will make participation in the WA Cares Fund voluntary, which would undermine the financial stability of the entire program.

LESSONS FOR OTHER STATES:

- Stakeholder engagement is key throughout implementation.
- A law can be updated to make the program stronger.
- Messaging around the program is key to managing heavily resourced lobbying interests against programs.

THEMES

Six key themes emerged from the focus states:

The pandemic boosted understanding of the need for, and interest in, LTSS financing reform

Actuarial studies are key in supporting policy conversations and consensus-building

Consistent stakeholder engagement is essential

Setbacks are a normal part of the process

Policy development is a multi-year process

Workforce considerations are still a work-in-progress

The Pandemic Boosted Understanding and Interest

The pandemic disproportionately impacted older adults and people with disabilities, who were at high risk of complications and/or death from COVID.[26] This created a greater understanding among the general public that our LTSS system is inadequate and insufficiently resourced. As Elissa Sherman from LeadingAge MA explained, "Most older adults want to be able to age in their communities and live in the place they call home, even as their needs change. Unfortunately, our payment system, or lack thereof, makes it a challenge for people to do that."

The pressure on state budgets illuminated the need to develop a program that can help reign in Medicaid LTSS costs. "Medicaid is going to have some pretty significant increases in the next 10–12 years and, somehow, we're going to have to find some new funding options to help offset that," said John O'Leary, consultant to the Minnesota Department of Human Services. Therefore, more people, including policymakers, now understand that we need to explore alternative LTSS financing models.

> "I think there is definitely an increased receptivity to the [WA Cares] program [since the pandemic] because a lot of people saw how vulnerable older adults were. A lot of families pulled their family members out of residential care settings. The reality of bringing home somebody that you need to care for was a wake up call."
>
> **–Cathleen MacCaul,** AARP Washington State.

Actuarial Studies are Key

An actuarial study examines the cost for various configurations of a new LTSS social insurance program. All four states have commissioned actuarial studies, seeing them as useful in providing concrete data that is necessary to move the conversation forward. In Massachusetts, for example, funding for an actuarial study passed the legislature relatively easily because it was viewed as providing people with a common understanding of the current state of the LTSS system along with estimates for various reform strategies for improving our LTSS system. This helps arm stakeholders with the information they need to design a program. As Victoria Halal from MA State Senator Jehlen's office stated, funding an actuarial study "seemed to be common sense...and an easy way to the next level of understanding." As another example, California conducted a second actuarial study with an enhanced stakeholder engagement process. "[The actuarial studies have] been helpful to keep the attention and conversation going around the creation of a universal LTSS benefit," shared Amanda Ream of UDW.

> "[The study is] all that prep work that you go into a marathon with and all of the training that you do so you can figure out what you want to implement."
>
> **–Nikki M. Peterson,**
> Minnesota Department of Human Services

Consistent Stakeholder Engagement is Essential

Interviewees repeatedly emphasized that stakeholder engagement is essential. Given that some key stakeholders have had opposing interests in the past, relationship-building, joint learning, coalition-building, and negotiation are necessary in order to come to a proposal that most stakeholders can align with. Planning is certainly required to ensure that the needs and concerns of all stakeholders, including LTSS consumers and workers, are included in policy discussions. Common stakeholders include legislators, unions, disability advocates, aging advocates, consumer representatives, LTSS providers, and state agencies, among others.

> "You need something to rally around, not just a problem, but a solution. I think this is the first step."
>
> **–Senator Patricia Jehlen,**
> Massachusetts State Senator

Stakeholder engagement can shape proposals in a way that better meets on-the-ground needs and has a higher chance of reaching the implementation phase. For example, Minnesota's actuarial study included a policy design structure that is slightly different than most other states (providing coverage after a two-year wait period rather than immediately). This approach was modeled because the actuarial study was part of a larger process to transform the LTSS financing system and stakeholders identified other potential solutions that could be combined with a social insurance program (including private insurance and community supports).

Interviewees also emphasized that stakeholder engagement should be prioritized throughout the process, rather than at a specific point in time. For example, the WA LTSS Trust Commission, a stakeholder advisory board, is helping make implementation decisions to ensure that they meet the program's goals of supporting community members.

Setbacks Are a Normal Part of the Process

Building a new LTSS financing program is politically, economically, and structurally complicated. These four focus states have shown that, given these obstacles, it is normal to have setbacks. What is important is that stakeholders are willing to come back together to reexamine how to move forward. For example, in Washington, the legislature made multiple amendments to the law to address challenges, including modifying who can opt out, delaying the implementation of the payroll tax, and allowing people who move out of state to still access benefits. As another example, California did not have sufficient momentum to pass a bill after the first actuarial study. The second actuarial study included a more detailed set of program structures that will help stakeholders determine the best path forward.

Policy Development is a Multi-Year Process

The process of agreeing upon, passing, and implementing a new program is one that takes years. Interviewees emphasized that it is important to set expectations accordingly. The progress that has been made in the four focus states provides valuable lessons that can help other states move more quickly, such as:

- An actuarial study is a promising first step.
- Stakeholder engagement is key throughout the policy process.
- Certain messaging resonates with stakeholders (like protecting the middle class, supporting family caregivers, and reducing Medicaid costs).

> "The thing I've learned through this process is that there are so many critically important policy pieces that look innocuous that [determine whether it's] going to actually work for people and not be able to be exploited."
>
> **–Madeleine Foutch,** SEIU 775.

> "We just have to recognize that this is new territory and it requires new behaviors and new attitudes for rethinking how we provide long-term care."
>
> **–Cathleen MacCaul,** AARP Washington State.

Workforce Considerations Are Still a Work-In-Progress

Low compensation and poor job quality have contributed to an LTSS workforce shortage that is only expected to worsen. Any new LTSS financing system will have to include workforce solutions and ensure that the success of a program does not come at the expense of pulling workers away from Medicaid. While all four focus states understood the workforce challenges, they were in the early stages of figuring out solutions. There was hope that, by easing pressure on Medicaid, more funding could be dedicated to worker compensation. Additionally, some stakeholders hope that a new program could better account for workforce costs in its funding projections. But most states have not gotten to the point of figuring out exactly what that looks like and what administrative and policy structures would need to be put in place to make this happen. For example, California's latest actuarial study includes a handful of areas for further exploration, one of which is the LTSS workforce.[27]

Additionally, home care worker unions have gotten involved in some states. In both Washington and California, Medicaid home care workers are almost completely unionized. These unions have been key backers of an LTSS social insurance program because they see the limitations of the Medicaid system in meeting the needs of the home care workers and their families. "[SEIU 775's] interest in this is centered on acknowledging that this is a big gap in public benefits as a country [while being] one of the fastest growing industries in the country," said Madeleine Foutch from Washington's SEIU 775. "So there was an opportunity to really build upon the Washington Medicaid system and the workforce standards that we have created here into a larger market where consumers do not have to qualify for Medicaid to access higher quality care."

> "I think the workforce issues continue to be a missing piece of the discussion. It is important that we are designing systems that expand access, but there needs to be a simultaneous focus on recruiting and retaining the workforce."
>
> –**Brandi Wolf,** SEIU Local 2015

CONCLUSION

A growing number of states have acknowledged that they cannot continue to rely on our current LTSS system.

California, Massachusetts, Minnesota, and Washington have made clear progress since 2020 in building new LTSS social insurance programs. While Washington remains by far in the lead, other states are keeping a close eye on it and already applying lessons from this trailblazer. With the progress being made in these and other states, we can hope that the next decade will bring a more accessible and equitable American LTSS system.

> "The cost of inaction to family caregivers, workers, and consumers is actually greater than the cost of building a new program."
>
> –**Ben Veghte,** WA Cares Fund

APPENDIX

List of Interviewees

CALIFORNIA

- Amanda Ream – Strategic Campaigns Director, United Domestic Workers of America (UDW)
- Brandi Wolf – Policy and Research Director, SEIU Local 2015

MASSACHUSETTS

- Victoria Halal – Senior Policy Director for Massachusetts State Senator Jehlen
- Senator Patricia Jehlen – State Senator, 2nd Middlesex District, Massachusetts Legislature
- Elissa Sherman – President, LeadingAge Massachusetts

MINNESOTA

- John O'Leary – President, O'Leary Management Associates LLC; consultant to the MN Department of Human Services
- Nikki M. Peterson – Quality Assurance & Improvement Planner in the Aging and Adult Services Division, Minnesota Department of Human Services
- Nicole Stockert – Director of Legislative & External Affairs in Aging and Adult Protection Services, MN Department of Human Services

WASHINGTON

- Madeleine Foutch – Director of Public Affairs, SEIU 775
- Cathleen MacCaul – Advocacy Director, AARP Washington State
- Ben Veghte – Director, WA Cares Fund

CITATIONS

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

2. Veghte, Cohen, Tell, & Bradley. 2019. "Designing a State-Based Social Insurance Program for Long-Term Services and Supports," in Designing Universal Family Care: State-Based Social Insurance Programs for Early Child Care and Education, Paid Family and Medical Leave, and Long-Term Services and Supports. https://universalfamilycare.org/wp-content/uploads/2019/06/NASI_Chapter03_LTSS_Digital_061819.pdf; Cook & Williams. 2022a. "Centering Equity in Long-Term Services and Supports—LTSS Financing Models: Case Studies and Lessons from the U.S." MIT CoLab. https://www.colab.mit.edu/resources-1/ltssreport2.

3. Colello. 2022. "Who Pays for Long-Term Services and Supports?" Congressional Research Service. https://crsreports.congress.gov/product/pdf/IF/IF10343#:~:text=The%20probability%20of%20needing%20LTSS,LTSS%20is%20expected%20to%20increase.

4. Hamilton & Darity Jr. "Can 'Baby Bonds' Eliminate the Racial Wealth Gap in Putative Post-Racial America?" The Review of the Black Political Economy. 2010; 37(3-4): 207-216.

5. Cohen, Tell, Miller, Hwang, and Miller, 2020.

6. Chidambaram, Burns, & Rudowitz, 2023. "Who Uses Medicaid Long-Term Services and Supports?" KFF. https://www.kff.org/medicaid/issue-brief/who-uses-medicaid-long-term-services-and-supports/.

7. Cook & Williams. 2022b. "Centering Equity in Long-Term Services and Supports – LTSS Financing Models: Lessons from Germany, Japan, and Sweden." https://www.colab.mit.edu/resources-1/2022/5/25/centering-equity-in-long-term-services.

8. California Aging and Disability Alliance. "California Aging & Disability Alliance (CADA)." https://www.chhs.ca.gov/wp-content/uploads/2019/06/About-The-California-Aging-and-Disability-Alliance-CADA.pdf.

9. California Department of Aging, 2021. "Master Plan for Aging." https://www.aging.ca.gov/download.ashx?lE0rcNUV0zYXf9JtT7jkAg%3d%3d.

10. Giese et al, 2020. "Long-Term Services and Supports Feasibility Study." https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/Long-Term-Services-and-Supports-Feasibility-Study-Final-Report.pdf.

11. Oliver Wyman, 2022. "California Assembly Bill 567: Olver Wyman Feasibility Report." https://www.insurance.ca.gov/0500-about-us/03-appointments/upload/AB567OliverWymanFeasibilityReport2022.pdf.

12. Oliver Wyman, 2023. "California Assembly Bill 567: Oliver Wyman Actuarial Report." https://www.insurance.ca.gov/0500-about-us/03-appointments/upload/CaAB567OliverWymanActuarialReport2023.pdf.

13. Justice in Aging, 2022. "Medi-Cal Asset Limit Elimination and Older Adult Expansion." https://justiceinaging.org/faq-medi-cal-asset-limit-elimination-and-older-adult-expansion/.

14. Community First, 2010. "Securing the Future: Report of the Massachusetts Long-Term Care Financing Advisory Committee." https://archives.lib.state.ma.us/server/api/core/bitstreams/41fec699-946b-4e7f-b6b2-ea9fcabca560/content.

15. Anthony & Boozang. "A Focus on Health Care: Five Key Priorities for the Next Administration." Blue Cross Blue Shield of Massachusetts Foundation & Manatt Health. https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-12/HealthCarePriorities_Dec22_v03_FINAL.pdf.

16. 193rd General Court of the Commonwealth of Massachusetts, 2023. "FY 2024 Final Budget." https://malegislature.gov/Budget/FY2024/FinalBudget.

17. MN Department of Human Services. "Own Your Future." Accessed on January 24, 2024 at: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/aging-2030/index/.

18. FTI Consulting, Actuarial Research Corporation, & the Altarum Institute, 2023. "The Own Your Future LTSS Funding and Services Initiative: Options to Increase Access to Long-Term Care Financing, Services, and Supports in Minnesota." Minnesota Department of Human Services Aging and Disability Services Administration. https://mn.gov/dhs/assets/OYF-LTSS-funding-services-initiative_tcm1053-600470.pdf/

19. Arling, Hass, Xu, Blewett, & Woodhouse, 2023. "Long-Term Services and Supports for Minnesota's Older Population: Current and Future Utilization and Medicaid Payments." Purdue University. https://mn.gov/dhs/assets/ltss-minneota-older-population-current-future-utilization-medicaid-payments_tcm1053-605160.pdf; Blewett, 2023. "Demographic, Social, and Economic Characteristics of the General Population of Minnesotans aged 65 and Older." https://mn.gov/dhs/assets/Demographic-social-economic-characteristics-general-population-minnesotans-65-older_tcm1053-600468.pdf.

20. "WA Cares Fund." Accessed January 24, 2024 at: https://wacaresfund.wa.gov/.

21. We Care for WA Cares. "WA Cares Pays for Long-Term Care at Home." Accessed January 24, 2024 at: https://wecareforwacares.org/.

22. 2019 House Bill 1087. https://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislature/1087-S2.PL.pdf.

23. WA Cares Fund, 2024.

24. Washington State Legislature. "HB 2467 - 2023-24." https://app.leg.wa.gov billsummary?BillNumber=2467&Initiative=false&Year=2023#documentSection

25. Ballotpedia. "Washington Initiative 2124, Opt-Out of Long-Term Services Insurance Program Initiative (2024)." Accessed March 25, 2024 at https://ballotpedia.org/Washington_Initiative_2124,_Opt-Out_of_Long-Term_Services_Insurance_Program_Initiative_(2024).

26. Shakespeare, Ndagire, & Seketi. "Triple Jeopardy: Disabled People and the Covid-19 Pandemic." The Lancet. 2021; 397(10282): 1331-1333. https://doi.org/10.1016/S0140-6736(21)00625-5; Lebrasseur et al. "Impact of the Covid-19 Pandemic on Older Adults: Rapid Review." JMIR Aging. 2021; 4(2). https://doi.org/10.2196/26474.

27. Oliver Wyman, 2023.

AUTHORS

Allison Cook—Consultant to MIT CoLab; Founder of Better Aging and Policy Consulting

Marc Cohen—MIT CoLab Mel King Community Fellow; Co-Director of the LeadingAge LTSS Center at UMass Boston; Research Director of the Center for Consumer Engagement in Health Innovation at Community Catalyst

Sung Eun Sally Oh—Master in Urban Planning student in the Department of Urban Studies at MIT

Grant Williams—Director of the Mel King Community Fellows Program at MIT CoLab.

ACKNOWLEDGEMENTS

MIT CoLab would like to sincerely thank all of the interviewees that made this possible. We would also like to acknowledge all of the hard work of the advocates, policymakers, and other stakeholders in each of the states to make progress around this complicated issue. Finally, we would like to thank the authors of *Learning from New State Initiatives in Financing Long-Term Services and Supports*, which this study builds on—Marc Cohen, Eileen Tell, Edward Miller, and Ann Hwang.

THE COMMUNITY INNOVATORS LAB (COLAB)

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.

Department Of Urban Studies And Planning
Massachusetts Institute Of Technology
Building/Room 9-238
77 Massachusetts Avenue
Cambridge, MA 02139

Phone: 617-253-3216
Fax: 617-258-6515
colab.mit.edu
colab-info@mit.edu
@MITCoLab

Design by Isidor Studio

MIT CoLab
COMMUNITY INNOVATORS LAB