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State of Maryland Adds New Initiative to Raise Awareness of LTC Crisis

Success at the State Level: One State's Awakening to Crisis of Aging Baby Boomers

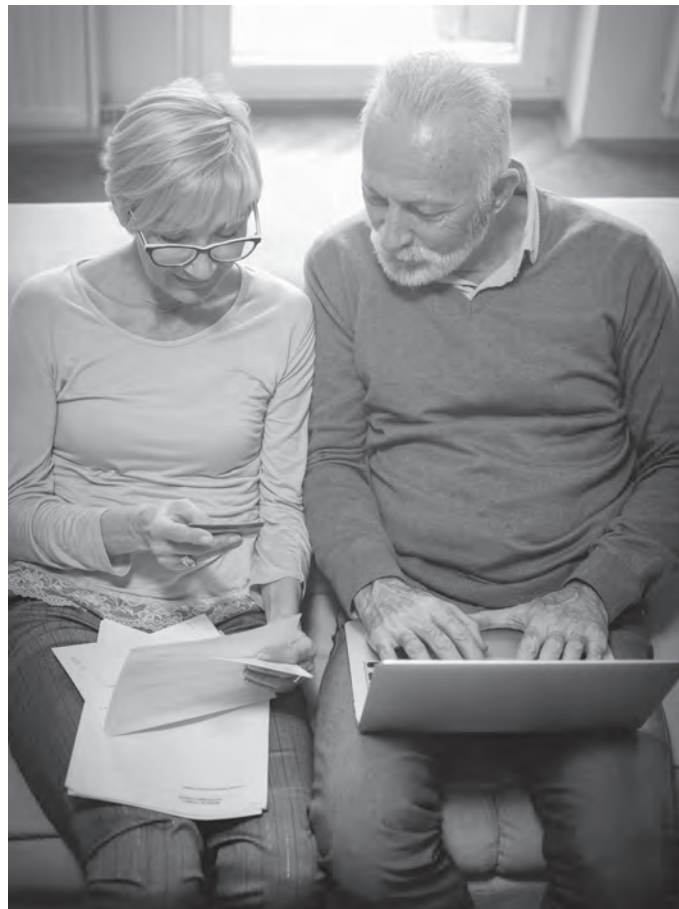
By Sally H. Leimbach

PREFACE

This article is the first in a series. It will be a cliff hanger, with either a happy or tragic or something in-between ending. The conclusion remains to be seen as this story continues to unfold. While I am unable to predict the outcome, I have been and am now living every moment. The “moments” began the last Friday of 2016 when an opportunity was presented to create long-term care (LTC) legislation to be introduced during the 2017 Maryland legislative session. That opportunity became Maryland Law 953.

This preface is in no way meant to make light of a very serious subject that is now often referred to in the media as the “aging crisis unfolding in America” and “the silver tsunami washing over America.” The impact of swelling Medicaid budgets in every state, impacted not only by demographics but also driven by rapidly rising long-term care costs, is increasingly smothering other necessary state responsibilities. Sufficient relief has not come from the federal level. Therefore, states must be resourceful and share successes so that mitigation of the crisis will surge up from the states, without waiting for additional federal assistance that may never come.

The Governor's Report, although written, has not yet been presented to Governor Hogan. This task force has been an entirely volunteer effort, including the administrative aspects. It is extremely rare that a Governor's Task Force in Maryland does not have a state agency overseeing all things administrative. This normally includes writing the final report after gathering input from task force members. The United Seniors of Maryland, a coalition dedicated to assisting Maryland seniors by influencing legislation and public policy, agreed to be added to the legislation as administrator. Without their “19th” hour lifeline to be added as administrator, the legislation would have experienced a quick death. The task force



members wrote the report. Now United Seniors of Maryland is formatting it to be ready to present to the governor. With Law 953 sitting in a now past due state, this information is not provided as an excuse but rather as an explanation.

The state agency appearing in the original legislation declined to be included due to being short staffed. Ironically, one of the reasons that Maryland departments have had to tighten budgets across the board is the swelling Medicaid budget.

So now on to the first of the four chapters. Chapter 1: In the Beginning, will include the purpose of the law, the makeup of the Public/Private Task Force, the process the task force used to come up with the 10 Recommendations, how to implement them and pay for the implementation, and, finally, how to make the Maryland Medicaid program (known in Maryland as the Maryland Medical Assistance Program) understandable to residents.

Chapter 2: Reception of the Report by Maryland Governor Hogan will include the 10 Recommendations as well as what was covered in the other 16 sections of the report.

Chapter 3: Implementation of the 10 Recommendations will cover which recommendations were embraced, which ones were delayed

and which were ignored (if any). Also the timing to implement recommendations will be addressed.

Hopefully, chapters 2 and 3 can be covered all or in part together. The timing is unknown for the governor to actually address the information in the report. The report will first be read by the governor's deputy legislative officer. It will be marked up, commented on, and then given to the governor.

Finally, we hope to provide a follow up article after a year or so to report what actually happens in Maryland after the recommendations of the report are implemented. This could include an evaluation of what went right, what did not, and how the effort could have been more successful. Or how the effort can at that point achieve an even higher level of success than it has.

Did I mention that this is a gubernatorial election year in Maryland? This may well influence the timeline for the Task Force Report to receive attention.

CHAPTER 1: IN THE BEGINNING

Introduction

Maryland Bill 953, signed into law April 2017 by Maryland Governor Hogan, is titled "Task Force on Long-Term Education and Planning." The purpose of the task force has been to consider options to educate and make recommendations regarding education methods that will "ensure that no Maryland resident reaches the age of 50 without having received complete information about the risk of needing long-term care and the private options available to pay for long-term care; and include information about the Maryland Medical Assistance Program, how the Program is funded, and whom the Program is intended to serve." The task force is also charged with finding ways to fund recommendations to achieve these goals.

The makeup of the task force deliberately included representation from both the public and private sectors. The intent is to have, as a result, a clear message coming with one voice from both the public and private sectors. Too often in the past, there have been confusing, conflicting, changing messages that have made the information misinterpreted and often ignored altogether. The easy alternative is to ignore the need to have a LTC plan. However, as quoted from Benjamin Franklin, "A failure to plan is a plan to fail."

The LTC crisis at the federal and states level can no longer be responsibly ignored. The impact of the ever-swelling Medicaid budget is increasingly smothering other necessary state responsibilities such as education, safety, transportation and infrastructure. Employers are adversely affected by loss of productivity and higher medical expenses for caregiving employees. State residents suffer from lack of knowledge as to how to avoid the need for crisis planning when confronted with a need for themselves or a family member or someone else for whom they feel responsible. Far too

often, residents think they are covered by the state and/or federal governments or their employer health plan. It comes a great shock to them when they discover they are not.

Maryland, with bipartisan support, has created the opportunity for a conduit, not for a complete answer, but for a necessary step to assist in finding answers, by education through clear messaging with one voice of the public and private sectors in unison. If successful, Maryland can provide a model for other states to follow. Maryland has become the eighth state recently or currently offering efforts to raise awareness among residents and provide residents with tools to use to plan for LTC. The other states are Hawaii, Maine, Michigan, Minnesota, Nebraska, Rhode Island, and Washington State. Of these, Minnesota has been the most successful to date in supporting state residents in the area of LTC education, access to valuable information to use in LTC planning and access to state provided LTSS services. The 10 Recommendations of the Maryland Task Force have been influenced by better understanding efforts of all of these states

Assistance from the federal level could be most helpful. It is hoped that success at the state level will spill over to leverage federal assistance, allowing even higher levels of success. This would accelerate the opportunity for a crisis to evolve to a more manageable situation.

Task Force Members

As already mentioned, the task force composition includes members from both the public and private sectors. The original legislation included a member of the Senate of Maryland and a member of the House of Delegates of Maryland. The final draft that became Law 953 struck out both of these participants. The reason remains unknown.

The three public sectors that have been represented on the task force appointed by their respective Secretaries and the Insurance Commissioner are the Maryland Department of Aging, the Maryland Department of Health, and the Maryland Insurance Administration (MIA).

All of the private sector representatives had to go through an application process and be appointed by the governor. Those chosen received endorsements from their respective organizations.

The six private sectors that have been represented on the task force include the Maryland Association of CPAs (MACPA), the Maryland State Bar Association (MSBA), the Financial Planning Association of Maryland (FPA-MD), the Maryland Association of Health Underwriters (MAHU), the National Association of Insurance and Financial Advisors of Maryland (NAIFA-MD), the Health Facilities Association of Maryland (HFAM), and the American's Association of Health Plans (AHIP).

A seventh organization that appeared in Bill 953 was Maryland Association of Private Colleges and Career Schools. This organization, not to be confused with a similarly sounding association of Universities in Maryland, did not respond to repeated requests and so did not have a representative on the task force.

The facilitator/administrator is the president of the United Seniors of Maryland.

This task force worked well together right from the first meeting in October 2017.

Task Force Activities to Meet the Charge of Maryland Law 953

Starting in October 2017 and concluding in June 2018, the task force held nine meetings. Most of the beginning meetings included time for outside speakers to help this talented and diverse group of professionals learn as a unit about the numerous areas of information that would need to be molded to address the charge as appears in the law. For example, like all states, Maryland has differing regions that would receive messaging best if tailored to the unique aspects of that region. So, the regions needed to be identified, defined and best messaging tools identified.

Another important area of research for the task force was to identify and understand what states were doing that had similarities to what Maryland was trying to achieve. Had anyone already “invented the wheel” we needed? Perhaps “spokes of the wheel” if not the wheel in its entirety. Indeed they had, and this proved helpful in the work of the task force. What other states have recently done or currently are doing is a section of the Governor’s Report.

Likewise, had Maryland state agencies already made efforts with established results that could be used in the efforts of the task force? Yes they had! The task force was able to build on what already existed, although perhaps not in the most desirable formats for effective results for Maryland residents to access. This has been molded into one of the 10 Recommendations and will be a great cost savings to the state not to have to start sophisticated access information from “scratch.”

There was time spent on brainstorming for possible funding and other assistance sources other than from the state. Potential private partners and foundations were identified, then also molded into a recommendation of the task force. Task force members reached out to some sources that had been identified. One was the Alzheimer’s Association of Maryland. This association had just unveiled a new communication effort for Maryland and other states. As a guest speaker, a representative for this association described their program which is already in several languages (a need for the task force to address) tailored to the four distinct regions in Maryland for effective outreach and has offered to assist in the task force effort by perhaps adding a component that will address the educational charge to the task force in the law.

Another organization that has been already generous with encouragement and time is the Society of Actuaries’ (SOA) Long Term Care Insurance Section. References to the SOA appear in the appendix of the Governor’s Report as well as other sections of the report with links to pieces that may well be used to assist Maryland during implementation of recommendations.

The May and June meetings had no outside speakers, just hard work for the task force members. Consensus was reached on the best actions for Maryland to take so the law charge could be achieved to meet the goal of the task force. Writing assignments were assigned and the drafting process began.

Conclusion

Since Maryland Governor Hogan has not yet received it, specifics of the report cannot be included. Please look forward to chapters 2 and 3 for more detail.

However, in the interim, a few aspects of the report can be revealed. The initial educational effort is geared to Maryland residents between the ages of 14 to 50. In investigating the Maryland educational system an already established mandated vehicle was discovered that could be expanded to include more LTC education. In the future, within that framework, it could be possible to begin the education at the kindergarten level.

State of Maryland employees approaching retirement age, with many still below the age of 50, are invited to attend comprehensive preretirement planning seminars. This vehicle could also have a section expanded to easily provide more LTC planning education.

Both the state and private employers provide an accessible vehicle for messaging with little additional expense to the state. One of the 10 Recommendations outlines how.

The “can” that is the LTC crisis in America can no longer be “kicked on down the alley” by responsible people. As said before, education that comes from the public and private sector with cooperation and one voice does not make the problem go away. But it will serve as a solid foundation on which other programs can build and experience success. It can save states money by reducing Medicaid reliance by those that, with LTC pre-planning, could provide a happier outcome for themselves and for their families, and at worst, delay the need for state assistance. ■



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