Session 059: State Initiatives for LTSS, Paid Leave and Child Care Reform

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SOA Presentation Disclaimer



The Direct Care Workforce and State-Based LTSS Social Insurance Programs

Robert Espinoza, Vice President of Policy, PHI



Purpose: A Healthier System, a Stronger Workforce





To understand why direct care workers matter to long-term care and state economies

To propose a holistic policy framework that strengthens the direct care workforce

How should we properly finance and cost out a healthy long-term care system reliant on workers?



About PHI

Who We Are: Our Approach

Key Audiences

Practitioners

Policymakers

Researchers

Advocates





WORKFORCE INTERVENTIONS & CONSULTING

Training, advanced roles, recruitment and retention







ADVOCACY
Federal, state & local
& public education

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ADVOCACY
Federal, state & local
& public education



25+ years

New York City

National



ORIGINAL RESEARCH Facts & trends, objective information



PROVIDER 'LEARNING LAB' In-the-field interventions, rural & urban



NEW YORK CITY SYSTEM
Learn from thousands of
workers & consumers

We believe that caring, committed relationships between direct care workers and their clients are at the heart of quality care. Those relationships work best when direct care workers receive high-quality training, living wages, and respect for the central role they play.









About the Direct Care Workforce

- 4.5 million home care workers and nursing assistants
- 7.8 million job openings in direct care by 2026
- Largest-growing job occupation in the country

PHI QUALITY CARE THROUGH QUALITY JOBS An Increasingly Diverse Home Care Workforce (U.S. figures) The typical home care worker is a woman in her 40s—many are immigrants and/or women of color. The demographics are changing. 87% 31% 1 million **IMMIGRANTS** WOMEN **IMMIGRANT** 62% 46 PEOPLE OF **MEDIAN AGE** COLOR SOURCE: PHI. U.S. Home Care Workers: Key Facts (2019). Bronx, NY: PHI, 2019. https://phinational.org/policy-research/reports-multimedia/; and PHI. Immigrants and the Direct Care Workforce. Bronx, NY: PHI, 2017. https://phinational.org/policy-research/reports-multimedia/ © 2019 PHI The Direct Care Workforce and State-Based LTSS Social Insurance Programs October 2019

Inadequate Public Funding & Reimbursement

The LTSS system needs more funding to ensure everyone can access the supports they need–labor costs are especially underfunded.



Long-Term
Services &
Supports
Expensive,
difficult to predict,
exhausts savings

Medicaid only
for poor &
low-income
people—
and restrictions
are growing

State
Medicaid
budgets are
strapped—
little funding for
labor costs

Inadequate reimbursement rates in Medicaid



SOURCE: PHI. Workforce Matters: The Direct Care Workforce and State-Based LTSS Social Insurance Programs. Bronx, NY: PHI, 2019. https://phinational.org/resource/workforce-matters/

Recruitment & Retention Challenges

LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.



60%
TURNOVER
RATE
Top reasons:
wages &
supervisors

Job growth & competition—retail & fast food increasingly offer better jobs than direct care

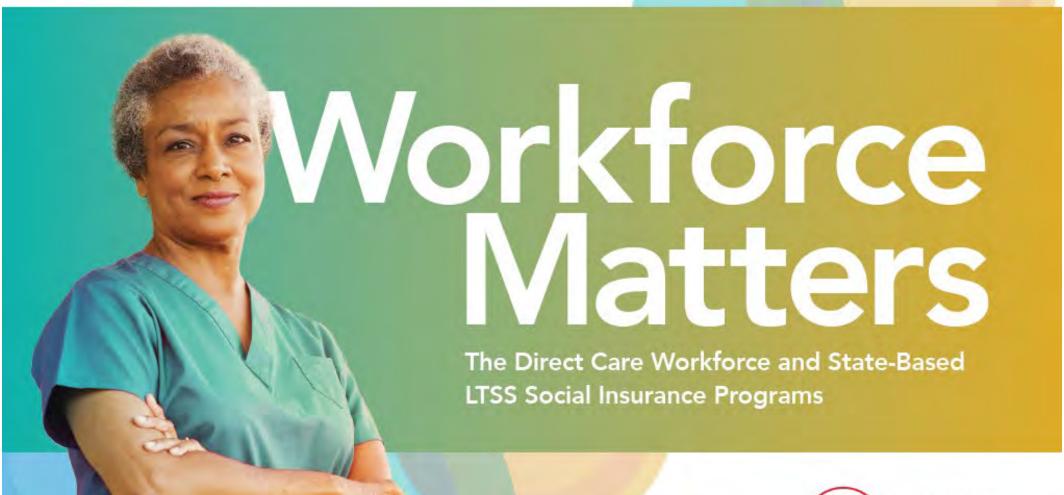
Widening
'care gap'—
the growth in older
adults is outpacing
working-age
women

SOURCE: PHI (2018). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.



State-Based LTSS Social Insurance Programs







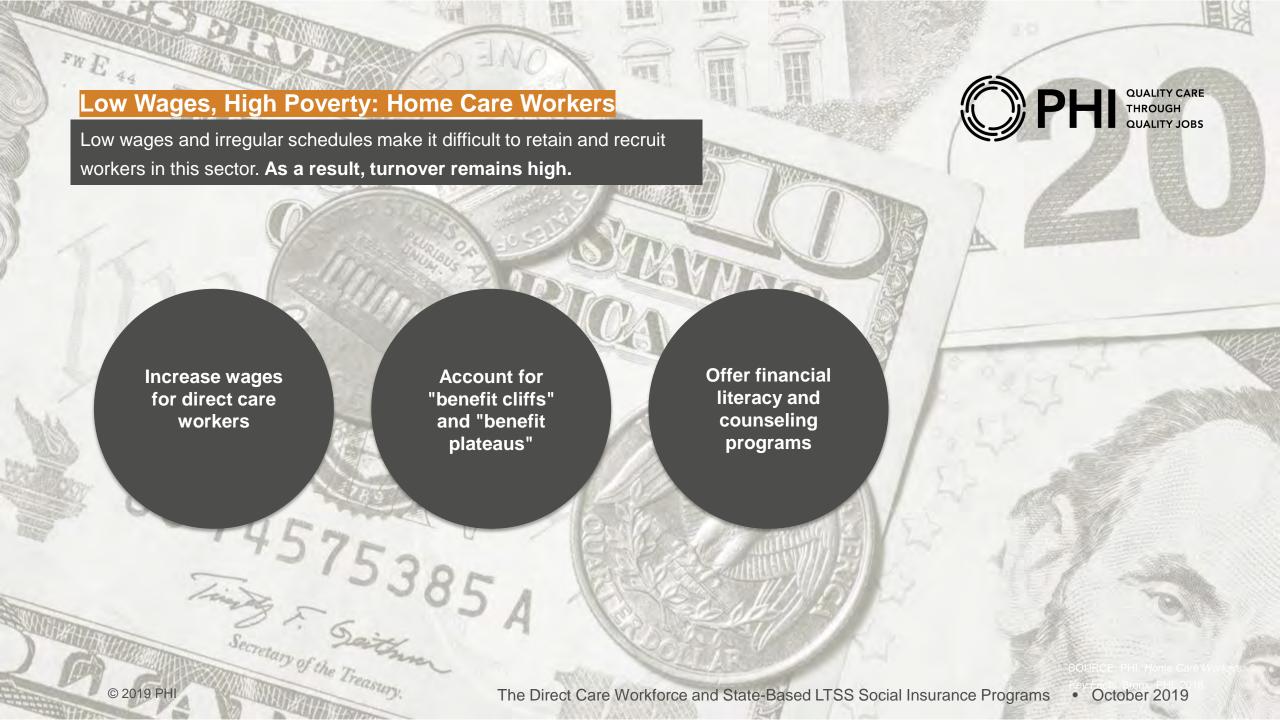
How Do We Strengthen the Direct Care Workforce?



- Increase compensation for direct care workers by establishing a wage floor for this sector—with benefit and financial security safeguards
- 2 Enhance training requirements and strengthen the in-person and online training infrastructure for direct care workers
- 3 Develop advanced roles for direct care workers that allow them to progress in their careers and offer a higher level of support
- Institute supervision training programs and requirements to successfully develop direct care supervisors
- 5 Establish an innovation fund and state-level advocate to improve recruitment and retention among the direct care workforce

- Build a robust data collection system and produce new research to analyze the direct care workforce at the state and local levels
- Create a long-term, statesanctioned workgroup and leadership program to strengthen the contributions of direct care workers
- B Launch demonstration projects and a policy workgroup to maximize the relationship between family caregivers and home care workers
- Construct a matching service registry that connects home care consumers and workers within the state





Limited Training or Career Advancement

The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.



Standardize training for direct care workers

Strengthen training quality

Support & disseminate effective e-learning models

Implement advanced roles

Recruitment & Retention Challenges

LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.



Commission a statewide study on recruitment and retention

Form a recruitment and retention innovation fund

Establish a state-level direct care advocate



Conclusion



The Centrality of Direct Care Workers to LTSS

- Quality care depends on quality jobs
- Quality jobs might create cost effectiveness
- Programs = Affordability and access
- How do we finance a workforce-centered system?

Resources



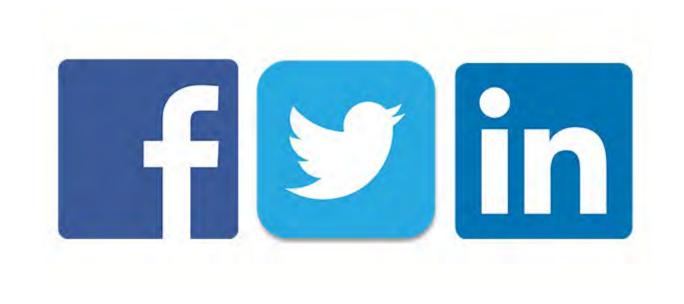
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Those relationships work best what direct care workers receive high-quality training, living wages, and respect for the certain role they play.

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Washington's Long Term Services and Supports Trust Act: An Overview

2019 Society of Actuaries Annual Meeting & Exhibit

Bea Rector

bea.rector@dshs.wa.gov



The New York Times

New Tax Will Help Washington Residents Pay for Long-Term Care

Forbes

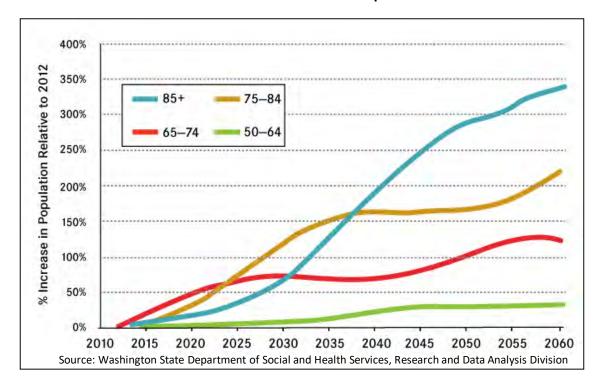
What You Need To Know About Washington State's Public Long-Term Care Insurance Program



Washington now 1st state with long-term care program

Why this Program is Important Washington's Aging Population

Projected Growth of Older Population in Washington as a Percent of the 2012 Population



The Legislature Supports an Innovation Solution

- HB 1087 and SB 5331 received bipartisan sponsorship and support
- Gov. Jay Inslee signed the bill into law on May 13, 2019





What the Law will Do Trust Contributions

- Washington workers will pay up to \$0.58 per \$100 of income
- Every W-2 worker contributes –
 employers do not
- If you are self-employed, you can opt into the Trust to get benefits
- If you have long-term care insurance, you can opt out of the Trust



Someone who makes \$750 per week will pay \$4.35 into the Trust.

What the Law will Do The Benefit

In the first year, each person who is eligible can access services and supports costing up to \$36,500. These may include:



Professional care in your home, a licensed residential facility or a nursing facility



Training, pay and support for family members who provide care



Adaptive equipment and technology like wheelchair ramps and medication reminder devices



Home-delivered meals



Home safety evaluations



Rides to the doctor

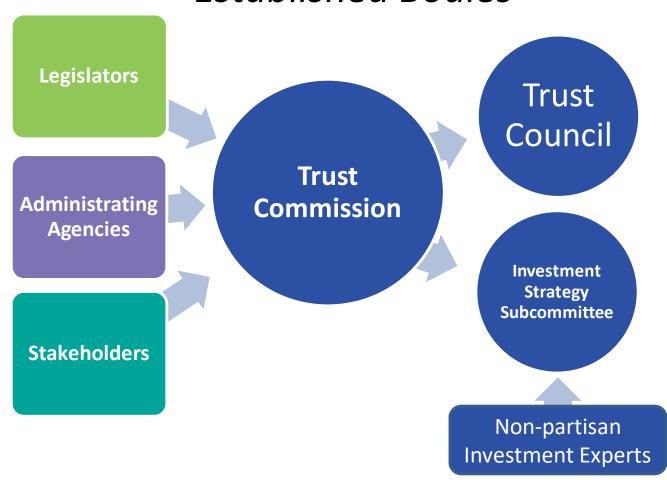
What the Law will Do Vesting in the Trust & Eligibility

- To receive the benefit, you must have worked:
 - At least three of the last six years or 10 years without a break of five or more years, and
 - At least 500 hours per year during those years
- Eligible if you need assistance with at least three activities of daily living



What the Law will Do

Established Bodies



What the Law will Do Administration Shared by Executive Agencies

 Collects premium and tracks status of vesting

> Employment Security Department

State Medicaid Agency

- Processes payments
- Tracks benefit usage
- Coordinates benefits

- Establishes functional eligibility
- Approves providers
- Staffs commission, customer service

DSHS (Medicaid Operating Agency)

State Actuary

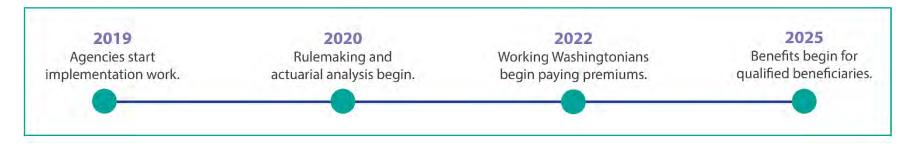
> Audits and valuates trust to ensure solvency

The Numbers Behind the Law

Actuarial Feasibility Estimates

- Premium will put \$1-1.5 billion annually into the trust account
- Approximately 15,000 beneficiaries will be served the first year, climbing to over 40,000 in 20 years
- Benefit pay-out is substantial: \$0.5 billion in first year
- Projected Medicaid savings in first year is \$34 million; \$3.9 billion by 2052

Path Forward Key Milestones



Commission must report to the legislature in 2021 on:

- Criteria for beneficiaries, providers
- Actuarial reports
- Recommendations to maintain solvency
- Recommendation on whether to amend the law to include individuals with developmental disabilities (following stakeholder consultation)

Path Forward Frequently Asked Questions



- How did this bill get developed and passed?
- \$36,500 per year doesn't seem like much. What difference will that make?
- What are the next steps toward implementation?
- What challenges remain?
- What are the "lessons learned" for other states?

A Legislature's Innovative Solution Action Across Three Biennia

 Broad-based coalition formed to tackle LTC financing crisis

- Actuarial feasibility completed
- Legislators introduce 2017 Long Term Care Trust Act

Passage of SHB 1087

2019

2013-2014

2015-2016

2017

Coalition continues education & outreach

 Legislature mandates feasibility study

- LTC Trust Act gets bi-pa
- LTC Trust Act gets bi-partisan support and passed through two committees

2018

- National media
- Updated feasibility study
- Interim stakeholder policy workgroup

Broad Support for the Legislation



























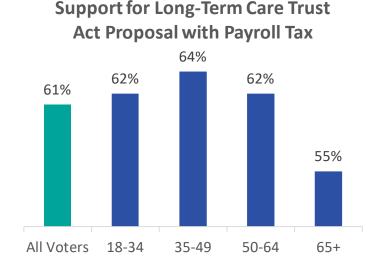


MomsRising.org
MamásConPoder.org

Voter Support

The Long-Term Care Trust Act had majority support among voters of all age groups – even with the tax.

73% 76% 73% 60% 60% All Voters 18-34 35-49 50-64 65+



Grassroots Ground Game

- Strong coalition partners under Washingtonians for a Responsible Future
- Tele-townhall with Governor Inslee
- 7,500 emails and fullpage ads in target legislators' districts
- #Prepare4Care hashtag
- 6,000 Petitions delivered to legislators along with cookies for staff







Using the Benefits

\$36,500 doesn't seem like much. What difference will that make? That's enough for:



25 hours per week of inhome care for a year



5 to 6 months in a nursing home



9 to 18 months in a residential care such as an adult family home or assisted living facility



5 years of family caregiver support that includes respite, caregiver counseling and education, home modification or adaptive equipment

Lessons Learned

What are "lessons learned" for other states?

- Don't be in denial on the need for and cost of long-term care
- Accept that LTC costs will press state budgets via Medicaid
- Accept that its not "public <u>or</u> private <u>or</u> family <u>or</u> individual responsibility," it's "all of those together"
- Political 101 key questions:
 - Assess your starting point is your state already leading on LTC reforms?
 - Do you have/can you develop strong legislative champions and leadership?
 - Can you build a broad, strong coalition?
- Arm yourself with sound actuarial data
- Be patient and persistent. This isn't easy stuff.



Resources

2018 Feasibility Study of Policy Options to Finance Long-Term Services and Supports in the State of Washington

https://bit.ly/2mGAll9

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