

**COMMISSION ON LONG-TERM CARE
SUMMARY OF RECOMMENDATIONS
September 12, 2013**

SERVICE DELIVERY

VISION: A more responsive, integrated, person-centered, and fiscally sustainable LTSS delivery system that ensures people can access quality services in settings they choose.

Rebalancing – A Balanced Array of LTSS:

Recommendation: Promote services for persons with functional limitations in the least restrictive setting appropriate to their needs— building a system, including Medicaid, with options for people who would prefer to live in the community.

Integration:

Recommendation 1: Establish a single point of contact for LTSS on the care team.

Recommendation 2: Align incentives to improve the integration of LTSS with health care services in a person- and family-centered approach.

Recommendation 3: Use technology more effectively to mobilize and integrate community resources and to share information among providers, individuals and family caregivers across settings of care

Recommendation 4: Create livable communities building on models that can improve access to services and health care-LTSS coordination.

Uniform Assessment:

Recommendation: Completion of a simpler and more usable standard assessment mechanism across care settings (acute, post-acute, and LTSS).

Consumer Access/Assistance:

Recommendation 1: Expand the “No Wrong Door” approach to provide enhanced options counseling for individuals to navigate LTSS; and provide the support needed to make this approach effective nationally.

Recommendation 2: Provide information and assistance to consumers and family caregivers in advance of transition from one setting to the next (for example, acute care patients at admission not just at discharge).

Recommendation 3: Improve access to information technology that can improve consumer and caregiver access to information.

Quality:

Recommendation: Improve focus on quality across settings of LTSS – with particular attention to home and community-based services.

Payment Reform:

Recommendation – Advocate for new models of public payment that pay for post-acute and long-term services and supports on the basis of the service rather than the setting.

WORKFORCE

VISION: An LTSS system that is able to support family caregivers and attract and retain a competent, adequately-sized workforce capable of providing high quality, person- and family-centered services and supports to individuals across all LTSS settings.

Family Caregiving:

Recommendation 1: Maintain and strengthen a person- and family-centered LTSS system with both the person with cognitive or functional limitations and the family caregiver (spouse or partner, child or grandchild, parent, sibling, or other unpaid assistant) as a focus for services and supports. Include family caregivers and their needs in assessment and care planning processes.

Recommendation 2: Include family caregivers in patients' records and as a member of the care team.

Recommendation 3: Ensure family caregivers have access to relevant information through technology.

Recommendation 4: Encourage caregiver interventions, including respite options, and integration with volunteer efforts.

Paid Workforce:

Recommendation 1: Revise scope of practice to broaden opportunities for professional and direct care workers with demonstrated competency.

Recommendation 2: Recommend that the federal government work with states to enable national criminal background checks for all members of the LTSS workforce.

Direct Care Workforce:

Recommendation 1: Create meaningful career ladders and lattices for direct care workers that result in access to career advancement opportunities and improved compensation.

Recommendation 2: Integrate direct care workers into care teams.

Recommendation 3: Recommend that the appropriate federal agency collect detailed data on the LTSS workforce.

Recommendation 4: Encourage states to improve standards and establish a certification process for home-care workers.

FINANCE

VISION: A sustainable balance of public and private financing for long-term services and supports (LTSS) that enables individuals with functional limitations to remain in the workforce or in appropriate care settings of their choice. One that 1) provides the tools and protections to enable Americans to comprehend and better prepare for the financial risk of needing LTSS; and 2) ensures that individuals with limited financial resources or for whom the cost of their care exceeds their financial resources have access to needed high-quality services and supports.

Alternative Approaches:

Approach A: Strengthen LTSS financing through private options for financial protection

Approach B: Strengthen LTSS financing through Social Insurance

Medicaid Improvement:

Recommendation 1: Create a demonstration project to provide workers with disability coverage for the LTSS they need to remain employed.

Recommendation 2: Assist the states to achieve greater uniformity of eligibility and benefits in State Medicaid Buy-In programs for LTSS for workers with significant disabilities.

Medicare Improvement:

Recommendation 1: Eliminate the 3-day hospital stay requirement for SNF coverage.

Recommendation 2: Reconsider the requirement for receiving home health services under Medicare that the individual be “homebound.”

Savings:

Recommendation: Allow individuals and families with significant disabilities to access the educational savings program to also assist in saving for a current or future LTSS need.

ADVANCING A NATIONAL ADVISORY COMMITTEE ON LONG-TERM SERVICES AND SUPPORTS

Recommendation 1: A subsequent national advisory committee be created to continue this work and consider the Commission’s recommendations and potential financing frameworks as a starting point for its own assessments and recommendations.

Recommendation 2: Convene the White House Conference on Aging to include LTSS.