1. What do you think the ideal long-term care environment would look like?

Americans who need long-term care should be able to choose the services and settings that are most appropriate for them. Some older people prefer to remain in their homes for as long as possible and need assistance to do that. Others choose to enter nursing homes or other residential facilities for long-term care. In any setting, the most important elements are high quality care, respect for the rights and dignity of the patient, and quality of life.

2. How can we create an ideal long-term care facility?

The basics are safety, quality and the dignity of each resident. The role of the Federal government is to set and enforce high standards. Each long-term care facility should in turn take seriously their responsibility to meet those standards.

Beyond that, there is simply no substitute for a well-trained staff that respects the residents. Most people entering nursing homes have until recently lived independently and, like the rest of us, value making their own choices and being treated with kindness and respect. Staff members need to listen to and communicate with residents and their families and remember that each resident is an individual with different needs, abilities and preferences.

U.S. Department of Health and Human Services

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FACSIMILE TRANSMISSION

To: Jennifer Klein

Facsimile Number: 202 456 2878

From: ~~Tammy Tetrell~~ Mary Harahan / ASPE

Date: 9/11/

Total Pages (including cover): 3

REMARKS/COMMENTS

For First Lady - Riverdale
Hebrew Rehab

What an Ideal Long-Term Care Environment Would Look Like

Our elderly citizens who need long term care deserve first and foremost to be able to choose the services and settings that are most appropriate to their needs and circumstances. For most older people who need long term care this means receiving assistance in their own home for as long as possible. However, for some of our seniors home care is neither desirable or practical. This is why facility based service settings including nursing homes, assisted living facilities and other services supported living arrangements are also critically important components of our long term care system.

The key elements of what constitutes an ideal long term care environment in facility setting are attention to quality of care and quality of life and daily respect for residents rights.

These elements are incorporated into the federal regulations governing nursing homes that the President has worked so hard to preserve. They include:

o Specifying a resident-centered, outcome-oriented set of standards on quality of care;

o elevating quality of life and residents rights to a par in the standards with quality of care considerations; and

o mandating reductions in the use of physical and chemical restraints.

From a consumer perspective, residents should expect good care and a good quality of life. The National Citizens Coalition for Nursing Home Reform conducted a study of 400 nursing home residents to find out what they thought good quality nursing home care was about. They cited the following:

o being treated with dignity and respect;

o having choices about their daily lives, activities, and the manner in which they receive care;

o having their rights respected; and

o having as much autonomy as possible.

This means in simple terms that nursing home residents, like the rest of us, place a high value on having a choice of foods at meal times, being able to get a cup of coffee or tea before breakfast, being able to take a bather rather than a shower at a time they choose, being called by the name they prefer, having a range of activities available to choose from, being able to go outside and most especially being treated with kindness.

What features of a residential care setting seem to be most important in achieving good quality care?

o facilities need sufficient numbers of staff who are well trained, who treat all residents with respect, tolerance and kindness, who build long term relationships with residents.

o facilities need to have a safe and homelike environment; one in which residents can go outside in safety; where they can bring personal possessions to their rooms or apartments, where the setting is attractive.

o facilities need to have a range of activities, including opportunities for organized and spontaneous activities, activities that are suited to the preferences and capabilities of residents at varying stages of physical and cognitive limitations.

o facilities need to allow aging in place; that is having services and staff capable of dealing with the changes that occur as aging and illness progress.

o facilities need to promote good communication; having staff who understand and listen to the residents, who communicate with families about their loved ones.

A long term care facility is also a part of a larger community. It needs to be open to families and friends, it needs to reach out to caring volunteers, it needs to build constructive relationships with other health providers including physicians, hospital discharge planners, home health and other community based services agencies.

How can we achieve an "ideal" long term care environment?

o There is simply no substitute for hiring and retaining well trained staff with positive attitudes about older people with long term care needs..

o It is also important that each resident receive a comprehensive assessment that identifies problems as well as the potential for improved functioning. The President has fought very hard to guarantee that each nursing home resident in fact receives such an assessment.

o Residents needs individualized plans of care that take into account personal preferences as well as needs.

o The community at large needs to become a part of the daily life of nursing homes and their residents.

o Care needs to be aimed at promoting functioning and independence.

o Government regulation should focus on resident outcomes and reward good care as well as prevent poor care.

o The Financial resources that allow good care must be available.

The President supports both private and public efforts to promote quality managed care and to protect against inappropriate denial of health care services. In both the Medicare and Medicaid programs, President Clinton is committed to ensuring quality of care for all beneficiaries. At the same time, the President recognizes that quality managed care is a cost-effective way to deliver health care.

As the number of people in managed care in both the private and public system increase, the Administration is working to ensure that quality is preserved and improved. An unprecedented number of Medicare beneficiaries have freely chosen managed care in recent years. The Health Care Financing Administration leads a collaborative effort among HCFA, states, the managed care industry and consumer advocates to monitor and improve Medicare managed care. In addition, as the number of Medicaid beneficiaries in managed care grows, the Administration is providing states, managed care plans, health care professionals, and consumers with information needed to ensure high quality. Finally, the Administration supports research into private sector efforts to improve quality in managed care plans.

What role does your Administration see private long term care insurance playing in helping people protect themselves against the risk of chronic care needs?

Although relatively few people use substantial amounts of formal long-term care services, paying for those services is usually expensive and difficult. Medicaid pays for those who have limited incomes and assets. It also provides an essential backup for those who exhaust their financial resources while paying for care out of pocket. However, private long term care insurance creates an opportunity for people to anticipate their long-term care need and protect themselves from catastrophic long-term care expenses. The administration supports tax incentives for the purchase of private long term care insurance products that meet minimally acceptable consumer protection provisions. It is hoped that these measures will encourage the development of better products that will be more affordable. In general, private long term care insurance is more affordable the earlier the age of purchase. Tax incentives designed to encourage the purchase of employer-sponsored group products is one method by which private long term care insurance products are made more affordable. Group policies, offered by employers and other organizations, permit lower premiums to be charged by promoting purchase at younger ages as well as savings on administrative expenses. However, individual policies are often the only ones that are available to the elderly. Thus, tax-favored treatment is also extended to individual policies to make them more affordable. Because policies are typically purchased several years before benefits will be used, consumer protection measures are important in assuring policy holders that the benefits will be there when they need them.

What steps will your Administration take to strengthen or change public programs that pay for long term care services, most notably Medicare and Medicaid?

The most important step taken by President Clinton to address long term care needs is to ~~insure~~ assure our nations seniors and people with disabilities that current federal long term care protections and benefits will be preserved. The Presidents balanced budget proposal guarantees that people of all ages with disabilities who are now eligible for Medicaid long term care benefits, including the nursing home care which is so important to many frail elderly persons and their families, will be in place should they need it. It guarantees that current federal standards to maintain the quality of nursing home care will also be preserved. It guarantees that people who meet the federal SSI standards for disability continue to be entitled to Medicaid services and thus protects their access to personal assistance/long term care services. Finally the Presidents budget proposal preserves federal guarantees against spousal impoverishment should a family member require nursing home care.

The Presidents proposal also takes a number of incremental steps to improve upon the Medicare and Medicaid programs to enhance long term care benefits. For the first time, the Medicare program would provide hard pressed families of Alzheimers patients with much needed respite services. It also provides states with new flexibility to provide home and community based services to people with disabilities without the need to request waivers to run their programs. It also provides much needed support to experiment with a wide range of long term care options including giving consumers far more control over managing their personal assistance services, and creating new models for integrating acute and long term care services in a more cost effective manner.

Under Medicaid

PRIVATE LONG-TERM CARE PROVISIONS

Background

The long-term care provisions in the Leadership Amendment would amend th tax code to clarify that favorable tax treatment would be provided for qualified long-term care insurance and services. The proposal is similar to that long-term care provisions in HR 3103. Both proposals include:

- tax deductions for premiums payments made by individual purchasers;
- exclusions for employer provided insurance;
- exclusions from an individual's income of benefits received under lon -term care insurance policies; and
- deductions from an individual's income for expenses for qualified lon -term care services.

Issues

The long-term care provisions in the Leadership Amendment have the follow g shortcomings:

Needed consumer protections for all long-term care insurance policies wo ld not be required. The NAIC has adopted a position that all long-term care insurance products meet minimally acceptable consumer protection requirements, not just those produc s qualifying for tax preference.

There is no effective enforcement mechanism for all long-term care requi ements. The amendments suggest that the IRS would have responsibility to enforce non-co pliance with insurer marketing standards. There are requirements for enforcement of consu ner protection standards. The IRS does not have the resources to enforce insurer compliance with marketing requirements. In addition, consumer protections should be required and enfor ed for all policies.

The amendments permit the sale of illusory long-term care insurance ben fits. It identifies impairments in 6 activities of daily living (ADLs) that can trigger long-term c re insurance benefits (i.e., eating, toileting, transferring, bathing, dressing, and continence) nd states, "Nothing ... shall be construed to require a contract to take into account all of t e preceding activities of daily living". This language permits insurers to establish extreme y stringent triggering criteria, thus making the long-term care insurance protection illusor . The NAIC has also raised this as a concern. In addition, continence should be removed from this list as it is not an ADL and overlaps with toileting.

Non-forfeiture benefits. Since long-term care insurance is prefunded, insure s are required to offer "non-forfeiture" benefits, under which the plan would pay a defined, red ced benefit after the policy holder has paid in for a specified period of years but then stops mak ng premium payments. However, the leadership amendment allows insurers to reduce the promised and pre-

paid benefits even if the consumer has already begun using that benefit. For example, if the policy originally promised to pay 50 percent of benefits if the consumer ceases making payments after the tenth year, the Amendment will allow the insurer to redefine these pre-paid benefits to 20 percent or 30 percent of contracted benefits even if the individual is already in a nursing home.

PRIVATE LONG-TERM CARE (LTC) INSURANCE PROVISIONS

Background

H.R. 3103 amends the tax code to clarify that qualifying LTC insurance policies receive favorable tax treatment. The proposal includes cognitive impairment within the definition of chronic illness. Allowing people with cognitive impairment to benefit from tax qualified LTC insurance is critical in defining an acceptable scope of tax qualified LTC insurance products.

Issues

The long term care insurance provisions of HR 3103 are deficient in several areas.

Needed consumer protections for all LTC insurance policies would not be required. The NAIC has adopted a position supporting requirements that all LTC insurance products meet minimally acceptable consumer protections. The Department agrees with that position. In addition, minority staff from both the House and Senate have recently called inquiring about consumer protections needed for private long-term care insurance products and have questioned the adequacy of the protections in the proposed bill. House staff encouraged the Administration to establish a position on consumer protection standards for LTC insurance and indicated that several members are interested in this issue.

There is no effective enforcement mechanism for all long term care requirements. The proposal gives the IRS responsibility to assure compliance with marketing standards that apply to all insurers. There are no requirements in H.R. 3103 for enforcement of consumer protection standards. The IRS does not have the resources to enforce insurer compliance with marketing requirements. In addition, consumer protections should be required and enforced for all policies.

H.R. 3103 permits the sale of illusory LTC insurance benefits. It identifies impairments in 6 activities of daily living (ADLs) that can trigger LTC insurance benefits (i.e., eating, toileting, transferring, bathing, dressing, and continence) and states, "Nothing ... shall be construed to require a contract to take into account all of the preceding activities of daily living." This language permits insurers to establish extremely stringent triggering criteria, thus making the LTC insurance protection illusory. The NAIC has also raised this as a concern. In addition, continence should be removed from this list as it is not an ADL and overlaps with toileting.

H.R. 3103 permits insurers to adjust non-forfeiture benefits after a consumer has lapsed a policy and gone into non-forfeiture benefit status. H.R. 3103 permits insurance companies to reduce benefits to consumers who are in non-forfeiture status. Many long-term care insurance policies include non-forfeiture provisions--i.e., at the time of sale, addressing problems that might come up later if a consumer stops paying premiums (e.g., because the consumer's health/mental health status has declined or their finances have changed). While insurers should be allowed at the time of sale to adjust coverage in case the consumer lapses in payment, it is unfair to allow insurers to adjust coverage to account for lapses in payment after the consumer is already using the benefits.

I made some minor changes to your response. We need sign-off by COB today. Thanks, Anna

65363

CAMPAIGN REFORM

Question: What will you do to lessen the special interest funding and its impact on the legislation; exactly how would you reform campaign finance laws?

I strongly support campaign finance reform. The trust of the American people in government has been eroded by what they see in Washington. Hardworking families know that lobbyists and special interests wield too much influence.

When I became President, we won a ban on gifts from lobbyists to lawmakers, a new lobbying disclosure law, an end to tax deductibility of lobbying, and a law applying the same rules to Congress as the rest of America. I barred my top appointees from lobbying their own agencies for five years after leaving office. And I proposed campaign reform legislation, supported by the AARP.

Now it's time to finish the job. We should enact voluntary spending limits on congressional campaigns; provide free TV time to candidates who limit their spending; restrict the role of PACs and lobbyists; and end the use of soft money in federal elections. Congress should act quickly, and legislation should be truly bipartisan. [154]

LONG TERM CARE

Question: What steps will you take to ensure that affordable long term care, including nursing home and home health care, is available to people of all ages and incomes who need it?

Access to affordable, high-quality long-term care is a critical part of ensuring that Americans can live with dignity and security.

Almost half of elderly Americans enter a nursing home at least once, paying an average of $38,000 a year for care. That's why we must maintain the guarantee of Medicaid coverage, preserve nursing home quality standards, and continue to protect spouses of nursing home residents from having to give up everything.

I am also committed to expanding home and community-based options for people with disabilities. I have proposed a new grant program to expand these services, as well as legislation that would allow states to develop programs without special Medicaid waivers. Finally, I have supported federal standards for private long-term care insurance and tax incentives to make private insurance affordable.

These proposals, taken together, will help make long-term care affordable and available for all Americans who need it. [152]

Long Term Care

I know how important long term care is to the elderly, and I am committed to protecting and stregnthening the current system for all Americans.

All Americans deserve to live out their lives in dignity, and nobody wants to be a burden to their children. So I firmly believe that we should do everying in our power to offer elderly Americans -- and all Americans -- the chance to live with respect and with independance. That means we must make sure that affordable, high-quality long term care is available to people of all ages and incomes.

I have proposed a number of reforms to make this hope a reality.

> It is the reason I have consistently supported expanding state administered home care services.
>
> It's also why I have supported tax clarifications for private long-term care insurnace.
>
> it is why I have endorsed consumer standards for long term care so that insurance policies are worht more than the paper their written on.
>
> And it is why I have supported allowing penalty free withdrawal from IRAs to pay for long term care.

But these reforms are not alone sufficient to preserve and stregnthen the long term care system in America. The budget battle that has been fought throughout the Fall and Winter has demonstrated a frightening fact: that influential members of Congress support proposals that would undermine the dignity and independance of our seniors citizens. They would throw away the common ground built around long term care by cutting away at Medicaid funds that go to pay for nursing homes, home care, or other long term care for elderly or disabled persons.

Today, nearly 7 of 10 nursing home residents get some help from Medicaid. And no wonder, since nursing homses cost an average of $38,000 per year. Most would be devestated financially without federal assistanc. As I write this to you (in late November), Congress has submitted a reconciliation bill that would completely destroy this critical safety net. Their cuts, if they are not limited, would deny coverage to as many as 330,000 residents in 2002 alone.

And making matters worse, the Republican reconciliation bill also would have repealed all current federal laws protecting a minimum level of income and assets (such as a family home or farm) in determinig Medicaid eligibility. As a resuult, under their proposals, the sick could be forced to sell their homes, family farm, care, and all their savings in order to qualify for

Medicaid.

I am hopeful that the worst parts of these budget proposals will have been defeated.

I will continue to fight proposals such as these that would destroy the long term care ystem. By the time your read this, we will know if we have succeeded in stopping this dangerious attack on the long-term care system. I hope and pray that we have.

U.S. Department of Health and Human Services

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TO: Jennifer Klein

NUMBER OF PAGES: Cover + 3

FAX NUMBER: 456-2878

DATE: 11/28

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Pamela Doty	☐	*Ruth Katz*	☐	*Brenda Veazey*	☐
John Drabek	☐	*Gavin Kennedy*	☐		
Nancy Eustis	☐	*Nadine Langon*	☐		

REMARKS/COMMENTS

To: Jennifer Klein

From: Mary Harahan

Subject: LTC bullet points for AARP survey on long term care

Hope this is helpful

o From the very first day that I became President, I have been committed to seeking solutions to this nations long term care challenges. My commitment to long term care reform is based on deeply held values about how our society should treat its most vulnerable populations.

o The fact is that almost 10 million Americans of all ages and backgrounds have chronic disabilities which are so severe that they must have the help of another person to carryout the most routine activities of daily life.

o Another 14 million family members and friends know first hand the responsibility and, at times, the overwhelming burden of providing care to an aging relative.

o Almost half of today's elderly will enter a nursing home at least once during their lifetime. Yet we all know in our hearts that most of us could not afford nursing home care, now averaging $40.000 a year, without financial assistance.

o For these reasons, I have made long term care reform a key priority of my administration. In doing so I have adopted some important principals against which to evaluate specific proposals.

o First and foremost, I want to take the necessary steps to reinforce the millions of courageous and determined family members who willingly provide long term care to their loved ones. They are the backbone of our long term care system and they deserve our support.

o Second, I want to support long term care reforms which promote independence and individual dignity. I believe the best way to do this is to expand access to home and community base/personal assistance services which allow individuals with disabilities to live in their own homes and communities.

o Third, I want to encourage a new long term care system where consumers and their representatives are empowered to make choices about what they need and how it should be provided. This is not an appropriate role for the federal government.

o Fourth, long term care reform must build off the successful innovation and creativity that states and communities have achieved. My vision of a successful long term care system is one

that provides maximum flexibility to the states to design the best system that fits the circumstances and needs of their citizenry.

o Finally, a reformed long term care system must be a true partnership between all levels of government, the private sector and the potential consumers of the system. This means several things.

o It means that individuals who can afford to do so must take personal responsibility for protecting themselves against the need for long term care.

o It also means that government has a role to play in strengthening the private long term care insurance market so that it is more accessible, more affordable and provides purchasers with good value for their money.

o So now let me summarize how I think we should begin our journey to a stronger long term care system.

o Most importantly, right now, we cannot step backward. We must maintain the Medicaid safety net for our most vulnerable population. Medicaid covered nursing home care for 1.6 million elderly individuals in 1994 or 52% of all nursing home care. Over 1 million people received home and community care. We cannot retrench on this commitment to our low income elderly and disabled and their families.

o We must also maintain the hard won federal quality standards for nursing homes. No one wishes to return to the days of scandal, drugging of patients and involuntary restraints.

o We must keep our commitment to protect the spouses of nursing home residents from a life of poverty in order to assure their wife or husband receives necessary nursing home care.

o But we must take new steps as well.

o As part of my budget plan, states will have enhanced flexibility to develop home and community-based care programs without the need to request federal Medicaid waivers. In addition , I am proposing a new 15 billion dollar grant program to the states for home and community based services. It will be available to people of all ages, provide broad flexibility to the states in design and organization, and enable consumers and their representatives to play a much more significant role in making decisions about their care.

o I am also proposing a new Medicare benefit to provide respite services to the family members of elderly persons with ALzheimers disease and related disorders. The burden of caring for the

victims of ALzheimers can take a terrible toll on families. They deserve this modest level of support.

o Finally I am proposing a new federal role in the regulation of private long term care insurance which includes the establishment of minimum federal standards for private insurance, with state implementation and enforcement, and provides tax incentives to make private long term care insurance more affordable.

TO: Jennifer Klein

Jen —

Here's the long term care question. Answers must be no longer than 150 words. I've also attached my rambling notes -- use or ignore as you see fit.

Finally, since this is campaign related stuff, we're required to either hand-write the answer or use political computers. Buzz me if you have any questions or need any help at all.

Thanks! Aaron.

LONG-TERM CARE:

FACTS TO CONSIDER:

Long-term care refers to the comprehensive range of services that meet the physical, social, and emotional needs of persons of all ages with disabilities. Many elderly people with disabilities (mostly women) are likely to be living alone, including 86 percent of those entering a nursing home. The present long-term care system is seriously fragmented, with major funding and service gaps among federal and state programs assisting persons needing home care or a nursing home. Medicare does not cover extensive long-term care and premiums for most private insurance plans for limited long-term care coverage are quite expensive. The average annual premium for long-term care insurance for a 65-year old is $2,228. The cost of intensive long-term care is prohibitive (almost $40,000 per year for nursing home coverage), and eventually impoverishes most disabled people and their families.

QUESTION:

1. What steps will you take to ensure that affordable long term care, including nursing home and home health care, is available to people of all ages and incomes who need it?

Jen - FYI (in case you're interested).
I'll work with Chris on this one.

MEDICARE

FACTS TO CONSIDER:

Medicare currently covers only about 45 percent of older Americans' total health costs. On average, Medicare beneficiaries now spend $2,750 out-of-pocket annually on health care, not including long-term care. The Medicare Trust Fund trustees issued a report in 1995 projecting revenues would be sufficient to meet obligations to beneficiaries for seven years, through 2002. The length of projected solvency of the Fund has varied over the program's life from 5-21 years in duration and has averaged about 10 years. Major variables are the rate of increase in health care costs nationally and the increasing number of persons eligible. Medicare's administrative costs are 2 percent, quite low when compared to costs for administering private insurance plans.

QUESTIONS:

1. How can we ensure that the Medicare program is financially stable and strong for current and future generations?
2. Given the changes you propose, specifically, how would you ensure that older Americans continue to have an affordable, quality, dependable health care program?
3. How much more do you believe older Americans will be charged in out-of-pocket costs such as premiums, deductibles, and co-pays, in order to achieve these goals?

SUMMARY QUESTION:

What changes in Medicare do you propose to ensure it remains affordable, dependable, and of high quality now and in the future? How would your proposed changes affect costs for Medicare recipients?

Long Term Care

1. Intoduction. I know how important long term care is to the elderly, and I am committed to protecting and stregnthening the current system for all Americans.

All Americans deserve to live out their lives in dignity, and nobody wants to be a burden to their children. So I firmly believe that we should do everying in our power to offer elderly Americans -- and all Americans -- the chance to live with respect and with independance. That means we must make sure that affordable, high-quality long term care is available to people of all ages and incomes.

2. General statement. While we face significant fiscal constraints, we must realize that we will need to expand long term care, not restrict it.

Look at what is going to happen in the next 30 years. Right now, people over 65 is the gastest growing part of the population -- and people over 890 are growing faster still.

If you look at these numbers, it is clear that there is no wayin the world that we can send everyobody who neeeds some sort of long term care to the most expensive nursing home in the nation.

If we are going to control costs, we will need to reduce the growth of medical inflation. And that means, in part, allowing people to get more long term care in their homes and in other less expensive settings, seek out alternatives to more expensive hosptial care, obtain quality service in the least costly way.

3. Specific reforms. I have proposed a number of reforms to make this hope a reality.

I have consistently supported expanding state administered home care services.

I have supported tax clarifications for private long-term care insurnace.

I have endorsed consumer standards for long term care so that insurance policies are worht more than the paper their written on.

I have supported allowing penalty free withdrawal from IRAs to pay for long term care.

4. We need to have some simple tests for any health care proposal: doe any change deal with the long term care progrm in a way that will lowe costs per person in long term care but recognize that we must have more options. Or does it cut costs by restricting choice by forcing seniors to give up their doctors or lose coverage? Does it lower the cost of care while preserving quality, or does it increase expenses and premiums for Americans who can least afford to pay?

5. Medicaid and budget battles.

But these reforms are not alone sufficient to preserve and stregnthen the long term care system in America. The budget battle that has been fought throughout the Fall and Winter has demonstrated a frightening fact: that influential members of Congress support proposals that would undermine the dignity and independance of our seniors citizens.

They would throw away the common ground built around long term care by cutting away at Medicaid funds that go to pay for nursing homes, home care, or other long term care for elderly or disabled persons. Today, nearly 7 of 10 nursing home residents get some help from Medicaid. And no wonder, since nursing homses cost an average of $38,000 per year. Most would be devestated financially without federal assistance.

[As I write this to you (in late November), Congress has submitted a reconciliation bill that would completely destroy this critical safety net. Their cuts, if they are not limited, would deny coverage to as many as 330,000 residents in 2002 alone. And making matters worse, the Republican reconciliation bill also would have repealed all current federal laws protecting a minimum level of income and assets (such as a family home or farm) in determinig Medicaid eligibility. As a resuult, under their proposals, the sick could be forced to sell their homes, family farm, care, and all their savings in order to qualify for Medicaid.]

I will continue to fight proposals, such as these, that would destroy the long term care ystem. We must not break this promise to our families that any senior citizen regardless of how much money theyhave or don't have, will have access to quality doctors and good facilities.