

**Citizens League Aging Services Workshop  
June 16 & 17, 2008  
Report**

This report summarizes the Aging Services Policy Design Workshop held on June 16 & 17, 2008, convened by the Citizens League and sponsored by Ecumen. It includes: 1) a summary of discussions; 2) evaluation results; 3) follow-up activities; and 4) list of participants.

A shorter version of this report is being prepared for the August Minnesota Journal. Each workshop participant will receive a copy.

**Discussions Summary**

Participants were asked first to tell a personal story related to aging and/or long-term care to help frame the discussion and provide other group members with a sense of background and perspective. After a round of stories that got participants thinking about aging services, participants then identified the “real” state of affairs and brainstormed what the “ideal” state would be. This is a high-level summary of that discussion.

<b>Real State</b>	<b>Ideal State</b>
System is extremely complicated and difficult to navigate.	The system should be easy to access, with good and simple information easily available.
Different silos of care and funding “chop up” people instead of treating them as a whole. Efforts are often duplicated.	System should be holistic and person-centric, focusing on the individual, not the care provider or insurer. Care and its documentation (like through medical records) should follow the person, not the clinic.
System has the wrong set of incentives.	Incentives should be broadly aligned, account for both public and private dollars, and tap into everyone’s sense of values to make sound decisions based on needs, not dollars.
People are desensitized to or unaware of aging service costs, or incented to rid themselves of personal wealth so as to be eligible for public dollars.	People who are able should be able and incentivized to save for their own care and needs, and all people should be aware of the need and take personal responsibility in whatever ways they can.
Finances dictate choices; some options are only available to people who can pay for them.	A guaranteed level of care where everyone has more choice, and finances don’t so heavily dictate

	which services are or aren't available.
Lack of access to dependable transportation.	Everyone has access to dependable transportation.
Lack of understanding about medical choices and options.	Everyone has a life and aging plan that accounts for the choice in and costs of long term care and other aging-related services.
Ability to navigate the system dictates who gets what.	The system should be clear to navigate, and help should be available to anyone who needs or wants it.
Medical technology and advances create the conundrum of quality vs. quantity of life.	People should be able to bear their own risk and everyone should have a clear life (and end of life) plan.
The burden of care often falls to families, disproportionately upon the "dutiful daughter", and often causes professional, financial and lifestyle problems for the caregiver(s). Current lifestyles and families often make care for an older loved one difficult, and not all seniors have families to call upon when care is needed.	Families should be able to care for loved ones without undue burden. Other resources – aside from institutionalized care – should be available to seniors without families able to care for them.
The majority of people want to age in place, but their physical environment of their homes and access to transportation are not conducive to healthy living.	People should be able to age where they wish. Homes should be built with universal design that meets the needs of families throughout all stages of life, and have dependable transport available nearby.
Current system offers the majority of care and services after something bad happens – reactive.	Services and care should be proactive.
"Good" care – like hospice – is only used for end of life care.	The principles that make hospice so successful should be applied through all stages of care.
Medicaid doesn't reimburse at a high enough rate, causing care facilities to reduce the quality of care and/or close, which leads to even further access and quality of care problems.	Medicaid should pay for necessary services at a standardized level of care, not just nursing homes.
Heavy reliance on self and family when address aging needs.	Aging should have a community basis, embracing the "it takes a village..." concept.
"Age segregation" results from putting seniors all in the same neighbourhood or facility.	Seniors should be able to live in a mixed-age community, with community members each drawing upon each other to help meet their needs.

## Brainstorming

Participants formed three groups: senior-friendly communities, home-based care, and financing. Each group brainstormed possible solutions, which were then presented and voted on by the full group of participants. The list below summarizes those ideas and reports their results from the vote by the full group.

### Senior-friendly Communities

1. *Technology (4%)*. Use technology to give seniors better access to information, make them safer in their homes, and adapt tools they already use to make them easier and safer for senior to use.
2. *Design (9%)*. Design communities with mixed use areas, create a “communities for a lifetime” designation, and coordinate services across the community to make seniors safer and better cared for.
3. *Accessibility (0%)*. Make transportation, services and resources more accessible.
4. *Communities for a lifetime (29%)*. Design communities so as to serve people throughout all stages of life, and provide services and resources to accommodate them.
5. *Schools / Seniors model (24%)*. Use the same networks to provide services for both more efficiently and cost-effectively (like by using school buses to transport seniors in the middle of the day when not used for school routes).
6. *Workforce transformations (26%)*. Allow for a more flexible work environment that would both enable seniors to work for longer as well as for their families to care for them more easily and without professional or financial repercussions.
7. *Private sector incentives (8%)*. Encourage people to plan and save for needed care, and provide incentives for private sector business to fill needed gaps.

### Financing

1. *Combine acute and long-term care financing (34%)*. Put all financing for medical and long-term care into one pool that will provide more holistic coverage and simplification.
2. *Incent planning and saving for retirement (27%)*. Promote personal saving by incentivizing it, like through matching funds that will benefit the saver as well as save public dollars in the long run by not needing to pay for their care.
3. *Senior Americorps (5%)*. Create an Americorps sect that serves seniors.
4. *Simplify care delivery (7%)*. De-silo care and make it person-centric.
5. *Provide access points in the community (27%)*. Provide services, or at least a point of access for services, locally rather than require people to travel long distances.

### Home-based Care

1. *Provide incentives to everyone to provide quality, home-based care (24%)*. Provide financial (and otherwise) incentives to caregivers, insurance companies and families to care for seniors in their homes.

2. *Public education campaign that points to one central resource (18%).* There are a lot of good programs and assistance in existence already, but people don't know about them or how to find out about them. A huge public education campaign could point to one central resource – like a website and/or phone number – that would serve as a portal to all existing resources and services.
3. *“Community of a lifetime” certification (15%).* As also brainstormed by the senior-friendly communities group, this certification would denote communities that had mixed-use development, housing to meet the needs of people throughout life's stages, good transportation links, and services and resources for all of its residents.
4. *Require life-planning (15%).* Many decisions currently are made quickly by family after a catastrophic event, like a senior falling, and personal funding is not always in place to cover needed care. By requiring a life plan, all people would be required to create a whole-life plan that specified personal funds available, kinds of care, and overall wishes.
5. *Grown and enhance community-based services (28%).* People often wish to age in place, yet are not able to do so in part because the resources and services needed are not available locally. Focusing on making services more community-based would provide more people with services, as well as enhance the concept of “community”.

## Policy Designs

### Americare

Americare would combine financing into a single, person-centered product.

#### *Features*

- Combines dollars from Medicare, Medicaid, health insurance and other long-term care savings.
- Employers and individuals would be obligated to pay into the system, in lieu of health care insurance, into this national system.
- The program would be individually based with options to pay in, but there would be certain threshold requirements (parents who can afford to do so pay in for their children, sliding scale, etc.)
- Similar to a medical or health savings account, unused funds could be saved and used later in life. Payout would be structured similar to an annuity.
- A co-payment would be required for services, and those who want more services pay more into their plan. This structure fosters personal responsibility by incentivizing health and discouraging the overuse of healthcare services.
- Plan would first be instated for those 50 and older, and then be phased back in 15-year age group increments.

#### *Target Market*

Initially 50 and over for subscription into the program.

#### Finance and Delivery

Basics services would be defined (like the channels available with a basic cable package), and public education efforts would get the word out. While this wouldn't necessarily decrease overall cost, results would be better and care would be more personalized. The Deficit Reduction Act changed the spend-down dynamic and forces personal responsibility in long-term saving for personal needs.

#### *First Step*

Reach a turning point by reaching consensus that the current system is broken. The, legislation could start that phase-in nationally or the ultimate waiver for Minnesota to begin state-wide.

#### Communities for a Lifetime

A certification for communities that denote that they offer services and resources that serve residents throughout life's different stages: mixed-development planning, universal design in housing, good transportation links, breath of services for the young and old, etc.

#### *Features*

- A "core activities menu" provided by the designating body would outline a clear menu of resources, services and attributes a community needs in order to earn "community of a lifetime" certification. These core categories would be included:
  - Transportation
  - Housing
  - Workforce
  - Technology
  - Planning / Infrastructure
- Communities would retain all ownership and governance over the design and execution of their services, even those prescribed in the core activities menu. Incentives would include a "hold harmless" clause to the state, thereby not increasing state expenses. Standards would be shared and enforced, although the delivery to reach the standards may differ.
- Certification would gain communities prestige, allowing them to more easily attract residents and private investment. The certification would be an "opt-in" model, not a required one.

#### *Target Market*

Communities of a lifetime would target all sectors – public and private – and facilitate shared ownership over services and resources within a community. All sectors would be expected to take part, not just public/government.

#### *Finance and Delivery*

Communities would be able to define themselves individually, or as part of a coalition or region. Services could be merged across communities to make local services more efficient, creating “regions” of any size that would be eligible for certification. Services could then be funded through a referenda model, so long as it included both seniors and young people / education, not just one or the other per referenda.

#### *First Step*

- Establish the “Community for a lifetime” brand
- Set standards
- Designate a certification and oversight body
- Market the program and communicate incentives

#### Company Wonderful

Company Wonderful is a social service organization using models from innovative companies to recruit, retain and support employees, including seniors of retirement age.

#### *Features*

- Results-only work environment. Employees don’t punch a time clock or necessarily need to be in the office any regular hours.
- Flexibility in scheduling work hours, taking off for personal care time (like for children, aging family members, etc.), and in the wage / benefit packages (e.g. employees can earn points that can be redeemed for cash or other benefits, like more time off or new insurance products).
- Focus on wellness: wellness programs in the workplace, senior-friendly design, etc.
- Training and retraining would be offered – particularly on computers and other technology-related equipment – which would be combined with laddering.
- Innovative for-profit companies could partner with healthcare and social services organizations who could mentor them on creative human resources strategies. Nonprofits could take advantage of Board members’ companies.

#### *Target Market*

Employers, particularly health care and social service organizations, and employees at all stages of life

#### *Finance and Delivery*

Due to increased productivity and wellness of employees, companies and organizations should see an increase in their bottom line.

#### Every Minnesotan a Millionaire

This program would aim to make every Minnesotan a millionaire – able to pay for his or her own aging needs and empowered with an array of personal choice in services because of that financial freedom – to enable each resident to live a long, satisfying life.

### *Features*

- Contributions would be compulsorily via a mandatory payroll deduction, similar to current income tax or voluntary retirement plan withholdings.
- The state would match contributions for earners under a specified income amount, similar to an employer retirement matching fund program.
- A limited set of private investment options would be available, all of which would have minimal administrative fees.
- Funds could be exempt from tax either going in (pre-tax dollars), or upon withdrawal (no capital gains).
- Unused funds could be passed on tax-free to other family members.
- To access their funds, participants would be required to submit a sound financial plan that specified a schedule for use (medical care, living expenses, etc.), and include a reserve for end-of-life care (the last two years of life are the most expensive in terms of healthcare).
- The plan would eliminate the need for Medicaid for long-term care and some other aging-related services, since everyone would be required to save for themselves. Medicaid would therefore only need a safety net for catastrophic costs.
- By asking people to create their own life plans tailored to their individual needs, this plan is premised on trusting people to make good choices for themselves and how they spend their own money, rather than forcing them to subscribe to a pre-prescribed formula or plan.

### *Target Market*

All Minnesotans for contributions, government for matching funds, employers for administrative and contribution incentives.

### *Finance and Delivery*

The program could be financed through a more progressive income tax and/or the federal share of Medicaid. Since there would be a drastically reduced demand for Medicaid dollars, that funding could be allocated here, and combined with administrative savings, and saving from a crackdown on fraud.

### *First Step*

Develop the concept with partners and younger generation to make sure the number would work; not be a back door government trick to get more money. Must establish credibility.

### Keep Truckin'

This program creates an incentive to work for people aged 62-67 while still drawing on Social Security.

### *Features*

- For those who choose to continue to work, even part time, between the ages of 62 and 67, and draw Social Security there would be no additional pay-in required above a certain income level. Currently, there is a disincentive to work and collect Social Security during this time because for earnings over a certain amount, workers must pay in \$1 for every \$1 they earn.
- For those who work and draw Social Security between the ages of 62 and 67, Social Security payments would be reset at the age of 67 to the full amount. Currently, those who choose to retire at 62 and draw on Social Security receive a lower amount than if they had waited until age 67.
- Overall, the program provides an incentive for those aged 62 and 67 to continue working and contributing to the tax base while still collecting the benefits of Social Security and enjoying a semi-retirement. Employers will benefit from experienced workers and a gradual phase-out of employees, rather than drastic turnover.

### *Target Market*

All workers, to ingrain it into retirement planning.

### *Finance and Delivery*

Workers would continue to pay into Social Security while they work longer, and the cap on the amount workers pay in taxes to Social Security could be increased. Social Security could be transformed from an entitlement program to a means-tested one, providing benefits only for those under a (very high) income amount.

### *First Step*

A congressional commissioned study to work out the details and ultimately enact a federal policy change. Minnesota could serve as a pilot, alongside an education campaign to raise awareness about the mechanics of the current and new systems.

### You Give, You Get

A volunteer point bank would create a barter market for services while increasing rates of volunteerism and fostering ties within communities. The focus of the needed services would likely be aging-related. This would be combined with a K-12 compulsory and optional adult “share, save, spend” savings plan that would help pay for skilled services needed as one grows old.

### *Features*

- Participants would perform “volunteer” tasks as requested through a centralized bank of activities, and receive a specified number of points per task.

- Points could then be redeemed for other services by volunteers from the bank, discounts at specified retailers, or for exclusive “You Give, You Get” events.
- Points could be used for oneself, or used for friends or family members. For instance, a grandchild living in Minneapolis could earn points by babysitting that could be gifted to her grandmother in Hibbing who could redeem them for a volunteer to drive her to a doctor’s appointment.
- Participants could request services through the centralized point bank, paid for either with points or cash. Participants could also advertise offered services, along with their (point) cost.
- Corporate sponsors could sponsor different aspects of the system, like by: providing resources to build and maintain the website; providing in-kind donations, like gardening tools and supplies, that volunteers could access to perform tasks; or hosting exclusive events or offering select promotions, like a VIP party and sidelines seats to a Vikings game.
- To encourage personal saving to cover the needed services not likely to be available through the point bank, a “Share, Save, Spend” savings plan would be put into place. K-12 students would be required to bring a contribution of any size to school each week to put into their savings account, and would be educated in the value of saving, compounding interest, etc. Adults would be able to opt-in to the plan and contribute as they wish. The “Share, Save, Spend” accounts would be tax-free upon contribution, and upon withdrawal for specified items and services, like for a downpayment on a house, medical care, etc.

#### *Target Market*

Everyone would be targeted: public, government, private sector

#### *Finance*

Corporate sponsorship, grants, participants purchase of points with cash, endowments

#### *Delivery*

Partnership between the government and United Way

#### *First Step*

Feasibility study, including into similar current efforts, and a pilot program

## **Workshop themes**

Throughout the various stages of and discussion in the workshop, several key themes, ideas and concepts emerged.

- *Understanding the problem.* The issue isn’t just about seniors. Rather it’s about what an aging demographic forces us to do that we didn’t need to do before.
- *Failings of the current system.*

- One of the major problems with the current system is that it's siloed by program, making it fragmented and inefficient. It's important to move towards a person-centered model.
- The current resources and infrastructure is not being used efficiently or sustainably. There is considerable waste and duplication in many systems, and the infrastructure in rural and outstate areas cannot be sustained. Current systems force people into systems of care they don't need – like nursing homes – wasting financial and system resources.
- *Culture.*
  - We need to re-instil a culture of personal responsibility, both for saving for retirement as well as caring for each other and thinking as communities, rather than individuals.
  - We need a broader system of incentive that will start to change the culture around aging.
  - “Community” was cited as the lynchpin for many of the proposed solutions: community-based and available resources, home- and community-based care, etc. What does this mean and look like, and how do we foster it?
- *Work.* We need to re-think work. There needs to be incentives to keep older worker in the workforce and productive.
- *Responsibility for the solution.* We need clear roles for the public and private sectors – who's responsible for what – and who should be supported, under what circumstances, and by whom.

## Evaluation Results

See attached pdf.

## Next Steps

The hope of the workshop is that it would act as a “Phase I,” generating enough interest in a “Phase II” in which some of the ideas from the workshop could be pursued further. This had begun to happen in a number of ways. First, the Citizens League has been asked to present the findings from the workshop at a number of community events. Second, there are tentative plans to explore the “Communities for a Lifetime” idea at the regional policy workshop being convened by the Citizens League in September.

Finally, the Citizens League is in discussions with a few different organizations about the Citizens League might work with others to build off the work of the workshop.