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# LONG TERM CARE DYNAMICS

## Policy, Providers & Payers

Session Producer:

Kathy Hamby

Genworth Financial



**Defining Directions: The 7th Annual Intercompany LTCi Conference**

## Session Purpose

- Provide current data on aging, care giving, and its financing
- Explore the dynamics that develops from the data
  - Home Care providers
  - Facility providers
  - Government policy
  - Long Term Care Insurers



# Our Panel

- Lisa Alecxih, The Lewin Group
- Mary Alexander, Home Instead
- Janice Zalen, American Health Care Association
- Steve Moses, Center for Long Term Care Reform
- Paul Forte, Long Term Care Partners LLP



# Session Dynamics

- Lisa Alecxih – Establishing the Data
- Mary Alexander – Home Care adapting to forecasts
- Janice Zalen – Facility Care adapting to forecasts
- Steve Moses – What's Really Happening with LTC?
- Lisa Alecxih – Trends making Policy
- Paul Forte – LTCi facing the Future
- Our Audience – Q & A



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# Long Term Care Trends in the United States

Lisa Alecxih, Vice President



*The* LEWIN GROUP

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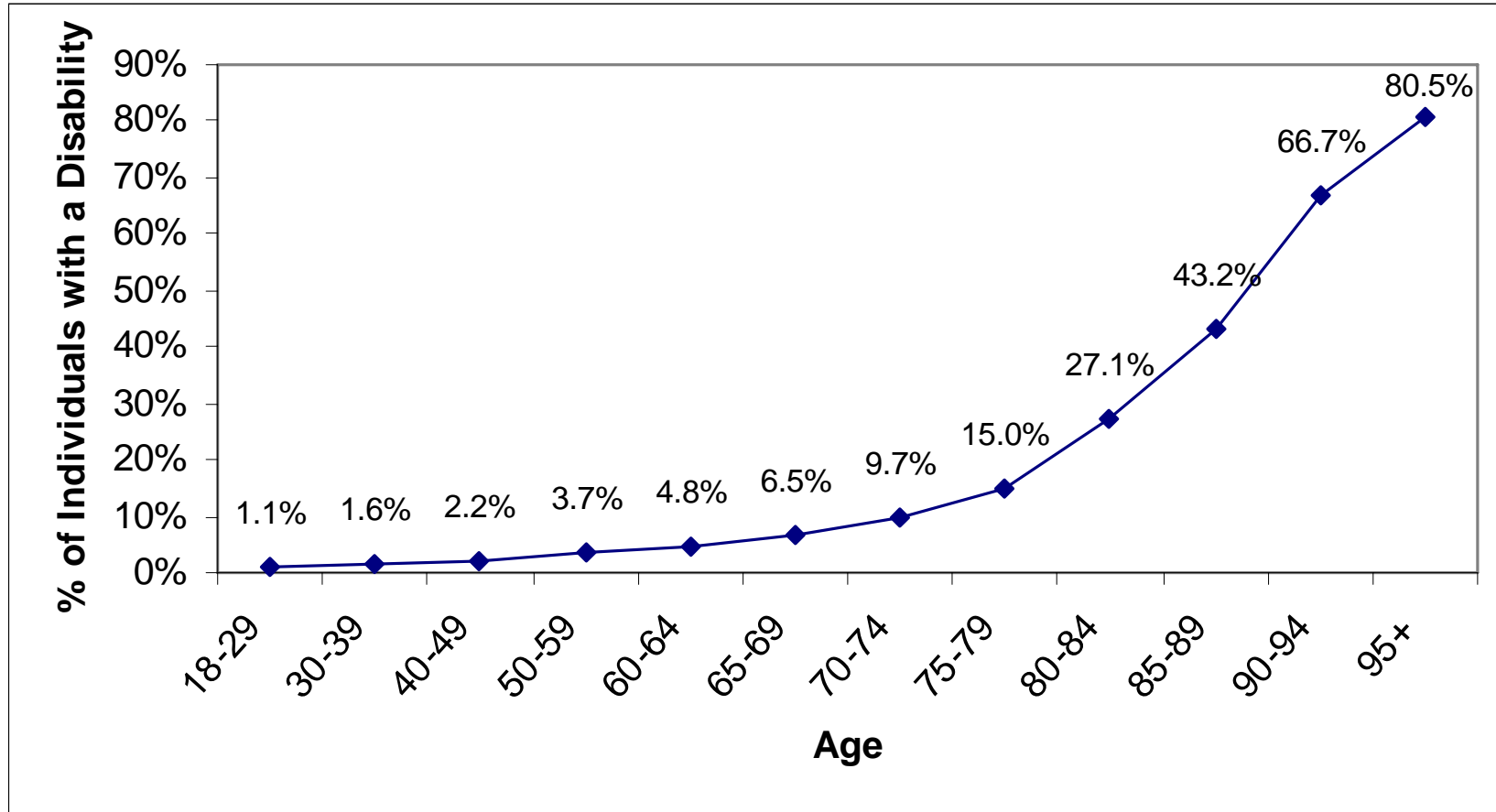
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# Overview

- **Review of the Basics**
- **Major Trends**
  - Demographics
  - Delivery
  - Financing
- **Implications for the Future**



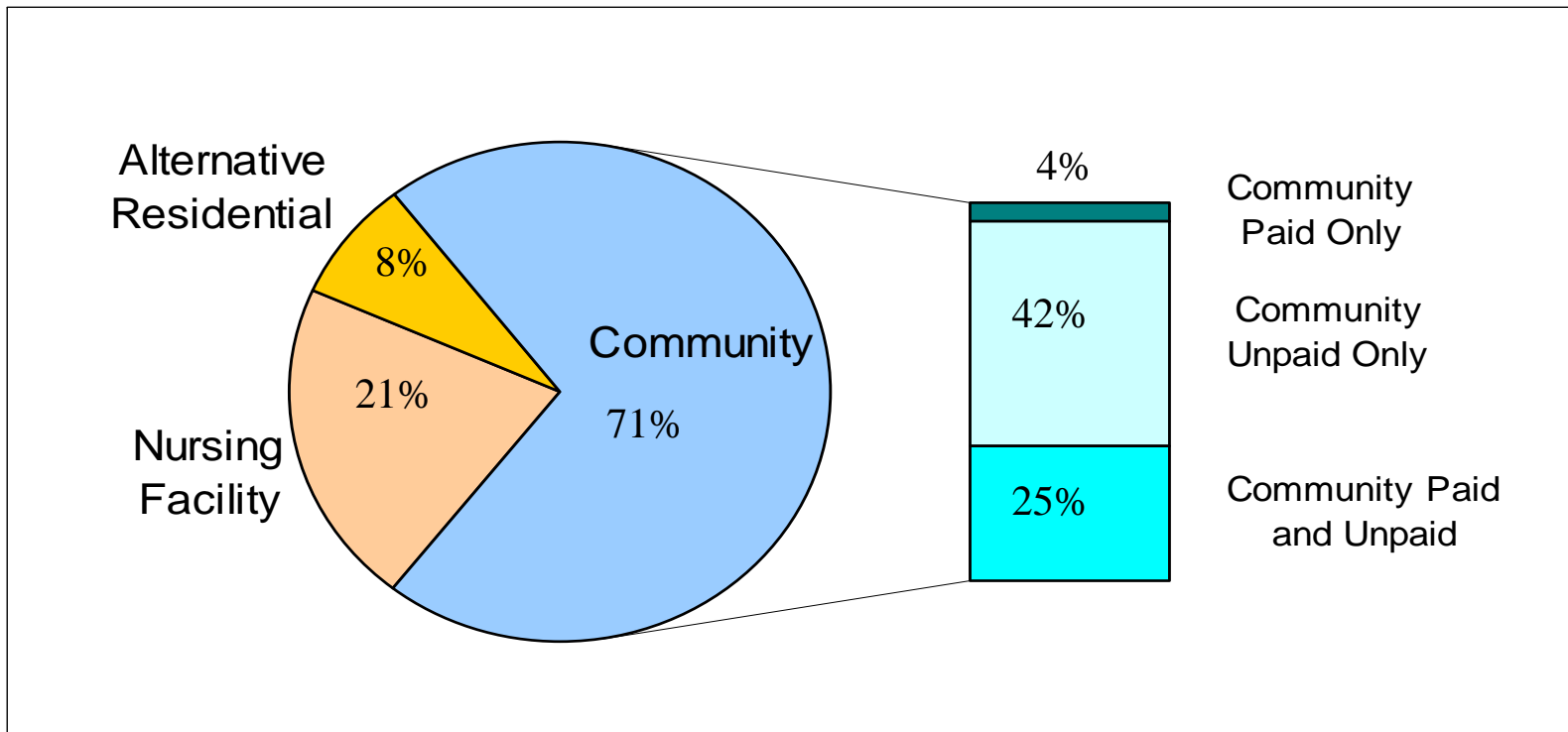
# Who Might Need Long Term Services and Supports?



Source: 1999 National Long Term Care Survey and the 1994 National Health Interview Survey Disability Supplement.



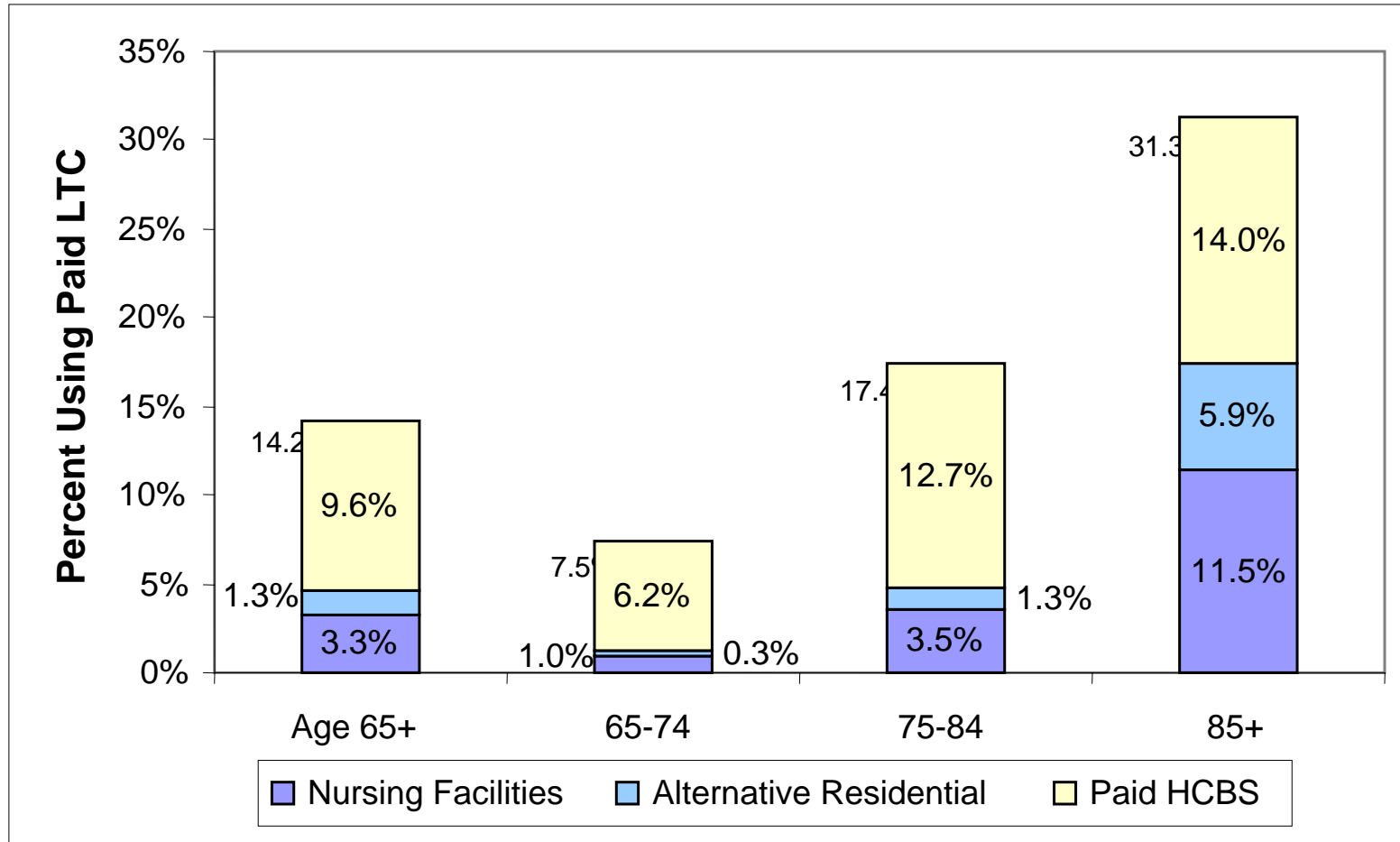
# Most Seniors with Disabilities Supported by Unpaid Care in the Community



Source: 1999 National Long Term Care Survey, 2002 Medicare Current Beneficiary Survey, and 2005 CMS Minimum Data Set.



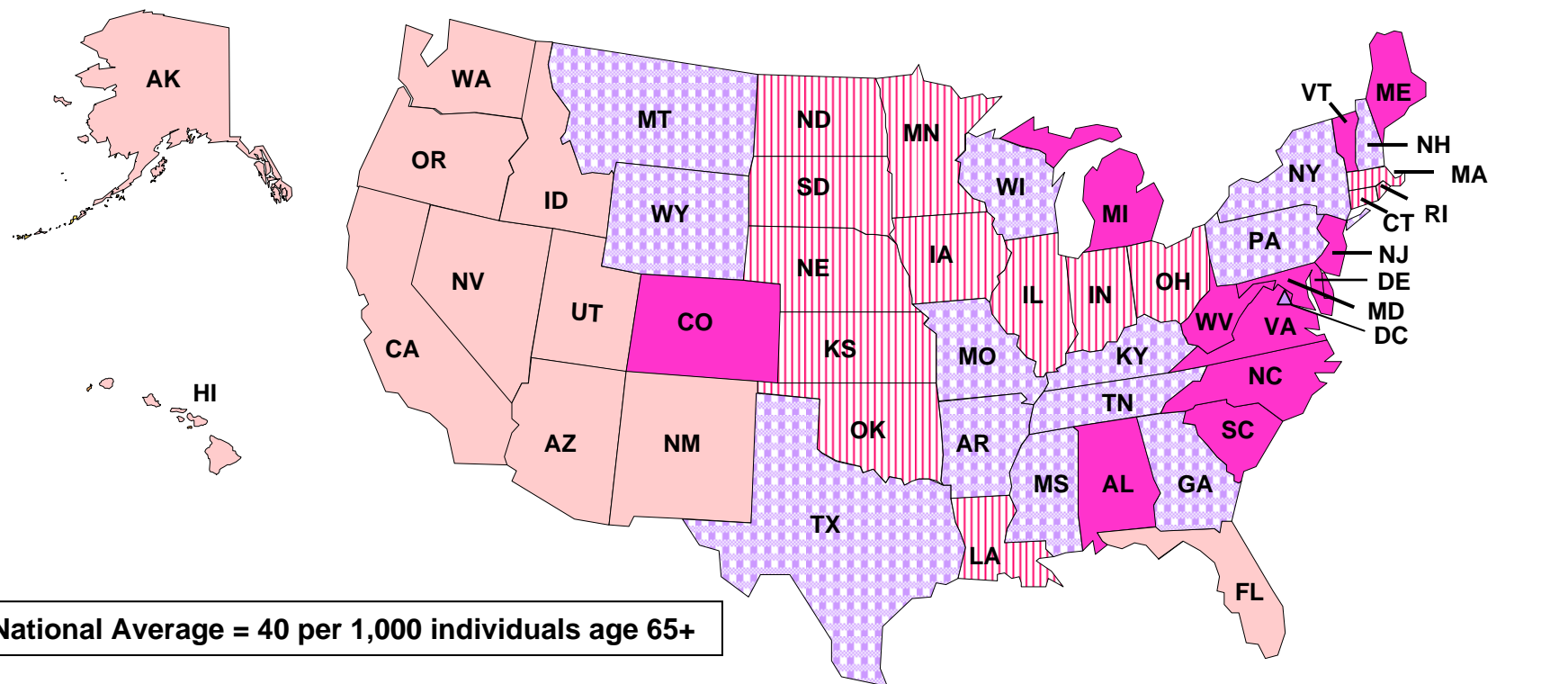
# Who Uses Any Paid Services?



Source: 2003 Medical Expenditure Panel Survey, 2002 Medicare Current Beneficiary Survey, and 2005 CMS Minimum Data Set.



# Nursing Facility Residents per 1,000 Individuals Age 65+, 2005



National Average = 40 per 1,000 individuals age 65+

14 – 30 res. per 1,000	31-40 res. per 1,000*	41-49 res. per 1,000	52 – 65 res. per 1,000
Alaska Arizona California Florida Hawaii Idaho Oregon Nevada New Mexico Utah Washington	Alabama Colorado Delaware Maine Maryland Michigan New Jersey North Carolina South Carolina Texas Vermont Virginia West Virginia	Arkansas District of Columbia Georgia Kentucky Mississippi Missouri Montana New Hampshire New York Oklahoma Pennsylvania Tennessee Wisconsin Wyoming	Connecticut Illinois Indiana Iowa Kansas Louisiana Massachusetts Minnesota Nebraska North Dakota Ohio Rohde Island South Dakota



## How Much Does LTC Cost?

- **Nursing Home Care**

- Average annual cost -- \$74,095
- \$41,975 in Shreveport, Louisiana to \$193,815 in Alaska

- **Assisted Living**

- Average annual cost -- \$34,860
- \$19,740 in Jackson, MS to \$55,548 in Boston, MA

- **Home Care**

- Average rate for home health aide -- \$19/hour
- \$12/hr in Shreveport, LA to \$26/hr in Colorado Springs, Co
- Average rate for homemaker/companion -- \$17/hour
- \$12/hr in Shreveport, LA to \$23/hr in Minneapolis/St. Paul, MN

**Source:** The MetLife Market Survey of Nursing Home & Home Care Costs in 2005 and Assisted Living in 2005 which includes private pay rates and services provided by home health agencies.



## Medicare: Limited LTC Benefits

- **Primarily post-acute care**
- **Home health services**
  - Beneficiaries who are homebound
  - Need part-time skilled nursing or therapy services, and
  - Under the care of a physician
  - 27 visits per user on average in 2005
- **Skilled nursing facility care**
  - Up to 100 days for those recently discharged from a hospital
  - 35 days covered on average in 2005



# Eligibility Criteria = Medicaid the Payer of Last Resort

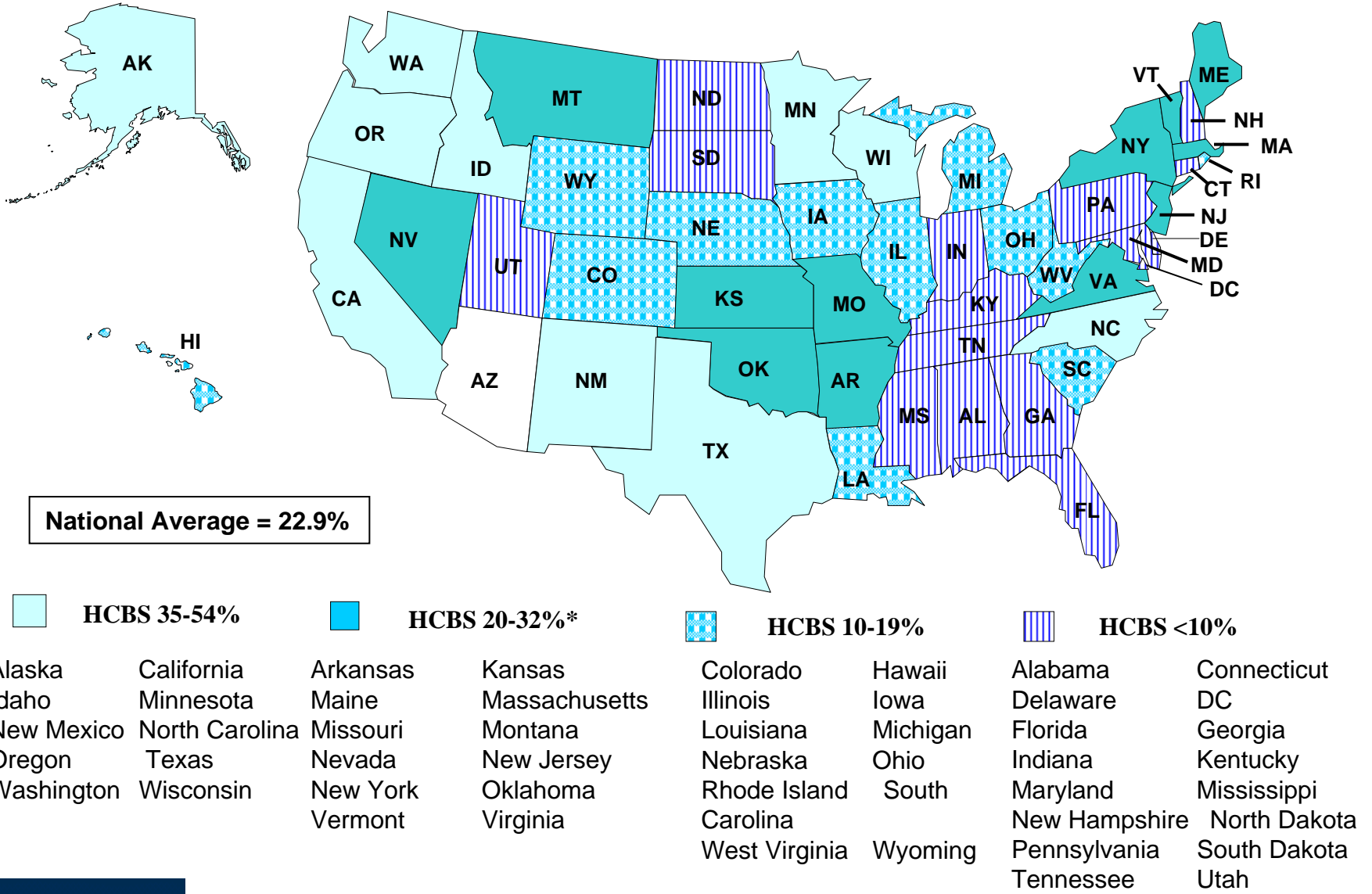
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Pathway	Income Eligibility	Asset Limit Individual/Couple
<b><i>Mandatory Population</i></b>		
SSI Cash Assistance	≤ 74% of poverty (SSI income eligibility)	\$2,000 \$3,000
<b><i>Optional Populations</i></b>		
Medically Needy*	Spend income down to a specified level (\$100-\$825; \$416 on average)	\$2,000 \$3,000
Poverty Level	≤ 100% of poverty	\$2,000 \$3,000
Special Income Rule for NH Residents	Income < 300% of the SSI level (1,809/month)	\$2,000 Spousal Impoverishment
HCBS Waivers	Income up to 300% SSI level (37 states); 8 states at poverty level; some states allow spousal impoverishment	\$2,000 \$3,000 or Spousal Impoverishment

\*Medicaid benefits may be more limited than for SSI.



# Percent HCBS of Medicaid LTC Among Aged/Disabled, 2005



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# Out-of-Pocket: A Significant Portion

- **Some individuals pay for LTC on their own**
- **Those who qualify for Medicaid also pay out-of-pocket**
  - Nursing facility residents with Medicaid financing contribute all of their income with the exception of a personal needs allowance (\$30-\$100/month)
    - On average, Medicaid nursing facility residents contribute 20% of their cost
  - Many states also require cost-sharing for their HCBS waiver
  - Medicaid rules protect the primary residence while the individual or his/her spouse is alive
    - OBRA '93 mandated estate recovery
    - In 2003, states recovered a total of \$347.4 million – on average 0.5% of Medicaid LTC costs, however, Oregon recovered 2.2% (AARP, 2005)



## LTCI Plays a Limited Role

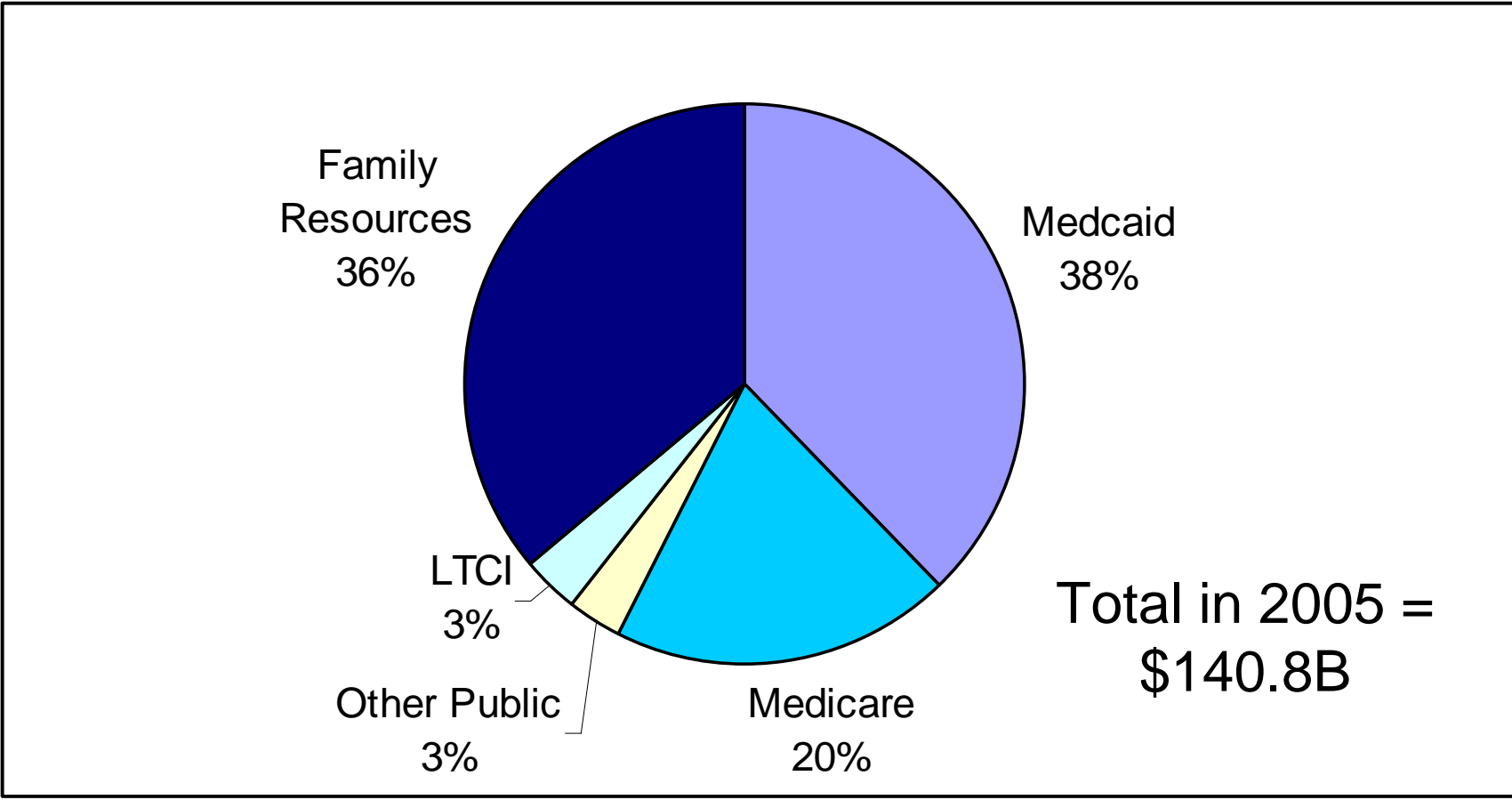
- **LTCI market emerged during the 1980s**
- **11 million total policies sold through 2005**
- **However, only approximately 10 percent of those age 65+ own LTCI policies because of:**
  - Complicated and expensive policies -- \$1,337 to \$2,862 at age 65
  - Consumer lack of awareness and denial of need
  - Most policies must be “sold” by agents

&amp;

**Source:** American Health Insurance Plans (AHIP) (2004) Long Term Care Insurance and Life Insurance Manufacturers' Research Association (LIMRA) for number of policies sold and average premium.



# LTC Sources of Financing Among Seniors



Source: The Lewin Group based on the Long Term Care Financing Model.



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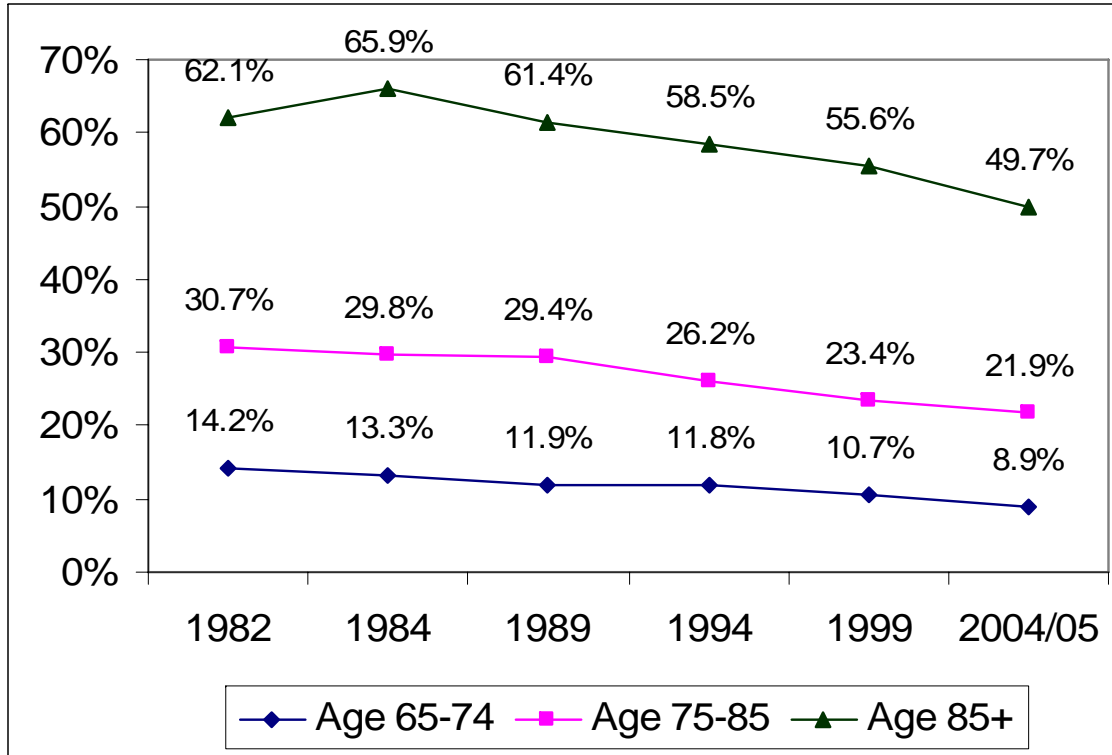
# Demographic Trends



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# 65+ Disability Rates Down

Percent with ADLs or IADLs Among Individuals Age 65 and Over by Age



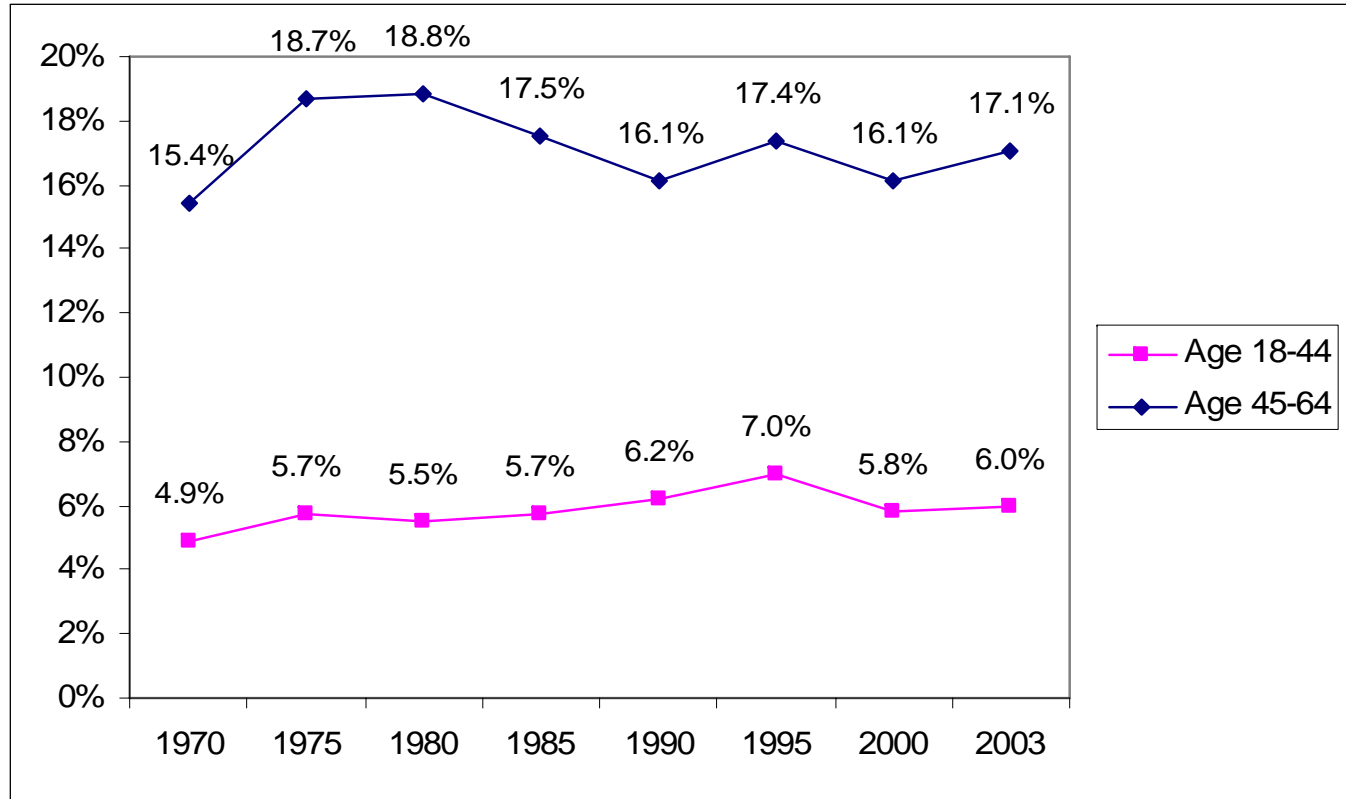
Rates declined between 5.3 and 12.4 percentage points or 20 to 37 percent

**Source:** Manton, K.G., Gu, X., & Lamb V.L. (2006). Change in chronic disability from 1982 to 2004/2005 as measured by long-term changes in function and health in the U.S. elderly population. PNAS, 103(48); 18374-9 at <http://www.pnas.org/cgi/content/full/103/48/18374>.



# < 65 Disability Rates Steady

Percent with Limitation in Major Activity Among Adults Under Age 65

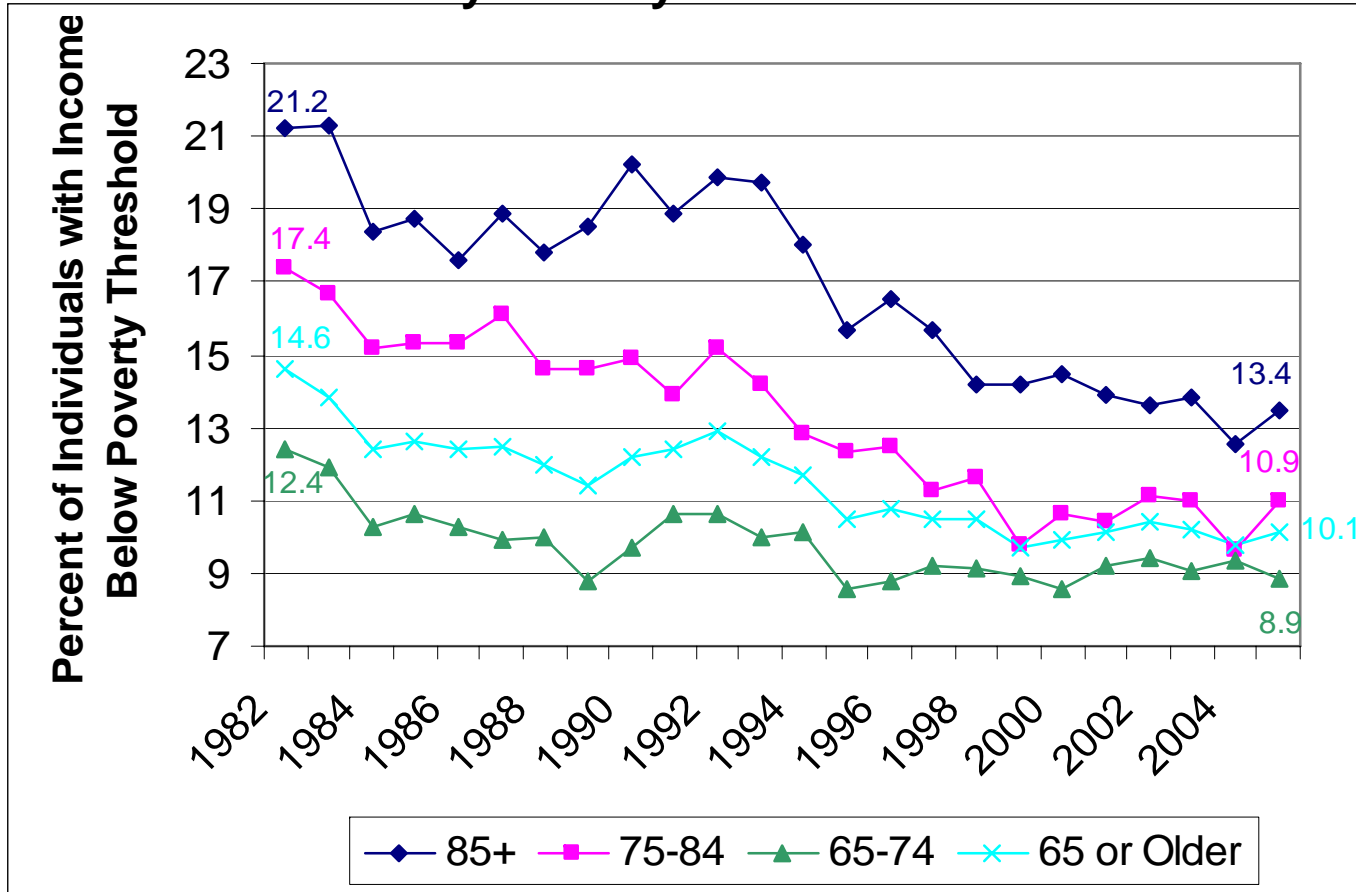


Source: National Center for Health Statistics, Vital and Health Statistics, Series 10 Reports (National Health Interview Survey), selected years.



# Oldest-Old Poverty Rates Down more than 33%

## Elderly Poverty Rates Over Time

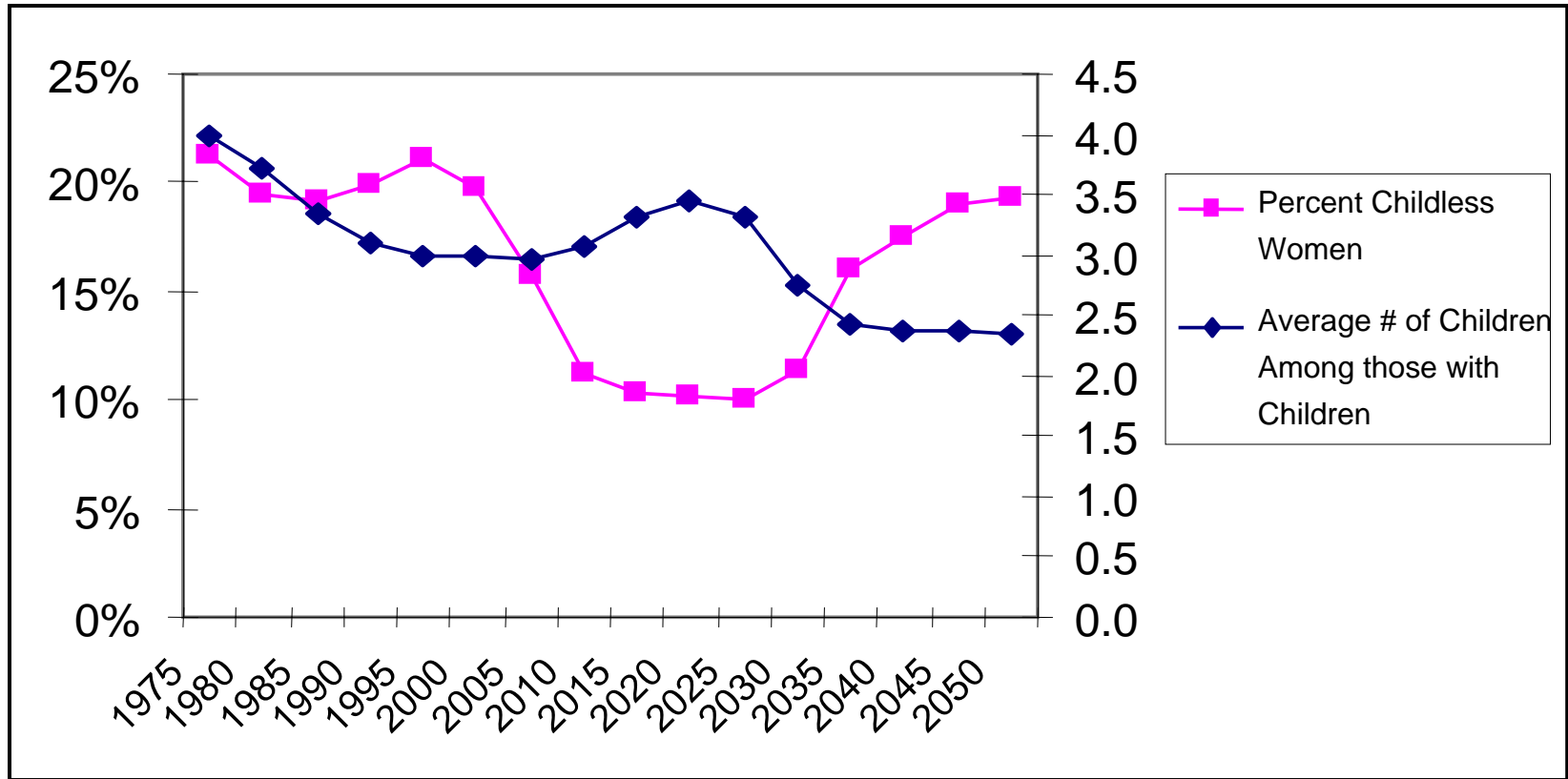


Source: Current Population Survey, Annual Supplement, 1983-2006.



# Childless Women Dip & Average # of Children Spike

Status at Age 40-44 and Year When Age 85-89



Source: Bureau of the Census data.



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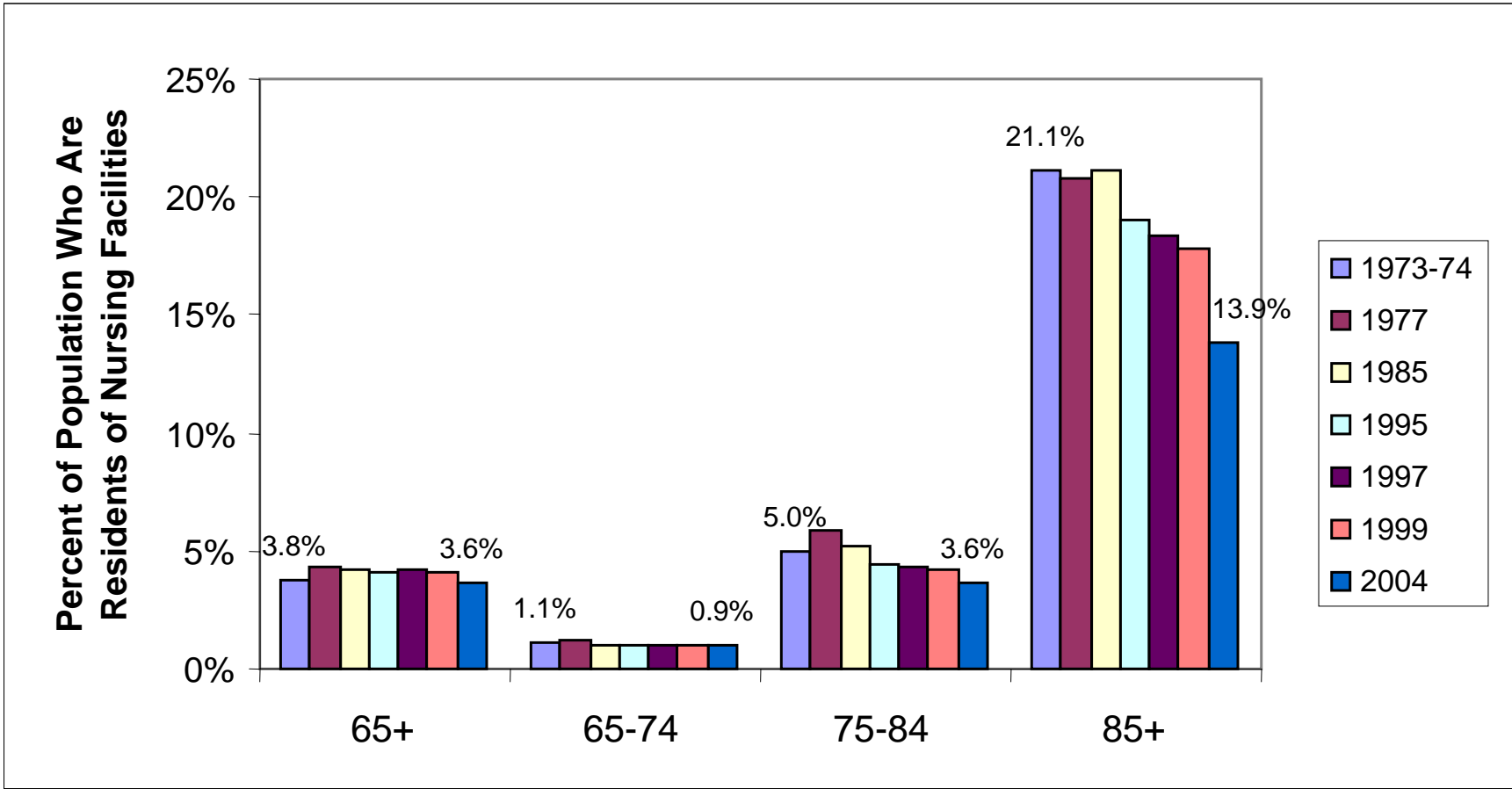
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# Delivery Trends



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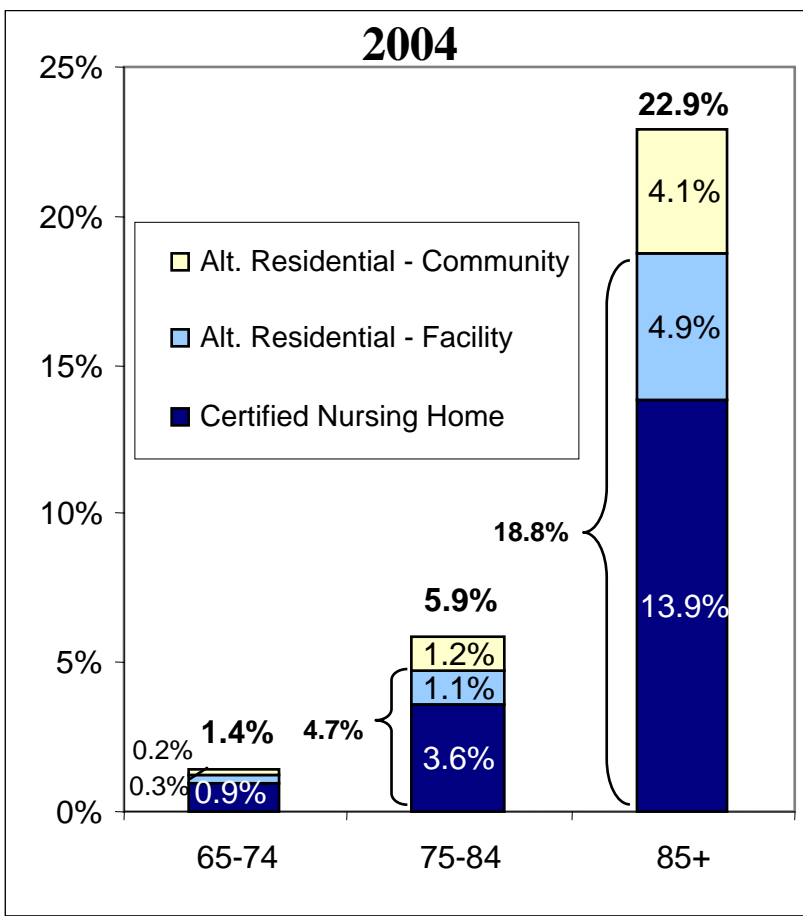
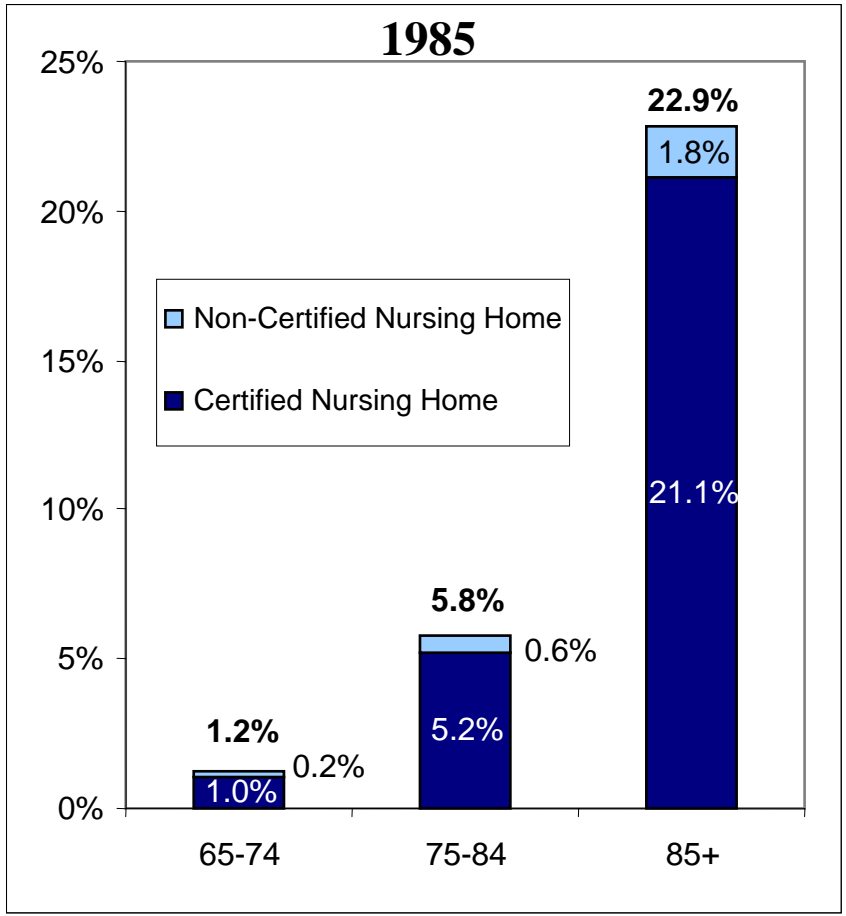
# Decline in Nursing Facilities Use By Oldest Old . . .



Source: 1973-4, 1997, 1985, 1995, 1997, 1999 and 2004 National Nursing Home Survey.



# ...Relates to Growth in Alternative Residential Settings



Source: 1985 and 2004 National Nursing Home Survey and 2002 Medicare Current Beneficiary Survey.



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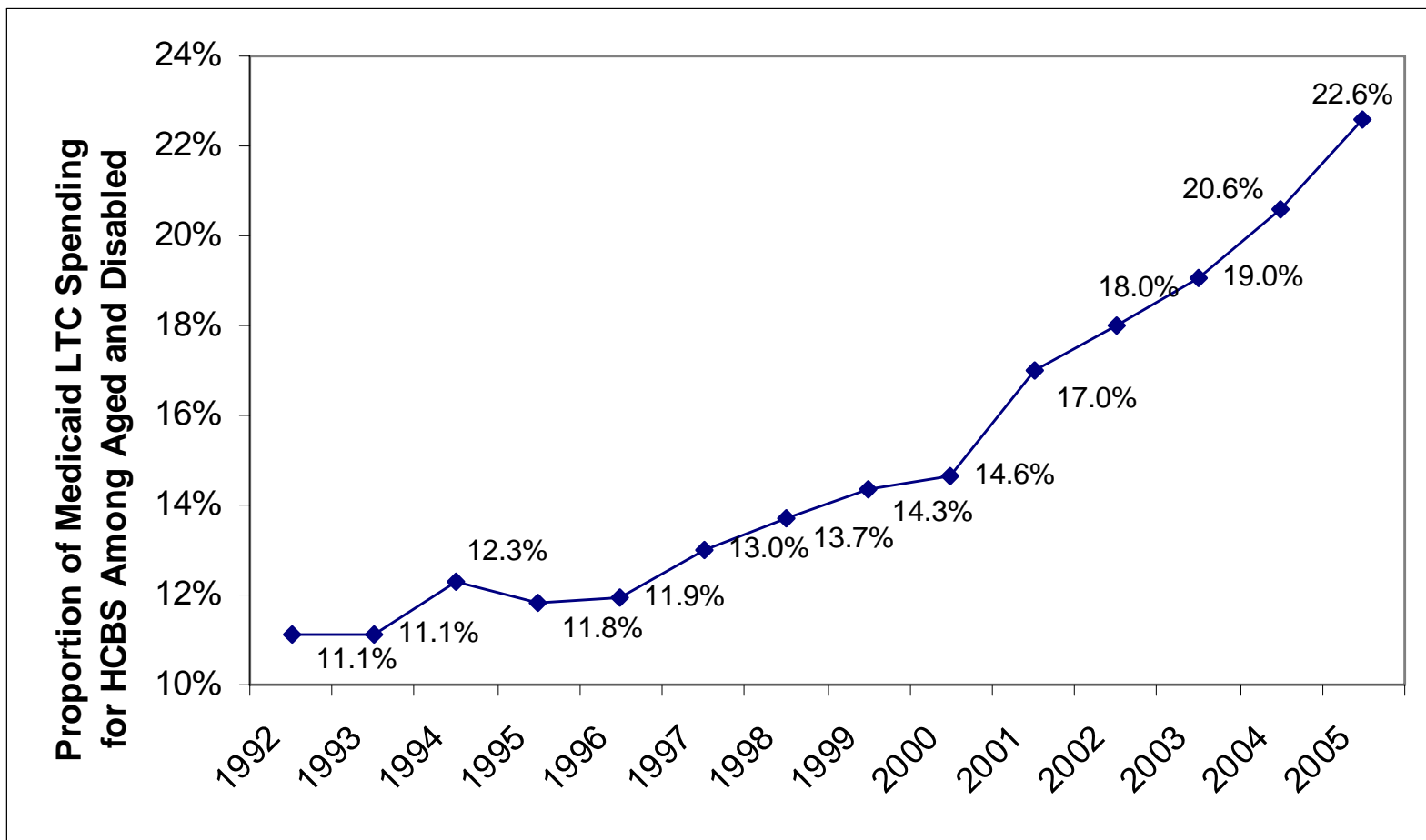
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# Financing Trends



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## Upswing in Medicaid LTC as Home and Community Based Care for Aged/Disabled

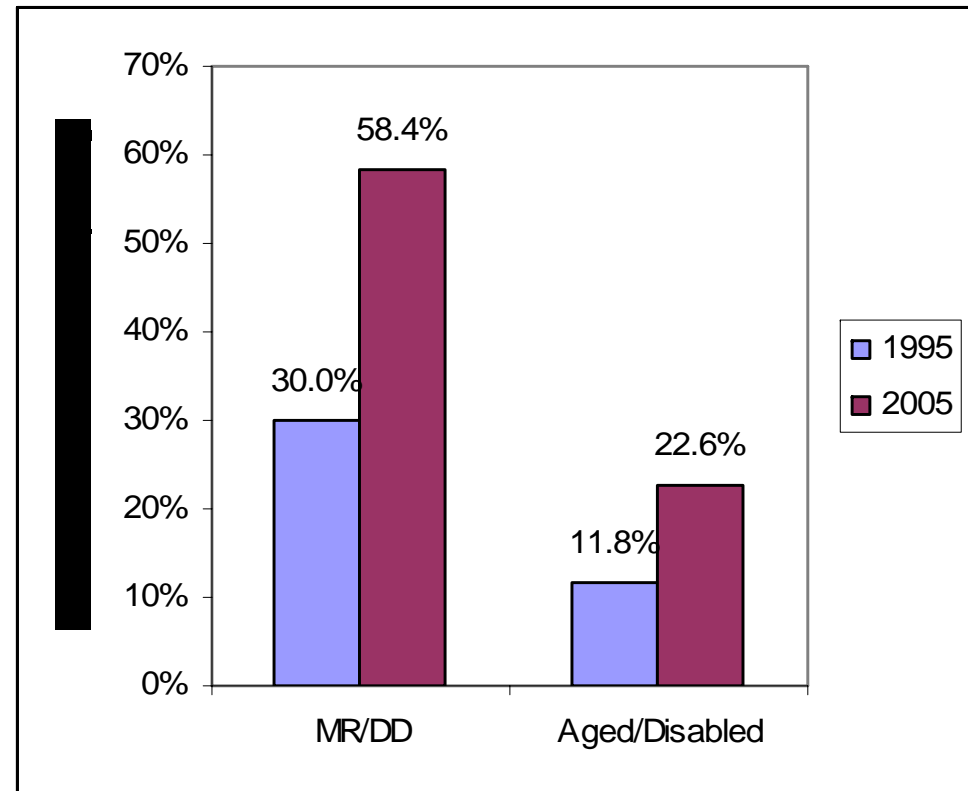


**Source:** 2005 MedStat LTC Data, Lewin Analysis. Long term care includes nursing facility, state plan personal care and home and community-based waivers for the aged and disabled.



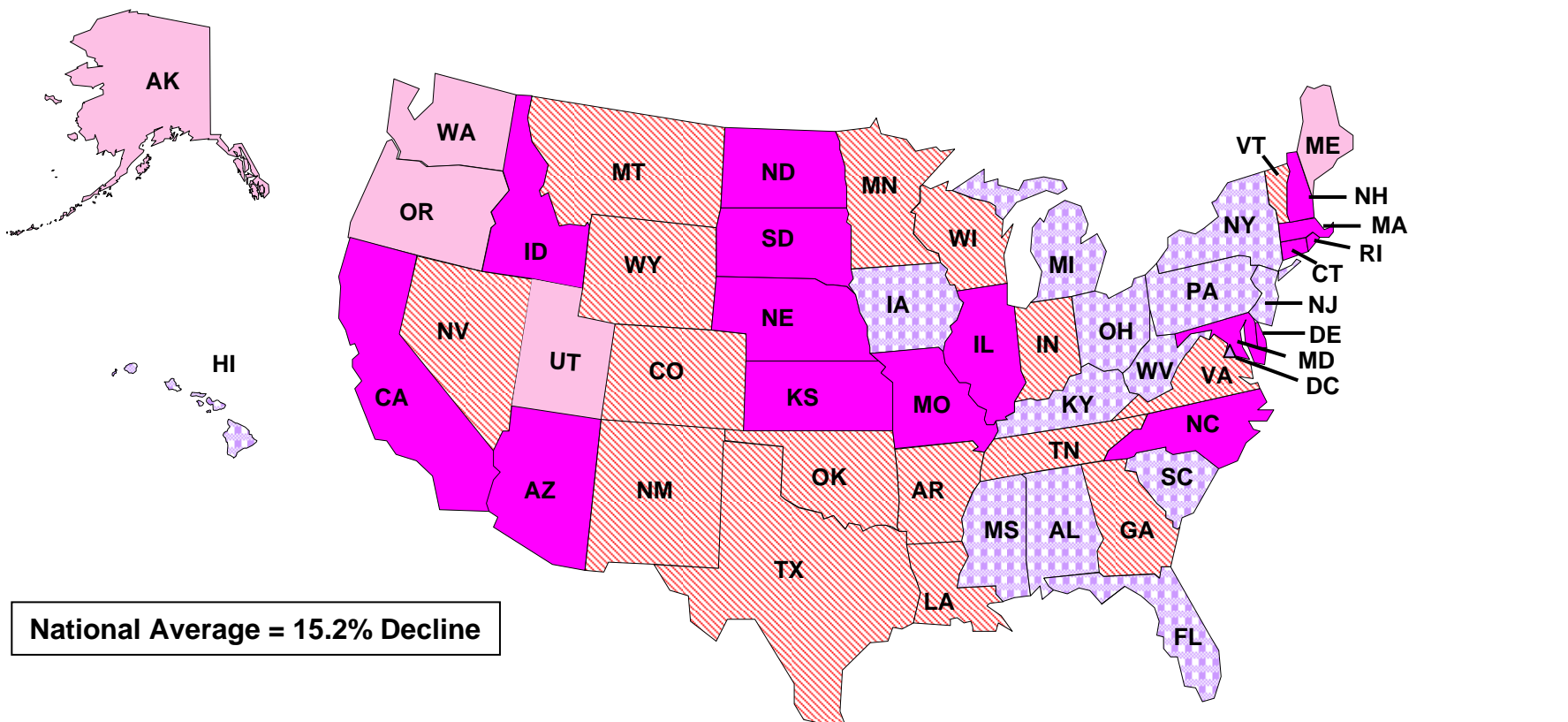
## Greater Progress “Rebalancing” LTC for MR/DD than Aged/Disabled

- **Proportion of Medicaid LTC spending on HCBS for MR/DD nearly doubled over the past decade while A/D grew at half that rate**
- **Progress is also uneven by state**



**Source:** The Lewin Group calculations based on CMS Form 64 and 372 data compiled by Medstat

# Change in Per Capita Medicaid Nursing Facility Residents, 1995-2005



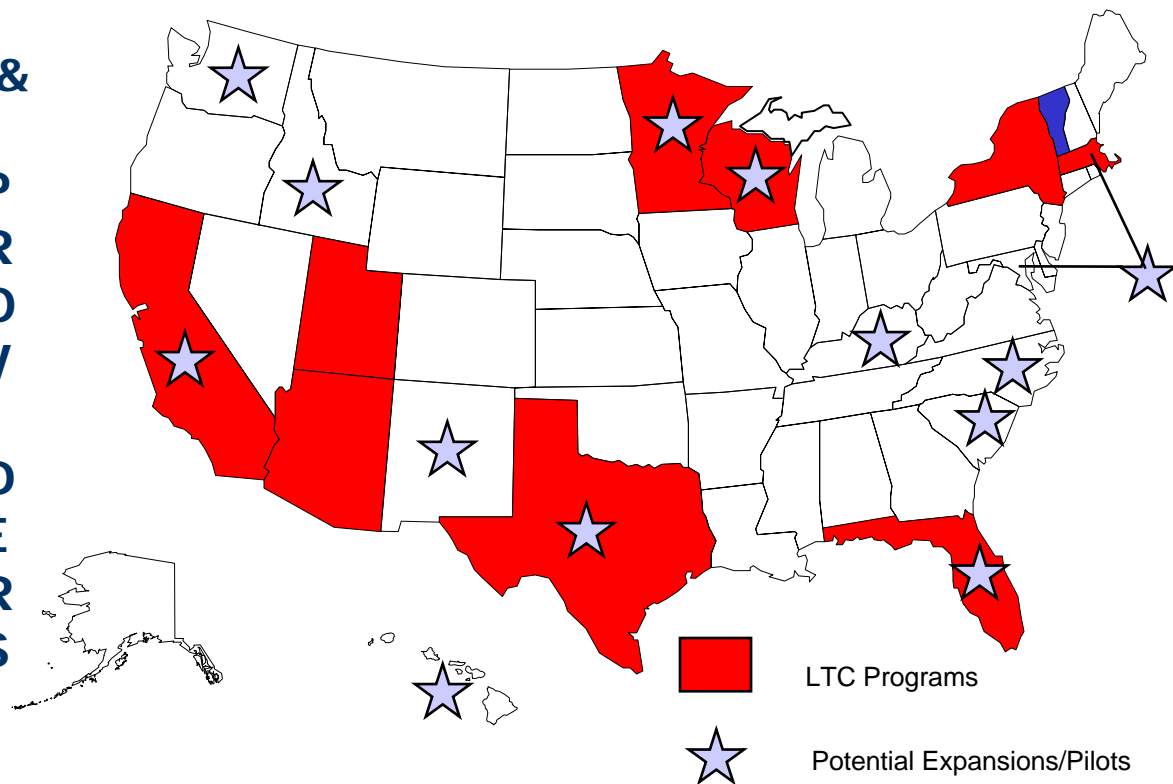
National Average = 15.2% Decline

30% or More Decline	20% to 30% Decline	10% to 20% Decline	Less than 10% Decline
Alaska Maine Oregon	Washington Utah	Arkansas Colorado Georgia Indiana Louisiana Minnesota Montana Nevada	New Mexico Oklahoma Tennessee Texas Vermont Virginia Wisconsin Wyoming
		Arizona California Connecticut Delaware Idaho Illinois Kansas Maryland	Massachusetts Missouri Nebraska New Hampshire North Carolina North Dakota Rhode Island South Dakota
			Alabama District of Columbia Florida Hawaii Kentucky Michigan Mississippi New Jersey New York Ohio Pennsylvania South Carolina West Virginia



# Rebalancing Medicaid: Managed Long Term Care?

*A few well established programs and numerous start-ups.*



**Active & Pending Programs**

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**Top Managed Care Programs:**  
 Arizona – 42,125 lives (8/2006)\*  
 Includes DD  
 Minnesota – 21,000 lives (1/2006)\*  
 New York – 16,224 lives (8/2006)  
 Florida – 13,600 lives (8/2006)  
 Wisconsin – 12,545 lives (8/2006)

**Remaining Programs:**  
 Vermont – 4,090 (12/2006)\*  
 Massachusetts – 3,700 lives (2/2006)  
 Texas – 3,300 lives (4/2006)  
 California -- *unknown*

\*Entire State

**New Programs:**  
 Kentucky            Hawaii  
 Idaho                 Maryland  
 New Mexico        North Carolina  
 South Carolina     Washington



# Implications of LTC Financing System

- **Financing silos and institutional bias of Medicaid eligibility make rebalancing difficult**
- **Olmstead Decision and President's New Freedom Initiative focus on individual choice and shifting the balance**
- **Lack of insurance to spread risk means individuals responsible for paying for much of their care**
- **Medicaid managed care re-emerging as states seek to eliminate institutional bias, improve service provision, and control costs**
  - May stand in contrast to consumer direction movement



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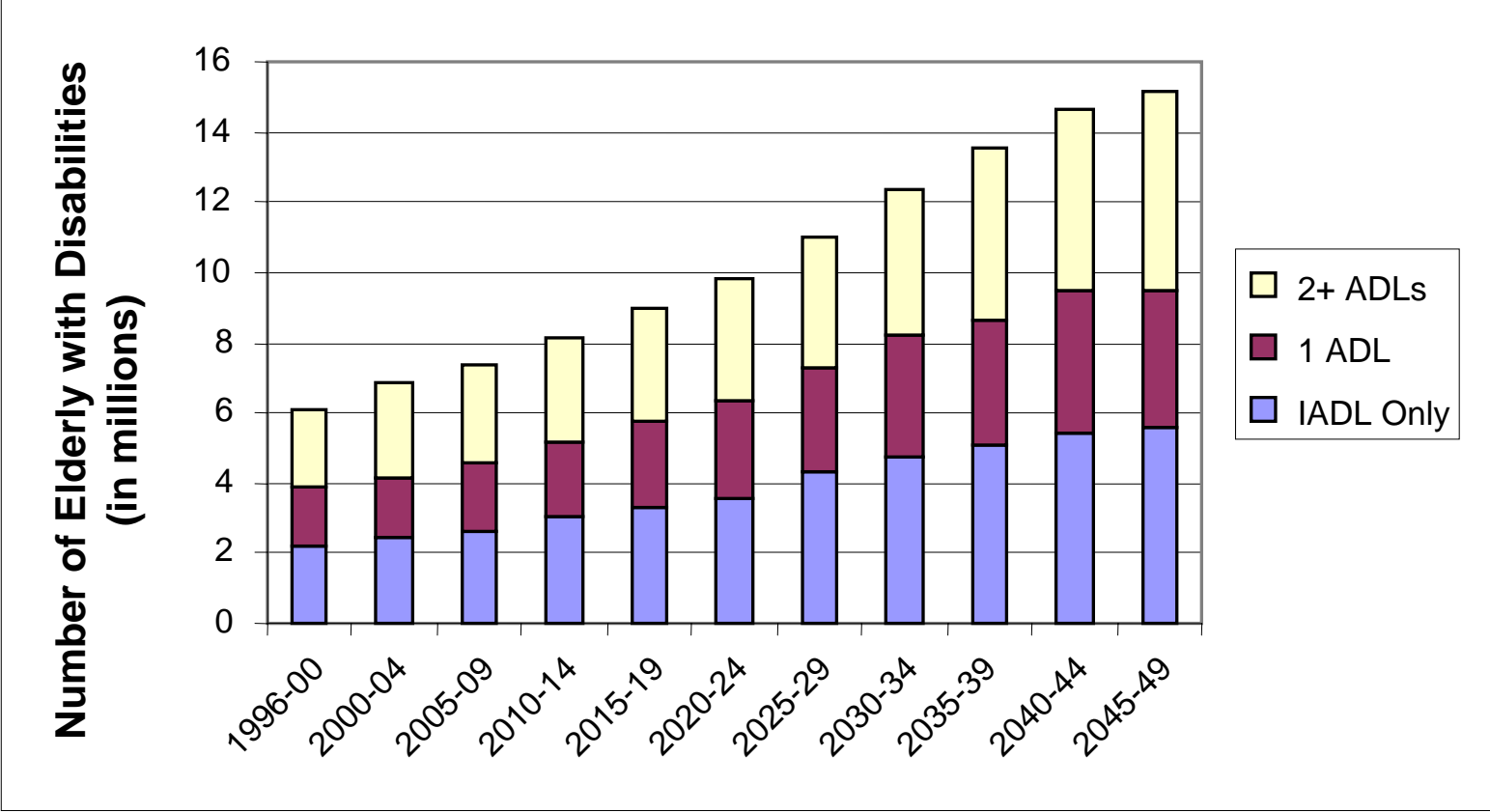
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# Preparing for the Future



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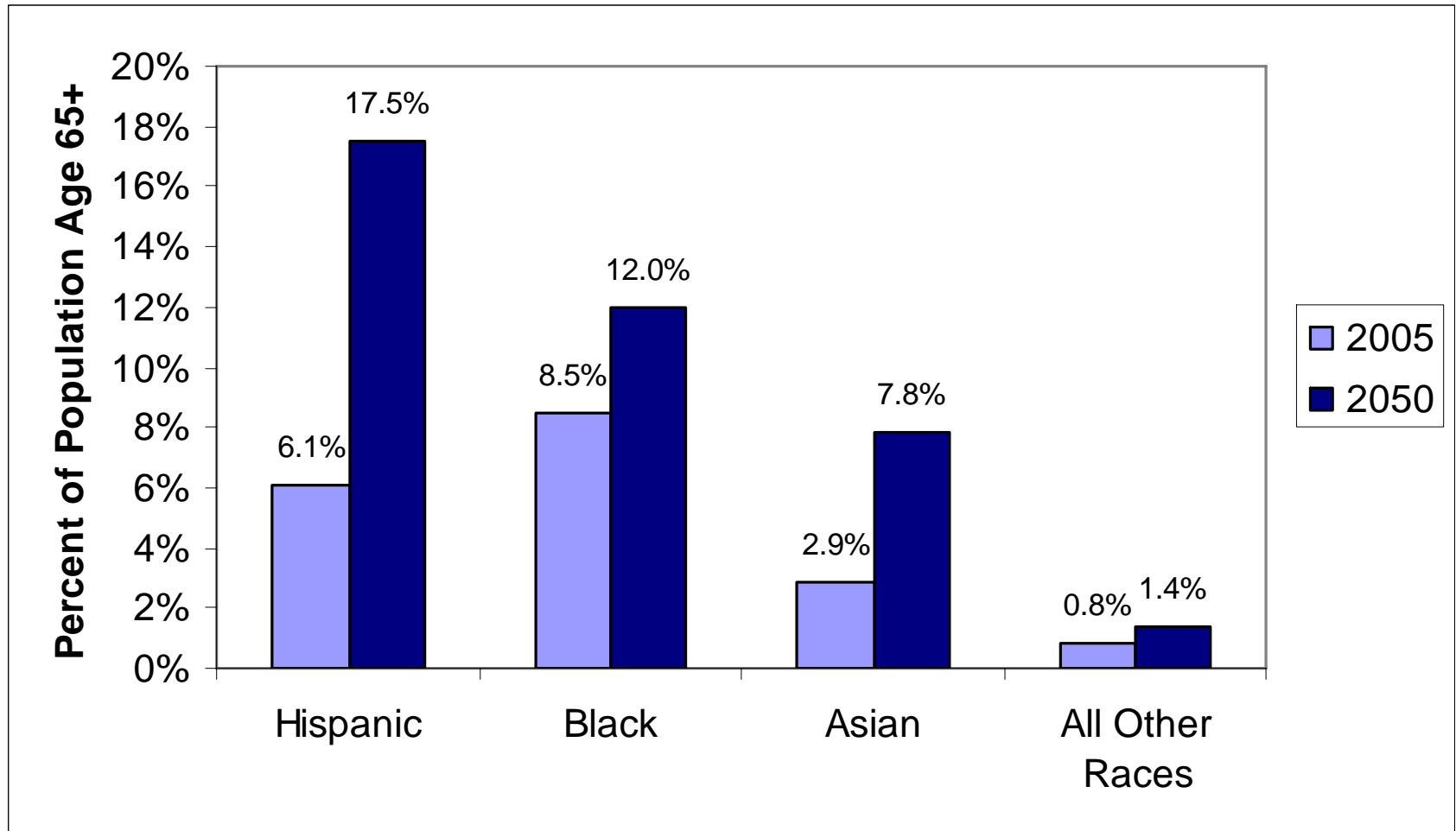
# Baby Boomers Double the # for Those 65+ with Disabilities



Source: The Lewin Group based on the Long Term Care Financing Model.



# Increasing Minority Representation



# Remaining Lifetime Use of LTC by People Turning 65 in 2005

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Type of Care	Average Years of Care	% of People Using Care
All LTC needs	3.0	69
At home		
Informal care only	1.4	59
Formal care	0.5	42
Any care at home	1.9	65
In facilities		
Nursing facilities	0.8	35
Assisted living	0.3	13
Any care in facilities	1.1	37

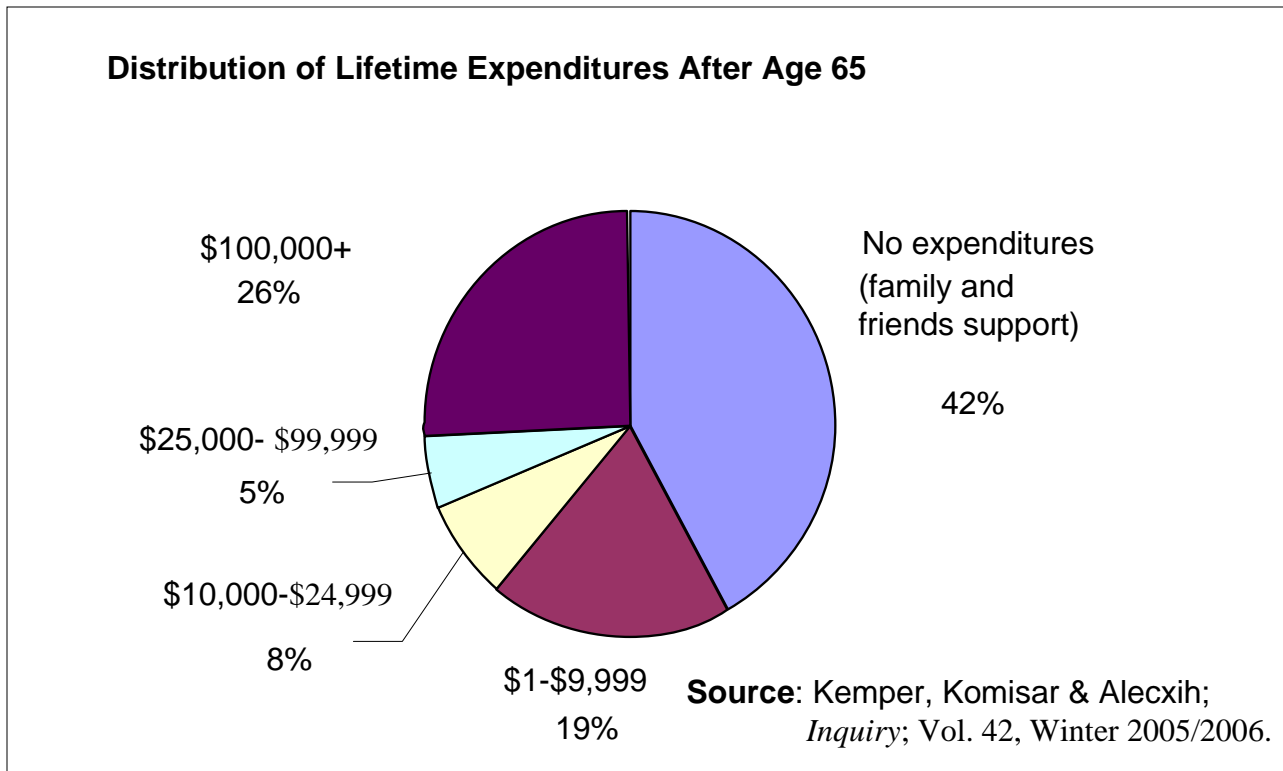
Source: Kemper, Komisar & Alecxih; *Inquiry*; Vol. 42, Winter 2005/2006.



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Over 25%  
Face Expenses Over \$100,000  
**2000 median net worth among elderly was \$110M, but only \$25M excluding home equity**

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**Average lifetime per capita at age 65 = \$47,000**

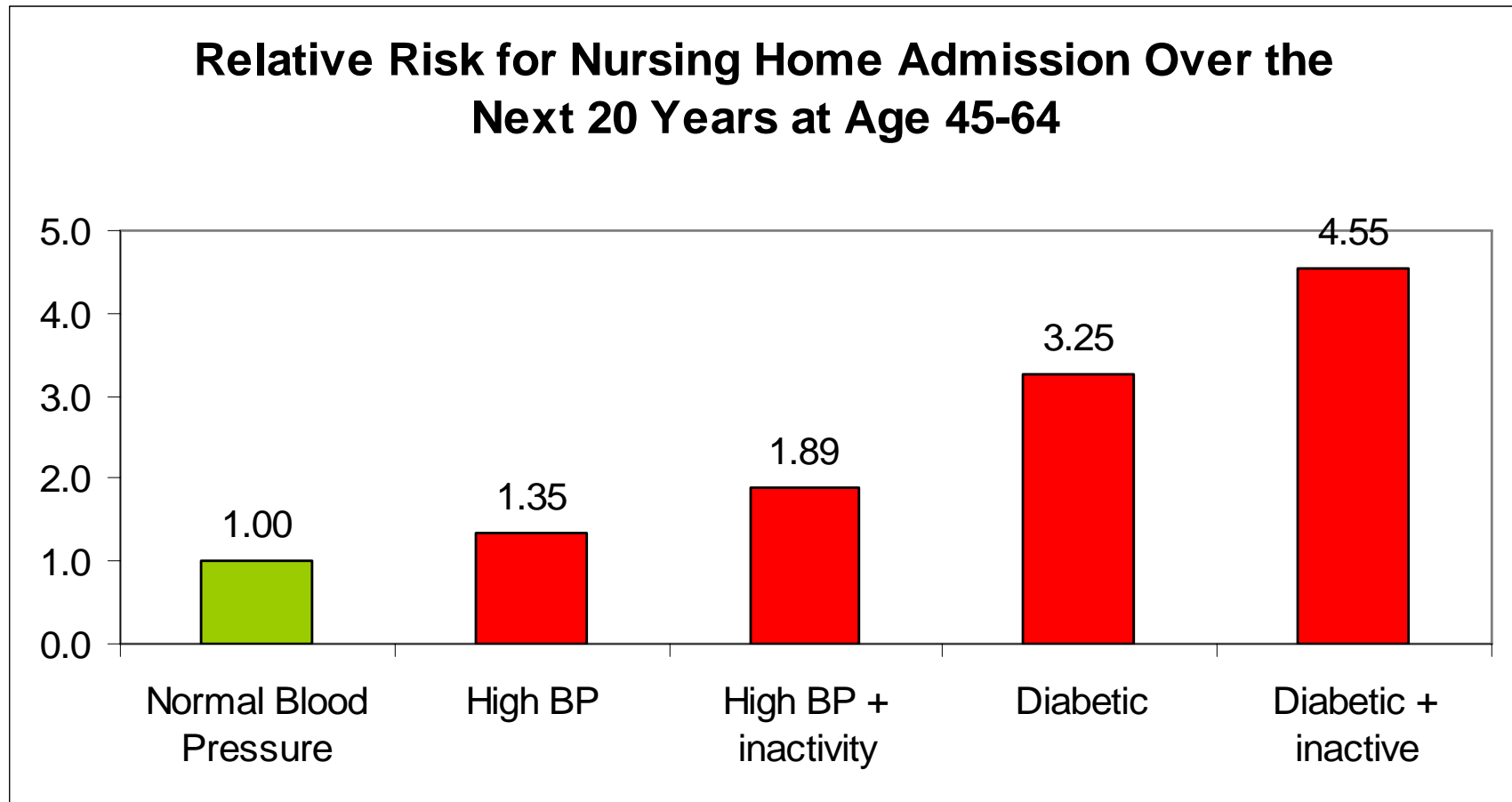


## Few Americans Plan Ahead for LTC Needs

- **Less than 10% of those age 65+ own a long term care insurance policy**
- **Long term care insurance policies can be expensive and may be unaffordable for many middle-income Americans.**
- **Baby boomers had children later than any previous generation and worry more about college tuition than financing future LTC needs**
- **Older adults own nearly \$3 trillion in home equity, yet few take advantage of methods to tap this resource.**



# Lifestyle Choices Affect Nursing Home Use



**Source:** Valiyeva E, et al. Lifestyle-Related Risk Factors and Risk of Future Nursing Home Admission. Archives of Internal Medicine. 2006; 166:985-90. May 8, 2006.



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# Home Care Dynamics

Mary Alexander  
Home Instead Senior Care®

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# FACT

89% of older adults  
expect to  
age in place

Source: AARP



# Basic Needs Must Be Met

- Activities of Daily Living
- Instrumental Activities of Daily Living
- Safe and Secure Environment



# FACT

## Baby Boomers

- Will spend an average of 17 years caring for a child
- Will spend an average of 18 years caring for an aging parent

Source: CSA



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# FACT

1 out of 4 households  
will be involved in care  
giving to someone 50+

Source: CSA



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# Home Care is Exploding

# Choice



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# FACT

Approximately 20,000  
providers deliver  
home care services to  
7.6 million individuals

Source: NPDA



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# Keep Home Care Affordable

- Implementing regulation that suits the emerging private duty industry
- Recognizing the non-medical private duty industry with practical labor laws
- Advocating for practical regulation that supports the private duty industry
- Encouraging education and growth of the long-term care insurance industry



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# Home Care Provider Selection

- Background Check
- Training
- Bonded
- Workers Comp Insurance
- Reliability
- Responsiveness



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Mary Alexander



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# NURSING FACILITY CARE

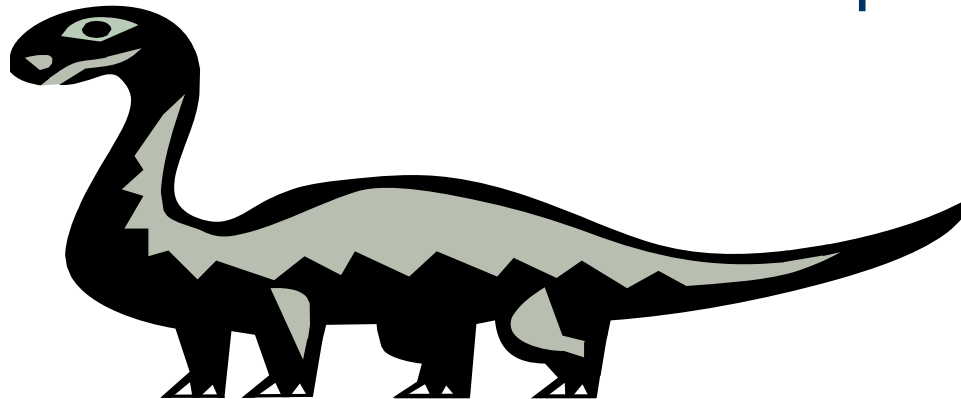
JANICE ZALEN  
AMERICAN HEALTH CARE  
ASSOCIATION



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# Nursing Facilities (NFs) Embrace Change

- AHCA's Guiding Principles
  - LTC should meet consumers' and families' needs and respond to preferences
  - An array of services by quality driven providers across the LTC spectrum



# Demographics and Need

- Need for LTC services will escalate in tandem with the aging of America
  - For many individuals with severe functional or cognitive deficits, NFs remain the setting of choice
  - The NF use percentage rate among the oldest dropped, but the number of oldest is rising dramatically



# NFs Adapt to Change

- Quality Campaign: Advancing Excellence in America's Nursing Homes
  - Improving quality of life for residents and staff
    - Clinical goals, e.g., improve management and treatment of pain,
    - Organizational goals, e.g., measure resident/family satisfaction
  - Public-private partnership



# Quality Campaign: Advancing Excellence

- Measurable standards of quality
  - To prove to the wider community that NFs provide excellent care
  - Because consumers and payers will demand it
  - To appeal to Baby Boomers for their parents



# NFs Adapt to Change

- Culture change: patient-centered care
  - Green House Project in Mississippi
    - 24 additional sites in development
  - Wellspring Alliance
    - Began in WI, spreading to other states
- Alzheimer's Disease



# NFs Adapt to Change

- Decrease in Medicaid NF residents
- Increase in Medicare short-term rehabilitation patients
  - Manor Care: Average stay went from 2 years to 3 months
  - MA: One-half the residents are short-term rehab stays
  - National NF Surveys show: :
    - Accelerated rate of discharge (56% increase) between 1977 - 1999
    - Percentage of Medicare residents tripled from '85 –'99



# NFs Adapt to Change

- Many companies are diversifying
  - Offering assisted living
  - Offering home and community based services
  - Offering hospice services
  - Offering home care



# Managed Care

- AHCA Principle: Managed care policies should recognize that long term care and post acute care deliver services that are distinct from acute care
- Medicare's Special Needs Plan and Medicaid's Benchmark Benefits likely to increase managed care in long term care
- Leads to more acute patients in NFs



# Some NF Concerns

- Adequate payment for the more fragile, acute population
  - Medicaid/Medicare rates
  - Need infusion of private dollars
- Staffing shortages
- Quality care across settings and appropriate and sufficient services across settings
- Managed long term care
- Changes to Medicaid, e.g., eligibility

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# What's Really Happening to Long-Term Care?

Stephen Moses  
Center for LTC Reform  
[www.centerltc.com](http://www.centerltc.com)



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## Download Steve's Topic Paper at:

- The ILTCI website – Session 47:

[www.ILTCIConf.org](http://www.ILTCIConf.org)

- The Center for Long Term Care Reform's website

<http://www.centerltc.com/bullets/archives2006/664.htm>



## LTC Bullet: New LTC Research and What It Means for You

Wednesday, November 29, 2006

Seattle--

LTC Comment: One new report shows a sharp decline in nursing home utilization, but another confirms 7% of Medicaid beneficiaries who use LTC account for 52% of the program's costs. What does this mean for LTCi, reverse mortgages and the Medicaid safety net? Answers after the \*\*\*news.\*\*\* [omitted]

### LTC BULLET: NEW LTC RESEARCH AND WHAT IT MEANS FOR YOU

LTC Comment: In the past week or so, two new studies have appeared that shed some very interesting light on America's long-term care service delivery and financing system.

On the one hand, nursing home utilization by people over the age of 65 has plummeted. For more on that, see <http://www.lewin.com/> where you'll find The Lewin Group's new study and a webcast by its author, Lisa Alexih, describing her findings followed by a panel discussion. For a quick overview, go to the UPI article at <http://www.upi.com/HealthBusiness/view.php?StoryID=20061121-044652-2717r>. Bottom line, according to the UPI piece:

"The study showed that, since 1999, the number of people aged 65 and older in nursing homes dropped more than 8 percent from 1.44 million to 1.32 million, but more dramatically, nursing-home use among the 'oldest old' fell by a full two-thirds, from 21.1 percent in 1985 to 13.9 percent in 2004. Without this shift away from nursing-home care -- which was the only long-term-care option 20 years ago -- and toward community-based care, nearly 2 million seniors would be living in nursing homes today. But instead, the nursing-home population is dropping towards half that number, or 1.32 million residents as of 2004."

Wow, great news! Fewer elderly people dying slowly in nursing homes and more octogenarians living longer, happier lives in their own homes and communities.

But now, juxtapose this upbeat trend and prognostication with findings from another new study. This one's published by the Kaiser Commission on Medicaid and the Uninsured and available at <http://www.kff.org/medicaid/7576.cfm>. Here are the highlights:

"Medicaid long-term care users accounted for 7% of the Medicaid population in 2002 but over half (52%) of total Medicaid spending. . . .

"One-third of elderly Medicaid enrollees used long-term care services, but they accounted for 86% of all Medicaid spending on the elderly. . . .

"Fifteen percent of beneficiaries classified as disabled used long-term care services, but they accounted for 58% of all Medicaid spending on the disabled.

"Dual eligibles [Medicaid recipients who also receive Medicare benefits] accounted for two-thirds of Medicaid enrollees who used long-term services and a similar share of spending. . . ."

LTC Comment: Whoa! Let me see if I have this right. The good news is that fewer people reside in nursing homes. The bad news is that LTC is the monster that ate Medicaid.

So, how come everyone's so happy about the decline in nursing home utilization when long-term care in general is a huge part of Medicaid already and likely to grow exponentially in the decades ahead?

The answer is that most academics and government (state and federal) policy makers think home and community-based long-term care is cheaper to provide than nursing home care. So, they figure, no matter how big the LTC problem is in the future, at least it's smaller than it would have been if we were still warehousing all the elderly in expensive nursing homes. Medicaid should be able to provide more long-term care to more people at the same or lower cost. At least, that's what they think.

Now, let's analyze this situation based on the hard lessons learned by the private long-term care insurance industry over the past twenty years.

When LTCi was mostly nursing home insurance, policy holders were loath to file claims. Who wants to go to a nursing home?

As LTCi expanded to include among its benefits home care, assisted living, adult day care, respite care, case management, etc., etc., the whole claims dynamic changed. Now everyone with a policy wants to collect all the LTC benefits they can legitimately claim and more if they can get away with it.

Result? More claims from more insureds, higher costs, rising premiums, tougher sales, lower profits, a flat or declining market, and companies exiting the business. Sound familiar?

What makes the advocates of government-financed long-term care think their experience will be any different? Certainly, it won't.

As Medicaid converts from funding primarily nursing home care to primarily home and community-based care, the welfare program--already a huge drain on state and federal budgets--will undergo the same consequences as the private LTCi industry.

To wit, demand for Medicaid will increase when the program offers services people want instead of nursing home care. Medicaid estate planning will grow if it gets people home

and community-based care, and even in some states, Medicaid payments for relatives to provide the care. Demand for private LTC insurance and reverse mortgages--the two major private financing alternatives for long-term care--will decline. Why pay premiums or use your home equity if government will provide the services previously only available to private payers? Either Medicaid program costs will explode or long lines will form of eligibles waiting for access to services. Neither eventuality will please consumers or voters.

Clearly, both public and private financing of long-term care are heading toward a total meltdown. And it's all so completely unnecessary. The solution is obvious and easy. Well, it's easy practically speaking if not politically.

The solution is to target Medicaid-financed long-term care to people truly in need. Stop using Medicaid as inheritance insurance for baby-boomer heirs. Tighten up the eligibility rules; shut down Medicaid estate planning; enforce liens and estate recoveries. Then take some of the savings from these measures and use them to educate and incentivize people to purchase long-term care insurance and to use home equity conversion.

Do these things and, within a decade, the long-term care financing crisis will be resolved. Extra private LTC financing will save the public safety net. The elderly will get better care in the most appropriate settings whether they pay privately or depend on public assistance. LTC providers will thrive. Wall Street will again offer the debt and equity capital to build, operate and maintain the huge infrastructure we will need someday to care for aging boomers.

It can be done. But it will take more insight and will than most academics and public policy makers bring to these issues and questions today. In time, of course, demographics and fiscal reality will force their hands. If they stay on the present course, Medicaid and Medicare will collapse, private insurance and reverse mortgages will explode in popularity among those who can afford them, but the poor will suffer tremendously.

It's up to us who see what's coming, to sound the warning and urge responsible changes in policy. But we're in a race against the clock and the clock's winning.

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# Trends Making Policy?

Lisa Alecxih, Vice President



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# LTCI Facing the Future

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PAUL FORTE  
LONG TERM CARE PARTNERS, LLC  
(Administering the Federal LTCi Program)



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