



26th Annual
**ELDER LAW
FORUM**

SESSION II: Starting Soon...

**Access to Handouts
Available in the Chat**

WELCOME! HOUSEKEEPING:

- Your mics are muted
- Click link in “Chat” to view materials for today’s program
- Type questions for speakers into Q&A section at the bottom of your screen
- Fill out Survey following program
- Social workers: be present for entire program and fill out evaluation form for CE credits





26th Annual
ELDER LAW FORUM **INTRODUCTION**

Louis W. Pierro, Founding Partner
Pierro, Connor & Strauss LLC



RECAP: SESSION I

“Medicaid Eligibility in
New York :
New Rules, Current
Trends and Future
Challenges”

 **26th Annual
ELDER LAW
FORUM**



Valerie Bogart
NYLAG



Al Cardillo
Home Care Ass'n
of NYS



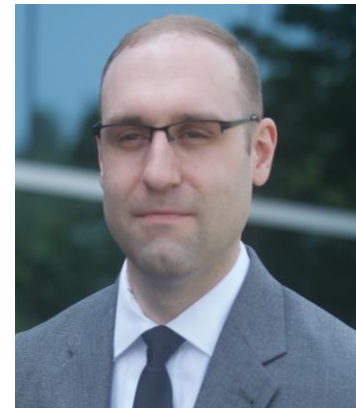
Peter J. Strauss
Pierro, Connor &
Strauss



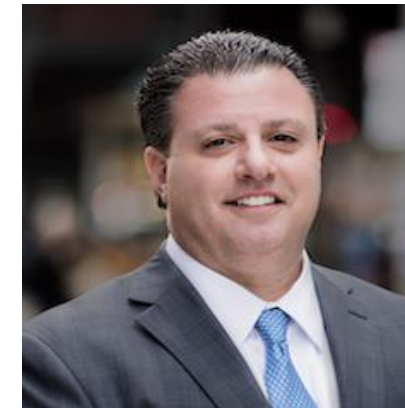
Nadia Arginteanu
NYSARC Trust
Services



Nora Baratto
EverHome Care
Advisors



Frank E. Hemming
Pierro, Connor &
Strauss



Frank Melia
Quontic Bank



Suzanne Paolucci
NY Care
Consultants

Watch Session I

www.pierrolaw.com/learning/videos

26TH ANNUAL VIRTUAL ELDER LAW FORUM

26th Annual Elder Law Forum...
Louis Pierro & Valerie Bogart
Introduction to the Forum
Medicaid Update: New York's New Home Care Rules and Other Developments

INTRODUCTION & MEDICAID UPDATE FROM VALERIE BOGART

26th Annual Elder Law Forum...
Al Cardillo
The Future of Home Care in a Post-Covid World: Overcoming The Challenges Faced by New York's Home Care Providers

THE FUTURE OF HOME CARE BY AL CARDILLO

26th Annual Elder Law Forum...
Medicaid Rule Changes Illustrated through a Case Study
Moderator: Peter J. Strauss, Esq., Senior Partner, Pierro, Corcoran & Strauss
Panelists: Frank M. Henning II, Esq., Assistant Partner, Corcoran & Strauss; Paula Ajajkiana, Esq., Director of Legal Affairs, NY State Office of Temporary and Disability Assistance; Nora Barullo, Esq., Director of Client Services, Spohnberg Care Advisors; Rebecca Paskov, Esq., Owner, NY Care Consultants; Frank M. Henning II, Esq., Vice President, Oakley, Runk

MEDICAID HOME CARE APPLICATION CASE STUDY

26th Annual Elder Law Forum...
Panel on Fair Hearings and Appeals
Panelists: Peter J. Strauss, Esq., Senior Partner, Pierro, Corcoran & Strauss; Frank E. Henning II, Esq., Senior Associate Attorney, Pierro, Corcoran & Strauss; Rebecca Paskov, Esq., Owner, NY Care Consultants; Valerie Bogart, Director of Legal Programs, New York Legal Assistance Group (NYLAG)

PANEL ON FAIR HEARINGS AND APPEALS

Our Sponsors: Thank You!



Our Attorneys



Louis Pierro



Aaron Connor



Peter Strauss



Caryn Keppler



Harvey Schneider



Victor Oberting



Anthony Khatchoui



Frank Hemming



Lorese Phillips



Theresa Skaine



Jiah Kim



Michael Gadomski

FORUM AGENDA



8:35

Welcome & Remarks (Video)

Senator Kirsten Gillibrand, U.S Senate
Special Committee on Aging

8:40

Washington Update

David Goldfarb, Director of Advocacy,
National Academy of Elder Law Attorneys

9:10

Live Interview with State Lawmakers

Sue Serino, NYS Senate, District 41
John McDonald III, NYS Assembly, District 108

9:45

The Nursing Home Dilemma

Moderator: Aaron Connor, Esq., Managing Partner, Pierro,
Connor & Strauss
James Clyne, President, LeadingAge New York
Beth Finkel, State Director, AARP New York

10:20

Coffee Break

10:25

The Current State of Affairs at NYSOFA & NYSDOH

Moderator: Louis W. Pierro, Esq., Founding Partner, Pierro, Connor &
Strauss
Greg Olsen, Director, NYS Office for the Aging
Adam Herbst, Special Advisor to the Commissioner on Aging and Long-
Term Care, NYSDOH

11:00

Providing Insurance Options for Long-Term Care

Moderator: Louis W. Pierro, Esq., Founding Partner, Pierro, Connor & Strauss
Shawn Britt, Director of LTC Initiatives, Advanced Consulting Group, Nationwide
Darcy Soltys, Brokerage Health Sales Director, Mutual of Omaha

11:35

LTC's Holy Grail: A Public/Private Financing Option

Moderator: Louis W. Pierro, Esq., Founding Partner, Pierro, Connor & Strauss
Gail Holubinka, LTC Financing Consultant
Alan Evans, Vice President, Technology, ApolloCare LLC
Susan Vail, LMSW, EverHome Care Advisors

12:10

-

12:40

Elder Law Forum Wrap Up & Introduction of Break-Out Sessions

Private Insurance Options for LTC
Technology Solutions for LTC
Public Policy: Medicaid, Medicare & Alternative Solutions

ZOOM BREAKOUT SESSIONS

12:10 - 12:40pm



**AT THE END OF SESSION, CLICK ON LINK IN “CHAT”
CHOOSE 1 OUT OF 3 TOPICS:**

1. Private Insurance Options for LTC
2. Technology Solutions for LTC
3. Public Policy: Medicaid, Medicare & Alternative Solutions



Senator Kirsten Gillibrand
U.S. Senate Special
Committee on Aging
“Welcome and Remarks” (video)

 *26th Annual*
**ELDER LAW
FORUM**

WELCOME & REMARKS



David M. Goldfarb



Director of Advocacy

**Washington Update: Current
Developments and Proposals from
Congress and the White House**

Washington Update: Current Developments and Proposals from Congress and the White House

June 4, 2021

**David Michael Goldfarb
Director of Advocacy
National Academy of Elder Law Attorneys**



About NAEELA

- A national non-profit association that represents approximately 4,500 attorneys who solve legal problems for older adults, people with disabilities, and their families.
- Community | Education | Advocacy

Advocacy Success

- ❑ Allow individuals to set up their own D4A trusts
- ❑ Stopped limits: to home equity/annuities/retroactive coverage
- ❑ Saved the medical expense deduction
- ❑ Forced SSA to retract POMS on legal fee approval for SNT drafting
- ❑ Protected SNTs from the new inherited IRA 10 year payout rules
- ❑ Extended spousal impoverishment protections for HCBS to 2023

LTSS Reform- a recent history

- Early in 2016- LTSS financing discussions start up post-CLASS repeal

- Later in 2016: Trump Elected
 - Per capita caps/eligibility cuts
 - Section 1115 Waiver fights
 - Smaller bipartisan success on HCBS

- COVID-19:
 - nursing home deaths/visitation ban
 - state budget shortfalls

- The focus today: HCBS HCBS HCBS

Recent Policy Changes

- ❑ Families First Act: 6.2% FMAP bump for Medicaid
 - Maintenance of effort (MOE) requirements
 - Battle over Trump HHS re-definition of MOE
- ❑ American Rescue Plan: States eligible for 10% FMAP Bump for HCBS
 - Must supplement, not supplant state spending
- ❑ Money Follows Person extended
- ❑ Spousal impoverishment protections for HCBS extended
- ❑ Direct service support professionals can attend during hospitalization

Medicaid Estate Recovery

- 1) Optional for states
- 2) Managed care recovery based on cost of care
- 3) Federal minimum standards for hardship



\$400 Billion for HCBS in American Jobs Plan



NAELA and Justice in Aging: Prompt Coverage



SSI Expansion. It could happen.



Looking to the Future of LTSS Financing

- ❑ Aging population
- ❑ State budget constraints/politics of revenue increases
- ❑ Economic Populism left and right
- ❑ Big undertakings: where does LTSS fall as a priority?
- ❑ Medicaid expansion; Medicare expansion; cash benefit; or a public-private partnership?



David M. Goldfarb

Director of Advocacy

Contact:

dgoldfarb@naela.org

Join Now:

https://www.naela.org/Web/Join_NAELA/Join_NAELA_Main.aspx





Dan Bazile

News Anchor

SPECTRUM
NEWS

Policies that Support Seniors and Disabled New Yorkers

**LIVE
INTERVIEW
WITH
STATE
LAWMAKERS**



**Assembly Member
John McDonald III**



**Senator
Sue Serino**



**Spectrum News,
Dan Bazile**



**Assembly Member
John McDonald III**



**Senator
Sue Serino**

The Nursing Home Dilemma: Providing Safe, Affordable Care in a Post-Covid World

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Beth Finkel
State Director, AARP New York



Jim Clyne
President, LeadingAge New York



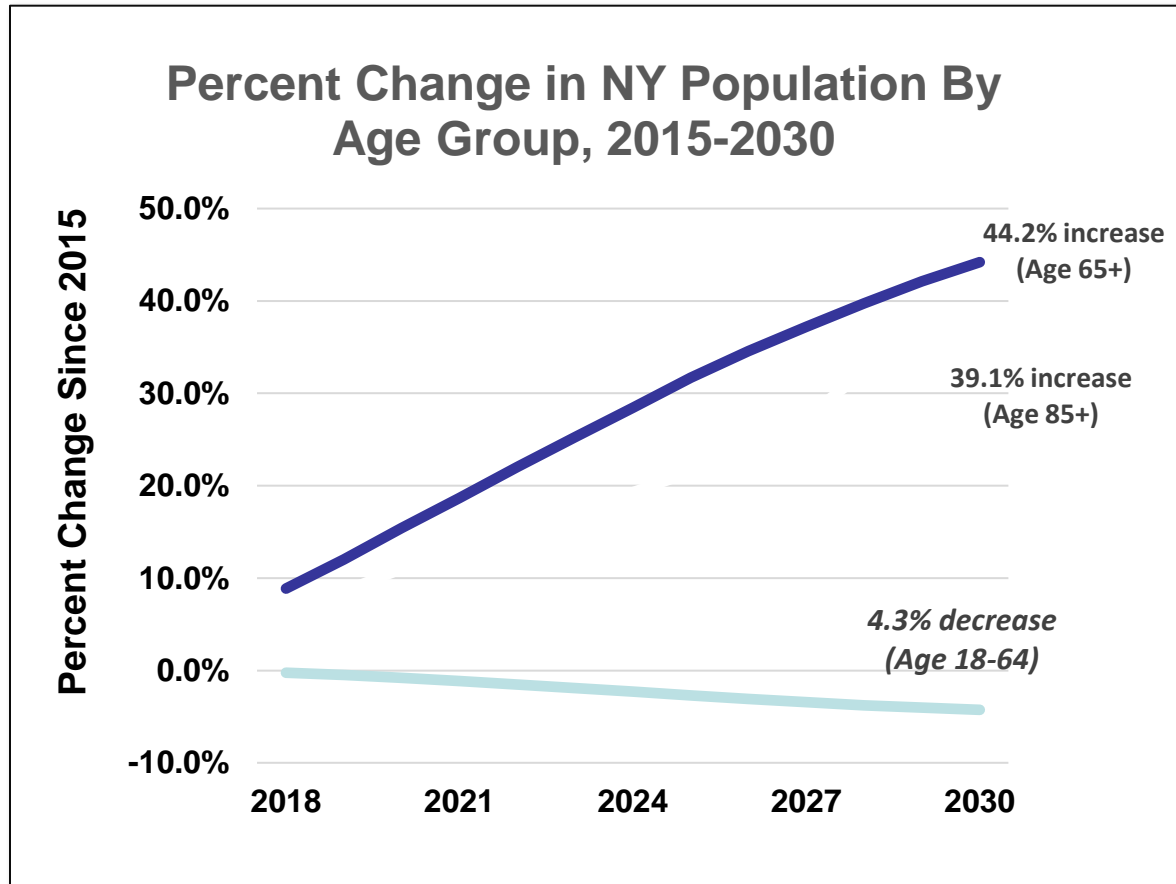
The Nursing Home Dilemma: Providing Safe, Affordable Care in a Post-Covid World

June 4, 2021

James W. Clyne, Jr.
President & CEO
LeadingAge New York



Demographic Realities



Source: Cornell University Program on Applied Demographics

Workforce Challenges Increasing

- Growth of the non-working-age (dependent) population – those aged 0 to 14 and 65 and older – is outpacing the growth of the working-age population
- In the last decade, the non-working-age population grew by 13.1 million in the US, a 12.9% increase, while the working-age population increased by 6.4 million or 3.1%
- By 2030 aging baby boomers will expand the size of the older population so that 1 in every 5 residents will be of retirement age
- Worker shortages increase Medicaid LTC costs and limit access to community-based care

Source: US Census

Nursing Home Population

Nursing home residents have significant medical and ADL assistance needs:

- Eighty-five percent of nursing home residents in New York are over age 65, and 38 percent are over age 85
- Ninety-seven percent of nursing home residents in New York require assistance with toileting, and forty percent require two people to assist with sitting up or turning in bed
- Most long-term nursing home residents exhibit multiple chronic illnesses and serious comorbidities – including respiratory illnesses, circulatory conditions and diabetes
- Over half of all nursing home residents have diagnoses of Alzheimer’s Disease or other forms of dementia, a major impediment to care in the community
- *The state’s HCBS offerings are robust and spending is well higher than all states other than California. NY represents 11.1% of all US HCBS spending.*

Sources: CMS MDS Frequency Report; Kaiser Family Foundation

Workforce Pressures

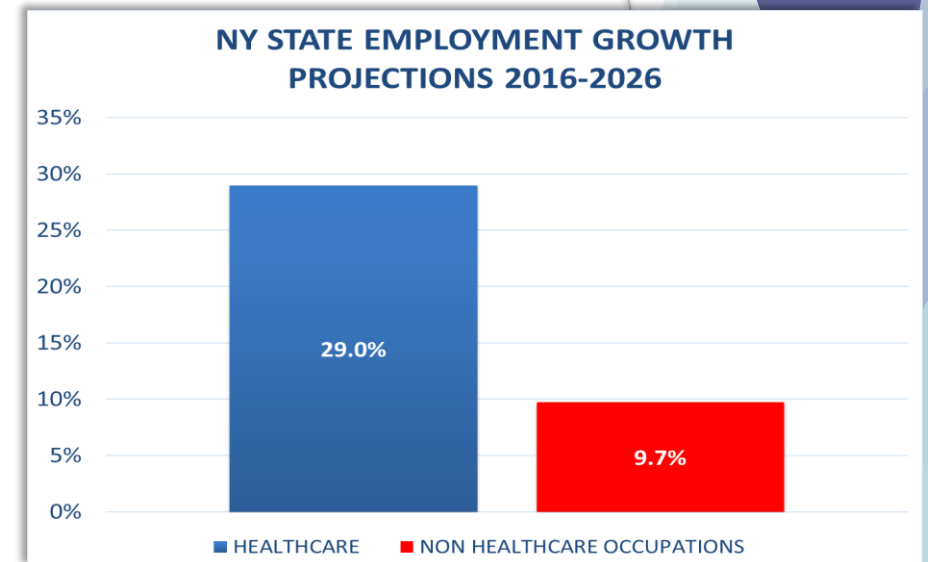
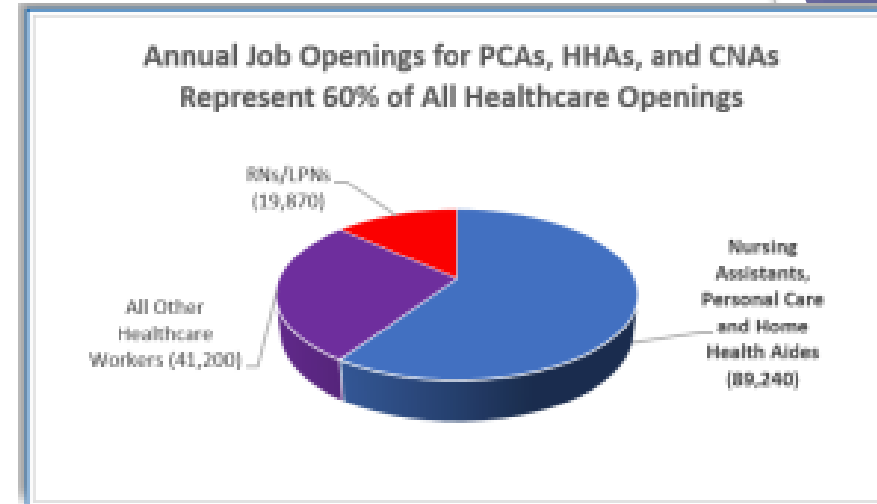
COVID has exacerbated longstanding LTPAC workforce shortages

- Healthcare worker demand outpaces other sectors
- Personal and home health care workers, nursing assistants in greatest demand

Even before the pandemic:

- 59 percent of home care agencies reported difficulty hiring full-time workers
- Between 2013 and 2017 nursing assistant graduation rates decreased by 44% in New York
- 69 percent of nursing homes reported difficulty hiring workers for evening, night, and weekend shifts

Source: Center for Health Workforce Studies, School of Public Health, SUNY Albany



Finances

Inadequate Reimbursement

- Nursing home rates are based on 2007 Medicaid allowable costs reduced by 9 percent
- No inflation adjustments to operating rates since 2008
- Need to increase wages annually to maintain quality workforce, comply with collective bargaining contracts

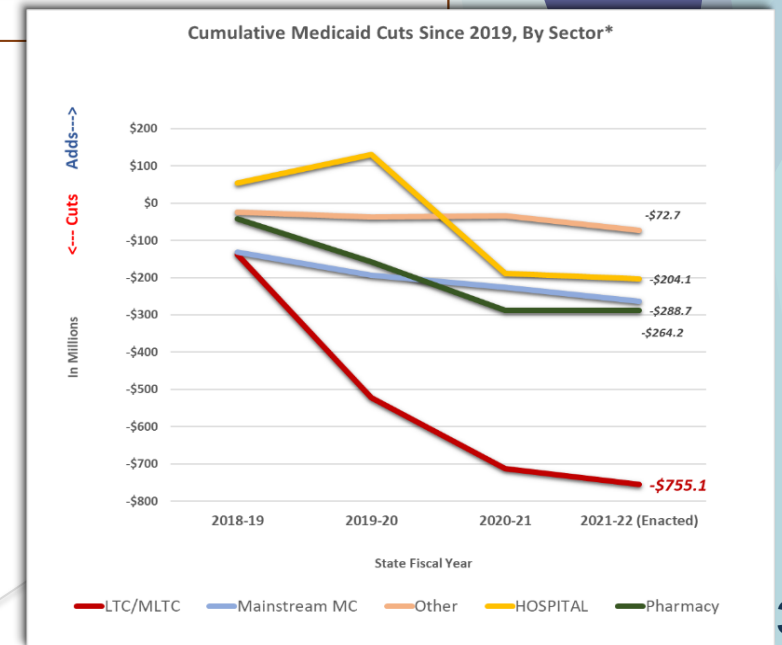
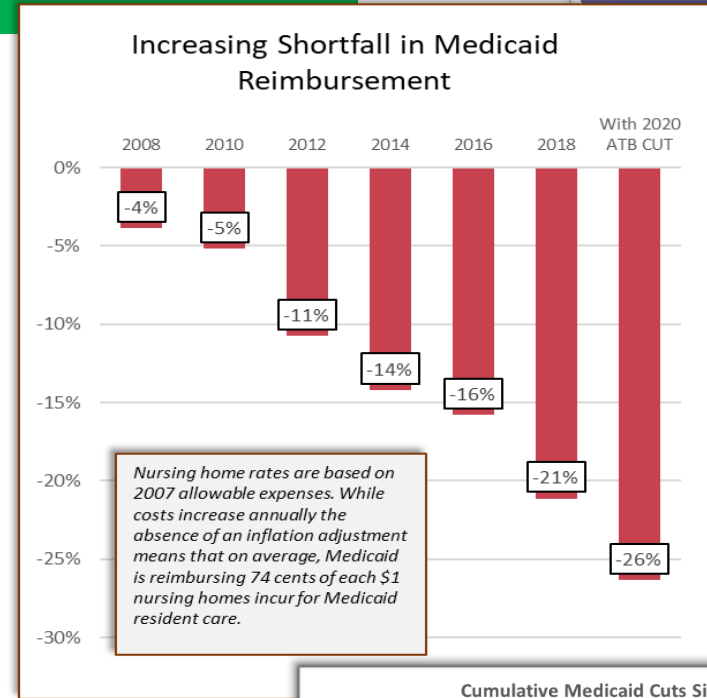
Additional Cuts

- 1.5% across-the-board Medicaid payment cut continues
- 5% capital reimbursement cut continues
- MRT-II savings provisions further reduce spending for LTC services
- Mandatory NH staffing levels – increased competition for non-existent workers

Result

- Median nursing home rate of \$205 Upstate, \$275 Downstate (while statewide private pay rates reflective of actual cost of care average \$382 for a semi-private room)
- NY Medicaid rate falls \$64 short of covering actual cost of care, the largest shortfall of the 28 states analyzed
- 65% of non-profit nursing homes operating at a loss, over 50 have sold or closed since 2014

Sources: NYS DOH Nursing Home Medicaid Benchmark Rates; Hansen Hunter Company Report on Shortfalls in Medicaid Funding for Nursing Center Care, 2018; Genworth Cost of Care Survey, 2019

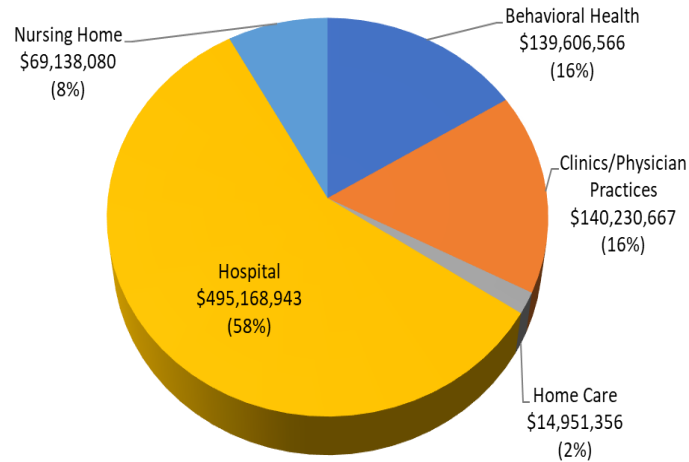


Finances

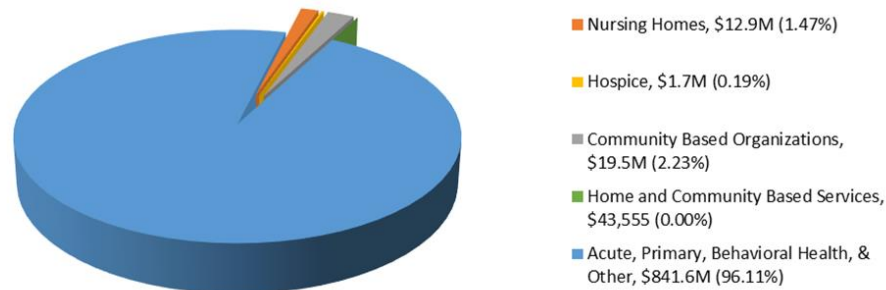
Nursing Homes Exemplify the Underinvestment in LTC System:

- Only about 2% of DSRIP funds and 10% of the Statewide Health Care Facility Transformation Grant funds have been allocated to long-term care providers

Capital Transformation Grants Phase I, II, IIA



DSRIP PPS Funds Flow Distribution, DY1 Q1 Through DY4 Q3, Aggregate



Note: Home and Community Based Services was included in the All Other category until DY3 Q2, when it began to be reported separately.

Source: LeadingAge New York analysis of DSRIP PPS Quarterly Report data.

June 2019

COVID-19

Nursing homes were are the forefront of the fight to protect the most vulnerable

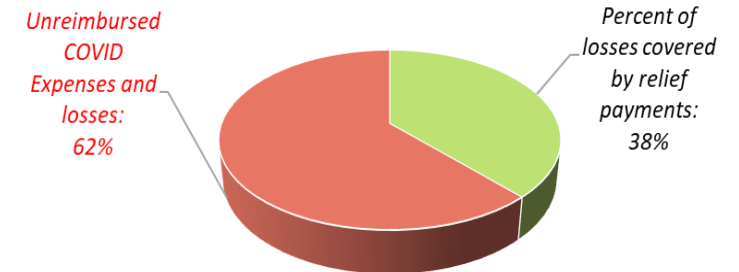
COVID-19 Impact on Staff

- Lack of public recognition/support, emotional devastation
- State guidance tended to be last minute, unclear, punitive, in conflict with CDC guidance
- Frustration, burn-out, loss of talent
- NY continues to lag behind CDC and CMS adopting policies that follow the science
 - twice weekly staff testing of vaccinated and recently-recovered staff; prohibiting close contact and unmasking among vaccinated residents

COVID-19 Impact on Finances

- All of the above exacerbated by increased financial pressures
- Additional staff costs: incentive pay, overtime, contract staff, other supports
- Protective equipment and other safety measure costs
- For months homes spent an estimated \$35 million weekly on staff testing alone
 - Average of \$100 per PCR test
 - Point-of-care tests require dedicated staff member/salary
- Revenue loss from lower occupancy, fewer Medicare stays due to elective surgery suspension
- NY cut rates by 1.5%, while 37 states (of 43 responding to Medicaid Director's Survey) increased NH Medicaid rates
- Critically needed federal relief funding helps but covers just a portion of financial impact
- Not-for-profit providers at elevated risk of closure/sale

Example of COVID Losses Compared to Federal Relief Experienced by Typical Nursing Home



New federal long-term care financing system needed

- CLASS Act never given a chance
- Rep. Tom Suozzi soon to introduce legislation
 - Well-Being Insurance for Seniors to be at Home (WISH) Act, aims for a public-private partnership that would revitalizing LTC insurance by time-limiting risk
- Washington State and Hawaii have gone the furthest in state reforms; others are at various stages of the policy development process.
 - Washington is implementing payroll tax to support a state-operated, long-term care (LTC) insurance program. Premium collection for the LTSS program is scheduled to begin in 2022, with full program implementation in January 2025.
 - Hawaii has implemented a program expanding home and community-based services for non-poor elders who do not meet Medicaid eligibility criteria.

State policies should support new models of nursing home care and alternatives to nursing homes for low- and middle-income individuals

- Rate increases to support recruitment of staff, including clinical staff to treat higher acuity, medically-complex residents; long COVID
- Expansion of small house and GreenHouse models
 - Smaller units and dedicated staff support infection prevention
 - Require investment in capital and staff
- Capital investment to eliminate shared rooms and create more separate units
 - New 70/40 spending requirements law will discourage capital investment
- Affordable assisted living
 - Need more capacity in Medicaid Assisted Living Program
 - Support for middle income models
- Affordable senior housing with services

SAFE, AFFORDABLE NURSING HOMES IN A POST-COVID WORLD

AARP NY's 5-Point Nursing Home Reform Plan

1. Quality Care: require nursing homes to spend more on direct care and increase staffing levels; ensure strict compliance with infectious disease controls; and provide regular and ongoing testing, adequate personal protective equipment (PPE), and oversight through in-person access by formal advocates known as long-term care ombudsmen – including increasing staffing for the LTC Ombudsman program.



AARP NY's 5-Point Nursing Home Reform Plan

- **2. Retroactive Repeal of Legal Immunity:** Stop shielding long-term care facilities for any negligent care delivered earlier in the pandemic. Pursuing legal action is not an easy thing to do, and no family member who has lost a loved one due to neglect or abuse pursues this course of action lightly. It is always an option of last resort and must remain an option for families.

AARP NY's 5-Point Nursing Home Reform Plan

- **3. Transparency:** Require daily reporting of data on fatalities and infectious disease rates of staff and residents in all nursing homes and adult care facilities with a publicly available annual report to the Legislature.

AARP NY's 5-Point Nursing Home Reform Plan

- **4. Home-and Community-Based Services:** Increase State funding by \$27 million to help New Yorkers remain in their own homes, as the vast majority want. This funding would help end waiting lists for over 10,000 people seeking these services, which support family caregivers in helping older loved ones avoid costlier, mostly taxpayer-funded nursing homes.

AARP NY's 5-Point Nursing Home Reform Plan

- **5. Visitation:** Ensure **safe** in-person and virtual visitation, including compassionate care visits, thus addressing one of the biggest concerns AARP has heard from our members during the pandemic. Social interaction with family and friends is critical to the health and wellbeing of residents. In addition to the social connectivity and emotional support they provide, visitors are key members of the resident care team.

-



Ending Unsafe Involuntary Discharge

- The Governor signed into law S3058-Rivera/A3919-Hevesi in March to protect the safety of nursing home residents by cracking down on potentially unsafe discharges of nursing home residents to homeless shelters and other places unequipped to care for them.
- The overwhelming majority of those discharged are people of color from nursing homes in poor neighborhoods.

Create a NYS Long Term Care Task Force

- The NYS Legislature passed S598-May/A3922-Cruz in March to create a Long-Term Care Task Force to conduct a thorough review of NY's long term care system and create a roadmap to help better prepare for future pandemics/health emergencies.
- The bill still has not been sent to the Governor.
- Nationally, while those in nursing homes make up just 1% of the population, nursing home residents have accounted for about 40% of COVID deaths.
- New Yorkers of color have been hit hardest.
- AARP looks forward to working with consumers, long term care providers, and unions to seek solutions for the needs of our long term care system - which includes more support for family caregivers.
- NYS has reimagined many of the systems we depend on in light of the pandemic, such as schools and hospitals. The long-term care system deserves no less.

Caregiver Tax Credit

- Family caregivers spend about \$7,000 a year on average out of their own pockets. Hispanic caregivers spend even more, and African Americans spend a larger share of their income.
- In addition to fully funding home- and community-based services to help NYers age in their own homes – and support their unpaid family caregivers in helping them do so – NYS should enact a caregiver tax credit (S620-May/A6932-Kim).
- In Washington, the federal “Credit for Caring Act” has been introduced in Congress to help unpaid family caregivers offset up to \$5,000 in out-of-pocket expenses.

Looking to the Future

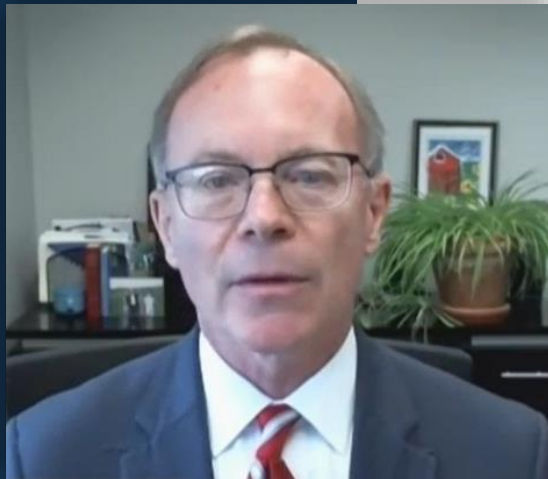
- We will always need nursing homes that provide safe, quality and affordable care.
- Nursing home employees do heroic work.
- So do family caregivers, who provide \$31 billion in unpaid care to older New Yorkers every year.
- We can improve overall long-term care affordability by supporting unpaid family caregivers in helping NYers age in their own homes, as the vast majority want.



Beth Finkel

State Director, AARP New York

Contact: bfinkel@aarp.org



Jim Clyne

President, LeadingAge New York

Contact: jclyne@leadingageny.org



Q&A



An overhead photograph of a group of people sitting around a dark wooden table. Five hands are visible, each holding a different style of coffee cup. The cups contain various coffee drinks, including lattes with foam and toppings, and a cup of black coffee. A white smartphone is on the table in the upper left, and a white tablet is in the lower right. The people are wearing casual clothing like plaid shirts and sweaters.

COFFEE BREAK
See you in 10 minutes!

ZOOM BREAKOUT SESSIONS

Following Session II



**AT THE END OF SESSION, CLICK ON LINK IN “CHAT”
CHOOSE 1 OUT OF 3 TOPICS:**

1. Private Insurance Options for LTC
2. Technology Solutions for LTC
3. Public Policy: Medicaid, Medicare & Alternative Solutions

The Impact of COVID on Aging in New York

26th Annual
ELDER LAW
FORUM



Greg Olsen
Director, NYSOFA



Adam Herbst
Special Advisor to the
Commissioner on Aging and
Long-Term Care, NYDOH



**Office for
the Aging**

The Impact of Covid-19 on Aging in New York: The Current State of Affairs at NYSOFA

Aging Network In NYS

Who We Serve – 1.5 Million Annually

*Most older adults rate their own health as positive

1. Healthy Older Adults – I and A, benefits and counseling, Prescription and Insurance counseling, volunteering, work
2. Individuals with Chronic Conditions – 41 highest level Evidenced Based Interventions (EBIs) serving almost 40,000 people
3. Those at risk of Medicaid spend-down and higher levels of care
4. Caregivers – 4.1 million in NY

NYSOFA Core Service Customers

- Focus on our customers - high risk, high cost individuals = those with chronic conditions and functional needs
 - Of top 5% of Medicare spenders – 61% have chronic conditions and functional limitations (account for 53% of total spending - almost \$400 billion)
 - Of top 20% of Medicare spenders – 46% have chronic conditions and functional limitations and 41% have 3 or more chronic conditions only
 - More likely to use ED and hospital inpatient
- CMS Identified top needs identified for this population:
 - HDM 19%
 - PC I and II 14%
 - Transportation 15%
 - CDSMP 14%

| | Personal Care II | Personal Care I | Home Delivered Meals | Adult Day Services | Case Management | Cluster 1 Clients |
|----------------------------|------------------|-----------------|----------------------|--------------------|-----------------|-------------------|
| Average Age | 84 | 82 | 81 | 82 | 81 | 81 |
| Age 75+ | 86% | 79% | 73% | 82% | 75% | 75% |
| Age 85+ | 54% | 44% | 42% | 45% | 43% | 43% |
| Female | 82% | 78% | 65% | 66% | 69% | 67% |
| Live Alone | 65% | 78% | 61% | 26% | 61% | 61% |
| Low Income | 55% | 56% | 40% | 31% | 42% | 41% |
| Rural | | | | | | 29% |
| Minority | 26% | 21% | 24% | 17% | 27% | 23% |
| ADL Count average | 3.49 | 1.60 | 1.90 | 3.25 | 2.06 | 1.99 |
| ADL 3+ | 64% | 24% | 29% | 57% | 32% | 31% |
| IADL Count average | 5.94 | 4.92 | 5.05 | 6.96 | 5.10 | 5.09 |
| IADL 3+ | 95% | 92% | 86% | 93% | 86% | 86% |
| High Nutrition Risk | 39% | 35% | 42% | 24% | 39% | 40% |
| Average BMI | 27.18 | 27.79 | 26.51 | 25.61 | 26.64 | 26.60 |

| | Congregate Meals | Nutrition Counseling | Assisted Transportation | Cluster 2 Clients (not using Cluster 1 services) |
|----------------------------|------------------|----------------------|-------------------------|--|
| Average Age | 76 | 79 | 79 | 76 |
| Age 75+ | 55% | 65% | 65% | 54% |
| Age 85+ | 20% | 33% | 32% | 19% |
| Female | 66% | 73% | 74% | 66% |
| Live Alone | 44% | 67% | 66% | 44% |
| Low Income | 40% | 44% | 42% | 40% |
| Rural | 14% | 37% | 49% | 14% |
| Minority | 40% | 17% | 22% | 40% |
| High Nutrition Risk | 19% | 48% | 22% | 18% |

| | Personal Care II | Personal Care I | Home Delivered Meals | Adult Day Services | Case Management |
|-------------------------------|------------------|-----------------|----------------------|--------------------|-----------------|
| Average Age | 84 | 82 | 81 | 82 | 81 |
| Average ADL | 3.49 | 1.60 | 1.90 | 3.25 | 2.06 |
| Average IADL | 5.94 | 4.92 | 5.05 | 6.96 | 5.10 |
| Average BMI | 27.18 | 27.79 | 26.51 | 25.61 | 26.64 |
| Average Monthly Income | N/A | N/A | N/A | N/A | N/A |

| ADL Type | Personal Care II | Personal Care I | Home Delivered Meals | Adult Day Services | Case Management |
|-------------------------|------------------|-----------------|----------------------|--------------------|-----------------|
| Bathing | 91.6% | 42.0% | 49.5% | 75.8% | 55.0% |
| Personal Hygiene | 55.3% | 18.4% | 22.4% | 63.7% | 25.1% |
| Dressing | 56.5% | 16.7% | 22.6% | 57.8% | 26.7% |
| Mobility | 71.1% | 51.1% | 57.6% | 40.6% | 58.9% |
| Transfer | 36.2% | 16.2% | 20.3% | 30.6% | 20.8% |
| Toileting | 28.4% | 12.0% | 14.2% | 37.7% | 16.0% |
| Eating | 11.4% | 4.0% | 5.1% | 24.4% | 5.6% |

| IADL Type | Personal Care II | Personal Care I | Home Delivered Meals | Adult Day Services | Case Management |
|--------------------------|------------------|-----------------|----------------------|--------------------|-----------------|
| Housekeeping/Cleaning | 99.2% | 98.5% | 83.0% | 92.3% | 86.6% |
| Shopping | 97.9% | 90.9% | 87.5% | 96.9% | 89.2% |
| Laundry | 96.6% | 90.0% | 73.2% | 91.3% | 78.0% |
| Transportation | 92.8% | 79.5% | 82.0% | 96.1% | 82.3% |
| Prepare Meal | 89.0% | 66.9% | 95.5% | 94.4% | 89.6% |
| Handle Personal Business | 60.4% | 37.7% | 48.2% | 92.6% | 49.6% |
| Use Telephone | 19.1% | 7.9% | 10.8% | 61.3% | 12.2% |
| Self-Admin of Medication | 42.2% | 22.7% | 29.9% | 87.6% | 29.6% |

| Number of Chronic Conditions | Personal Care II | Personal Care I | Home Delivered Meals | Adult Day Services | Case Management |
|------------------------------|------------------|-----------------|----------------------|--------------------|-----------------|
| 0 to 1 | 3.5% | 4.4% | 11.1% | 15.0% | 8.6% |
| 2 to 3 | 16.2% | 17.5% | 24.4% | 29.7% | 22.6% |
| 4 to 5 | 29.6% | 31.6% | 31.3% | 27.4% | 32.4% |
| 6 + | 50.7% | 46.5% | 33.2% | 27.9% | 36.4% |

Network Strengths

- Already established infrastructure/network with experience serving vulnerable populations
- Knowledge of community-based provider networks and can access them
- Experience with hospital transitions and evidence-based programs
- Cultural and linguistic competence
- Can help MCO reduce complaints and grievances
- Knowledge of community they serve and their varied needs
- Established relationships and trust
- In the home

Network Strengths

- Serve clients for life, not episode focused
- Have a holistic approach to support individuals in their homes
- Serve individuals across all care settings
- Are the eyes and ears of medical professionals in the home
- Provide one door for many services to support individuals in their homes
- Are the best value to improve the health of the community/people
- Have served their communities for over 40 years
- Not insurance driven

Mission driven but data informed:

- Cost avoidance
- Improved activations
- Improved satisfaction

Core Home and Community Based Services Provided by the Network of Aging Professionals

Coordinated with Local Network of Partners

- Home delivered meals (HDM)
- Congregate meals
- Nutrition counseling & education
- Senior center programming
- Health promotion and wellness
- Evidence Based Interventions – CDSMEs, fall prevention, etc.
- Volunteer opportunities
- Respite and caregiver supports
- Legal Services
- Home modifications, repairs
- Elder abuse prevention and mitigation
- NY Connects (ADRC) - LTSS I&A/R, options counseling, benefits and application assistance
- Health Insurance Information , Counseling and Assistance (HIICAP)
- Personal Care Level I and II (non-Medicaid)
- Case management
- Ancillary services such as PERS and assistive devices
- Social adult day services
- Transportation to needed medical appointments, community services and activities
- Long Term Care Ombudsman



Health and Impairment of Older Adults

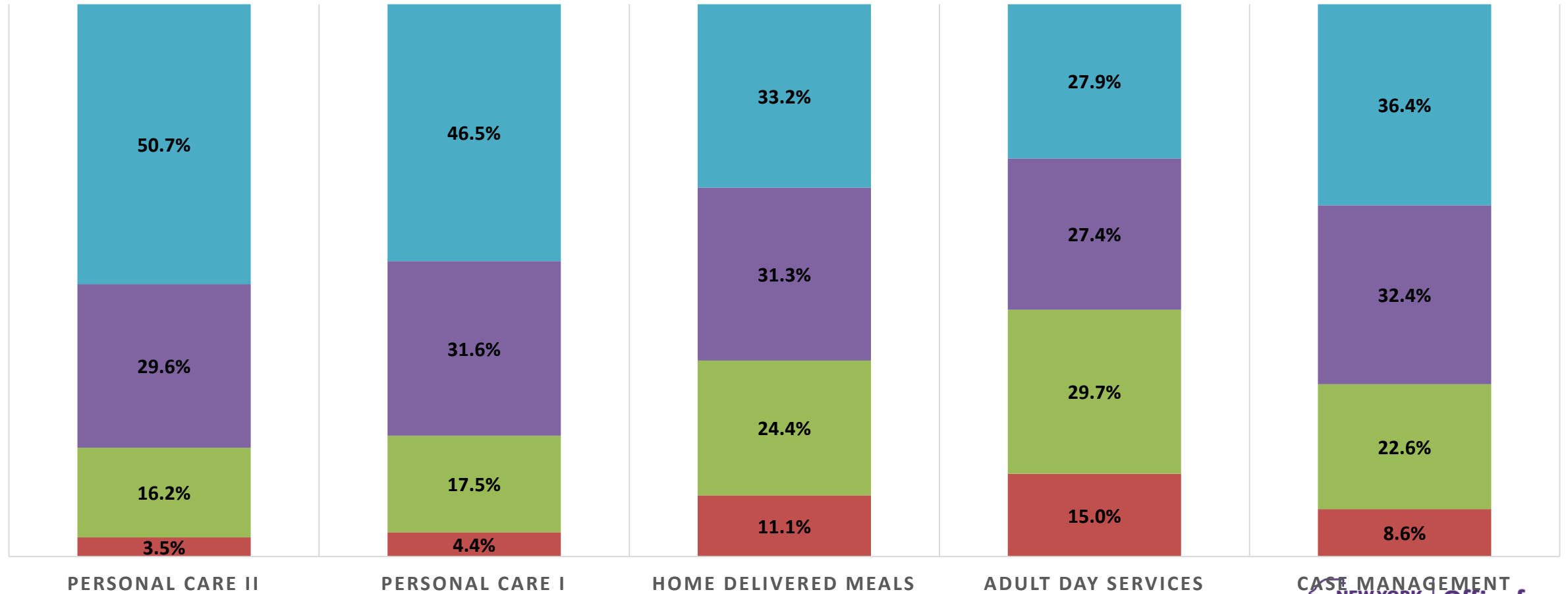
Chronic conditions are singled out as *the* major cause of illness, disability, and death in the United States.

It is estimated that the cost of chronic conditions will reach \$864 billion by 2040, with chronic conditions among older adults being more costly, disabling, and difficult to treat – and also the most preventable.

| New York State Population: Disability | |
|---------------------------------------|---|
| Age Group | % of Group with All Types of Disabilities |
| 5-20 | 4% |
| 21-64 | 9% |
| 65 and over | 35% |

PERCENTAGE OF CLIENTS BY NUMBER OF CHRONIC CONDITIONS

0 to 1 2 to 3 4 to 5 6 +



| | Personal Care II | Personal Care I | Home Delivered Meals | Adult Day Services | Case Management |
|--------------------------|------------------|-----------------|----------------------|--------------------|-----------------|
| Arthritis | 67.3% | 67.1% | 50.0% | 37.0% | 54.4% |
| Cancer | 15.2% | 16.8% | 12.4% | 11.7% | 12.4% |
| Congestive Heart Failure | 12.5% | 11.5% | 9.8% | 6.5% | 10.0% |
| Diabetes | 30.2% | 28.6% | 28.1% | 21.6% | 28.4% |
| Heart Disease | 40.0% | 39.3% | 33.0% | 27.0% | 33.7% |
| Incontinence | 17.2% | 11.1% | 8.5% | 13.1% | 10.5% |
| Parkinson's | 3.8% | 2.0% | 2.5% | 4.4% | 2.7% |
| Renal Disease | 4.6% | 3.9% | 3.5% | 3.5% | 3.4% |
| Respiratory Problems | 20.9% | 21.0% | 14.7% | 7.6% | 14.8% |
| Stroke | 14.2% | 10.7% | 9.8% | 12.8% | 10.2% |
| High Blood Pressure | 71.3% | 69.8% | 64.8% | 52.2% | 67.1% |
| Dementia/Alzheimer's | 16.4% | 7.0% | 12.2% | 64.3% | 12.8% |
| Alcoholism | .7% | 1.3% | 1.0% | 1.6% | .9% |
| Anemia | 8.3% | 6.7% | 5.6% | 4.6% | 6.1% |
| Anorexia | .2% | .0% | .1% | .2% | .1% |
| Constipation | 10.3% | 8.3% | 7.4% | 5.2% | 7.7% |
| Diarrhea | 2.1% | 2.1% | 1.3% | 1.2% | 1.4% |
| Colitis | 1.5% | 2.2% | 1.0% | .8% | 1.1% |
| Colostomy | .8% | .6% | .7% | .2% | .6% |
| Diverticulitis | 5.7% | 6.4% | 3.2% | 4.6% | 3.6% |
| Gall Bladder Disease | 3.6% | 4.0% | 2.0% | 2.8% | 2.2% |
| Hearing Impairment | 25.7% | 22.9% | 19.6% | 19.7% | 20.3% |
| Hiatal Hernia | 5.2% | 5.8% | 3.0% | 2.8% | 3.1% |
| Hyperglycemia | 1.1% | 1.1% | .7% | 1.3% | .7% |
| Hypoglycemia | .8% | .9% | .5% | .6% | .5% |
| Liver Problems | .7% | .9% | .8% | .4% | .8% |
| Low Blood Pressure | 1.9% | 1.9% | 1.3% | 1.5% | 1.2% |
| Osteoporosis | 22.4% | 22.2% | 13.7% | 12.4% | 15.4% |
| Smelling Impairment | 1.5% | 1.5% | .8% | 1.6% | .7% |
| Ulcer | 3.6% | 3.5% | 2.5% | 1.5% | 2.6% |
| Visual Impairment | 46.5% | 46.0% | 35.8% | 27.8% | 38.2% |
| Taste Impairment | 1.6% | 1.6% | .9% | 1.0% | .8% |
| High Cholesterol | 26.5% | 27.6% | 26.2% | 19.7% | 27.6% |

2019-20 Network Infrastructure

- 59 county-based Area Agencies on Aging (also called offices for the aging)
- 1,176 contractors
- 777 senior centers
- 819 congregate meal sites
- 315 central kitchens
- 2,057 HDM routes
- 41 Highest Level EBIs implemented through AAAs, serving 37,651 older New Yorkers
- 904 HIICAP and LTCOP volunteers
- 384 HIICAP counseling sites
- Require all Case Managers and HIICAP/SHIP Counselors to be state certified

COMPASS Comprehensive Assessment=Plan of Care

Info gathered during Assessment

- Personal Information
- Living Arrangement
- Elder Abuse/Neglect
- Frail/Disabled
- Caregiving Status
- Housing Status
- Home Safety Checklist
- Energy Checklist
- Social Interaction/Isolation
- Neighborhood Safety
- Pets
- Self Evacuation ability
- Medical Treatment Emergency Accommodation
- Health Status, Medical Insurance
- Chronic Illness and or Disability

Info gathered during Assessment

- Assistive Devices
- Health care visits – PCP, Dentist, Hospitalization, ER, Eye, Hearting
- PRI Score, UAS Assessment
- Legal Information – i.e. proxy, advance directives, MOLST
- Nutrition/NSI/BMI
- Psycho-Social Status – PHQ9, GAD7, CAGE-AID
- Loneliness/Isolation Scale
- Tech check
- Medication List
- Fall Risk Factors
- ADL/IADL History
- Services Receiving
- Informal Supports Status
- Income
- Veteran Status
- Benefits/Entitlements

Practical Examples

Successful discharge planning

Emergency room diversion

Reduction in social admissions

Patient satisfaction in partnership

Community interventions to address
social determinates of health

Social Determinates Interventions

- Allows for support in the community
- Low cost/high yield services to assist aging in place
- Numerous interventions that improve health care outcomes
- Ongoing support to enhance medical interventions

Update on: COVID-19 Impact

Priorities During Pandemic - Context

Accurate Information:

- There was, and still is a need to get accurate information out on the deadliness of the pandemic, the need for mask wearing, social distancing, self care protocols, etc.
 - Should not be political but it has been
 - Honesty, Fact-based, metrics
 - Take the New York CV19 CheckUp, a free, anonymous, personalized online tool that evaluates an individual's risks associated with COVID-19 based on their life situation and individual behavior and provides recommendations and resources to reduce those risks. <https://newyork.cv19checkup.org/>
 - Vaccination efficacy and assistance in delivery
 - Help make appointments
 - Provide transportation
 - In-home vaccinations
 - partnerships

Primary services that are in demand to date:

- Home delivered meals
- Groceries and supply deliveries
- Medication deliveries
- Transportation to critical services – dialysis, cancer treatments, etc.
- Combating social isolation
- Identifying and addressing elder abuse and scams

Flexibility

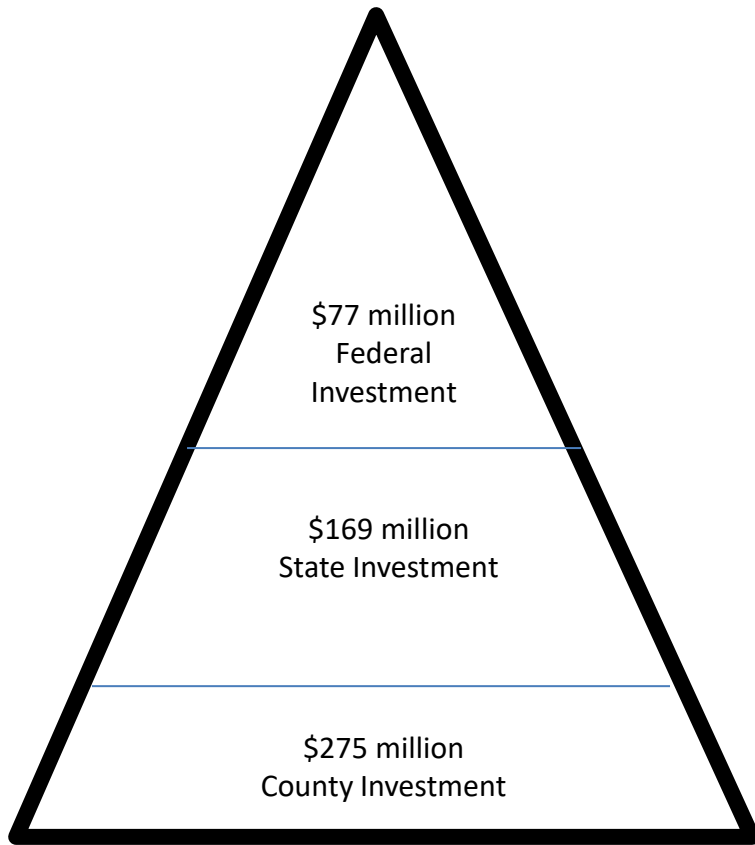
- Federal disaster declaration
- Governor Cuomo's Executive Orders
 - Essential workers
- Change in business model to remote where practicle
- PPE - we secured 1.875 million and delivered to all AAAs for everyone over 70+.
- Delivered more than 3,200 cases of hand sanitizer to the network
- Social isolation – networked retooled quickly to find ways to keep people connected
 - Animatronic Pet Project
 - Web based connectivity platforms
 - Telephone
 - Mental health helpline
 - Tech screen and tech solutions

Current Projects/Innovations

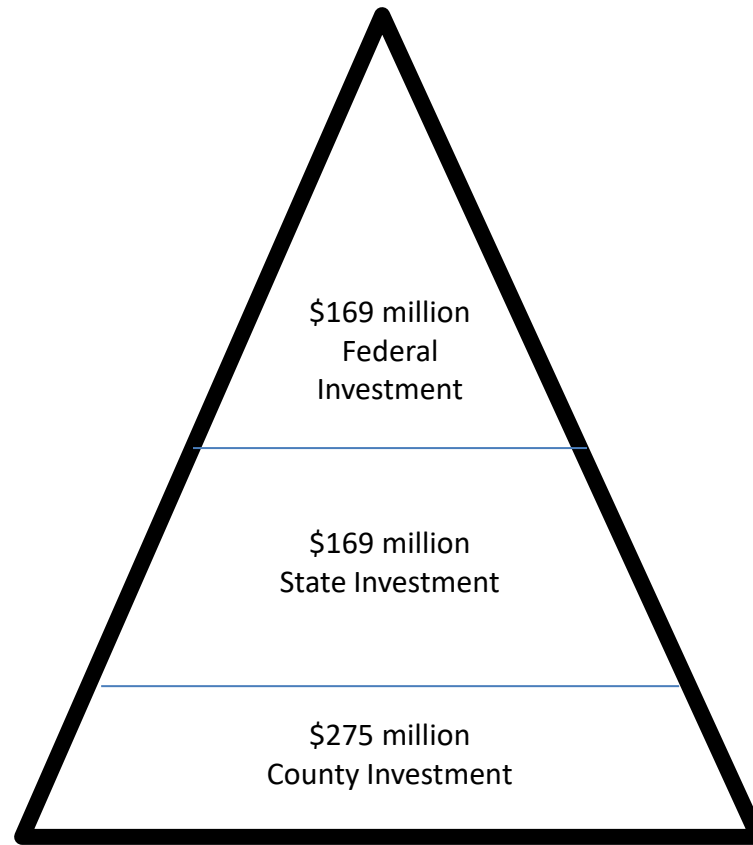
- Partnerships with health systems
- Age friendly health systems
- Replicate State Executive Order #190 at County Level
- VTAC and Village Movement
- Home Share Replication
- GoGo Grandparent
- Unmet Need Funding
- Private Pay Authorization
- TCare Pilot/Arch Angels/Caring Wire
- FEMA Nutrition and Restaurant Project
- Council on the Arts Pilot
- Virtual Senior Center/GetSetUp
- Tech Support – Tech assessment
- Stipend Expansion
- Animatronic Pet Project/Pets Together
- Caregiver support partnership and working caregiver business engagement

NYSOFA OAA Modernization Proposal

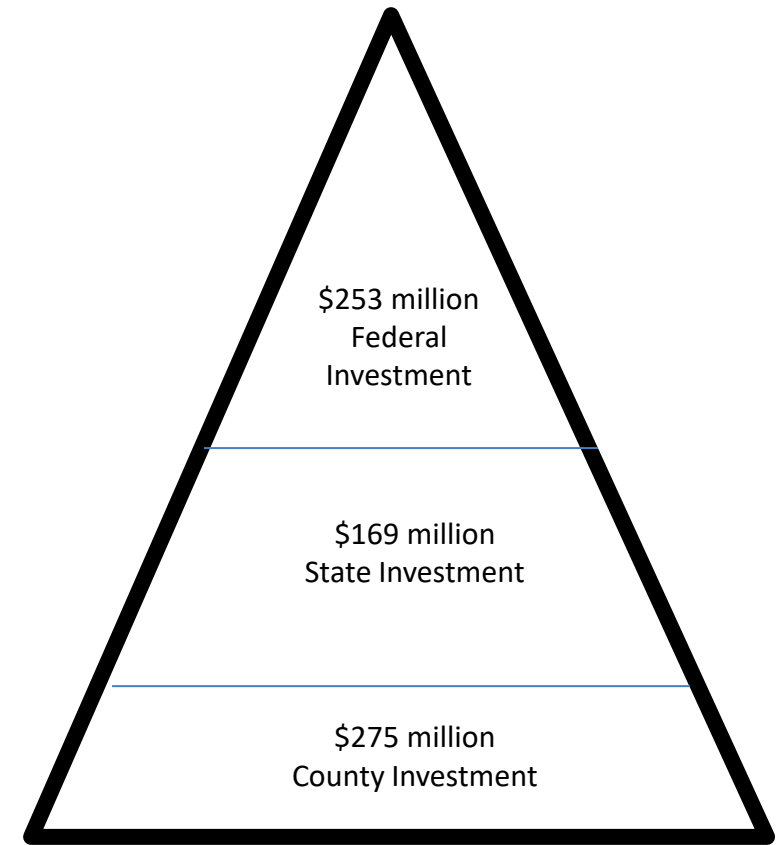
Federal/State/Local Funding - NYSOFA



Current Funding - NYSOFA



February 2021 - ARP



NYSOFA OAA Modernization Proposal

OAA Modernization Proposal – NYSOFA leading

Purpose

- Update antiquated Act
- Respond to issues identified by pandemic
- Ensure flexibility at grassroots
- Position network for the future

Elements

- Statutory/Regulatory Changes
- Investments to keep up with population change
- Investments to support expanding work/role addressing SDOH



Investments

NYSOFA requests an overall increase in the Older Americans Act of **\$2.7 billion**. With a state share of the national amount for New York being 6.5%, that would bring about \$175.5 million to NYS as follows.

- Overall Funding Increase (minus nutrition) includes but is not limited to - \$35 million
 - Reduce waiting lists
 - Enhance the home care rate for personal care I and II
 - Expand PCI and II and case management
 - Provide additional transportation
 - Combat social isolation
 - Increase access to social model adult day services
 - Expand health and wellness services, evidenced based interventions
 - Other locally determined needs



Investments

- Invest in sustainable nutrition support - \$55 million
- Invest in Aging Services network workforce - \$20 million
- Expanding eligibility to younger onset Alzheimer's and to age 50 for caregiver and respite support – \$26 million
- Provide annual appropriation for technology access - \$5 million
- Provide annual appropriation for Lifespan Respite Care Programs - \$1 million
- Provide annual appropriation for elder abuse education and outreach - \$2 million
- Provide increase funding for state SHIP Programs - \$5.5 million
- Provide increase in funding for state legal assistance programs - \$3 million
- Provide increase in funding for the long-term care ombudsman program - \$3 million
- Provide an annual appropriation for Aging and Disability Resource Centers - \$20 million
- Fully fund the Senior Community Employment Program (SCSEP)

Appendix

Combating Ageism and Stereotypes

Social, Economic & Intellectual Capital of Older Population

New York's total population is over 19 million individuals, and the State **ranks fourth** in the nation in the number of adults age 60 and over – 4.6 million.

- 3.7 million between 45-59
- **935,000 individuals age 60+** contribute **495 million hours** of service at economic value of **\$13.8 billion**
- **64% of individuals** age 60+ who own their own homes and have **no mortgage**
- **4.1 million caregivers** at any time in a year – economic value if paid for at market rate is **\$32 billion**, average age is **64**

Aggregate Personal Household Income by Age – NYS – 2008 - 2012 ACS Data

| Ages | Aggregate Personal HH Income | % of Total |
|-----------------|------------------------------|---------------|
| Less than 24 | \$ 8,934,627,400 | 1.48% |
| 25 to 44 | \$216,111,979,400 | 35.76% |
| 45 to 64 | \$282,022,363,700 | 46.67% |
| 65 and over | \$ 97,278,275,500 | 16.10% |
| TOTAL | \$604,347,246,000 | 63% |

- **63%, \$379 billion – ages 45+**

U.S. Census Bureau, American Community Survey 2008-2012 Five-Year Estimates, Tables B19037 & B19050

Aggregate Personal Household Income by Age – NYS – 2018 - ACS Data

| Ages | Aggregate Personal HH Income | % of Total |
|-----------------|------------------------------|-------------|
| Less than 24 | \$ 9,565,305,500 | 1% |
| 25 to 44 | \$248,664,663,500 | 34% |
| 45 to 64 | \$332,470,547,700 | 45% |
| 65 and over | \$ 149,109,424,100 | 20% |
| TOTAL | \$739,809,940,800 | 100% |

- **65%, \$481.6 billion – ages 45+**

2018 American Community Survey 1-Year Estimates, Table B19050

50+ Longevity Economy

- 83 percent of US household wealth is held by people over 50.
- When summed together, approximately \$1.8 trillion in federal, state and local taxes were attributable to the Longevity Economy in 2018. Will quadruple by 2050.
 - About 43% percent of federal tax revenue (\$1.4 trillion)
 - and 37% percent of state and local tax revenue collected in the US (\$650 billion).

50+ Longevity Economy

50-plus cohort

- Spends more overall than their under-50 counterparts
- Accounts for a majority of the spending in several categories of goods and services, including:
 - **Healthcare;**
 - **Nondurable goods;**
 - **Durable goods, utilities;**
 - **Motor vehicles and parts;**
 - **Financial services; and**
 - **Household goods.**

Overall contribution – economic and unpaid activities - \$9 trillion in 2018.

50+ also account for the majority of:

- **Volunteering;**
- **Philanthropy;**
- **Entrepreneurs, and**
- **Donation activities** in the US.

50+ Longevity Economy

- Spending by people aged 50 and over in the US in 2018 supported:
 - More than 88.6 million jobs (44% of total employment)
 - Over \$4.7 trillion in labor income
 - 61 percent of all US jobs and 43 percent of labor income was related to spending by the 50-plus cohort



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Providing Insurance Options for Long-Term Care

26th Annual
**ELDER LAW
FORUM**



Shawn Britt

Director of LTC Initiatives,
Advanced Consulting Group,
Nationwide



Darcy Soltys

Brokerage Health Sales
Director, Mutual of Omaha



Mutual of Omaha

Mutually Invested in Success- Long Term Care Insurance

Darcy Soltys, Sales Director



Benefits to Traditional Long Term Care Insurance

- Most comprehensive benefits for least amount of premium
- Does not decrease your other assets- protects your next egg
- Offers unique riders and flexibility in paying benefits

What is the Risk?

- An estimated 65% of elderly people in the U.S. dealing with long-term care needs rely exclusively on family and friends to provide assistance.
- About 70% of individuals over age 65 will require at least some type of long-term care service during their lifetime**
- One spouse of a couple has a 91% chance of needing some type of long-term care

• **Source: U.S. Department Source: U.S. Department of Health and Human Services, www.longtermcare.gov, 4/12/12

• *

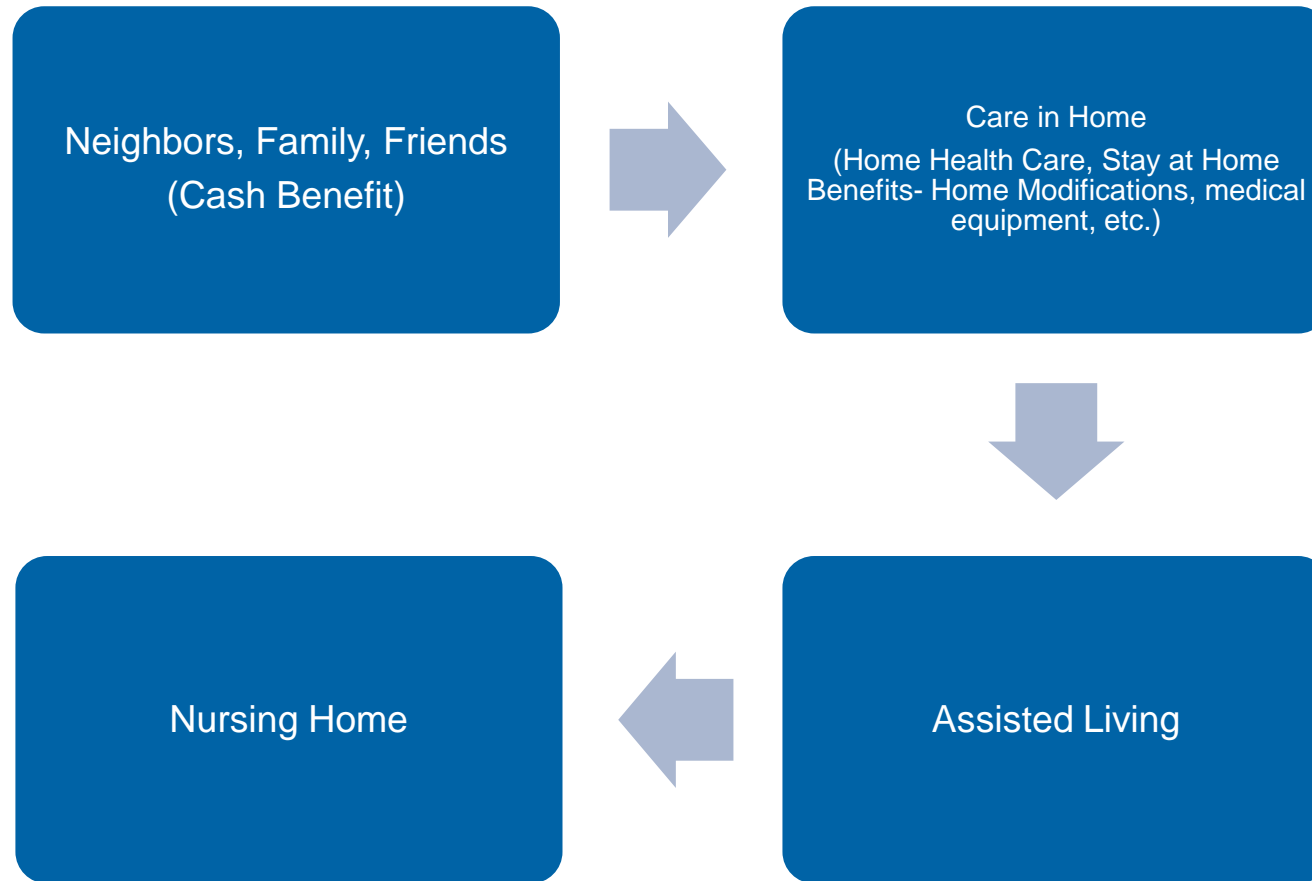
Activities of Daily Living

- Eating
- Toileting
- Transferring
- Bathing
- Dressing
- Contenance

Value of Long-Term Care Insurance

- Remaining independent in the home without intervention from others
- Maintaining good health and receiving adequate health care
- Having enough money for everyday needs and not outliving or liquidating assets and income
- Having the luxury of making rational decisions with the help of professionals

Progression of Care



The Cost of Long-Term Care Services

- Long-term care services are expensive:

| Home Health Care | Per Hour | Per Year |
|---------------------------------|------------------|-----------------|
| Home Health Aide | \$24.45 | \$55,941.60 |
| Assisted Living Facility | Per Month | Per Year |
| One Bedroom Unit | \$4,724.79 | \$56,697.48 |
| Nursing Home | Per Day | Per Year |
| Semi-Private Room | \$254.04 | \$91,454.40 |
| Private Room | \$289.27 | \$104,137.20 |

**National
Averages**

Source: Mutual of Omaha's Cost of Care Study, conducted by Long-Term Care Group, 2018, released 2019.

Value of Traditional LTC

| Gender | Age | Annual Premium | # of Years till Claim age 80 | Premium Paid till claim Age 80 | Cost of Care- Home Health Care assumed 3% inflation rate | Policy Benefit 3 yrs w/3% inflation |
|--------|-----|----------------|------------------------------|--------------------------------|--|-------------------------------------|
| Male | 50 | \$1,078.96 | 30 | \$32,368.80 | \$153,534.14 | \$262,141.00 |
| Female | 50 | \$1,718.35 | 30 | \$51,550.50 | \$ 153,534.14 | \$ 262,141.00 |

The chart above shows the value a long-term care insurance policy can have if your client should need long-term care services. The amounts listed in care based on a three-year benefit period, 90-day elimination period, 30 percent cash benefit, partnership, 3 percent inflation, 100 percent ALF reduction, 100 percent HHC reduction, no discount, cash benefit at \$900 monthly.

Two Policies...Some of the Same Great Features

Both policies in the MutualCare Solutions portfolio provide coverage for home health care as well as care received in an assisted living facility and nursing home. They also contain many of the same features and benefits.



Cash Benefit with No Elimination Period

Provides cash to pay for any cost associated with LTC expenses.



Monthly Benefit Amount

Allows greater flexibility to maximize policy benefits.



Calendar-Day Elimination Period

Provides reimbursement benefits sooner.



Stay-at-Home Benefits

Includes multiple benefits to help people stay at home as long as possible.



Low Inflation Protection Options

Allows you to reach a client's desired premium.



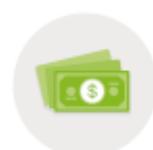
Partner-Friendly Benefits

Includes benefits for partners who purchase identical coverage.



Partnership-Qualified Policies

Gives LTCi policyholders a Medicaid safety net.



No Cap on Premium Allowances

Provides maximum savings by giving clients all allowances they're eligible to receive.

Additional Benefits

- **Shared Care**
 - is like getting extra coverage on female at male rates
- **Joint Waiver of Premium**
 - Only 2% premium increase
- **Professional HHC**
 - only 3% premium increase to coverage and doubles your benefit
- **Return of Premium Options**
- **Home Care Certification--Caregiver**

Inflation Buy-up & Buy Down

- MutualCare[®] Custom Solution policy includes inflation protection buy-up option that allows your clients to increase or decrease inflation protection once each year.

| | Age 55 | Age 58 | Age 61 | Age 80 |
|--|-----------------------|---|-------------------|--|
| Inflation Percentage: | 1% initial | 2.5% after buy-up | 3.5% after buy-up | 1% after buy-down; any gains previously applied to the policy are retained |
| Premium for Inflation Protection Rider Calculated: | Based on issue age 55 | Based on age at the time of the buy up, but includes a premium credit based on type of coverage and how long the policy has been in force | | Based on issue age 55 |

Quoting Tools - Mobile Quote

Long Term Care

GENERAL INFO

State: Iowa

Product: Secure Custom

Partner Status: Single Partners

How many insured?: Both One

YOUR INFO: Gender Male Female; Age (30 - 79): 41; Class: Select

PARTNER'S INFO: Gender Male Female; Age (30 - 79): 41; Class: Select

Buttons: Clear, Next, Preview

Long Term Care

YOUR INFO: Monthly Benefit (1500 - 10000) inc. 1: 3000; Benefit Period: 3 Years; Policy Limit: \$108,000; Elimination Period: 90 Days

PARTNER'S INFO: Monthly Benefit (1500 - 10000) inc. 1: 3000; Benefit Period: 3 Years; Policy Limit: \$108,000; Elimination Period: 90 Days

ALF Reduction: 100% (Built In)

HHC Reduction: 100% (Built In)

Discount: None

CASH BENEFIT: Built In Cash Benefit: 30%

Buttons: Clear, Next, Preview

Long Term Care

Partner Benefits: Shared Care

Other Benefits: NF - SBP; HHC Waiver; Partnership

Return of Prem.: None

Inflation Protection: 3% - Lifetime

Buttons: Clear, Calculate, Preview

Input

Output

Summary

| PREMIUMS | You | Partner |
|-----------------|------------------------|------------------------|
| Monthly | \$67. ³⁴ | \$105. ⁸¹ |
| Quarterly | \$194. ⁵⁶ | \$305. ⁶⁵ |
| Semi-Annual | \$381. ⁶⁴ | \$599. ⁵⁵ |
| Annual | \$748. ³¹ | \$1,175. ⁵⁹ |
| Combined Annual | \$1,923. ⁹⁰ | |

GENERAL

State: Iowa
 Product: Secure
 Partner Status: Partner- Two

PERSONAL

Gender: Male / Female
 Age: 41 / 41
 Class: Select / Select

BASE BENEFITS

| | | |
|--------------------|-----------|-----------|
| Monthly Benefit | \$3,000 | \$3,000 |
| Benefit Period | 3 Yrs | 3 Yrs |
| Policy Limit | \$108,000 | \$108,000 |
| Elimination Period | 90 Days | 90 Days |
| HHC Waiver | No | No |
| ALF Reduction | 100% | 100% |

Buttons: Back


Care Coordinator Services

- Licensed health care professionals (no elimination period to use)
- Help clients assess their needs, develop an individualized plan of care and arrange for long-term care services
- When used, clients may also be eligible for stay-at-home benefits:
 - Caregiver training
 - Durable medical equipment
 - Home modification
 - Medical alert system

Stay-at-home benefits combined are limited to 2 times the maximum monthly benefit amount; no elimination period applies

Understanding the cost

- Cost-of-Care Study brochure available
- Provides national costs and state average costs



The Cost of Long-Term Care Services
2016 Cost of Care Study

Cost-of-Care Study

Registered Nurse (RN) - A specially-trained nurse who coordinates and provides patient care. RNs hold either a bachelor's degree in nursing, an associate's degree in nursing or a diploma from an approved nursing program and are licensed to practice by the state.

Assisted Living Facility - A residential living arrangement for people who may need assistance with one or more activities of daily living, but do not require the level of care provided in a nursing home. Services include laundry, meals, socialization and transportation in addition to personal care, medication management and memory care supervision and support.

Nursing Home - A licensed facility that provides 24-hour room and board, plus personal nursing care and personal care assistance. Individuals who need supervision and support due to a cognitive impairment also receive care in a nursing home.

| State | Assisted Living Facility | | Nursing Home | |
|-------------------------|--------------------------|--------------------|-----------------|-------------------|
| | Per Month | Per Year | Per Day | Per Year |
| AL | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| AK | \$2,500.00 | \$30,000.00 | \$150.00 | \$1,800.00 |
| AR | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| AZ | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| CA | \$2,500.00 | \$30,000.00 | \$150.00 | \$1,800.00 |
| CO | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| CT | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| DC | \$2,500.00 | \$30,000.00 | \$150.00 | \$1,800.00 |
| DE | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| FL | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| GA | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| IA | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| IL | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| IN | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| KS | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| KY | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| LA | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| MA | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| MD | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| ME | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| MI | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| MN | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| MO | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| MS | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| MT | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| NC | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| ND | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| NH | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| NJ | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| NM | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| NV | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| OH | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| OK | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| OR | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| PA | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| RI | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| SC | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| SD | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| TN | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| TX | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| UT | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| VA | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| VT | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |
| WA | \$2,000.00 | \$24,000.00 | \$133.33 | \$1,600.00 |
| WI | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| WV | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| WY | \$1,500.00 | \$18,000.00 | \$100.00 | \$1,200.00 |
| National Average | \$1,800.00 | \$21,600.00 | \$125.00 | \$1,500.00 |

Mutual of Omaha
Life Insurance Department
Long-Term Care

For producers only. Not for use with general public.

Annual cost for home health care is based on services received 24 hours per week, 52 weeks per year.
Annual cost for LTR and NTR care is determined based on the actual number of hours services are required.

Cost of Care Calculator - SPA

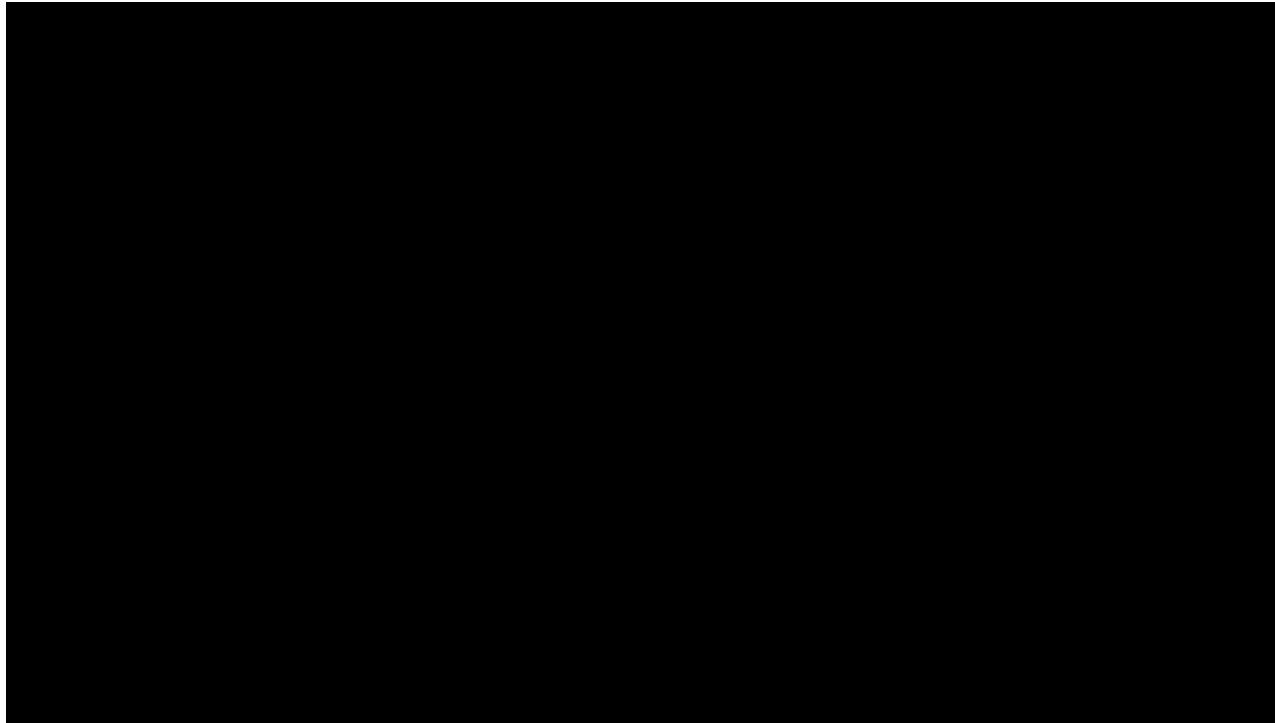
State:

Assumed Inflation Rate: %

Years until Care is Needed:

| | 2018 Time of Study | 2019 Current Year (At a 3% Inflation Rate) | 2044 Year Care is Needed (At a 3% Inflation Rate) |
|----------------------------------|--------------------------|--|---|
| Home Health Care | \$55,941.60 per year | \$57,619.85 per year | \$120,643.17 per year |
| Assisted Living Facility | \$56,697.48 per year | \$58,398.40 per year | \$122,273.29 per year |
| Nursing Home (Semi-Private Room) | \$91,454.40 per year | \$94,198.03 per year | \$197,229.76 per year |
| Nursing Home (Private Room) | \$104,137.20 per year | \$107,261.32 per year | \$224,581.38 per year |

Consumer Video – Need for LTCi



Protecting the things that matter most

Our long-term care consumer video is a good way to show people how an LTCi policy can help them protect the things that are most important - spending time with family, staying in the home they love, and using their nest egg to make retirement dreams come true.

This short video tells a compelling story. Use it to get people thinking about the future and talking about their potential need for long-term care services.

- Show it in a face-to-face setting.
- Include it as a kick-off to an LTC seminar.
- Attach it to an email prior to meeting with a client.
- Use it to generate interest so people will want to meet with you.



Choose the Correct Version

Be sure to show the correct version - the one that's approved for use with consumers in your state.

In AL, AK, AR, CO, GA, IA, IL, ID, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NM, NV, OH, OR, OK, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV & WY:

<https://youtu.be/aaV4GY6YDRA>

In AZ, CA, CT, DC, DE, HI, IN, MT, ND, NJ, NY & SD:

<https://youtu.be/gflooZNwrkY>

In FL:

https://youtu.be/_sV_ZbHHd88



Building Your Business

At Mutual of Omaha, our goal is to make sure you have the tools you need to build your LTCi business. So, when it comes to talking to consumers about the importance of planning for long-term care, roll the video!

For producer use only. Not for use with the general public.



461664

Make sure to [view the flyer](#) to share the right version

Thank You





LTC Planning with Nationwide cash indemnity solutions

Brought to you by
The Advanced Consulting Group
powered by Nationwide Retirement Institute®

Nationwide, the Nationwide N and Eagle, Nationwide is on your side, and Nationwide Retirement Institute are service marks of Nationwide Mutual Insurance Company. © 2020 Nationwide

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The
ACG

Disclosures

Federal income tax laws are complex and subject to change. The information in this presentation is based on current interpretations of the law and is not guaranteed. Neither Nationwide, nor its employees, its agents, brokers or registered representatives gives legal or tax advice.

This material is not a recommendation to buy, sell, hold or roll over any asset, adopt an investment strategy, retain a specific investment manager or use a particular account type. It does not take into account the specific investment objectives, tax and financial condition or particular needs of any specific person. Investors should work with their financial professional to discuss their specific situation.

The general distributor for variable products is Nationwide Investment Services Corporation (NISC), member FINRA, Columbus, OH. Nationwide Retirement Institute is a division of NISC.

- Not a deposit
- Not FDIC or NCUSIF insured
- Not guaranteed by the institution
- Not insured by any federal government agency
- May lose value



Disclosures

When choosing a product, make sure that life insurance and long-term care insurance needs are met. Nationwide YourLife CareMatters® and CareMatters II® are not intended to be a primary source of life insurance protection, so make sure life insurance needs have been covered by appropriate products.

Because personal situations may change (i.e., marriage, birth of a child or job promotion), so can life insurance and long-term care insurance needs. Care should be taken to ensure these strategies and products are suitable. Associated costs, as well as personal and financial objectives, time horizons, and risk tolerance should all be weighed before purchasing any product. Life insurance, and long-term care coverage linked to life insurance, has fees and charges associated with it that include: costs of insurance which varies based on characteristics of the insured such as gender, tobacco use, health and age; and additional charges for riders that customize a policy to fit individual needs.

Approval for coverage under the policy and attached long-term care riders is subject to underwriting and may require a medical exam.



Disclosures

The extent to which an LTC benefit payment is received tax-free is limited, on an annual basis, to the greater of the actual qualifying LTC expenses incurred or the HIPAA per diem amount or its equivalent. Nationwide YourLife CareMatters and CareMatters II are cash indemnity policies that pay benefits upon showing that the insured has been certified as having the triggers required to qualify a claim. Submission and review of bills and receipts supporting actual LTC expenses incurred is not required for payment of benefits nor is the benefit limited to the daily HIPAA per diem. Therefore, the company cannot guarantee that LTC benefit payments will be treated as tax-free given the taxpayer's specific circumstances, especially when benefits are used to pay for care provided by family members or collected from more than one policy. Taxpayers should seek the advice of their own tax and legal advisors regarding any tax and legal issues applicable to their specific circumstances upon qualifying for LTC monthly benefits.

For contracts that meet the MEC definitions of IRC Section 7702A, most distributions are taxed on a first-in/first-out basis, however LTC benefit payments can be received tax-free under IRC Section 7702B. Gains from partial surrenders and loans from a MEC will be taxable and if taken prior to age 59 1/2, may be subject to a 10% penalty. Federal tax laws are complex and subject to change. Neither the company nor its representatives give legal or tax advice.

Nationwide YourLife CareMatters and CareMatters II may not be available in every state. Please contact Nationwide to determine product availability in your state.

Life insurance products are issued by Nationwide Life Insurance Company or Nationwide Life and Annuity Insurance Company, Columbus, Ohio.



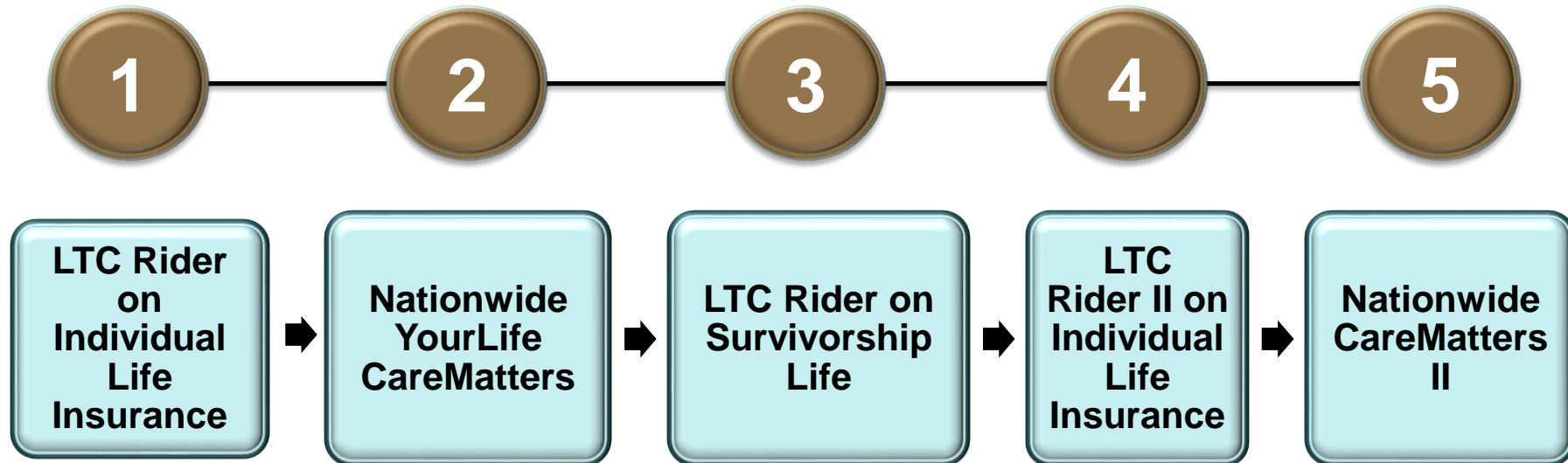
Agenda

- Nationwide's **evolution** of LTC product development
- Doing business with **Nationwide** summarized into 3 words
 - **FLEXIBILITY**
 - **SIMPLICITY**
 - **INGENUITY**
- Brief product **descriptions**
- The **value** of Cash Indemnity
- Sales ideas to **customize** client opportunities



Nationwide LTC Product Timeline

Continued dedication to adding and improving upon our LTC line up



All paying **Cash Indemnity** LTC benefits!



Doing LTC Business with Nationwide

- **FLEXIBILITY**

- Add LTC Rider to various permanent base insurance products
- Can be placed in an ILIT (Irrevocable Life Insurance Trust)
- International Benefits

- **SIMPLICITY**

- Cash indemnity — Nationwide places no policy restrictions on use
- Full monthly LTC indemnity benefits each month – guaranteed
 - No monthly bills/receipts to submit each month to collect LTC benefits

- **INGENUITY**

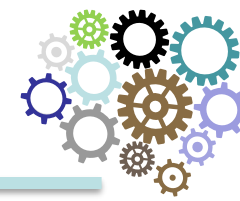
- Cash indemnity suite of products
- Higher Residual Death Benefits* - LTC Rider on Survivorship
 - Includes combining an adult child with parent
- Support from Advanced Sales - ILITs - Executive benefits

*Residual death benefits may not be available on all products in New York.

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LTC Rider on Individual Life



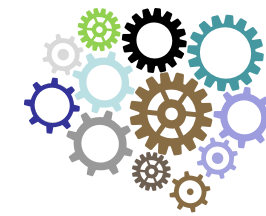
Available in New York

- **Cash Indemnity benefits**
 - Nationwide places no restrictions on how unused benefits not needed for care are used
- Issues ages 21 – 80
- Variety of permanent policies
- LTC Rider must equal death benefit – purchase 2 policies, one with rider and one without for large case planning
- Rider rating up to 5 tables
- 90-day elimination period
- LTC benefit lesser of:
2% per month of LTC specified amount – or - HIPAA per diem*
- International Benefits
- May have use in ILITs and business planning

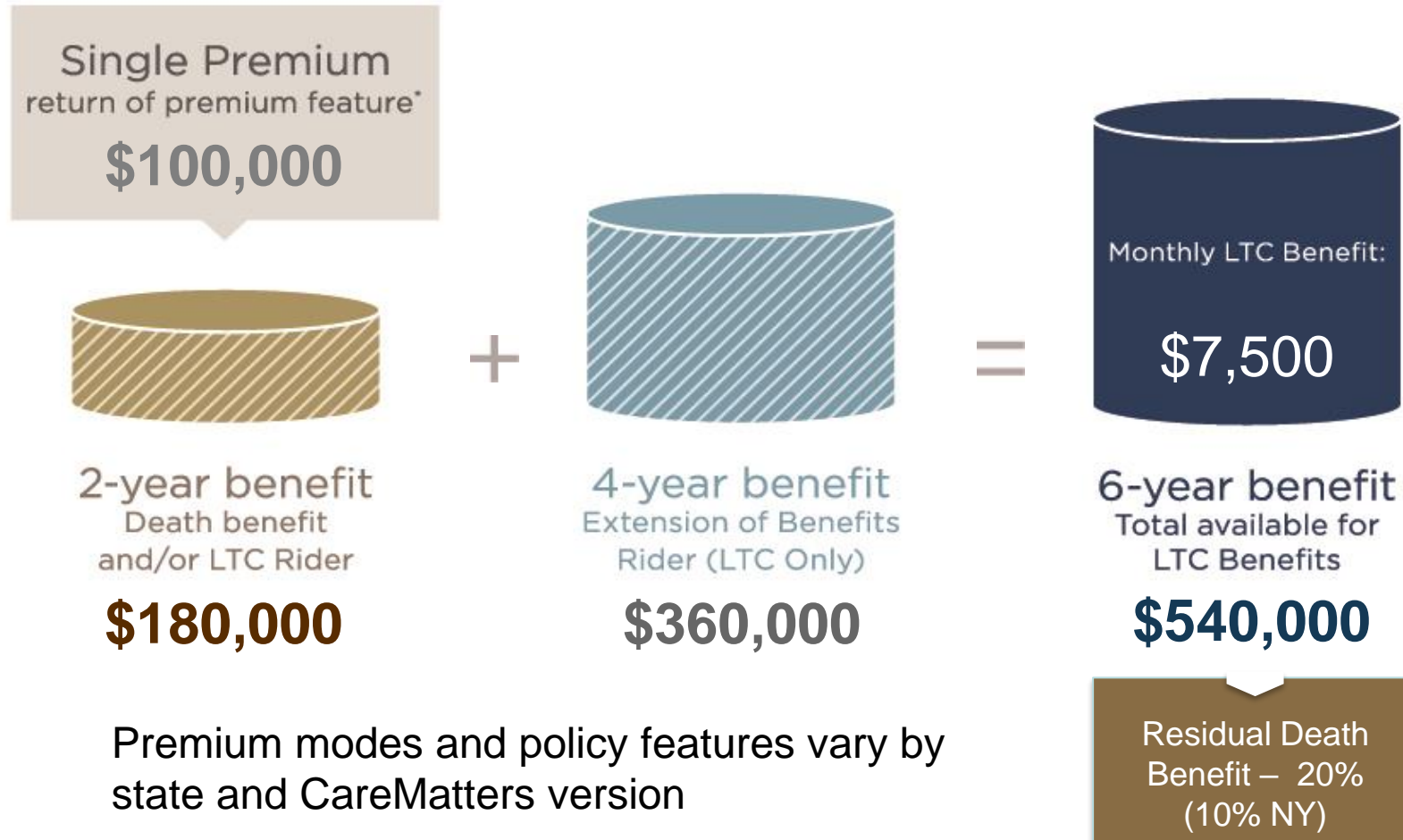
HIPAA per diem in 2020 is \$380 per day or \$11,400 per 30 day month.



Nationwide CareMatters®



Linked Benefit LTC....How it works



Premium modes and policy features vary by state and CareMatters version

Stated benefit amounts are generic for ease of explanation. Actual benefit amounts received will vary by age, sex, couple rate, benefit period and whether or not inflation is chosen.

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CareMatters Features



YourLife CareMatters – in California and NY

- **Cash Indemnity** - Nationwide does not restrict benefit use
- Issue ages 40-70
- 90 calendar day elimination period (NY- retro to 0 day)
- Return of Premium Feature (to owner) – varies by state
- 2 Inflation Options – 3% simple, 5% compound
- DB at least 20% of Specified DB amount in CA; 10% in NY
- Annual/monthly mode same benefit

CareMatters II

- **Cash Indemnity** - Nationwide does not restrict benefit use
- Issue ages 30-70
- 90 calendar day elimination period –retroactive to 0 day
- 3 Return of Premium Features (to owner)
- 4 Inflation Options – 3% simple, 3% compound 5% compound, U.S. medical care inflation
- DB at least 20% of Specified DB
- Annual/monthly mode same benefit



Not available in Montana

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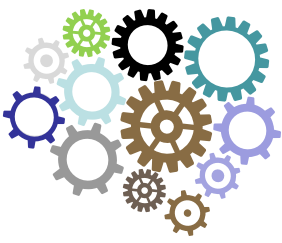


....LTC Rider on Survivorship Life

- **Cash Indemnity benefits**
 - 100% Informal and family care
 - Nationwide places no restrictions on how benefits are used
- **LTC Rider issues ages 35 – 75**
 - No cap on age spread
 - Spouses, partners, adult child/parent, family business
- **Rate rider up to 5 tables**
- **90 calendar day elimination**
- **Each insured may elect 10% to 50% of DB for LTC**
 - Individual benefit pools, one or both insureds may elect
 - Both insureds may be on claim at same time
 - Unused LTC benefit paid as death benefit upon 2nd death
- **LTC benefit lesser of:**
2% per month of LTC specified amount – or - double of HIPAA per diem times 30*
- **10% residual death benefit**
- **ILITs and International**



Not available in New York or Montana
HIPAA per diem in 2020 is \$380 per day or \$11,400 per 30 day month
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..... LTC Rider II

- **Cash Indemnity benefits**

- 100% Informal and family care
- Nationwide places no restrictions on benefit use
- (2%, 3% and 4% benefit elections available (at application))
- Variety of permanent policies
- Issues ages 21 – 80
- 90 Calendar day elimination
- Couples rate available
- Full underwriting- approve up to 5 tables (2-5 illustrate as standard)

- Minimum election of DB is \$100,000 (\$125,000 in Vermont)
- Maximum election is the initial specified death benefit
- LTC monthly benefit lesser of:
 - % of elected of LTC spec. amt.
 - **OR-**
 - double HIPAA per diem times 30*
 - - **OR-**
 - 1/12 of remaining LTC ben. pool
- Residual death benefit
- International Benefits
- May have use in ILITS



HIPAA per diem in 2016 is \$340 per day or \$10,200 per 30 day month
Not available in New York or Montana

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Finding the Right Solution

- The solution should fit the total strategy and underlying need.....
-All these solutions avoid the “use it or lose it” objection

LTC Rider – LTC Rider II

- Life insurance need now, option for LTC benefit later
- Customize the base policy choice
- Cash accum. and/or guarantees
- Needs longer or lifetime premium

CareMatters

- LTC is the primary concern
- Cost recovery is desired (if no claim)
- Can afford single to 10 year pay
- Want more benefit choices

LTC Rider Survivorship

- Cost effective LTC coverage for 2
- Protect adult child assets from a parent LTC event
- Protect/enhance legacy
- No DB need at first death



Funding a LTC Solution

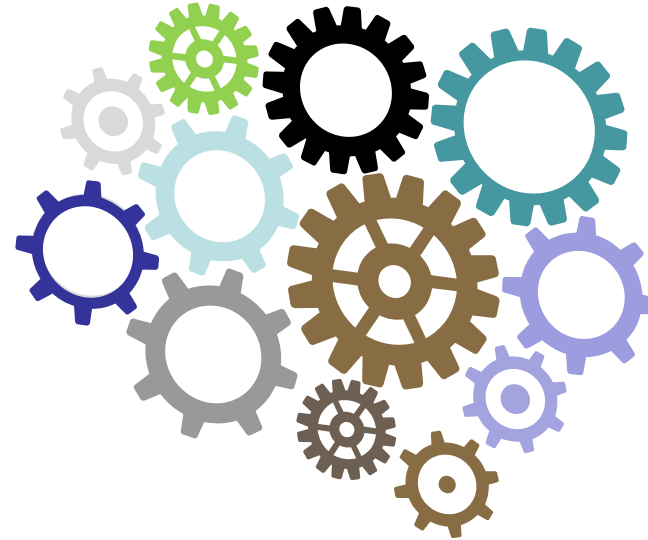
Ideally, look for assets that can be repositioned

| Asset or income to look for | Any Age | Peak Inc 40-55 | Pre-retirees 55-67 | Retirees |
|-----------------------------------|---------|----------------|--------------------|----------|
| CDs that are maturing | ★ | ★ | ★ | ★ |
| Recent inheritance | ★ | ★ | ★ | ★ |
| Bonds maturing or that are called | ★ | ★ | ★ | ★ |
| Excess annual liquidity | ★ | ★ | ★ | ★ |
| Peak earner with excess income | | ★ | ★ | |
| Proceeds from selling a business | | ★ | ★ | ★ |
| Income from assets not needed | | | ★ | ★ |
| Non-qual. annuities not needed | | | ★ | ★ |
| Sale from downsizing/selling home | | | ★ | ★ |
| Low yielding asset | | | ★ | ★ |
| Social Security not needed | | | | ★ |



Cash Indemnity

- What that means
- The value
- Sales opportunities
- Case study



•The case studies included in the following section are hypothetical in nature and are not intended to portray an actual client or circumstance. Results may vary depending variation of circumstances. Nationwide does not give legal or tax advice.





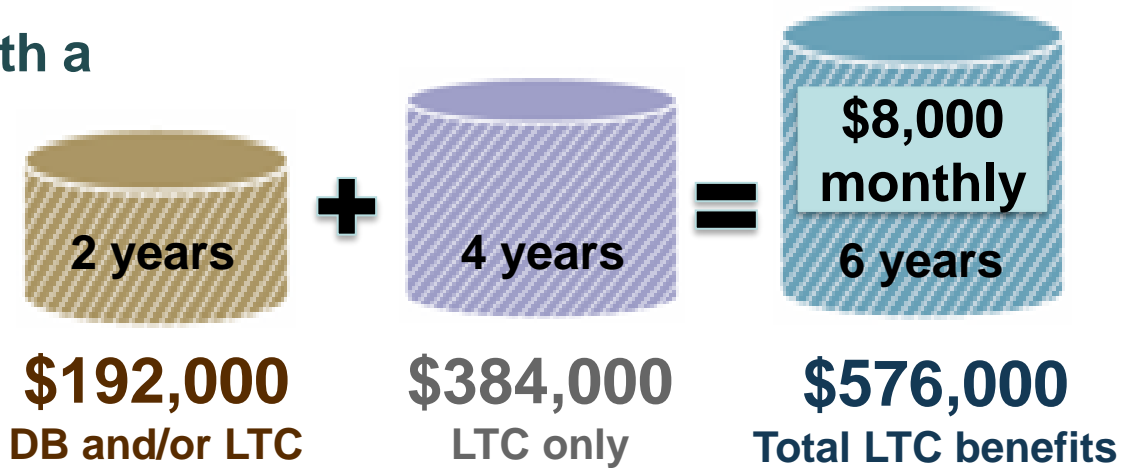
Cash Indemnity – what that means

- Full available monthly LTC benefit is paid
 - No monthly bills or receipts to submit
 - No restrictions from Nationwide on how LTC benefits are spent
 - 100% of LTC benefits can be used to pay family members or other informal unlicensed caregivers
 - Alternative care services without need for approval
 - Ancillary expenses – prescriptions, lawn care
 - Flexibility in an unexpected environment
 - Save unused benefits:
 - for the future, and can help reduce future out of pocket expenses
 - to leave to heirs
- Please note that LTC regulatory requirements must still be implemented by the insurance company such as annual recertification and submission of a plan of care.



Cash Indemnity – can pay out more

- **Linked benefit policy with a 6-year benefit pool –**
- **4-year claim for**
- **Home Health Care**
- **Total expenses each**
- **month are \$4,000.**



- Cash indemnity pays full monthly benefit - \$8,000 a month. Over 4 years, the total cumulative amount paid is **\$384,000**
- Reimbursement plans only pay for qualifying LTC expenses. Thus, the LTC benefit would only be \$4,000 a month. Over 4 years, the reimbursement plan would only pay out a cumulative total of **\$192,000**





Cash Indemnity Sales Opportunities

- Some sales opportunities will generally only work with a cash indemnity benefit mode
 - **Uninsurable spouse/partner situations**
 - LTC benefits being collected from an insured on claim can also be used to help pay for care of an uninsurable spouse
 - **Estate planning with a LTC Rider in an ILIT**
 - Put LTC rider or CareMatters into the ILIT. Helps avoid paying unnecessary estate taxes caused by a “self-funding” plan that is never utilized
 - **Employer owned policies supplying LTC benefits to an employee**
 - Reimbursement plan possible but not practical due to the need to submit monthly receipts.





Cash Indemnity Sales Opportunities

Help for an Uninsurable Spouse/Partner

- Cash Indemnity policy for the **healthy spouse/partner**
- **If and when** insured spouse qualifies for LTC benefits
 - Full benefits are paid regardless of insured's LTC expenses
 - Use benefits from insured's claim to also help pay spouses LTC expenses
 - If insured needs care before spouse, save unused benefits in a personal account for later use by either spouse

Reimbursement plans will not work in this scenario





.....Uninsurable Spouse/Partner with LTC Rider II

- Jane is insurable for life insurance and LTC - her husband Bob is not
- Jane purchases a \$500,000 life policy with LTC rider II, with a 3% benefit
 - When Jane qualifies for claim, she will collect \$15,000 per month in cash indemnity benefits
 - Use benefits to help pay for both her and her husband's care needs
 - Benefit will last 33 1/3 months
 - Unused benefits can be saved for later use in a personal account
- If Jane predeceases Bob, he (as beneficiary) will receive the \$500,000 death benefit, which he can use for LTC expenses or anything else

*Policy owners should consult their tax advisor



Nationwide **Long-term Care solutions** offer:

- a **flexible** way to insure long-term care
- with **customized** life insurance solutions
- and **cash indemnity** benefits
- that guarantees to pay the **full** monthly **LTC benefit** amount
- allows 100% **informal and family** caregivers
- and pays a minimum **death benefit** even if all LTC is used

LTC planning is part of good, comprehensive retirement planning that **protects income and assets**

Using **Nationwide** LTC solutions provides you and your clients:





Nationwide®

The Advanced Consulting Group is here when you need us

| | |
|-------------------------------------|-----------------------|
| National Sales Desk | (800) 321.6064 |
| Nationwide Financial Network | (877) 223.0795 |
| Brokerage General Agents | (888) 767.7373 |

Option 9, Ex. 677-6500



Shawn Britt

**Director of LTC Initiatives,
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Nationwide**



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Darcy Soltys

**Brokerage Health Sales
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Gail Holubinka

LTC Financing Consultant

**“LTC’s Holy Grail: A Public/Private
Financing Option that Accomplishes
the Triple AIM”**



Gail Holubinka

LTC Financing Consultant

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LTC's Holy Grail: A Public/Private Financing Option that Accomplishes the Triple AIM

26th Annual
ELDER LAW
FORUM



Susan Vail
Care Coordinator,
EverHome Care Advisors



Alan Evans
Vice President, Technology,
ApolloCare LLC

Impact of the Covid-19 Pandemic

- Older Adults and Families into immediate care crisis
- Social Isolation - inability to visit loved ones
- Services are harder to access – adult day programs closed; home care access is limited
- Duration of pandemic is unknown,



One Bright Spot in the Pandemic.....

- The use of Telehealth and other technologies becomes a lifeline for older adults and their families

Importance of Utilizing an Experienced Advocate



An Aging Life Care Coordinator Role

- Assessing care needs
- Connecting local resources
- Assisting with family needs
- Evaluating housing needs
- Assist with financial management
- Deal with crises
- Advocacy



Life Care Coordinators are trained to guide clients and help navigate complex and confusing care delivery systems

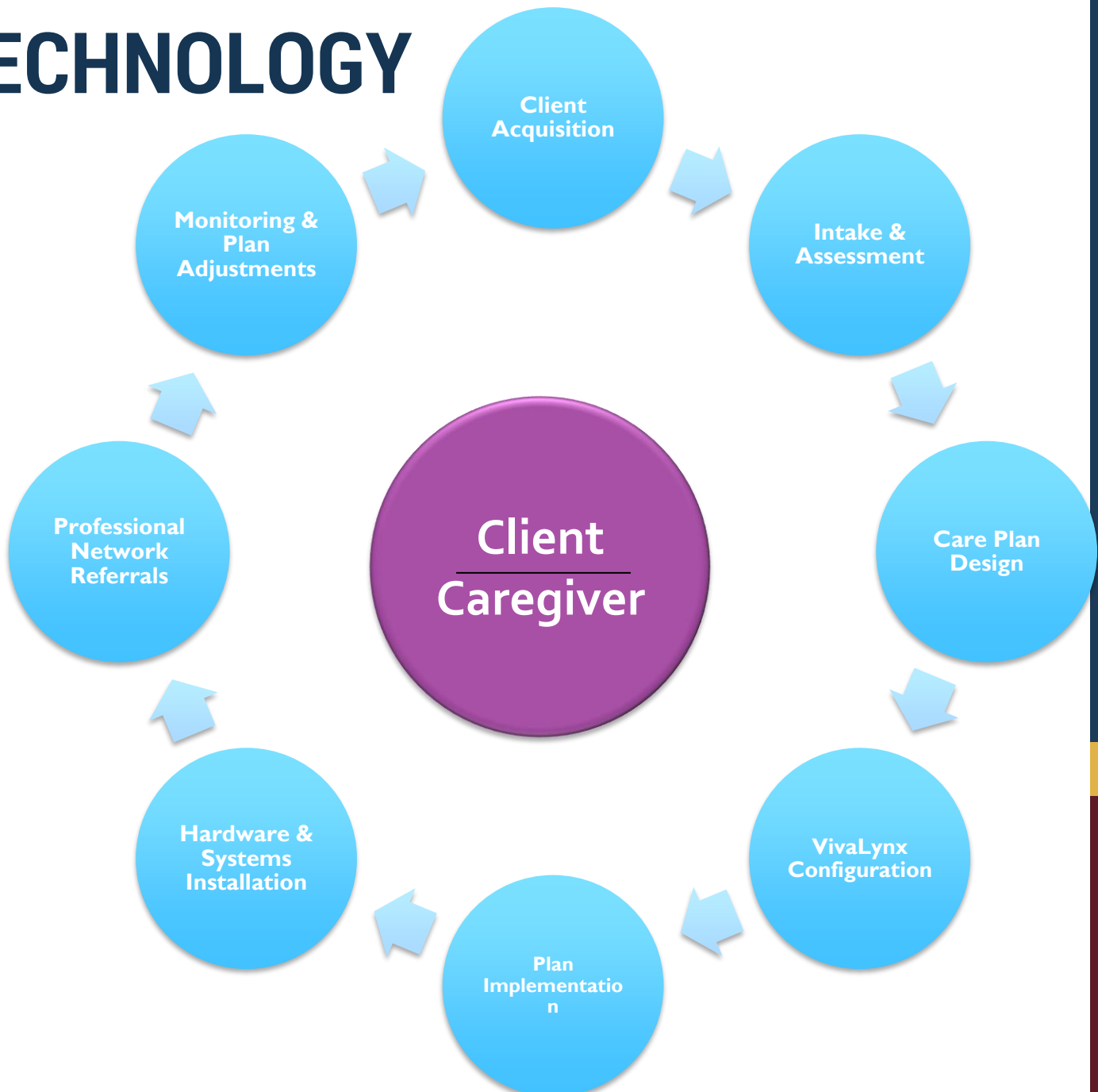
AIM Model

- 1. Comprehensive In-Home Assessment**
- 2. Implementation of a personalized care plan including the use of technology that will provide early identification of health issues**
- 3. Monitoring of in-home safety and care needs to prevent decline in health**

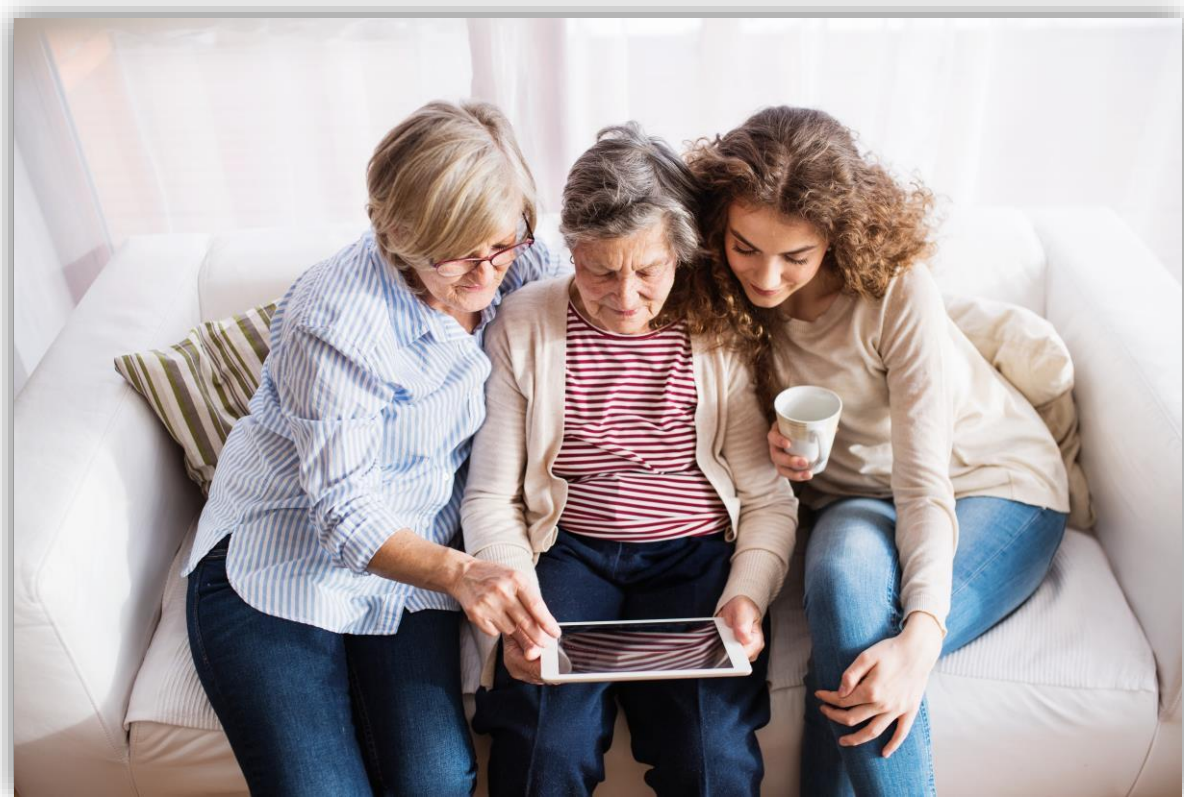


CARE COORDINATION TECHNOLOGY

- The avoidance of technology by seniors has been a barrier to adoption
- EverHome provides a one-stop, cost-effective care solution
- Clients and their caregivers receive guidance, advocacy and reassurance from LCC's
- Technology is hands free for seniors



Technologies for Aging



Technology is not a substitute for human care.

Rather, the automation and efficiency it provides, is what makes human care better . . .



VivaLynx

Empowered Aging through Technology



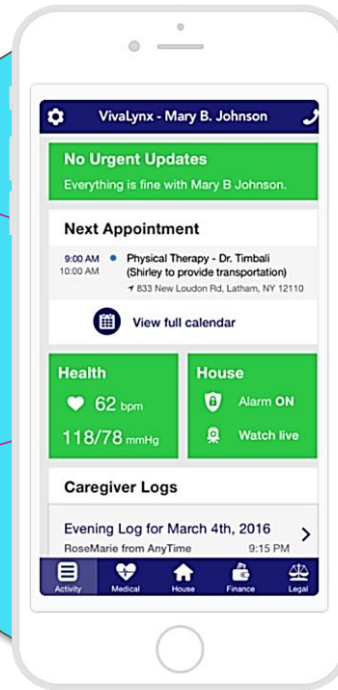
ALARM.COM

Cameras, Sensors



eCaring

EHR History

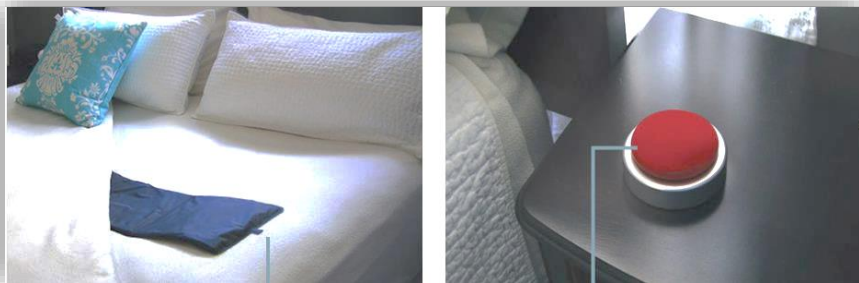


24/7 Emergency
Doctors



Financial Protection
Alerts & Alarms

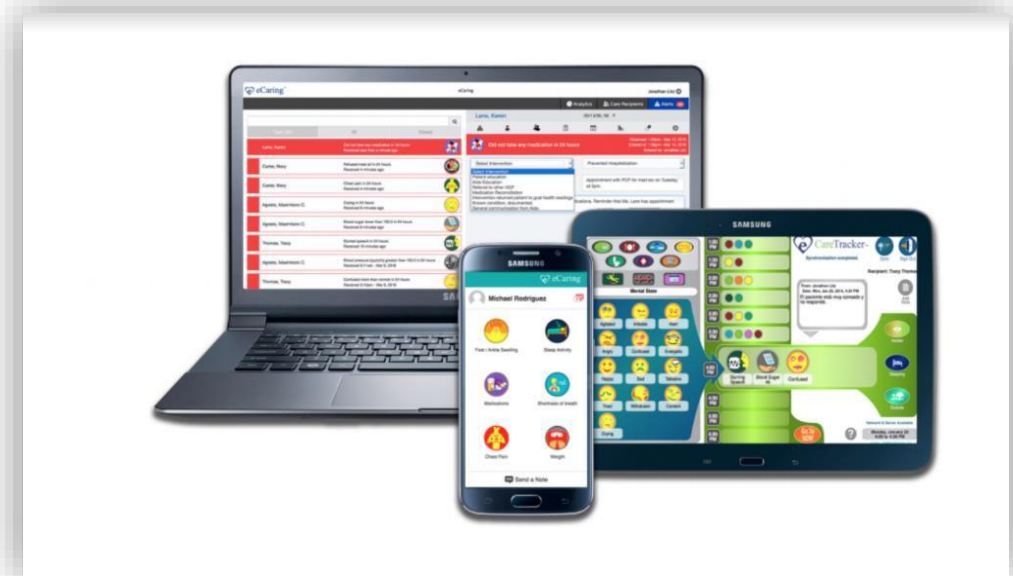
Cameras and Sensor Technology



- Track and monitor all activity
- Up and About- making sure loved one is active when they normally would be
- Night Time Safety-Alerts and Sensors
- Personal Emergency Response
- Voice Control and Automation
- Live Video intercom technology



- Communicates real-time information within the home
- Icon-based system customized to different health conditions
- Connects staff and family
- Crisis alerts
- Continuous monitoring



Alarm.com and eCaring Results

- Improved Communication & Collaboration
- Decreased Hospitalization and ER Visits
 - Early intervention
- Improved Quality of Life and Health
 - Monitored and coordinated care



Telemedicine on Demand with ER@HOME



- Virtual ER in Your Own Home
- Connect with physician by phone or online 24/7
- Pilot Project in Rensselaer County – reduced ER trips by 97%
- Some health insurers now cover Coronavirus evaluations

Financial Security



- **DAILY ANALYSIS:**
Monitors financial accounts for suspicious activity suggestive of fraud, identity theft, and age-related issues.
- **CAREGIVER'S TOOL:**
Members can designate “trusted advocates” to receive alerts
- **EXTRA ASSISTANCE:**
Fraud remediation and identity restoration.
- **DEPENDABILITY:**
Bank level security



Pilot Program



Program Status:

- **400** Homes in Columbia County NY, Defined by Health Status & Payment Type
- Program Duration: 6 – Month **MVP** Development Effort. **24 Month** Staggered Rollout
- Experienced Software & App Development Team in Place, Work is In Progress
- Preliminary **Architectural Concept** Completed, and Technology Stack Selected
- Defining the financial Components and Establishing the Longer-term Roadmap

**Begin Deploying to Homes in Columbia County
January 1, 2022**



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EverHome Care Advisors

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Alan Evans
Vice President, Technology,
ApolloCare LLC

Contact: aevans@apollocarellc.com

Q & A



THANK YOU!

See you at the
27th Annual
Elder Law Forum

Spring 2022

In Person and Online!



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Click Link in Your “Chat”

or

Copy and paste the link into a new browser

(Please allow us a moment to get the breakout sessions
established)