

Long-Term Care Planning: The Role of State Partnership Plans

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Given the financial burden that long-term care expenses can place on families, it is imperative that consumers take long-term care planning seriously. This paper explains the role state partnership plans can play in the long-term planning process. Consumers need to fully understand what long-term care is, what options are available for them in their communities, and the costs of these options before discussing how they plan to pay for long-term care. Increasingly complex financial products will continue to be developed by the financial services industry, so it imperative that consumer educators be prepared with straight-forward and unbiased long-term planning curriculum.

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INTRODUCTION AND OVERVIEW

The aging of the baby boom generation has led to an intensive discussion of the increased demand for long-term care services. Long-term care includes all the assistance needed if chronic illness, disability, or cognitive impairment leaves one unable to care for oneself for an extended period of time. According to the U.S. Department of Health and Human Services (HHS), it is estimated that at least 70 percent of individuals over the age of 65 will need some type of long-term care during their lifetime and more than 40 percent will need care in a nursing home (HHS, 2011). The majority of the cost of long-term care is paid by the individual needing care.

Given the financial burden that long-term care expenses can place on families, it is imperative that consumers take long-term care planning seriously. Consumer educators need to help families integrate long-term care planning into their comprehensive financial plans. In today's economic environment, this poses a challenge. Meeting immediate cash flow needs has become a more pressing issue than saving for future health care expenses or paying a long-term care insurance premium for many families.

Most consumers neither understand the long-term care financing options available to them nor the consequences of relying on the government to cover their long-term care needs. Long-term care is covered by Medicare under very limited conditions and not at all by private health insurance. Medicaid may be available to cover nursing home costs and some home health care, but limited income and asset requirements must be met. The responsibility for paying Medicaid claims falls to the states. Consequently, as

the demand for long-term care services has risen, states have been developing programs to help control Medicaid costs. One such program is the Long-Term Care Partnership Program.

This paper explains the role state partnership plans can play in the long-term planning process. Literature on including long-term care planning in a comprehensive financial plan is first presented. Data on the Long-Term Care Partnership Program is analyzed to give readers a sense of the degree of market penetration and consumer demand for long-term care partnership insurance policies. The HHS Own Your Future Campaign, launched to help consumers understand the intricacy of the Partnership Program, is described. A discussion of how recent health care reform, the Patient Protection and Affordable Care Act of 2010, may affect the demand for long-term care partnership policies in the future follows.

The paper concludes with implications for consumer educators. It is suggested that consumer educators properly frame the issue of long-term care planning, by focusing on the need to protect assets and preserve legacy. Consumers need to fully understand what long-term care is, what options are available for them in their communities, and the costs of these options before discussing how they plan to pay for long-term care. Increasingly complex financial products will continue to be developed by the financial services industry, so it imperative that consumer educators be prepared with straight-forward and unbiased long-term planning curriculum.

LITERATURE ON LONG-TERM CARE PLANNING

With baby boomers now entering retirement, many of whom are part of the “sandwich generation,” more financial educators and planners are realizing that a comprehensive financial plan includes planning for long-term care. But this is not a new issue. The Subcommittee on Health and Long-Term Care of the House Select Committee on Aging reported twenty million Americans will face catastrophic illness each year, with one million being forced into poverty within a year and another five million going without care (U.S., 1987). Using a mailed survey questionnaire, Bacon, Gitman, Ahmad, and Ainina (1989) found financial planners give insufficient attention to protecting clients from the financial consequences of long-term illness and most of the planners’ clients are generally unaware of this problem.

Hamm (2009) explains the need to integrate long-term care planning with financial and estate planning by highlighting two common objectives: protection of assets and preservation of legacy. Framing the issue in this manner is crucial (Brown, Kling, Mullainathan, & Wrobel, 2008). It may be easier for financial educators and planners to first raise the issue of estate planning, since clients know that death is inevitable. However, the need for long-term care is not inevitable but only a possibility. The challenge for educators is to convince clients that by ignoring long-term care, they run the real risk of decimating their estates and disappointing their heirs.

There is a growing body of evidence showing that financial planning models that assume a standard income replacement rate in retirement may not be appropriate for integrating long-term care expenses. Kotlikoff (2008) advocates the use of consumption-smoothing methods, which follow from the assumption of diminishing marginal utility. Kotlikoff explains how the use of dynamic programming in consumption-smoothing models can incorporate constraints such as sudden increases in long-term care expenses. The result is a varying income replacement rate that leads to more appropriate levels of savings and

insurance. Cordell and Lemoine (2008) highlight the importance of planning for diminishing household productivity resulting from the need for long-term care. They show that as the rate of decline in productivity increases, the income replacement rate also increases. Recent research from the AARP Public Policy Institute reveals that very few online retirement planning calculators even incorporate health care spending; the two that do provide very different results (Dowd, Atherly, & Town, 2008).

Hamm (2009) goes on to outline a comprehensive long-term care planning approach. First, educate the client about long-term care, including types and the cost of care in their area. Analyze the implications of relying on family, Medicaid, personal assets and/or long-term care insurance. Narrow down the list of resources to the most appropriate options. Once the client fully understands the issue, choose the preferred option. Develop the written plan that describes the client's deliberate choice for paying for long-term care that can be incorporated into the client's overall financial and estate plans. Assist the client with implementing the plan and review it at least annually. He emphasizes that every client needs a plan for long-term care, but not every client needs long-term care insurance. If a client decides that long-term care insurance is a preferred option, participation in the long-term care partnership program may be appropriate. The next section provides an overview of this program.

OVERVIEW OF THE LONG-TERM CARE PARTNERSHIP PROGRAM

The Long-Term Care Partnership Program is a public-private partnership between states and private insurance companies designed to reduce state Medicaid expenditures by delaying or eliminating the need to rely on Medicaid to pay for long-term care services (GAO, 2005). The program began in 1987 as a demonstration project funded by the Robert Wood Johnson Foundation with four participating states: California, Connecticut, Indiana, and New York. Federal legislation prohibited other states from initiating these programs until passage of the Deficit Reduction Act of 2005. This act gave all states the option to enact long-term care partnership policies, provided that these policies meet specific criteria (Somers & Merrill, 1991). As of February 2011, 39 states offered long-term care partnership policies for sale and another four states are in the process of setting up plans.

Most of the features between partnership and non-partnership insurance policies are the same with two key differences. The foundation of partnership policies is asset protection, which allows the policyholder to keep some assets, but still qualify for Medicaid to cover long-term care costs. The policyholder must still meet the income and asset limitation requirements for the state's Medicaid program. If a consumer has \$100,000 in assets to protect, and purchases a \$100,000 long-term care partnership policy, the consumer may be eligible for the state's Medicaid program while exempting \$100,000 in assets from the asset limit. The more insurance that is purchased, the more assets are disregarded when determining Medicaid eligibility. Medicaid will step in after all insurance policy benefits are exhausted. A more detailed discussion of Medicaid eligibility issues for these programs can be found in Meiners (2008). Many consumers, particularly those with relatively illiquid assets such as farm/ranch land and closely-held businesses, find the asset protection feature appealing.

Second, partnership policies must meet age-specific inflation protection requirements (Meiners, 2007). Individuals age 60 or younger must have annual

compound inflation protection. Individuals age 61 to 75 must have some type of inflation protection, and individuals age 76 and older are not required to purchase any inflation protection option. The Deficit Reduction Act does not specify any inflation factor.

It is possible for a policy to lose its partnership-qualified (PQ) status. This can occur if the policyholder drops inflation protection. A policyholder may not mean to drop inflation protection. If the policy uses a future purchase option as a way to adjust for inflation, the policyholder may not be able to afford to purchase additional insurance later in life, and so may decline the offer. The Deficit Reduction Act requires all individuals under the age of 76 to have inflation protection or the policy will not qualify. Once the policy loses its PQ status, policyholders lose the asset protection feature that was the main rationale for choosing a partnership policy in the first place.

A clearinghouse for information on the Long-Term Care Partnership Program can be found at the HHS Centers for Medicare and Medicaid Services, Disabled and Elderly Health Programs Group website (<http://w2.dehpg.net/ltpartnership>). Detailed information on each participating state's policies can be found at this clearinghouse. The clearinghouse provides summary reports for all submitted individual and group partnership policy records. Currently, a file registry is compiled semi-annually, with the most recent registries available online to the general public. Beginning with the December 31, 2010 reporting period, a claimant file is also available online. Thomson Reuters maintains the database. Users can find reports not just for national data, but for individual states, Washington D.C., the Armed Forces, the Virgin Islands, and foreign residence. To give readers a sense of what data is available, this paper will focus on highlighting information contained in the June 30, 2010 national registry file.

DATA ON LONG-TERM CARE PARTNERSHIP PLANS

Aggregate Policy Characteristics

Table 1 contains aggregate characteristics of partnership policies from the reporting period January 1 – June 30, 2010 for new policies and also on a cumulative basis. Despite being referred to as national data, the information provided is based on only 33 states reporting. At first glance, this number appears low but after careful scrutiny, it makes sense. Recall that only 39 of the states currently have partnership policies available for sale. Policies issued in the four original partnership states are not included in this database (their reports are listed under Other Partnership Reports in the clearinghouse). A few other states may not have started offering policies yet. Still, users of this database need to be cautioned that all policy records may not be reported by insurers; reporting is voluntarily but insurers risk termination from participating in the program if they do not comply with federal reporting requirements.

The majority of records received are for policies that are in force. Less than 2% of all policies and just over 3% of new policies were not taken out. The report does not specify why the policies were not taken out. It is assumed that this number reflects those individuals who, for whatever reason, chose not to complete the application process. Less than 1% of new and 2% of all policies have voluntarily lapsed. This data shows that once people decide they want to take out long-term care insurance, they generally follow through with this decision and keep up with their premium payments. Only a small

**Table 1. Aggregate Characteristics of Long-Term Care Partnership Policies,
 1/01/10 - 6/30/10**

	New	Cumulative
Total Records Received	68,925	237,803
Policies in force	66,249	228,293
Not taken out	2,125	4,468
Voluntary lapse	413	4,627
Active in non-forfeiture	85	157
Rescission	9	11
Death	16	188
Invalid policy status	28	43
Lost PQ status	762	4,998
Never were PQ	1,880	3,868
<i>Top Partnership States (rankings)</i>		
Texas	8,395 (1)	12,562
Minnesota	7,706 (2)	29,483 (3)
Wisconsin	6,764 (3)	45,170 (1)
Tennessee	6,580 (4)	7,534
Florida	5,309 (5)	29,936 (2)
Georgia	4,258	14,148 (5)
Virginia	4,230	18,051 (4)
<i>Insurance Carriers, % of Policies</i>		
Genworth	30.0%	31.2%
John Hancock Life Insurance Co.	18.5%	20.0%
Northwestern Mutual	20.0%	7.3%
MetLife LTC	6.8%	5.3%
Prudential	5.1%	2.5%
WEA Corporation	0.3%	15.5%
<i>N=32, Average per state = 12.36</i>		

percentage of policies have lost their PQ status. As mentioned earlier, this can occur if the policyholder drops inflation protection.

The most new policies were taken out in Texas, followed by Minnesota, Wisconsin, Tennessee, and Florida. This is only the second reporting period for Texas, South Carolina, and Wyoming. This is also the first reporting period for Arizona, Iowa, Kentucky, Louisiana, Maryland, Maine, New Mexico, and Nevada. Cumulatively, 19% of all policies have been taken out in Wisconsin. The rest of the top five partnership policy states include Florida, Minnesota, Virginia, and Georgia. Although not reported in Table 1, of the states that have been reporting partnership data for more than one year, the two states with the largest percentage of new partnership policies, as a percentage of their total policies, during the last reporting period were Tennessee (87.3%) and Pennsylvania (80.6%). The rapid growth that has occurred nationwide in this market indicates that consumer demand for comprehensive information on long-term care planning exists.

There are 32 insurance carriers that write partnership policies reported to the clearinghouse. On average, there are about 12 companies writing these policies in each state. But there are just a few insurance carriers that dominate the market. Genworth and John Hancock have the largest cumulative market share. However, Northwestern Mutual has recently overtaken John Hancock in new market share. Interestingly, WEA (Wisconsin Education Association) Insurance Corporation had a large market share in the past, but recently has lost that market share. WEA has written 82% of all the partnership policies reported for Wisconsin. This data highlights the need for long-term care planning education to be unbiased and offered in a setting where consumers do not feel pressured to purchase insurance or other products such as annuities.

Individual Policy Characteristics

Table 2 contains individual policy characteristics for the June 30, 2010 reporting period. Most of the policies are new policies, as opposed to exchanged policies. States are not required to exchange non-PQ policies for PQ policies. As of June 2008, only 21 states reported information regarding exchanges to the clearinghouse; no updated data is available in the clearinghouse. Of these states, only seven required exchanges and nine allowed exchanges. This underscores the need for consumers to be fully informed before purchasing long-term care insurance. If a consumer purchases a non-PQ policy, but then wants to exchange it for a PQ policy later on, the consumer will not be able to if the state does not allow it and thus will not be able to benefit from asset protection.

Individual policies account for 80% of all policies reported. According to Meiners (2007), individual buyers make up about 85% of all long-term care insurance sales. This deviation may indicate the growing size of the group long-term care insurance market. Indeed, 7.8% of partnership policies reported were taken out by individuals age 0 to 41. Individuals in this age group may be more likely to purchase long-term care insurance if offered through their employer as a group employee benefit.

Most buyers are in their 50s and 60s with women purchasing partnership policies more often than men. Almost all policies offer comprehensive benefits and express lifetime maximum benefits in dollars, as opposed to days. Most policies offer nursing home and home health care daily benefits in the range of \$100 to \$249 per day (the national average in the database for both type of benefit is \$164 per day). Since long-term care costs vary extensively by location, it is important for potential buyers to understand how much care costs in their local community before purchasing a policy.

The types of inflation adjustments are consistent with the requirements specified under the Deficit Reduction Act. Recall that all PQ policies for individuals under age 61 must have annual compound inflation protection. This appears to be the case, with automatic benefit increases that compound at 5% by far the most common inflation protection option for buyers in this age group. For buyers age 61 to 75 this is also the most common type of inflation protection, but 28.1% of active policies only offer simple 5% increases on the original benefit amount. For this age group, PQ policies only have to offer some inflation protection. The majority of active policies held by buyers age 76 and over offer no inflation protection. A future purchase option is available for 17.3% of these policies, but as stated earlier many buyers in this age group may not be able to afford the increased premium.

Table 2. Individual Long-Term Care Partnership Policy Characteristics, 1/01/10-6/30/10

New policy	73.6%	Exchanged policy	26.3%
Individual policy	80.0%	Group policy	20.0%
Female	56.3%	Male	43.6%
Comprehensive benefits	95.9%	Lifetime maximum in dollars	99.0%
<i>Nursing home</i>		<i>Home health care</i>	
<i>Daily benefit amount</i>		<i>daily benefit amount</i>	
\$100 - \$149	31.5%	\$100 - \$149	29.7%
\$150 - \$199	30.4%	\$150 - \$199	28.2%
\$200 - \$249	25.3%	\$200 - \$249	25.4%
<i>Age group</i>			
0-41	7.8%	41-45	4.7%
46-50	9.2%	51-55	17.1%
56-60	23.4%	61-65	23.0%
61-65	23.0%	66-70	9.9%
71-75	2.4%	76+	2.1%
<i>Inflation adjustment</i>			
<i>All ages combined</i> <i>(226,651 active policies)</i>		<i>Buyers under age 61</i> <i>(62.4% of active policies)</i>	
Compound 5%	61.8%	Compound 5%	74.6%
CPI-based	10.8%	CPI-based	11.5%
Simple 5%	10.3%	Simple 5%	6.4%
Compound 3%	6.5%	Compound 3%	4.6%
<i>Buyers age 61-75</i> <i>(35.5% of active policies)</i>		<i>Buyers age 76+</i> <i>(2.1% of active policies)</i>	
Compound 5%	42.7%	No inflation protection	57.0%
CPI-based	28.1%	Future purchase option	17.3%
CPI-graded	10.2%	Simple 5%	7.2%
Compound 3%	9.9%	Compound 5%	5.9%

This is a rather complex data set recommended for use by researcher, not consumers. Because of the intricacy of the Partnership Program, the Deficit Reform Act specifically addresses consumer education (Rothstein, 2007). In order to comply, HHS launched the Own Your Future Campaign.

THE OWN YOUR FUTURE CAMPAIGN

The Own Your Future Campaign, a joint federal-state initiative designed to increase consumer awareness about the need to plan for long-term care, was launched in 2005. Since then, 24 states have participated in the campaign. It appears that the campaign officially ended in 2010. A summary of the campaign can be found in Teller and Cutler (2011).

Governors in participating states sent letters to their constituents ages 45 to 65 (in some states ages 50 to 70) encouraging them to request a free long-term care planning kit. The response rate was over 8%, exceeding the 5% expected response rate. Follow-up surveys showed that those who received the planning kit were significantly more likely to take some type of long-term care planning action, and twice as likely to buy long-term care insurance after the campaign. The letter mailing appeared to have the strongest impact on those individuals with a planning orientation. It was not as effective in generating requests for the planning kit from those individuals who saw little valuing in planning ahead.

Some states conducted complimentary outreach activities, promoting local care resources and programs. State efforts include the development of state-based information and resources such as brochures, videos, and websites. Table 3 contains a selected summary of state activities. Many participating states have created their own versions of the long-term care planning kit and have made them available for download. Some states have developed websites specifically devoted to the Own Your Future campaign. Texas has created one of the most comprehensive websites, offering all of its content in both English and Spanish including its own long-term care planning kit.

The success of this campaign led to the development of the National Clearinghouse for Long Term Care Information (<http://www.longtermcare.gov>) where consumers can go to find the cost of long-term care in their area, information on programs to help pay for long-term care, and take a planning quiz. The site is administered by the Administration on Aging. However, the role of both federal and state governments in providing long-term care and education continues to be hotly debated. The Patient Protection and Affordable Care Act of 2010, the recent health care reform bill, will impact the long-term care planning industry and the long-term care partnership program.

THE IMPACT OF HEALTH CARE REFORM

Included in the Patient Protection and Affordable Care Act of 2010 was a provision to establish the CLASS (Community Living Assistance Services and Supports) Program. CLASS would have been a voluntary, long-term care insurance program administered through the Administration on Aging at HHS. The plan would have allowed most working adults age 18 or older to enroll in this program directly or through their employers. Individuals, not employers, would have paid the full premium cost. Enrollees would not have to answer questions about their health so pre-existing medical conditions would not have been a disqualifying factor. To receive benefits, enrollees must have met specific requirements regarding functional limitations, earnings, and pay premiums for at least 60 months. Benefits would have been paid from premiums and earnings on those premiums so taxpayer funds would not have been used to pay benefits.

Table 3. The Own Your Future Campaign Selected State Activities

<i>State</i>	<i>Activities</i>
Colorado	YouTube video of program launch; download State OYF Kit
Georgia	press release; resource guide
Iowa	informational brochure; download State OYF Kit
Kansas	Area Agencies on Aging directory, Senior Health Insurance Counseling for Kansas (SHICK) program directory
Kentucky	download State OYF Kit
Maryland	resource guide; press release
Massachusetts	link to state LTC website (http://www.800ageinfo.com)
Michigan	resource guide; link to Michigan Aging Services website (http://www.michigan.gov/miseniors)
Missouri	link to state LTC website (http://insurance.mo.gov/consumer/LongTerm)
Nebraska	handouts on health and general program information, family caregiving and home modifications, and community resources and legal issues
Ohio	link to state LTC website (http://www.goldenbuckeye.com), download State OYF Kit
Pennsylvania	press release; resource guide (English/Spanish)
South Dakota	video message from Governor; press kit; handouts on why plan for LTC, LTC services and how to pay for them, and LTC insurance; link to state LTC website (http://www.ownyourfuture.sd.gov)
Tennessee	press release; informational handout
Texas	handout of general information and resource directory (English/Spanish); press release; link to state LTC website (http://www.ownyourfuturetexas.org) where State OYF Kit can be downloaded (English/Spanish)
Virginia	information and resource guide
Washington	LTC planning resource brochure

In October 2011, the Obama administration announced it would not move forward with the CLASS program. The administration could not ensure that enough healthy workers would sign up for program to guarantee no taxpayer funds would be needed to pay benefits. The CLASS program did not offer asset protection so long-term care insurance companies that offer partnership policies would still have occupied a unique niche in the marketplace. In addition, those individuals in retirement or nearing retirement would still need to consider to private long-term care insurance policies since they will not satisfy the 60-month premium payment requirement. These are the groups who need asset protection the most. CLASS would have posed the greatest threat to private insurance company market share with younger workers who would ordinarily choose group long-term care insurance coverage.

Including the CLASS program in the recent health care reform law brings the issue of paying for long-term care into the national consciousness. Health care reform

will also increase pressure on states to contain Medicaid costs. Under the new law, Medicaid eligibility will be expanded in 2014 to include individuals under age 65 with incomes up to 133 percent of the federal poverty level. How this Medicaid expansion will impact states' budgets continues to be analyzed. Although the federal government will pay most of the cost of this Medicaid expansion, state Medicaid dollars will now have to be distributed to a larger percentage of the population. Congressional deficit reduction talks will also impact future Medicaid funding. If there is a bright side to all this debate over health care spending, it is that Americans are realizing the importance to taking responsibility for their own long-term care needs instead of relying on government assistance. Consumer educators should take advantage of this teachable moment.

IMPLICATIONS FOR CONSUMER EDUCATORS

There are a variety of reasons why consumers put off planning for long-term care. Perhaps they feel they will not need long-term care or incorrectly assume that Medicare will pay for it. Many expect their children to care for them, without fully realizing the emotional and financial toll placed on caregivers. Whatever the reason, consumer educators must find a way to start the conversation about long-term care planning. Consumer educators need to show clients that the cost of long-term care can be the biggest risk to all they have accumulated in their lifetimes. Link long-term care planning to the protection of assets and preservation of legacy.

Estate planning workshops can draw large crowds, particularly among older adults who either may be in the early stages of needing long-term care or know of someone currently under care. These are ideal places for consumer educators to mention long-term care planning. This may be the first time this audience has heard these two issues linked together. Once people understand this link, they are open to learning more about long-term care planning.

Clients need to fully understand what long term care is, what options are available to them in their communities, and the costs of these options, before they ready to discuss how they plan to pay for long-term care. Consumer educators must be prepared to explain the advantages and disadvantages of different financing options. Participating in the long-term care partnership program described in this paper is one of many options. As baby boomers advance in retirement and need long-term care, the demand for innovative financial products will increase along with their complexity. Consumer educators must be prepared to meet this demand with straight-forward and user-friendly long-term care planning curriculum.

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