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THE HENRY J. KAISER FAMILY FOUNDATION

ISSUE PAPER

February 2006

Frontline Perspectives on Long-Term Care Financing Decisions and Medicaid Assets Transfer Practices

Executive Summary

In the Deficit Reduction Act of 2005, Congress tightened Medicaid asset transfer rules for individuals qualifying for Medicaid assistance with nursing home bills. Research on asset transfer shows a low incidence of asset transfers and limited cost savings from tightening such rules.[1] But, because of demographic trends that will increase pressure on Medicaid and concerns that the Medicaid program may be financing care for higher-income beneficiaries when limited dollars should be spent on those with the most financial need, tightening Medicaid asset transfer rules remain a focus of policy efforts to reduce spending growth on Medicaid long-term care services. Based on a series of interviews in six states with public long-term care benefit counselors at the state and local level, this report provides first-hand perspectives on Medicaid asset transfer practices and private long-term care financing options drawing on their work with families who contact them about long-term care assistance. Key themes emerging from their interviews include:

- **The vast majority of people have not planned for long-term care needs, have not transferred their assets in order to qualify for Medicaid, and are unaware of their options.** Counselors report that most people are not aware of the need to plan ahead for long-term care or of available financing options. Many individuals assume that Medicare will provide long-term care services and are typically surprised by the need to apply for Medicaid to receive publicly-financed services.

- **Private long-term care insurance is too expensive for low and middle-income families.** There was broad consensus among the state-based counselors that current private insurance products are not viable alternatives for many families, particularly those least able to privately finance their care needs.

- **Personal resources and family care-giving play important roles in providing long-term care services, but have limits.** Interviewees note supporting family caregivers is critical, but insufficient. The majority of families did not have savings to cover long-term care costs and families with some savings were quickly overwhelmed.

The findings of this study suggest that private long-term care insurance products remain largely unaffordable to the majority of low- to middle-income individuals. Efforts on the federal and state levels to tighten Medicaid asset transfer rules, without broader system changes, may impede access to needed long-term care services.

[1] Liu, Korbin and Tim Waidmann, Asset Transfer and Nursing Home Use, prepared for the Kaiser Commission on Medicaid and the Uninsured, November 2005. Ellen O'Brien, Medicaid's Coverage of Nursing Home Costs: Asset Shelter for the Wealthy or Essential Safety-Net?, Georgetown University, May 2005. Government Accountability Office, "Transfers of Assets by Elderly Individuals to Obtain Long-Term Care Coverage," September 2005.

Introduction

Long-term care services are expensive. The average cost of a year stay in a nursing home now exceeds $70,000. Most of the elderly and especially those at risk of needing nursing home care lack the financial resources to afford that care for more than a few weeks or months.[2]

There are two primary ways long-term care is financed in the U.S. First, individuals may use their personal resources to either pay directly for long-term care services or to purchase private long-term care insurance. Personal resources include non-paid family care-giving and related concessions in family finances (i.e., reduced work-related income). Unpaid family care-giving is the nation's primary support system for the elderly and many persons with disabilities. Second, individuals may be -- or can become -- eligible for Medicaid if they meet the program's strict eligibility rules. Medicaid is a means-tested program that remains the key funding source for paid long-term care services. The vast majority of people become eligible for Medicaid-financed long-term care services because they meet the financial eligibility requirements or they use up their income and savings due to high medical costs – called "spending down" – until they reach Medicaid eligibility financial limits.

In the Deficit Reduction Act of 2005, Congress tightened asset transfer rules for individuals to qualify for Medicaid assistance with nursing home bills. Research on assets transfer shows a low incidence of asset transfers and limited cost savings from tightening such rules.[3] But, because of demographic trends that will increase pressure on Medicaid and concerns that the Medicaid program may be financing care for higher-income beneficiaries when limited dollars should be spent on those with the most financial need, tightening Medicaid asset transfer rules remain a focus of policy efforts to reduce spending growth on Medicaid long-term care services. These efforts are sometimes coupled with additional policies to promote private financing options of long-term care services and to provide additional supports for people to remain in their home for long-term care services.

Based on a series of interviews with state and local long-term care benefits counselors in six states, this report provides first-hand perspectives on Medicaid asset transfer practices and private long-term care financing options. These counselors provide information to individuals who are seeking information about long-term care options.

[2] Lyons, Barbara, Andy Schneider, and Katherine A. Desmond, The Distribution of Assets in the Elderly Population Living in the Community, prepared for the Kaiser Commission on Medicaid and the Uninsured, June 2005.

[3] Liu, Korbin and Tim Waidmann, Asset Transfer and Nursing Home Use, prepared for the Kaiser Commission on Medicaid and the Uninsured, November 2005. Ellen O'Brien, Medicaid's Coverage of Nursing Home Costs: Asset Shelter for the Wealthy or Essential Safety-Net?, Georgetown University, May 2005. Government Accountability Office, "Transfers of Assets by Elderly Individuals to Obtain Long-Term Care Coverage," September 2005.

Methodology

This issue brief relies on 15 group and individual interviews with long-term care professionals in six states: California, Kentucky, Minnesota, New Jersey, South Carolina, and Washington State. These professionals are long-term care benefits counselors who provide assistance and counseling to individuals and families on planning for long-term care services and respond to family crises that have immediate long-term care needs. Some interviewees were state staff who oversee long-term care benefits counseling programs. The federal Administration on Aging (AOA) funds several programs that provide such services that are usually administered by State Units on Aging and delivered by local Area Agencies on Aging and as well as a national network of long-term care hotlines. AOA-funded counselors were interviewed in California, Kentucky, and Washington State.

In addition, AOA and the Centers for Medicare and Medicaid Services (CMS) are jointly funding a national effort called the Aging and Disability Resource Centers (ADRC) project. As of August 2005, 43 states have received ADRC grants that fund long-term care benefits assistance and counseling. ADRC staff in California, Minnesota, New Jersey and South Carolina participated in interviews. Many of these staff are employed by the state. Medicaid staff in Connecticut, Louisiana, and Minnesota were also interviewed for information on each states' assets transfer loophole closure approach.

Following a standard interview protocol, interviewees provided information about their impressions of Medicaid asset transfer concerns and the viability of private long-term care options. It is important to note that while long term benefits counseling services are available to everyone, the majority of contacts are received from middle- to low-income families who are less likely to have the financial resources to secure private financial and legal estate planning services or to purchase private long-term care coverage. Additionally, the findings were developed from a limited pool of states and program sites; the observations and experiences of long-term care counselors and Medicaid eligibility staff in the sample should not necessarily be generalized nationally.

Findings

Asset Transfers

Finding 1. Long-term care counselors report that the vast majority of people do not plan for long-term care needs, do not transfer their assets in order to qualify for Medicaid, and are unaware of their options.

While ADRC, State Health Insurance Assistance Programs (SHIP), and long-term care hotline services are available to everyone, the majority of contacts are from middle- to low-income families who either have not made plans or report that they were unable to afford private long-term care options. Additionally, the bulk of interviewee work focuses on helping families to navigate crises that result in the need for long-term care. Many interviewees reported that many callers assume that Medicare will provide long term services and are typically surprised by the need to apply for Medicaid eligibility in order to receive publicly-financed services.

A South Carolina counselor noted that "people believe that they have 'paid into the system through taxes' and are frustrated that they are not eligible for assistance." Another interviewee in South Carolina commented that, "most people don't even know what Medicaid is, much less how to shelter assets." Interviewees in Kentucky also note that: 1) the vast majority of working age people have difficulty envisioning themselves as old or with a permanent disability and, therefore, do not make funding long-term care protection a priority; and 2) people do not understand the cost and scope of services.

Interviewees in other states reported some different experiences. The Washington State SHIP, called State Health Insurance and Benefits Assistance (SHIBA), had invested in significant outreach and education on planning for long-term care. Since the outreach work, long-term care hotline staff in Washington noted an increase in calls from people interested in planning for future needs. The New Jersey SHIP also developed a long-term care planning outreach and education initiative including: a) a private long-term care insurance buyers' guide; b) training and placement of a long-term care counselor in each county; and c) a direct mailing campaign about the guide and counselors to over 860,000 households. Like Washington, New Jersey staff also reported an increase in proactive callers interested in planning for the future.
However, all interviewees, including states that engaged in outreach or had plans for outreach, indicated concern about private long-term care financing limitations. Some New Jersey families who called with planning questions thought that the private long-term care insurance plans seemed very limited and very costly. Washington state staff noted similar comments from callers. Virtually no families called with interest in reverse mortgages (see Finding 4). All interviewees noted the need for significantly more work to increase the array of private options and to make them more attractive to middle and low income families. Finally, they pointed out that considerably more resources should be invested in ongoing outreach and education as well as the provision of local long-term care benefits counseling. New Jersey staff felt that employers also should be involved in outreach and education about long-term care planning.

While none of the programs or individuals contacted for this report provide assistance with assets transfer strategies, they did offer observations on who typically inquires about Medicaid asset rules and why. As shown in ***Table 1,*** interviewees indicated that inquiries regarding assets typically come from children and at a time of family crisis. When seniors call, they generally are concerned about preserving their home for the community-based spouse. Asset inquiries for people who are applying for Medicaid on the basis of disability are rare. Interviewees stated that disability-related calls typically come from parents interested in establishing a trust for their child.

Table 1
Counselor Observations on Public Inquiries on Medicaid Asset Rules and Long-term Care

Population	Observed Motivations and Concerns
Inquires Regarding People of Advanced Age	• Inquiries are usually in reaction to a family crisis (i.e., decline in health or disability status); • Some inquires are proactive. These are typically families at higher socio-economic levels who can afford a financial planner or, in rural areas, where income producing property is at stake (i.e., farms, rental property, etc.); • Inquiries are typically made by adult children; • Children who call are unable to provide family care-giving and the parent or relative is typically expected to survive for the foreseeable future; • When spouses call, their typical concern is preservation of the home; • In rural areas, calls from spouses and children are typically about land; • While calls from the elderly on assets are rare, when they do call about accessing Medicaid long-term care the typical concern is that they "have paid in" and want to know why they cannot access the benefit; and • Inquiries from spouses and children about Medicaid Estate Recovery (see discussion below).
Inquiries Regarding People with Disabilities	• Very few; • Typically parents concerned about inheritance and establishing a trust for their child with a disability; and • Some persons with disabilities who wish to live in the community concerned about having to give up assets that will impact their ability to live in or return to the community from a nursing home.

Source: Avalere Health Interviews with long-term care benefits counselors and hotline staff.

Finding 2. Perspectives by state officials and long-term care counselors on the severity of asset transfer practices varied widely by state.

While a number of factors influence interviewee perspectives, states that had taken action or have an ongoing policy initiative on assets transfer viewed the practice to be less severe than states that had not taken action. Connecticut tightened its regulatory definition of "annuity" and reported considerably less attempted use of that mechanism after the change. Interviewees in Kentucky noted that eligibility rules are so complex that eligibility workers have difficulty explaining assets transfer requirements to families and that some families make transfers without understanding the consequences.

Other state interviewees, such as those in South Carolina, did not report plans to significantly tighten assets transfer rules but did express concern about future trends because the state has a rapidly growing number of retirees. New Jersey officials stated that assets transfers are not a major problem because they have made changes in eligibility rules to close loopholes. New Jersey Medicaid also typically follows trends in financial planning strategies, identifies new asset transfer techniques, and modifies eligibility rules accordingly. New Jersey long-term care benefits counselors agreed with state Medicaid eligibility staff perspectives. Louisiana Medicaid agency staff noted similar steps and experiences.

Some states, such as Minnesota, consider assets transfer to be a significant problem and have taken a number of steps to close transfer loopholes. Despite these changes, Minnesota Medicaid eligibility staff report that assets transfers are an ongoing concern and that the state intends to continue pursuit of a Section 1115 waiver to further tighten assets transfer rules. These concerns were consistent among state Medicaid eligibility staff and long-term care benefits counseling staff. A key issue in Minnesota is the transfer of property, especially large farms. Minnesota Department of Human Services (DHS) staff also note, like other interviewees, that many assets transfer efforts are typically initiated by children.

Washington State long-term care hotline staff indicated that calls regarding assets transfer were usually by children with concerns about Medicaid estate recovery. Federal law requires states to recover long-term care costs from a deceased beneficiary's estate. Recovery can include the home but only after the community-based spouse or certain other relatives or former care-givers have moved out. In general, Medicaid estate recovery offsets only a small amount of long-term care costs. In 2003, states recovered $347 million, or about half of one percent of total long-term care spending.[4] When seniors do call about assets, counselors reported that they are usually interested in protecting the home for their spouse or children.

Minnesota and South Carolina noted inquiries from rural areas usually included interest in protecting land as well as a home.

Private Long-Term Care Options

Finding 3. Interviewees point out that, for many low and middle-income families, private long-term care insurance is too costly.

Counselors note that private insurance is expensive and offers limited benefits – time limited caps on hours to provided care or the types of services available. Minnesota staff reported that people find private long-term care policies very expensive, and despite improved state regulation of the private long-term care insurance market, the products have a limited consumer appeal and trust. Minnesota DHS staff point to the need for more information regarding the issues surrounding private coverage as well as additional outreach and education about improvements in plan offerings; recommendations about how to make private options more viable and reduce reliance on Medicaid were compiled in a DHS report to the Legislature called "Project 2030."

South Carolina staff note that families express concern about unexpected increases in premiums, the lack of an adjustment in the plan for increases in long-term care costs (i.e., inflation adjustment option), and market instability – people are concerned that five to ten years from the point of purchase, the plan might not exist. South Carolina families and Washington State staff both noted concerns about waiting periods before private coverage "kicks in" as well as what the plan considered a "triggering" event.

While noting increased interest from their outreach and education efforts, New Jersey staff point to the complexity of private long-term care insurance, concern about benefit inflation adjustment, per diem maximums, and waiting periods as ongoing challenges to increasing private long-term care insurance use.

[4] Karp, N., C.P. Sabatino, and E.F. Wood. 2005. "Medicaid Estate Recovery: A 2004 Survey of State Programs and Practices." Washington, D.C.: AARP.

Finding 4. Counselors report that they rarely recommend reverse mortgages.

Reverse mortgages provide access to the equity that has accrued in the home without requiring people to leave or sell their homes. Borrowers are permitted to use this equity to make home repairs, pay taxes, travel, or supplement their income to pay for long-term care-related expenses. However, because closing costs can be as high as 10 percent of the value of the home, benefits counselors in Washington, South Carolina, and Kentucky reported that they rarely recommend this option. New Jersey staff report reluctance on the part of families due to emotional attachment to the home or property and/or surprise over how little money actually becomes available. New Jersey staff also noted that many seniors do not consider reverse mortgages because "it feels like they are giving up control of their lives too early."

California staff noted similar concerns but specifically noted the upfront closing costs of reserve mortgages as a major deterrent. Kentucky staff noted that reverse mortgages are good financial options but only for a very small group of people – typically single individuals whose home equity will generate adequate funds for the duration of their long-term care needs after closing costs and inflation. Interviewees also expressed concern about people who use reverse mortgages but outlive or use up quickly the funds derived from home equity. Washington state staff reported particular concerns over what happens to spouses once home equity is exhausted. Minnesota was the only state that reported some increased interest in reverse mortgages but, similar to Kentucky, noted that these were typically families with more expensive homes.

Finding 5. Personal resources and family care-giving play important roles in providing long-term care services, but have limits.

Interviewees noted that the majority of families did not have savings to cover long-term care costs. South Carolina, Washington State, and Kentucky staff also noted that families with some savings were quickly overwhelmed by costs once the time-limited Medicare nursing home benefit was exhausted and/or if the family member's care needs exceeded what Medicare's home health benefit provides. New Jersey staff noted that many families did have enough resources to share in the cost of long-term care services, and would prefer to make cost sharing payments rather than impoverishing themselves in order to become Medicaid eligible.

Every state contacted indicated that supporting family caregivers is critical to reducing reliance on Medicaid. California staff in San Diego described their Caregiver Resource Center while New Jersey and South Carolina staff described relationships with AOA-funded Family Caregiver Support Programs. However, interviewees also noted that, as the population ages, fewer family members will be available to provide informal care.

Interviewee comments on private long-term care financing options are summarized in ***Table 2***. Counselors viewed virtually all current long-term care financing alternatives to Medicaid as having significant limitations and not viable options for most middle to low income families.

Table 2
Counselor Perspectives on Private Long-term Care Options and Limitations

Private Long Care Option	Limitations
Retirement Plans	State staff and long-term care counselors in the field indicated that retirement planning is limited among individuals who request assistance.
Personal Savings	Interviewees pointed out that awareness of long-term care and long-term care financing options is very low. As with retirement planning, personal savings for long-term care is rare.
Family Care-giving	Study participants noted that families are more dispersed than in the past – i.e., children are less likely to live in the same town or county as their parents. Additionally, they noted that most adult household members (i.e., adult children with parents who need long-term care or who have children with disabilities) work. The culminating effect is less availability of family care-giving and a greater need for paid long-term care services, including Medicaid.
Private Long-term care Insurance	Study participants noted that private long-term care insurance is expensive and has limited benefits – either time limited to caps on hours or the types of services available. Many people also express concern about unexpected increases in premiums, lack of inflation adjustment, and the availability of the plan in five or 10 years.
Reverse Mortgages	Counselors point out that because volume is so low, there are only a few lenders who offer reverse mortgages, and few who train staff to specialize in these loans. Additionally, there is a perception among homeowners that these loans are expensive, mostly because the closing costs can be a high percentage of the total loan (sometimes as high as ten percent). In addition, homeowners often find that the equity available (after interest, closing costs, and the insurance premium) is insufficient. Finally, there is a reluctance to incur debt and reduce the value of their homes that they intend to pass-on to their children.

Source: Avalere interviews with ADRC long-term care benefits counselors and hotline staff.

Policy Implications

The demand for long-term care services will continue to grow as the baby boom generation reaches retirement. The findings of this study suggest that the role of Medicaid as the primary payer of long-term care services will continue to grow, despite recent federal and state efforts to limit asset transfers. Although perceptions vary by state, interviewed counselors report that most beneficiaries with whom they interact are unaware of the extensive resource needs for adequate long-term care planning and are therefore unable to adequately plan for future long-term care needs. However, the long-term care benefits counselors do not feel that the current array of private options are viable strategies for helping low- and middle-income people finance long-term care needs. As a result, Medicaid will continue to face budget pressure as the payer of last resort for long-term care services.

Without broader efforts to encourage greater planning for future long-term care needs and financing to meet these needs, changes to asset transfer rules may not accomplish policymakers' objectives to limit Medicaid financed-services. Although new federal and state initiatives are underway to promote greater understanding of private options and their resource requirements, further research and evaluation is needed to fully understand how effective these new programs are. State counselors to date report only a limited understanding of long-term care financing options among individuals and families. Federal and state policymakers may also wish to consider new ways to promote greater understanding of long-term care services, such as social marketing campaigns.

The findings from this issue brief suggest that private long-term care insurance products remain largely unaffordable to the majority of middle- and low-income beneficiaries. Efforts to curtail the use of Medicaid services should be aware of the limitations of private long term financing options, such as reverse mortgages and private long-term care insurance plans. In the absence of broader policy changes, tightening asset transfer rules may impede access to needed long-term care services.

This issue brief was prepared by Mike Cheek and Jonathan Blum, Avalere Health LLC for the Kaiser Commission on Medicaid and the Uninsured.

Appendix A.

Background on Interview States

Interviewed States were selected based on geographic representation as well as their experiences in three key areas: 1) coordinated promotion of private long-term care options; 2) availability of long-term care benefits counseling and assistance, and 3) Medicaid eligibility policies on assets transfer. Efforts to make private long-term care options more attractive and to promote the importance of long-term care and related family planning vary greatly among all states. Additionally, public long-term care program benefits, availability of certain services (i.e., waiting lists), and eligibility also vary greatly. The factors discussed below influence individual and family long-term care financing decisions.

- ***Coordinated Promotion of Private Long-term Care Options.*** Virtually all states have adopted changes in insurance laws and regulations aimed at making private long-term care insurance more attractive. However, few states have taken more aggressive steps to promote private options. First, of the sample states, only California has a Partnership for Long-Term Care program, which allows individuals to access Medicaid long-term care services after they exhaust their private long-term care benefits. Second, only New Jersey and Washington State have implemented statewide education and outreach programs on private long-term care financing options, which are coordinated among several state agencies as well as state agencies and regional or county-based agencies. Minnesota is poised to implement such an effort while South Carolina and Louisiana are developing similar approaches using federal Aging and Disability Resource Center grant dollars. All state units on aging provide information on long-term care financing options through local Area Agencies on Aging (AAA) but AAA resources for outreach and education are limited.

- ***Availability of Long-Term Care Benefits Counseling and Assistance.*** The availability of services aimed at helping people plan ahead and navigate long-term care decisions in a crisis plays an important role in the use of private options as well as how and when people access Medicaid. Washington State long has offered long-term care assistance services. First, the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine has been in operation for almost 25 years. SHIBA provides free health insurance education, assistance, and advocacy for all Washington residents, including persons with disabilities, in hundreds of communities statewide. SHIBA HelpLine volunteers – over 300 -- and staff assist consumers with choices and problems involving private health insurance as well as many government programs – including Medicare and Medicaid. SHIBA HelpLine volunteers also are experts in long-term care insurance coverage and related options. Additionally, in the early 1990s, Washington State began placing social workers in hospitals to provide information on long-term care options to patients who were likely candidates for nursing facility care. The state discontinued placing social workers in hospitals after four years, opting instead to focus its resources on transitioning residents in nursing homes into community settings. Minnesota has developed two 1-800 lines – Senior LinkAge Line ® and Disability Linkage Line – as well as the state's comprehensive website on long-term care financing and assistance options (www.MinnesotaHelp.info). Other states have similar programs typically administered by the state unit on aging but Minnesota and Washington State's programs are unusual because of the inclusion of persons with disabilities as well as the scope of their information and assistance services. Additionally, using ADRC grant funds, Louisiana, Minnesota, New Jersey, and South Carolina all are developing long-term care one-stop assistance centers.

- ***Medicaid Assets Transfer Rule Changes.*** Medicaid policy and administrative processes influence decisions to apply for benefits. Of the interview states, Connecticut, Louisiana, Minnesota, New Jersey and Washington State took steps to tighten assets transfer rules under existing authority. Connecticut and Minnesota both submitted Section 1115 Medicaid waiver applications to further tighten asset transfer rules; however Connecticut withdrew is application in spring 2005 in anticipation of federal action.

Appendix B

Long-term care Benefits Counseling Programs

Programs delivering long-term care counseling and assistance to individuals and families primarily are provided by two programs: 1) a new joint federal Administration on Aging (AOA) and Centers for Medicare and Medicaid Services (CMS) effort called the Aging and Disability Resource Center (ADRC) Grant Program; and 2) AOA programs that provide such services typically administered by State Units on Aging and delivered by local Area Agencies on Aging (AAA) and as well as a national network of long-term care hotlines.

The ADRC Grant Program, operating in 41 states and Guam, is part of the New Freedom Initiative.[5] Resource Centers provide "one-stop shopping" for long-term care information including private and public financing options, individualized counseling, and assistance with accessing publicly-financed long-term care supports when private options are not available. ADRCs also are intended to minimize confusion, support individual choice and informed decision-making.[6] Key ADRC services include:

--Creating public awareness campaigns about both public and private long term support options, as well as awareness of the ADRC services, especially among underserved and hard-to-reach population.
--Providing information and counseling as needed on all available long term support options, including helping families plan for their future long term support needs.
--Assisting individuals in determining their potential eligibility for public long term support programs and benefits.
--Providing information and referral to other programs and benefits that can help people remain in the community (i.e., health promotion or disease prevention programs, transportation services, and income support programs). [7]

[5] The New Freedom Initiative is the Administration's plan to increase persons with disabilities and of advanced age opportunities to learn and develop skills, engage in productive work, make choices about their daily lives and participate fully in community life. The inter-agency effort, headed by the Department of Health and Human Services, includes an array of grants, policy changes, and legislative proposals.

[6] Administration on Aging. Aging and Disability Resource Centers Fact Sheet. Accessed at http://www.aoa.gov/press/fact/pdf/fs_aging_disability.pdf.

[7] Administration on Aging and Centers for Medicare and Medicaid Services. ADRC FAQs. Accessed at http://www.aoa.gov/prof/aging_dis/2005%20QA.pdf.

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