The Dignity Voucher Program

An Innovative Approach to Eldercare Vouchers

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The United States currently faces two immense challenges: prolonged mass unemployment and an aging population. To meet the needs of the elderly while creating jobs for low-skilled workers, we propose a Dignity Voucher program—an innovative system of service care vouchers for the elderly. Modeled on the best practices of service voucher programs in other democracies, and complementing existing, limited respite care programs intended to aid families that care for their members, the Dignity Voucher program could increase employment of low-skilled workers by stimulating demand, even as it raises tax revenues and worker wages by replacing informal gray-market labor with new jobs in the formal economy.

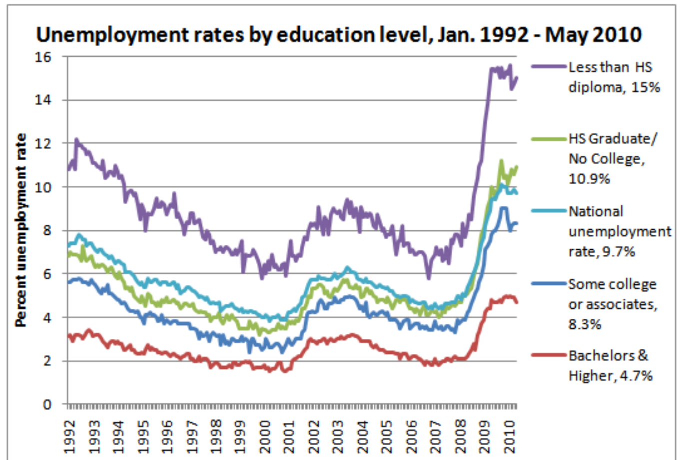
To reduce unemployment while addressing the unmet needs of the elderly, we propose the establishment of a federal-state **Dignity Voucher Program**. The federal government would provide state governments with funding for eldercare services in the form of Dignity Vouchers. Qualified retirees would be able to use the Dignity Vouchers to purchase a limited number of hours of non-medical personal assistance in tasks like housekeeping and transportation from personal service companies that are certified by federal and state governments. The Dignity Vouchers would permit retirees to pay less than the minimum wage to the employees of the personal service companies, while the companies would be required to pay at or above the minimum wage. Government would pay the service companies the difference between the reduced amount paid by the retiree and the employee's wage.

The Dignity Voucher Program would accomplish multiple goals. It would increase demand for low-wage service sector workers. At the same time, it would provide indirect financial assistance to elderly Americans who are capable of functioning and living in their own homes but need occasional personal assistance which they cannot afford on their own. It would help American families by reducing the burden of supporting their elderly relatives. Finally, it would generate tax revenues, as informal, off-the-books, underpaid labor was replaced by adequately-paid labor in the formal labor market.

Unemployment

The United States faces a massive obstacle to regaining our economic health: unemployment. The June 2010 official unemployment rate was 9.5 percent, and state-by-state rates range from 3.8 percent in North Dakota to 14 percent in Michigan.[1] However, when the number of the effectively unemployed is measured, which includes those who have given up looking for work and those forced to work less than full-time, the rate is almost double: 19.1 percent.[2] Further, low-skill workers – those with less than high school education – suffer much higher unemployment rates than overall unemployment, as shown in Figure 1.

Figure 1



Source: Bureau of Labor Statistics, June 2010.

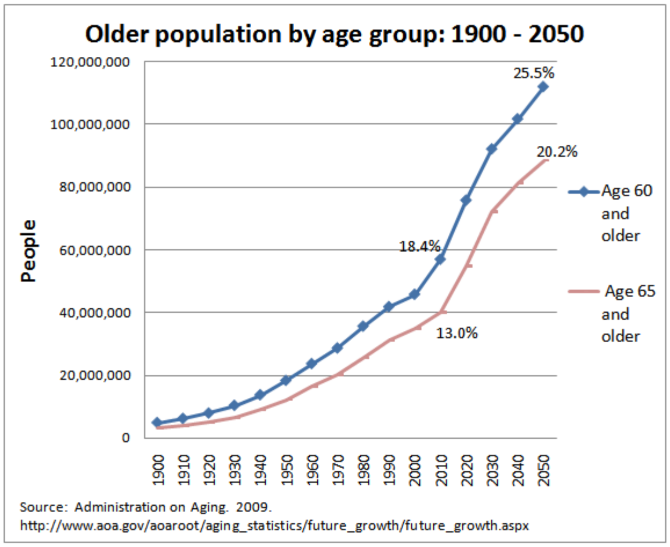
Of the 30 occupations with the largest employment declines, more than 90 percent are low-skill jobs.[3] Low-skill workers, as roughly correlated with education levels, experience higher rates of unemployment than higher skill workers normally, and have been especially affected by the recession.

Many low-skill jobs in the retailing and manufacturing sectors will not return and are predicted to continue shrinking even as the economy recovers into 2018.[4] Instead, American employment is predicted to continue to shift toward services, especially in the health care and social assistance sectors.[5] Employment opportunities look bleak for low-skill workers in manufacturing and retail, unless they are able to shift to jobs in social and health care sectors.

The Unmet Needs of the Elderly

At the same time, our population is aging, and fast. By 2050 the baby boomer generation will create an over-60 group that is 25.5 percent of the U.S. population, as shown in Figure 2.

Figure 2



This growth in the elderly population may also be the key to spurring employment. Home health care services and services for the elderly are projected to be two of the three highest growth industries between now and 2018.[6] In 2005, about 40 percent of Medicare recipients over 65 needed assistance in performing one or more of the daily activities: bathing, dressing, eating, getting in/out of chairs, walking, using the toilet, using a telephone, light or heavy housework, meal preparation, shopping, and money management.[7] If extrapolated to the general over-65 population, in 2050, 35.4 million Americans will need personal care assistance.[8]

However, the informal care market is already massive. About 65.7 million Americans over 18 years of age were estimated to be full or part time caregivers in 2009.[9] This group represents 29 percent of the U.S. adult population and accounts for over 30 percent of American households. Specifically in terms of eldercare, there are an estimated 43.5 million unpaid caregivers of family and friends over 50 providing an average of 20.4 hours of care per week.[10] This is the equivalent of 22.185 million full time jobs. With a mean hourly wage of $9.47 for personal and home care services for the elderly,[11] the informal care market (the cost of caregiving if it were completely replaced with paid services) may be worth $425.6 billion per year. This grey sector represents large losses in tax revenue for governments, and it will only grow as the baby boomers age.

The Costs of Eldercare

Caring for an elderly loved one comes at a cost: 70 percent of caregivers report making changes to their work, such as working less, quitting their jobs, changing jobs, or taking a leave of absence.[12] A 2006 study estimates the total cost to U.S. employers in terms of lost productivity of adult carers working full-time to be $33.6 billion per year, or an average of $2,110 per employee.[13] In addition to the financial strain of caregiving, the lifestyle changes required can be emotionally stressful, and caregivers report negative impacts on their mental and physical health, such as depression, diabetes, hypertension, or pulmonary disease. A 2010 study estimated an 8 percent increase in health care costs for caregivers of the elderly when compared to non-caregivers, costing U.S. employers an extra $13.4 billion per year in healthcare expenses.[14]

At the same time that caregiving strains the capacity of the caregiver to work, U.S. government support of caregivers is largely based upon their ability to work. The U.S. Federal Dependent Care Tax Credit reimburses caregivers for personal and household expenses of dependents (children, the disabled, and the elderly) living with the caregiver of up to $6,000 for two dependents.[15] However, low-income families are often excluded from this benefit as they cannot afford the initial outlay for services. In addition, the Temporary Assistance for Needy Families program, health insurance and access to healthcare, the Earned Income Tax Credit (EITC), and other tax credits are all social benefits tied to earned income, and thus the ability of a citizen to work. In the context of a social support system already overly dependent upon the ability to work, caregivers are caught in a catch-22: if they work, they often cannot afford quality care for their loved ones and decrease their own emotional and physical well-being, but if they do not work, they lose almost all other forms of social support.

How the Dignity Voucher Program Would Work

The new Dignity Voucher program that we propose would draw on the most appropriate models from other democracies, modified to suit conditions in the contemporary U.S.

Here is how the program would work. Qualified retirees would be eligible to purchase eldercare services at less than the minimum wage for a certain number of hours per week. The accredited employer would ensure that the recipients were qualified (making applications for them, if necessary) and provide the service workers. The qualified care recipient would then pay the employer for services at the reduced rate, and the employer would apply for reimbursement from the government. The local government would use federal funding to pay the service company the difference between what the retiree pays per hour and what the employer pays per hour.

Currently, the mean hourly wage for personal and home care services for the elderly is about $9.50 per hour.[16] We propose that the Dignity Voucher program use this wage as a basis for calculating the hourly earnings of service providers. The qualified care recipient would pay for half of the price of service, or $4.75 per hour's work. The service company would pay the provider the full $9.50 per hour and apply to be reimbursed for the other $4.75 per hour by the local government. A full-time service worker could therefore earn $19,000 per year, at a cost of $9,500 per year for the government subsidizing half of the hourly wage.

This is only an example. In the law establishing the Dignity Voucher program, Congress could set the hourly rate that service care recipients are required to contribute themselves at any level below the minimum wage. In addition, Congress or the states could decide to require that providers be paid at a minimum level above the minimum wage.

An example

Ms. Marsh is a retiree in Hamilton, Ohio who needs assistance cleaning her home once a week and qualifies for the Dignity Voucher program. She receives an informational pamphlet in the mail about the Dignity Voucher program from her local government, and contacts one of the local accredited service companies listed, A+ Cleaners. After A+ Cleaners ensures that she is qualified with the local government, she purchases its cleaning services for $4.75 per hour. A+ Cleaners pays its worker $9.50 per hour, and applies for reimbursement for the other $4.75 per hour from the Hamilton local government, which in turn is funded by the federal government for this purpose.

For the program to succeed, the subsidy must go to the government-licensed company that employs the service providers, not directly to the recipients or the providers. That will ensure that the money is not used for off-the-books payments to black market labor. It will also ensure that the employers obey federal and state workplace, civil rights and minimum wage laws.

In Europe, service voucher programs have had some success in shrinking black markets in labor by reducing the demand for extra-legal employment. In the U.S., the Dignity Voucher program could deter illegal immigration to some degree, by reducing the demand for black market labor. The Dignity Voucher program would allow the elderly to pay less than the minimum wage to U.S. citizens and legal immigrants who, thanks to the government subsidy to the service company employer, would be paid above the minimum wage. Paying the mean national caregiver wage of $9.50 would help ensure that government subsidies do not serve to undercut existing caregivers or create a situation in which service workers are unable to earn a living wage and remain dependent upon other government aid.

In fact, federal welfare assistance expenditures may be reduced as the Dignity Voucher program increases low-skill employment levels. In the Belgian service voucher program example outlined later in this paper, about 40 percent of the costs of the program to the government were regained in the forms of increased tax revenues and decreased social benefit payments to the newly-employed.

Rules Governing the Dignity Voucher Program

The Dignity Voucher program would be limited to qualified activities and would involve qualified recipients (retirees), qualified providers (workers) and qualified employers (the eldercare service companies that employ the workers).

Qualified Activities. Activities that qualify for subsidy under the Dignity Voucher Program would be defined by federal and state law. They might include personal assistance in housework and transportation and cooking. Medical assistance should be excluded from the Dignity Voucher Program, because that is the responsibility of Medicare and Medicaid.

Qualified Recipients. The qualified recipients should include the middle-class elderly as well as the low-income elderly, but a means-test might exclude affluent retirees. Qualified recipients might need to demonstrate their need for personal assistance. Because need is more easily determined by local officials, the qualifications might be left to state and local governments, even though the funding comes from the federal government.

Qualified Providers. Qualified providers or workers would be limited to U.S. citizens or legal immigrants. During the initial phase of the program, preference might be given to individuals who have suffered prolonged periods of unemployment during the present recession.

Qualified Employers. Qualified employers would be eldercare service companies that are licensed by the states and meet all local, state and federal requirements. They should be regularly audited, in order to deter abuses of the system.

Publicizing the Dignity Voucher Program. Local governments will have responsibility to bring the Dignity Voucher program to the attention of qualified recipients. In addition, accredited employers will have an interest in further advertising the availability of their services to qualified recipients.

Funding the Dignity Voucher Program

How should the Dignity Voucher program be funded? As a rule, a social "good" like eldercare should be funded by taxing social "bads." One social "bad" is overinvestment in real estate, as a result of excessive federal subsidies to affluent homeowners. The program could be paid for in by reducing excessive tax subsidies for real estate. The home mortgage interest deduction is valued at $491.43 billion in 2007.[17] Eliminating the home mortgage income tax deduction just to those making over $500,000 in adjusted gross income per year would free $21.7 billion in revenues.[18] The $21.7 billion in revenue saved by closing the home mortgage deduction loophole to those making over $500,000 could subsidize 2.28 million full time workers.[19] Because half of care recipients receive less than 8 hours of care per week,[20] each full-time worker could assist at least 5 care recipients per week. As a result, 13.5 million care recipients could benefit from the Dignity Voucher program.

U.S. Respite Care Programs

Currently, nothing like the Dignity Voucher program exists in the U.S. Instead, there are "respite care" programs that provide relief to family caregivers. The enactment of the National Family Caregiver Support Program (NFCSP) under the Older Americans Acts Amendments of 2000 has channeled funds ($154 million in 2009) to states in support of services to carers of those over 60. The program supports counseling and training, respite care, and assistance in locating services.[21]

Although about 70 percent of state or National Family Caregiver Support Programs report the provision of some form of consumer-directed programs in which the carer and care recipient have at least limited choice in their service provider, the U.S. has no nationwide care voucher system for the elderly.[22]

About 50 percent of these consumer-directed programs simply offer respite vouchers for caregivers (giving the carer a chance to hire another caregiver and 'take a break'), as opposed to care support that would allow the caregiver to work full time or stimulate demand in the eldercare sector. California, for example, has a state-wide program offering caregivers vouchers of up to $3,600 per year in respite care, allowing families to choose respite providers.[23]

The CLASS Act

Embedded in the recently passed healthcare reform legislation, the CLASS Act is aimed at helping "individuals with functional impairments and their families pay for services and supports that they need…"[24] It establishes a voluntary insurance program run through employers (employees are enrolled automatically with an opt out option) for workers of any age to contribute monthly premiums. After five years of contributions, they are eligible to receive cash of $50 or more per day to be used to pay for almost any aspect of care in the event that they become impaired and need help with daily activities. This differs from care voucher programs in that it is an insurance program designed to help those with care needs pay for services and maintain independence, whereas the Dignity Voucher program is aimed at job stimulation and formalization of the caregiving market.

Oklahoma's Areawide Services Information System (OASIS) also administers respite care vouchers for caregivers of either the elderly or for grandparents raising children, and has about 11,000 subscribers. For caregivers of people over 60, there are no income qualifications, and households are eligible to receive $400 in respite vouchers every three months.[25] In terms of other consumer-directed programs, Oklahoma administers the ADvantage Program, which provides in-home services to the elderly who are eligible for Medicaid, and allows care recipients to choose the care providers from a list of private, state-certified providers.[26] The state reimburses the providers at agreed-upon rates for services, and service providers go through a six-month certification process and are subject to random audits of their services.

International models

Although U.S. experience is currently limited to respite programs, a number of international eldercare voucher models do exist. Like the Dignity Voucher program proposal, these programs were created both to stimulate formal sector employment and to stimulate 'consumer directed' eldercare. At the same time, family caregivers can choose to work full time or remain as a caregiver, but in the formal sector. The following boxes outline a number of international care voucher models which have characteristics that could be adaptable into a U.S. eldercare voucher program.

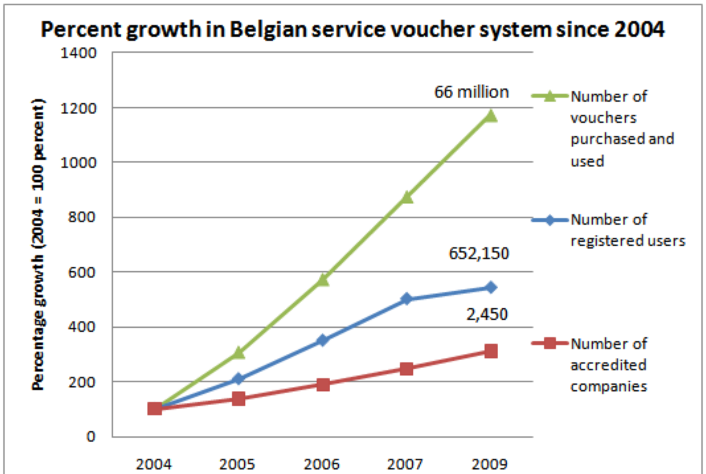
Belgium

In 2004 Belgium started a federal program offering subsidized vouchers (*'titres-services'*) for domestic services[27], available for purchase by any private (non-business) individual and redeemed with companies accredited, or recognized by the government to participate in the program. The aim of the program was to formalize the estimated 50 to 80 percent of domestic workers who do not declare earnings,[28] with the goal of creating 25,000 jobs for low-skilled labor before the end of 2007.[29] Individuals living in Belgium can purchase 750 vouchers per calendar year, or 2,000 if they are disabled, have a disabled child, are elderly, or are a single parent.[30]

The vouchers (which could also be administered electronically starting in 2006) cost the user €7.50 (US $9.02)[31], and each voucher is worth one hour of service from a company. The voucher costs are tax deductible (fixed 30 percent tax cut) making the net cost to users €5.25 (US $6.32). In addition to the €7.50 value of the voucher, the company providing services receives a set government subsidy of €13.30 (US $16.00), for a total of €20.80 (US $25.03) per voucher.[32] The user thus pays one-third of the cost, and the government subsidizes the other two-thirds.

Almost seven percent of the Belgian population actively uses the voucher scheme. In October 2009, 2,160 companies actively participated in the program, and a total of 2,450 have been accredited to participate.[33] The voucher scheme created jobs for 12,400 unemployed people between 2004 and 2007,[34] and in 2008, a total of 103,437 people worked within the scheme.[35] Workers have a 'service vouchers employment contract', allowing them to accrue social security rights and make them eligible for other benefits, such as workers compensation.

Figure 3



Source: Idea Consult, 2008; International Social Security Administration, 2010.

Almost all (98 percent) of the workers involved are women, and about 40 percent are low-skilled workers. A significant number of workers – 67 percent – identify leaving the informal sector as a motivation for their participation, but the extent to which workers substitute voucher scheme employment for undeclared work is unknown. About 60 percent of employees have permanent employment contracts. However, only 11 percent have full time positions.[36]

The gross cost of the system (subsidies, public administration and monitoring costs, and tax deductions) in 2009 was over one billion Euros (US $1.2 billion).[37] The most recent attempt to calculate the offsets for government spending are from 2006.[38] For 2006, the gross cost was €507.8 million (US $610.9 million), but government spending was offset by: reduced benefit spending of €95 million (US $114.3 million), additional social security contribution revenues of €77 million (US $92.7 million), and additional personal income tax revenue of €27.7 million (US $33.3 million). Thus the net 2006 cost of the program was €308.1 million (US $370.9 million).[39] This means that about 40 percent of the program's costs may be offset by other benefits. This calculation does not take into account the value of other positive impacts such as the social benefits of formalizing the grey market and the improved self-esteem and health that comes with decent employment for workers; and of a better quality of life or work-life balance for users.

The Belgian model protects workers from being trapped in poor working conditions and ensures a minimum quality of service for elderly care recipients who may be vulnerable to exploitation as well.

Finland

A voucher system for home care services for the elderly was implemented in 2004 with the goals of improving freedom of choice for and access to home care services, increasing the supply and range of services available, supporting the ability of the elderly to live at home longer, and stimulating employment in the home care market.[40]

Vouchers are tax-free fixed sums allocated on the municipality level to 'customers' eligible for municipal social and health care services. Recipients can choose municipal or private providers. The municipality is responsible for ensuring a minimum standard and quality of care is provided by private sector care providers who can accept vouchers.

The voucher system is estimated to have increased customers for home care services by seven percent in Finland (10,000 customers) but the administration of the voucher system is estimated to increase the costs of home care services market (worth 500 million Euros (US $680.75 million)) by 31.2 million Euros (US 42.48 million) annually.[41]

France

CESU Social (*Chèque Emploi Service Universel*, or Universal Services Employment Vouchers) is a national voucher program implemented by local and regional governments. CESU Social was created in 2005 to promote employment in the personal services sector, 60 percent of which is estimated to be undeclared.[42] Vouchers can be used for the direct payment of workers or for workers hired through companies for housework, assistance for elderly, disabled, or dependents (including children), help with school work, household and gardening work, and caretaking.[43] These vouchers can be in the form of a checkbook (*CESU bancaire*) or in the form of a pre-paid card (*CESU préfinancé*) for recipients of social services.

Private individuals paying income tax receive a tax credit of 50 percent of their expenditure on services purchased through the CESU Social program, up to the amount of tax due, an incentive which excludes the retired. The workers who are directly employed (self-employed) are entitled to a reduction or full exemption (for those over 60) from the payment of employer's social security contributions. If services are provided through a business, they are subjected to a reduced Value-Added Tax rate of 5.5 percent. The businesses supplying services are exempted from employer social security contributions on all wages paid up to the minimum wage. However, if their employees are providing services to those over 70 years of age, the business is exempted from all employer social security contributions.[44]

Recipients of social security benefit programs (including the elderly) receive a personal CESU card with pre-paid amount on it, redeemable only for specific services. The cards are prepaid for by the local governments and/or other social welfare bodies, and management is outsourced to Accor Services. The recipient uses the card to pay for services, the service provider is reimbursed by Accor, and the funding body pays the social security contributions owed for services provided by the service provider if the service provider is an individual.[45]

In 2006, 1.9 million people used CESU to pay for private services.[46] In 2007, €168 million (US $228.75 million) in prepaid CESU vouchers were issued. As the program has grown, government expenditures have increased from €407.8 million (US $555.25 million) in 2006 to €512.1 million (US $697.26 million) in 2008.[47]

The French model seems to lower the administrative costs of being in the formal sector for both workers and recipients. On the supply side, social security contributions of workers are calculated automatically with the prepaid CESU card, and on the demand side, the system promotes direct hiring and payment of service workers, potentially lowering costs and hassle for service recipients, who have free choice in purchasing services. However, the myriad of tax incentives for both businesses and individuals may be too costly for the U.S. context.

Sweden

In Sweden, about 20 percent of people aged 80 and over use home help services,[48] and about 9 percent of those over 65 receive public home help services.[49] The informal sector is estimated to account for over 70 percent of eldercare.[50]

Sweden pioneered the voucher model for primary school choice in the early 1990s, and introduced the eldercare voucher system in 1993. In 2007, about 30 of Sweden's 290 municipal governments used a 'customer choice', or voucher model to provide eldercare, although another 27 reported plans to implement similar programs.[51]

To receive care, first municipalities carry out a needs assessment to identify services to be delivered to the elderly person. Then users receive a virtual voucher redeemable with approved public or private providers for the identified services. The result is that users of eldercare services pay about 4 percent of the costs while 80 percent is paid for by local taxes, and national taxes contribute about 16 percent of costs.[52] Local governments thus enjoy significant independence in how they provide services. However, the national government has placed caps on the maximum amount users must pay for services (whether they are publicly or privately provided), and enforces financial sanctions upon municipalities that fail to provide services.

In addition to publicly-subsidized services, individuals can also hire private firms for home and personal care above and beyond that provided by the vouchers and make tax deductions for the services of up to 100,000 Swedish Kroner, or about $13,800 USD annually.[53] This 'freedom of choice' is aimed to stimulate business and job creation, as well as formalize services that tend to be informal.

Despite its radically different social welfare model of governance, the decentralized Swedish example may be a good case study for American policymakers. In fact, because the U.S. has a larger pool of private eldercare providers than Sweden did at the outset of reform, the provision of vouchers can more quickly stimulate competition and growth in the sector, making it an appealing job creation option.

Conclusion

The United States should learn from the success of other nations that have adopted service voucher programs. Like other countries, the U.S. must address both unemployment and the challenges presented by an aging population. Increasingly, our economy will thrive on a services base, and a large part of that will be demand for eldercare services generated by the aging baby boomers.

This demand is currently being met by the informal market, and it costs both the U.S. government, through lost tax revenues, and U.S. businesses, who lose worker productivity and pay higher healthcare costs for employees providing caregiving at home. Existing respite care programs for caregivers are inadequate and could be supplemented or replaced by the Dignity Voucher program.

The Dignity Voucher program proposed here should be tested as a pilot program. If it is considered a success, then Congress should consider scaling it up and making it a permanent part of America's system of social insurance, addressing the previously-unmet needs of many elderly Americans for modest personal assistance by a mix of public funding and private provision.

By generating demand for low-skilled workers, the Dignity Voucher Program can function as a demand-side program to increase employment in the U.S., even as it helps to meet the growing needs of America's elderly.

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