Prepared for the California Department of Insurance

CALIFORNIA DEPARTMENT OF INSURANCE: LONG-TERM CARE INSURANCE PROGRAM

Long-Term Services and Supports (“LTSS”) workforce questionnaire results

May 2022

QUALIFICATIONS, ASSUMPTIONS AND LIMITING CONDITIONS

Oliver Wyman was commissioned by the California Department of Insurance to provide support associated with assessing the feasibility of developing and implementing a culturally competent statewide insurance program for long-term care services and supports (LTSS). The primary audience for this report includes stakeholders from the California Department of Insurance, members of the Long-Term Care Insurance Task Force, and members of the general public within the state of California.

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EXECUTIVE SUMMARY (1 OF 2)

Task Force Members were asked to complete a questionnaire regarding their **preliminary** views on the **LTSS workforce considerations** for a statewide LTC insurance program in California. Task Force Member views may evolve as detailed discussions progress across the seven Work Plan elements. This page summarizes Task Force Member questionnaire results. Subsequent pages contain verbatim responses from Task Force Members and the public (with minor edits for spelling, grammar, and punctuation).

Program element	Key takeaways
PACE services	**Cover services provided by PACE (Program of All-Inclusive Care for the Elderly)** • Provided through certified provider reimbursement
Informal/family caregivers	**Provide financial support to informal/family caregivers** • Provided through certified provider reimbursement
LTSS workforce recommendations	**Recommendations span caregiver wages/benefits, training/career progression, workforce expansion, governance/oversight/representation, informal caregiver support** • Refer to question 3 for further detail
Program contribution limits	**Include an (upper) limit on program contributions**
Contribution rate structures	**Level program contributions** **Do not vary contributions based on an individual's age**

The results in this presentation are based on questionnaire responses from **eleven** Task Force members and **five** public respondents; their responses are provided on the subsequent pages

EXECUTIVE SUMMARY (2 OF 2)

Task Force Members were asked to complete a questionnaire regarding their **preliminary** views on the **LTSS workforce considerations** for a statewide LTC insurance program in California. Task Force Member views may evolve as detailed discussions progress across the seven Work Plan elements. This page summarizes Task Force Member questionnaire results. Subsequent pages contain verbatim responses from Task Force Members and the public (with minor edits for spelling, grammar, and punctuation).

Program element	Key takeaways
Private insurance considerations	**Include considerations for individuals who own (eligible) private insurance** • Opt-out provision **before** program enactment • Reduced program contributions **after** program enactment
International portability	**Allow international portability** • Results split with regard to whether international benefits should be at a reduced level relative to benefits received in U.S.
Family/spousal coverage	**Extend program benefits to an individual's spouse/domestic partner via a "shared benefit pool"**
Expanded financing options	**Offer a non-voluntary alternative program contribution option (e.g., premiums) for those unable to contribute to the program** **Offer pro-rated benefits and a voluntary alternative program contribution option to "top up" benefits for those unable to fully vest**

QUESTION 1 (1 OF 2)

Should the program cover services provided by PACE (Program of All-Inclusive Care for the Elderly)?

#	Answer Task Force Members	Percentage	Count
1	Yes, paid for through **certified provider reimbursement**	63.6%	7
2	Yes, paid for through **cash benefits**[1]	27.3%	3
3	No	9.1%	1

#	Answer – Public	Percentage	Count
1	Yes, paid for through **certified provider reimbursement**	80.0%	4
2	Yes, paid for through **cash benefits**[1]	20.0%	1
3	No	0.0%	0

[1] Question 13 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents are preliminarily leaning towards reimbursement benefits with a reduced cash benefit

QUESTION 1 (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “Yes, paid for through certified provider reimbursement”
1	I am trying to pick the option that includes PACE as I believe [it] is a great solution to help with both medical and LTC needs of [the] aging population. Their holistic approach seems [to be] a great fit for what we are trying to accomplish. I am assuming that certified provider reimbursement helps meet this goal. I wouldn't want the PACE program to be disadvantaged if we go with a Cash Benefit.
2	Not sure why the distinction between provider reimbursement and cash are made, especially given prior leanings.
3	PACE Program should be part of LTC Insurance offering for beneficiaries. The program should also be expanded and promoted to beneficiaries.
4	I believe PACE offers beneficiaries a choice of [an] integrated care option that has been proven to have positive outcomes for beneficiaries and should be a certified provider reimbursement.
5	PACE is an important LTSS delivery model and the benefit [should] be allowed to go towards that model of care. My position is all services covered by the benefit should be a reimbursement model, that's why I chose that caveat.

#	Responses for those who chose “Yes, paid for through cash benefits[1]”
1	I would only cover PACE for people who lack other coverage (e.g., through Medi-Cal). PACE services are probably more expensive than what our monthly amount will be anyway.
2	It seems that a reimbursement design with reduced cash benefit makes the most sense for those who meet the eligibility requirements of the program.

#	Responses for those who chose “No”
1	PACE is the right approach for diverse communities.

[1] Question 13 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents are preliminarily leaning towards reimbursement benefits with a reduced cash benefit

QUESTION 2 (1 OF 2)

Should the program provide financial support to informal/family caregivers?

#	Answer Task Force Members	Percentage	Count
1	Yes, paid for through **certified provider reimbursement**[1]	72.7%	8
2	Yes, paid for through **cash benefits**[2]	27.3%	3
3	No	0.0%	0

#	Answer – Public[3]	Percentage	Count
1	Yes, paid for through **cash benefits**[2]	80.0%	4
2	Yes, paid for through **certified provider reimbursement**[1]	20.0%	1
3	No	0.0%	0

[1] A process would be needed to be established to enable informal caregivers to become certified providers, such as the case for Medi-Cal IHSS and WA Cares Fund

[2] Question 13 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents are preliminarily leaning towards reimbursement benefits with a reduced cash benefit

[3] All public respondents who chose 'Yes, paid for through **cash benefits**' cited flexibility as their primary reason for preferring this option

QUESTION 2 (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose "Yes, paid for through certified provider reimbursement[1]"
1	Verified benefits for quality services
2	This is a tough one as it is important that we ensure that fraud and abuse are not exacerbated by the program, and it is equally important that we have the caregivers needed to assist this population.
3	Informal caregivers need to be trained and certified (less bureaucracy in the training and certification process).
4	I guess [I] would like to understand how each would work, but for now I would say reimbursement and I like the idea of providers becoming certified.
5	I support providing financial support for informal/family caregivers because we cannot replace the family caregivers who are providing care without pay under tremendous financial and emotional strain. I also think we should include benefit options such as adult day care that provide respite and support for family caregivers.
6	Informal/family caregiving is an essential part of the care delivery system. It should be covered under the benefit, but with a reimbursement model.

#	Responses for those who chose "Yes, paid for through cash benefits[2]"
1	I am conflicted on this. Providing financial support for informal caregivers will help them financially. However, this does nothing for making sure the person being cared for is receiving good care. There is potential for misuse here. The certified provider might be a better solution, but will those in need understand it and be able to find time to complete that training/paperwork?
2	A simplified training would be helpful from [an] education/support perspective but could also help reduce fraud. At the same time, such training would need to be accessible and culturally competent. What would be the tax implications for the person receiving cash benefits?
3	Supporting informal/family caregivers seems like an important component to addressing the broader caregiver shortage.

[1] A process would be needed to be established to enable informal caregivers to become certified providers, such as the case for Medi-Cal IHSS and WA Cares Fund

[2] Question 13 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents are preliminarily leaning towards reimbursement benefits with a reduced cash benefit

QUESTION 3 (1 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Answer Task Force Members	Count
1	Improve caregiver wages and benefits **Key recommendations:** establish minimum wages, increase wage equity, offer benefits	10
2	Improve caregiver training and career progression **Key recommendations:** provide career ladders and lattices, increase investment in caregiver training programs	8
3	Promote and incentivize expansion of caregiver workforce **Key recommendations:** promote career opportunities to younger individuals (e.g., community college programs), draw from 'grey market' workforce	7
4	Improve governance, oversight, and representation of caregiver workforce **Key recommendations:** establish a Department of Caregivers, establish LTC labor standards board, establish a system to monitor caregiver workforce supply/demand/pay/benefits, provide access to unions	5
5	Support for informal caregivers **Key recommendations:** provide monetary support (e.g., lost wages, expense reimbursement), provide access to training programs, offer respite programs, consider solutions similar to Germany and Hawaii (Kupuna Care)	4
6	Other **Key recommendations:** embrace automation/technology, leverage undocumented workforce	4

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands")

QUESTION 3 (2 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Responses categorized as "Improve caregiver wages and benefits"
1	Higher wages [and] higher reimbursement rates.
2	Ensure LTC workers are adequately paid to help address turnover and retention, both in the home and institutional care settings. We have to have a workforce to meet the need and we are losing people fast.
3	Higher wages and access to benefits for LTC workers.
4	Design the program around a livable caregiver wage.
5	The state as a payer for services in an LTSS benefit program so the state can raise wage standards.
6	Incentivize careers in direct care by increasing wages (subsidize if necessary) and creating flexibility in schedules and benefits.
7	A floor in salaries for caregivers and benefits.
8	Minimum wage for long-term care workers (in the absence of a labor standards board).
9	Raising the wage floor is the most critical investment to make. Workers need a living wage with benefits to retain and attract more workers into the direct care work force. The wage comparison to order types of workers demonstrates that as a society we do not value this sector of worker. While this is beyond the scope of AB587, without an adequate workforce the benefit will not be successful in meeting the goal of addressing the financial barriers for Californians in need of long-term services and supports. It seems that it is within the scope of AB567 to confirm that the workforce is insufficient to meet the demand [and] that efforts need to be undertaken to address this issue.
10	One of the items I heard was that wages are not reasonable relative to other roles (e.g., gardener). While increasing wages seems like the quick answer, there is something about the economics that is not making sense to me. Why aren't these groups/facilities naturally increasing salaries to get more employees? There is something missing in this puzzle. Are employers limited by reimbursements by Medicaid, etc.? I believe we need fair wages, but I am not ready to just increase them, as I think there is [an] underlying economic challenge that hasn't been explained.

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands")

QUESTION 3 (3 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Responses categorized as "Improve caregiver training and career progression"
1	Ensure workers are trained to address various needs so they can provide the best care possible. Have paths to education and the ability to advance in the career you are in.
2	Access to paid culturally competent training and career pathway opportunities.
3	Professional and culture-smart caregiving. Working directly with communities to train and support caregivers.
4	Provide a career ladder for professional growth for direct care workers who desire it.
5	Increase state investment in paid training. [Offer] stipends and incentives
6	Career Ladders/Latices that encourage direct care workers to grow in their profession and lead to careers in LVNs and other health professions if they are interested. Certifications should be for skills and demonstrated competencies, not siloed to specific settings.
7	Couple with increasing wages there must be adequate training programs that require training in exchange for higher wages. In many communities, there are waiting lists for direct care workers interest in becoming certified nursing assistants. I agree with the CDA presentation that it must be a multi-pronged approach.
8	Reduce training/simplify. Do these roles require a lot of training? More training means more barriers to get people to help.

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands")

QUESTION 3 (4 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Responses categorized as "Promote and incentivize expansion of caregiver workforce"
1	Create ways to get younger individuals into the LTC workforce. Currently, the middle to older individuals are caring for other older individuals. Once those folks are in the workforce, we have to keep them there.
2	Offer viable ways in which the caregiver pool can be drawn from the "gray area" market.
3	"Market" career path options through training programs so that the caregiver might choose to continue in the line of work after they are no longer caring for the older adult in their immediate circle.
4	Getting community colleges to offer caregiving courses and certifications.
5	Reduce negative media attention on negative stories and stereotypes of institutional LTC settings, try to make it more positive and a place to work that people can feel good about. In particular, appeal to GenZers and Millennials' desires to do work that is meaningful and [serve] a higher purpose.
6	Marketing? Taking care of the elderly is a very needed job. However, is it appealing to the generation we need to fill those jobs? If we don't change the messaging to appeal to this potential workforce, I am concerned that other recommendations may be ineffective.
7	Consider establishing a community college program that allows individuals to become certified caregivers.

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands")

QUESTION 3 (5 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Responses categorized as "Improve governance, oversight, and representation of caregiver workforce"
1	Ensure access to documents and services in various language to help and support both providers and consumers.
2	Access to a union and inclusion of the worker voice at the decision-making tables.
3	Department of Caregivers within the DHCS
4	Establish a long-term care labor standards board that would set minimum standards for wages, benefits, and working conditions on an ongoing basis; this type of board is currently being considered in the CA Legislature for nursing homes.
5	Establish a comprehensive system for monitoring workforce supply and demand, pay, benefits, and other working conditions.

#	Responses categorized as "Support for informal caregivers"
1	Support informal caregivers. Having a way to get reimbursed for expenses, the ability to utilize a LTC insurance benefit on family members and having access to training can all go a long way to support caregiver[s] and ensure they are prepared and knowledgeable to address specific and/or complex needs of their consumer.
2	Offer a training or qualification program to the "gray area" caregiver work force.
3	Programs and resources for unpaid caregivers.
4	Support for informal caregivers - lost wages, draw down on savings, respite... consider solutions similar to Germany or Kupuna Care in HI ($350 per week).

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands")

QUESTION 3 (6 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Responses categorized as “Other”
1	Clearly lay out all resources upon “buy in” into the program so that planning for the future can occur. If family caregiver pools shrink as projected, it is important that older adults plan for their needs by looking into in-home care, assisted living, or skilled nursing options. Crisis driven decision making is often more expensive and certainly has a more negative outcome.
2	There certainly are wage equity, education and training, and quality considerations. Understanding how providers are allocating funds may be worthwhile... But given that the scope does not include additional funding, tackling the broader formal care system does not seem feasible. Recommend raising the issue to another Governor initiative.
3	I believe we have to plan for less staff. Thus, we should consider other solutions such as how automation, technology, etc., might be able to help take some of the pressure on human staff. I am concerned that we can't solve the shortage by just paying more, as those other roles (e.g., non-caregiving) also need people and they will respond to wages increased by 'caregiving roles' by increasing their own wages to try to retain those individuals continuing the cycle of shortage.
4	Not sure how this would work but CA does have a large un-documented workforce. Is there an opportunity set to leverage these individuals for a win-win solution?

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should “evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands”)

QUESTION 3 (7 OF 7)

What recommendations would you like to make in conjunction with AB 567 to address existing and potential challenges concerning the LTSS workforce? (Please indicate up to five recommendations, in order of importance)[1]

#	Answer – Public	Count
1	Improve caregiver wages and benefits **Key recommendations:** raise wage for homecare workers, provide paid travel time	4
2	Improve caregiver training and career progression **Key recommendations:** educate homecare consumers on upholding labor laws, provide career ladder opportunities	3
3	Improve governance, oversight, and representation of caregiver workforce **Key recommendations:** protect workers' rights	2
4	Other **Key recommendations:** ensure that in-home caregivers can access the statewide program	2

[1] **Respondents were asked to limit recommendations to those within the confines of AB 567**. As a reminder, AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands")

QUESTION 4 (1 OF 2)

With regard to **equity**, should there be an upper limit on program contributions (e.g., an upper limit on level of wages subject to a payroll tax)?[1]

#	Answer Task Force Members	Percentage	Count
1	Yes	54.5%	6
2	No	45.5%	5

#	Answer – Public	Percentage	Count
1	No	100.0%	5
2	Yes	0.0%	0

[1] Question 1 of the Task Force Meeting 9 questionnaire indicates that the Task Force is preliminarily leaning towards program contributions that vary by level of wages or income (i.e., higher for higher-income individuals, lower or zero for lower-income individuals)

QUESTION 4 (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “Yes”
1	Just like there is for [Social Security], it should be capped at a max. Also, people in lower wage brackets should pay less or zero.
2	Yes, there should be a limit. My recommendation is that we should mimic [Social Security], where people are paying up to a limit. If there is no limit, we can run into the situation that happened in WA where people can pay more into the program than what value they can access. For me, that is inequitable.
3	Contributions should be reasonable relative to the benefits. This can be addressed while also varying contributions by level of wages.

#	Responses for those who chose “No”
1	Higher for higher
2	An upper limit on program contributions would mean that high-income people contribute a lower percentage of income which does not seem equitable.
3	Keep it simple. The higher the income, the higher the contribution.
4	The limit should vary based on income.
5	It seems like the program contributions should vary by level of wages or income similar to Medicare.

QUESTION 5A (1 OF 2)

Please clarify your recommended **contribution rate structure**[1]. Should the program contribution rate be level or step-rated over time?

#	Answer Task Force Members	Percentage	Count
1	Level (i.e., the program contribution rate is not intended to increase as the statewide LTC insurance program ages)	54.5%	6
2	Step-rated (i.e., the program contribution rate will increase in planned increments as the statewide LTC insurance program ages)	45.5%	5

#	Answer – Public	Percentage	Count
1	Level (i.e., the program contribution rate is not intended to increase as the statewide LTC insurance program ages)	100.0%	2
2	Step-rated (i.e., the program contribution rate will increase in planned increments as the statewide LTC insurance program ages)	0.0%	0

[1] Question 10 of the Task Force Meeting 9 questionnaire indicates that 70% of Task Force respondents are preliminarily leaning towards a varied contribution rate structure, however, we understand from subsequent discussions that additional clarity on this question was needed

QUESTION 5A (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “Level (i.e., the program contribution rate is not intended to increase as the statewide LTC insurance program ages)”
1	Not sure. I believe the question is asking about the program design and not step-rate by age of individual. I think level contribution is what WA and thus I think that is reasonable. Not sure I fully understand the Step-rated design. Is the goal there to make the program seem less costly at first? However, it is going to be a shock later when the costs increase.
2	Make it very easy to understand for all Californians.
3	Public support could be weakened by program contribution rates that vary a lot over time.
4	Predictability and managing within level of contribution. May prevent mission creep.
5	It seems like the contributions should be set on income and level as the program ages.
6	Level with the understanding that adjustments would be made as needed to maintain program solvency.

#	Responses for those who chose “Step rated (i.e., the program contribution rate will increase in planned increments as the statewide LTC insurance program ages)”
1	Less likely to run out of money...
2	I don't think the planned increments needs to be defined upfront, but [they should be] communicated. Step-rated allows experience to be considered and rates [to be] adjusted over time.
3	Although not opposed to Level, Varied feels like it would better align with varied age and varied cost over time.
4	Allows for flexibility in the funding structure as the program ages.
5	I understand it may need to be adjust based on the economy.

QUESTION 5B (1 OF 2)

Please clarify your recommended **contribution rate structure**[1]. Should the program contribution rate vary for individuals as they age?

#	Answer Task Force Members	Percentage	Count
1	No	63.6%	7
2	Yes, the contribution rate should **decrease** with an individual's age	27.3%	3
3	Yes, the contribution rate should **increase** with an individual's age	9.1%	1

#	Answer – Public	Percentage	Count
1	No	100.0%	5
2	Yes, the contribution rate should **decrease** with an individual's age	0.0%	0
3	Yes, the contribution rate should **increase** with an individual's age	0.0%	0

[1] Question 10 of the Task Force Meeting 9 questionnaire indicates that 70% of Task Force respondents are preliminarily leaning towards a varied contribution rate structure, however, we understand from subsequent discussions that additional clarity on this question was needed

QUESTION 5B (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “No”
1	I stated no because [there] are different considerations. Although older people are more likely to use the benefit, [their] income generally decreases with age. You also don't want to put too great of burden on workers at younger ages since they have other expenses to consider.
2	I think it would just be too complicated to try to vary the rate. It is going to be a rather small percentage of salary anyway.
3	I don't think attained age rating is allowed?
4	Although not opposed to contributions varying based on age of person, I feel that I may need more specifics on what that looks like. Often earning power looks a bit like a bell curve. Also, would there be an option to contribute more to “catch up” as one ages?

#	Responses for those who chose “Yes, the contribution rate should decrease with an individual’s age”
1	Program must be solvent.
2	After [age] 66, contribution should decrease proportionate to income.
3	Income decreases as one gets older.

#	Responses for those who chose “Yes, the contribution rate should increase with an individual’s age”
1	[My] initial thought is that costs increase as you get closer to 65+ since you are now closer to needing these benefits. I am also making an assumption [that] those older have more ability to fund than younger individuals. The benefits are more near term for those that are older.

QUESTION 6 (1 OF 3)

Would you recommend a reduced program contribution requirement* in lieu of an opt-out provision for individuals who own eligible private LTC insurance policies (criteria for "eligible" to be determined)?[1]

#	Answer Task Force Members Eligible private insurance purchased before program enactment	Percentage	Count
1	Include an opt-out provision for these individuals	54.5%	6
2	Offer reduced program contributions* for these individuals	36.4%	4
3	Do not include special provisions for these individuals	9.1%	1

4 of 6 respondents who selected "opt-out" *before* enactment selected "reduced contributions" *after* enactment

#	Answer Task Force Members Eligible private insurance purchased after program enactment	Percentage	Count
1	Offer reduced program contributions* for these individuals	72.7%	8
2	Include an opt-out provision for these individuals	18.2%	2
3	Do not include special provisions for these individuals	9.1%	1

*This means that individuals with eligible private LTC insurance policies will still be part of the program, and would be able to use program benefits upon satisfaction of eligibility requirements

[1] Question 13A of the Task Force Meeting 9 questionnaire indicates that the Task Force is split between having an opt-out provision or reduced program contributions for individuals with eligible private LTC insurance and it was suggested that treatment could differ between those with private LTC insurance in place before vs. after program implementation

QUESTION 6 (2 OF 3)

Would you recommend a reduced program contribution requirement* in lieu of an opt-out provision for individuals who own eligible private LTC insurance policies (criteria for "eligible" to be determined)?[1]

#	Answer – Public – Eligible private insurance purchased before program enactment	Percentage	Count
1	Offer reduced program contributions* for these individuals	80.0%	4
2	Include an opt-out provision for these individuals	20.0%	1
3	Do not include special provisions for these individuals	0.0%	0

3 of 4 respondents who selected "reduced contributions" *before* enactment selected "no opt-out" *after* enactment

#	Answer – Public – Eligible private insurance purchased after program enactment	Percentage	Count
1	Do not include special provisions for these individuals	75.0%	3
2	Offer reduced program contributions* for these individuals	20.0%	1
3	Include an opt-out provision for these individuals	0.0%	0

*This means that individuals with eligible private LTC insurance policies will still be part of the program, and would be able to use program benefits upon satisfaction of eligibility requirements

[1] Question 13A of the Task Force Meeting 9 questionnaire indicates that the Task Force is split between having an opt-out provision or reduced program contributions for individuals with eligible private LTC insurance and it was suggested that treatment could differ between those with private LTC insurance in place before vs. after program implementation

QUESTION 6 (3 OF 3)

Please explain your response to the question above.

#	Responses Task Force Members
1	Social insurance principle requires everyone to pay in for solvency.
2	If an individual has selected a viable LTC option and paid into it, it seems that they should have the option to utilize that benefit.
3	Opt-out reduces cost to the program and encourages a robust private market, especially if there are strong criteria. Opt-out contemplated in AB-567 language. I don't think someone should pay a reduced program contribution for the same benefit, even if we assume private pays first... maybe a reduced benefit instead?
4	I believe those that purchased LTC with good intent before knowing of this initiative should not be penalized for making a thoughtful decision. After this program is enacted, we should have some incentive for people to find more comprehensive coverage. Our program is to help those that need LTC, and it will be limited to a certain duration and amount. If people solve for a greater amount or duration, it will put less stress on public programs and less stress on Medi-Cal.
5	Discourage opt-out option by requiring contribution at reduced rate.
6	If it improves public support of the program, I am open to considering reduced contributions solely for those who purchased private insurance before program enactment because they could still benefit from the program and therefore should make some contribution. However, I don't support [an] opt-out [provision] or reduced program contributions for those purchasing private insurance after enactment because it threatens the viability of the program by opening up the potential to lose a large portion of the tax base and adding more unpredictability.
7	I think we want everyone in the program, but we also want to recognize the contributions these individuals have made/are making. We also do not want to discourage the purchase of private long-term care insurance since this could cover LTC needs beyond the scope of the program benefit and also delay spend down to Medi-Cal.
8	Perhaps there be an option where individuals with private LTC insurance could choose to pay the full contribution rate (in lieu of the reduced contribution) and in return their private LTC coverage could pay second (i.e., after the individual exhausts their public benefits) instead of first.

QUESTION 7 (1 OF 2)

With regard to **portability**, should benefit eligible individuals be allowed to use portable program benefits outside of the U.S. (i.e., internationally)?[1]

#	Answer Task Force Members	Percentage	Count
1	No, only allow portability within the U.S.	45.5%	5
2	Yes, allow international portability at the **same level** as portable benefits used within the U.S.	27.3%	3
3	Yes, allow international portability but at a **reduced level** compared to portable benefits used within the U.S.	27.3%	3
4	No, only allow benefits to be used within California (i.e., non-portable)	0.0%	0

#	Answer – Public	Percentage	Count
1	No, only allow portability within the U.S.	50.0%	1
2	Yes, allow international portability but at a **reduced level** compared to portable benefits used within the U.S.	50.0%	1
3	No, only allow benefits to be used within California (i.e., non-portable)	0.0%	0
4	Yes, allow international portability at the **same level** as portable benefits used within the U.S.	0.0%	0

[1] Question 4A of the Task Force Meeting 7 questionnaire indicates that 89% of Task Force respondents are preliminarily leaning towards program benefits that are at least partially portable; i.e., individuals should be allowed to use benefits outside California

QUESTION 7 (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose "No, only allow portability within the U.S."
1	I preliminarily said no portability outside the U.S. because I assume that may be very administratively complex, but I am interested in hearing more about why France and Germany do not allow portability and what the experience is with international use of benefits with private insurance.
2	My initial thought regarding international portability begets a host of complications when it comes to verification of care services and needs. I would like to see past stats on how many adults leave the United States at late retirement age.

#	Responses for those who chose "Yes, allow international portability at the same level as portable benefits used within the U.S."
1	What are the international tax considerations?
2	Make it as simple as possible.
3	Equity. Benefits should not be reduced just because beneficiary decides to move to another country. Providers of care need to be trained and certified.

#	Responses for those who chose "Yes, allow international portability but at a reduced level compared to portable benefits used within the U.S."
1	I believe people are going to be moving around. Life changes and needs change. If one pays into the program, I think getting nothing if they are not living in CA is punitive. To balance some cost and to avoid any potential misuse, I think getting some benefit at a reduced level is a nice compromise.
2	Any benefits paid outside of California should be cash to simplify administration.

QUESTION 8A (1 OF 3)

Should the program include a provision that allows individuals to extend their program benefits to their spouse/domestic partner and/or other family members that are otherwise excluded from the program because of the chosen financing option?[1]

#	Answer Task Force Members	Percentage	Count
1	Yes, through a **shared benefit pool**[2]	45.5%	5
2	Yes, through a **separate benefit pool**[2]	18.2%	2
3	Other (please specify)	18.2%	2
4	No (i.e., individual coverage only; dependents would need to satisfy their own requirements to be eligible for benefits under the program)	18.2%	2

#	Other (please specify) Task Force Members
1	I think people excluded from the program because of the chosen financing option should all be covered in broader considerations for non-wage earners.
2	Simple

[1] Question 4A of the Task Force Meeting 9 questionnaire indicates that the Task Force is preliminarily leaning towards financing the program with payroll tax and question 5 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents preliminarily have a slight preference to extend program coverage to an individuals' spouse or domestic partner with a higher program contribution required from the individual, if their spouse or domestic partner is otherwise unable to participate in the program

[2] Under a "**separate benefit pool**" design, each covered family member would have access to their own pool of program benefits. Under a "**shared benefit pool**" design, all covered family members would share one pool of program benefits. The "separate benefit pool" option provides greater coverage and is more costly. To access benefits under either option, family members must meet benefit eligibility criteria and the contributing individual must meet vesting requirements

QUESTION 8A (2 OF 3)

Should the program include a provision that allows individuals to extend their program benefits to their spouse/domestic partner and/or other family members that are otherwise excluded from the program because of the chosen financing option?[1]

#	Answer – Public	Percentage	Count
1	Other (please specify)[3]	50.0%	2
2	Yes, through a **separate benefit pool**[2]	25.0%	1
3	Yes, through a **shared benefit pool**[2]	25.0%	1
4	No (i.e., individual coverage only; dependents would need to satisfy their own requirements to be eligible for benefits under the program)	0.0%	0

[1] Question 4A of the Task Force Meeting 9 questionnaire indicates that the Task Force is preliminarily leaning towards financing the program with payroll tax and question 5 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents preliminarily have a slight preference to extend program coverage to an individuals' spouse or domestic partner with a higher program contribution required from the individual, if their spouse or domestic partner is otherwise unable to participate in the program

[2] Under a "**separate benefit pool**" design, each covered family member would have access to their own pool of program benefits. Under a "**shared benefit pool**" design, all covered family members would share one pool of program benefits. The "separate benefit pool" option provides greater coverage and is more costly. To access benefits under either option, family members must meet benefit eligibility criteria and the contributing individual must meet vesting requirements

[3] The public respondents that chose 'Other (please specify)' indicated that more information is needed on the pros/cons of a separate vs. shared benefit pool

QUESTION 8A (3 OF 3)

Please explain your response to the question above.

#	Responses for those who chose "Yes, through a shared benefit pool[1]"
1	Doesn't seem appropriate to penalize families with one formal earner. Not opposed to a shared benefit pool especially if it keeps cost down but I would need more information on how a shared benefit pool would work with complicated situations (death, divorce, separation, moves etc.).
2	Ease of use is important.

#	Responses for those who chose "Yes, through a separate benefit pool[1]"
1	I know it's more costly, but I think a separate pool will allow more for individualized care.
2	My vision would be that the payroll tax would [include] an option for 'Single' or 'Couple/Married'. The company would then charge the single rate or couple rate based on the individual's preference. If the Couple rate, their partner would be covered. I would define covering the partner as progress and understand we may not be covering other family members.

#	Responses for those who chose "No (i.e., individual coverage only; dependents would need to satisfy their own requirements to be eligible for benefits under the program)"
1	I would need more information about how the separate/shared benefit pool work and the financial implication before extending coverage [to] the individual.

[1] Under a "**separate benefit pool**" design, each covered family member would have access to their own pool of program benefits. Under a "**shared benefit pool**" design, all covered family members would share one pool of program benefits. The "separate benefit pool" option provides greater coverage and is more costly. To access benefits under either option, family members must meet benefit eligibility criteria and the contributing individual must meet vesting requirements

QUESTION 8B (1 OF 2)

If the program includes a provision that allows an individual to extend coverage to their family members, which family members should the extension apply to?

#	Answer Task Force Members	Percentage	Count
1	Spouses or domestic partners	45.5%	5
2	None (i.e., individual coverage only)	18.2%	2
3	Spouses or domestic partners and any dependent children (subject to program benefit eligibility age requirements)	18.2%	2
4	All extended family (e.g., including an individuals' elderly parents; subject to program benefit eligibility age requirements)	18.2%	2
5	Other (please specify)	0.0%	0

#	Answer – Public	Percentage	Count
1	Other (please specify)[1]	50.0%	2
2	Spouses or domestic partners	25.0%	1
3	Spouses or domestic partners and any dependent children (subject to program benefit eligibility age requirements)	25.0%	1
4	None (i.e., individual coverage only)	0.0%	0
5	All extended family (e.g., including an individuals' elderly parents; subject to program benefit eligibility age requirements)	0.0%	0

[1] The public respondents that chose 'Other (please specify)' indicated preferences for a mechanism that extends program coverage to family members beyond spouses/domestic partners and dependent children

QUESTION 8B (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose “Spouses or domestic partners”
1	My preference would be just to spouses. Covering more seems more likely to have anti-selection.
2	This seems to be the least complicated and most intuitive option for our current system.

#	Responses for those who chose “None (i.e., individual coverage only)”
1	N/A
2	I think people excluded from the program because of the chosen financing option should all be covered in broader considerations for non-wage earners.

#	Responses for those who chose “All extended family (e.g., including an individuals’ elderly parents; subject to program benefit eligibility age requirements)”
1	Family circumstances are different and often times an adult child is caring for their elderly parent.
2	Makes sense to approach the total family.

QUESTION 9 (1 OF 2)

In light of the current preference to finance the program primarily via a payroll tax, should the program design include a mechanism by which to extend coverage to individuals excluded from the program as a result of the chosen financing option?[1]

#	Answer Task Force Members	Percentage	Count
1	Yes, offer a non-voluntary alternative program contribution option (e.g., premiums) for those unable to contribute via the primary financing mechanism	45.5%	5
2	Yes, offer a voluntary alternative program contribution option (e.g., premiums) for those unable to contribute via the primary financing mechanism[2]	36.3%	4
3	No (i.e., if individuals cannot contribute via the chosen financing option, they will not be program eligible)	18.2%	2

#	Answer – Public	Percentage	Count
1	Yes, offer a non-voluntary alternative program contribution option (e.g., premiums) for those unable to contribute via the primary financing mechanism	50.0%	1
2	No (i.e., if individuals cannot contribute via the chosen financing option, they will not be program eligible)	50.0%	1
3	Yes, offer a voluntary alternative program contribution option (e.g., premiums) for those unable to contribute via the primary financing mechanism[2]	0.0%	0

[1] Question 4A of the Task Force Meeting 9 questionnaire indicates that the Task Force is preliminarily leaning towards financing the program with payroll tax
[2] Question 8 of the Task Force Meeting 7 questionnaire indicates that Task Force respondents are preliminarily leaning towards **not** having any opt-in/buy-in (i.e., no voluntary) options

QUESTION 9 (2 OF 2)

Please explain your response to the question above.

#	Responses for those who chose "Yes, offer a non voluntary alternative program contribution option (e.g., premiums) for those unable to contribute via the primary financing mechanism"
1	Bring more money into the program.
2	If the goal of the program is to try to cover a larger CA population, we need an alternative methodology for those to get into the program. By having it non-voluntary, it would prevent any anti-selection.

#	Responses for those who chose "Yes, offer a voluntary alternative program contribution option (e.g., premiums) for those unable to contribute via the primary financing mechanism[1]"
1	I think we should discuss this more.
2	There would likely need to be some form of underwriting requirement or an age cap. Additionally, individuals should still be required to meet vesting requirements.

#	Responses for those who chose "No (i.e., if individuals cannot contribute via the chosen financing option, they will not be program eligible)"
1	If we are trying to keep the administration simple, I don't think you want to have multiple options for individuals to pay into the program beyond the primary option.

QUESTION 10 (1 OF 3)

In light of the current preference to finance the program primarily via a payroll tax, should the program design include a mechanism by which to extend coverage to individuals excluded from the program because they are not able to fully vest (e.g., near retirees) given the chosen financing option?[1]

1	Yes, offer pro-rated benefits **and** a voluntary alternative program contribution option (e.g., premiums) to "top up" their benefits for those unable to fully vest via the primary financing mechanism (i.e., benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy unless an individual voluntarily elects to pay additional program contributions to qualify for the full benefit amount)	63.6%	7
2	Yes, offer pro-rated benefits to those unable to fully vest via the primary financing mechanism (i.e., benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	18.2%	2
3	Yes, offer a non-voluntary alternative program contribution option (e.g., premiums) for those unable to fully vest via the primary financing mechanism	9.1%	1
4	Other (please specify)	9.1%	1
5	No (i.e., if individuals cannot fully vest via the chosen financing option, they will be excluded from the program so as to not require them to pay in without being able to receive benefits)	0.0%	0

#	Other (please specify) Task Force Members
1	Flexibility is good unless [there are] high admin cost[s]

[1] Question 4A of the Task Force Meeting 9 questionnaire indicates that the Task Force is preliminarily leaning towards financing the program with payroll tax

QUESTION 10 (2 OF 3)

In light of the current preference to finance the program primarily via a payroll tax, should the program design include a mechanism by which to extend coverage to individuals excluded from the program because they are not able to fully vest (e.g., near retirees) given the chosen financing option?[1]

#	Answer – Public	Percentage	Count
1	Other (please specify)[2]	50.0%	2
2	Yes, offer pro-rated benefits **and** a voluntary alternative program contribution option (e.g., premiums) to “top up” their benefits for those unable to fully vest via the primary financing mechanism (i.e., benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy unless an individual voluntarily elects to pay additional program contributions to qualify for the full benefit amount)	25.0%	1
3	Yes, offer pro-rated benefits to those unable to fully vest via the primary financing mechanism (i.e., benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	25.0%	1
4	Yes, offer a non-voluntary alternative program contribution option (e.g., premiums) for those unable to fully vest via the primary financing mechanism	0.0%	0
5	No (i.e., if individuals cannot fully vest via the chosen financing option, they will be excluded from the program so as to not require them to pay in without being able to receive benefits)	0.0%	0

[1] Question 4A of the Task Force Meeting 9 questionnaire indicates that the Task Force is preliminarily leaning towards financing the program with payroll tax

[2] The public respondents that chose ‘Other (please specify)’ indicated preferences for a mechanism to include those unable to fully vest but indicated that more information is needed

QUESTION 10 (3 OF 3)

Please explain your response to the question above.

#	Responses for those who chose “Yes, offer pro rated benefits and a voluntary alternative program contribution option (e.g., premiums) to “top up” their benefits for those unable to fully vest via the primary financing mechanism (i.e., benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy unless an individual voluntarily elects to pay additional program contributions to qualify for the full benefit amount)”
1	Not sincerely opposed to any of these options but I do feel it’s important to allow a catch-up option. I would like the cons of each of these options laid out if possible.
2	There would likely need to be some form of underwriting requirement or an age cap. Additionally, individuals should still be required to meet vesting requirements.

#	Responses for those who chose “Yes, offer pro rated benefits to those unable to fully vest via the primary financing mechanism (i.e., benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)”
1	It seems appropriate to offer the option of a proportionate benefit to the contribution.
2	My selection is picked for ease. I know that no solution is ideal, and we will have noise for a period of time as those in between are affected. I would not want this to stop our program. Giving something proportional seems fair and this population currently did not have any solution. We are providing something better. X years from now, this short-term issue will be irrelevant as everyone will have enough time to vest. I don't see having them pay a premium to work well as their premium might be high and we would have potentially anti-selection behavior if it is optional.

#	Responses for those who chose “Yes, offer a non voluntary alternative program contribution option (e.g., premiums) for those unable to fully vest via the primary financing mechanism”
1	Still allows [for] someone to receive services if needed

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