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Prepared for the California Department of Insurance

CALIFORNIA DEPARTMENT OF INSURANCE: LONG-TERM CARE INSURANCE PROGRAM

Program administration, eligibility, enrollment, benefits, and services questionnaire results

March 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 3)

Task Force Members were asked to complete a questionnaire regarding their **preliminary** views on **program administration, eligibility, enrollment, benefits, and services** 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
Benefit eligibility criteria	**HIPAA benefit eligibility trigger (2 of 6 ADLs for at least 90 days or severe cognitive impairment)** • Less restrictive Medi-Cal IHSS also received a high score
Benefit eligibility age requirements	**Aged 18+ (with requirement that disablement occur after age 18)** • Aged 65+, aged 18+ (regardless of disablement age), and no minimum age also received high scores
Vesting criteria	**Full vesting after contributing for a specified number of years with partial vesting after a limited duration** • Full vesting after 5 years was most common recommendation (10 years and "similar to social security" were also mentioned) • Partial vesting after a limited duration (between 1 to 5 years) was preferred though not allowing partial vesting also received a high score • 80% of respondents recommend a buy-in option for those who are unable to satisfy vesting requirements • Over half of respondents were unsure whether vesting requirements should be uniform or varied. Varied was most common among the other options
Portability and divesting criteria	**Fully portable** • Partial portability where benefits grade to a lower percentage over time also received a high score; reductions to 50% or 75% over 5 years were most common recommendations • 78% of respondents recommend that individuals should be allowed to use partially portable benefits outside CA (i.e., returning to CA is not required)
Family/spousal coverage	**Extend coverage to a spouse or domestic partner** • Requiring higher program contributions from individuals whose benefits extend to their spouses or domestic partners was most common recommendation • Individual only coverage and an extended family benefit also received high scores

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

EXECUTIVE SUMMARY (2 OF 3)

Task Force Members were asked to complete a questionnaire regarding their **preliminary** views on **program administration, eligibility, enrollment, benefits, and services** 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
Enrollment type	**Allow an opt-out provision for specified groups of individuals** • Assuming an opt-out provision is allowed, most respondents support an opt-out option for the following groups of individuals: – Individuals who own an eligible private LTC insurance policy prior to program approval – Individuals who purchase an eligible substitutive private LTC insurance policy after the program effective date – Individuals nearing retirement – Individuals covered by other (non-Medi-Cal) government programs – Individuals who purchase an eligible private LTC insurance policy after program approval but before the program effective date
Opt-in/buy-in provisions	**No opt-in/buy-in provisions (i.e., require all individuals to participate in the program except those who opt out)**
Exclusion provisions	**Waive contributions for individuals below a specified poverty level; allow them to receive benefits**
Administrative complexity	**Lower complexity (lower anticipated administrative costs; higher potential for perceived program gaps/inequities)**
Benefit type	**Reimbursement for all covered benefits with a reduced cash benefit alternative** • Reimbursement for all covered benefits (with no reduced cash benefit alternative) also received a high score
Benefit maximum	**Monthly benefit frequency** • Respondents recommended a monthly benefit maximum between $3,000 to $6,000 per month • Several designs for varying benefit maximums were shared (e.g., variation by income/asset level, cost of living, or severity of LTSS need)

EXECUTIVE SUMMARY (3 OF 3)

Task Force Members were asked to complete a questionnaire regarding their **preliminary** views on **program administration, eligibility, enrollment, benefits, and services** 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
Benefit period	**2 years** • Most respondents leaned toward not varying the benefit period
Benefit inflation	**CPI indexed inflation** • Inflation as a function of cost of care trend(s) also received a high score • Respondents recommended no variability in benefit inflation • Most respondents recommended that benefit inflation be at least assessed, if not automatically applied, annually
Elimination period	**No elimination period** • Most respondents leaned toward not varying the elimination period
Approved care settings	**Comprehensive coverage** • Respondents recommended no variability in approved care settings
Preventive benefits	**Offer preventive benefits before satisfying the benefit eligibility criteria but only after becoming fully vested in the program** • Recommended preventive benefits included durable medical equipment, hearing aids, home safety evaluations, home modifications, education, and discounts/promotions to encourage wellness behavior • Some respondents indicated preventative benefits should be available regardless of vesting status

QUESTION 1 (1 OF 3)

Please select your recommended benefit eligibility criteria. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	HIPAA benefit eligibility trigger (2 of 6 activities of daily living ("ADLs") for at least 90 days or severe cognitive impairment)	24	3
2	Medi-Cal In-Home Support Services ("IHSS") benefit eligibility (i.e., assessment by a social worker)	21	3
3	3 of 10 ADLs (i.e., consistent with WA Cares Fund but inconsistent with private LTC insurance)	16	2
4	3 of 6 ADLs for at least 90 days or severe cognitive impairment (i.e., more restrictive than HIPAA)	14	2
5	Medical Necessity, where a service is defined as a "Medical Necessity" when it is reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain	4	0
6	Severe cognitive impairment[2] (Note: requiring assistance with ADLs or IADLs without meeting the definition for severe cognitive impairment will not fulfill the benefit eligibility criteria)	3	0
7	Instrumental activities of daily living ("IADLs") based criteria (please specify the specific IADL criteria)	1	0
8	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

[2] One definition of "Severe cognitive impairment": a deterioration or irreversible loss in intellectual capacity that requires substantial supervision to assure the safety of yourself and others. The deterioration or loss is established by clinical evidence and standardized tests that reliably measure: short-term or long-term memory; orientation as to people, place, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness

QUESTION 1 (2 OF 3)

Please select your recommended benefit eligibility criteria. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	HIPAA benefit eligibility trigger (2 of 6 activities of daily living ("ADLs") for at least 90 days or severe cognitive impairment)	18	3
2	3 of 6 ADLs for at least 90 days or severe cognitive impairment (i.e., more restrictive than HIPAA)	4	0
3	Medi-Cal In-Home Support Services ("IHSS") benefit eligibility (i.e., assessment by a social worker)	2	0
4	3 of 10 ADLs (i.e., consistent with WA Cares Fund but inconsistent with private LTC insurance)	1	0
5	Instrumental activities of daily living ("IADLs") based criteria (please specify the specific IADL criteria)	0	0
6	Severe cognitive impairment[2] (Note: requiring assistance with ADLs or IADLs without meeting the definition for severe cognitive impairment will not fulfill the benefit eligibility criteria)	0	0
7	Medical Necessity, where a service is defined as a "Medical Necessity" when it is reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain	0	0
8	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

[2] One definition of "Severe cognitive impairment": a deterioration or irreversible loss in intellectual capacity that requires substantial supervision to assure the safety of yourself and others. The deterioration or loss is established by clinical evidence and standardized tests that reliably measure: short-term or long-term memory; orientation as to people, place, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness

QUESTION 1 (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked "HIPAA benefit eligibility trigger (2 of 6 activities of daily living ("ADLs") for at least 90 days or severe cognitive impairment)" as most preferred
1	1st: Alignment with HIPAA would allow for coordination for people with existing coverage, opportunities for supplemental coverage. 2nd: Alignment with Medi-Cal for coordination
2	I feel that staying with the common definition as defined by IRS tax code and the long-term care industry will provide ease of administration and consistency. It will also help if we request the private industry to build wrap around products as 2/6 ADLs is common and qualifies for LTC definition. Following the IRS tax code allows for the benefits to be tax qualified. Note in Washington, this was a lesson learned.

#	Responses for those who ranked "3 of 6 ADLs for at least 90 days or severe cognitive impairment (i.e., more restrictive than HIPAA)" as most preferred
1	3 of 10 ADL's is reasonable—I would decrease the 90 days to 60 though. The second one that needs stand alone criteria is cognitive decline. 3rd is need based IADLs as they are just as important. If you are cared for but have no food how does that help?

#	Responses for those who ranked "3 of 10 ADLs (i.e., consistent with WA Cares Fund but inconsistent with private LTC insurance)" as most preferred
1	Although I see the benefit of aligning the eligibility criteria with private long-term care insurance, I believe the definition of "severe cognitive impairment" is too restrictive. I prefer medical necessity to align with Medi-Cal or a broader definition of ADL impairment similar to the Washington program.
2	10 ADLs offer more areas for consideration that may impact the individual and caregiver.

#	Responses for those who ranked "Medi-Cal In-Home Support Services ("IHSS") benefit eligibility (i.e., assessment by a social worker)" as most preferred
1	Medi-Cal eligibility criteria seems flexible enough to address a broad range of individuals needing LTSS, however I also see the advantage of being consistent with the standard for private LTC insurance.
2	My initial thinking is there need to be some sort of assessment or determination made which is why I went with my selections above.

QUESTION 2 (1 OF 4)

Please select your recommended age requirement to be eligible for benefits. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Minimum age = 18 (but only if an individual becomes disabled after age 18)	18	3
2	Minimum age = 65	17	2
3	Minimum age = 18	16	2
4	No minimum age	13	2
5	Minimum age = 65 (but only if an individual becomes disabled after age 18)	9	1
6	Minimum age = 40 (but only if an individual becomes disabled after age 18)	2	0
7	Minimum age = 40	0	0
8	Other (please specify)	0	0

Note: This question relates to **benefit eligibility** age requirements only; not program funding age requirements, which will be discussed at Task Force Meeting 8 on February 17, 2022.

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 2 (2 OF 4)

Please select your recommended age requirement to be eligible for benefits. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	Minimum age = 18	12	2
2	No minimum age	6	1
3	Minimum age = 18 (but only if an individual becomes disabled after age 18)	6	0
4	Minimum age = 40	1	0
5	Minimum age = 40 (but only if an individual becomes disabled after age 18)	0	0
6	Minimum age = 65	0	0
7	Minimum age = 65 (but only if an individual becomes disabled after age 18)	0	0
8	Other (please specify)	0	0

Note: This question relates to **benefit eligibility** age requirements only; not program funding age requirements, which will be discussed at Task Force Meeting 8 on February 17, 2022.

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 2 (3 OF 4)

Please explain your response to the question above.

#	Responses for those who ranked “No minimum age” as most preferred
1	Those with IDD may need services sooner than 18

#	Responses for those who ranked “Minimum age = 18” as most preferred
1	If individuals under age 18 are typically eligible for other programs it seems okay to focus on the ages for which there is the biggest eligibility gap

#	Responses for those who ranked “Minimum age = 18” (but only if an individual becomes disabled after age 18)” as most preferred
1	I think it is important to have a broad age eligibility [provision]. I believe there are a number of support programs focused on individuals who are disabled before [the] age of 18. If this is not the case, I may alter my first choice.

QUESTION 2 (4 OF 4)

Please explain your response to the question above.

#	Responses for those who ranked “Minimum age = 65” as most preferred
1	I am concerned about the cost of a broad facet program. In reviewing the data, a program for those 65+ would help manage the cost by reducing the baseline by almost 12%. By focusing on those that are 65 plus, it feels like we are targeting those that would traditionally be needing LTC assistance as they age. These are the individuals that likely would not have access to other services and would likely have the assets that would start getting drained if an LTC incident occurred. Those under 65 appear to have numerous other programs that they can apply for.
2	60-65 are what's predominately seen in other programs, and when caregiver needs may come up, taking into account those who are diagnosed with early onset dementia.

#	Responses for those who ranked “Minimum age = 65 (but only if an individual becomes disabled after age 18)” as most preferred
1	Min age of 65: AB567 outlined for this program to address age related disability. Objectives of program: "worried about the costs of growing older" -- should be 65+ and then discuss whether only disabled after 18. 8/6: Respondents unanimously agreed that the elderly should be eligible for LTSS under the program and most felt employment status should not be used as criteria for eligibility. Preferences were mixed for juveniles, non-elderly, currently disabled (prior to program implementation), unhoused, and undocumented. Interaction with the state’s disability program and other programs – if someone can draw benefits from both, which program pays? Will they coordinate, and if so, who pays first?

QUESTION 3A (1 OF 4)

Please select your recommended vesting criteria. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Fully vested after contributing for [X] years (please specify your recommendation for X) with partial vesting allowed (i.e., benefits will be reduced if vesting requirements are partially satisfied) (please specify your recommended partial vesting requirements) **Recommendations for vesting requirement(s)** = 5 years, 10 years with partial vesting after 5 years, similar to Social Security[2]	18	3
2	Fully vested after contributing for [X] years (please specify your recommendation for X) with no partial vesting **Recommendations for vesting requirement(s)** = 5 years, similar to Social Security[2]	14	2
3	Fully vested after contributing for [X] of the last [Y] years (please specify your recommendation for X and Y) with partial vesting allowed (i.e., benefits will be reduced if vesting requirements are partially satisfied) (please specify your recommended partial vesting requirements) **Recommendations for vesting requirement(s)** = 10 of the last 20 years	2	0
4	No vesting requirement (i.e., an individual could be eligible for full benefits without explicitly contributing to the program)	1	0
5	Other (please specify)	1	0
6	Fully vested after contributing for [X] of the last [Y] years (please specify your recommendations for X and Y) with no partial vesting	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There were **5** Task Force Members who responded with "Unsure / no opinion"

[2] Social Security vesting is based on a credit system—more information can be found here: https://www.ssa.gov/benefits/retirement/planner/credits.html

QUESTION 3A (2 OF 4)

Please select your recommended vesting criteria. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	Fully vested after contributing for [X] years (please specify your recommendation for X) with partial vesting allowed (i.e., benefits will be reduced if vesting requirements are partially satisfied) (please specify your recommended partial vesting requirements) **Recommendations for vesting requirement(s)** = 5 years with partial vesting after 3 years	6	1
2	Fully vested after contributing for [X] years (please specify your recommendation for X) with no partial vesting **Recommendations for vesting requirement(s)** = 5 years	2	0
3	Fully vested after contributing for [X] of the last [Y] years (please specify your recommendations for X and Y) with no partial vesting **Recommendations for vesting requirement(s)** = 3 of the last 6 years	1	0
4	Fully vested after contributing for [X] of the last [Y] years (please specify your recommendation for X and Y) with partial vesting allowed (i.e., benefits will be reduced if vesting requirements are partially satisfied) (please specify your recommended partial vesting requirements)	0	0
5	No vesting requirement (i.e., an individual could be eligible for full benefits without explicitly contributing to the program)	0	0
6	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 3A (3 OF 4)

Please explain your response to the question above.

#	Responses for those who ranked "Fully vested after contributing for [X] years (please specify your recommendation for X) with partial vesting allowed (i.e., benefits will be reduced if vesting requirements are partially satisfied) (please specify your recommended partial vesting requirements)" as most preferred
1	5 years
2	Fully vested after 10 years. Partial vesting starts after 5 years of contributing. Grading is non-linear to encourage full funding. e.g. 5 [10%], 6 [20%], 7 [40%], 8 [65%], 9 [90%], 10 [100%] [Secondary option]: Fully vested after contributing 10 of [the] last 20 years. [Other consideration]: I would be looking for a solution for those that can't vest when the program originates. This may include some partial vesting carve out for when the program starts. I can see needing a solution for those 50 - 65 which may not be able to fully vest in time. This would need some thought on how to do fairly/equitable. To make sure the program is financially viable, it would be appropriate for people to contribute into the program to get benefit from the program. 10 years is a reasonable amount of time to contribute into the program. If we did not have a vesting period, some members would be able to benefit without equitability contributing.
3	x - similar to Social Security vesting[1] y - at least 1 year contribution

[1] Social Security vesting is based on a credit system—more information can be found here: https://www.ssa.gov/benefits/retirement/planner/credits.html

QUESTION 3A (4 OF 4)

Please explain your response to the question above.

#	Responses for those who ranked “Fully vested after contributing for [X] years (please specify your recommendation for X) with no partial vesting” as most preferred
1	5 years
2	5 years. Should be a simple definition – Washington’s is too complex

#	Responses for those who selected “Unsure / no opinion”
1	One major consideration in vesting requirements is the cost of the program and affordability to taxpayers, so it is hard for me to recommend vesting criteria in isolation as opposed to thinking about how vesting requirements tradeoff with other design features such as benefit levels
2	Would love to continue the discussion on this item because I'm a little indifferent
3	[Need] more examples of possible vesting options and the financial ramifications.

QUESTION 3B (1 OF 2)

Should individuals who are unable to satisfy the vesting requirements (e.g., individuals nearing retirement) be allowed to buy into the program (e.g., pay a one-time cash deductible)?

#	Answer – Task Force Members	Percentage	Count
1	Yes	80.0%	8
2	Unsure / no opinion	10.0%	1
3	Other (please specify)	10.0%	1
4	No	0.0%	0

#	Other (please specify) – Task Force Members
1	I would prefer that a social assistance program is used to fill in the gaps for those who do not meet the vesting requirements, but in the absence of that, a buy-in option would be better than no option

#	Answer – Public	Percentage	Count
1	Yes	66.7%	2
2	No	33.3%	1
3	Other (please specify)	0.0%	0

QUESTION 3B (2 OF 2)

Please explain your response to the question above.

#	Responses – Task Force Members
1	Finding a solution for those unable to satisfy the vesting requirements is a reasonable goal and this sounds like a potential solution. Not sure if there are other ideas to consider. One concern I have is anti-selection. Those providing one-time cash deductible[s] should have a waiting period before qualifying to prevent only those that need the benefit from providing the cash payment.
2	The ability to buy in would assume that there is a vesting requirement, which I am still unsure of as to what viable options there may be as to financial ramifications. I'm not opposed, just need more information.
3	There should [be] flexibility and options for those that don't fit the program design. I imagine this will not be a one size fits all so we will have to account for those individuals

QUESTION 3C

Should vesting requirements be uniform (i.e., the same for everyone) or varied (e.g., reduced vesting requirements for certain individuals)?

#	Answer – Task Force Members	Percentage	Count
1	Unsure / no opinion	60.0%	6
2	Varied	30.0%	3
3	Uniform	10.0%	1
4	Other (please specify)	0.0%	0

#	Answer – Public	Percentage	Count
1	Uniform	66.7%	2
2	Varied	33.3%	1
3	Other (please specify)	0.0%	0

QUESTION 3D

Please explain your response to the question above.

#	Responses for those who chose “Varied”
1	Could vary by income / assets, but would add admin complexity
2	Potentially lower vesting requirement for those nearing retirement when program starts

#	Responses for those who chose “Unsure / no opinion”
1	My quick answer would have been Uniform, but since this question is being asked, not sure if I am missing the reason we would want to consider varied. Thus need a little more about what we might be trying to solve for.

QUESTION 4A (1 OF 4)

Please select your recommended portability and divesting criteria. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1,2]	First choice count
1	Fully portable (i.e., an individual who leaves California will remain eligible for benefits if they have satisfied all other eligibility criteria)	28	4
2	Partially portable: grade from 100% of benefits to [X]% of benefits over [Y] years (please specify your recommendations for X and Y) **Recommendations for grading percentage and divesting period** = 50% over 5 years, 75% over 5 years, 50% over 10 years, 75% over 1 year	26	4
3	No portability (i.e., an individual may not receive benefits outside of California)	7	1
4	Partially portable: divesting grace period of [X] years (i.e., an individual that leaves California remains eligible for benefits as long as they return to California in a specified number of years) (please specify your recommendation for X) **Recommendations for divesting grace period** = 2 years, 10 years	7	0
5	Other (please specify)	2	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

[2] One Task Force Member selected "Other (please specify)" with commentary suggesting a preference towards partial portability—their response has been recategorized for the purposes of scoring

QUESTION 4A (2 OF 4)

Please select your recommended portability and divesting criteria. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	Partially portable: grade from 100% of benefits to [X]% of benefits over [Y] years (please specify your recommendations for X and Y) Recommendations for grading percentage and divesting period = 50% over 5 years, 50% over 2 years	14	2
2	Fully portable (i.e., an individual who leaves California will remain eligible for benefits if they have satisfied all other eligibility criteria)	6	1
3	Partially portable: divesting grace period of [X] years (i.e., an individual that leaves California remains eligible for benefits as long as they return to California in a specified number of years) (please specify your recommendation for X) Recommendations for divesting grace period are unclear	3	0
4	No portability (i.e., an individual may not receive benefits outside of California)	1	0
5	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 4A (3 OF 4)

Please explain your response to the question above.

#	Responses for those who ranked "Fully portable (i.e., an individual who leaves California will remain eligible for benefits if they have satisfied all other eligibility criteria)" as most preferred
1	Health care should be universal and if you leave the state your benefits should go with you
2	Important to try to avoid litigation so that the program can begin in a timely way. Full or partial portability may also help build public support for the program among those who would otherwise be concerned that their contributions will not directly benefit them in the future
3	Ideally, we have something that works across the states.

#	Responses for those who ranked "Partially portable: grade from 100% of benefits to [X]% of benefits over [Y] years (please specify your recommendations for X and Y)" as most preferred[1]
1	[Reduce to] 50% over 5 years
2	Grade from 100% to 75% over 5 years and stay at 75%. [Other consideration]: Grade from 100% to 50% over 10 years and stay at 50% To get strong support for any program such as this, we need to have portability as individuals/families are migratory. This has become a big thorn for the Washington program, and we should learn from their experience. I am recommending a discount for those that leave the state to help offset additional administrative expenses associated with providing this benefit. If the cost for international support is higher, we can consider a slightly larger discount for that administration.
3	Receive x% of benefits for care received outside of CA. Don't think it's realistic to force people to stay in CA in order to receive the benefit. Wildfires, climate change impacts may be such that it's not feasible (or safe!) for seniors to remain in the state, depending on where they live. Also, the cost of care and cost of living will likely continue to increase – what if they can't afford to stay? CA is one of the most expensive states to receive care - care outside of CA may be favorable for costs. Additional considerations / questions: What baseline assumption was included for the % of people not receiving benefits because they leave CA? What if the program provides for more robust care coordination for those who remain in the state, with much more limited support for those who choose to leave? Or leverage the private insurance market to support out of state networks and admin? Allowed by other state plans (e.g.: SDI)

[1] One Task Force Member selected "Other (please specify)" with commentary suggesting a preference towards partial portability—their response has been recategorized

QUESTION 4A (4 OF 4)

Please explain your response to the question above.

#	Responses for those who ranked “No portability (i.e., an individual may not receive benefits outside of California)” as most preferred
1	My initial thinking is its a CA based program it should remain for CA residents or those that plan to return to CA

QUESTION 4B (1 OF 2)

Under partial portability, should (partial) benefit eligible individuals be allowed to use benefits outside of California?

#	Answer – Task Force Members	Percentage	Count
1	Yes	77.8%	7
2	No	11.1%	1
3	Unsure / no opinion	11.1%	1

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

QUESTION 4B (2 OF 2)

Please explain your response to the question above.

#	Responses – Task Force Members
1	Allowed by other state plans (e.g.: SDI). [I] don't think it's realistic to force people to stay in CA in order to receive the benefit. Wildfires, climate change impacts may be such that it's not feasible (or safe!) for seniors to remain in the state, depending on where they live. Also, the cost of care and cost of living will likely continue to increase – what if they can't afford to stay? CA is one of the most expensive states to receive care - care outside of CA may be favorable for costs. Additional considerations / questions: What baseline assumption was included for the % of people not receiving benefits because they leave CA? What if the program provides for more robust care coordination for those who remain in the state, with much more limited support for those who choose to leave? Or leverage the private insurance market to support out of state networks and admin?
2	Confused by the question. The whole point of portability for me is their ability to use the services outside of CA.
3	If someone has only resided in California for a certain time (X number of years), then perhaps there is a partial portability when the person moves out of state.

QUESTION 5A (1 OF 2)

Please select your recommended provisions related to family or spousal coverage. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	A spousal benefit that extends coverage to a spouse or a domestic partner	20	3
2	Individual coverage only (i.e., dependents would need to satisfy their own requirements to be eligible for benefits under the program)	19	3
3	An extended family benefit that extends coverage to all family members (e.g., including an individuals' elderly parents)	19	3
4	An immediate family benefit that extends coverage to a spouse or a domestic partner and any dependent children	10	1
5	Other (please specify)	0	0

#	Answer – Public	Score[1]	First choice count
1	Individual coverage only (i.e., dependents would need to satisfy their own requirements to be eligible for benefits under the program)	18	3
2	A spousal benefit that extends coverage to a spouse or a domestic partner	4	0
3	An immediate family benefit that extends coverage to a spouse or a domestic partner and any dependent children	0	0
4	An extended family benefit that extends coverage to all family members (e.g., including an individuals' elderly parents)	0	0
5	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 5A (2 OF 2)

Please explain your response to the question above.

#	Responses for those who ranked “Individual coverage only (i.e., dependents would need to satisfy their own requirements to be eligible for benefits under the program)” as most preferred
1	I think this falls into the overall category of people not contributing to the program and how that is handled… should not be different from considerations for unemployed, unhoused or undocumented. OR pay an additional premium to cover other family members

#	Responses for those who ranked “A spousal benefit that extends coverage to a spouse or a domestic partner” as most preferred
1	I would like for us to find a way to assist those where an individual is staying home to take care of kids/family. One way to make this equitable is to consider a funding like health insurance where there is a cost/option for a single individual covered, or a different / higher cost for those that want to cover themselves and their partner.

#	Responses for those who ranked “An immediate family benefit that extends coverage to a spouse or a domestic partner and any dependent children” as most preferred
1	Spousal benefit can address future LTSS needs of stay-at-home parents, as one example

#	Responses for those who ranked “An extended family benefit that extends coverage to all family members (e.g., including an individuals’ elderly parents)” as most preferred
1	Primary caregivers can come forth from different areas within a "family"
2	Personally, I think extending to the family member would be beneficial for so many families. I think it also falls in line with recent changes to include elderly parents as dependents or qualifying for tax credits if you care for elderly parents

QUESTION 5B

If you have selected an option that would provide benefits to either a spouse or family member, please describe any recommended variations in program contributions (e.g., if program eligibility is extended to spouses, should those receiving coverage for themselves and their spouses pay more into the program than individuals who only receive coverage for themselves)?.

#	Responses – Task Force Members
1	Those that select covering their spouse should pay more into the system. I envision this like Health Insurance. The fees would be 1. Individual Covered Only 2. Individual + Spouse Covered The contribution would be defined for 1 & 2 such that the cost is fair.
2	Unsure
3	Yes.
4	Yes—taking into account ability to pay
5	Perhaps there should be varying levels

QUESTION 6

Do you have any other recommendations related to program eligibility?

#	Responses – Task Force Members
1	Not at this time.
2	Not at this time
3	It would be beneficial to make sure this program doesn't double dip with other programs. Also, we need to make sure we have a solution for non-residents. My recommendation is to exclude non-residents to keep the program simple and not encroach on other states own programs/views. In my view, [a] driving force of eligibility should be residency in California.
4	Eligibility should include In Home Supports and Services, Community Based Services.

QUESTION 7A (1 OF 2)

Please select your recommended enrollment type. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1,2]	First choice count
1	Opt-out provisions for specified groups of individuals	34	5
2	No opt-out provision	19	3
3	Other (please specify)	8	1

#	Answer – Public	Score[1]	First choice count
1	No opt-out provision	6	1
2	Other (please specify)[3]	6	1
3	Opt-out provisions for specified groups of individuals	2	0

#	Responses for those who ranked "No opt-out provision" as most preferred
1	Opt-out provision could threaten the long-term viability of the program and it also seems inequitable to only allow people with enough income to afford LTC insurance to opt out of making contributions to program

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"
[2] One Task Force Member selected "Other (please specify)" with commentary suggesting a preference towards an opt-out provision—their response has been recategorized for the purposes of scoring
[3] Public respondent indicated a preference for an opt-out provision with minimum private insurance requirements as one attains ages 25, 35, 45 and 55

QUESTION 7A (2 OF 2)

Please explain your response to the question above.

#	Responses for those who ranked "Opt-out provisions for specified groups of individuals" as most preferred[1]
1	Opt-out for private coverage and with verification applies to other state run programs (e.g., SDI) - need to have clear reasons for difference. Consider contribution caps or taxable wage caps so that benefits are meaningful relative to contributions. What considerations can be given for people who have been paying into an existing LTCI program for many years? I think consideration for people who have had private LTCI for an extended period should be considered a population not trying to game the system by acquiring LTC only to drop it later… What about opt ins for ineligible populations?
2	Opt-out for those that have LTC insurance that exceed the amount provided by this program and is in force before [1/1/2022.]. Also, consider partial opt outs to encourage individuals to consider more comprehensive solutions: e.g., after they have vested, if they want to purchase additional LTC coverage, they can reduce their ongoing tax by [50%]. For those that opt out, but later drop coverage, they should be required to contribute back into the program. The opt out program should not be structured to encourage purchase of private insurance to simply avoid taxation. Many individuals proactively purchased LTC to removed their burden and any burden to the state. If their benefits exceed what this program provides, it appears unfair to have them pay into a program. It is also beneficial for us to encourage people to find more comprehensive solutions for their LTC needs. A discount on the tax could be a way to encourage that. This also puts less burden on the state. Finally, we don't want people to opt out using temporary or illusory coverage to avoid the tax. [e.g., people get insurance to opt out and then later drop the coverage]
3	Flexibility for those already enrolled in other program[s]

#	Other (please specify) – Task Force Members
1	Life changes and health changes so I don't think there should be penalty for opting in based on changes in life circumstances!
2	I support some consideration for those who purchased LTC insurance prior to the start of the program and those enrolled in CalPERS LTC program. It seems like it would be better to have these individuals opt in with a credit or adjustment for the premiums that have already been paid. I would need to hear more analysis on this question. It seems like a benefit to the LTC insurance program to include these individuals rather than full opt-out.

[1] One Task Force Member selected "Other (please specify)" with commentary suggesting a preference towards an opt-out provision—their response has been recategorized for the purposes of scoring

QUESTION 7B (1 OF 3)

If there is an opt-out provision, which groups of individuals should it apply to (select all that apply)?

#	Answer – Task Force Members	Percentage	Count
1	Individuals who own an eligible private LTC insurance policy (criteria for “eligible” to be determined) that they purchased before the potential legislative approval of the program	100.0%	9
2	Individuals who purchase an eligible substitutive private LTC insurance (criteria for “eligible” to be determined) after the potential program effective date (note: it is assumed that an individual would not be permitted to opt out should they purchase private LTC insurance that is intended to be supplementary to the program)	66.7%	6
3	Individuals covered by other (non-Medi-Cal) government programs (e.g., individuals with coverage through the US Department of Veteran Affairs) (please specify the individuals and the associated government programs)	66.7%	6
4	Individuals nearing retirement (who may not be able to satisfy vesting requirements)	66.7%	6
5	Individuals who own an eligible private LTC insurance policy (criteria for “eligible” to be determined) that they purchase between the potential legislative approval of the program and an arbitrary date in the future in the lead-up to the potential program effective date	55.6%	5
6	Individuals residing in California temporarily (e.g., temporary workers, military spouses)	33.3%	3
7	Individuals who work in California but reside outside of California [Note: if you have selected “fully portable” in response to question 4, please provide an explanation if you select this option]	33.3%	3
8	Other (please specify)	11.1%	1

#	Other (please specify) – Task Force Members
1	For the substitute private insurance idea above, we could provide a partial OPT out vs a full opt out if needed to keep the program financial sustainable. I am not looking for an anti-selective opt out. I am supportive of a opt out for those that thoughtfully had insurance in place to prevent being unfair to them. I am also supportive of opt outs for those in other states and those that can't reasonably benefit from the program. I believe a partial opt out for those that are proactive in getting more LTC should be encouraged.

QUESTION 7B (2 OF 3)

If there is an opt-out provision, which groups of individuals should it apply to (select all that apply)?

#	Responses for those who chose “Individuals who work in California but reside outside of California “
1	I don't think giving them the option contradicts with fully portability. They may have another program available in their home state. They are not a 'burden' to Medi-Cal. Ultimately, depends on benefit. Also need to have some verification process. May consider an age consideration for temporary residents
2	My perspective is that this program should focus on CA residents. This avoids conflict with other states that might have a program. It also prevents them from paying into a program where they know in advance there is a discount to their benefits.
3	Only if benefits are not portable. I would prefer no opt-out but if there is an opt-out I think it should apply to groups of individuals whose reason for opting out of the program would exist even without the program (i.e., already had LTC insurance before enactment, would have VA coverage regardless of CA's long term care program, etc.). This would help to avoid selection bias and make participation levels more predictable.

#	Responses for those who chose “Individuals covered by other (non-Medi-Cal) government programs (e.g., individuals with coverage through the US Department of Veteran Affairs)“
1	Need experts that are able to explain which are redundant.
2	Military/veterans and government workers

QUESTION 7B (3 OF 3)

If there is an opt-out provision, which groups of individuals should it apply to (select all that apply)?

#	Answer – Public	Percentage	Count
1	Individuals who own an eligible private LTC insurance policy (criteria for “eligible” to be determined) that they purchased before the potential legislative approval of the program	66.7%	2
2	Individuals who work in California but reside outside of California [Note: if you have selected “fully portable” in response to question 4, please provide an explanation if you select this option]	66.7%	2
3	Individuals residing in California temporarily (e.g., temporary workers, military spouses)	66.7%	2
4	Individuals who purchase an eligible substitutive private LTC insurance (criteria for “eligible” to be determined) after the potential program effective date (note: it is assumed that an individual would not be permitted to opt out should they purchase private LTC insurance that is intended to be supplementary to the program)	66.7%	2
5	Individuals who own an eligible private LTC insurance policy (criteria for “eligible” to be determined) that they purchase between the potential legislative approval of the program and an arbitrary date in the future in the lead-up to the potential program effective date	33.3%	1
6	Individuals covered by other (non-Medi-Cal) government programs (e.g., individuals with coverage through the US Department of Veteran Affairs) (please specify the individuals and the associated government programs)	33.3%	1
7	Individuals nearing retirement (who may not be able to satisfy vesting requirements)	33.3%	1
8	Other (please specify)	0.0%	0

QUESTION 8 (1 OF 3)

Please select your recommended opt-in/buy-in provisions. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	No opt-in/buy-in option; require all individuals to participate in the program (except for individuals you have selected in response to question 7, regarding potential opt-outs)	36	6
2	Allow for an opt-in option for individuals that initially opted out of the program, if applicable [Note: if you selected "Mandatory enrollment with no opt-out provision" in question 7, please do not select this option]	12	1
3	Buy-in for excluded cohorts, if any (refer to question 9)	9	1
4	Other (please specify)	6	1
5	Self-employed individuals should not be required to participate in the program, but they should be allowed to opt into the program	2	0

#	Other (please specify) – Task Force Members
1	Life changes and health changes--people should have the choice. Open opt in and opt out options for all

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

QUESTION 8 (2 OF 3)

Please select your recommended opt-in/buy-in provisions. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	No opt-in/buy-in option; require all individuals to participate in the program (except for individuals you have selected in response to question 7, regarding potential opt-outs)	14	2
2	Self-employed individuals should not be required to participate in the program, but they should be allowed to opt into the program	6	1
3	Allow for an opt-in option for individuals that initially opted out of the program, if applicable [Note: if you selected "Mandatory enrollment with no opt-out provision" in question 7, please do not select this option]	0	0
4	Buy-in for excluded cohorts, if any (refer to question 9)	0	0
5	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 8 (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked "No opt-in/buy-in option; require all individuals to participate in the program (except for individuals you have selected in response to question 7, regarding potential opt-outs)" as most preferred
1	First a question. Is requiring those self employed to be included a cost to the program? Page 21 lists opt-in as a 12% cost, but is that due to selectively allowing opt in vs. requiring? The reason for requiring self employed is to align with the goals of the program to provide basic level of LTC coverage to CA residents. Thus, [it's] unclear to me why self-employed should be excluded.
2	All individuals should be required to participate, including self-employed individuals similar to required contributions to Medicare and Social Security

#	Responses for those who ranked "Allow for an opt-in option for individuals that initially opted out of the program, if applicable [Note: if you selected "Mandatory enrollment with no opt-out provision" in question 7, please do not select this option]" as most preferred
1	Opt-in should be a one-time thing, not allowing people to go in and out.

#	Responses for those who ranked "Buy-in for excluded cohorts, if any (refer to question 9)" as most preferred
1	Options should be available for those that are excluded for whatever reason so they can obtain the services and supports either them or their family member needs

QUESTION 9 (1 OF 2)

Please select your recommended exclusion provisions. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Waive contributions for individuals below a specified poverty level; allow them to receive benefits from the program	32	5
2	No exclusion provisions	16	2
3	Waive contributions for individuals below a specified poverty level; do not allow them to receive benefits from the program	12	2
4	Other (please specify)	0	0

#	Answer – Public	Score[1]	First choice count
1	No exclusion provisions	6	1
2	Waive contributions for individuals below a specified poverty level; do not allow them to receive benefits from the program	6	1
3	Waive contributions for individuals below a specified poverty level; allow them to receive benefits from the program	2	0
4	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

QUESTION 9 (2 OF 2)

Please explain your response to the question above.

#	Responses for those who ranked “No exclusion provisions” as most preferred
1	Keeps the program simple.

#	Responses for those who ranked “Waive contributions for individuals below a specified poverty level; allow them to receive benefits from the program” as most preferred
1	Waiving contributions for individuals below a specified poverty level will help address affordability concerns, but those individuals should be allowed to receive benefits because they may not be eligible for Medi-Cal at the time they need LTSS

#	Responses for those who ranked “Waive contributions for individuals below a specified poverty level; do not allow them to receive benefits from the program” as most preferred
1	Conceptually, requiring contributions from individuals at certain poverty levels increases the financial burden on these individuals. However, since these individuals need LTC benefits, we need to determine whether they will likely come from Medi-Cal or this LTC program.
2	Medi-Cal (insurer of last resort) is available for exactly this purpose. Income certification?

QUESTION 10

Do you have any other recommendations related to program enrollment?

#	Responses – Task Force Members
1	Not at this time.

QUESTION 11

What do you view as the appropriate balance between (a) simplicity in program design and (b) complexity in program design?

#	Answer – Task Force Members	Percentage	Count
1	Lower complexity program design (lower anticipated administrative costs; higher potential for perceived program gaps/inequities)	60.0%	6
2	Higher complexity program design (higher anticipated administrative costs; lower potential for perceived program gaps/inequities)	30.0%	3
3	Average complexity program design (average anticipated administrative costs; average potential for perceived program gaps/inequities)	10.0%	1

#	Answer – Public	Percentage	Count
1	Lower complexity program design (lower anticipated administrative costs; higher potential for perceived program gaps/inequities)	66.7%	2
2	Higher complexity program design (higher anticipated administrative costs; lower potential for perceived program gaps/inequities)	33.3%	1
3	Average complexity program design (average anticipated administrative costs; average potential for perceived program gaps/inequities)	0.00%	0

QUESTION 12

Do you have any other recommendations related to program administration?

#	Responses – Task Force Members
1	I'm not sure the scale worked on the previous page. I think we need to balance administrative complexity with simplicity. I agree that if it is too simple, we will not achieve the equity goals of the LTC program. However, if it is too administratively complex, it will be financial draining and takes funding away from other important services and may not have sustainable, long-term support.
2	Well theoretically you want high complexity (issues to be solved) with low cost but it typically does not work that way, so second best is as high complexity as you can get with as low cost as possible.
3	Lower complexity is better
4	Lower admin complexity doesn't necessarily mean the benefits can't be tailored to be equitable or that gaps can't be addressed
5	The payout and funding anticipated with the LTC program will be a large number. We want to make sure the program is efficient and cost effective. I believe an investment of the 'larger' cost of a strong administrative program will be offset by reduced cost, if funds are appropriately dispersed [e.g., avoid gaps/inequities]. Note - My dial was on 11 [for larger program] but the answer wasn't saving.
6	Looking at Dept. of Health Care Services and Coverage California as possibilities for oversight and management, working with California Dept. of Insurance for analysis.
7	Not at this time

QUESTION 13 (1 OF 3)

Please select your recommended benefit type. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Reimbursement for all covered benefits with a reduced cash benefit alternative	23	3
2	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	22	3
3	Indemnity for all covered benefits (fixed amount reimbursed each period services are received)	13	2
4	Cash for all covered benefits (fixed cash amount provided each period as long as an individual meets the benefit eligibility criteria, regardless of whether services are received in each period)	4	0
5	Other (please specify)	1	0

#	Other (please specify) – Task Force Members
1	Reimbursement directly to providers can help manage risk and quality in this model

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There were **2** Task Force Members who responded with "Unsure / no opinion"

QUESTION 13 (2 OF 3)

Please select your recommended benefit type. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	9	1
2	Reimbursement for all covered benefits with a reduced cash benefit alternative	8	1
3	Cash for all covered benefits (fixed cash amount provided each period as long as an individual meets the benefit eligibility criteria, regardless of whether services are received in each period)	6	1
4	Indemnity for all covered benefits (fixed amount reimbursed each period services are received)	2	0
5	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 13 (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked “Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)” as most preferred
1	The "subject to limitations" can be [looking] at maximums that are set within each of the covered areas per month, with supporting documentation

#	Responses for those who ranked “Indemnity for all covered benefits (fixed amount reimbursed each period services are received)” as most preferred
1	Indemnity is more subject to fraud (CDI has good provisions for this already) but simplifies admin and takes benefit utilization risk off the table.

#	Responses for those who ranked “Reimbursement for all covered benefits with a reduced cash benefit alternative” as most preferred
1	Reimbursement design provides tracking to validate that expenses are used for LTC needs. The cash benefit [discounted] can provide for some informal care while not increasing the cost of the program too much.

#	Responses for those who chose “Unsure / no opinion”
1	I like the cash option to increase flexibility but would like to have more discussions about the potential impact of cash option on working conditions

QUESTION 14A (1 OF 3)

Please select your recommended benefit maximum. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Monthly benefit frequency (i.e., specified maximum benefit is per month) (please specify monthly maximum benefit amount recommended, e.g., $3,000/month, $4,000/month, $4,500/month) **Recommended monthly maximum amounts** = $3,000, $4,000, $4,500, $4,600, $5,500, and $6,000	46	7
2	Daily benefit frequency (i.e., specified maximum benefit is per day) (please specify daily maximum benefit amount, e.g., $100/day, $150/day, $200/day) **Recommended daily maximum amounts =** $150	18	2
3	Other (please specify)	1	0

#	Other (please specify) – Task Force Members
1	It is hard to manage a daily limit and people have a hard time with making that fit their care needs, so it's better to have a monthly allocation and then determine how much care and service one needs based on that. It allows the most flexibility

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

QUESTION 14A (2 OF 3)

Please select your recommended benefit maximum. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	Monthly benefit frequency (i.e., specified maximum benefit is per month) (please specify monthly maximum benefit amount recommended, e.g., $3,000/month, $4,000/month, $4,500/month) **Recommended monthly maximum amounts** = $3,000	18	3
2	Daily benefit frequency (i.e., specified maximum benefit is per day) (please specify daily maximum benefit amount, e.g., $100/day, $150/day, $200/day) **Recommended daily maximum amounts** = $100	4	0
3	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 14A (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked "Monthly benefit frequency (i.e., specified maximum benefit is per month)" as most preferred
1	$6,000/month. I think a monthly benefit maximum offers more flexibility than a daily maximum. (This may need to be higher to adjust for inflation by the time the program is implemented.)
2	$6,000/month
3	$4,000. This is a very hard question without costs that go with it. I recognize that CA has high expenses; however, I am not sure we can build a program to cover the full cost. I felt that $4k for 12 months is $48k. Thus, we can help offset almost $50k of expenses for CA residents.
4	$4,600. Using the average monthly cost of home care in CA from educational materials seems like a good place to at least start the benefit level discussion
5	$3,000/month [Secondary option]: $150/day
6	Up to $5,500 with documentation of services rendered, and allows for annual adjustment due to inflation/cost of living allocation
7	Based on our discussion and other existing programs, this seems like the best option

#	Responses for those who ranked "Daily benefit frequency (i.e., specified maximum benefit is per day)" as most preferred
1	$150/day [Secondary option]: $4,500/month
2	Daily allows for more focus on the specific care and may align with how providers think of costs.

QUESTION 14B

Do you recommend any variability or customization to the selected benefit maximum? Please specify.

#	Responses – Task Force Members
1	Only perhaps as it might apply to vesting
2	Could have an option to tailor the amount relative to private coverage
3	No. I believe we can have the private industry to provide this so that we can keep the administration of this program simple and cost effective.
4	Higher benefit amounts for people with lower income or assets to allow them to afford needed LTSS even if they have high LTSS needs or live in a particularly high-cost area
5	No.
6	May want to consider the complexity/severity of the needs of the individual.
7	Should be tailored to CA cost of living to ensure it actually covers the services provided in CA

QUESTION 15A (1 OF 3)

Please select your recommended benefit period. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	2 years	24	4
2	5 years	10	1
3	4 years	9	1
4	6 years	6	1
5	Other (please specify)	6	1
6	3 years	4	0
7	1 year	4	0
8	Unlimited	0	0

#	Other (please specify) – Task Force Members
1	Initial 5-year benefit period, with opportunity to "re-qualify" for additional 2-year increments for a maximum total of 10 years. [This] takes into account the differing needs of individuals and how long they may live.

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There were **2** Task Force Members who responded with "Unsure / no opinion"

QUESTION 15A (2 OF 3)

Please select your recommended benefit period. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	2 years	8	1
2	3 years	6	1
3	Unlimited	6	1
4	5 years	2	0
5	Other (please specify)[2]	2	0
6	1 year	1	0
7	4 years	0	0
8	6 years	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

[2] Public respondent suggested a design with a minimum benefit period that individuals can increase for an additional cost

QUESTION 15A (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked “2 years” as most preferred
1	Two to three years would cover the duration of most individuals needing long-term care.
2	1-3 years should cover most care needed; also creates a good access point for private supplemental coverage.
3	My answer is based on what I think will be cost prohibited. If we have better numbers to work with, it would influence my view. Going to 3 years would increase cost [by] 37%. The challenge with 1 year is that average stay is 2 - 3 years.

#	Responses for those who ranked “4 years” as most preferred
1	Making the benefit period sufficient to meet the average LTSS needs for females seems like a good place to start (focus of my comment is on females because the average is greater than for males per educational materials)

#	Responses for those who chose “Unsure / no opinion” as most preferred
1	Unsure because I believe we spoke about when the benefit would be used. [It] may be more [if] used in the later stages of life, but [I’m] not sure what the right period of time would be

QUESTION 15B

Do you recommend any variability or customization to the selected benefit period? Please specify.

#	Responses – Task Force Members
1	Possibly
2	No. Keep the program simple and encourage private industry to provide wrap around solutions.
3	No.
4	Not at this time
5	[Taking] into account the differing needs of individuals and how long they may live.

QUESTION 16A (1 OF 3)

Please select your recommended benefit inflation provision. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Benefit inflation as a function of the Consumer Price Index ("CPI") (or a variation of CPI) (please specify)	26	4
2	Benefit inflation as a function of cost of care trend(s)	25	3
3	Benefit inflation as a fixed percentage (e.g., 3%, 4%, 5%) (please specify the rate recommended) **Recommended inflation rate** = 3%	17	2
4	Benefit inflation as a function of California wage growth	2	0
5	No inflation	1	0
6	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

QUESTION 16A (2 OF 3)

Please select your recommended benefit inflation provision. Please select up to three choices, ranked in order of preference.

#	Answer – Public[1]	Score[2]	First choice count
1	Benefit inflation as a function of cost of care trend(s)	8	1
2	Benefit inflation as a function of the Consumer Price Index ("CPI") (or a variation of CPI) (please specify)	8	1
3	Benefit inflation as a fixed percentage (e.g., 3%, 4%, 5%) (please specify the rate recommended) **Recommended inflation rate** = 3%	7	1
4	Benefit inflation as a function of California wage growth	1	0
5	No inflation	0	0
6	Other (please specify)	0	0

[1] All public respondents recommended annual inflation increases

[2] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 16A (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked “Benefit inflation as a function of cost of care trend(s)” as most preferred
1	I think you need to have inflation that keeps up with the cost of care in order to provide incentives to workers doing the care. Health care costs increase more quickly the CPI so the inflation factor should be higher.
2	If benefits do not keep up with cost of care trends, access to LTSS under the program will gradually erode. Inflation provision [is] important for enabling growth in LTSS workforce wages and benefits over time

#	Responses for those who ranked “Benefit inflation as a function of the Consumer Price Index ("CPI") (or a variation of CPI) (please specify)” as most preferred
1	CPI is fine. Costs continue to increase thus we need a program that is thoughtful about that. 1. CPI is a good proxy. 2. 3% compound would be simple 3. Cost of Care is closer to the LTC cost, but might be a larger number and more volatile? It appears also to be very expensive.
2	We should account for the high cost of care in CA and the cost for providers to give care

#	Responses for those who ranked “Benefit inflation as a fixed percentage (e.g., 3%, 4%, 5%) (please specify the rate recommended)” as most preferred
1	3%
2	Up to 3%. This is an expensive feature and should be limited.

QUESTION 16B

Do you recommend any variability or customization to the selected benefit inflation provision? Please specify.

#	Responses – Task Force Members
1	No. Keep admin simple
2	No

QUESTION 16C

How frequently do you recommend benefit inflation be applied?

#	Responses – Task Force Members	Percentage	Count
1	Annually	44.4%	4
2	Assessed annually but not automatically applied	33.3%	3
3	Every 2 years	22.2%	2

QUESTION 17A (1 OF 3)

Please select your recommended elimination period. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	No elimination period	38	6
2	30-day elimination period	12	1
3	45-day elimination period	8	1
4	60-day elimination period	8	1
5	90-day elimination period	3	0
6	Other (please specify)	1	0
7	120-day elimination period	0	0
8	150-day elimination period	0	0
9	180-day elimination period	0	0

#	Other (please specify) – Task Force Members
1	60-day with back pay

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

QUESTION 17A (2 OF 3)

Please select your recommended elimination period. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	30-day elimination period	8	1
2	45-day elimination period	7	1
3	90-day elimination period	6	1
4	60-day elimination period	2	0
5	Other (please specify)[2]	2	0
6	120-day elimination period	0	0
7	150-day elimination period	0	0
8	180-day elimination period	0	0
9	No elimination period	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

[2] Public respondent suggested a design where individuals are allowed to choose their own elimination period based on the premium/tax that each individual is willing to pay

QUESTION 17A (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked “No elimination period” as most preferred
1	Should be "first dollar" coverage
2	Any elimination period could serve as a barrier to needed LTSS for those without the resources to pay for LTSS during an elimination period
3	I have a hard time with this because it would put an additional burden on the family if they are unable to pay during that elimination period

#	Responses for those who ranked “60-day elimination period” as most preferred
1	Elimination period can assist with cost and prevent fraud. Elimination period with back pay can help offset the cost that was incurred during the few months of service.

QUESTION 17B

Do you recommend any variability or customization to the selected elimination period? Please specify.

#	Responses – Task Force Members
1	For more disadvantaged people, could do zero.
2	No. Simple admin. Leave customization for private industry.
3	Elimination period could vary based on income and/or assets
4	No
5	Not at this time

QUESTION 18

Do you have any other recommendations related to program benefits?

#	Responses – Task Force Members
1	Provide some support for durable medical equipment and home modification earlier than the elimination period to help quality of life and reduce overall benefit cost.
2	Not now, but look forward to the follow-up discussion

QUESTION 19A (1 OF 3)

Please select your recommended approved care settings. Please select up to three choices, ranked in order of preference.

#	Answer – Task Force Members	Score[1]	First choice count
1	Comprehensive (i.e., institutional care and home and community-based care)	33	5
2	Home and community-based care and select institutional care services (e.g., overnight institutional care) (please specify your recommendation for the select institutional care services to be covered) **Recommended institutional care services** = residential care facilities, integrated care programs, PACE, select nursing homes/assisted living facilities	26	3
3	Home and community-based care only (e.g., in-home personal care, adult day services)	14	1
4	Institutional care only (e.g., nursing home facilities, assisted living facilities)	3	0
5	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection. There was **1** Task Force Member who responded with "Unsure / no opinion"

QUESTION 19A (2 OF 3)

Please select your recommended approved care settings. Please select up to three choices, ranked in order of preference.

#	Answer – Public	Score[1]	First choice count
1	Comprehensive (i.e., institutional care and home and community-based care)	18	3
2	Home and community-based care and select institutional care services (e.g., overnight institutional care) (please specify your recommendation for the select institutional care services to be covered)	2	0
3	Home and community-based care only (e.g., in-home personal care, adult day services)	1	0
4	Institutional care only (e.g., nursing home facilities, assisted living facilities)	0	0
5	Other (please specify)	0	0

[1] **Scoring methodology**: 6 points for first choice (i.e., most preferred), 2 points for second choice (if applicable), 1 point for third choice (if applicable). Scores should be interpreted on a relative basis within a given question, with the highest score representing the most preferred selection

QUESTION 19A (3 OF 3)

Please explain your response to the question above.

#	Responses for those who ranked "Home and community-based care and select institutional care services (e.g., overnight institutional care) " as most preferred
1	I recommend the approved care settings include a full array of home and community-based services (in-home personal care, adult day services) and care in residential care facilities for the elderly. In addition, I recommend the choice of integrated care programs where they are available including enrollment in PACE (Program of All-Inclusive Care for the Elderly). Individuals needing long-term care services need choice of settings based on care needs and preferences. Living at home with a single caregiver is not always the best option in terms of quality and the cost of care. Home-like RCFEs are a good option for individuals who live alone that need oversight supervision.
2	Nursing homes & assisted living. Comprehensive appears to be very expensive with a 65% increase over home health care, thus recommending [being] selective. Prefer home and communities as it appears to be [preferred] by individuals.
3	PACE program

#	Responses for those who ranked "Comprehensive (i.e., institutional care and home and community-based care)" as most preferred
1	Home care isn't appropriate for everyone, and restriction could lead to highest ultimate costs on Medi-Cal
2	During the January meeting, some Task Force members described situations in which institutional care is the preferred option for certain individuals. So even if HCBS is most preferred, it seems like the program should provide access to the range of services needed by all participants
3	Individuals should have the ability to remain safely in their homes but there will always be a need for some individuals to use institutional care settings and we should be accounting for both [Secondary option]: RCFE (i.e., "board and care" facilities)

QUESTION 19B

Do you recommend any variability or customization to your selected care settings? Please specify.

#	Responses – Task Force Members
1	No. Keep it simple. Allow for private insurance to provide wrap around.
2	No.

QUESTION 20

Are there any services that you feel should not be covered under the program? Please explain your response.

#	Responses – Task Force Members
1	I would suggest not covering custodial nursing home care since we want to promote lower levels of care whenever possible. I believe this supports individual's preferences for staying in their homes and communities and provides the best incentives, particularly if the benefit is front-end coverage. This doesn't prevent some individuals from impoverishing themselves if they require nursing home care and would benefit most individuals.
2	I think it will be important to define stipulations for what is covered by the program vs private and a [different] government program.
3	Aligned with current exclusions provided by CA long term care regulations [e.g., typical exclusions include treatment for substance abuse, for an illness or medical condition arising from war, or for intentionally self-inflicted injury]
4	Not at this time

QUESTION 21

Do you recommend any variability or customization in the covered services? Please specify.

#	Responses – Task Force Members
1	No comment at this time.
2	Language and culture sensitivity should be part of covered services.
3	Making sure we account for informal care given as well

QUESTION 22

Do you have any other recommendations related to program covered services?

#	Responses – Task Force Members
1	Not at this time.
2	Not at this time

QUESTION 23A (1 OF 2)

Please select your recommendation with regard to preventive benefits.

#	Answer – Task Force Members	Percentage	Count
1	Offer preventive benefits before satisfying the benefit eligibility criteria but only after becoming fully vested in the program (please specify)	50.0%	5
2	Offer preventive benefits after satisfying the benefit eligibility criteria but only after becoming fully vested in the program (please specify)	20.0%	2
3	Do not offer preventive benefits	10.0%	1
4	Other (please specify)	10.0%	1
5	Unsure / no opinion	10.0%	1

#	Answer – Public	Percentage	Count
1	Do not offer preventive benefits	33.3%	1
2	Offer preventive benefits before satisfying the benefit eligibility criteria but only after becoming fully vested in the program (please specify)	33.3%	1
3	Offer preventive benefits after satisfying the benefit eligibility criteria but only after becoming fully vested in the program (please specify)	33.3%	1
4	Other (please specify)	0.0%	0
5	Unsure / no opinion	0.0%	0

QUESTION 23A (2 OF 2)

Please explain your response to the question above.

#	Other (please specify) – Task Force Members
1	I think preventative services should include both before and after individuals are in claim. Certain preventive services should be included before, including home safety evaluation to prevent falls, education, wellness programs and respite for family caregivers . Others could be delayed, e.g., home modifications. Offering certain preventive benefits can be quite beneficial for individuals for their quality of life and may delay the need for additional services.

#	Responses for those who chose "Offer preventive benefits before satisfying the benefit eligibility criteria but only after becoming fully vested in the program "
1	Critical for long term health of individuals
2	Hearing aids, home modifications. [The] goal should be to keep people healthy before they need more care, which could reduce utilization and create savings
3	Providing access to preventive measures/ services as soon as they are needed seems like a good investment to help participants prolong ability to perform ADLs and live at home before needing formal LTSS
4	Need to consider engagement apps (mental situation) Maybe consider discounts/promotions to encourage wellness behavior. More thought is needed on this topic. Consider engaging Private Insurance on some best practices. We want to reduce expenses for the program by encouraging good behavior. Prevention is a good philosophy of a LTC program in CA.

#	Responses for those who chose "Offer preventive benefits after satisfying the benefit eligibility criteria but only after becoming fully vested in the program "
1	Cost of devices to support "aging in place" and premature institutionalization: home modifications for safety/access, trainings (e.g., evidence-based program on fall prevention), and adaptive equipment.
2	May help the individual live at home safely longer and reduces cost to the family and state in the out years

QUESTION 23B

Do you recommend any variability or customization to your selection? Please specify

#	Responses – Task Force Members
1	Should be available regardless of vesting period requirements
2	How would this impact benefit available? Coordination with preventative services from other programs is important.
3	Not sure. I do like the concept of lower cost or more benefits for those that engage in wellness behavior. This may be administratively complex, but the potential benefit might outweigh the cost. May be an opportunity to partner with private insurance where these topics are more mature.
4	No.
5	A lifetime benefit of a certain amount (e.g., $5,000, adjusted for inflation every 3 years) that's separate from other benefits, and after eligibility has been determined.

QUESTION 24

Do you have any other recommendations related to program preventive benefits?

#	Responses – Task Force Members
1	Culture and language should be part of preventive program benefits.
2	Not at this time


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