

MEMO

DATE:	January 31, 2022
SUBJECT:	CDI LTC program – Task Force Meeting 7 questionnaire (program administration eligibility, enrollment, benefits, and services)

This questionnaire will be distributed to all Task Force Members to complete in advance of California Assembly Bill (“AB”) 567 Long-Term Care (“LTC”) Insurance Task Force Meeting 7, on February 16, 2022. The purpose of this questionnaire is to independently collect Task Members’ **preliminary** recommendations concerning the following **six** elements of a potential statewide LTC insurance program:

1. Eligibility
2. Enrollment
3. Administration
4. Benefits
5. Covered services
6. Prevention

We will discuss the results of this questionnaire during Task Force Meeting 7, and Task Force Members will have the opportunity to clarify and revisit their recommendations during that discussion.

The six program elements covered in this questionnaire were deliberated at [Task Force Meeting 5](#) (December 16, 2021) and [Task Force Meeting 6](#) (January 27, 2022). All Task Force Members should complete this questionnaire *after* attending these meetings and reviewing the associated educational materials.

We ask that Task Force Members come prepared to explain their questionnaire selections and provide their perspectives on the aggregate results of this questionnaire at the upcoming Task Force Meeting.

The public may submit a response to the questionnaire via email (CDIBoards@insurance.ca.gov).

QUESTIONNAIRE

Eligibility

Questions 1-6 relate to program **eligibility**. This topic was discussed at Task Force Meeting 5 on December 16, 2021. We recommend referencing the [associated educational materials](#) (Presentation 5.C, pages 4-16) as you respond to these questions. The educational material contains relevant data points, pros/cons considerations, and relative cost benchmarks for this topic.

1. Please select your recommended **benefit eligibility criteria**. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 5-6]

a. Multiple-choice options:

- i. HIPAA benefit eligibility trigger (2 of 6 activities of daily living (“ADLs”) for at least 90 days or severe cognitive impairment)*
- ii. 3 of 6 ADLs for at least 90 days or severe cognitive impairment (i.e., more restrictive than HIPAA)*
- iii. 3 of 10 ADLs (i.e., consistent with WA Cares Fund but inconsistent with private LTC insurance)*
- iv. Instrumental activities of daily living (“IADLs”) based criteria (please specify the specific IADL criteria)*
- v. Severe cognitive impairment* (Note: requiring assistance with ADLs or IADLs without meeting the definition for severe cognitive impairment will not satisfy the benefit eligibility criteria)*
- vi. Medi-Cal In-Home Support Services (“IHSS”) benefit eligibility (i.e., assessment by a social worker)*
- vii. 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*
- viii. Other (please specify)*
- ix. Unsure / no opinion*

b. Please explain your response

**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

2. Please select your recommended **age requirement** to be eligible for benefits. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 7-8]

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.

a. Multiple-choice options:

- i. No minimum age*

- ii. *Minimum age = 18*
- iii. *Minimum age = 18 (but only if an individual becomes disabled after age 18)*
- iv. *Minimum age = 40*
- v. *Minimum age = 40 (but only if an individual becomes disabled after age 18)*
- vi. *Minimum age = 65*
- vii. *Minimum age = 65 (but only if an individual becomes disabled after age 18)*
- viii. *Other (please specify)*
- ix. *Unsure / no opinion*

b. *Please explain your response*

3. Please select your recommended **vesting criteria**. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 9-10]

Note: The applicability of vesting requirements may depend on how the program is financed. For example, vesting requirements may not be possible if the program is financed by general state revenue (i.e., where an individual's contributions to the program are not explicitly tracked). For this question, please assume that vesting requirements are conceivable. Program financing will be discussed at Task Force Meeting 8 on February 17, 2022.

a. *Multiple-choice options:*

- i. *Fully vested after contributing for [X] years (please specify your recommendation for X) with no partial vesting*
- ii. *Fully vested after contributing for [X] of the last [Y] years (please specify your recommendations for X and Y) with no partial vesting*
- iii. *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)*
- iv. *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)*
- v. *No vesting requirement (i.e., an individual could be eligible for full benefits without explicitly contributing to the program)*
- vi. *Other (please specify)*

- vii. *Unsure / no opinion*
- b. *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)? [Yes/No/Other/Unsure]*
- c. *Should vesting requirements be uniform (i.e., the same for everyone) or varied (e.g., reduced vesting requirements for certain individuals?) [Uniform/Varied/Unsure]*
- d. *Please explain your response*
4. Please select your recommended **portability and divesting criteria**. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 11-12]
- a. *Multiple-choice options:*
- i. *Fully portable (i.e., an individual who leaves California will remain eligible for benefits if they have satisfied all other eligibility criteria)*
- ii. *Partially portable: grade from 100% of benefits to [X]% of benefits over [Y] years (please specify your recommendations for X and Y)*
- iii. *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)*
- iv. *No portability (i.e., an individual may not receive benefits outside of California)*
- v. *Other (please specify)*
- vi. *Unsure / no opinion*
- b. *Under partial portability, should (partial) benefit eligible individuals be allowed to use benefits outside of California? [Yes/No/Unsure]*
- c. *Please explain your response*
5. Please select your recommended provisions related to **family or spousal coverage**. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 15-16]
- a. *Multiple-choice options:*
- i. *Individual coverage only (i.e., dependents would need to satisfy their own requirements to be eligible for benefits under the program)*
- ii. *A spousal benefit that extends coverage to a spouse or a domestic partner*
- iii. *An immediate family benefit that extends coverage to a spouse or a domestic partner and any dependent children*

- iv. *An extended family benefit that extends coverage to all family members (e.g., including an individuals' elderly parents)*
 - v. *Other (please specify)*
 - vi. *Unsure / no opinion*
- b. *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)?*
- c. *Please explain your response*
6. Do you have any other recommendations related to program **eligibility**?

Enrollment

Questions 7-10 relate to program **enrollment**. This topic was discussed at Task Force Meeting 5 on December 16, 2021. We recommend referencing the [associated educational materials](#) (Presentation 5.C, pages 17-23) as you respond to these questions. The educational material contains relevant data points, pros/cons considerations, and relative cost benchmarks for this topic.

7. Please select your recommended **enrollment type**. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 18-19]
- a. *Multiple-choice options:*
 - i. *No opt-out provision*
 - ii. *Opt-out provisions for specified groups of individuals*
 - iii. *Other (please specify)*
 - iv. *Unsure / no opinion*
 - b. *If there is an opt-out provision, which groups of individuals should it apply to (select all that apply):*
 - i. *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*
 - ii. *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

- iii. 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)*
- iv. 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)*
- v. 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]*
- vi. Individuals residing in California temporarily (e.g., temporary workers, military spouses)*
- vii. Individuals nearing retirement (who may not be able to satisfy vesting requirements)*
- viii. Other (please specify)*

c. Please explain your response

8. Please select your recommended **opt-in/buy-in** provisions. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 20-21]

- a. Multiple-choice options (the options are not always mutually exclusive; you may select more than one option as long as they do not conflict with another option):*
 - i. 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)*
 - ii. Self-employed individuals should not be required to participate in the program, but they should be allowed to opt into the program*
 - iii. 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]*
 - iv. Buy-in for excluded cohorts, if any (refer to question 9)*
 - v. Other (please specify)*
 - vi. Unsure / no opinion*

Note, we did not include individuals who may not satisfy vesting requirements (e.g., individuals nearing retirement) as an option in this question, as these individuals are encompassed in Question 3b (vesting criteria)

- b. *Please explain your response*
9. Please select your recommended **exclusion** provisions. Please select up to three choices, ranked in order of preference [[Presentation 5.C](#): pages 22-23]
- a. *Multiple-choice options (the options are not always mutually exclusive; you may select more than one option as long as they do not conflict with another option):*
- i. *No exclusion provisions*
 - ii. *Waive contributions for individuals below a specified poverty level; allow them to receive benefits from the program*
 - iii. *Waive contributions for individuals below a specified poverty level; do not allow them to receive benefits from the program*
 - iv. *Other (please specify)*
 - v. *Unsure / no opinion*
- b. *Please explain your response*
10. Do you have any other recommendations related to program **enrollment**?

Administration

Questions 11-12 relate to program **administration**. This topic was discussed at Task Force Meeting 5 on December 16, 2021. We recommend referencing the [associated educational materials](#) (Presentation 5.B) as you respond to these questions. The educational material contains an overview of potential administrative functions and relevant data points.

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

Note, a simpler program has the potential for more gaps in program equity but may have lower administrative costs while a more complex program will potentially have fewer gaps in program equity but may be more expensive to administer.

- a. *Multiple-choice options:*
- i. *Lower complexity program design (lower anticipated administrative costs; higher potential for perceived program gaps/inequities)*

- ii. *Average complexity program design (average anticipated administrative costs; average potential for perceived program gaps/inequities)*
- iii. *Higher complexity program design (higher anticipated administrative costs; lower potential for perceived program gaps/inequities)*

12. Do you have any other recommendations related to program **administration**?

Benefits

Questions 13-18 relate to **benefits**. This topic was discussed at Task Force Meeting 6 on January 27, 2022. We recommend referencing the [associated educational materials](#) (Presentation 6.C, pages 5-8 and 15-23) as you respond to these questions. The educational material contains relevant data points, pros/cons considerations, and relative benchmarks and data on this topic.

13. Please select your recommended **benefit type**. Please select up to three choices, ranked in order of preference [[Presentation 6.C](#): pages 5, 15, and 16]

b. *Multiple-choice options:*

- i. *Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)*
- ii. *Indemnity for all covered benefits (fixed amount reimbursed each period services are received)*
- iii. *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)*
- iv. *Reimbursement for all covered benefits with a reduced cash benefit alternative*
- v. *Other (please specify)*
- vi. *Unsure / no opinion*

c. *Please explain your response*

14. Please select your recommended **benefit maximum**. Please select up to three choices, ranked in order of preference [[Presentation 6.C](#): pages 6, 17-19]

a. *Multiple-choice options:*

- i. *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)*

ii. *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)*

iii. *Other (please specify)*

iv. *Unsure / no opinion*

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

c. *Please explain your response*

15. Please select your recommended **benefit period**. Please select up to three choices, ranked in order of preference [[Presentation 6.C](#): pages 6, 17-19]

a. *Multiple-choice options:*

i. *1 year*

ii. *2 years*

iii. *3 years*

iv. *4 years*

v. *5 years*

vi. *6 years*

vii. *Unlimited*

viii. *Other (please specify)*

ix. *Unsure / no opinion*

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

c. *Please explain your response*

16. Please select your recommended **benefit inflation provision**. Please select up to three choices, ranked in order of preference [[Presentation 6.C](#): pages 7, 20, and 21]

a. *Multiple-choice options:*

i. *No inflation*

ii. *Benefit inflation as a function of cost of care trend(s)*

iii. *Benefit inflation as a function of the Consumer Price Index (“CPI”) (or a variation of CPI) (please specify)*

- iv. *Benefit inflation as a function of California wage growth*
- v. *Benefit inflation as a fixed percentage (e.g., 3%, 4%, 5%) (please specify the rate recommended)*
- vi. *Other (please specify)*
- vii. *Unsure / no opinion*

- b. *Do you recommend any variability or customization to the selected benefit inflation provision? Please specify*
- c. *How frequently do you recommend benefit inflation be applied?*
- d. *Please explain your response*

17. Please select your recommended **elimination period**. Please select up to three choices, ranked in order of preference [[Presentation 6.C](#): pages 8, 22, and 23]

- a. *Multiple-choice options:*
 - i. *No elimination period*
 - ii. *30-day elimination period*
 - iii. *45-day elimination period*
 - iv. *60-day elimination period*
 - v. *90-day elimination period*
 - vi. *120-day elimination period*
 - vii. *150-day elimination period*
 - viii. *180-day elimination period*
 - ix. *Other (please specify)*
 - x. *Unsure / no opinion*
- b. *Do you recommend any variability or customization to the selected elimination period? Please specify*
- c. *Please explain your response*

18. Do you have any other recommendations related to program **benefits**?

Covered services

Questions 19-22 relates to **covered services**. This topic was discussed at Task Force Meeting 6 on January 27, 2022. We recommend referencing the [associated educational materials](#) (Presentation 6.C, pages 9-12 and 24-26) as you respond to these questions. The educational material contains relevant data points, pros/cons considerations, and relative benchmarks and data on this topic.

19. Please select your recommended **approved care settings**. Please select up to three choices, ranked in order of preference [[Presentation 6.C](#): pages 9, and 24-25]

a. *Multiple-choice options:*

- i. *Institutional care only (e.g., nursing home facilities, assisted living facilities)*
- ii. *Home and community-based care only (e.g., in-home personal care, adult day services)*
- iii. *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)*
- iv. *Comprehensive (i.e., institutional care and home and community-based care)*
- v. *Other (please specify)*
- vi. *Unsure / no opinion*

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

c. *Please explain your response*

20. Are there any **services** that you feel should not be covered under the program? [[Presentation 6.C](#): pages 10-12, and 26] Please explain your response

21. Do you recommend any variability or customization in the **covered services**? [[Presentation 6.C](#): pages 10-12, and 26]. Please specify

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

Prevention

Questions 23-24 relates to **prevention**. This topic was discussed at Task Force Meeting 6 on January 27, 2022. We recommend referencing the [associated educational materials](#) (Presentation 6.C, pages 13 and 27) as you respond to these questions. The educational material contains relevant data points, pros/cons considerations, and relative benchmarks and data on this topic.

23. Please select your recommendation with regard to **preventive benefits** [[Presentation 6.C](#): pages 13, 27]

a. Multiple-choice options:

- i. Do not offer preventive benefits*
- ii. Offer preventive benefits **before** satisfying the benefit eligibility criteria but only after becoming fully vested in the program (please specify)*
- iii. Offer preventive benefits **after** satisfying the benefit eligibility criteria but only after becoming fully vested in the program (please specify)*
- iv. Other (please specify)*
- v. Unsure / no opinion*

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

c. Please explain your response

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