

MEMO

DATE:	October 14, 2021
SUBJECT:	CDI LTC program – Task Force Meeting 4 questionnaire (coordination and interaction with other programs)

This questionnaire will be distributed to all Task Force Members to complete in advance of the next Long-Term Care Insurance Task Force meeting on October 21, 2021 (Task Force Meeting 4). The purpose of this questionnaire is to independently collect Task Members' **preliminary** recommendations with respect to coordination and interaction between a potential statewide LTC insurance program and the following:

1. Medi-Cal, including the In-Home Supportive Services Program
2. California's Partnership for Long-Term Care (LTC)
3. Private LTC insurance
4. Existing California programs related to outreach, care coordination, and care access

We will discuss the results of this questionnaire during Task Force Meeting 4 and Task Force Members will have the opportunity to revisit their recommendations during that discussion.

This questionnaire should be completed by all Task Force Members after reviewing presentation materials published by the CDI on the above topics.

We ask that Task Force Members come prepared to explain their questionnaire selections and to 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). The questionnaire will include the following questions.

QUESTIONNAIRE

Name:

1. **Should individuals with private LTC insurance [satisfying a defined set of to-be-determined requirements] be given a choice to opt out of a potential statewide LTC insurance program in California?**

Yes (allow individuals with private LTC insurance to opt out)

No (do not allow individuals with private LTC insurance to opt out)

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

2. **The following questions relate to the specifics of a potential opt-out provision for individuals with private LTC insurance coverage, in the event such a provision is established as part of the statewide LTC insurance program.**

- a. **Cut-off date.** Up until which point in time should individuals be allowed to purchase private LTC insurance to be eligible to opt out of the program?

Private LTC insurance must be issued on or before a specific date prior to the effective date of the program (e.g., 1 year prior)

Private LTC insurance must be issued prior to the effective date of the program (or within a narrow window around the effective date)

Private LTC insurance must be issued on or before a specific date following the effective date of the program (e.g., 1 year following)

No cut-off date (i.e., individuals may opt-out at any time)

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

- b. **Verification.** How frequently should individuals who have opted out of the program be required to provide proof that they own private LTC insurance?

Once (at the point that they opt out)

On a recurring basis (e.g., annually, bi-annually)

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

- c. **Permanence.** Should individuals who opt out of the program be permitted to opt back into the program in the future?

No (without exception)

Yes, under select circumstances (please specify) but they cannot opt back out

Yes, under select circumstances (please specify) and they can opt back out under select circumstances (please specify)

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

- d. **Equity (1 of 2).** Do you feel that it is equitable to require a private LTC insurance policyholder to also participate in a potential statewide LTC insurance program?

Yes

No

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

- e. **Equity (2 of 2).** Do you feel that it is equitable to allow private LTC insurance policyholders to opt out of a potential statewide LTC insurance program while requiring everyone else to participate in the program?

Yes

No

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

3. How should benefits be coordinated for individuals who satisfy the eligibility requirements for both a potential statewide LTC insurance program in California and private LTC insurance?

*Private LTC insurance pays for benefits before the statewide LTC insurance program.
Concurrent payments **not** permitted*

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Concurrent payments permitted*

*The statewide LTC insurance program pays for benefits before private LTC insurance.
Concurrent payments **not** permitted*

*The statewide LTC insurance program pays for benefits before private LTC insurance.
Concurrent payments permitted*

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

What we mean by “concurrent”:

- a. “Concurrent” means that excess costs not covered by the primary payor may be covered by the secondary payor (if costs are for eligible services under both coverages)*
- b. “Not concurrent” means that benefits offered under the primary coverage must be entirely exhausted before the secondary payor provides any benefits*

4. How should benefits be coordinated for individuals who satisfy the eligibility requirements for both a potential statewide LTC insurance program in California and Medi-Cal?

*The statewide LTC insurance program pays for benefits before Medi-Cal. Concurrent payments **not** permitted*

The statewide LTC insurance program pays for benefits before Medi-Cal. Concurrent payments permitted

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

5. How should benefits paid by a potential statewide LTC insurance program in California factor into eligibility determination for Medi-Cal?

Consider benefits paid under the statewide LTC insurance program as income for purpose of determining eligibility for other state or federal means-tested programs, including Medi-Cal

Allow individuals receiving benefits under the statewide LTC insurance program to retain an amount of assets equal to the sum of qualifying payments made under the program for purpose of determining eligibility for other state or federal means-tested programs, including Medi-Cal (i.e., analogous to California's Partnership for LTC)

The statewide LTC insurance program should not factor into Medi-Cal eligibility determination

Other (please specify)

Unsure / no opinion

Please explain your response to the question above.

6. Are there elements of the California's Department of Aging's programs and/or initiatives related to LTSS outreach, care coordination, and care access that you feel should be explicitly integrated in the design of the statewide LTC insurance program?

7. Do you have any other comments or recommendations on the topic of coordination and interaction with other LTSS programs?