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**California Long Term Care Insurance (LTCI) Task Force
Meeting #12 Minutes
Thursday, June 16th, 2022**

1. Task Force Meeting Call to Order – 1:00PM

- Roll Call – present: Aron Alexander, Susan Bernard, Dean Chalios, Anastasia Dodson, Joe Garbanzos, Laurel Lucia, Parag Shah, Sarah Steenhausen, and Dr. Karl Steinberg
- Absent: Doug Moore, Tiffany Whiten, Brandi Wolf, Eileen Kunz, Jamala Arland
- Quorum was met.

2. Agenda Item #1: Welcome & Housekeeping Items

- Introduction of one new member – Dean Chalios (CEO of California Association for Health Services at Home). Dean Chalios will serve as a representative of hospice and palliative care providers, appointed by the Insurance Commissioner.
- Chair Susan Bernard went over housekeeping items.

3. Agenda Item #2: Approve Minutes from Meeting #11

- Joe Garbanzos moved to approve the prior meeting's minutes, and Parag Shah seconded. The motion was approved unanimously.

4. Agenda Item #3: Preliminary Recommendations to Date

- Stephanie Moench provided an overview of the Task Force's preliminary recommendations to date. Stephanie also reminded the Task Force that the Feasibility Report will include a range of program options for the Insurance Commissioner, Governor, and Legislature to consider.
- Task Force Member Comments:
 - Laurel Lucia asked for clarification regarding practical considerations associated with an alternative, non-voluntary financing mechanism.
 - Response: The specifics of this alternative financing mechanism have not been fully defined, but one option could be an income tax or premium for those unable to contribute through a payroll tax.
 - Joe Garbanzos asked whether a report could be produced outlining program design options the Task Force considered but which did not achieve consensus.

- Response: Recommendations that did not achieve consensus could be included in the Feasibility Report (rather than in a separate report).
 - Karl Steinberg asked if the Task Force could support or recommend a federal program in addition to a statewide program. Karl also asked if we could push more for front-end availability if federal legislation does go through.
 - Response: Yes, a federal program recommendation is within the scope of the Task Force, so long as it is in addition to the California-specific recommendation. Additionally, front-end and back-end availability can be a consideration in the Feasibility Report. A front-end design is consistent with the preliminary recommendation to date.
 - Karl Steinberg recommended that we avoid using the word 'elderly' as it may have a negative connotation.
- Public Comments:
 - Lindsay Imai Hong noted the potential consequences of an opt-out provision and asked if we have been looking at the WA Cares Fund in this regard
 - Response: The WA Cares Fund is being considered in the design of California's program.
 - Nina Weiler-Harwell asked if this Task Force has considered Milliman's feasibility report produced for DHCS. Nina also asked for clarification regarding excluding the intellectually and developmentally disabled (IDD) populations in the preliminary program design recommendations.
 - Response: Milliman's studies are being used as a resource for the Feasibility Report. Design elements specific to IDD eligibility are still being assessed and will be discussed at a future meeting.
 - Ramon Castellblanch noted his concern about the lack of progressivity of a payroll tax with an upper limit on contributions. Ramon also asked whether the Task Force is still considering a cash benefit and alternative taxes for financing the program.
 - Response: A cash benefit remains under consideration (the reduction amount is to be determined). An illustration was made available on the CDI website regarding the implications of including an upper contribution limit. The preliminary recommendation from the Task Force is to finance the program with a hybrid financing option (including a payroll tax) and a non-voluntary alternative financing mechanism.
 - Cynde Soto noted that relying on 'corporate healthcare' being the gatekeeper for someone's health may not be best, given that profits can drive corporations.

5. Agenda Item #4: Alternative Program Design Considerations and Potential Interaction with Medicare Advantage

- Parag Shah provided an overview of alternative statewide program design considerations.
- Ryan de la Torre provided an overview of the potential coordination and interaction between the statewide program and Medicare Advantage (MA).
- Task Force Member Comments:
 - Joe Garbanzos noted that addressing the public health concerns of Californians should be included along with the financial aspects in the presentation of the program, including outreach and education.

- Response: The program cost is unknown right now. The figures presented are illustrative.
- Bonnie Burns stated that WA has been running into various roadblocks regarding supplemental coverage, which the Supplemental Private LTC Insurance Workgroup is addressing. Bonnie recommended that the Task Force consider aligning program design with what the industry is already doing. Bonnie also mentioned that the state program benefits for an individual should get exhausted before utilizing supplemental private LTC insurance benefits.
- Ramon Castellblanch noted the tradeoff of coverage and cost. Ramon noted that we might not be solving the problem of increasingly unaffordable costs of aging if we don't cover enough of the population.
 - Response: In the interest of passing a program through the legislature and progressing towards LTC coverage for all Californians, we are considering proposing multiple options.
- Louis Brownstone asked for clarification regarding an opt-out provision in Parag's illustrative examples.
 - Response: An opt-out provision was not included in the presentation's illustrative example
- Steve Cain stated that the tax to finance the statewide program must be feasible and receive sufficient public buy-in. Steve also recommended that the Task Force consider the tradeoff between progress and perfection and not let perfection get in the way of progress.
- Nina Weiler-Harwell asked if the MA coordination option would be a Medicare buy-in and asked how people would gain access.
 - Response: There is currently no prescribed mechanism, so further examination would be needed. California has a Medicare Part B buy-in for low-income individuals, so there might be learning opportunities from there.
- Ramon Castellblanch noted that the disenrollment rate for MA is twice as high in the last year of life, as the supplemental benefits often don't cover what individuals need. In turn, supplemental premiums frequently become unaffordable for these individuals. Thus, MA can leave many people in a challenging position at the end of their life. Additionally, there are questions about whether MA will be able to continue providing the supplemental benefits they do today.
 - Response: The fee-for-service model would not go away under this proposal. This would be an additional alternative option to fee-for-service.
- Silvia Yee stated that the Task Force should tap into the experiences of MA beneficiaries to learn how MA has or hasn't helped them in the past. Tying the LTSS benefit to MA could limit a member's choice to switch MA plans in the future. Silvia also asked if the MA proposal would be only for people eligible for Medicare.
 - Response: The MA proposal would only be available for individuals that are eligible for Medicare.

6. Agenda Item #5: AARP California Outreach and Education

- Joe Garbanzos provided an overview of AARP California's outreach and education initiatives and pathways.

- Task Force Member Comments:
 - Parag Shah asked if any outreach methods have not been successful for AARP California in the past.
 - Response: The business side of outreach and education has been a challenge and should be considered, as they have different perspectives relative to individuals. Past experience with Cal MediConnect showed that providers were not included in the outreach and education, and did not have a firm grasp on their role in care coordination and the new program in general. All stakeholders should be taken into consideration and be a part of the outreach and education, above and beyond a community focus.
 - Anastasia Dodson validated the presentation from the DHCS standpoint, stressing that outreach and education are crucial to helping all stakeholders be informed about the new state program. Anastasia also noted that it's always the beneficiaries' choice regarding which Medicare plan they enroll in.
- Public Comments:
 - Nina Weiler-Harwell noted that grassroots outreach and education is critically important to public buy-in of the program. Although this may seem common sense, there are many experiences in the past where programs were not engaging in effective outreach and education.

7. Agenda Item #6: LTSS Access and Care Preferences in California

- Dustin Plotkin provided an overview of LTSS access and care preferences in California.
- Task Force Member Comments:
 - Dean Chalios mentioned that, though some counties in California do not have home health agencies domiciled within them, it is often the case that individuals can receive home health care services from neighboring counties.
 - Joe Garbanzos asked if the depiction on the slide for adult day health care included residential care facilities for the elderly (RCFEs).
 - Response: The answer to Joe's question would need to be researched. That said, this presentation was intended to shed light on the broad concept of ensuring sufficient access to care covered by the program when constructing lower-cost alternative program designs in the Feasibility Report.

8. Agenda Item #7: Recommendations on Access to Long-Term Care Programs

- Ryan de la Torre provided an overview of recommendations on access to long-term care programs.
- Task Force Member Comments:
 - Parag Shah noted that we should consider how to get LTC products to market faster in California—currently, the average travel time in this regard is over three years.
 - Response: There will be room for Task Force Members to make additional recommendations in this regard, but new products require a thorough review by the CDI.

- Anastasia Dodson noted that there is potential for alignment of LTSS program assessments through the DHCS' Home and Community-Based Services Spending Plan roadmap; however, this is a complex area to make progress. Additionally, the information exchange is important, and depending on how current efforts play out over the next few years, the landscape might change over time.
- Jamala Arland noted that there should be a work group to ensure that thoughtful provisions for wraparound products are in place in a timely manner for those in need. Jamala also noted that it would be good to make the California Partnership for Long-Term Care (Partnership) more accessible.

9. **Agenda Item #8:** General Public Commentary

- No additional public comments expressed.

10. **Agenda Item #9:** Next Steps & Closing

- The recording for this meeting will be available early next week.
- At 3:45PM, Susan Bernard requested a motion to adjourn the meeting. Joe Garbanzos made the motion, and Laurel Lucia seconded it. The meeting was adjourned.