AB567 - Program Design "Straw Man" [DRAFT - VERSION 2]

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based on the input from Task Force Members and the public.	Targeted LTC benefits & adult population covered [ancillary LTC benefit design]	Targeted LTC benefits & targeted population covered [informal caregiver support design]	Comprehensive benefits (low-range) & senior population covered (65+)	Comprehensive benefits (mid-range) & senior population covered (65+) [alternative 1]	Comprehensive benefits (mid-range) & senior population covered (65+) [alternative 2]	Comprehensive benefits (high-range) & adult population covered (18+)			
Plan design element	Design 1	Design 2	Design 3	Design 4	Design 5	Design 6			
Indicative program cost (\$ - \$\$\$\$\$)	\$	\$	\$\$	SSS	\$\$\$	\$\$\$\$\$			
¹ Estimated range is based on the 2020 Milliman CA LTSS Feasibility Study			(Estimated payroll tax range: 0.40% to 0.60% ¹)	***	***				
Design philosophy									
Program benefit richness	Targeted benefits	Targeted benefits	Comprehensive benefits (low-range)	Comprehensive benefits (mid-range)	Comprehensive benefits (mid-range)	Comprehensive benefits (high-range) [√]			
California population coverage	Adult population covered (18+) [√]	Targeted population covered (informal caregivers)	Senior population covered (65+)	Senior population covered (65+)	Senior population covered (65+)	Adult population covered (18+) [Proportional tax with a contribution cap and a contribution			
Taxation progressivity	Proportional tax with a contribution cap	Proportional tax with a contribution cap	Proportional tax with a contribution cap	Proportional tax	Proportional tax with contribution waiver for lower-income individuals (most progressive)	waiver for lower-income individuals (partially progressive) [√]			
Structure and design	Section 1.0	Section 10	E-standard (E	E-standard (5			
Program structure	Front-end coverage [√] Vested social insurance [√]	Front-end coverage [√] Vested social insurance [√]	Front-end coverage [√] Vested social insurance [√]	Front-end coverage [] Vested social insurance []	Front-end coverage [√] Vested social insurance [√]	Front-end coverage [√] Vested social insurance [√]			
Program benefits									
Benefit type	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	Cash benefit (subject to completion of certified caregiver training)	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations) with reduced (50%) cash benefit alternative [/]			
Benefit period	2 years [/]	2 years [√]	1 year	18 months	18 months	2 years [√]			
Benefit maximum	\$1,500 per month Inflation as a function of CPI; assessed annually (not	\$2,000 per month Inflation as a function of CPI; assessed annually (not	\$3,000 per month [√] Inflation as a function of CPI; assessed annually (not	\$4,500 per month [√] Inflation as a function of CPI; assessed annually (not	\$4,500 per month [√] Inflation as a function of CPI; assessed annually (not	\$6,000 per month [√]			
Benefit inflation Elimination period	automatically applied) No elimination period [√]	automatically applied) No elimination period [automatically applied) 30-day elimination period	automatically applied) No elimination period [/]	automatically applied) No elimination period [V	Inflation as a function of CPI; applied annually [√] No elimination period [√]			
	Ancillary LTSS (e.g., caregiver support, adult day care, meal delivery, transportation, preventative equipment, home assessment, and minor home modifications) and Residential Care Facility benefits Caregiver support includes: training, respite care, and	Financial support for family caregivers providing informal	Home and community-based care with select institutional care (e.g., adult day care, respite care, Residential Care	Comprehensive (i.e., institutional care and home and	Comprehensive (i.e., institutional care and home and	Comprehensive (i.e., institutional care and home and			
Approved care settings	financial support via certified provider reimbursement	home care	Facility)	community-based care) [√]	community-based care) [√]	community-based care) [√]			
PACE coverage	N/A	N/A	Covered service; certified provider reimbursement [/]	Covered service; certified provider reimbursement [/]	Covered service; certified provider reimbursement [/]	Covered service; certified provider reimbursement []			
Informal / family caregivers	Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [✓]	Cash benefit to caregiver (subject to completion of certified caregiver training) [</td <td>Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [<]</td> <td>Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [/] Offer preventative benefits before satisfying the benefit</td> <td>Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [\(\sigma\)] Offer preventative benefits before satisfying the benefit</td> <td>Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [\forall] Offer preventative benefits before satisfying the benefit</td>	Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [<]	Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [/] Offer preventative benefits before satisfying the benefit	Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [\(\sigma\)] Offer preventative benefits before satisfying the benefit	Covered service; reimbursement to caregivers (subject to completion of certified caregiver training) [\forall] Offer preventative benefits before satisfying the benefit			
Preventative benefits	N/A	N/A	Limited/contingent preventative benefits (e.g., partake in wellness program)	eligibility criteria but only after becoming fully vested in the program [\checkmark]		eligibility criteria but only after becoming fully vested in the program $[\checkmark]$			
Portability	Domestic portability; full benefits	Domestic portability; full benefits (i.e., a vested informal caregiver may provide care in a state outside of California and remain eligible to receive full cash benefits)	Domestic portability; partial benefits outside of California (grade to 50% over 5 years)	Domestic portability; full benefits	Domestic portability; full benefits	International portability; full benefits [√]			
		Individual coverage only (i.e., only fully vested individuals				Individual coverage (family members may contribute via a			
Family / spousal coverage	Individual coverage only	may receive financial support for providing informal care)	Individual coverage only	Individual coverage only	Individual coverage only	non-voluntary mechanism) []			
Program eligibility and enrollment									
Benefit eligibility age	Age 18+ (subject to vesting requirements) [√]	Age 18+ (subject to vesting requirements) (i.e., financial support is only provided to informal caregivers above this age) [√]	Age 65+ (subject to vesting requirements)	Age 65+ (subject to vesting requirements)	Age 65+ (subject to vesting requirements)	Age 18+ (subject to vesting requirements) [√]			
		HIPAA benefit eligibility (2 of 6 ADLs for 90 days or severe cognitive impairment) $[\checkmark]$							
Benefit eligibility criteria	HIPAA benefit eligibility (2 of 6 ADLs for 90 days or severe cognitive impairment) [V]	Although this Design provides financial support for informal caregivers, the benefit eligibility criteria is based on the condition of the care recipient (i.e., the benefit eligibility criteria is not based on the vested caregiver) 5 years of contributions (i.e., an informal caregiver may	HIPAA benefit eligibility (2 of 6 ADLs for 90 days or severe cognitive impairment) [V]	HIPAA benefit eligibility (2 of 6 ADLs for 90 days or severe cognitive impairment) [V]	HIPAA benefit eligibility (2 of 6 ADLs for 90 days or severe cognitive impairment) [V]	HIPAA benefit eligibility (2 of 6 ADLs for 90 days or severe cognitive impairment) [V]			
Vesting criteria	5 years of contributions [✓]	receive financial support after contributing to the program for 5 years) [V]	10 years of contribution	10 years of contribution	10 years of contribution	5 years of contributions [√]			
Flexibility for those unable to vest	Pro-rated benefits (benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	Pro-rated benefits (benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	Pro-rated benefits (benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	Pro-rated benefits (benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	Pro-rated benefits (benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy)	Pro-rated benefits (benefits are reduced to a level that is proportionate with the amount of the vesting period the individual is able to satisfy) and voluntary alternative program contribution option to "top up" benefits [v]			

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- Legend

 [V] indicates a plan design element that is consistent with preliminary Task Force recommendations

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Higher Cost

The program designs included in this file are subject to change based on the input from Task Force Members and the public.								
	Targeted LTC benefits & adult population covered [ancillary LTC benefit design]	Targeted LTC benefits & targeted population covered [informal caregiver support design]	Comprehensive benefits (low-range) & senior population covered (65+)	Comprehensive benefits (mid-range) & senior population covered (65+) [alternative 1]	Comprehensive benefits (mid-range) & seriior population covered (65+) [alternative 2]	Comprehensive benefits (high-range) & adult population covered (18*)		
Plan design element	Design 1	Design 2	Design 3	Design 4	Design 5	Design 6		
Private LTC considerations: before program enactment	n/A	N/A	Individuals with eligible private LTC insurance ² may opt out of the program. They would be exempt from making program contributions and will not be eligible to receive program benefits [V]	Individuals with eligible private LTC insurance 2 may opt out of the program. They would be exempt from making program contributions and will not be eligible to receive program benefits $[\mathcal{J}]$	individuals with eligible private LTC insurance ² may opt out of the program. They would be exempt from making program contributions and will not be eligible to receive program benefits [J]	Individuals with eligible private LTC insurance ² may opt out of the program. They would be exempt from making program contributions and will not be eligible to receive program benefits [V]		
Private LTC considerations: after program enactment ³	N/A	N/A	Individuals with eligible private LTC insurance ² would be subject to reduced program contributions (and will remain eligible to receive program benefits as a secondary payor to their private LTC insurance) [/]	Individuals with eligible private LTC insurance ² would be subject to reduced program contributions (and will remain eligible to receive program benefits as a secondary payor to their private LTC insurance) [/]	Individuals with eligible private LTC insurance ² would be subject to reduced program contributions (and will remain eligible to receive program benefits as a secondary payor to their private LTC insurance) I/I	Individuals with eligible private LTC insurance ² would be subject to reduced program contributions (and will remain eligible to receive program benefits as a secondary payor to their private LTC insurance) [/]		
The criteria for private LTC insurance to be considered eliable under the opt-out provision	19/0	N/A	their private cre insurance) (v)	their private cre insurance) (v j	dien private ere insufance) (v)	their private ETC insurance) (v j		
are TBD (and will be determined at a later date) 3 Supplemental LTC products designed after program enactment would not qualify for reduced program contributions (e.g., private LTC insurance with a 2-year elimination period)								
Program financing								
Program imancing								
Revenue source	Payroll tax (split between employees and employers) [√] Alternative funding sources may also be considered	Payroll tax (split between employees and employers) [√] Alternative funding sources may also be considered	Pavroll tax (split between employees and employers) [√]	Pavroll tax (solit between employees and employers) [√]	Pavroll tax (split between employees and employers) [√]	Payroll tax (split between employees and employers); non- voluntary premium contributions via an income tax (for individuals not subject to payroll tax, such as the self- employed) [/]		
Program contribution age: minimum	Age 18 [√]	Age 18 [√]	Age 18 []	Age 18 [√]	Age 18 [v]	Age 18 [√]		
Program conditioned age. Imminion	No maximum (contributions dependent on being on	No maximum (contributions dependent on being on	No maximum (contributions dependent on being on	No maximum (contributions dependent on being on	No maximum (contributions dependent on being on	765 20 (4)		
Program contribution age: maximum	payroll) [✓]	payroll) [✓]	payroll) [✓]	payroll) [✓]	payroll) [✓]	No maximum [√]		
	No contribution waiver for individuals below a specified	No contribution waiver for individuals below a specified	No contribution waiver for individuals below a specified	No contribution waiver for individuals below a specified	Waive contributions for individuals below a specified	Waive contributions for individuals below a specified		
Program contribution limits: taxable earnings waiver	poverty level	poverty level	poverty level	poverty level	poverty level (e.g., 138% of FPL) [√]	poverty level (e.g., 138% of FPL) [√]		
	Cap similar to Social Security (\$147,000 in 2022) [alternative	Cap similar to Social Security (\$147,000 in 2022) [alternative	Cap similar to Social Security (\$147,000 in 2022) [alternative			Cap similar to Social Security (\$147,000 in 2022) [alternative		
Program contribution limits: taxable earnings maximum	caps may also be considered] [√]	caps may also be considered] [√]	caps may also be considered] [√]	No maximum contribution limitations	No maximum contribution limitations	caps may also be considered] [√]		
	Level tax rate (with guidelines stipulating the process to	Level tax rate (with guidelines stipulating the process to	Level tax rate (with guidelines stipulating the process to	Level tax rate (with guidelines stipulating the process to	Level tax rate (with guidelines stipulating the process to	Level tax rate (with guidelines stipulating the process to		
	amend the tax rate); no variability by age (or any other	amend the tax rate); no variability by age (or any other	amend the tax rate); no variability by age (or any other	amend the tax rate); no variability by age (or any other	amend the tax rate); no variability by age (or any other	amend the tax rate); no variability by age (or any other		
Contribution rate structure	characteristics) [√]	characteristics) [/]	characteristics) [/]	characteristics) [/]	characteristics) [<]	characteristics) [/]		
	Invest program contributions in stocks, bonds, and U.S. Treasuries (constitutional amendment required)	Invest program contributions in stocks, bonds, and U.S. Treasuries (constitutional amendment required)	Invest program contributions in stocks, bonds, and U.S. Treasuries (constitutional amendment required)	Invest program contributions in stocks, bonds, and U.S. Treasuries (constitutional amendment required)	Invest program contributions in stocks, bonds, and U.S. Treasuries (constitutional amendment required)	Invest program contributions in stocks, bonds, and U.S. Treasuries (constitutional amendment required)		
	Consider a scenario where the constitutional amendment is	Consider a scenario where the constitutional amendment is	Consider a scenario where the constitutional amendment is	Consider a scenario where the constitutional amendment is	Consider a scenario where the constitutional amendment is	Consider a scenario where the constitutional amendment is		
Investment strategy	not achieved [√]	not achieved [√]	not achieved [√]	not achieved [√]	not achieved [√]	not achieved [√]		
Intergenerational consideration	None	None	None	None	Grade-in benefits over first 20 years [√]	Grade-in benefits over first 20 years [√]		
Coordination and interaction (with other LTSS financing sources)		Private LTC pays before Program; concurrent, non-						
	Private LTC pays before Program; concurrent, non-	duplicative payments permitted (if informal care is covered	Drivete LTC and before Drawners and areas	Private LTC pays before Program; concurrent, non-	Private LTC pays before Program; concurrent, non-	Private LTC pays before Program; concurrent, non-		
Coordination: private LTC	duplicative payments permitted []	by private LTC) []	duplicative payments permitted [√]	duplicative payments permitted [√]	duplicative payments permitted [</td <td>duplicative payments permitted [√]</td>	duplicative payments permitted [√]		
coordination, private crc	depireative payments permitted (v)	by private ETC) (V)	dupicative payments permitted (v)	duplicative payments permitted (v)	dupicative payments permitted (v)	duplicative payments permitted (v)		
	December 1 to 1 t	Book of the Mark Column and the Column		Book of the Mark Column and the Colu				
	Program pays before Medi-Cal; concurrent, non-duplicative	Program pays before Medi-Cal; concurrent, non-duplicative		Program pays before Medi-Cal; concurrent, non-duplicative	Program pays before Medi-Cal; concurrent, non-duplicative			
	payments permitted. Program benefits should not influence Medi-Cal eligibility. The program should not exclude	payments permitted. Program benefits should not influence Medi-Cal eligibility. The program should not exclude	payments permitted. Program benefits should not influence	payments permitted. Program benefits should not influence Medi-Cal eligibility. The program should not exclude	payments permitted. Program benefits should not influence Medi-Cal eligibility. The program should not exclude	payments permitted. Program benefits should not influence Medi-Cal eligibility. The program should not exclude		
	contributions or benefits for individuals eligible for Medi-	contributions or benefits for individuals eligible for Medi-	Medi-Cal eligibility. The program should not exclude contributions or benefits for individuals eligible for Medi-	contributions or benefits for individuals eligible for Medi-	contributions or benefits for individuals eligible for Medi-	contributions or benefits for individuals eligible for Medi-		
	Cal in the past, present, or future.	Cal in the past, present, or future.	Cal in the past, present, or future.	Cal in the past, present, or future.	Cal in the past, present, or future.	Cal in the past, present, or future.		
	car in the past, present, or ratale.	car in the past, present, or rathe.	car in the past, present, or rathe.	carm are past, present, or rathe.	car in the past, present, or lattile.	car in the past, present, or rature.		
	Pursue a CMS federal demonstration waiver to retain	Pursue a CMS federal demonstration waiver to retain	Pursue a CMS federal demonstration waiver to retain	Pursue a CMS federal demonstration waiver to retain	Pursue a CMS federal demonstration waiver to retain	Pursue a CMS federal demonstration waiver to retain		
Coordination: Medi-Cal	federal Medicaid savings from the program [√]	federal Medicaid savings from the program [√]	federal Medicaid savings from the program [√]	federal Medicaid savings from the program [√]	federal Medicaid savings from the program [√]	federal Medicaid savings from the program [√]		
	2 11110111							

Oliver Wyman was commissioned by the California Department of Insurance (CDI) 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. 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.

Oliver Wyman shall not have any liability to any third party in respect of this report or any actions taken or decisions made as a consequence of the results, advice or recommendations set forth herein.

The opinions expressed herein are valid only for the purpose stated herein and as of the date hereof. Information furnished by others, upon which all or portions of this report are based, is believed to be reliable but has not been verified. No warranty is given a to the accuracy of such information. Public information and industry and statistical data are from sources (Diver Wyman deems to be reliable; however, Oliver Wyman makes nor representation as to the accuracy or completeness of such information and has accepted the information without further/faction. No responsibility is taken for changes in market conditions or laws or regulations and no obligation is assumed to revise this report to reflect changes, events or conditions, which occur subsequent to the date hereof.