

Presentation #12.A

Prepared for the California Department of Insurance

RECAP: PRELIMINARY RECOMMENDATIONS TO DATE

A summary of preliminary Task Force recommendations as of June 15, 2022

QUALIFICATIONS, ASSUMPTIONS AND LIMITING CONDITIONS

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.

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ILLUSTRATIVE AB 567 FEASIBILITY REPORT ROADMAP

Task Force may recommend multiple program design options

 Goal Recommend options for establishing a culturally competent statewide LTC insurance program Comment on respective degrees of feasibility for each recommended option Submit recommendations in a report on or before January 1, 2023 						
Structure and design	eligibility	Enrollment	U Benefits & services	ر 	°○° 〔〕〕 Workforce ¹	
\$ \$ \$ \$	Benefit eligibility at 65+, partial portability,	Reduced contributions for specified groups,	Initial benefit pool of \$96,000 (i.e., two years at \$4,000/month),	Payroll tax and premiums	Cover informal care and respite care, provide	
2 (\$) (\$) (\$) Front-end coverage via vested social insurance	Benefit eligibility at 18+, partial portability,	Reduced contributions for specified groups,	Initial benefit pool of \$96,000 (i.e., two years at \$4,000/month),	Payroll tax	access to training programs, promote workforce expansion, provide access to	
3 \$ \$ \$ \$	Benefit eligibility at 18+, full portability,	Opt-out provisions for specified groups,	Initial benefit pool of \$120,000 (i.e., two years at \$5,000/month), 	Payroll tax, waive contributions below specified poverty level,	unions, promote technology,	
Gain consensus on fundamenta elements (e.g., front-end v						

¹ AB 567 specifies that the Task Force should "evaluate the demands on the long-term care workforce as the need for long-term care in California grows, and how the long-term care workforce can be prepared to meet those demands"; while some preliminary recommendations may require a separate Task Force or program beyond the scope of AB 567, the Feasibility Report will still cover these recommendations at a high level, as many are crucial to the success of the statewide program

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PRELIMINARY PROGRAM DESIGN OPTIONS

Coming soon!

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What to expect:

- We will circulate a questionnaire focused on priorities and trade-offs to Task Force members
 - The public is also welcome to fill out this questionnaire
 - The results will be used to refine the preliminary design options
- We will update the designs to reflect information discussed during today's Task Force Meeting #12
- We will discuss the preliminary program design options at an upcoming Task Force Meeting
 - Designs will include higher-cost options (commensurate with preliminary recommendations to date) and lower-cost alternatives



KEY PRELIMINARY RECOMMENDATIONS AS OF TASK FORCE MEETING #11 (1 OF 4)

Preliminary recommendations are subject to change; pursuant to AB 567, feasibility report may recommend multiple program designs



Structure and design

- Front-end coverage
 - Benefits payable at or near beginning of LTSS need
- Social insurance
- Targeted and/or vested program
 - Specified vesting requirement(s) must be met before benefits are paid
 - TBD: consider targeting specified population(s) (e.g., elderly)?



Coordination and interaction

- Private LTC insurance pays first
 - Concurrent, non-duplicative payments permitted
 - TBD: consider different interaction criteria for private LTC policies designed after program enactment
- Allow those with (eligible) private insurance before program enactment to opt-out of the program
- Medi-Cal coordination
 - <u>Not</u> designed to be mutually exclusive with Medi-Cal
 - A federal demonstration waiver will likely need to be pursued
 - <u>Not</u> designed to factor into Medi-Cal eligibility



Administration

- Keep program simple
 - Higher potential for perceived gaps/inequities
 - Lower administrative costs

KEY PRELIMINARY RECOMMENDATIONS AS OF TASK FORCE MEETING #11 (2 OF 4)

Preliminary recommendations are subject to change; pursuant to AB 567, feasibility report may recommend multiple program designs

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Eligibility

- HIPAA benefit eligibility (i.e., consistent with private insurance)
 - 2 of 6 activities of daily living (ADLs) for 90 days or severe cognitive impairment
- TBD: all adults with non-developmental disabilities or only elderly?
 - Consider designs that cover each population separately
- Vesting requirement: contribute for set number of years
 - Consider designs with and without partial vesting provisions
- Portable benefits (i.e., may be used outside of CA)
 - Consider both full and partially portable designs
 - For partial portability, grade to lower benefit over time outside CA
 - Allow international portability
- Consider a design that allows individuals to extend program benefits to a spouse/domestic partner via a "shared benefit pool" if not otherwise covered
 - TBD: should program require higher contributions from those who 'share' coverage with their spouses/domestic partners?

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Enrollment

- Include considerations for individuals who own (eligible) private insurance:
 - Opt-out provision if purchased <u>before</u> program enactment
 - Reduced program contributions if purchased <u>after</u> program enactment
 - TBD: apply same provisions to individuals covered by other (non Medi-Cal) government programs?
- Offer a non-voluntary alternative program contribution option (e.g., premiums) for those unable to <u>contribute</u> to the program via the primary financing mechanism(s)
- Consider a design that offers pro-rated benefits <u>and</u> a voluntary alternative program contribution option for those unable to fully <u>vest</u>

KEY PRELIMINARY RECOMMENDATIONS AS OF TASK FORCE MEETING #11 (3 OF 4)

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Benefits and services

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- Reimbursement benefit type
 - Consider designs with and without a reduced cash benefit
- Monthly maximum benefit amount (between \$3,000 \$6,000)
- Two-year benefit period
- Benefit inflation as a function of consumer price index <u>or</u> cost of care trend(s)
 - Review, if not automatically apply, inflation <u>annually</u>
- No elimination period
- Comprehensive coverage (institutional and home and communitybased care)
 - Cover 'services' provided by informal caregivers
 - Cover respite care
 - Cover services provided by PACE
- Preventive benefits
 - Available <u>before</u> satisfying benefit eligibility criteria but <u>after</u> satisfying vesting criteria



Financing

- Vary contributions by level of wages or income
 - Higher for higher-income individuals, lower or zero for lowerincome individuals
 - Include an upper limit on program contributions
- Do not vary contributions based on an individual's age
- Waive contributions for individuals below specified poverty level
 - Allow these individuals to receive benefits
- Progressive tax
- Finance via payroll tax
 - Split tax between employees and employers
 - Consider designs that utilize hybrid (multiple) financing options
- Require contributions from non-juveniles (i.e., age 18+)
- Hybrid pay-as-you-go and pre-funded approach
- Invest program funds in stocks, bonds, and U.S. Treasuries
 - Requires constitutional amendment

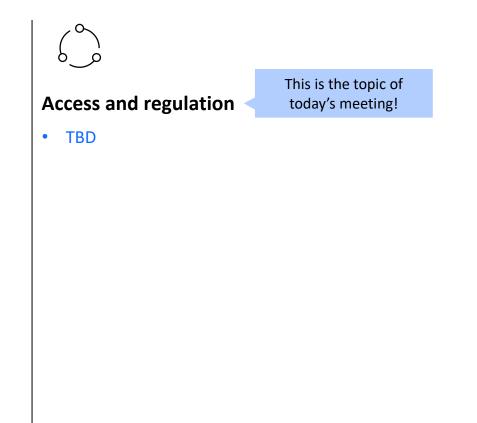
KEY PRELIMINARY RECOMMENDATIONS AS OF TASK FORCE MEETING #11 (4 OF 4)

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Workforce¹

- Provide financial support to informal/family caregivers
- Improve caregiver wages and benefits
- Invest in caregiver training programs
- Promote workforce expansion
 - Promote career opportunities to younger individuals (e.g., community college programs)
 - Include undocumented workforce
- Establish governance and oversight processes
- Provide access to unions
- Embrace automation and technology to supplement workforce



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