## AB 567 - Program Design "Straw Man" [DRAFT - VERSION 5]

Blue font indicates a change relative to Version 4

This "straw man" summarizes the five program designs included in the draft Feasibility Report dated November 16, 2022.

Lower Cost

The program designs included in this file are subject to change based on	• Grey shading represents a <u>unrerent</u> (not necessarily more of less generous) plan design element relative to					
the input from Task Force Members and the public.	Supportive LTC benefits & adult population	Home care and residential care facility benefits &	Comprehensive benefits ( lower -range) &	Comprehensive benefits (mid-range) &	Comprehensive benefits ( higher -range) &	Relative cost b (high-level estimates for reference or
	covered (18+)	senior population covered (65+)	adult population covered (18+)	adult population covered (18+)	adult population covered (18+)	will di
Plan design element	Design 1	Design 2	Design 3	Design 4	Design 5	
Indicative Program cost (\$ - \$\$\$\$)	\$	\$\$	\$\$	\$\$\$	\$\$\$\$\$	
<sup>1</sup> Estimates are based on the 2020 Milliman CA LTSS Feasibility Study			(Estimated payroll tax range: 0.40% to 0.60% <sup>1</sup> )			
Design philosophy						
					\$144,000 in comprehensive benefits (higher-range)	
Program benefit richness California population coverage	\$36,000 in supportive LTSS benefits Adult population covered (18+) [√]	\$110,400 in targeted benefits Senior population covered (65+)	\$36,000 in comprehensive benefits (lower-range) Adult population covered (18+) [√]	<pre>\$81,000 in comprehensive benefits (mid-range) Adult population covered (18+) [√]</pre>	[√] Adult population covered (18+) [√]	
Taxation progressivity	Progressive tax with a contribution cap and a contribution waiver for lower-income individuals	Progressive tax with a contribution cap	Progressive tax with a contribution cap and a contribution waiver for lower-income individuals	Progressive tax with a contribution waiver for lower income individuals[√]	Progressive tax with a contribution cap and a contribution waiver for lower-income individuals	
Structure (coverage and design)	Front-end coverage [√]	Front-end coverage [√]	Front-end coverage [√]	Front-end coverage [√]	Front-end coverage [√]	
Program structure	Vested social insurance $[\checkmark]$	Vested social insurance $[\checkmark]$	Vested social insurance $[\checkmark]$	Vested social insurance $[\checkmark]$	Vested social insurance [√]	
Program benefits and services						
	Reimbursement for all covered benefits (actual	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	Reimbursement for all covered benefits (actual	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	Reimbursement for all covered benefits (actual benefit amount reimbursed, subject to limitations)	
Benefit type	benefit amount reimbursed, subject to limitations)	with reduced (50%) cash benefit alternative [ $\checkmark$ ]		with reduced (50%) cash benefit alternative [ $\checkmark$ ]	with reduced (50%) cash benefit alternative [ $\checkmark$ ]	N/A
Benefit period	2 years [√]	2 years [√]	1 year	18 months	2 years [√]	<ul> <li>Decrease benefit period from 2 years</li> <li>Decrease benefit period from 2 years</li> </ul>
	\$1,500 per month					<ul> <li>Decrease monthly benefit maximum f</li> <li>Decrease monthly benefit maximum f</li> </ul>
Benefit maximum			\$3,000 per month [√]		\$6,000 per month [√]	- Decrease monthly benefit maximum f
Benefit inflation	Inflation as a function of CPI; assessed annually (not automatically applied)	Inflation as a function of CPI; assessed annually (not automatically applied)	Inflation as a function of CPI; assessed annually (not automatically applied)	Inflation as a function of CPI; assessed annually (not automatically applied)	Inflation as a function of CPI; applied annually [ $\checkmark$ ]	N/A
Elimination pariod	No elimination period $[]$	90-day elimination period	No elimination period $[]$	No elimination period $[\checkmark]$	No elimination period $[]$	<ul> <li>Increase elimination period from 0 da</li> <li>Increase elimination period form 0 da</li> </ul>
Elimination period	Supportive LTSS (e.g., caregiver support, adult day	50-day emmation period				- increase eminination period form o da
	care, meal delivery, transportation, durable medical equipment, home assessment, and minor home					
	modifications)			Community (i.e., Contition and how and	Community (i.e., for title some ond home and	
	Caregiver support includes: training, respite care,	Home and community-based care (including all	Home and community-based care (including all	Comprehensive (i.e., facility care and home and community-based care). Includes all approved care	Comprehensive (i.e., facility care and home and community-based care). Includes all approved care	
Approved care settings	and financial support via certified provider reimbursement	approved care settings reflected in Design 1) along with residential care facility	approved care settings reflected in Design 1) along with residential care facility	settings reflected in Design 2, along with skilled nursing facility $[\checkmark]$	settings reflected in Design 2, along with skilled nursing facility $[\checkmark]$	<ul> <li>Change approved care settings from c</li> <li>39% savings</li> </ul>
Approved care settings			Covered service; certified provider reimbursement		Covered service; certified provider reimbursement	3570 Savings
PACE coverage	N/A Covered service; reimbursement to caregivers	N/A Covered service; reimbursement to caregivers	[√] Covered service; reimbursement to caregivers	[√] Covered service; reimbursement to caregivers	[√] Covered service; reimbursement to caregivers	N/A
	(subject to completion of certified caregiver	(subject to completion of certified caregiver	(subject to completion of certified caregiver	(subject to completion of certified caregiver	(subject to completion of certified caregiver	
	training; minimum requirements that do not discourage benefit utilization to be defined in a	training; minimum requirements that do not discourage benefit utilization to be defined in a	training; minimum requirements that do not discourage benefit utilization to be defined in a	training; minimum requirements that do not discourage benefit utilization to be defined in a	training; minimum requirements that do not discourage benefit utilization to be defined in a	
Informal / family caregivers	culturally competent manner) [ $$ ]	culturally competent manner) [ $\checkmark$ ]	culturally competent manner) [ $$ ]	culturally competent manner) $[]$ Preventative benefits before satisfying the benefit	culturally competent manner) [√] Preventative benefits before satisfying the benefit	N/A
		Limited/contingent preventative benefits (e.g.,	Limited/contingent preventative benefits (e.g.,	eligibility criteria but only after becoming fully	eligibility criteria but only after becoming fully	
Preventative benefits	N/A	partake in wellness program)	partake in wellness program)	vested in the Program $[\checkmark]$ Coverage can be extended to a spouse or domestic	vested in the Program $[\checkmark]$ Coverage can be extended to a spouse or domestic	N/A
Family / spousal coverage	Individual coverage only	Individual coverage only	Individual coverage only	partner through a shared benefit pool	partner through a shared benefit pool	N/A
Program eligibility and enrollment						
Benefit eligibility age	Age 18+ (subject to vesting requirements) [√] HIPAA benefit eligibility (2 of 6 ADLs for 90 days or	Age 65+ (subject to vesting requirements) HIPAA benefit eligibility (2 of 6 ADLs for 90 days or	Age 18+ (subject to vesting requirements) [√] HIPAA benefit eligibility (2 of 6 ADLs for 90 days or	Age 18+ (subject to vesting requirements) [√] HIPAA benefit eligibility (2 of 6 ADLs for 90 days or	Age 18+ (subject to vesting requirements) [√] HIPAA benefit eligibility (2 of 6 ADLs for 90 days or	<ul> <li>Increase benefit eligibility age from 18</li> </ul>
Benefit eligibility criteria	severe cognitive impairment) [√]	severe cognitive impairment) [ $\checkmark$ ]	severe cognitive impairment) [ $\checkmark$ ]	severe cognitive impairment) [√]	severe cognitive impairment) [ $\checkmark$ ]	N/A
Vesting criteria	5 years of contributions [ $\checkmark$ ]	5 years of contributions [ $\checkmark$ ]	10 years of contribution	10 years of contribution	5 years of contributions [√] [alternative scenario: 10 years of contribution]	- Increase vesting criteria from 5 years
					Pro-rated benefits (no benefits for individuals who contribute for less than 3 years, 50% of the benefits	
		·	•	Pro-rated benefits (no benefits for individuals who	for individuals who contribute between 3 and 5	
	for individuals who contribute between 3 and 5	contribute for less than 3 years, 50% of the benefits for individuals who contribute between 3 and 5	for individuals who contribute for 5 years, grading	contribute for less than 5 years, 50% of the benefits for individuals who contribute for 5 years, grading	contribute for 5 or more years) and voluntary	
Flexibility for those unable to vest	years, 100% of the benefits for individuals who contribute for 5 or more years)	years, 100% of the benefits for individuals who contribute for 5 or more years)	up by 10% each year up to 100% of benefits in year	up by 10% each year up to 100% of benefits in year	alternative Program contribution option to "top $up$ " benefits [ $$ ]	- Remove partial vesting (10 year vestir
		Domestic portability; partial benefits outside of	Domestic portability; partial benefits outside of			- Change from full domestic portability
Portability	Domestic portability; full benefits	California (grade to 50% over 5 years) Individuals with eligible private LTC insurance <sup>2</sup> may	California (grade to 50% over 5 years) Individuals with eligible private LTC insurance <sup>2</sup> may	Domestic portability; full benefits Individuals with eligible private LTC insurance <sup>2</sup> may	International portability; full benefits [√] Individuals with eligible private LTC insurance <sup>2</sup> may	to 50% over 5 years): <b>17% savings</b>
		opt out of the Program. They would be exempt	opt out of the Program. They would be exempt	opt out of the Program. They would be exempt	opt out of the Program. They would be exempt	
Private LTC considerations: on or before Program enactment	N/A	from making Program contributions and will not be eligible to receive Program benefits $[\checkmark]$	from making Program contributions and will not be eligible to receive Program benefits $[\checkmark]$	from making Program contributions and will not be eligible to receive Program benefits $[\checkmark]$	from making Program contributions and will not be eligible to receive Program benefits $[\checkmark]$	N/A
		Individuals with eligible substitutive (i.e., non-				
		supplemental) private LTC insurance <sup>2</sup> would be subject to reduced Program contributions (and will	supplemental) private LTC insurance <sup>2</sup> would be subject to reduced Program contributions (and will	supplemental) private LTC insurance <sup>2</sup> would be subject to reduced Program contributions (and will	supplemental) private LTC insurance <sup>2</sup> would be subject to reduced Program contributions (and will	
Private LTC considerations: after Program enactment <sup>3</sup>	N/A	remain eligible to receive Program benefits as a secondary payor to their private LTC insurance) $[\checkmark]$	remain eligible to receive Program benefits as a secondary payor to their private LTC insurance) $[\checkmark]$	remain eligible to receive Program benefits as a secondary payor to their private LTC insurance) $[\checkmark]$	remain eligible to receive Program benefits as a secondary payor to their private LTC insurance) [ $$ ]	N/A
<sup>2</sup> The criteria for private LTC insurance to be considered eligible under the opt-out provision are TBD (and				secondary payor to their private Lic insurance/ [V]	secondary payor to their private Life insurance) [V]	

<sup>3</sup> 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)

#### Legend

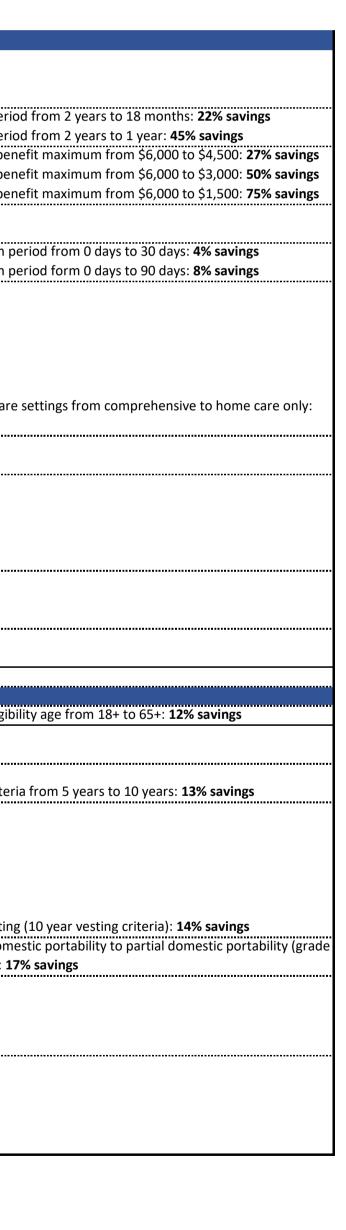
• [ $\checkmark$ ] indicates a plan design element that is consistent with preliminary Task Force recommendations

- Yellow shading represents a less generous plan design element relative to Design 3

Green shading represents a <u>more generous</u> plan design element relative to Design 3
Grey shading represents a <u>different</u> (not necessarily more or less generous) plan design element relative to

Higher Cost

### Relative cost benchmarks<sup>1</sup> s for reference only; actual Program cost relativities will differ)



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Lower Cost

The program designs included in this file are subject to change based on the input from Task Force Members and the public.					
	Supportive LTC benefits & adult population covered (18+)	Home care and residential care facility benefits & senior population covered (65+)			
Plan design element	Design 1	Design 2			
Program financing					
	Progressive payroll tax (split between employees	Progressive payroll tax (split between employees	1		
	and employers); non-voluntary premium	and employers); non-voluntary premium	P		
	contributions via an income tax for the self-	contributions via an income tax for the self-	а		
	employed; alternative funding sources beyond payroll/income tax may also be considered [ $\checkmark$ ]	employed; alternative funding sources beyond payroll/income tax may also be considered [ $\checkmark$ ]	C		
	payrolly income tax may also be considered [v]		$\ $		
	[Alternative scenario: reduce/eliminate employer	[Alternative scenario: reduce/eliminate employer	[,		
Revenue source	portion of the program contributions]	portion of the program contributions]	þ		
Program contribution age: minimum	Age 18 [√]	Age 18 [√]	Α		
	No maximum (contributions dependent on being	No maximum (contributions dependent on being	Ν		
Program contribution age: maximum	on payroll or self-employed) [ $\checkmark$ ]	on payroll or self-employed) $[]$	0		
		Individuals below a specified poverty level will not contribute or receive vesting credits (the individual			
		may still vest in the Program if they meet the			
		vesting requirement over their working lifetime).			
	Waive contributions for individuals below a	Such individuals could receive LTSS benefits from	ν		
Program contribution limits: taxable earnings waiver	specified poverty level (e.g., 138% of FPL) $[\checkmark]$	Medi-Cal (subject to Medi-Cal eligibility	S		
	Apply a contribution cap. Consider contribution	Apply a contribution cap. Consider contribution	Α		
	caps in excess of Social Security (e.g., 2x Social	caps in excess of Social Security (e.g., 2x Social	C		
	Security cap) $[\checkmark]$	Security cap) [√]			
	[Alternaitve scenario: no maximum contribution	[Alternaitve scenario: no maximum contribution	1		
Program contribution limits: taxable earnings maximum	- limitation]	- limitation]	li		
·······			11		
	Level tax rate (with guidelines stipulating the	Level tax rate (with guidelines stipulating the	L		
		process to amend the tax rate); no variability by age	p		
Contribution rate structure	or other characteristics besides income level $[\checkmark]$	or other characteristics besides income level $[\checkmark]$	0		
	Invest Program contributions in U.S. treasuries, bonds, stocks, and other equities (California	Invest Program contributions in U.S. treasuries, bonds, stocks, and other equities (California			
	constitutional amendment required)	constitutional amendment required)			
	constitutional amenament requirea,	constitutional amenament requireay	Ĩ		
	[Alternative scenario: consider the financial	[Alternative scenario: consider the financial	Į,		
	implications of not obtaining a constitutional	implications of not obtaining a constitutional	ii		
Investment strategy	amendment][ $\checkmark$ ]	amendment][ $$ ]	а		
Intergenerational consideration (i.e., upon Program inception, older					
individuals are likely to contribute less to the Program over their lifetime relative to younger individuals; this inequity wanes as the Program matures)	None	Grade-up benefits over first 20 years [ $\checkmark$ ]			
<sup>4</sup> Estimate is based on the 2020 Milliman WA Cares LTSS Actuarial Study, so it does not reflect California de			-		
Coordination and interaction (with other LTSS financing sources)			lb		
	Private LTC pays before Program; concurrent, non-	Private LTC pays before Program; concurrent, non-	P		
Coordination: private LTC	duplicative payments permitted [ $\checkmark$ ]	duplicative payments permitted [ $\checkmark$ ]	d		
	Program pays before Medi-Cal; concurrent, non-	Program pays before Medi-Cal; concurrent, non-	P		
	duplicative payments permitted. Program benefits	duplicative payments permitted. Program benefits	С		
	should not influence Medi-Cal eligibility. The Program should not exclude contributions or	should not influence Medi-Cal eligibility. The Program should not exclude contributions or	S r		
	Program should not exclude contributions or benefits for individuals eligible for Medi-Cal in the	Program should not exclude contributions or benefits for individuals eligible for Medi-Cal in the	<sup>P</sup>		
	past, present, or future.	past, present, or future.	r		
			[[		
	Pursue a CMS federal demonstration waiver to	Pursue a CMS federal demonstration waiver to	Ρ		
Coordination: Medi-Cal	retain federal Medicaid savings from the program	retain federal Medicaid savings from the program	r		
	Assess the feasibility of having Program pay after	Assess the feasibility of having Program pay after	A		
Coordination: Medicare	Medicare.	Medicare.	$\Pi^{\Lambda}$		

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 as to the accuracy of such information. Public information and industry and statistical data are from sources Oliver Wyman deems to be reliable; however, Oliver Wyman makes no representation as to the accuracy or completeness of such information and has accepted the information without further verification. 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.

#### Legend

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**Higher Cost** 

Comprehensive benefits ( <mark>lower</mark> -range) & adult population covered (18+) Design 3	adult population covered (18+) adult population covered (18+)		Relative cost benchmarks <sup>1</sup> (high-level estimates for reference only; actual Program cost relativities will differ)
	Progressive payroll tax (split between employees and employers); non-voluntary premium contributions via an income tax for the self- employed [√]	Progressive payroll tax (split between employees and employers); non-voluntary premium contributions via an income tax for the self- employed [√]	
Alternative scenario: reduce/eliminate employer ortion of the program contributions]	portion of the program contributions]	[Alternative scenario: reduce/eliminate employer portion of the program contributions]	N/A
ge 18 $[\checkmark]$ Io maximum (contributions dependent on being In payroll or self-employed) $[\checkmark]$	Age 18 $[]$ No maximum (contributions dependent on being on payroll or self-employed) $[]$	Age 18 [√] No maximum (contributions dependent on being on payroll or self-employed) [√]	N/A N/A
	specified poverty level (e.g., 138% of FPL) [√]	Waive contributions for individuals below a specified poverty level (e.g., 138% of FPL) [√] Apply a contribution cap. Consider contribution caps in excess of Social Security (e.g., 2x Social Security cap) [√]	<ul> <li>Do not waive Program contributions for individuals below 138% of FPL (but still receive benefits): 3% savings</li> <li>Do not waive Program contributions for individuals below 138% of FPL (but do not receive benefits): 22% savings</li> </ul>
Alternaitve scenario: no maximum contribution mitation]		[Alternaitve scenario: no maximum contribution limitation]	N/A
r other characteristics besides income level $[\checkmark]$ nvest Program contributions in U.S. treasuries,	process to amend the tax rate); no variability by age	Level tax rate (with guidelines stipulating the process to amend the tax rate); no variability by age or other characteristics besides income level $[]$ Invest Program contributions in U.S. treasuries, bonds, stocks, and other equities (California constitutional amendment required)	N/A
Alternative scenario: consider the financial mplications of not obtaining a constitutional mendment][ $$ ]	[Alternative scenario: consider the financial implications of not obtaining a constitutional amendment][ $$ ]	[Alternative scenario: consider the financial implications of not obtaining a constitutional amendment][ $$ ]	<ul> <li>Restrict investment strategy to U.S. treasuries: 20% cost increase<sup>4</sup></li> </ul>
Grade-up benefits over first 20 years [ $\checkmark$ ]	Grade-up benefits over first 20 years [√]	Grade-up benefits over first 20 years [√]	N/A
rivate LTC pays before Program; concurrent, non-	Private LTC pays before Program; concurrent, non-	Private LTC pays before Program; concurrent, non-	
	duplicative payments permitted [ $\checkmark$ ]	duplicative payments permitted $[\checkmark]$	N/A
		Program pays before Medi-Cal; concurrent, non-	
		duplicative payments permitted. Program benefits	
<b>C</b> .	с ,	should not influence Medi-Cal eligibility. The	
rogram should not exclude contributions or	Program should not exclude contributions or	Program should not exclude contributions or	
enefits for individuals eligible for Medi-Cal in the ast, present, or future.	benefits for individuals eligible for Medi-Cal in the past, present, or future.	benefits for individuals eligible for Medi-Cal in the past, present, or future.	
etain federal Medicaid savings from the program ssess the feasibility of having Program pay after	retain federal Medicaid savings from the program Assess the feasibility of having Program pay after	Pursue a CMS federal demonstration waiver to retain federal Medicaid savings from the program Assess the feasibility of having Program pay after	N/A
Aedicare.	Medicare.	Medicare.	N/A