2021-22 May Revision:

Master Plan for Aging Investments

Updated June 3 with Administration's Home and Community Based Services Spending Plan Proposals

The 2021-22 May Revision includes new investments of $2.1 billion one-time and $1.7 billion ongoing (total funds) to build an age-friendly California and to support the growing and diversifying population of older adults, people with disabilities, and family caregivers. California's more than 8.6 million adults 60 and over and their families faced serious risks and devastating losses during COVID-19. The May Revision addresses the urgent needs for recovery from the pandemic and invests in the resilience of California's older adults, who are helping lead our communities, families, and State in building back better.

The May Revision proposes comprehensive investments to advance the goals of the Master Plan for Aging, released on January 6, 2021 (https://mpa.aging.ca.gov/), to build a California for all Ages by 2030. The Plan was informed by valuable input from the public, stakeholders, the Legislature, and the Cabinet Work Group, as well as the Governor's Task Force on Alzheimer's Disease Prevention and Preparedness. The Master Plan sets forth five bold goals for 2030 with 23 strategies; outlines over 100 specific initiatives for 2021-22; and is tied to a Data Dashboard for Aging, to measure progress and gaps.

These proposals look to advance a California for All that will benefit all Californians as we age, as well as targeted new, and continuing, investments in aging and Alzheimer's. These investments are proposed across multiple Cabinet Agencies and several departments in the California Health and Human Services Agency (CHHS) including the Department of Aging (CDA), Department of Social Services (CDSS), Department of Health Care Services (DHCS), Department of Public Health (CDPH), and Office of Statewide Health Planning and Development (OSHPD). These targeted investments to advance the Master Plan for Aging goals are summarized below, under each of the Master Plan for Aging's five bold goals.

Updated: On June 3, the Administration proposed a Home and Community Based Services Spending Plan (HCBS Plan) across multi-departments including 34 initiatives, totaling approximately $3 Billion in enhanced federal funding for the following 5 categories: HCBS workforce; HCBS navigation; HCBS transitions; HCBS capacity and models of care; and HCBS infrastructure and support. The proposed HCBS Plan builds on the bold health and human

services proposals included in the California's Comeback Plan by expanding on or complementing the proposals to further achieve improved outcomes for individuals served by the programs. These proposals independently provide historic one-time investments to build capacity and transform critical safety net programs to support and empower Californians. Taken together, these investments advance the health and well-being of our entire state, promoting economic mobility and overall social stability. *This document summarizes the twenty-one (21) HCBS Spending Plan proposals that advance the Master Plan for Aging goals, strategies, and initiatives released in January 2021.*

Targeted New Investments for a California for All Ages and Abilities

Goal 1: Housing for All Ages and Stages

- **Community Care Expansion (CDSS)**
  ($1 billion [$550 million General Fund and $450 Federal Fund] one-time through 2022-2023)

The May Revision includes $1 billion ($50 million General Fund and $450 million Federal Fund in 2021-22 and $500 million General Fund in 2022-23) for the Department of Social Services to support local entities acquire and rehabilitate Adult Residential Facilities (ARF) and Residential Care Facilities of the Elderly (RCFE) with a specific focus on preserving and expanding housing for low-income seniors who are homeless or at risk of becoming homeless.

- ***HCBS Plan:*** **Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations (DHCS, CDSS)**
  ($286 million enhanced federal funding one-time)

The Community Based Residential Continuum Pilots would provide medical and supportive services in home and community care settings (home, ARFs, RCFEs) in order to avoid unnecessary healthcare costs, including emergency services and future long-term care placement in a nursing home. This program would ensure individuals are able to live in the least restrictive setting possible by ensuring access to home-based health and other personal care services for vulnerable populations, including seniors and people with disabilities.

This further supports the investments made in the Governor's May Revision for community care expansion for the construction, acquisition and/or rehabilitation to further stabilize these facilities with physical upgrades and capital improvements. Focus populations include individuals with serious mental illness; elderly homeless; individuals needing additional housing and supportive services but not meeting an institutional level of care; individuals in an institution who could be served at home or in a community care setting; individuals with disabilities; and individuals being diverted or released from prisons, jail, state hospitals, or juvenile justice systems.

These services would be provided to individuals who do and do not meet institutional level of care, and who require medical and/or behavioral health and supportive services to live

successfully in the community. DHCS would determine the eligibility criteria for these pilots and managed care organizations would make individual eligibility determinations.

Pilot funding would be provided to managed care plans to provide these benefits to members. Managed care plans would contract with licensed providers to provide needed medical and/or behavioral health services to beneficiaries in their own home, in coordination with any authorized IHSS services or personal care/homemaker services. For individuals residing in or needing the support of a community care setting, managed care plans would contract either directly with the licensed community care setting to provide these services or with a licensed provider who would deliver services onsite.

This proposal creates new models of care for those who need personal care, medical, and/or behavioral health supports to live either in their own home or a community care setting. The proposal is well aligned with CalAIM and other DHCS, DDS, and DSS efforts to support individuals living in the least restrictive setting possible and maximizing their dignity, privacy, and independence.

For the Prison, Jail, and Juvenile Justice Re-entry and Diversion Populations, this proposal will establish residential or board and care settings where medical, behavioral and social services are available or on-site, as re-entry hubs for this population. Services provided will include peer supports, job-training preparation, employment services, and education linkage (trade schools or getting GED as examples). After a period of time (e.g., six months) and completing job training, housing search and rental assistance will be provided. After a further period of time (e.g., 2 years) if stably employed, participants will be provided with a housing acquisition package. This would include a $1000/month stipend for up to 9-12 months to help stabilize someone after re-entry into the community.

This would build off the Center for Employment Opportunities, which provides subsidized employment and other services to individuals who have recently returned home from incarceration, using the Returning Citizens Stimulus program in response to the COVID-19 pandemic. It provided three monthly cash transfers to people who were recently released from incarceration to ease their transition into society at a time of social distress and high unemployment. The program leveraged the Center for Employment Opportunities' existing pay card system to deliver three monthly "stimulus" payments totaling at least $2,250 to individuals who participate in services designed to facilitate successful reentry. In August 2020, the Center for Employment Opportunities and local partner organizations expanded Returning Citizens Stimulus in California to provide three monthly payments totaling $1,500 to an additional 1,000 citizens returning from incarceration under the Returning Home Well initiative, which provides housing, health care, treatment, transportation, direct assistance, and employment support for Californians returning home from prison.

- ***HCBS Plan:*** **Eliminating Assisted Living Waiver Waitlist (DHCS)**
  ($85 million enhanced federal funding, $38 million ongoing)

Add 7,000 slots to the Assisted Living Waiver in an effort to eliminate the current Assisted Living

Waiver waitlist while furthering the vision of the Master Plan for Aging. The current Assisted Living Waiver capacity is 5,744 slots; of which 5,620 are filled as of May 1, 2021. There are approximately 4,900 beneficiaries on the waitlist as of May 1, 2021, and an additional 1,300 beneficiaries approved for enrollment in the Assisted Living Waiver but waiting for an available assisted living facility placement to complete enrollment. The proposed addition of 7,000 slots will enable DHCS to provide sufficient Assisted Living Waiver capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth. The proposed commitment to Assisted Living Waiver growth will also likely encourage participation of residential care facility for the elderly (RCFE) and adult residential facility (ARF) providers in the Assisted Living Waiver program, as the waitlist has been previously cited as a barrier to provider participation.

- ***HCBS Plan*: Adult Family Homes for Older Adults (CDA)**
  ($9.1 million enhanced federal funding, $2.6 million ongoing)

Adult Family Homes offer the opportunity for up to two adult individuals to reside with a family and share in the interaction and responsibilities of being part of a family unit, while the family receives a stipend and support from a local Family Home Agency (FHA) for caregiving for the adult individual(s). California will pilot Adult Family Homes for older adults in one county, with the Department of Developmental Services (DDS) assisting the Department of Aging (CDA) in developing and operating the program. This pilot is based on the successful program serving adults with developmental disabilities currently run by the DDS. Interested family homes are assessed and receive background clearances from a non-profit FHA under contract with a Regional Center. DDS performs oversight over the Regional Center and the FHA. CDA will mirror this model with Area Agencies on Aging and the existing non-profit FHAs. Moreover, this furthers the vision and recommendations of the Master Plan for Aging.

- **Falls Prevention/Home Modification (CDA)**
  ($5 million General Fund reappropriation from FY 2019-20 until 06/30/2022)

The Dignity at Home Fall Prevention Program was established in 2019-20 with a one-time $5 million General Fund appropriation to provide grants to the local Area Agencies on Aging (AAAs) for information and education on injury prevention; referrals to related resources and services; and home environmental assessments and assessments of individual injury prevention needs, including instructions on behavioral, physical, and environmental aspects of injury prevention. The program originally had a sunset date of 06/30/21. The proposed reappropriation until 06/30/2022 would allow AAAs to expend and liquidate funds through 06/30/22. Additionally, The Master Plan for Aging Implementation April 1st BCP (see below) also includes 1.0 limited- term staff position to continue oversight of the program.

In addition, the Older Adult Recovery and Resiliency proposal (see below) includes $10 million General Fund one-time for Fall Prevention and Home Modification.

- **Permanent In-Home Support Services Back-Up Provider System (CDSS)**
  ($11.1 million General Fund one-time in 2021-22)

The May Revision includes $11.1 million General Fund one-time in 2021-22 to support a permanent back-up provider system for severely impaired In-Home Supportive Services (IHSS) recipients to avoid disruptions to caregiving due to emergencies.

Goal 2: Health Reimagined

- **Expand Medi-Cal Health to Undocumented Older Adults Age 60+ (DHCS)**
  ($68 million [$50 million General Fund] in 2021-22 and $1 billion [$856 million General Fund] ongoing)

The May Revision proposes to expand Medi-Cal, including IHSS, to undocumented adults aged 60 and older effective no sooner than May 1, 2022.

- **Office of Medicare Innovation and Integration (DHCS)**
  ($602,000 [$452,00 General Fund] ongoing)

An April 1st Budget Change Proposal includes 4.0 permanent positions to provide DHCS focused leadership and expertise to lead innovative models for Medicare beneficiaries in California, including both Medicare-only beneficiaries and individuals dually eligible for Medicare and Medi-Cal.

- ***HCBS Plan:*** **Medicare Partnerships and Shared Savings on Supplemental HCBS Benefit Services (DHCS)**
  ($100 million enhanced federal funding one-time)

In partnership with federal, state and local partners, DHCS' Office of Medicare Innovation and Integration will lead in planning for integrated, coordinated service delivery for dually eligible individuals (those with both Medicare and Medi-Cal eligibility), and in developing innovative approaches to integrated models of care and coordinated access to LTSS for Medicare-only beneficiaries. Current federal-state collaboration efforts for dually eligible individuals do not provide the state with a portion of the Medicare savings from reduced inpatient or short-term nursing home stays. This reduces the state's ability to invest cost savings into services and supports that improve outcomes and reduce overall costs.

Through this proposal, DHCS would fund incentives to invest in models of care that reduce inpatient or short-term nursing home stays. DHCS would also pursue a Medicare and Medicaid Shared Saving program with the federal government, building on the success of Cal MediConnect and providing more incentives for Care Plan Options, leveraging the upcoming Dual-Special Needs Plan aligned enrollment model, and considering opportunities to improve care for dually eligible populations in Medicare fee-for-service. Additionally, DHCS would provide incentives to Medicare Advantage plans to develop innovative approaches for integrated models of care, focused on partnerships with providers such as community-based organizations that provide HCBS as supplemental benefits. DHCS will also consider partnerships and incentives to provide HCBS to Medicare fee-for-service beneficiaries.

- **Medicare Options Counseling / Health Insurance Counseling and Advocacy Program (HICAP) Modernization (CDA)**
  ($2 million HICAP Fund annually in 2021-22 and 2022-23)

HICAP provides free, confidential one-on-one counseling, education, and assistance to individuals and their families on Medicare, Long-Term Care (LTC) insurance, and other health insurance related issues, and planning for LTC needs. HICAP also provides legal assistance or legal referrals in dealing with Medicare or LTC insurance related needs. In 2019-20, the program served 63,255 older adults.

An April 1st Budget Change Proposal provides two-year limited-term resources to modernize HICAP and address the growing older adult population. These resources include 3.0 positions at CDA to develop, implement, and lead HICAP modernization efforts and local assistance funding to allow local HICAPs to hire 1.0 full-time Volunteer Coordinator.

- **In-Home Supportive Services (IHSS) (CDSS)**
  ($248 million General Fund in 2022-2023 and $496 million General Fund ongoing)

The May Revision proposes to eliminate the IHSS 7 percent reduction in service hours.

- **Community-Based Adult Services (CBAS) Certification Workload (CDA)**
  ($1.9 million [$773,000 General Fund] in 2021-22 and $2.4 million [$946,000 General Fund] ongoing)

The CBAS program, also known as Adult Day Health, is an alternative to skilled nursing facilities for those individuals who are capable of living at home with the aid of appropriate health, rehabilitative, personal care, and social services. In 2019-20, the CBAS program served 35,044 individuals at the 257 CBAS centers. The January Governor's Budget continues this investment. The May Revision proposes an increase of 10.0 permanent positions to allow CDA to keep up with increased certification workload in the program.

- ***HCBS Plan:*** **Expanding Capacity of Independent Living Centers (DOR)**
  ($10 million enhanced federal funding one-time)

Expanding Capacity of Independent Living Centers (ILCs) Proposal supports transition and diversion services for individuals with disabilities including transition and diversion through hospital discharge and by addressing the gaps that exist between California Community Transitions (CCT) and other applicable waivers. The proposal prevents institutionalization by establishing a Community Living Fund for one-time community transition costs to help persons with disabilities to transfer home from a congregate setting. This proposal anticipates CalAIM approval and models capacity to leverage the resulting flexibilities around transitions and diversion. Under this proposal, DOR will partner closely with the Department of Health Care Services on the program model to ensure compliance with HCBS requirements.

The proposal includes the following:

1. Funding to the 28 ILCs dedicated staff to provide the services.
2. Funding for transition or diversion services to consumers up to $5,000 per service, with an average of $2,700 per transition service.
3. One DOR SSA to provide grant administration.

Funding will be provided to ILCs to hire Transition Coordinators, and to establish the Community Living Fund to use as a mechanism to provide grants to secure housing, housing modifications, assistive technology, in-home care, and other items necessary to enable persons with disabilities to transfer home from a congregate setting. HCBS Allowable Activities: Transition Support including Transition Coordination and One-Time Community Transition Costs.

- ***HCBS Plan*: Traumatic Brain Injury Program (DOR)**
  ($10 million enhanced federal funding one-time)

The Department of Rehabilitation's (DOR) Traumatic Brain Injury (TBI) Program provides five core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. These core services are also preventative as many TBI survivors who do not have access to a network of services and supports are at a higher risk of chronic homelessness, institutionalization, imprisonment, and placement in skilled nursing facilities due to an inability to perform activities of daily living and impaired emotional regulation. State law requires that 51% of the individuals served in the TBI program must be Medical recipients.

The Home and Community-Based Services (HCBS) Expanding TBI Provider Capacity Proposal will expand the capacity of existing TBI sites and stand up new TBI sites in alignment with HCBS surrounding transition and diversion through community reintegration, personal care services through supported living services, and other supportive services to improve functional capabilities of individuals with TBI.

The proposal includes funding to expand capacity of six (6) existing TBI sites and to award up to six (6) additional TBI sites in unserved/underserved areas.

- **Increased Geriatric Care Workforce (OSHPD)**
  ($8 million General Fund one-time in 2021-2022)

The May Revision includes resources for OSHPD to grow and diversify the pipeline for the geriatric medicine workforce, as the increasing and diversifying numbers of older adults living longer lives require developing a larger and more diverse pool of health care workers with experience in geriatric medicine.

The May Revision includes $5 million in new funding in addition to the $3 million proposed in the Governor's Budget.

- ***HCBS Plan:* Emergency Department HCBS Connections Toolkit (DHCS)**
  ($50 million enhanced federal funding one-time)

This initiative is focused on improving the quality of care for older people, people with serious behavioral health needs, and homeless individuals in Emergency Departments, with the goal of improving health outcomes and connections to public and community based services. The funding will be used to create toolkits for Emergency Departments to provide pre-packaged resources, training, and information on local connections to services. Tools will be created with subject matter experts and leverage work such as the Geriatric Emergency Collaborative, CalBridge BH Navigator work, and homelessness resources.

- **Bold and Equitable Path Forward on Alzheimer's (CDPH)**
  ($24.5 million General Fund one-time in 2021-2022)

The May Revision proposes a comprehensive and coordinated approach to Alzheimer's with an emphasis on communities of color and women, who are disproportionately susceptible to the disease and the primary providers of caregiving. The May Revision includes $7.5 million in new investments in addition to the $17 million proposed in the Governor's Budget. Investments to be administered by CDPH are five-pronged: $10 million one-time General Fund for a public education campaign on brain health; $4 million one-time General Fund for new training and certification for caregivers; $4.5 million one-time General Fund for expanded training in standards of care for health care providers; $2 million one-time General Fund for grants to communities to become dementia-friendly; and $4 million one-time General Fund for research to strengthen California's leadership on disparities and equity in Alzheimer's. (See also Increased Geriatric Care Workforce proposal at OSHPD above.)

- ***HCBS Plan:*** **Dementia Aware and Geriatric/Dementia Continuing Education (DHCS OSHPD, CDPH)**
  ($25 million enhanced federal funding one-time)

The Governor's May Revision begins to deliver on the recommendations put forward by the Governor's Task Force on Alzheimer's Prevention and Preparedness. This spending plan makes additional investments to further this work by screening older adults for Alzheimer's and related dementias to ensure early detection and timely diagnosis, while also connecting individuals and families to community resources.

Dementia Aware: Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care. Develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of Public Health's Alzheimer's Disease Program, and its ten California Alzheimer's Disease Centers.

Geriatric/Dementia Continuing Education, for all Licensed Health/Primary Care Providers: Make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and OSHPD, by 2024. This education of current providers complements the Administration's geriatric pipeline proposals

for future providers; it is needed to close the gap between current health professionals with any geriatric-training and the rapidly growing and diversifying 60-plus population.

- ***HCBS Plan:*** **Alzheimer's Day Care and Resource Centers (CDA)**
  ($10 million enhanced federal funding one-time)

The COVID-19 pandemic has masked and accelerated cognitive decline in older adults and increased the isolation and stress of older adults and caregivers living with dementia. More than 690,000 older adults and 1.62 million family caregivers in California are living with dementia, with women and people of color disproportionately susceptible to the disease and overwhelmingly providing the care. Dementia-capable services at licensed Adult Day and Adult Day Health centers provide services in the community vital to the health and well-being of diverse older adults and families, prevent institutionalization, and advance health equity. This furthers the recommendations for the Governor's Task Force on Alzheimer's Prevention and Preparedness.

- **Long-Term Care Office of Patient Representative (CDA)**
  ($2.5 million in 2021-22, $4 million ongoing Licensing and Certification Program Fund)

An April 1st Budget Change Proposal includes 6.0 permanent positions and local assistance funding to support local patient representative programs contracted by CDA. The Office will provide representation on skilled nursing facilities' (SNF) and intermediate care facilities' (ICF) medical decision-making interdisciplinary teams to patients who lack capacity to make their own health care decisions, who do not have a legally authorized decision-maker, and who do not have family member or friend who can act as a patient representative. CDA also proposes related statutory changes to establish the office.

- ***HCBS Plan:*** **Nursing Home Recovery & Innovation (CDPH)**
  ($50 million enhanced federal funding one-time)

The critical lessons and losses from COVID for skilled nursing home residents, families, and staff must accelerate innovations for nursing home facilities that drive quality care for residents. California's priorities include revisiting and expanding the pilot for Small Home facilities, for both quality of care and quality of jobs; facilitating in-room broadband access for residents; and disaster readiness improvements for facilities and systems, to respond to wildfires, earthquakes, and other emergencies where residents are especially vulnerable, among other innovations.

- ***HCBS Plan:*** **Long-Term Services and Supports Data Transparency (DHCS)**
  ($20 million enhanced federal funding one-time)

This is a multi-department initiative to improve long-term services and supports (LTSS) data transparency, including utilization, quality, and cost data. This will be accomplished by creating a LTSS Dashboard linked with statewide nursing home, long-term care, and HCBS utilization and cost data, CDPH licensing data, LTC Ombudsman data, and other quality and demographic data. The goal of increased transparency is to make it possible for regulators, policymakers, and the

public to be informed while we continue to expand, enhance and improve the quality of home and community-based services.

Goal 3: Inclusion and Equity, not Isolation

- **Older Adult Recovery and Resiliency (CDA)**
  ($106 million General Fund one-time available over three years)

The May Revision proposes a one-time General Fund investment of $106 million, available over three years, to strengthen older adults' recovery and resiliency from the severe isolation and health impacts from staying at home for over a year due to the Coronavirus pandemic. This investment will facilitate older adults' reengagement with in-person community activities and services, through the network of aging and disability services provided locally by AAAs. The investments include $2.1 million one-time for the Behavioral Health Warmline; $17 million one-time for Digital Connections; $1 million one-time for Elder and Disability Abuse Prevention; $20 million one-time for Legal Services; $17 million one-time for Employment Opportunities; $20.7 million one-time for Home-Delivered and Community Center Meals; $10 million one-time for Fall Prevention and Home Modification; $2.8 million one-time for Family Caregiving; $9.4 million one-time for Aging and Disability Resource Connections; and $6 million one-time for State and Local Leadership and Oversight.

- **Aging and Disability Resource Connection (ADRC) "No Wrong Door" (CDA)**
  (Local Assistance: $7.5 million General Fund in 2021-22 and $10 million General Fund ongoing; State Operations: $2 million General Fund ongoing)

The May Revision builds on the Governor's Budget and proposes to remove the ADRC program suspensions to provide local assistance funding of $7.5 million in 2021-22 and $10 million ongoing for the ADRC Infrastructure Grants program. Additionally, an April 1st Budget Change Proposal includes $2 million ongoing to support 13.0 permanent positions to support the ADRC program.

The ADRC Infrastructure Grants program supports efforts by local AAAs and Independent Living Centers (ILCs) to set-up a state-wide network of ADRCs. The ADRC program, also known as "No Wrong Door," which was a key recommendation of both the Master Plan for Aging Stakeholder Advisory Committee and the Task Force on Alzheimer's. The ADRC program is the State's only coordinated "one-stop" telephone and on-line access which enables a single point of entry for older adults and people with disabilities, regardless of age, income, or disability, to navigate their local systems of long-term services and supports. ADRC programs provide warm hand-off information and referral/assistance services, person-centered options counseling, short-term service coordination during times of crisis, and transition services from hospitals to home and from skilled nursing facilities back into the community. There are currently 6 designated and 11 emerging ADRC programs in the state and this funding will enable the establishment of ADRC programs throughout the State.

The permanent staffing resources will allow CDA to support the administration of the grant program and to provide the ADRC network with state-wide oversight, coordination, training, and technical assistance. CDA will develop centralized services and resources to prevent duplication

of efforts by local ADRCs such as a statewide website and phone line. CDA will also work to establish the administrative capacity for the ADRC program to draw down federal funding through Medicaid Administrative Claiming.

In addition, the Older Adult Recovery and Resiliency proposal (see above) includes $9.4 million General Fund one-time for ADRC.

- ***HCBS Plan*: No Wrong Door/Aging and Disability Resource Connections (CDA) Interoperability**
  ($5 million enhanced federal funding one-time)

California is establishing a state-wide "No Wrong Door" system (or Aging and Disability Resource Connections), so the public can easily find information, person-centered planning, and care management for older adults and adults with disabilities across the range of home and community services provided by health plans (i.e., CalAIM "In Lieu of Services") community-based organizations (CBOs), and counties. This investment supports the interoperability between the proposed ADRC technology and data systems with CBOs, health plans, and counties, in line with the CalAIM goals for statewide Managed Long-Term Services and Supports for all Californians participating in Medi-Cal and with the new Office of Medicare Innovation and Integration. This will further the various aging proposals included in the Governor's May Revision and help to deliver on the vision of the Master Plan for Aging, which calls for California communities to build a California for All Ages where people of all ages and abilities are engaged, valued, and afforded equitable opportunities to thrive as we age.

- **Language Access Initiative (CHHS)**
  ($20 million General Fund one-time in 2021-22)

The May Revision proposes to improve and deliver language access services across the spectrum of Health and Human Services (HHS) programs in order to advance equity - including aging, disability, and family caregiver programs, which are serving an increasingly diverse population. This builds on a 2021 Governor's Budget proposal for CHHS to develop and implement an HHS-wide policy framework to improve language access standards across programs and services.

- **Master Plan for Aging Implementation (CDA)**
  ($3.3 million General Fund ongoing)

An April 1st Budget Change Proposal proposes $3.3 million General Fund ongoing to fund 20.0 permanent positions that will support the initial implementation of the Master Plan for Aging (MPA). These positions will provide MPA support through policy, technology, data, project management, and technical guidance. This investment is first step in developing a CDA infrastructure that can inform the work of the five MPA goals: housing for all ages; health reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging. The work of the MPA will be tracked through the Data Dashboard for Aging, the stakeholder oversight committee forming in spring 2021 (IMPACT), and the annual report process.

- **Senior Advisor on Aging, Disability, and Alzheimer's (Governor's Office)**

As proposed in the January Governor's Budget, the Governor aims to appoint in the new budget year a Senior Advisor on Aging, Disability, and Alzheimer's to advance cross-Cabinet initiatives and partnerships between government, the private sector, and philanthropy, such as closing the digital divide, transportation options beyond driving, and caregiving workforce solutions, for Californians of all ages.

Goal 4: Caregiving that Works

- **Family Caregiving Services (CDA)**

The Older Adult Recovery and Resiliency proposal (see above) includes $2.8 million General Fund one-time for the Family Caregiving program which provides supportive services to unpaid family caregivers of older adults and grandparents, or other older relatives, with primary caregiving responsibilities for a child.

- ***HCBS Plan*: Caregiver Resource Centers (DHCS)**
  ($5 million enhanced federal funding one-time)

Family caregivers are the largest group of providers of adult and disability care. This proposal would provide increased respite care, behavioral health services, and other supports to meet intensified needs due to pandemic pressures on families, through 11 Caregiver Resource Centers and 33 Area Agencies on Aging.

- **IHSS Long Term Care Career Pathways (CDSS)**
  ($200 million General Fund one-time in 2021-22)

The May Revision includes $200 million General Fund one-time in 2021-22 to incentive, support, and fund career pathways for In Home Supportive Service providers, allowing these workers to build on their direct care experience and obtain positions such as certified home health aide, certified nursing assistant, licensed vocational nurse, and more.

- ***HCBS Plan:* IHSS HCBS Care Economy Payments (CDSS)**
  ($137 million enhanced federal funding one-time)

This funding would provide a one-time incentive payment of $500 to each current IHSS provider that provided IHSS to program recipient(s) during a minimum of three months between March 2020 and December 2020 of the pandemic. The payment would be issued through the IHSS automated system, CMIPS and would focus on payment for retention, recognition, and workforce development.

- ***HCBS Plan*: Non-IHSS HCBS Care Economy Payments (DHCS)**
  ($6.25 million enhanced federal funding [$12.5 million Total Funding] one-time)

This funding would provide a one-time incentive payment of $500 to each current direct care, non-IHSS provider of Medi-Cal home and community-based services during a minimum of three months between March 2020 and December 2020. This amount would cover 25,000 direct care HCBS providers in MSSP, CBAS, HCBA, ALW, HIV/AIDS Waiver, PACE, and CCT and would focus on payment for retention, recognition, and workforce development.

- ***HCBS Plan:*** **IHSS Specialized Upskilling Pilots (CDSS, DHCS)**
  ($68.4 million enhanced federal funding one-time)

In consultation with stakeholders, the State will expand upon existing training and identify additional opportunities to support the specialized training of IHSS providers to further support consumers with complex care needs and to be utilized, when possible, in the proposed Community Based Residential Continuum Pilots for vulnerable, aging and disabled populations. More specifically:

  - Building on the May Revisions proposal to make significant investments to transform California's behavioral health system and to address the housing needs of those that are currently unsheltered, IHSS providers will gain additional competencies in meeting the behavioral health needs of those they support through this effort.
  - Pilot projects will also build capacity for IHSS providers to serve recipients with Alzheimer's or related dementia. The Master Plan on Aging indicates that by 2025, the number of Californians living with Alzheimer's disease will increase 25% from 670,000 today to 840,000 in 2025. Most persons with Alzheimer's or related dementia live at home, in the community, relying on a network of family caregivers and home care providers.
  - Finally, pilot projects will focus on meeting the needs of IHSS recipients who are severely impaired.

This furthers the $200 million one-time General Fund proposal that was included in the Governor's May Revision to incentivize, support and fund career pathways for IHSS providers, allowing these workers to build on their experience to obtain a higher-level job in the home care and/or health care industry.

The State will determine the process by which any required contracting and payment to identified training programs occurs. Efforts will also be made to ensure that specialized training is linked to existing career pathways, licensing, and certification to further expand the IHSS providers' ability for career advancement.

IHSS providers that complete a State-identified, with stakeholder input, pilot specialized training pathway will receive a $3.00/hour pay differential when enrolled to provide services to a recipient with the care need for which they completed specialized training.

This proposal includes funding to support county IHSS programs and/or IHSS Public Authorities, which will provide outreach to providers regarding training opportunities, assist interested

providers to connect with training, track completion of training and issue stipend payments, as well as any other identified administrative activities. Additionally, Public Authority registries should be enhanced to capture completed training pathways for registry providers.

Finally, this proposal includes automation and state operations costs to support CDSS' implementation of the efforts described above, as well as the costs for a contractor to evaluate the effectiveness of the efforts (e.g. in terms of provider retention and recipient satisfaction).

- ***HCBS Plan:*** **Direct Care Workforce (non-IHSS) Training and Stipends (CDA) ($150 million enhanced federal funding one-time)**

Direct care jobs are central to the economy: they are the largest (696,000) and fastest growing occupation in the State. Direct care is also essential to aging and disabled adults maintaining health and well-being while living at home – especially during the pandemic, direct care workers have provided critical care for adults staying home and staying safe from COVID-19. However, these care economy jobs often have limited training, compensation, and career paths and, as a result, inequitably burden the women, immigrants, and people of color who largely perform this work. These sector challenges also can lead to HCBS program providers and care recipients experiencing high turnover and staffing shortages. A new statewide Direct Care Workforce Training and Stipends Program – leveraging on-line learning innovations, rooted in adult learner principles, and delivered in multiple languages with cultural competency - will be provided to direct care workers caring for adults in HCBS (non-IHSS) programs. A statewide Training and Stipend program provides the foundation for and drives many positive outcomes in HCBS: for the care worker, these benefits include increased skills, satisfaction, and retention, as well as opportunities to advance on career and wage ladders; for the older and/or disabled adult, the benefits include increased health and well-being from high-quality care and the prevention of unnecessary institutionalization. This also furthers the Governor's May Revision to incentivize, support and fund career pathways for non-IHSS direct care HCBS providers, to build on their experience to obtain a higher-level job in the home care and/or health care industry.

- ***HCBS Plan*****: Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers (DHCS, DSS) ($50M enhanced federal funding one-time)**

PATH funds will support a multi-year effort to shift delivery systems and advance the coordination of delivery of quality care of services authorized under DHCS' Section 1115 and 1915(b) waivers. This complements the $200 million ($100 million General Fund) proposal in the Governor's May Revision to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.

California is proposing a significant expansion of the homeless system of care that will create over 2,000 direct service jobs for those providing services to homeless and formerly homeless individuals. Additionally, Medi-Cal is looking to expand enhanced care management and long-term services and supports statewide through CalAIM In Lieu of Services. To successfully implement these new investments, local governments and community-based organizations will

need to recruit, onboard, and train a new workforce. In particular, there is a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidenced based practices, implement information technology for data sharing, and will support training stipends.

- ***HCBS Plan*: Increasing Home and Community Based Clinical Workforce (OSHPD) ($100 million enhanced federal funding one-time)**

This proposal would increase the home and community-based clinical care workforce, including home health aide, CNA, LVN, RN workforce in Medi-Cal. The proposal focusses on increasing access and training for home based clinical care providers for children with complex medical condition, individuals with disabilities, and geriatric care for aging adults. Grants would be provided to clinics, physician offices, hospitals, private duty nursing providers, home health providers, or other clinical providers. To be eligible for funds, the provider would need to demonstrate significant Medi-Cal patient caseload. Grants can pay for loan repayment, sign-on bonuses, training and certification costs, etc.

- ***HCBS Plan:* Addressing Digital Divide for Adults with HCBS (CDA) ($4.7 million enhanced federal funding one-time)**

Telehealth services accelerated during the pandemic have the potential to improve access to health care from home and with family. Older adults, however, are less connected to the internet than younger populations and need devices, broadband, and tech support to equitably access tele-health, especially in rural and low-income communities. Older adults and adults with disabilities eligible for Medi-Cal tele-health services and participating in HCBS will be provided tablets or other appropriate devices for telehealth, along with broadband and tech support (including expanded language access for tech support). This initiative leverages a new CDA digital divide initiative with Older American Act providers to increase the number of older adults and adults with disabilities receiving HCBS who are connected to tele-health and to other digital services and supports that prevent isolation and support well-being, while furthering the goals of the Master Plan for Aging.

Goal 5: Affording Aging

- ***HCBS Plan:* Housing and Homelessness Incentive Program (DHCS) ($1 billion enhanced federal funding one-time)**

Medi-Cal managed care plans would be able to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. There would be a requirement that 85% of the funds go to beneficiaries, providers, and/or counties. Funds would be allocated by Point in Time counts of homeless individuals and other housing related metrics determined by DHCS. Managed care plans would have to meet specified metrics to draw down available funds.

The target populations for this program would be aging adults, individuals with disabilities,

families, individuals reentering from incarceration, homeless adults, chronically homeless individuals, persons who have/had been deemed (felony) incompetent to stand trial, Lanterman-Petris Short Act designated individuals, and veterans. This furthers the proposals included in the Governor's May Revision on housing and homelessness.

Managed care plans, in partnership with local public health jurisdictions, county behavioral health, Public Hospitals, county social services, homeless Continuum(s) of Care, and local housing departments must submit a Homelessness Plan to DHCS. The homelessness plan must outline how Housing and Homelessness Incentive Program services and supports would be integrated into the homeless system. This would include a housing and services gaps/needs assessment and how these funds would prioritize aging and disabled (including those with a behavioral health disability) homeless Californians. Plans should build off of existing local HUD or other homeless plans and be designed to address unmet need. In counties with more than one managed care plan, plans would need to work together to submit one plan per county.

The Homelessness Plans must including mapping the continuum of services with focus on homelessness prevention (particularly for the aging and/or disabled population), rapid re-housing (families and youth), felony incompetent to stand trial and Lanterman-Petris-Short Act patients and permanent supportive housing.

The Homelessness Plans must identify what services will be offered, how referrals will be made, how other local, state, and federal funding streams will be leveraged, and how progress will be tracked towards goals including numbers served and other incentive performance measures. The Plans should build on existing homelessness plans and articulate how CalAIM services are integrated into homeless system of care

The following are some examples of Administrative or Delivery System incentives:

- Hire Homelessness lead/liaison at managed care plans
- Implement closed loop referral system for connecting homeless individuals to service bundles, housing, rental subsidies, etc.
- Sign contracts with local entities such as the county, Continuum of Care, and/or housing CBOs.
- Investing in the creation or expansion of a flexible housing subsidy pool
- Investing in the creation or expansion of a training academy for homeless services workers (bonus for specialized community health workers training)
- Partnering with local health care providers for the homeless program
- Creating a housing voucher program
- Partnering with existing housing capital and acquisition programs including Homekey, Community Care Expansion, and Behavioral Care Continuum Infrastructure Program

Examples of Performance Measures:

- Incentive for every person housed
- Tiered bonus payments for % of county homeless housed
- Reduction in chronic homelessness (x% within the next X years OR Decrease X%

over prior year)
- Incentive for keeping someone housed; paid on 6 month increments
- Reduced recidivism (x% within the next X years OR Decrease X% over prior year)
- Reduction in first time homeless (prevention) OR number of households who receive homeless prevention services
- Reductions in street homelessness
- Reduction of repeat occurrences of homelessness
- % maximizing other entitlements (SSI, Food, Medi-Cal, CalWorks, IHSS, in-home support, etc.)
- Reduction in people experiencing homelessness in local jails
- Addressing racial disparities (by monitoring demographics in PIT count and HMIS)

- **Cost of Living Adjustment for State Supplemental Payment (SSP), Cash Assistance Program for Immigrants (CAPI), and California Veterans Cash Benefits (CVCB) (CDSS) ($66.3 million General Fund in 2021-22 and $131.5 million General Fund ongoing)**

The May Revision restores cost of living adjustments for SSP, CAPI, and CVCB recipients to 2011 payment levels. An estimated 1.2 million older and disabled Californians will participate in SSI/SSP in 2021-2022, receiving a monthly cash grant for basic needs of $955 for individuals and $1,598 for couples as of January-2021. The federal SSI program provides a monthly cash benefit to eligible aged, blind, and disabled persons who meet the programs income and resource requirements. In California, the SSI payment is augmented with a SSP grant. The state-only CAPI program provides monthly cash benefits to legal noncitizens who are ineligible for SSI/SSP solely due to immigration status.

- **Housing and Disability Advocacy Program (CDSS)**
  ($175 million General Fund annually in 2021-22, 2022-23, 2023-24)

The May Revision proposes $175 million per year through 2023-24 to assist older and disabled individuals experiencing homelessness. Additionally, the Budget waives the interim Assistance Reimbursement requirement through the end of 2023-24.

- **Home Safe (CDSS)**
  ($100 million General Fund annually in 2021-22 and 2022-2023)

The May Revision proposes $100 million per year through 2022-23 for access to health, safety, and housing supports for older and vulnerable adults involve in or at risk of involvement in Adult Protective Services.

- **Senior Nutrition: Home Delivered Meals and Community Center Meals (CDA)**
  ($17.5 million General Fund ongoing)

The May Revision builds on the Governor's Budget and proposes to remove the Senior Nutrition program suspensions to provide local assistance funding of $17.5 million ongoing. The Senior Nutrition Program provides both home-delivered and congregate meals at community and senior

centers, as well as nutrition education and nutrition-risk screening to individuals aged 60 or older. During the COVID-19 pandemic, a record number of meals have been delivered to older adults at home, due to increased federal, state, and local funds.

In addition, the Older Adult Recovery and Resiliency proposal (see above) includes $20.7 million General Fund one-time for the Senior Nutrition Program.

- **CalFresh Expansion Older Adults Outreach (CDA)**
  ($2.0 million [$1.1 million General Fund] ongoing)

The May Revision proposes continued funding for the CalFresh Expansion-Older Adults Outreach Program that assists eligible Supplemental Security Income (SSI) and State Supplementary Payment (SSP) recipients with applying for CalFresh food benefits. CalFresh enrollment is an effective way to reduce food insecurity and help older adults remain in their home and maintain the ability to perform activities of daily living. CalFresh provides greater access to nutritious foods and can "free-up" financial resources for other vital expenses, such as housing and medications.