



## **2021-22 Enacted State Budget:**

### **Master Plan for Aging Investments**

***Including the  
Home and Community Based Services  
Spending Plan (July 12<sup>th</sup> Proposal to CMS)***

**September 3, 2021**

The 2021-22 Enacted Budget includes significant new investments to build an age- and ability-friendly California and support the growing and diversifying population of older adults, people with disabilities, and family caregivers, to live in the homes and communities we choose as we age. California's more than 8.6 million adults 60 and over and their families faced serious risks and devastating losses during COVID-19. Recovery and resiliency for older and disabled Californians, and their families and caregivers, is central to advancing a California for All.

The Enacted Budget:

- Responds to the urgent needs of older adults, adults with disabilities, and caregivers during the pandemic and recovery.
- Empowers California's older and disabled adults who are helping lead our communities, families, and State, in building a California for all ages.
- Invests in California's networks of aging and disability services to build back better, with greater alignment and coordination of person-centered, equity-focused, and data-driven services.

The Enacted Budget has comprehensive investments to advance the goals of the Master Plan for Aging (released on January 6, 2021), in order to build a California for all Ages by 2030. The Plan was informed by valuable input from the public, stakeholders, the Legislature, the all Cabinet Work Group, and the Governor's Task Force on Alzheimer's Disease Prevention and Preparedness. The Master Plan sets forth five bold goals for 2030 and, for 2021-2022, commits to implement over 100 specific initiatives – all to advance housing for all ages and stages; health care reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging.

The final budget includes major investments on housing, health, and climate, among other priorities, that will benefit Californians of all ages. There are also targeted investments, both new and continuing, in older adults across multiple departments in the Cabinet and 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 investments to advance the Master Plan for Aging are summarized below, under each of the five bold goals.

As part of the budget for 21-22, on July 12, DHCS formally [submitted](#) California's \$4.6 billion Medicaid [Home and Community-Based Services \(HCBS\) Spending Plan](#) to the federal Centers for Medicare & Medicaid Services (CMS). The plan is currently subject to CMS review and approval. This plan reflects many of the investments included in the initial version released by the Administration in early June, as well as program funding included in the 2021 Budget Act. The HCBS Plan will expand services for California's most vulnerable and at-risk residents through both new and existing programs that will strengthen HCBS in the state's Medicaid delivery systems. These investments will also build on the bold proposals in the [California Comeback Plan](#) to build capacity and transform critical safety net programs, as well as promote economic mobility and social stability.

## **New Investments for a California for All Ages and Abilities**

### **Goal 1: Housing for All Ages and Stages**

#### ***Strategy A: More Housing Options***

- **Accessory Dwelling Unit (ADU) Financing (BCSH)**  
**(\$81 million one-time federal funds)**

The Budget includes \$81 million one-time Coronavirus State Fiscal Recovery Fund to expand CalHFA's ADU financing program for the construction of new ADUs. This supplements \$19 million currently appropriated for the program, providing a total \$100 million to support low-cost production and increase the number of housing units statewide. This investment will expedite production of lower cost housing that can be a good choice for older and disabled adults, multi-generational families, and caregivers.

- **Streamlining Backlogged Affordable Housing (BCSH)**  
**(\$1.75 billion for construction, \$300 million for preservation)**

The Budget provides \$1.75 billion one-time Coronavirus State Fiscal Recovery Fund to more than 6,300 shovel ready affordable housing units, which have successfully acquired state funding, to expedite the construction of projects in lieu of waiting or applying for state tax credits. Additionally, \$300 million has been invested for the preservation of existing affordable housing.

- **Community Care Expansion (CDSS)**

**(\$805 billion [\$348 million enhanced federal funding] over three-year period)**

The budget provides \$805 million for the construction, acquisition, and/or rehabilitation of licensed adult and senior care facilities, including Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs), to be able to serve more people experiencing homelessness or who are at risk of becoming homeless. The grants, which will be administered by the Department of Social Services will allow counties and tribal entities to fund capital improvements and physical upgrades to support additional supportive housing for older adults and people with disabilities.

- **Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations (DHCS, CDSS)**  
**(\$110M enhanced federal funding [\$298M TF] 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 budget 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.

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

CA will 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. DHCS will work with stakeholders to ensure care coordination and transition as beneficiaries are enrolled in ALW.

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- **Adult Family Homes for Older Adults (CDA, with DDS)**  
**(\$9 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 GF appropriation to provide grants to the local 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, but, due to COVID-caused delays in entering homes to provide modification services, has been granted an extension through 06/30/2022.

The Master Plan for Aging Implementation investment funding also includes 1.0 limited-term staff position to continue oversight of the program (see above). In addition, the Older Adults' Recovery and Resilience investment funds additional falls prevention/home modifications. (see below).

### ***Strategy B: Transportation Beyond Cars***

- **Multimodal Statewide Transportation Projects (CalSTA)**  
**(\$1 billion general fund for Priority Transportation and Rail and \$500 million general fund for Active Transportation)**

Of the \$3.4 billion General Fund investment for High-Priority Transportation Projects throughout the state, \$1 billion will improve rail and transit connectivity between state and regional/local services and \$500 million will advance projects that increase the safety and use of active modes of transportation, such as walking and biking. Funding for these projects is subject to subsequent legislative action.

### ***Strategy C: Outdoor and Community Spaces for All Ages***

- **Dementia-Friendly Communities (CDPH)**

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**(1.7 million one-time General Fund)**

This investment will allow CDPH to allocate grants to California cities or local health jurisdictions to address dementia in communities most at-risk for Alzheimer’s Disease and related dementias through place-based and built environment interventions.

***Strategy D: Emergency Preparedness***

- **Permanent In-Home Support Services Back-Up Provider System (CDSS)**  
**(\$12.8 million General Fund one-time in 2021-22)**

The budget authorizes \$12.8 million to create a permanent IHSS back-up provider system in California. The trailer bill, however, expressly requires the Department of Social Services to work with stakeholders to create and propose a back-up system to the legislature and pass legislation before the funding can be allocated. During the COVID-19 pandemic, every county was required to set-up an emergency IHSS provider back-up system, which will operate through the end of 2021.

- **Equitable Emergency Response (CalOES)**  
**(\$100 million one-time General Fund)**

This investment will be used to implement an equitable all-hazards grant program focused on building resiliency in disadvantaged communities and providing assistance to communities who often lack resources or expertise in drafting competitive grant applications to leverage federal and private funds.

***Strategy E: Climate-Friendly Aging***

- **Climate Resilience**  
**(\$3.7 billion General Fund over three years)**

The budget includes investments for communities that are facing the impacts of climate change. The use of these funds will be determined later this summer and will include, but not be limited to, proposals addressing extreme heat, sea level rise, and community-driven infrastructure investments in the most disadvantaged communities, which are often the hardest hit by climate change and other health, environmental, and economic challenges.

**Goal 2: Health Reimagined**

***Strategy A: Bridging Health Care with Home***

- **California Advancing and Innovating Medi-Cal (CalAIM) Initiative**  
**(\$1.6 billion [\$650.7 million General Fund] in 2021-22 for the CalAIM initiative; the cost increases in General Fund to \$1.5 billion [\$812.5 million General Fund] by 2023-24 and decreases to \$900 million [\$480 million General Fund] in 2024-25 and ongoing.)**

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The Budget supports the California Advancing and Innovating Medi-Cal (CalAIM), a transformation of the delivery of Medi-Cal to manage risk and improve outcomes and improve health care equity. Enhanced Care Management (ECM) and In Lieu of Services (ILOS) are foundational components of CalAIM. ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services that is community-based, interdisciplinary, high-touch, and person-centered. ILOS are medically appropriate and cost-effective alternatives to services covered under the State Plan.

- **Medically Tailored Meals (DHCS)**  
**( \$9.3 million one-time General Fund)**

The Budget includes investments to continue the provision of medically tailored meals in the period between the conclusion of the existing pilot program in 2021 and when medically tailored meals become available as an option for In-Lieu of Service under CalAIM.

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

The Enacted Budget 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.

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

The budget includes investments to fund permanent restoration of the 7% IHSS hours cut. Additionally, the budget trailer bill strikes Welfare and Institutions Code sections 12301.01 and 12301.02, which authorized the reduction. This permanent restoration will help ensure older Californians can age safely at home without fear of an arbitrary reduction in services.

- **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 Community-Based Adult Services program served 35,044 individuals at the 257 Community-Based Adult Service centers. The Enacted Budget provides an increase of 10.0 permanent positions to allow CDA to keep up with increased certification workload in the program and to lead innovative efforts to improve the provider certification process. It is estimated that the CBAS network will continue to increase by 12 or more new centers annually. This staffing investment will allow CDA to process the applications in a timely

2021-22 State Budget MPA Investments, with July 12 HCBS Spending Plan Proposal manner and maintain the bi-annual recertifications to ensure the well-being and safety of older adults that rely upon these centers.

- **Traumatic Brain Injury Program (DOR)**  
**(\$5 million enhanced federal funding one-time, \$5 million TF, 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 Medi-Cal 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 additional TBI sites in unserved/underserved areas.

- **Long-Term Services and Supports Data Transparency (DHCS)**  
**(\$2 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.

### ***Strategy B: Health Care as We Age***

- **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)**

No sooner than May 1, 2022, California will expand access to full-scope Medi-Cal for adults 50 and over regardless of immigration status. Coverage will include access to In-Home Supportive Services (IHSS) if the person has need for the services. An additional 235,000 Californians will have access to health care.

- **Medi-Cal Asset Test Limit Elimination**  
**(\$394 million [\$197 million General Fund] in 2022-23, ongoing)**

The Budget includes funding to increase the Medi-Cal asset limit to \$130,000 for an individual (plus \$65,000 for each additional household member) no sooner than July 1, 2022 and to fully eliminate the asset limit for no sooner than January 1, 2024.

- **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 insurance, other health-insurance related issues, and planning for Long-Term Care needs. HICAP also provides legal assistance or legal referrals in dealing with Medicare or Long-Term Care insurance-related needs. The total baseline funding for HICAP is \$13.6 million. In 2019-20, the program served 63,255 older adults.

The Enacted Budget provides two-year limited-term resources to modernize HICAP and address the growing older adult population. These resources include 3.0 state positions to develop, implement, and lead HICAP modernization efforts and local assistance funding to allow local HICAPs to hire 1.0 fulltime Volunteer Coordinator.

- **Medi-Medi Seniors Medi-Cal Navigators**  
**(\$12 million General Fund in 2021-22 and 2022-23)**

The Budget includes investments to support Navigators for dually-eligible senior Medi-Cal beneficiaries.

### ***Strategy C: Lifelong Health Aging***

- **Office of Suicide Prevention (CDPH)**  
**(\$2.8 billion ongoing general fund)**

The Budget includes \$2.8 million ongoing General Fund for the Office of Suicide Prevention.

### ***Strategy D: Geriatric Care Expansion***

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

The budget provides 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.



**Strategy E: Dementia in Focus**

- **Bold and Equitable Path Forward on Alzheimer’s (CDPH)  
(\$17 million General Fund one-time in 2021-2022)**

The budget 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. Investments to be administered by CDPH are five-pronged: \$5 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; \$2 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.)

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

The state budget addresses 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 12 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

- **Alzheimer’s Day Care and Resource Centers (CDA)  
(\$5 million enhanced federal funding one-time available over three years)**

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 live with dementia, with women and

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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.

### ***Strategy F: Nursing Home Innovation***

- **Office of Long-Term Care Patient Representative (CDA)**  
**(\$4 million General Fund ongoing)**

The FY 2021-22 Enacted Budget 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 the 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.

## **Goal 3: Inclusion and Equity, not Isolation**

### ***Strategy A: Inclusion and Equity in Aging***

- **Older Adult Recovery and Resiliency (CDA)**  
**(\$106 million enhanced federal funding one-time available over three years)**

The Enacted Budget provides 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 Area Agencies on Aging. 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.

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

The budget provides \$20 million to CHHS to improve and deliver language access services, including to older adults and people with disabilities, contingent upon the completion of a framework and a report to the legislature. The Agency includes important departments that interface regularly with

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low-income older Californians, like Health Care Services, Social Services, Public Health, and Aging.  
The money must be encumbered or spent by June 30, 2024.

### ***Strategy B: Closing the Digital Divide***

- **Access to Technology for Seniors and Persons with Disabilities Funding (CDA)**  
**(\$50M enhanced federal funding one-time available over three years)**

This initiative includes \$50 million to fund the Access to Technology Program for Older Adults and Adults with Disabilities pilot program. The purpose of this program is to provide grants directly to county human services agencies, that opt in to participate in the pilot program, to increase access to technology for older adults and adults with disability to help reduce isolation, increase connections, and enhance self-confidence.

In addition, as mentioned above, the Older Adult Recovery and Resiliency investments includes \$17 million one-time for Digital Connections.

### ***Strategy C: Opportunities to Work***

- **Employment Opportunities for Older Adults**  
**(\$17 million enhanced federal funding one-time available over three years)**

The Older Americans Recovery and Resilience investments (above) include a \$17 million one-time investments for employment opportunities for older adults at non-profit organizations or governmental entities. Priority will be given to prospective participants who demonstrate additional barriers to employment, such as limited English proficiency or low literacy skills, residing in rural area, homeless or at risk of homeless. This program serves as a bridge to unsubsidized employment opportunities for participants.

### ***Strategy D: Opportunities to Volunteer and Engage Across Generations***

- **Inclusion of Older Californians in Volunteer Programs**

Budget investments will be used to ensure CalVolunteers Service Corps and Volunteer Cadre is reflective of the talents, experience, and skills brought to bear with multigenerational, inclusive, and diverse membership. Furthermore, the investment will include providing service corps and volunteer commitments with community organizations and marginalized communities across the state with special emphasis on age, race, ethnicity, and disability. The investment includes amplifying and centering the work through all of California Volunteers communication channels.

### ***Strategy E: Protection from Abuse, Neglect, and Exploitation***

- **Adult Protective Services (APS) Expansion (CDSS)**

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**(\$70 million General Fund)**

APS will receive \$70 million for a statewide expansion of its client base. Beginning January 2022, APS will define an “elder” as an adult 60 and older, a shift from previously serving adults 65 and older. Currently, half of all homeless adults are over the age of 50, and this population is expected to triple in the next decade. By decreasing the minimum age for APS services, APS workers will be able to address issues that lead to homelessness before an older adult loses their housing. In addition, a workgroup will be created to develop recommendations for establishment of a statewide APS case management or data warehouse, in line with Master Plan on Aging recommendations from elder justice advocates.

- **Elder and Disability Abuse Prevention (CDA)**

The Older Adult Recovery and Resilience includes \$1 million one-time investment for Elder and Disability Abuse Prevention, including support for a new state Elder and Disability Justice Coordinating Council.

***Strategy F: Leadership in Aging***

- **No Wrong Door/Aging and Disability Resource Connection (ADRC) (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 Enacted Budget 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 1<sup>st</sup> 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

2021-22 State Budget MPA Investments, with July 12 HCBS Spending Plan Proposal administrative capacity for the ADRC program to draw down federal funding through Medicaid Administrative Claiming.

In addition, as mentioned above, the Older Adult Recovery and Resiliency investments include \$9.4 million General Fund one-time for ADRC.

- **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), homeless Continuums of Care, 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 state budget 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

In addition, one-time funding for ADRC/No Wrong Door to support *customer-facing technology* statewide is included in the Older Adult Recovery and Resilience investment.

- **Local Area Agencies on Aging (AAA) (CDA) (3.3 million General Fund ongoing)**

The budget includes \$3.3 million ongoing for baseline funding increases for AAAs through the Department of Aging. AAAs offer community-based services that help older adults age safely at home. By investing in AAAs, California is supporting older adults at the community level, which is particularly important for older adults in rural communities as AAA is the only resource for caregiver supports, transportation, and nutrition.

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

The Enacted Budget includes \$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.

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

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**

##### ***Strategy A: Family and Friends Caregiving Support***

- **Caregiver Resource Centers (DHCS)**  
**(\$10 million enhanced federal funding one-time)**

Family caregivers are the largest group of providers of adult and disability care. This investment provides 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.

- **Family Caregiving Services (CDA)**  
**(\$2.8 enhanced federal funding one-time available over three years)**

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 to grandparents, or other older relatives, with primary caregiving responsibilities for a child.

##### ***Strategy B: Direct Care Job Creation***

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

The budget 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.

- **IHSS Career Pathways (CDSS, with DHCS)**  
**(\$295.1 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. Pilot projects

2021-22 State Budget MPA Investments, with July 12 HCBS Spending Plan Proposal will build capacity for IHSS providers to serve recipients with Alzheimer's or related dementia and will focus on meeting the needs of IHSS recipients who are severely impaired.

This furthers the \$200 million included in the state budget to incentivize, support and fund career pathways for IHSS providers, allowing these workers to build their skills to better serve IHSS recipients and/or obtain a higher-level job in the home care and/or health care industry. The training opportunities will be voluntary and include, but not be limited to, learning pathways in the areas of general health and safety, caring for recipients with dementia, caring for recipients with behavioral health needs, and caring for recipients who are severely impaired

- **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 two months between March 2020 and March 2021 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.

- **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.

- **Direct Care Workforce (non-IHSS) Training and Stipends (CDA, with DHCS, DSS, OSHPD)**  
**(\$150 million enhanced federal funding one-time available over three years)**

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

2021-22 State Budget MPA Investments, with July 12 HCBS Spending Plan Proposal

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 investment furthers the Governor's goal 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.

- **Increasing Home and Community Based Clinical Workforce (OSHPD, with DHCS, CDPH, CDA) (\$75 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.

- **Providing Access and Transforming Health (PATH) funds for Homeless and HCBS Direct Care Providers (DHCS, with DSS and OSHPD) (\$50M enhanced federal funding, \$100 million total funding, one-time)**

PATH funds will support a multi-year effort to shift delivery systems and advance the coordination and delivery of quality care and services authorized under DHCS' Section 1115 and 1915(b) waivers. This complements the \$200 million (\$100 million General Fund) proposal in the state budget 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 through investments in California Department of Social Services programs. Additionally, Medi-Cal is planning to expand Enhanced Care Management (ECM) and long-term services and supports statewide through CalAIM In Lieu of Services (ILOS). 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 support training stipends. Funds will also support ECM and ILOS provider capacity building (e.g., workflow development, operational requirements and oversight) and delivery system infrastructure investments (e.g., certified EHR technology, care management document systems, closed-loop referral, billing systems/services, and onboarding / enhancements to health information exchange capabilities).



**Goal 5: Affording Aging**

***Strategy A: End Homelessness for Older Adults***

- **Housing and Homelessness Incentive Program (DHCS)**  
**(\$650 million enhanced federal funding, \$1.3 billion total 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.

- **Project Roomkey (CDSS)**  
**(\$150 million of one-time General Fund)**

This investment will allow additional time to transition and rehouse formerly homeless individuals from temporary motels to interim or permanent housing. Project Roomkey allowed for underutilized hotels and motels to provide temporary non-congregate shelter during the pandemic, and similar properties across the state were made available to be acquired and converted into permanent housing through the Homekey Program. Since its launch, Project Roomkey has provided safe shelter from the pandemic to over 36,000 Californians experiencing homelessness, many of whom are still residing in isolation/quarantine hotels. The Budget includes \$150 million one-time General Fund to support the stability of the state’s FEMA-funded non-congregate shelter population and transition of individuals from Project Roomkey into permanent housing following the September 2021 sunset of the federal reimbursement availability from the pandemic.

- **Project Homekey (BCSH)**  
**(\$2.75 billion one-time General Fund)**

The budget provides \$2.75 billion in a combination of state and federal funds over two years to expand Project Homekey. The new monies will be used to purchase, convert, and rehabilitate unused motels, residences, and commercial spaces to house formerly homeless individuals and those at risk of homelessness, and for operations. This provides opportunities for individuals housed through Project Roomkey to maintain permanent housing.

- **Housing and Disability Advocacy Program (CDSS)**  
**(\$300 million over two years, in addition to the ongoing annual funding of \$25 million)**

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The budget provides \$300 million over two years for HDAP, in addition to the ongoing annual funding of \$25 million, to help disabled individuals experiencing homelessness with benefits advocacy to apply for SSI and housing assistance. Additionally, the Budget waives the interim Assistance Reimbursement requirement through the end of 2023-24.

- **Home Safe (CDSS)**  
**(\$92.5 million General Fund annually in 2021-22 and 2022-2023)**

The budget includes investments to expand the Home Safe program statewide. Participating counties provide access to health, safety, and housing supports for individuals, including older adults involved in or at risk of involvement in Adult Protective Services (APS). The program has also expanded the definition of eligible individuals to include those who are in the process of intake with APS or who may be served through a tribal social services agency who appear to be eligible for APS services.

- **Supportive Services for Formerly Homeless Veterans (CalVet)**  
**(\$25 million one-time General Fund)**

The budget invests \$25 million in the California Department of Veterans Affairs to administer a competitive grant program to support aging veterans and veterans with disabilities who have experienced chronic homelessness. This program will provide a higher level of on-site supportive services, such as in-home support to help with habitability, peer specialists to encourage veterans to engage in mental health care, and geriatric social workers to identify behavioral issues related to early onset dementia or similar cognitive issues. This program will support residents in permanent supportive housing projects throughout California, primarily projects supported by Housing and Urban Development–Veterans Administration Supportive Housing (HUD VASH).

### ***Strategy B: Income Security as We Age***

- **Golden State Stimulus (SSI/SSP, ETIC, and CalWORKS):**  
**(8.1 billion General Fund)**

The state budget provides \$8.1 billion for Golden State Stimulus relief to Californians with incomes of up to \$75,000, including older and disabled adults who receive California’s Earned Income Tax Credit, the only one in the nation to cover older adults; SSI/SSP basic income; or CalWORKS, as caregivers of children.

### ***Strategy C: Protection from Poverty and Hunger***

- **Cost of Living Adjustment for State Supplemental Payment (SSP) (CDSS)**
- **Cash Assistance Program for Immigrants (CAPI) (CDSS)**
- **California Veterans Cash Benefits (CVCB) (CDSS)**

2021-22 State Budget MPA Investments, with July 12 HCBS Spending Plan Proposal  
**(\$66.3 million General Fund in 2021-22 and \$131.5 million General Fund ongoing)**

The 2021-2022 budget 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. SSI older adults and people with disabilities have faced cost increases in housing, food, and other essentials in the past decade, as well as more recent costs due to COVID-19. 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. The CVCB program is a State-funded program that was mandated by State law in 2000, with the first benefit checks being issued in 2001. This State program is closely linked to a similar federally funded program, the Special Veterans Benefit (SVB) program.

- **Senior Nutrition: Capacity and Infrastructure (CDA)**  
**(\$40 million enhanced federal funding one-time available over three years)**

The legislature has provided CDA with \$40 million to fund capacity and infrastructure improvement grants for senior nutrition programs under the Mello-Granlund Older Californians Act until June 30, 2024. The grants shall prioritize purchasing, upgrading, or refurbishing infrastructure for the production and distribution of congregate or home-delivered meals, including, but not limited to, any of the following: Production-scale commercial kitchens; warming, refrigeration, or freezer capacity and equipment; food delivery vehicles; improvements and equipment to expand capacity for providers of meals; and technological or data system infrastructure for monitoring client health outcomes. Grants will be awarded through Area Agencies on Aging. All contracted meal-providers must work with their local Area Agency on Aging to develop a coordinated and consolidated request for proposal on behalf of each Planning and Service Area to obtain funding through this grant program.

- **Senior Nutrition: Home Delivered Meals and Community Center Meals (CDA)**  
**(\$31.8 million General Fund in FY 21-22 and \$52.5 million ongoing)**

Total baseline funding for Senior Nutrition programs is \$117.8 million (\$26.1 million GF). Senior Nutrition programs provide 19,325,463 meals to 222,448 unduplicated participants in 2019-20. With additional federal Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act funds, the AAAs were able to provide an additional 2,825,981 meals to older adults in 2019-20.

The Enacted Budget removes Senior Nutrition program suspensions to provide local assistance funding of \$52.5 million ongoing. The Senior Nutrition Program provides both home-delivered and congregate meals at community and senior centers and 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.

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In addition, the Older Adults' Recovery and Resilience investment funding (see above) includes a \$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 budget provides 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.