



## **2021-22 May Revision to the Governor's January-2021 Budget: Investments at the California Department of Aging**

The 2021-22 May Revision includes significant new investments 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 and outlines over 100 specific initiatives for 2021-22 – all to advance housing for all ages and stages; health care reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging.

The May Revision includes investments at the Department of Aging, as part of a two-prong approach of both overarching proposals to advance a California for All that will benefit all Californians as we age, as well as targeted new, and continuing, investments across multiple departments in the Cabinet and the California Health and Human Services Agency.

In addition, the federal government continues to support state and local aging programs during the COVID crisis with significant stimulus and relief funding included in the 2021 Consolidated Appropriations Act (H.R.133) and 2021 American Rescue Plan (H.R.1319); these investments are summarized at the end of the document.

**Targeted New Investments at CDA**

**1. PUBLIC "NO WRONG DOOR" FOR AGING AND DISABILITY INFO & SERVICES**

**Aging and Disability Resource Connection (ADRC)  
(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 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 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 Area Agencies on Aging (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 10 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 below) includes \$9.4 million General Fund one-time for ADRC.

**Medicare Options/Health Insurance Counseling and Advocacy Program Modernization  
(HICAP)  
(\$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, and 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.

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An April 1 Budget Change Proposal 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.

## **2. HOME AND COMMUNITY LIVING**

### **Older Adults' Recovery and Resilience (\$106 million General Fund one-time, available through 06/30/24)**

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 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.

### **Senior Nutrition (\$17.5 million General Fund ongoing, suspension lifted per May Revision)**

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 May Revision builds on the Governor's Budget and proposes to remove 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 Senior Nutrition Program.

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**Supportive Services & Family Caregiving**

Total baseline funding for Supportive Services & Family Caregiving is \$61.5 million. These services enable individuals to access the support necessary for them to remain independent in their communities, continue in their caregiving role, and/or receive long-term care services appropriate to their needs. These programs provide services in the community to adults 60 years of age or older and their family caregivers.

**Fall Prevention / Home Modifications  
(\$5 million GF from 2019-20, Reappropriated through 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. The proposed reappropriation until 06/30/2022 would allow AAAs to expend and liquidate funds through 06/30/22.

The Master Plan for Aging Implementation April 1 BCP (see above) also includes 1.0 limited-term staff position to continue oversight of the program.

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

**Community-Based Adult Services (CBAS) Certification Workload  
(\$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 May Revision proposes 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.

**Multipurpose Senior Services (MSSP)**

The MSSP provides both social and health care coordination services to assist frail individuals aged 65 or older to remain in their own homes and communities. Total baseline funding for MSSP is \$23.6 million (\$21.8 million General Fund). The MSSP is a vital resource to ensuring that frail older adults can avoid unnecessary long-term care institutionalization. The MSSP serves approximately 11,370 participants a year in 9,232 slots across 38 sites.

### **3. RESIDENTS' WELL-BEING IN LONG-TERM CARE FACILITIES**

#### **Office of the State Long-Term Care Ombudsman**

The Long-term Care Ombudsman serve as advocates for residents of long-term care facilities, the State Long-Term Care Ombudsman and the local Ombudsman representatives seek resolution of residential facility complaints with the goal of ensuring residents' rights, dignity, quality of care, and quality of life. Statewide, approximately 723 state-certified Ombudsman volunteers and paid local Long-Term Care Ombudsman Program staff identify, investigate, and resolve complaints and concerns in over 1,200 skilled nursing facilities and approximately 7,300 residential care facilities for the elderly. Total baseline funding for the program is \$17.4 million (\$9.2 million General Fund).

#### **Office of the Long-Term Care Patient Representative (\$4 million Licensing & Certification Fund ongoing)**

An April 1 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.

### **4. MASTER PLAN FOR AGING IMPLEMENTATION**

#### **Master Plan for Aging Implementation (Phase I) (\$3.3 million General Fund ongoing)**

An April 1 Budget Change Proposal includes \$3.3 million General Fund ongoing to fund 20.0 permanent positions that will support the implementation of the Master Plan for Aging (MPA). These positions will provide MPA support thought 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 reimaged; 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.

### **Federal Stimulus Funds and New COVID Relief Funds Included in the Federal 2021 Budget**

The federal stimulus funds passed to date provided needed funding for aging programs for older adults so that they had access to services while they are under stay-at-home orders.

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- The Families First Coronavirus Response Act (FFCRA) provided California \$25 million for Senior Nutrition programs.
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided California \$50 million for Senior Nutrition programs, \$31 million for Supportive Services and Family Caregiving, \$3 million for ADRCs, and \$2 million for LTC Ombudsman programs.
- The Consolidated Appropriations Act 2020 provided California \$17.5 million for the Senior Nutrition programs, \$417,000 to LTC Ombudsman for Elder Justice activities, and \$5.2 million (AAAs) and \$1.6 million (ADRCs) for expanding COVID-19 vaccine access for older adults and adults with disabilities.
- The American Rescue Plan will provide California with \$47.7 million for Supportive Services (Title III-B), \$77.8 million for Senior Nutrition programs (Title III-C1/C2), \$4.6 million for OAA Preventative Health programs (Title III-D), \$14.9 million for Family Caregivers (Title III-E) and \$1.0 million for LTC Ombudsman (Title VII).

May Revision Proposed Funding (less Federal Stimulus)			Federal Stimulus Funds			
Program	2020-21	2021-22	Families First Coronavirus Response Act	CARES Act	Consolidated Appropriations Act (H.R.133)	American Rescue Plan (H.R.1319)
ADRC	\$5,000	\$19,336	\$ -	\$3,005	\$1,600	\$ -
Senior Nutrition	\$119,226	\$140,678	\$ 25,086	\$50,173	\$17,500	\$77,825
Supportive Services & Family Caregiver**	\$ 60,912	\$114,154	\$ -	\$31,236	\$ -	\$62,626
CBAS	\$6,057	\$7,740	\$ -	\$ -	\$ -	\$ -
MSSP	\$23,779	\$23,568	\$-	\$ -	\$ -	\$ -
LTC Ombudsman	\$18,630	\$18,385	\$ -	\$2,091	\$417	\$1,037
HICAP	\$13,714	\$15,684	\$ -	\$ -	\$ -	\$ -
Senior Employment Services	\$7,987	\$25,111	\$ -	\$ -	\$ -	\$ -
LTC Patient Representative	\$-	\$2,506				
Other Programs *	\$2,542	\$5,651	\$ -	\$ -	\$5,200	\$4,589
<b>Total</b>	<b>\$257,847</b>	<b>\$372,813</b>	<b>\$25,086</b>	<b>\$86,505</b>	<b>\$24,717</b>	<b>\$146,077</b>

\* Other Programs include: Policy & Planning, Medicare Improvements for Patients and Providers Act, Alzheimer's Local Assistance Grant, Preventative Health, and Vaccine Access Supplemental Funding for the AAA & ADRC networks

\*\* Does not include funds for Aging & Disability Resource Connection program budgeted under Supportive Services program.