



**2021-22 May Revision to the Governor's January-2021 Budget:
Investments at the California Department of Aging (CDA)
*Updated June 3 with Administration's
Home and Community Based Services Spending Plan
Proposals at CDA***

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 reimaged; 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. This document summarizes the May Revision proposals at CDA.

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 five HCBS Spending Plan proposals at CDA.*

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 Adults’ Recovery and Resilience proposal (see below) includes \$9.4 million General Fund one-time for ADRC.

- **HCBS Plan (CDA 1): No Wrong Door/Aging and Disability Resource Connections (\$5M 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 proposed 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.

- **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.

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 Revise)

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 Adults' Recovery and Resilience proposal (see above) includes \$20.7 million General Fund one-time for Senior Nutrition Program.

- **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 Adults' Recovery and Resilience 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.

- **HCBS Plan (CDA 2): Alzheimer's Day Care and Resource Centers (\$10M 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.

- **HCBS Plan (CDA 3): Addressing Digital Divide for Adults with HCBS (\$4.7M enhanced federal funding [\$9.5M Total 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 telehealth, especially in rural and low-income communities. Older adults and adults with disabilities eligible for Medi-Cal telehealth 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 telehealth and to other digital services and supports that prevent isolation and support well-being, while furthering the goals of the Master Plan for Aging.

- **HCBS Plan (CDA 4): Adult Family Homes Pilot for Older Adults (\$9.1M enhanced federal funding, \$2.6M 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 a pilot in one Area Agency on Aging and the one of the existing non-profit FHAs. Moreover, this furthers the vision and recommendations of the Master Plan for Aging.

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. DIRECT CARE WORKFORCE

- ***HCBS Plan (CDA 5): Direct Care Workforce (non-IHSS) Training and Stipends (\$150M 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.

5. 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.

- 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
Total	\$257,847	\$372,813	\$25,086	\$86,505	\$24,717	\$146,077

* 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.