

ADVANCING CALIFORNIA'S MASTER PLAN FOR AGING

California Community CHOICES for ALL- *Making Home and Community-Based Care a Reality*

This package of proposals calls for California to commit, at minimum, an additional \$2.5 billion annually to improve access to services and supports that help older adults and people with disabilities get the care they need at home, rather than in a nursing facility. The framework represents new investments in California's Master Plan for Aging that are targeted to expand access to home and community-based services. Through these investments, California will continue to lead the way in building a statewide community that values and embraces the diversity of older adults, people with disabilities, and caregivers. By improving access to home and community-based services, these investments will also address the underlying system challenges laid bare by the COVID-19 pandemic.

INVESTMENTS:

Home and Community-Based Services as a Right

- California Community CHOICES: California's HCBS State Plan Benefit

Access

- Building the HCBS Infrastructure: A Core HCBS Service Mix Across California
- Housing as a Right: The Older Adult and People with Disabilities Rental Assistance Program
- Community Living Fund
- Coordinated, Accessible Transportation
 - Consolidated Transportation Service Agencies
 - Rural Transportation Infrastructure
- Supporting Family Caregivers
 - Paid Sick Leave for Family Caregivers
 - Strengthening California's Caregiver Resource Centers
- Infrastructure Investments and Start-Up Grants: ADHC and PACE
- MSSP in every county
- Supporting Older Adults and People with Disabilities in Times of Emergency
- Improving Care Delivery: Building Coordination Between IHSS and Managed Care Organizations

Affordability

- Fighting Poverty and Expanding Access by Reforming Medi-Cal Share of Cost

Navigation

- ADRC Consumer Portal, Call Center and Outreach Strategy
- ADRC Standard Assessment and Protocol

TOTAL INVESTMENTS:

\$2.5 billion

Values and Vision

California has an opportunity to build a system that allows more older adults and people with disabilities to receive the care they need at home, instead of having to move into institutions. The Master Plan for Aging Stakeholder Advisory Committee believes that investing in equitable system transformation is grounded in the following values and vision:

VALUES

- **Putting the Person First:** The needs, values and preferences of individuals and their caregivers will be honored by the system and its providers.
- **Home and Community-Based Services (HCBS) as a Right:** California's older adults and people with disabilities have a right to access the services and supports they need within their home and community – which is core to achieving an equitable, person-centered system of care.
- **Equity in Service Delivery:** Equity will be prioritized to ensure access to services and supports are inclusive of race, ethnicity, age, ability, sexual orientation, and gender identity. Infrastructure development will focus on underserved populations, with corresponding data tracking to ensure equitable service delivery.
- **Culturally Responsive Services and Supports:** Services will be linguistically and culturally responsive and the workforce will reflect the strength of California's diverse communities.
- **Equalized Access:** Equalizing access to a comprehensive service mix of HCBS is critical to maximizing independence, dignity, and choice for all older adults and people with disabilities regardless of income who seek to remain in the community and avoid institutionalization. This core mix of services should be available across the state and fully coordinated and/or integrated across the continuum of care, including medical care and behavioral health services.
- **Honoring Caregivers:** Unpaid caregivers, whether family or friends, are the backbone of the Long-Term Services and Supports (LTSS) delivery system and should be empowered and supported in the important work they do.

VISION

1. **HCBS as a Right:** California will have seamless access to services, including coordination and integration of care for California's Medi-Cal and Medicare enrollees that drives innovation in LTSS service delivery.
2. **Access in Every Community:** California will have the country's most comprehensive HCBS system where older adults, people with disabilities and their caregivers can find and afford the services they need and choose, including housing and transportation. Quality options for home and community-based care will be available in all communities while reducing reliance on institutional placement.
3. **Affordability: Fighting Poverty by Expanding Access.** California will fight poverty among older adults and people with disabilities and their families by expanding access to affordable LTSS through the Medi-Cal program.
4. **Navigation: A System that All Californians Can Easily Navigate:** California will have in place an understandable, easy-to-navigate linguistically and culturally responsive LTSS system that includes both home and community-based and residential options. Californians will know how to quickly connect to services they need, no matter where they live or their economic status. People will find what they need wherever they enter the system.
5. **Efficiency:** State and local partners will prioritize in the delivery of HCBS with a commitment to program efficiency in program administration.

PROGRAM FRAMEWORK

Home and Community-Based Services as a Right

California Community Choices: California's HCBS State Plan Benefit

Lead: California Department of Health Care Services in partnership with the California Departments of Social Services, Aging and Rehabilitation

Background: As evidenced by the COVID-19 pandemic, lack of access to services in the home and community continues to be a key challenge impacting older adults and people with disabilities. While the state has made great strides in advancing and innovating the Medi-Cal program through the CalAIM initiative, many of the benefits including care coordination (Enhanced Care Management) and community supports will be limited to the highest-needs population; most older adults and people with disabilities fall outside of this category but continue to struggle to access the services and supports they need in the home and community.

By equalizing and expanding access to HCBS, the state can transform the system by ensuring that California's older adults and people with disabilities can choose services in the home and community over institutionalization. This proposal would establish California Community Choices 1915i State Plan Benefit for individuals aged 18+ (non-DD). The benefit would streamline and enhance access to HCBS for people on Medi-Cal as part of a coordinated delivery system, thereby enabling older adults and people with disabilities the option to remain at home as an alternative to institutionalization, or transition from an institutional setting to return to the community.

- Goal:
 - o Enable older adults and people with disabilities to access HCBS as alternative to institutionalization
- Authority:
 - o 1915i state plan benefit
- Benefit framework:
 - o Person-centered assessment, care coordination and comprehensive HCBS coordinated with medical care.
 - o In Home Supportive Services (IHSS) carved out but coordinated with system
- Target Population:
 - o Older adults/people with disabilities who have need for services in the home or community.
 - o Eligibility includes those living in the community who need services but are not necessarily at risk of institutionalization, as well as those living in institutional settings who desire to return home.
- Model of Care:
 - o Person-centered plan, including caregiver assessment with plan of care
 - o Care Coordination- short and long-term as needed across medical and LTSS delivery systems
 - o Transition services
 - o HCBS - received in home or a residential setting

- Eligible individuals receive a person-centered plan based on individual goals, desires and preferences and those needs are met using a menu of authorized medical and HCBS services.
- Services:
 - Physical, occupational, and speech therapy services
 - Care coordination across medical care and LTSS system, built off of existing models
 - Case management
 - Adult Day Health Care/Adult Day Care: ADHC would be established as part of the State Plan Benefit, no longer part of the 1115 waiver
 - Personal care (IHSS- administered through county)
 - Home health care
 - Nursing care
 - Companion services
 - Employment support
 - Legal services
 - Home-based wandering support services
 - Non-medical transportation services
 - Transportation assistance including vehicle modification
 - Homemaker services
 - Caregiver support including training, counseling respite and consultation
 - Assistive technology
 - Dietary counseling and nutrition services
 - Personal Emergency Response Systems
 - Habilitation services
 - Institutional transition to community
 - Home modifications

ACCESS in Every Community

Proposals

1. Infrastructure Development: Planning for and Building a Core HCBS Service Mix Across California

Leads: Departments of Aging, Health Care Services, Rehabilitation, and Social Services

Background: California's HCBS programs provide critical services including personal care, case management, adult day care, respite support, home modification, and others that enable individuals to remain at home and avoid institutionalization. However, not all programs and services are available across the state, with many areas lacking services or having long waitlists for programs. This effort would build off the Department of Health Care Services' HCBS Gap Analysis and Roadmap effort by developing standards for a Core HCBS Service Mix of services for older adults, people with disabilities and caregivers and an infrastructure development plan to develop to achieve this statewide HCBS Core Service Mix, with the following elements:

Core HCBS Service Mix:

This proposal identifies the following minimum statewide core HCBS service mix:

- Adult Day Services (Adult Day Health Care/Community Based Adult Services and Adult Day Programs)
- Aging & Disability Resource Centers (ADRCs), including Information and Assistance
- Caregiver support/Caregiver Resource Centers
- Care management
- Independent Living Center services
- In-home care including home health care and nursing services as well as physical and occupational therapies
- Nutrition services
- Older Americans Act Programs
- Older Californians Act Programs
- Program for All Inclusive Care for the Elderly (PACE)
- Affordable housing/housing assistance
- Home modification services
- Residential Care Facilities for the Elderly (RCFE)
- Transportation and mobility services

HCBS access standards for Core HCBS Service Mix:

The Departments of Health Care Services, Aging, Rehabilitation and Social Services will establish statewide access standards for the HCBS Core Service Mix. The purpose of these standards will be to determine the basic statewide service mix for each of the counties to serve as a baseline for identifying gaps and investing resources appropriately, with a focus on equity and serving populations most in need.

Expand on HCBS Gap Analysis:

The DHCS HCBS Gap Analysis and Roadmap will identify access to Medi-Cal funded HCBS but this does not include non-Medi-Cal HCBS programs and services that are reflected in the core service mix (including nutrition, caregiver support, housing, transportation and others). This proposal will fund

an accompanying inventory analysis of the non-Medi-Cal Core HCBS Service Mix programs/services that are not currently included in the DHCS HCBS Gap Analysis and Roadmap.

Statewide LTSS infrastructure plan:

Building off DHCS' HCBS Gap Analysis and Roadmap, this proposal will develop a five-year infrastructure plan to promote and support the development of the Core HCBS Service Mix in underserved and unserved areas of the state, which will improve access to services for all older adults and people with disabilities, including those who are not served within the Medi-Cal system. The plan will outline public/private partners and strategies to leverage resources and build out the state's LTSS infrastructure.

Web-based Public Database of Core HCBS Service Mix:

This proposal will build off the DHCS LTSS Data Transparency initiative by including data on availability of all Core HCBS Service Mix programs/services to assess HCBS availability (including affordable housing and transportation), identify gaps, support development of new resources, and measure progress.

2. Housing as a Right: The Older Adult and People with Disabilities Rental Assistance Program

Lead: Department of Housing and Community Development, in partnership with the Departments of Aging and Health Care Services

Fiscal Estimate: \$300 million GF ongoing

This program would establish the Older Adult and People with Disabilities Rental Assistance Program to enhance access to housing opportunities for older adults. The tenant-based rental assistance would enable older adults to afford private-market housing for an estimated 25,000 older adults who are currently homeless or at-risk of homelessness.

Eligibility: Eligibility for rental assistance includes individuals age 50 and older if the household is either *experiencing homelessness* under the U.S. Department of Housing and Urban Development (HUD) definition or is *at risk of homelessness*. *At risk of homelessness* is defined as: Individuals with low incomes of 20% or below of the area's median income who are severely rent burdened (paying more than 50% of income on rent), and who meet one or more of the risk factors for homelessness:

- Live in census tract with a high area of deprivation,
- Have experienced one or more previous incidents of homelessness,
- Receive services from multiple county agencies
- Pay for a hotel room, but no longer able to pay
- Exit an institution as Black, Indigenous or a Person of Color
- Live doubled-up (i.e., staying with family or friends), but told by the lease holder to vacate
- Experienced a death of family member or separation or divorce from adult partner
- Live in a nursing facility, but could live independently with rental assistance; or
- Are exiting the justice system.

Administration: The Department of Housing & Community Development (HCD), as the state's primary housing agency, would administer the competitive grant program provided to

community-based organizations, homeless Continuums of Care, and local housing authorities. In partnership with the Departments of Health Care Services and of Aging, HCD would align rental assistance with services made available through Medi-Cal, offering grants to community-based non-profit homeless service and housing providers, homeless Continuums of Care, or housing authorities with cultural competency, capacity, and cross-sector partnerships to accomplish the following:

- Help eligible populations access available housing opportunities,
- Link people to other community resources to provide services,
- Refer people through the jurisdiction’s coordinated entry system, to the extent possible, and
- Provide a “no wrong door” approach to accessing rental assistance by partnering with Aging and Disability Resource Connection programs, social services systems, housing authorities, and other federal, state and local programs.

Funding would be prioritized for communities in which renters face high rates of displacement, gentrification, and homelessness (potentially using the HUD Affirmatively Furthering Fair Housing website).

Eligible Uses: Community-based grantees could use grant funding for the following purposes:

- Shallow rental subsidies to people who are sharing housing with others or who have incomes, but their incomes are insufficient to remain stably housed;
- Deep rental subsidies to pay for a significant share of the participant’s housing costs, either in private-market housing or in an affordable or supportive housing project that is receiving capital subsidies; and
- Landlord incentives to encourage landlords to accept tenants with rental assistance.

Estimated numbers of individuals served: It is estimated that the Rental Subsidy Fund would prevent and end homelessness for almost 25,000 older Californians through a mix of shallow and deep rental subsidies, averaging \$500-750 per month for shallow subsidies and about \$1,200 per month for deeper subsidies (for rent of \$1,500-1,600 per month). Ongoing funding is critical to prevent any recipient from returning to homelessness.

3. **California Community Living Fund**

Lead: Department of Rehabilitation

This program would serve as a “bridge” program to provide services to older adults and people with disabilities moving from an institution to the community or residing in the community who are at-risk of institutionalization. The fund would address special circumstances that arise out of an eligible individual’s need for certain goods or services or other conditions on a non-recurring basis in order to transition individuals from institutional to community settings or to help individuals remain in the community and avoid institutionalization. This fund is not restricted to Medi-Cal beneficiaries although they can receive goods and services if not paid for through Medi-Cal, and it is not restricted to those transitioning out of nursing facilities and would also apply to individuals at risk-of institutionalization as well as those transitioning home from a hospital stay. Administered by the network of Independent Living Centers, the Community Living Fund would be used as a mechanism to provide grants for securing services and supports, home

modifications, assistive technology, in-home care, and other items necessary to enable older adults and people with disabilities to transfer to home from a congregate setting or to remain in their own homes.

4. **Coordinated, Accessible Transportation for All Older Adults and People with Disabilities**

Lead: California State Transportation Agency, in partnership with the Departments of Aging and Rehabilitation

Transportation is the vital link that connects older adults and people with disabilities to social activity, economic opportunity, necessities, and community services; hence, supporting their independence. Safe, affordable, accessible, dependable, and user-friendly options are needed to overcome the physical limitations associated with aging and disability, particularly when coupled with being a person of color or a member of other marginalized populations, such as the LGBTQ community.

Scaling Statewide Expansion of Local Consolidated Transportation Service Agencies (CTSAs):

CTSAs play a critical role in coordinating transportation needs for low-mobility individuals including older adults and people with disabilities, in partnership with human service agencies, across transportation jurisdictions and modalities. However, CTSAs do not receive direct funding and thus do not operate in all counties, leaving some jurisdictions without a person-centered, coordinated approach to transportation for older adults and people with disabilities. This proposal will provide dedicated funding for statewide scaling of CTSAs, including development of a toolkit providing technical assistance in the scaling of successful partnerships with local CTSAs and other local providers of accessible transportation.

5. **Rural Transportation for Older Adults and People with Disabilities**

Leads: California State Transportation Agency and Department of Aging

Transportation in rural communities is challenged by a lack of infrastructure and resources to address accessible transportation needs for older adults and people with disabilities, requiring creative solutions, as follows:

Expand Volunteer Driver Programs: Volunteer driver programs are critical to meeting the transportation needs of older adults and people with disabilities, especially in rural areas where service needs are episodic. This proposal would fund the Senior Volunteer Program outlined in the Older Californians Act (OCA), with a baseline level of funding focused on expanding access to volunteer driver programs in rural communities.

Expand the Rural Transportation Assistance Program (RTAP): This proposal would combine resources with OCA funding to establish or complement operating expenses for volunteer transportation programs throughout rural California with RTAP resources for training and planning purposes.

Authorize Micro-Transit and Flexible Fixed Route Services: This proposal would enable low population density areas to adjust transit routes “on-the-fly” to pick up riders in need of services who do not live on the bus route.

6. Supporting Family Caregivers

Proposals

- **Paid Sick Leave for Family Caregivers**

Lead: Department of Industrial Relations

This proposal would enable California workers to follow public health advice and stay home when sick, quarantining, or caring for a family member with COVID-19 by extending emergency paid sick days for up to 10 days to ensure that all workers can take time off without losing their job or pay when:

- Infected with COVID-19,
- Experiencing COVID-19 symptoms and seeking a diagnosis,
- Quarantining or self-isolating due to COVID-19,
- Caring for a family member who has COVID-19,
- Caring for a child whose school or care is closed due to COVID-19 on the premises; or
- Receiving the COVID-19 vaccine or recovering from its side effects.

- **Strengthening California’s Caregiver Resource Centers (CRCs)**

Lead: California Departments of Health Care Services and Aging

CRCs provide critical services to support family caregivers. Yet, the CRCs lack sufficient funding to serve a sizeable portion of California’s growing family caregiver population. This proposal would increase the annual operating budget of the CRCs by at least 20 percent.

7. Infrastructure Investments and Start Up Grants for Adult Day Health Care (ADHC) and the Program for All Inclusive Care for the Elderly (PACE)

Lead: Department of Aging and the Department of Health Care Services

This proposal would be focused on two efforts: 1) COVID related mitigation of physical plant infrastructure for current ADHC and PACE facilities related to infection control and 2) ADHC and PACE Start-Up grants.

- ADHC and PACE Infrastructure Investment: One-time investments for developing safer congregate services that conform with current safety and infection control measures for COVID and other infectious diseases, including, but not limited to the following:
 - COVID-related ventilation upgrades to existing systems
 - Renovation of outdoor space to provide for sheltered activities outside including patio coverings, heaters, and furniture to accommodate distancing and sanitation measures
 - Bathroom remodeling to include wider stalls, upgrades to easily cleaned floors and walls, sinks, etc. for improved infection control and ease of access for participants requiring now requiring more hands-on assistance

- Improvements in entrance and exit spaces to facilitate safe traffic patterns outside the building for safe onboarding and offboarding transportation vehicles; and inside the building to facilitate spaces for infection testing and screening; parking lot and driveway repairs and lighting for safety
- ADHC and PACE Start-Up Grants: One-time funds would spur start-up in these underserved areas in alignment the Master Plan for Aging goals.

8. **MSSP in Every County**

Lead Entity: California Department of Aging

MSSP is an established part of California’s safety net but serves only a fraction of the need. MSSP should be expanded, modernized, and become a mandated option of care within the safety net and healthcare delivery system for the state’s most vulnerable community-dwelling older adults. Currently, MSSP serves all but 14 California counties. This proposal would expand the waiver to all of California.

9. **Supporting Older Adults and People with Disabilities in times of Emergency**

Lead Entities: Department of Social Services, Office of Emergency Services and Department of Rehabilitation

In times of emergency, older adults and people with disabilities lack appropriate options and information on where to turn for assistance. As a result, people with disabilities are often unnecessarily hospitalized or placed in institutional settings such as nursing homes without alternatives to community-based services and supports.

The Department of Social Services’ [FAST](#) program trains and deploys individuals to assist those with access and functional needs in emergency shelters, mass feeding operations and assistance centers. However, this model could be strengthened by building local rapid response teams consisting of community-based partners that proactively educate people with disabilities on how to respond during disasters and emergencies and assist during times of emergency in providing coordinated access to services and supports including food stipends, personal assistance services, and accessible transportation. This project would pilot and scale the local rapid response team in partnership with the state-level FAST team.

10. **Improving Care Delivery: Building Coordination Between IHSS and Managed Care Organizations (MCOs)**

Lead: California Department of Social Services in partnership with the Department of Health Care Services

In the early years of the Coordinated Care Initiative (CCI), counties were required to coordinate the provision of IHSS with Medi-Cal MCOs in the 7 CCI counties. Eventually, the state loosened this requirement, instead only *encouraging* coordination between counties and MCOs. Today, there is inconsistent coordination of care across for IHSS recipients. This proposal would reinstate the requirement for IHSS coordination of care between MCOs and counties, including formal authorization for secure information sharing with MCOs. Resources would be provided to cover additional county costs associated with this requirement.

AFFORDABILITY: Affordable LTSS Choices

Fighting Poverty and Expanding Access by Reforming Medi-Cal Share of Cost

Lead: Department of Health Care Services

Problem: Many older Californians and people with disabilities rely on Medi-Cal but continue to struggle to access it because they are required to pay hundreds of dollars or more each month, in the form of a “Share of Cost,” before Medi-Cal will cover the cost of their care.

Background: For individuals subject to a share of cost in Medi-Cal, their share of cost is calculated by determining how much income they have more than the “maintenance need income level.” All income over the maintenance need level becomes the individual’s share of cost. The share of cost functions like a monthly deductible. The Medi-Cal maintenance need level has been frozen at \$600 for an individual since 1989, which is well below even the federal poverty level. It is impossible to pay rent and food expenses, and live off \$600 in California in 2021. State statute provides the authority to review and update the existing maintenance need income level so that individuals can keep more of their income to pay for housing, food, utilities, transportation, and the other necessities of life and still be able to access Medi-Cal services.

Proposal: This proposal would revise the share of cost calculation by requiring the maintenance need level be set to at least the income cap for free Medi-Cal, 138% of the federal poverty level.

NAVIGATION: A System that All Californians Can Easily Navigate

Background: California is establishing a statewide “No Wrong Door” system (through the Aging and Disability Resource Connections program led by local Area Agencies on Aging and Independent Living Centers) to enable all Californians to easily locate 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, community-based organizations (CBOs), homeless Continuums of Care, and counties. Additionally, the state is in the process of developing a framework for interoperability between ADRC technology and data systems with CBOs, health plans, and counties. Developing a front-end web-based portal and 24/7 call center will help consumers access information and supports through the ADRC statewide network.

Proposals

1. Consumer Information Web Portal, Call Center and Outreach Strategy

Lead: Department of Aging and Department of Rehabilitation

- ADRC Public-Facing Web Portal:
Develop a web-based public-facing portal through the ADRC network that offers a trusted source of information for people seeking accurate LTSS information anywhere in California, including LTSS quality (nursing homes and HCBS). The platform will serve as a one-stop source of information and include HCBS, as well as residential and institutional care options and quality data.
- ADRC Call Center:
Building on existing local networks, institute a 24/7 call center that offers culturally responsive, multi-lingual, and ADA accessible information and assistance, with capability to follow through with warm hand-off to local programs.
- Outreach and Media Campaign: Many older adults, people with disabilities, and family caregivers lack awareness of local and state resources to assist with navigating LTSS information and options. This proposal would develop a strategy and plan for a statewide marketing and branding campaign that will help older adults, people with disabilities, and caregivers understand how to access LTSS information and supports through the ADRC system. The media campaign would be launched upon statewide expansion of the ADRC system, using easily understood messaging that is consumer-focused as well as linguistically and culturally responsive.

2. ADRC Standard Assessment and Protocol

Lead: Department of Aging in partnership with the Departments of Rehabilitation, Health Care Services, and Social Services

Background: California’s home- and community-based programs operate with separate eligibility determination and assessment processes, creating inefficiencies in the administration of programs and difficulties for consumers in accessing necessary programs and services. Individual assessments are conducted at the program level, with no data sharing or assurances that individuals will be connected to the range of necessary services and supports to address identified need beyond what the individual program can provide. As a result, many older adults

are not connected to a comprehensive set of services to address a range of needs at the right time, leaving individuals at-risk of unnecessary institutionalization. A standardized assessment tool and protocol can streamline access to the range of supports needed to age with dignity and independence.

This proposal would design and implement a standardized assessment tool and protocol that identifies an individual's functional and social support needs, goals, and preferences to be incorporated in the ADRC network. The tool would be developed and implemented in alignment with current efforts to develop a standardized caregiver assessment through the Caregiver Resource Center system.

The standard assessment tool and protocol includes the following elements:

- Identify standard questions that are linguistically and culturally responsive as well as a set of data-informed public domain screening tools to identify functional, health, cognitive, and social support needs and risk factors, while documenting the individual's goals and preferences. As appropriate, these questions should identify who is serving in the role of caregiver to determine if additional supports are needed, and if so, assess for and address the needs of these unpaid caregivers, including respite care.
- Adopt a common baseline of data elements across all LTSS programs that can be shared securely and quickly among LTSS partners.
- Pursue development of comprehensive questions that assess physical, oral, cognitive, and mental health; are linguistically and culturally responsive; and are utilized across health and LTSS settings with the necessary data, funding, and infrastructure to support its system-wide implementation.
- Ensure Californians with cognitive impairment are identified through a culturally and linguistically responsive intake process and assessed for risk.

Tool Development

The Department of Aging in partnership with the Departments of Health Care Services, Rehabilitation, and Social Services would contract with a university/research entity to develop the tool and protocol, which would include a stakeholder engagement process.