

Governor's Master Plan for Aging Long-Term Services & Supports Subcommittee Meeting #6

Topic in Focus:
Group Living Settings

January 13, 2020 | 1:00 p.m. – 5:00 p.m.



Welcome & Overview

Mark Beckley

California Department of Aging



Meeting Logistics

- [The meeting materials are posted online here.](#)
- Attend in-person or by computer, tablet, or smart phone:
Click the link below to join the webinar:
<https://zoom.us/j/439410848>
Or join by phone: 888-788-0099 Webinar ID: 439-410-848
- For public comment and meeting feedback, go to:
<https://www.surveymonkey.com/r/MPAComment>
- To submit detailed recommendations for MPA, go to:
<https://www.surveymonkey.com/r/MasterPlanRecommendations>
- Accommodations:
 - Simultaneous captioning is available in the room
 - Live telephone access with two-way communication for public comment

Meeting Agenda

1. Welcome & Overview
2. Consumer Voices
3. The Office of the State Long-Term Care Ombudsman and the Landscape of Group Living Settings in California
4. Group Living Settings
 - Part 1 – Operator Perspective
 - Part 2 – Advocate Perspective
5. LTSS Subcommittee Stakeholder Report Process
6. Public Comment
7. Summary of Recommendations and Action Steps

LTSS Subcommittee Meetings

- #1 October 28, 2019: Information & Assistance Systems
- #2 November 12, 2019: State LTSS Benefit
- #3 December 5, 2019: Home- and Community-Based Services (HCBS): Medi-Cal, Older Americans Act, Private Pay
- #4 December 17, 2019: Home- and Community-Based Services (HCBS): In-Home Supportive Services (IHSS) – Part 1, plus LTSS Stakeholder Report Discussion
- #5 January 6, 2019: LTSS Workforce, Family Caregivers & Technology
- **#6 January 13, 2020: Group Living Settings**
- #7 January 14, 2020: LTSS Financing and Integration
- #8 January 27, 2020: IHSS – Part 2, plus LTSS Stakeholder Report Discussion
- #9 February 20, 2020: Webinar: Discuss/Review LTSS Stakeholder Report for March 2 SAC
- March 2020: Review SAC Feedback and Finalize and Submit LTSS Stakeholder Report for Secretary/Governor
- April to June 2020: Inform and advise State Plan, Local Blueprint, Toolkit, Dashboard and all Master Plan Components/Deliverables related to LTSS

AARP CALIFORNIA

Meeting Guidelines

- 1. Start & end on time.**
- 2. One person speaks at a time.**
- 3. Be fully present. Fully disengage from electronic devices.**
- 4. Use respectful language and tone.**
- 5. Assume good intentions.**

Consumer Voices

Leah Long – St. Paul's Villa Assisted Living Resident

Hello, my name is Leah. After 13 years at an Independent Living Community, I fell and broke my arm. I recuperated at a Skilled Nursing Facility, thanks to the top-notch physical therapy I received. After, I moved into an Assisted Living Community, and I'm pleased with the care I receive – the staff is wonderful, and there's a lot to keep you busy, but aging is still challenging. I don't know what I'd do without my brother close by to help or the lovely people in my community.

When you start aging, you do a little grieving. I didn't want to meet anyone new, but after a while, you begin to feel like an old-timer and learn to accept that you're getting older. At first, I hated it. Who wants to get old? You become limited in the things you used to be able to do and drained of energy; I loved to hike, and I can't do that anymore. I'm making new discoveries every day about what's happening to me and my body and working through the various struggles that come with aging.



Words of Wisdom:

“Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Leah Long – St. Paul's Villa Assisted Living Resident (Cont.)

When you start getting older, getting around is a big struggle. You can't drive anymore, and transportation isn't easy to find. We have good transportation at my community, but it's not as frequent as I'd like. I'm not ready for public transit, and it's costly. I wish there were more transportation options available for seniors like me so I could be more active and visit places I want to more frequently, like the public library.

Another struggle for many seniors is that care is expensive. There's long-term care insurance, but that's expensive, too! A lot of people don't want to put money into it because they think they're putting so much money into something they won't use. I think it should be more affordable for people so that they can plan and have peace of mind knowing they'll be taken care of should they need it.

That prayer applies to aging—you can't change it, so you have to adapt and be flexible! You have to learn to embrace aging. I'm still working on it and getting better at it. I'm not excited about aging, but it's inevitable. I'm still adjusting.

Eldon Thompson – St. Paul’s Senior Services Nursing and Rehabilitation Resident

Hello, my name is Eldon. I received care at a Skilled Nursing Facility after I had an ulcer on my foot, a UTI, and some other health setbacks. I’m receiving excellent care, and the occupational and physical therapy is helping me move forward. My wife stayed at this facility previously after a procedure she had done; she was pleased with the care, so it was the obvious choice for me when I needed a place to go.

When you get older and start having health problems, it’s tough. Before my health setbacks, I was living in my three-story home with my wife. I operated okay, but it wasn’t easy to use walkers and canes to maneuver around my home. I had help from my wife, but had to get electric scooters and stair walkers to be able to get up and down the stairs. My kids are far away, so it’s just my wife helping me. Sometimes our neighbors help when they can, but it has been a lot of work for my wife.



Eldon Thompson – St. Paul's Senior Services Nursing and Rehabilitation Resident (Cont.)

One of the tough parts of aging, aside from mobility issues, is that sometimes your roles are reversed in your marriage when one becomes the caregiver. My wife had to take over things that I was always in charge of, which is hard for her. Continually having people at the house tending to my medical needs and appointments is also a lot on her.

After my time at the skilled nursing facility is over, I am moving into an assisted living community for respite care to give her a few months off. I would not be able to do this or have had the care I've received without my long-term care insurance.

It's tough in your fifties, but you *have* to get long-term care insurance, no matter what. I see people who don't have it, and they're financially strained. You have to start planning for your future and potential care needs in your forties and fifties. I don't know what I would do without it.

Glenda's Story

THE OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN & GROUP LIVING SETTINGS IN CALIFORNIA

JOSEPH RODRIGUES
CALIFORNIA STATE LONG-TERM CARE OMBUDSMAN
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN
CALIFORNIA DEPARTMENT OF AGING

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

- The Office is established by the Older Americans Act (42 USC 3058g and the Older Californians Act (WIC 9700 et seq.) as an independent, person-centered, complaint resolution and advocacy program for residents of long-term care facilities.
- Mission:
 - Identify, investigate, and resolve complaints that are made by, or on behalf of, residents, that may adversely affect the health, safety, welfare, or rights of the residents.
 - Analyze, comment on, and monitor the development and implementation of federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of residents, with respect to the adequacy of long-term care facilities and services in the State.
 - Recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate.

CALIFORNIA-SPECIFIC RESPONSIBILITIES OF THE OFFICE

- Provide regular and timely access to Ombudsman services by visiting every long-term care facility in the state on a quarterly basis.
- Receive and investigate reports of suspected abuse and neglect of residents of long-term care facilities and certain other community care facilities.
- Witness advance health care directives and certain property transfers for residents of skilled nursing facilities.

STRUCTURE OF THE OFFICE

- The Office is housed administratively within the California Department of Aging.
- 35 local Ombudsman entities, designated by the State Ombudsman, are housed in either Area Agencies on Aging or nonprofit agencies under contract or subcontracts with the Department.
- In Federal Fiscal Year 2018, there were approximately 820 certified Ombudsman representatives who obtained a criminal record clearance, completed 36 hours of initial classroom training, a minimum of 10 hours of supervision in the field, and a minimum of 12 hours of annual continuing education.
- Nearly 80 percent of Ombudsman representatives are volunteers.

RESIDENT RIGHTS & RESIDENT CARE ISSUES WERE THE MOST COMMON REASONS PEOPLE ASKED FOR HELP

Category	% Of Total	Specific Issues
Resident Rights	42%	Abuse, Access to Information, Admission, Transfer, Discharge, Eviction, Autonomy, Choice, Exercise of Rights, Privacy, Financial, Property
Quality of Life	23%	Activities & Social Services, Dietary, Environment
Resident Care	25%	Care, Rehabilitation or Maintenance of Function, Restraints: Chemical and/or Physical
Facility Administration	3%	Policies, Procedures, Staff Attitudes, Resources, Staffing
Complaints Against Others (Not Against the Facility)	4%	Certification/Licensing Agency, State Medicaid Agency, System/Others
Complaints about Services in Other Settings	3%	Complaints about Services in Settings Other Than Facilities or by Outside Provider in Facilities (Home Care, Hospital or Hospice, Public or Other Congregate Housing Not Providing Personal Care, and/or Services from an Outside Provider)

A RESIDENT'S STORY

- Mildred had lived in a nursing home for six months following the death of her husband, who had been her caregiver. Mildred's daughter oversaw her money and was supposed to pay for her care at the nursing home. Unfortunately, her daughter spent the money on herself and did not pay Mildred's nursing home bill. Facility staff contacted the Long-Term Care Ombudsman Program for help because they did not want to evict Mildred. The Ombudsman Program worked with law enforcement to stop Mildred's daughter from using her money. Other family members are now taking care of Mildred's bills.

GROUP LIVING SETTINGS IN CALIFORNIA

Skilled Nursing Facilities

119,000 Beds
1,230 Facilities
Serving 400,000

Subacute Care Facilities

4,500 Beds
122 Facilities

Intermediate Care Facilities

5,000 Beds
11 Facilities

Intermediate Care Facilities for the Developmentally Disabled

9,400 Beds
1,100 Facilities

Veterans Homes

2,400 Beds
8 Facilities

Institutions for Mental Disease

13,260 Beds
78 Facilities

Congregate Living Health Facilities

1,600 Beds
230 Facilities

Residential Care Facilities for the Elderly (RCFEs)

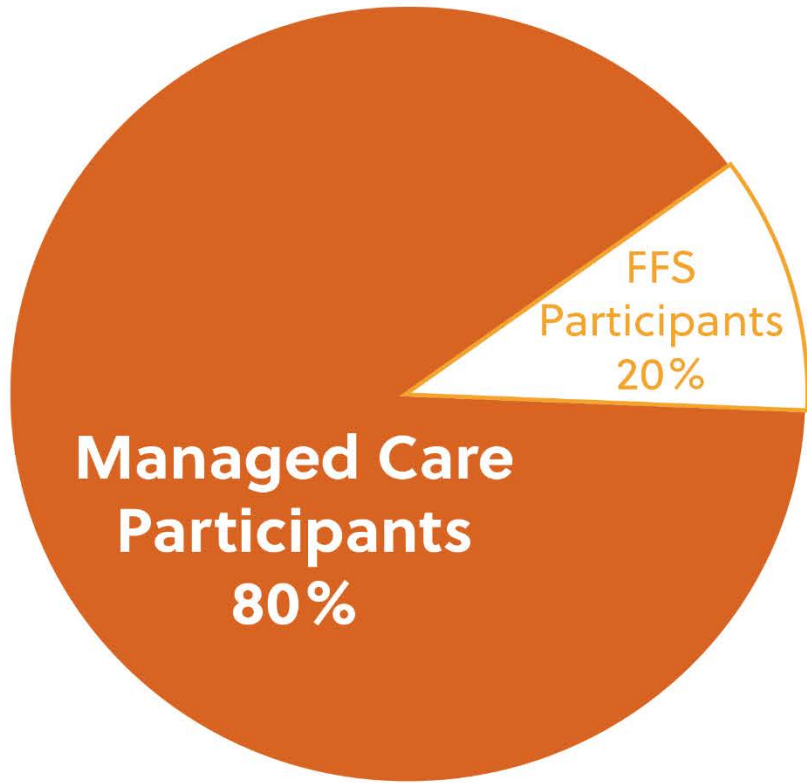
189,222 Beds
7,300 Facilities
Serving 185,000

Incarceration Facilities

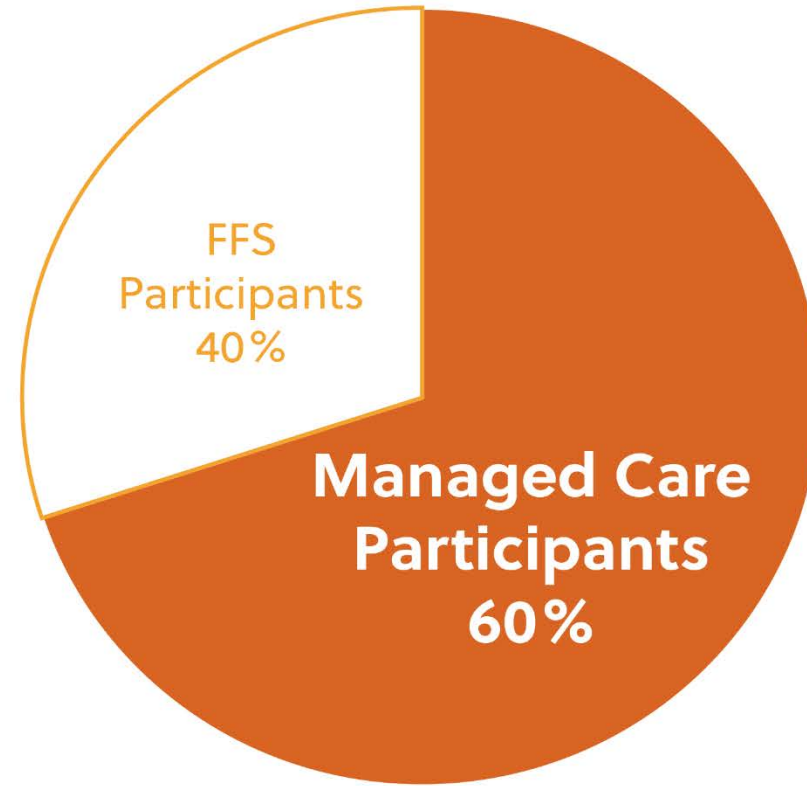
4,800 inmates
(Ages 65 and Over)

SKILLED NURSING FACILITY CENSUS

Medi-Cal
13.5 million people



Medicare
6.2 million people



84% are discharged to a lower level of care **within 3 months**

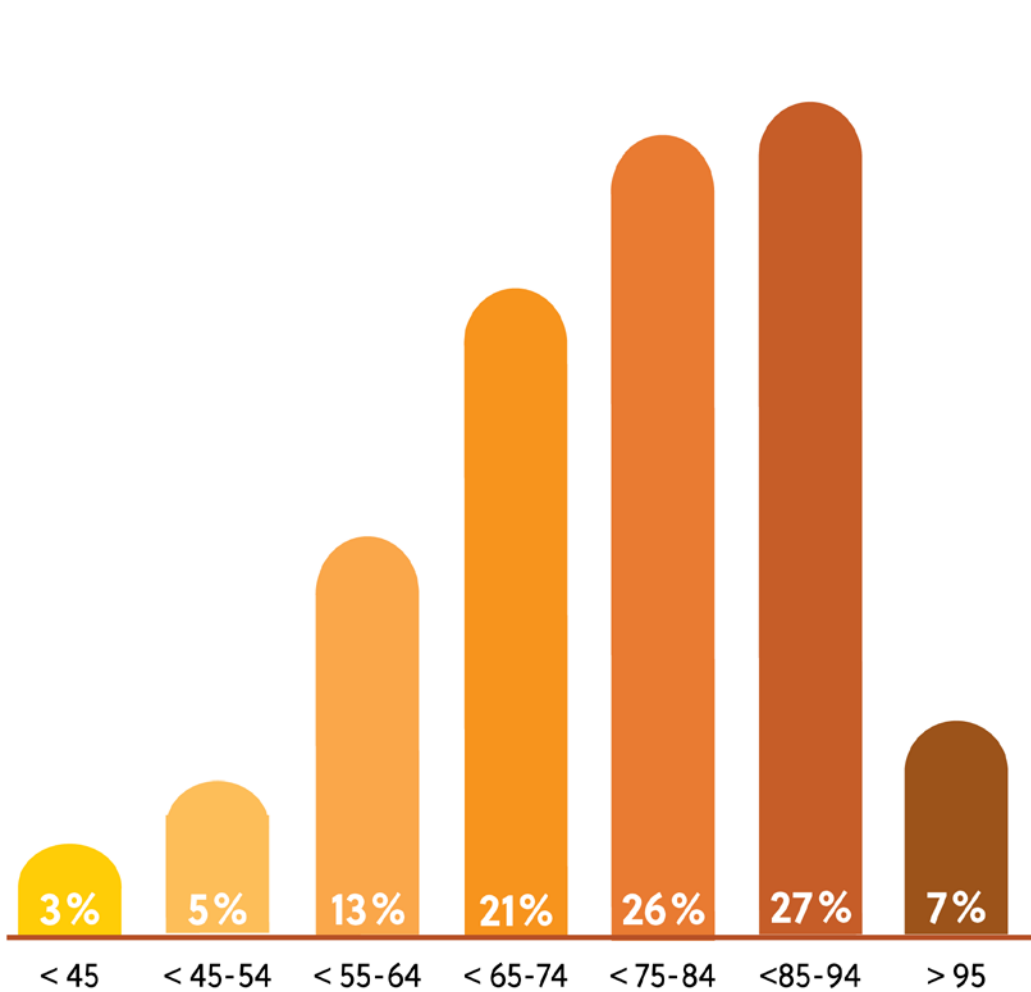


59% of discharged patients go home or to assisted living

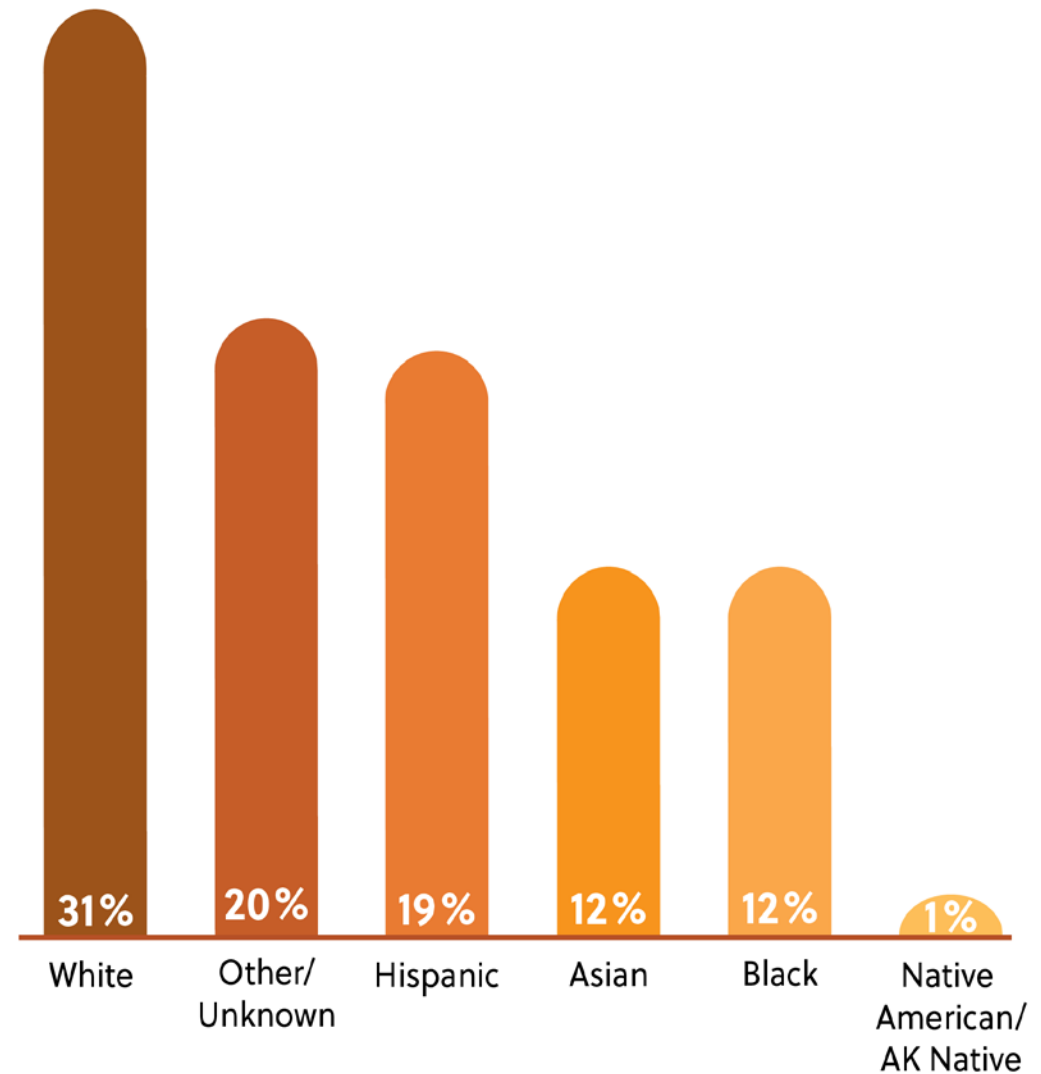


SKILLED NURSING FACILITY CENSUS

SNF Residents by Age



SNF Residents by Race



SOURCE: OSHPD

RCFES/LIFE PLAN COMMUNITIES/ CONTINUING CARE RETIREMENT COMMUNITIES

- **17% of RCFEs with 16 or more residents**
 - 79% of all RCFE residents
- **83% of RCFEs with 15 or fewer residents**
 - 21% of all RCFE residents
- **105 Life Plan Communities (LPC)/Continuing Care Retirement Communities (CCRCs)**
 - 16,000 Independent Living (IL) Units
 - 4,000 Assisted Living (AL) Units
 - 4,800 SNF Beds

SOURCES: CDSS, CALA

New in January 2020

- [Veterans Homes of California – Master Plan 2020](#)
- Governor's Proposed 2020-2021 Budget



Group Living Settings: Part 1 – Operator Perspective

Assisted Living Facilities & A Middle-Income Perspective

Mercedes Kerr

Belmont Village

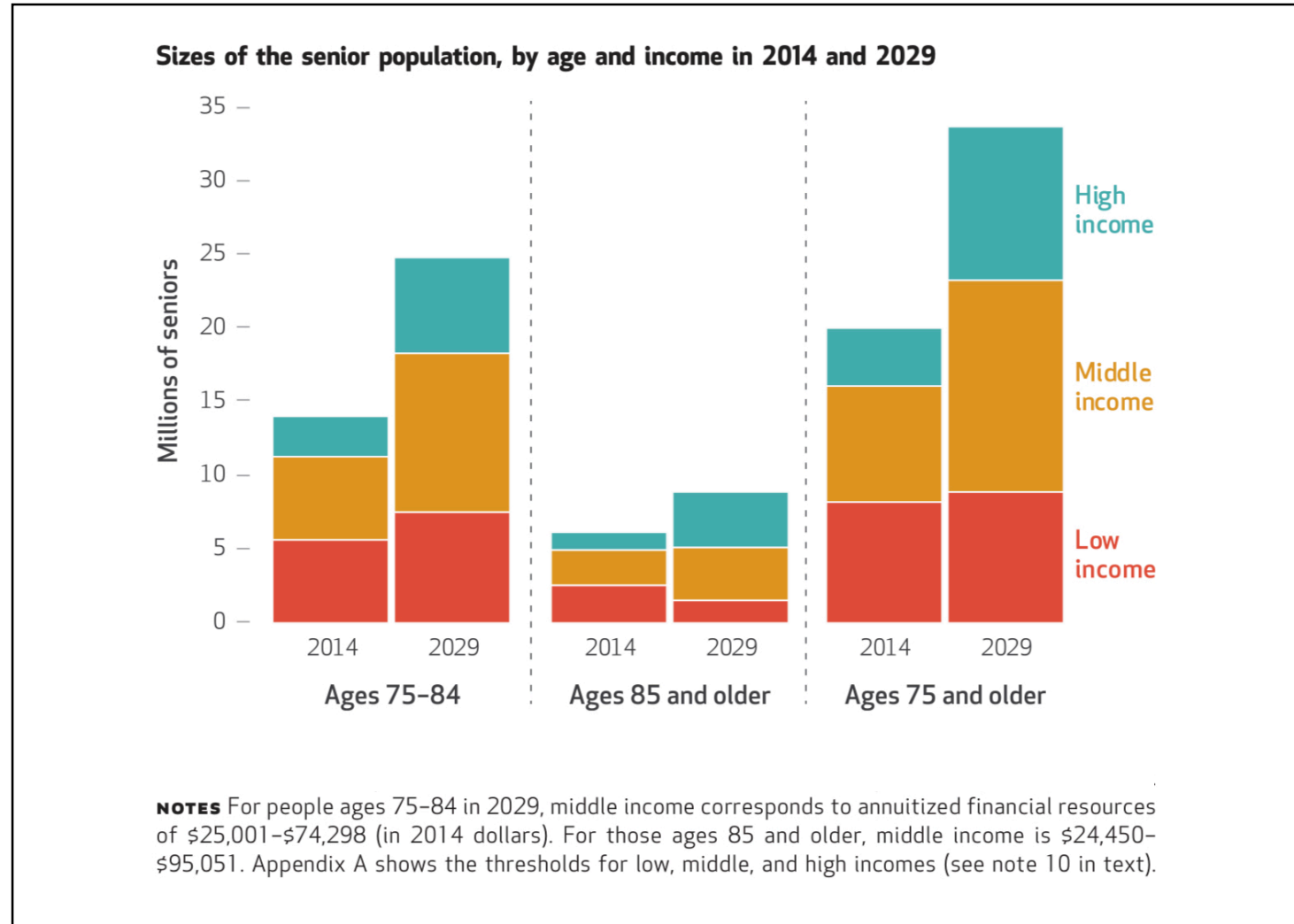


Senior Resident Profile

- 80+ years old
- Multiple conditions and ADLs
- 85+ spends 2.4X in healthcare costs than U.S. average



Source: The Milken Institute: National Health Expenditure, CMS Data as of 9/30/2015.



Source: Authors' analysis of data from the Health and Retirement Study for 1994, 1998, and 2014, The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources for Housing and Health Care, May 2019

Community Setting



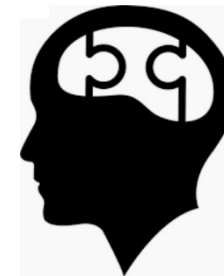
Food Security -
Nutrition & Hydration



Transportation



Social
Engagement



Cognitive
Engagement



Medication
Management



Safety



Hygiene



Physical
Engagement

Challenges and Responses

Lower-Income Seniors	Middle-Income Seniors	Higher-Income Seniors
<ul style="list-style-type: none"> - Medicaid-covered long-term care - Medicaid home and Community-based care - Family and unpaid caregivers - Low-income Housing - Dual-eligible beneficiaries 	<ul style="list-style-type: none"> - Family and unpaid caregivers - Spend-down to Medicaid 	<ul style="list-style-type: none"> - Private-pay seniors - Professional, in-home care - Family and unpaid caregivers

THE FORGOTTEN MIDDLE

- Middle-Income Seniors - 43% in 2029
- More racially and ethnically diverse; more educated
- Lower marriage rates, fewer children - fewer caregivers
- Combined cost of housing and medical out-of-pocket will be approximately \$60,000/year

Source: The Forgotten Middle: Many Middle Income Seniors will Have Insufficient Resources for Housing and Health Care, May 2019

ELDER CARE

By Caroline F. Pearson, Charlene C. Quinn, Sai Loganathan, A. Rupa Datta, Beth Burnham Mace, and David C. Grabowski

The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources For Housing And Health Care

DOI: 10.1377/hlthaff.2018.05233
HEALTH AFFAIRS 38, NO. 5 (2019), p. 1
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ABSTRACT As people age and require more assistance with daily living and health needs, a range of housing and care options is available. Over the past four decades the market for seniors housing and care—including assisted living and independent living communities—has greatly expanded to accommodate people with more complex needs. These settings provide housing in a community environment that often includes personal care assistance services. Unfortunately, these settings are often out of the financial reach of many of this country’s eight million middle-income seniors (those ages seventy-five and older). The private seniors housing industry has generally focused on higher-income people instead. We project that by 2029 there will be 14.4 million middle-income seniors, 60 percent of whom will have mobility limitations and 20 percent of whom will have high health care and functional needs. While many of these seniors will likely need the level of care provided in seniors housing, we project that 54 percent of seniors will not have sufficient financial resources to pay for it. This gap suggests a role for public policy and the private sector in meeting future long-term care and housing needs for middle-income seniors.

Caroline F. Pearson (Pearson-caroline@norc.org) is a senior vice president at NORC at the University of Chicago in Illinois.

Charlene C. Quinn is an associate professor in the Department of Epidemiology and Public Health at the University of Maryland School of Medicine, in Baltimore.

Sai Loganathan is a senior health economist at NORC at the University of Chicago in Bethesda, Maryland.

A. Rupa Datta is a vice president at NORC at the University of Chicago in Illinois.

Beth Burnham Mace is chief economist at the National Investment Center for Seniors Housing and Care, in Annapolis, Maryland.

David C. Grabowski is a professor in the Department of Health Care Policy, Harvard Medical School, in Boston, Massachusetts.

Health problems, cognitive decline, and mobility limitations that become more common with aging often result in older people struggling to live independently. As care needs increase, people pursue a range of solutions—including increased reliance on family caregivers, in-home support services, or both and moving out of their homes into alternative housing arrangements. A number of housing options exist, including private independent living and assisted living communities for those with a range of care needs and nursing homes when high-intensity care is required. Housing options available to older people often depend on the financial resources available to them.

Over the past forty years the housing market for seniors (people ages seventy-five and older), particularly assisted living and independent living communities, has experienced tremendous growth and evolution.¹ Seniors housing provides residence and care to about two million older adults, roughly evenly split between independent and assisted living.^{2,3} Increasingly, people living in these communities have high rates of chronic illness, functional dependence, and medical complexity.^{2,4} In the context of this higher acuity, seniors generally have a desire to live and receive care in the least institutional and most homelike setting possible.⁵ The emergence of seniors housing has been influenced by consumer preference for the high level of socialization and autonomy found in these communi-

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MAY 2019 38:5 HEALTH AFFAIRS 1

Policy Matters

Oversight

- Annual inspections returned in 2019
- Updated inspection process
- Host of updated enforcement tools now in place

Caregiver Training

- Quadrupled in 2016 (40 hours initially; 20 annually)
- Includes 12 hours dementia training initially and 8 hours annually for all caregivers

Dementia Care

- Training strengthened
- Regulations being updated

Transparency and Consumer Awareness

Assisted Living Waiver

- Expand program to allow access to waitlist and low-need nursing home residents

Skilled Nursing Facilities' Perspective

Joe Diaz

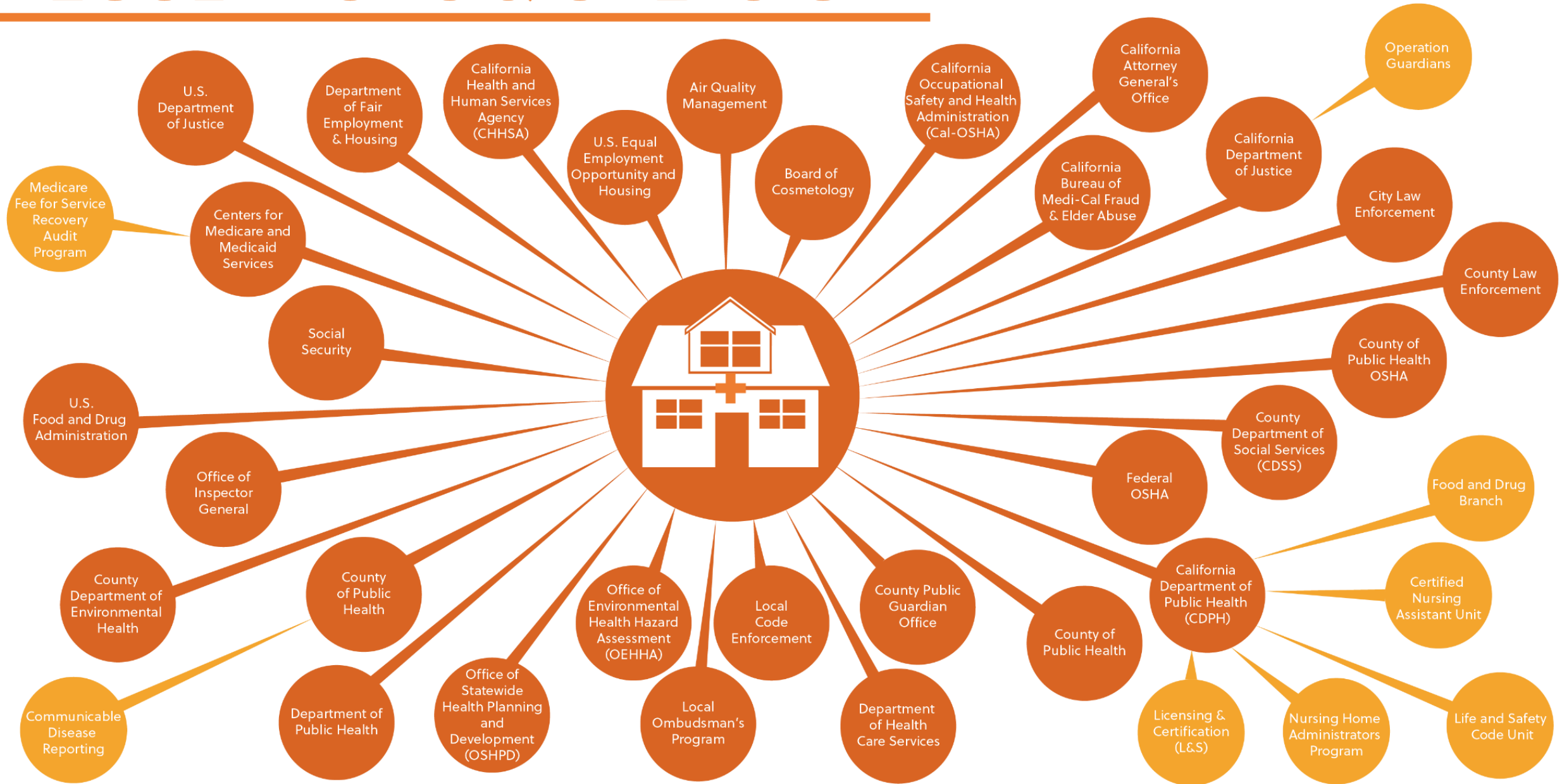
California Association of Health Facilities, Regional Director



Perspectives From Skilled Nursing Facilities

- Major *challenges finding necessary workforce*, especially in light of state’s “full employment” and higher staffing requirements
- *Quality is the priority*, and overall quality has improved significantly
- Limited payor sources—almost all from *government sources* (Medicare and Medi-Cal), accompanied with *robust regulatory environment*
- Patients and residents have *higher levels of acuity* than ever before, particularly with respect to behavioral health
- *Limited services that SNFs can provide* within the facilities, requiring transport that disrupts the lives of residents
- *Consumer satisfaction* is high
- Facility *infrastructure is aging*

REGULATIONS & OVERSIGHT



Group Discussion & Potential Recommendations

Ellen Schmeding (Moderator)

St. Paul's Senior Services



Recommendations: Skilled Nursing Facilities

- 1. Workforce:** Invest significant new efforts into workforce development, including in schools, community colleges, local workforce boards. Consider broader array of duties, with proper training and certification, for selected workers in the sector
- 2. Quality:** Consider consumer satisfaction as an element of quality assessment
- 3. Access to services:** Consider broader access to services and supports within the four walls of SNFs in order to increase health and well-being of residents
- 4. High acuity populations:** Consider greater financial resources to care for higher acuity populations, particularly populations with high medical/behavioral needs who cannot be cared for in other settings
- 5. Facility upgrades:** Consider new financial resources to upgrade aging facilities and maintain scarce beds
- 6. Pre-screening:** Consider the Oregon model which requires pre-screening of individuals prior to placement in skilled care.

Recommendations: Assisted Living Facilities

- 1. *Missing Middle:*** Develop new options in assisted living for middle-income individuals to meet growing demand.
- 2. *Assisted Living Waiver:*** Expand the program to assist with placement of individuals currently in nursing homes who do not need this level of care, as well as increasing numbers of community dwellers who now need help with activities of daily living.
- 3. *CalQualityCare:*** Identify funding to support this website to allow consumers to review easily accessible information about skilled nursing, assisted living, hospice, home health, assisted living and residential care, ICF-DD, adult day care, and adult day health care.

Group Living Settings: Part 2 – Advocate Perspective

Federal Landscape & California Action Needed

Patricia McGinnis

California Advocates for Nursing Home Reform





Master Plan on Aging Long Term Care Issues: Recommendations

Presented by:

California Advocates for Nursing Home Reform
(CANHR)

January 13, 2020

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650 Harrison Street, 2nd
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San Francisco, CA 94107
(415) 974-5171
www.canhr.org

Nursing Homes: Recommendations

1. Require Adequate Staffing- increase minimum hprd to 4.1, including at least 0.75 RN hours, and eliminate waivers.
2. Require state approval of a license before a provider can take over a nursing home and deny licenses to poor performing providers.
3. Tie any additional Medi-Cal reimbursement increases to required minimum staffing levels. (AB 1629 reauthorization)
4. Limit related party transactions
5. Include chain information on Calhealthfind website
6. Prohibit the use of pre-dispute arbitration agreements



RCFE and Community Care Licensing Recommendations

1. Fund and Implement Tiered Levels of Care
2. Provide adequate Funding for DSS/Community Care Licensing
– Adult and Senior Care
3. Remedies for RCFE Residents should include a private right of action



Home & Community Based Services Recommendations

1. Create a Single Point of Entry for HCBS Applications
2. Strengthen the Assisted Living Waiver
Increase enrollment; expand to all counties; and increase provider rates.
3. Make Spousal Impoverishment Protections for HCBS Permanent.

Elder and Dependent Adult Abuse Recommendations

- (1) **Amend Welfare and Institutions Code §15600** to include language declaring that elders and dependent adults have a civil right to be free of the abuse which EADACPA prohibits and that “abuse of an elder or dependent adult” as defined in WIC §15610.07 constitutes a violation of the victim’s civil rights.
- (2) **Amend Welfare and Institution Code 15610.30a** to clarify that “assisting” in financial abuse applies to those who know or should know that their conduct is likely to be harmful.
- (3) **Amend Penal Code Section 368** to include “Undue Influence.”
- (4) **Provide funding to the Attorney General’s Office** to develop a comprehensive plan to combat financial abuse and other financial exploitation of older adults and adults with disabilities.
- (5) **Improve Abuse Victims’ Access to Civil Justice** by reducing the burden of proof in civil elder abuse and neglect cases from clear and convincing evidence to the lower preponderance of the evidence standard. Create statutory private rights of action for long term care facility residents that includes inflation-indexed statutory damages. End the automatic stay of injunctive relief on appeal.

CANHR Reports on Long Term Care Issues

- Nursing Homes: CA Nursing Homes: Getting in is Half the Battle (2019)
[Medi-Cal Discrimination](#)
- NF Reimbursements: Bad Deal, Bad Care (2019)
[AB 1629 - Bad Deal, Bad Care.final.pdf](#)
- Nursing Homes: California's Broken Long Term Care System (2018)
http://www.canhr.org/reports/2018/White_Paper/White_Paper_LTC_In_California.pdf
- Residential Care in CA: Unsafe, Unregulated and Unaccountable (2013)
http://www.canhr.org/reports/2013/Residential_Care_in_California.pdf

Healthcare Career Pathway: A Supported Pathway Into the Allied Healthcare Field

Nicole Howell

Ombudsman Services of Contra Costa, Solano, and Alameda





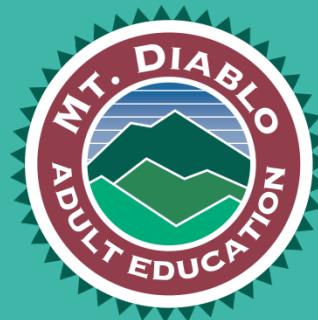
EMPOWERED AGING

Ombudsman

SERVICES *of Contra Costa
Solano and Alameda*

Healthcare Career Pathway

A Supported Pathway Into the Allied
Healthcare Field





Problem: We don't have enough qualified, trained and consistent professional caregivers to meet the needs of a diverse senior community

Partnerships Fix Problem

- Collaborative Partnership/Governance
- Industry Infused/Supported
- Challenging Outdated Industry and Licensing Standards
- Pipeline Workforce Development Program



Foundational Principles

MEET STEPHANIE
Looking to build a career
in the medical field

Where do you live?
Pittsburg

*Why do you want to become
a CNA?*
Because I know I would be
able to help people

*What are you most excited
about learning?*
New things like how to help
people the right way

*What made you choose Healthcare
Career Pathway for your training?*
I want to pursue many other
things like becoming an RN

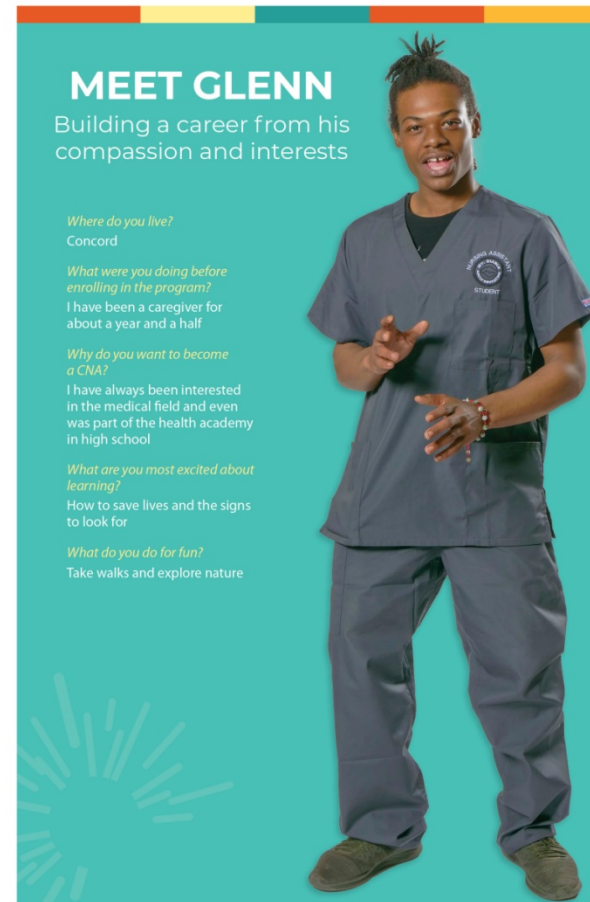
What do you do for fun?
Do my makeup!



- Trauma Informed
- Person Centered
- Built on Relationships
- Seeking Students with Addressable Barriers
- Our Students are Magic

Wrap-around Support Services

- Case Management
- Food Supports
- Transportation Assistance
- Free/Reduced Fees
- It's a pipeline!



MEET GLENN
Building a career from his compassion and interests

Where do you live?
Concord

What were you doing before enrolling in the program?
I have been a caregiver for about a year and a half

Why do you want to become a CNA?
I have always been interested in the medical field and even was part of the health academy in high school

What are you most excited about learning?
How to save lives and the signs to look for

What do you do for fun?
Take walks and explore nature



Early Outcomes

- 95% Graduation/Certification Rate
- 50% of graduates report having health insurance for the first time in their lives
- Industry partners are actively seeking out HCP graduates



Nicole Howell

nicolehowell@ccombudsman.org

925-980-4621



Group Discussion & Potential Recommendations

Claire Ramsey (Moderator)

Justice in Aging



Recommendations from the Advocate Perspective

- 1) Require adequate staffing to meet the needs of all residents
- 2) Use innovative and person-centered programs to train workforce
- 3) Limit related party transactions by compelling nursing home chains to produce consolidated financial statements as part of their annual cost reporting.
- 4) Tie additional Medi-Cal spending increases to minimum staffing levels so that our dollars are connected to care
- 5) Include chain information on consumer websites
- 6) Fund CalQualityCare.org to ensure consumers have access to SNF/RCF quality data
- 7) Prohibit pre-dispute binding arbitration for residents
- 8) Strengthen Assisted Living Waiver
- 9) Provide adequate Funding for DSS/Community Care Licensing – Adult and Senior Care

Additional Recommendations Welcome

- State Hospitals
- Veterans Homes
- Developmental Residences
- Other Group Living Settings

Break



LTSS Subcommittee Stakeholder Report Process

Sarah Steenhausen

The SCAN Foundation

Susan DeMarois

Alzheimer's Association



Public Comment

- *To submit additional public comment and meeting feedback, go to:*
<https://www.surveymonkey.com/r/MPAComment>
- *To submit detailed recommendations for MPA, go to:*
<https://www.surveymonkey.com/r/MasterPlanRecommendations>

Summary of Recommendations and Action Steps

Carrie Graham (Moderator)

University of California



THANK YOU!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging here:

