



LONG-TERM SERVICES AND SUPPORTS (LTSS) STAKEHOLDER REPORT A BLUEPRINT TO DESIGN, DEVELOP AND DELIVER LTSS FOR ALL CALIFORNIANS

Introduction

California is made richer by its diverse and growing population of older adults and people with disabilities. Our state is poised to lead the nation at the forefront of uncharted population change, providing a unique opportunity to address people’s needs now and well into the future. That starts with a plan and a thoughtful, intentional strategy that engages leaders across the public and private sectors.

On June 10, 2019, Governor Gavin Newsom signed Executive Order N-14-19 calling for the development and issuance of a Master Plan for Aging by October 1, 2020. The Master Plan will serve as a blueprint for state government, local government, private sector and philanthropy.

This initiative embraces an intergenerational vision for an integrated, coordinated approach that includes all Californians regardless of age, place, race, ethnicity, religion/faith, income, disability, sex, gender identify, and sexual orientation and family status. In short, this is a significant undertaking benefiting Californians of all ages, in every community, for decades to come.

Preceding the Master Plan process, California thought leaders collaborated on reports, action plans and policy briefs. Drawing on this history, Governor Newsom’s Executive Order further ordered that the Long-Term Care Subcommittee report to the Governor by March 2020 on, but not limited to, the following:

1. The growth and sustainability of state long-term care programs and infrastructure, including In-Home Supportive Services.
2. An examination of access to long-term care, financing for long-term care services and the quality of long-term care provided in a variety of settings.
3. An examination of the impact of program instability and other factors on labor supply and retention of the workforce providing long-term care services and supports.

4. Recommendations to stabilize long-term care services, including IHSS, as a foundation for implementing the Master Plan.

Vision

A strong, shared vision must guide the transformation of how we deliver long term services and supports to all Californians. The LTSS Subcommittee affirms the values set forth in the MPA framework: Choice, Equity, Dignity, Inclusion and Partnership.

- In addition, financing and public policy will intentionally support the statewide infrastructure needed to foster quality options in all communities while reducing reliance on institutional placement.
- The needs values and preferences of individuals and their caregivers will be honored by the system and its providers.

Leadership

Our hope for the Master Plan for Aging lies not only in the potential for system change, but also in the opportunity to reframe the way we collectively view California's older adults and people with disabilities. For too long, this population has been seen as "other"—people who are marginalized and forgotten—as evidenced by negative societal stereotypes and undesirable media depictions. At the policy level, the issues haven't received adequate public attention to warrant significant investment or prioritization.

Yet, aging is all of us. It touches families, communities, employers and institutions. We are all impacted by the issues—whether a younger adult with a disability who needs services to remain at home, an older immigrant who struggles to find where to go for help, or the millennial/gen-xer caring for an aging loved one while balancing employment and childcare issues.

We believe there is beauty in aging, and as a society, we can embrace it and change the way we all view it. This starts with bold leadership from the top-leaders who are willing to invest in and prioritize the needs of this population, just like they do for youth and families. We need bold leadership as we have seen from Governor Newsom in calling for a Master Plan for Aging. The leadership starts with the Governor, and flows across agencies of Health and Human Services, Housing, Transportation, Labor and Veteran's Affairs, among others. Meaningful change can be brought about by budget investments and policy developments that prioritize the needs of older adults, people with disabilities, caregivers and families.

Implementation of the issues and recommendations outlined in this report relies on strong leadership from the state, the legislature, local governments and the private sector. Without it, nothing can be realized --but with it, everything can be

accomplished. We are optimistic that California is at the precipice of change, and this is rooted in the strength of our leaders.

Importance of Gubernatorial Leadership

Governor Newsom’s bold leadership to establish a Master Plan for Aging provides an historic opportunity to design, develop and deliver a new LTSS framework for all Californians that will serve as a blueprint for local communities. The subcommittee recognizes that LTSS system change is impacted by much broader issues that cross state agencies and public/private sectors. As such we urge the Governor to consider establishing a cabinet level position to ensure successful implementation of the Master Plan and the recommendations contained in this report.

Equity

California is one of the most diverse states in the nation racially, ethnically, and linguistically. Equity issues impact access to LTSS across the state for under-represented, under-served and under-recognized communities. This is emphasized by the number of recommendations and comments addressing diversity, social justice, racism, health disparities, social determinants of health, discrimination, xenophobia, cultural humility, and marginalization.

The LTSS Subcommittee affirms the critical importance of equity in addressing the LTSS needs of older adults and people with disabilities – thereby eliminating disparities caused by systemic barriers. To achieve this aim, the Stakeholder Advisory Committee established an Equity Workgroup to ensure all Master Plan recommendations – including this report, uphold the core value of equity by meeting agreed-upon equity criteria.

Research shows how discrimination influences and determines how long and healthy our lives are.

[Experiencing discrimination day after day creates physiological responses that lead to premature](#)

[aging](#) (meaning that people are biologically older than their chronological age), as well as poorer health compared to other groups, and even premature death. Robert Wood Johnson Foundation

Scope of This Report

The scope of the Master Plan for Aging will be both wide and deep. It will address more than traditional health and human services to include housing and transportation, age-friendly communities, healthy aging and economic security and safety.

The Long-Term Services and Supports (LTSS) Subcommittee report focuses on the Master Plan Goal 1: We will live where we choose as we age and have the help we and our families need to do so.”

This LTSS Subcommittee report is the culmination of months of stakeholder input, public comment, listening sessions, expert advice, educational webinars, data analysis, independent research, subcommittee discussion and respectful dialogue.

The subcommittee goals are three-fold:

1. Meet the Governor's deadline for a 2020 report.
2. Establish context and build a foundation for concurrent Master Plan Cabinet-level work as well as the Stakeholder Advisory Committee and formal workgroups focused on equity, health aging, age-friendly communities, research, and economic security and safety. In addition, this report is intended to align with both the Governor's Alzheimer's Prevention and Preparedness Task Force chaired by former First Lady Maria Shriver as well as the Department of Health Care Services Medi-Cal Healthier for All proposal.
3. Influence final recommendations in the October 2020 Master Plan.

Charge of the Subcommittee

The charge of the LTSS sub-committee is to focus squarely on LTSS. LTSS includes a broad range of services delivered by paid or unpaid providers that helps people who have limitations in their ability to care for themselves due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time. LTSS services can be provided in a variety of settings including at home, in the community, in residential care, or in institutional settings.

Five top-level themes emerged from the sub-committee:

1. A system that all Californians can navigate
2. Access to Long Term Services and Supports in every community
3. Affordable LTSS choices
4. Highly valued high-quality workforce
5. State and local administrative structure

We organized the report around these themes, which we call objectives, offer a summary of our vision for each, then provide recommendations organized within each objective. The subcommittee recognizes that a high-performing LTSS system depends on how well the traditional health, social service, transportation, housing, access to food, and emergency preparedness structures function and connect with the LTSS system. We look forward to continuing to refine our recommendations within the broader context of the Master Plan for Aging Goals, and other ideas that emerge from the Research Sub-committee and Equity work group.

SUMMARY OF OBJECTIVES

To achieve the California for All vision across the life span, the LTSS Subcommittee respectfully recommends the adoption of five bold objectives.

OBJECTIVE 1: A SYSTEM THAT ALL CALIFORNIANS CAN NAVIGATE

WHY: California's current LTSS system has many different public and private programs operating without coordination, making it hard for people to navigate the system. This difficulty has real life consequences because it means people cannot connect to and use the services they need.

California must ensure that, regardless of how complicated the system is behind the scenes, the experience for the person is coordinated, clear, and cohesive.

Vision: California will have in place an understandable, easy-to-navigate LTSS system with home and community based, residential and in-home options. Californians will know how to quickly connect to services they need, regardless of where they live or their economic status. People will find what they need regardless of where they enter the system-- whether through the health care system, the public benefits system, or the community-based social services system.

OBJECTIVE 2: ACCESS TO LTSS IN EVERY COMMUNITY

WHY: LTSS are not available or affordable for many Californians. Our state has laid a strong foundation over many decades but must expand proven programs to all corners of the state, while creating new innovative solutions using people and technology.

Vision: California will have the country's most comprehensive LTSS system where people can find and afford the services they need and choose, where and when they need them. California must act urgently to fund statewide access to LTSS to ensure enough supply exists to meet the growing demand by older adults and people with disabilities.

OBJECTIVE 3: AFFORDABLE LTSS CHOICES

WHY: Many people will need LTSS at some point in their lives and paying cash out-of-pocket is unaffordable for most. Many people spend significant resources on LTSS services, driving a high number of Californians into poverty. This also puts enormous pressure on the Medi-Cal program to offer and pay for the majority of LTSS services, including IHSS and costly skilled nursing care.

California must act now to fund its core programs while creating new sources of LTSS funding to help people avoid the need to spend down to poverty level before they get the help they need.

Vision: California will have a statewide universal benefit program that helps people pay for the long-term services and supports they choose, at home, in the community, or in residential settings. Additionally, people on Medi-Cal will be provided equal access to home and community-based services as an alternative to institutionalization. The system will be available to people at all income levels and will help delay or prevent the need for people to use Medi-Cal for all their LTSS needs.

OBJECTIVE 4: HIGHLY VALUED HIGH-QUALITY WORKFORCE

WHY: California's LTSS workforce relies on both paid and unpaid caregivers. For the paid workforce, Department of Labor statistics show that there are not enough workers to meet population needs, due to low wages, meagre benefits and little respect for demanding jobs requiring difficult physical and emotional work. California's 4.7 million unpaid caregivers struggle to balance work and caregiving needs, often without job protection or financial security and with little support.

Vision: To address paid workforce needs, California will work with public and private partners to attract and retain employees to fill at least 1 million high-quality direct care jobs. These jobs will be valued by providing good wages and benefits, as well as training, education and advancement opportunities. These jobs will expand the opportunities of the current workforce, which is largely women and people of color, to earn livable wages. These actions will result in improved job retention and satisfaction, thereby leading to a more stable workforce with less turnover.

To address the needs of unpaid caregivers, the state will expand job protections for ALL caregivers, regardless of whether the individual is taking bonding leave or leave to care for a seriously ill adult.

OBJECTIVE 5: STATE AND LOCAL ADMINISTRATIVE STRUCTURE

WHY: An effective state and local service delivery system relies on effective, streamlined and coordination leadership at the state and local levels. Yet, California's state and local program structure remains fragmented and siloed across many departments and programs.

Vision: The California Health and Human Services Agency will have a dedicated cross-department unit focused on LTSS that has authority to develop an effective LTSS system that meets the needs of California's older adults, people with disabilities, caregivers and families; align administration of LTSS across departments; coordinate LTSS, including IHSS, to promote seamless access to services; promote integration and coordination of care for California's Medi-Cal/Medicare enrollees; and drive innovation in LTSS service delivery.

LONG-TERM SERVICES AND SUPPORTS SUBCOMMITTEE ACTION PLAN

A BLUEPRINT TO DESIGN, DEVELOP AND DELIVER LTSS FOR ALL CALIFORNIANS Objectives and Recommendations

OBJECTIVE 1: A SYSTEM THAT ALL CALIFORNIANS CAN NAVIGATE

California will have an understandable, cohesive LTSS system and people will know how to connect to the system at a local and state level. This system will respond to people regardless of where they enter; whether through the health care system, the public benefits system, or the community-based services system.

1A: Develop a Comprehensive Statewide Navigation System

Issue: Many older adults, people with disabilities and families face difficulty accessing the services and supports they need, when they need them. They don't know where to turn for help and don't understand the existing service system well enough to know where to start. Getting timely, accurate information about resources is critical to avoiding costly institutional care, preventing health and safety emergencies, or seeking aid during disasters. Current information and assistance services lack consistency, creating an opportunity to develop program standards that ensure quality local level information and navigation services.

California has yet to design a statewide person-centered system for people regardless of age, disability and income that provides timely access to accurate information and assistance. Any organization serving older adults and people with disabilities should be able to help people navigate, exchange information, and connect to the services they need.

Recommendations:

- 1A i: Implement a statewide person-centered No Wrong Door approach to navigation at the local level with community partners using common standards for a local information and assistance system that is open to all Californians.
- 1A ii: Fund and implement a web-based portal that would offer a public-facing, trusted source of information for people seeking accurate LTSS information anywhere in California. The platform should serve as a one-stop source of information including home and community-based services, residential and institutional care options.
- 1A iii: Build on existing local networks and statewide 24/7 call lines to create a system that offers culturally responsive, multi-lingual, and ADA accessible information and assistance to streamline access.

- 1A iv: Develop statewide quality standards for information and assistance services to ensure consistency, accuracy and responsiveness and assess local level information networks such as Area Agencies on Aging, Independent Living Centers, and 211s for compliance and consistency statewide.
- 1A v: Conduct a statewide marketing campaign using easily understood language to educate the public about how to connect with aging and disability information and resources.

1B: Streamline Access through Standardized Screening and Assessment

Issue: For people who need timely access to LTSS, the process of enrolling for services can be cumbersome and inefficient, requiring individuals to undergo separate eligibility and assessment processes, with no assurance that their needs will be met. For the person, this is tremendously frustrating and often creates delays in accessing needed services and supports. For the state, this disjointed assessment system fails to capture data that identify unmet needs and gaps in services, which is critical for system planning and improvement purposes. A more efficient process would assess the individual's broader needs to determine eligibility for services across the spectrum of LTSS organizations and agencies.

Recommendations:

- 1B i: Work with stakeholders in the short-term to identify the common standard eligibility questions and a set of evidence-based public domain screening tools to identify functional, health, cognitive and social support needs and risk factors, while documenting the individual's goals and preferences.
- 1B ii: Adopt a common baseline of eligibility information across all LTSS programs that can be shared confidentially and quickly among LTSS partners
- 1B iii: Over the longer-term, pursue development of comprehensive assessment questions, to be utilized across health and LTSS settings, with the necessary data, funding, and infrastructure to support its system-wide implementation.
- 1B iv: Ensure Californians with cognitive impairment are identified through the intake process and assessed for risk. Currently, one in five persons with Alzheimer's disease lives alone and is at-risk.

1C - Expand Aging & Disability Resource Connection (ADRC) Statewide

Issue: California's Aging and Disability Resource Connections (ADRC) network offers a model to streamline access to and coordination of LTSS through a No Wrong Door system. ADRCs are a key component in transforming how Californians access LTSS services. However, currently only six of California's 58 counties operate an ADRC, impeding access for consumers of all ages, income levels and disabilities in need of information and assistance. At present, ADRCs have limited ability to determine eligibility for those consumers who qualify for public benefits and programs.

Recommendations:

- 1C i: Empower consumers to make informed decisions about LTSS by funding Aging and Disability Resource Connection (ADRC) Options Counseling statewide for anyone, regardless of age, disability or income level, requesting information and/or services because of a disability and/or chronic condition. Options Counseling includes a person-centered interview, decision-support, action plan development, referral and navigation to services, and follow-up.
- 1C ii: Provide ongoing infrastructure funding to incentivize ADRC development and implementation statewide.
- 1C iii: Provide California Department of Aging (CDA) with resources to support the ADRC initiative, e.g., training; technical assistance; policy and program guidance; monitoring and evaluation; to ensure consistency and quality of services statewide.
- 1C iv: Closely coordinate ADRC services with county Health and Human Services agencies and core partners including Area Agencies on Aging and Independent Living Centers.
- 1C v: Enable seamless access to public benefits and programs with the state taking the lead in partnering with local government.

1D - Develop a Five-Year Plan for Integrated Medi-Cal Managed Care

Issue: The State's Medi-Cal Healthier California for All proposal seeks to improve health care through innovation. Yet, as currently written, the proposal does not contain a clear vision for a coordinated, integrated service delivery system for California's older adults and people with disabilities. To create truly person-centered care system, all services- including physical health, mental health, and LTSS--must work in a coordinated way alongside and on behalf of the person. This will help to improve and maintain overall health and well-being, while resulting in less unnecessary care and stress for the recipient.

Recommendations:

- 1D i: Outline a five-year Medi-Cal/Medicare integration plan that commits the State to the highest level of integration possible. The plan must:
 - a. Ensure people who qualify have access to an integrated Medi-Cal/Medicare health plan and that those plans are federally defined Fully Integrated Duals Special Needs Plans; Highly Integrated Special Needs Plans; and the Program for All Inclusive Care for the Elderly (PACE).
 - b. Incorporate best practices from California's past integration efforts, such as requiring health plans to train staff on Alzheimer's and dementia; improve quality of care in nursing facilities; provide institutional long-term care diversion and transition services; ensure all Health Risk Assessments include the 10 standardized screening questions developed through a stakeholder process, and coordinate with programs and services that are not offered through Medi-Cal managed care.

- c. Require strong consumer protections, improved access to home and community-based services, stakeholder engagement, and ongoing evaluation, and provide incentives for contracting with local, trusted and culturally responsive community-based organizations.
- d. Ensure Medi-Cal/Medicare (dual eligible) recipients are included in all components of the Medi-Cal Healthier California for All proposed programs and services.
- e. Implement a comprehensive set of Home and Community-Based Services as covered benefits in Medi-Cal, building on the voluntary supplemental services (federally defined “in lieu of services”) proposed in Medi-Cal Healthier California for All.
- f. Until then, these supplemental services should include all the home and community-based services needed to help an individual avoid a nursing facility, including assisted living, adult day services, and a purchased services model like that used in the Multipurpose Senior Services Program (MSSP) and PACE programs.
- g. Establish incentives for health plans to build and provide or contract for these supplemental services.
- h. Establish a policy and specific targets for reducing avoidable nursing facility use for older adults and people with disabilities.

1E - Establish a Statewide Integration Oversight Council

Issue: Stakeholder engagement in the planning and implementation of California’s Healthier California for All initiative is critical to ensuring effective and high-quality integrated services. However, the state lacks a structure to engage consumers, providers, researchers and stakeholders on decisions impacting dual eligible individuals and Medi-Cal only older adults and persons with disabilities relative to integrated service delivery.

Recommendation:

Establish a formal stakeholder council comprised of health plans, consumers, advocates and providers on issues pertaining to integration of Medi-Cal/Medicare and Managed Long-Term Services and Supports (MLTSS). The council could be charged with exploring and analyzing emerging implementation issues and challenges and providing recommendations for system-wide improvements.

1F - Create a Medi-Cal/Medicare Innovation and Coordination Office

Issue: At the federal level, the Medicaid and Medicare programs operate independently and under different funding streams. At the state level, this fragmentation often prevents individuals eligible for both programs from accessing the full range of health and LTSS services they need. While the state seeks opportunities to develop its Healthier California For All initiative, strong leadership to guide integration of Medi-Cal and Medicare, including LTSS, is critical to achieving the goal of a more person-centered efficient, way to deliver services.

Recommendation:

Establish an office in the Department of Health Care Services to design and implement innovative strategies to serve individuals eligible for Medi-Cal/Medicare with a goal of improving how services are delivered at the local level across the health and LTSS systems. The office would explore new models in partnership with state and federal partners, while also overseeing implementation of related elements of Medi-Cal Healthier California for All initiative.

1G Simplify IHSS Program Administration

Issue: As the IHSS program has expanded and changed over the years, it has become more administratively complex for consumers, providers, and the counties. Some of this complexity is the result of managing a large, robust public benefit, but some of it is caused by unnecessary policies and procedures. This has real negative consequences for recipients, providers, and the counties.

Recommendations:

- 1G i: Evaluate which administrative rules are necessary and work with stakeholders to allow greater flexibility and simplify administration of the IHSS program, where possible.
- 1G ii: Simplify and improve the functional needs assessments while ensuring individual need is reflected and allow for simple re-determinations for recipients with stable conditions.
- 1G iii: Change the parent-provider rules to allow for a choice of providers.
- 1G iv: Streamline provider rules to ensure it is easy to hire and pay providers.
- 1G v: Improve the coordination between the IHSS program and institutional settings to ensure there are no gaps in services for those being discharged.

1H - Enhance IHSS Public Authority Practices and Training

Issue: Public Authorities are mandated to provide services which supplement the IHSS program in their counties, which include: a referral registry which recruits, screens and matches workers with IHSS consumers; training for providers and consumers; and responsibility as the employer of record for bargaining with the union representing the IHSS workforce. Consumers who need a provider may become frustrated with the Public Authority registry and dissatisfied when providers on the registry are not able to serve additional clients or do not return phone calls.

Recommendations:

- 1H i: Identify and apply best screening and matching practices to improve consumer experiences.
- 1H ii: Increase and expand caregiver training delivered through multiple avenues.
- 1H iii: Provide IHSS provider training stipends. To achieve this goal, the state may need to work to eliminate state and federal rules prohibiting financial incentives.

1I - Improve Coordination Between IHSS and Other LTSS Providers

Issue: Although IHSS is a Medi-Cal benefit, it is often seen as separate from all other LTSS and health programs and benefits resulting in a lack of coordination and integration.

Recommendations:

- 1I i: Improve care coordination between the IHSS program and other LTSS and health providers including formal authorization for secure information sharing with managed care providers of health and LTSS services.
- 1I ii: Require the state to collect data and report on beneficiary access to services, including referrals and receipt of services, transitions and care coordination.

OBJECTIVE 2: ACCESS TO LTSS IN EVERY COMMUNITY

California will build the country's most desirable public and private LTSS system by ensuring people are able to find and afford the services they need and want. To do this, California must ensure that (1) In-Home Supportive Services (IHSS) is programmatically and financially stable and sustainable; (2) people across the state and especially in rural communities, have access to the core minimum LTSS services, so that Californians have equitable choice in the type of the services they need; (3) LTSS services are culturally responsive and linguistically appropriate; and (4) the LTSS system has the flexibility to innovate and be responsive to person-centered needs.

2A - Remove Barriers to Community Living

Issue: A federal Supreme Court ruling, known as the *Olmstead* Decision, requires states to prioritize community living over institutional care. However, Californians continue to experience barriers to community living, especially for those who have few resources or people to serve as advocates when there is a personal crisis or hospitalization. An individual's ability to remain in or return to the community setting of their choice is often a function of their socioeconomic status; functional disability; or geographic location. An emergency, hospitalization, or unstable housing can lead to an avoidable placement in a nursing facility.

Recommendations:

- 2A i: Develop a statewide institutional diversion and transition strategy including:
 - a. Establish a California Community Living Fund as a "bridge" program that provides goods or services not available through other means to individuals either transitioning to the community or at-risk of institutionalization.
 - b. Require person-centered assessments and transition planning be conducted in institutional settings to support an individual's return to the community.

- c. Expand California's Pre-admission Screening and Resident Review Program (PASRR) to all older adults and persons with disabilities, (currently this program is only available to individuals with serious mental illness and individuals with intellectual or developmental disabilities) using Oregon's experience as a model.
- d. Permanently authorize the California Community Transitions (CCT) program and streamline its operation to more effectively provide transition services.
- e. Provide incentives for Medi-Cal managed care plans to participate in an institutional diversion and transition strategy.

2B - Invest in Public/Private Infrastructure Expansion for Local Communities

Issue: California's LTSS infrastructure, which is administered by a mix of government and private sector entities, has struggled to keep up with demand for services, due, in part, to years of disinvestment in LTSS services during the great recession. State funding uncertainty and lack of attention to often outdated regulatory barriers that impact access have played a role in diminishing access to services and have inhibited private sector investment in LTSS.

Many LTSS programs have closed their doors, leading to negative consequences for consumers who are without access to care or who must travel long distances to obtain needed services. These conditions are most pronounced in rural regions of the state but are not limited to rural service areas.

In addition, metrics to measure consumer access to LTSS services have not been designed. Without such standards, the state cannot measure progress toward the overall goal of equitable access to services. For example, what is the desired ratio of residential options or adult day service enrollment per 1,000 population of older adults and people with disabilities?

Recommendations:

2B i: Adopt the following minimum core of services to serve as a local blueprint for LTSS infrastructure (alphabetical order):

- Adult Day Services
- Area Agencies on Aging
- Caregiver Support
- Case Management for all income levels
- Independent Living Centers
- Information and Assistance
- In-Home Care for all income levels
- Nutrition services
- Residential housing options
- Transportation and mobility services

2B ii: Develop minimum standards for how easily Californians can access these core LTSS, including the time and distance it takes to get to a service outside of the home.

- 2B iii: Create and maintain a web-based database of LTSS programs to enable the state and local communities to assess current LTSS availability, identify gaps, support development of new resources, and measure progress.
- 2B iv: Include in the state budget immediate investments to build an equitable core LTSS system infrastructure at the local level:
 - a. Stabilize funding for Caregiver Resource Centers (CRCs).
 - b. Invest in and enhance the existing caregiver support programs including the federal Title III E Family Caregiver Support program by providing matching state funds.
 - c. Modernize the MSSP by increasing total "slots," expanding to all counties, and changing eligibility to include adults younger than 60.
 - d. Use one-time state grants to spur development of non-profits interested in starting Adult Day Health Care, Adult Day Programs and centers of Alzheimer's disease excellence to support the person experiencing Alzheimer's disease or related dementia and their caregivers. Concurrently, amend Health and Safety Code 1579 to provide for more flexibility in how ADHC is delivered in rural communities (33 counties are currently without ADS) and reimbursed under Medi-Cal Managed Care.
 - e. Encourage expansion of PACE, especially in underserved regions of the state.
 - f. Develop a plan and funding stream to make Traumatic Brain Services available throughout the state as outlined by SB 398 of 2018.
 - g. Provide fall prevention programs through the AAA to prevent primary and secondary falls and keep people safe in their homes.
 - h. Expand the Assisted Living Program to all counties in the State and increase the number of allowable slots to include those on the waiting list and those in nursing homes who could benefit from a transition (approximately 18,500 total slots).

2C - Increase Access to Home- and Community-Based Waiver Programs

Issue: California's eight Home and Community-Based 1915(c) waivers provide critical services including in-home nursing care, case management, respite support, home modification, and others that enable individuals to remain at home and avoid institutionalization. However, the current waiver system often unable to meet need, as evidenced by the long wait lists for waiver services.

Recommendations:

- 2C i: Analyze wait lists for and evaluate barriers to statewide access to the Home and Community-Based Alternatives Waiver, the Assisted Living Waiver and the MSSP waivers, with a special focus on rural communities.
- 2C ii: Expand waiver services into unserved counties with the goal of avoiding and eliminating wait lists for eligible recipients.
- 2C iii: Evaluate current waivers to determine how to improve access for Medi-Cal individuals who are at risk of institutionalization or who are currently institutionalized and in need of transition to the community.

2D - Expand Access to Equitable, Accessible and Affordable Medi-Cal

Issue: Medi-Cal provides health insurance coverage to over 1.2 million low-income older adults in California and is critical to ensuring that older adults have access to home and community-based services. Yet, Medi-Cal is not accessible to all low-income individuals, and the program’s eligibility rules force older adults and people with disabilities to live in deep poverty in order to receive services—this is particularly true for older women, immigrants, and communities of color who are more likely to rely on Medi-Cal. Additionally, people working while disabled face unique challenges because working can affect their ability to remain eligible for needed LTSS.

Recommendations:

- 2D i: Cover all undocumented older adults to ensure all Californians have access to health care;
- 2D ii: Substantially increase asset limits for Aged and Disabled Medi-Cal and eliminate asset tests for the Medicare Savings programs to ensure low-income individuals do not have to live in abject poverty to receive benefits;
- 2D iii: Explore options for “presumptive eligibility” to speed up access to IHSS where urgent need arises;
- 2D iv: Substantially increase the monthly Medi-Cal maintenance need income level for both community Medi-Cal and institutional care to make Medi-Cal affordable;
- 2D v: Make the spousal impoverishment expansion permanent to ensure married individuals can remain living at home;
- 2D vi: Simplify the renewal process for Medi-Cal and enrollment in Medicare Savings Programs to ensure maximum enrollment in the programs and less turnover in the program;
- 2D vii: Index these changes so the changes made as a part of this process continue to improve access, equity, and affordability now and in the future.
- 2D viii: Explore options to support people with disabilities who are employed but unable to access a range of necessary LTSS. These options may include expanding Medi-Cal coverage of assistive technology and other LTSS to people with disabilities who are employed and do not meet the threshold for the Working Disabled Program.
- 2D ix: Expand access to the Medi-Cal Working Disabled Program and consider expanding the eligibility threshold to meet population need.

2E - Improve Emergency Preparedness and Response in the LTSS System

Issue: Older adults and people with disabilities are two to four times more likely to die or experience a serious injury in a disaster. In California, these threats are increasing in frequency, intensity, scale, and duration because of climate-related changes other large emergencies, and outdated infrastructure California’s recurring Public Safety Power Shutoffs (PSPSs) place millions of older adults and people with disabilities’ health and safety at risk, most acutely impacting low-

income individuals. Effective emergency planning requires partnerships among all levels of government, businesses, and community-based organizations.

Recommendations:

2E i: Develop an emergency preparedness coordinated statewide marketing and education campaign for older adults and people with disabilities.

2E ii: Provide funding to counties for outreach and coordination of services vulnerable populations during times of emergency and disasters.

2E iii: Require a mechanism for collaboration (e.g., a Memorandum of Understanding) for collaboration between local agencies, counties, community-based organizations, private LTSS organizations, Red Cross and the state to coordinate services during disasters. Require the MOU to include utility companies for coordination activities before and during a declared emergency or Public Safety Power Shut-off (PSPS).

2E iv: Require county IHSS social workers to review personal emergency plans annually to update data for emergency response.

2E v. Establish an emergency back-up system of IHSS providers administered by Public Authorities for when a caregiver is unavailable for IHSS consumers.

2Evi: Create a billing/payment category for emergency services that can be used to compensate IHSS providers for additional hours worked during emergencies or natural disasters.

2E vii: Mandate every County staff member attend shelter fundamental training and shelter management training, as appropriate.

2E viii: Provide funding for additional training for older adults and people with disabilities, including Access and Functional Needs (AFN) and Functional Assessment Services Team (FAST) training.

2E ix: Allow background checks from other entities to be enough for allowing a home care provider to provide care in a shelter.

2E x: Expedite enrollment into Community Based Adult Services program on emergency basis; waive certain staffing and program requirements to be able to meet immediate shelter, food and health and safety needs of community members; allow for reimbursement during days of operation when requirements are waived.

2F - Strengthen Quality and Choice in 24/7 Residential Care

Issue: Round-the-clock residential care offers an important, and sometimes necessary, option to individuals needing long term care. These services are provided in skilled nursing facilities as well as in Residential Care Facilities for the Elderly (RCFEs), assisted living and smaller board and care homes. While there are many perspectives on the solutions, there is general agreement that there is an urgency to address several challenges in this arena.

Recommendations:

2F i: Expand board and care residential options by identifying and implementing other affordable alternatives to provide supportive group housing including consideration of the foster adult and adult family home models in Oregon and Washington states.

2F ii: Integrate the Skilled Nursing Facility licensure with other ancillary service (e.g. infusions, dialysis, laboratory services, x-rays, etc.) provider types to allow these services to be offered within the facility so residents do not need to go offsite for these procedures.

2F iii: Ensure those who are deaf and hard-of-hearing have access to communication devices, staff who can communicate in American Sign Language, emergency procedures that include methods accessible to

persons with hearing impairments, and other modalities for meeting access needs.

- 2F iv: Provide, for those with vision loss, information on menus, daily activities, among other things, in large print or other formats, orientation and mobility instruction that enables these individuals to navigate the facility successfully, and assistive technology that allows for communication with others outside the facility.

2G - Strengthen Oversight of 24/7 Residential Facilities

Issue: During the great recession, licensing agencies and the Long-Term Care Ombudsman program experienced funding reductions. Though funding has been partially restored in recent years, the concern remains that these entities do not have adequate resources to meet the growing needs of an aging population.

Recommendations:

- 3G i: Fully fund the oversight and monitoring of Skilled Nursing Facilities (SNFs) by the California Department of Public Health and Residential Care Facilities for the Elderly (RCFEs) by the California Department of Social Services licensing divisions.
- 3G ii: Fully fund the Long-Term Care Ombudsman program at the California Department of Aging to ensure that there are enough paid and volunteer ombudsmen to fulfill the responsibilities mandated by state and federal requirements.
- 3Giii: Ensure public disclosure of key data elements related to facility ownership, operations and cost reporting to enable consumers to make informed care decisions.

2H - Strengthen Remedies to Protect People Living in Residential Facilities

Issue: Seniors and people with disabilities who live in residential facilities may experience abuse, neglect, or rights violations. Some residents with certain disabilities, chronic conditions or cognitive impairments may not be able to address the abuse, neglect or rights violations by themselves. Many residents lack access to family or friends who can assist them, and most do not have access to legal resources. For some residents, enforcement systems and remedies may be inadequate and for others existing public systems are inadequately funded to provide meaningful recourse. These efforts should prioritize the most cost efficient and effective methods for providing a prompt resolution of the alleged abuse, neglect or rights violation and securing quality care for these residents.

Recommendations: The Administration should work with stakeholders to:

- 2H i: Identify ways to strengthen the public and private enforcement of current laws designed to protect seniors and people with disabilities living in facilities and enforcement disparities.

- 2H ii: Identify additional public and private remedies to address abuse, neglect, abuse and rights violations of seniors and people with disabilities living in all types of residential facilities.
- 2H iii: Adequately fund current and new public enforcement systems.

2I - Protect Persons with Dementia from Transfer Trauma

Issue: Ninety-seven percent (97%) of individuals with Alzheimer's disease experience behavioral and psychological symptoms with prevalence, frequency and severity and increasing as dementia progresses. These challenges in the home often precipitate placement in long-term care facilities and drive premature transfer to higher levels of care.

Recommendation:

Conduct an inter-departmental examination of admission, retention and transfer policies within and between levels of care to prevent residents with dementia who have behavioral issues from being improperly displaced from residential settings.

2J - Ensure Stability and Sustainability of IHSS Financing

Issue: IHSS is the largest personal care services program in the United States serving more than 613,000 people and projected to serve more than 930,000 people by 2030. IHSS is a consumer-driven program based on a social, not medical, model, serving persons with disabilities and older adults since the 1970s.

While there are concerns regarding the size and cost of the program, these concerns are largely explained by at least two forward-thinking state policies: 1) a reduction in the use of institutional care and 2) an increase in the state minimum wage. Several years ago, during the recession, California enacted massive across the board cuts to IHSS hours. Temporary restoration of hours approved in the FY 2015-16 state budget are proposed in the 2020-21 budget to be temporarily funded through December 31, 2023. The temporary nature of this restoration of hours creates uncertainty and worry among recipients and contributes to workforce instability.

Recommendations:

- 2J i: Commit to a permanent restoration of the 7% cut to IHSS hours by rescinding the authorizing statutes.
- 2J ii: Establish a time-limited workgroup that includes key stakeholders and experts in IHSS to create a long-term funding plan to update and simplify the IHSS funding formula, and identifies new, sustainable funding sources dedicated to the program. This should include examining ways in which non-Medicaid eligible individuals may be able to "purchase" or "buy-in" to IHSS services utilizing the existing workforce and administrative systems.

2K - Improve Equity in and Access to the IHSS Program

Issue: Among the 613,000 IHSS consumers, almost 70% are people of color, almost 50% speak a language other than English as their primary language,

approximately 39% are seniors age 65-84, and 15% are 85 years of age or older. Despite the number of people with visual and hearing impairments using the program, IHSS does not include reading and completion of documents for persons with vision impairments nor does it offer sign language interpretation for those with hearing impairments. This creates a major impediment to accessing services for consumers with visual or hearing impairments.

Recommendations:

Meet the needs of a diverse IHSS population by ensuring the following:

- 2K i: Improve language access regardless of whether the recipient speaks one of the four threshold languages;
- 2K ii: Fund IHSS outreach to ensure all communities know about the benefit
- 2K iii: Work with communities across the state to improve cultural responsiveness within the IHSS program.
- 2K iv: Include “reading services” and “sign language interpretation” to the list of allowable IHSS tasks.

2L - Increase Support for IHSS Recipients Who Need and Want It

Issue: A central tenet of the IHSS program is self-direction, and while it is imperative the state retain this principle, some recipients with certain disabilities, chronic conditions or cognitive impairments may not be able to successfully use the program if they have to independently manage their provider. This need exists across the age span and may be short-term or long-term and may create inequitable IHSS access for some recipients.

Recommendations:

- 2L i: Allow for and fund tiered levels of case management by county social work or public authority staff dependent upon need.
- 2L ii: Identify ways to improve coordination and integration of the IHSS program while it remains as a benefit outside of the managed care system including:
 - a. Expanding access to voluntary IHSS contracted agency mode.
 - b. Expanding the use of supported decision making including increasing funding for additional care coordination to assist with supported decision making.
 - c. Increase access to enhanced case management, including through the Multipurpose Seniors Services Program.
 - d. Identify other methods to expand voluntary enhanced services for those who want and need support managing the IHSS program.

2M - Reduce Barriers to Accessing IHSS for Homeless Individuals

Issue: Currently, in some counties, the IHSS program excludes individuals who are living on the street from receiving IHSS. Additionally, individuals in unstable or transitional housing have significant challenges getting on and staying on the IHSS program and some individuals living in shelters experience barriers to receiving IHSS services. This is largely due to the administrative complexity of

applying for IHSS and how little assistance is available to support individuals who are at risk.

Recommendations:

- 2M i: Reduce barriers to eligibility and retention for those experiencing homelessness and housing instability.
- 2M ii: Increase administrative flexibility to meet the needs of this populations
- 2M iii: Invest in innovative solutions.

OBJECTIVE 3: AFFORDABLE LTSS CHOICES

California will have a statewide universal benefit program that helps people pay for long-term services and supports, like in-home support, adult day services, and residential care. The system will be available to eligible Californians of all income levels and will help delay or prevent the need for people to “spend down” to access Medi-Cal for their LTSS needs.

3A -Create LTSS Financing Program

Issue: Californians of all ages and disabilities are at-risk of or forced to spend down assets to qualify for Medi-Cal in order to afford and access LTSS when the need arises. Middle income Californians pay out-of-pocket for most services and supports, and many go without needed assistance for lack of funds. Just one example, the lifetime cost of Alzheimer’s disease – a condition that impacts 670,000 Californians, approaches \$350,000, the median home price in Sacramento, the state capitol.

Recommendations:

- 43 i: Encourage the California Health and Human Services Agency to partner with the State Treasurer as well as public and private stakeholders including but not limited to the Department of Insurance, advocates, the insurance industry, labor unions, and academics to advance a statewide public LTSS benefit.
- 3A ii: Utilize the actuarial study currently underway at DHCS to assess the feasibility of creating a statewide public LTSS benefit.
- 3A iii: Conduct focus groups to assess the public interest in and need for such a program, following the publication of the actuarial study.
- 3A iv: Codify the program into law, including an oversight and governance board, referencing other models such as California’s CalSavers Board, and Washington’s LTSS Trust Fund.

3B -Stabilize HCBS through a Dedicated Funding Stream

Issue: Over the past decade, critical home and community-based programs have been eliminated or experienced significant funding reductions. As a result, the community-based services system has been significantly weakened, shrinking the services that allow older adults and people to remain in the community and avoid institutionalization.

This, in part, is based on federal Medicaid requirements that require access to institutional care but make optional access to Home and Community Based Services. Despite this, California has made significant progress in closing its state-run institutions and developing new models of community services and supports. But the work is incomplete.

We believe that the Medi-Cal program should equalize access to home and community-based services that enable older adults and people with disabilities to thrive and engage in the community. This requires California to take the bold step of establishing a right to access Medi-Cal services and supports in the setting most appropriate to individual needs and preferences. By 2022, the state should:

Recommendations:

- 3B i: Outline a broad-based strategy for stabilized investment in and the right to home and community-based services in the Medi-Cal program.
- 3B ii: Establish a dedicated funding stream sufficient to ensure access to home and community-based services.
- 3B iii: Ensure statewide access to services to meet the identified service and support needs of older adults and persons with disabilities.
- 3B iv: Initiate a top-to-bottom review of regulatory barriers to accessing home and community-based settings when needed, to avoid more costly institutional care. This review would include, but not be limited to, how quickly people can access a needed service, what existing regulatory flexibility exists or is needed to encourage innovation in how services are delivered at the local level, especially in rural communities, and barriers to expansion of services at the local level.

3C - Explore New Funding Streams for LTSS through the Medicare Program

Issue: At the federal level, new opportunities are emerging to pay for selected Long Term Services and Supports through Medicare. For example, the [CHRONIC Care Act](#) permits Medicare Advantage plans the flexibility to provide non-traditional supplemental benefits such as adult day care and meals as part of the plan benefits package targeted to members with complex conditions. Another option is to explore funding certain services through private Medigap insurance plans.

Recommendations:

- 3C i: Work with federal partners to explore broadening the approach to LTSS financing, including mechanisms that promote Medicare and private Medicare insurance market inclusion of LTSS benefits in the Medicare Part B program.
- 3C ii: Maximize new opportunities to expand access to non-medical Medicare benefits through new opportunities provided by the [CHRONIC Care Act](#) that permits Medicare Advantage plans the flexibility to provide new non-traditional supplemental benefits.

OBJECTIVE 4: HIGHLY VALUED HIGH-QUALITY WORKFORCE

The need is great for LTSS jobs that provide good wages and benefits, as well as educational and advancement opportunities. These jobs will expand the opportunities of the current workforce, which is largely women and people of color, to earn livable wages in an occupation that society values. California will strive to create a highly valued high quality LTSS workforce in partnership with public and private employers to fill at least 1 million direct care jobs with high-quality workers paid at least a minimum wage.

4A - Expand Workforce Supply and Improve Working Conditions

Issue: California will face a labor shortage of between 600,000 to 3.2 million paid direct care home workers, and an estimated 3.8 million unpaid family caregivers. Caregiving is difficult and poorly compensated labor, performed overwhelmingly by women of color. Homecare workers earn less than half California's median annual income and are twice as likely to live in a low-income household, with one in four falling below the federal poverty line.

Recommendations:

- 4A i: Establish Direct Caregiver Workforce Development Task Force, to be convened by the Labor & Workforce Development Agency (LWDA), that will conduct research, assess public and private caregiver training and workforce development programs, explore public-private partnerships and policy incentives for high-road employers, produce a blueprint for creating sustainable jobs, and implement demonstration project toward the goal of improving wages, working conditions, training, retention and care.
- 4A ii: Create and implement comprehensive statewide workforce quality and safety standards for all businesses providing LTSS services in California, to be administered by the state. Quality measures include wages, training and employee protections.
- 4A iii: Coordinate across state agencies and identify ways to streamline employee licensure, certification and registry.

4B - Strengthen IHSS Workforce Through Statewide Collective Bargaining

Issue: Over 520,000 IHSS providers currently serve over 600,000 IHSS recipients. The average wage is just above the state minimum wage of \$13/hour. IHSS providers do not receive vacation or holiday time off. They have limited access to employer-sponsored health benefits and no retirement security. A majority of IHSS providers are enrolled in Medi-Cal and other public assistance programs. Annual turnover in IHSS is 33%.

IHSS wages and benefits are significantly less than entry level wages in other industries. This has resulted in a severe shortage of IHSS providers around the state, often leading to consumers going without the services they need to remain safely in their homes. Wages and benefits for IHSS providers are negotiated at the county level through collective bargaining with unions. This has led to uneven wages and benefits across the state for the same work.

Recommendations:

- 4B i: Consolidate employer responsibility for collective bargaining to one entity at the state level that can negotiate with IHSS employee representative organizations over wages, health benefits, retirement, training and other terms and conditions. This will allow the state to implement policies that will increase recruitment and retention of the IHSS workforce as well as improve quality of services. For example, by offering a higher wage to providers who serve clients with complex needs.
- 4B ii: Expand eligibility for Unemployment Insurance Benefits (UIB) to IHSS providers who are the spouse or parent of their client. Parent and spouse providers are the only IHSS providers currently carved out of this protection.
- 4B iii: Implement a voluntary certified, standardized, and paid, training curriculum for 4B i: IHSS providers that offers career pathways and opportunities for increased pay for workers, increases their capacities to deliver care for the growing population of clients with complex care needs, addresses retention of the current workforce and attracts the workforce needed to meet future demands.
- 4B iv: Workforce training should be linguistically and culturally responsive and include topics such as declining cognitive and physical abilities, Alzheimer's and dementia related conditions and social isolation. It should also include a special focus on training people with I/DD to do all or some IHSS tasks.
- 4B vi: Ensure that individuals who agree to work as IHSS providers are enrolled into the system and paid as soon as possible.
- 4B vii: Repeal statutes that require IHSS providers to pay for their criminal background check.
- 4B viii: Establish statewide policies on sexual harassment prevention and workplace violence prevention in the IHSS program.

4C - Invest in Residential Setting Direct Care Workforce

Issue: Workforce concerns are a challenging issue for many 24/7 residential settings, requiring significant action to support direct care staff members. Low unemployment coupled with labor market shortages pose unique challenges in staffing 24/7 environments. Meeting the health workforce challenge is not limited to 24/7 residential care, but addressing it is essential.

Recommendation:

Invest in local, regional and statewide workforce development and training. This could include public education campaigns to attract employees to the field.

4D - Address Staffing Issues in 24/7 Residential Settings

Issue: There is intense interest in addressing issues related to staffing patterns, staffing ratios, facility reimbursement, employee compensation and staff training. [Consensus was not achieved; this important issue warrants further discussion.]

Recommendation:

The state should convene stakeholders, including the Department of Health Care Services and Department of Social Services, in a time-limited workgroup to address these challenges and respond to proposals calling for increased staffing ratios, elimination of current staffing ratio waivers, and linking Medi-Cal reimbursement directly to staffing.

4E - Address IHSS Social Worker Caseload, Training and Support

Issue: IHSS social workers currently have unacceptably high caseloads, which limits their ability to address individual needs, identify potential service needs, link consumers to other services, and coordinate with other programs. IHSS recipients may have complex health-related needs which would benefit from better coordination with medical providers.

Recommendations:

- 4E i: Reduce social worker caseloads, especially for social workers with consumers requiring a higher level of care coordination.
- 4E ii: Provide increased funding in counties for Public Health Nurses, who are critical in working with county IHSS and APS staff to identify health-related issues, serve as liaisons with medical providers, and help consumers access needed medical devices.

4F - Build a Dementia-Capable Workforce

Issue: By 2025, the number of Californians living with Alzheimer's disease will increase 25 percent from 670,000 today to 840,000 in 2025. Most persons with dementia live at home, in the community, relying on a network of family caregivers, and home care providers. Within licensed settings (RCFEs and SNFs), estimates range from 50-80 of residents being affected by cognitive impairments, including Alzheimer's and other dementias. Forty to 50 percent of California's Adult Day Service participants are reported as living with Alzheimer's disease or related dementias. Staff understanding of the disease process is key to quality care regardless of the setting.

Recommendations:

- 4F i: Explore certification and career ladder programs to promote dementia specialization
- 4F ii: Adopt the Dementia Care Practice Recommendations across all licensure categories.
- 4F iii: Restore the Alzheimer's Day Care Resource Center model to augment Adult Day Services expertise and extend it into the community.

4G - Ensure a Culturally Responsive Workforce

Issue: Person-centered care relies on understanding and accepting everyone's race, ethnicity, language, culture, faith tradition, sexual orientation, history, lived experience and preferences. California is among the most diverse states in the nation, with significant increased diversity projected among the older adult and disabled populations over the next 10 years.

Recommendation:

Identify best practices in cultural responsiveness training and provide direct care staff with education and resources to support them in their important work

4H - Invest in LTSS Workforce Education & Training Strategies

Issue: There is a lack of opportunity and funding for training of new and experienced workers in the healthcare and caregiving professions. Increasing the availability of medical, social work, dental and mental health services and direct care cannot be achieved without expanding the educational opportunities required to develop a well-trained and diverse workforce.

Recommendations:

- 4H i: Support career pipeline for direct care staff focused on serving aging population. This includes developing/expanding initiatives to introduce high school, community college, and college students to prospective careers serving older adults, which may include gerontology certificate programs in community colleges with specific linkages to advanced degrees with specializations in aging.
- 4H ii: Provide stipends and loan forgiveness for students entering the field, including high school, technical training programs, community and four-year colleges, and advanced degree programs.
- 4H iii: Support career ladders and mobility for direct caregivers.
- 4H iv: Compensate caregivers for training time and reimburse mileage.
- 4H v: Coordinate requirements so that training can lead to professional licensing and certifications.
- 4H vi: Establish and scale a universal home care worker family of jobs with career ladders and associated training.

4I - Support Family Caregivers by Expanding Nurse Delegation of Certain Tasks

Issue: Unpaid family or friend caregivers often have no choice but to provide challenging care to loved ones, including tube feedings, ventilator care, intramuscular injections, and ostomy care. The unpaid caregivers who are either unwilling or unable to perform these tasks must hire a registered nurse (RN) to administer these tasks to their loved one. This is because California law prohibits privately paid home health aides from performing certain health maintenance tasks. However, with proper training, home health aides could perform these tasks at a fraction of the cost of a RN – benefitting families needing help and reducing taxpayer expenditures. [While the committee achieved consensus, public comment from CNA expressed opposition.]

Recommendation:

- At a minimum, the state should maintain the ability of IHSS direct care workers to perform the above specified tasks.
- Revise regulations to permit nurse delegation for certain health maintenance tasks for trained direct care professionals.

4J - Paid Family Leave for All Working Caregivers

Issue: The aging of the population and its impact on families have implications for all sectors of California and can no longer be viewed as a private, family-only issue. There are 4.7 million family caregivers in California devoting 4 million hours a year caregiving, which has an economic value of \$63 billion. Despite the personal and financial value of all this care, state law does not currently provide job protection for people who work at companies with fewer than 50 employees. These family caregivers face the threat of losing employment for using paid family leave.

Recommendations: California should immediately enact legislation to:

- 4J i: Expand job protections for ALL caregivers, regardless of whether the individual is taking bonding leave or leave to care for a seriously ill adult.
- 4J ii: Broaden the definition of family member to allow a caregiver to designate a “family of choice” for the purposes of paid family leave.
- 4J iii: Expand funding for paid family leave outreach, with a focus on underserved communities, working with community-based organizations capable of delivering information that is culturally and linguistically responsive.

OBJECTIVE 5: STATE AND LOCAL ADMINISTRATIVE STRUCTURE

5A – New Focused Unit at Agency Secretary Level

Issue: Older adults and people with disabilities often struggle to access LTSS due to the fragmented arrangement of state and federally funded programs spanning 22 state departments. There is little data sharing and coordinated policy development focused on the needs, priorities and experiences of individuals and their circles of support. This results in the inability to identify, plan and effectively deliver services to Californians who need LTSS.

Recommendation: By 2021, California should put in place a dedicated cross-department unit focused on LTSS led by a deputy secretary at the Health and Human Services Agency. Working with the 22 departments, this unit will examine options to align policies and administration of LTSS; coordinate efforts to support seamless access to LTSS; improve how to better integrate LTSS for California’s Medi-Cal/Medicare enrollees; and promote innovation in LTSS service delivery, including technology.

5B - State Department Re-Organization

Issue: While there are varying viewpoints on how best to organize state government, there is widespread agreement that any state reorganization effort should only proceed if it is grounded in system changes that will improve how state government meets the needs of older adults, people with disabilities, caregivers and families at the local level.

Recommendation:

By 2021, the California Health and Human Services Agency should evaluate the current state administrative structure, in consultation with stakeholders, to explore establishment of a new department within the Agency, providing state-level leadership in home and community-based service delivery for older adults and people with disabilities. This department would incorporate the current Department of Aging, among others, with the goal of enabling all Californians, regardless of income and need, to age with dignity and independence in the setting of choice. [Consensus was not achieved; this important issue warrants further discussion.]

5C - Explore Feasibility of Integrating Aging and Adult Services at County Level

Issue: At the local level, LTSS programs are fragmented and administered across multiple county-based and community-based agencies. This includes Aging and Adult Resource Connections (ADRCs); Area Agencies on Aging (AAAs); and county adult service programs; including IHSS; Adult Protective Services (APS), and Public Administrator/Guardian/Conservator programs.

Recommendation:

The state should examine options to better integrate and coordinate service delivery across county health and human service programs at the local level. To this end, the Departments of Aging and Social Services should partner with counties and other entities including Area Agencies on Aging (AAA) as well as IHSS, Adult Protective Services and Public Guardian/Conservators to review options for consolidating administration of services in order to provide older adults and people with disabilities with streamlined access to a fuller array of services at the county level.

[Consensus was not achieved; this important issue warrants further discussion.]

5D - Explore Cross-Program Budgeting

Issue: California's LTSS financing spans multiple departments and funding streams based on annual population estimates or funding formulas for individual programs and services. This traditional budgeting practice prevents the flow of funds across programs and services based on individual needs and preferences. In contrast, flexible accounting provides the macro-level ability to move funds from one program to another based on patterns of use and emerging needs, as well as the micro-level authority to match care to an individual's needs.

Recommendation:

The state should explore options for developing a more flexible cross-program LTSS budget to accelerate California's rebalancing efforts and promote access to the necessary services and supports according to individual needs and preferences. Specifically, the state should identify options for unifying the LTSS budget through a global/flexible budget across programs within a singular funding stream, or within and across multiple funding streams.