

| RECO # | DESCRIPTION | Administrative Action | Budget | Legislative | Infrastructure | Aligns with Gov's Priorities |
|---------|---|-----------------------|--------|-------------|----------------|------------------------------|
| | OBJECTIVE #1 | | | | | |
| 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. | | X | | X | |
| 1Aiv | Develop statewide quality standards for information and assistance services that are culturally competent to ensure consistency, accuracy and responsiveness. Assess local level information networks such as Area Agencies on Aging, Independent Living Centers, and 211s for compliance and consistency statewide. | X | | | | |
| 1B i: | Work with stakeholders to identify the common standard questions that are culturally appropriate, 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. These questions, when appropriate, should identify who is serving in the role of caregiver to determine if additional supports are needed. | X | X | | | |
| 1C ii: | Provide ongoing infrastructure funding to incentivize ADRC development and implementation statewide. | X | X | | X | |
| 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. | X | X | | X | |
| 1D i: | Outline a five-year Medi-Cal/Medicare integration plan that commits the State to the highest level of integration possible. | X | | | | CalAIM |

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| 1F i: | Establish an office in the Department of Health Care Services to design and implement innovative strategies that are culturally relevant to serve individuals and families from diverse backgrounds and experiences who are 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. | X | | | X | CalAIM |
| 1li | 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. | X | | X | | |
| OBJECTIVE #2 | | | | | | |
| 2A i.a: | Establish a California Community Living Fund as a "bridge" program that provides goods or services – including rent – not available through other means to individuals either transitioning to the community or at-risk of institutionalization. | X | X | X | | Housing and Homelessness prevention |
| 2A i.d: | Authorize the California Community Transitions (CCT) program permanently. Streamline and improve its operation to more effectively provide transition services. | | X | X | X | |
| 2B i: | Adopt the following minimum care of services to serve as a local blueprint for LTSS infrastructure (alphabetical order): Adult Day Services, Aging & Disability Resource Centers (ADRCs), Area Agencies on Aging Services, Caregiver Resource Centers, Case management for all income levels, Independent Living Center Service, Information and Assistance, In-home care for all income levels, Nutrition Services, Program for All Inclusive Care for the Elderly (PACE), Residential housing options, including licensed facilities, and Transportation and mobility services | | | X | | |

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| 2B iv.a: | Fund expansion of services provided by California's Caregiver Resource Centers (CRCs), including administering high-quality caregiver assessments by trained professionals, providing information and referral services using up-to-date resource lists, providing evidence-based education and training programs, raising caregiver awareness, and supporting innovative programs to meet the evolving needs of family caregivers, including digital and online programs. | | X | | | |
| 2B iv.b: | Invest in and enhance the state's contribution to the federal Title III Family Caregiver Support program. | | X | | | |
| 2B iv.c: | Modernize the Multipurpose Senior Services Program (MSSP) by increasing total "slots," expanding to all counties, and changing eligibility to include adults younger than 60. | X | X | | X | |
| 2B iv.d: | Use one-time state grants to spur development of non-profits interested in starting Adult Day Health Care (ADHC), 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 adult day services) and reimbursed under Medi-Cal Managed Care. | | X | | | Alzheimer's/ Other Dementias |
| 2B iv.i: | Expand the Assisted Living Waiver 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). | X | X | | | Housing and Homelessness prevention |
| 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. | X | | | | Housing and Homelessness prevention |

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| 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; | | X | X | | |
| 2D v: | Make the spousal impoverishment expansion permanent to ensure married individuals can remain living at home. | | | X | | |
| 2E i: | Develop an emergency preparedness coordinated statewide marketing and education campaign for older adults and people with disabilities. | X | X | | | Emergency Preparedness |
| 2E v: | Establish an emergency back-up system of IHSS providers administered by Public Authorities for when a caregiver is unavailable for IHSS consumers. | X | X | | | Emergency Preparedness |
| 2E vi: | 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. | | X | X | | Emergency Preparedness |
| 2E ix: | Allow background checks from other entities to suffice for allowing a home care provider to provide care in an emergency shelter. | | | X | | Emergency Preparedness |
| 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. | | | X | | Emergency Preparedness |
| 2G 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. | | X | | X | |
| 2G iii: | Ensure public disclosure of key data elements related to facility ownership, operations and cost reporting to enable consumers to make informed care decisions. | | | X | | |

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| 2J i: | Restore, permanently, the 7% cut to IHSS hours by rescinding the authorizing statutes. | | | X | | Housing and Homelessness prevention |
| 2K i: | Improve language access by expanding the threshold languages. | X | | X | | Equity |
| 2K iv: | Include "reading services" and "sign language interpretation" to the list of allowable IHSS tasks. | X | | X | | Equity |
| 2M i: | Reduce barriers to IHSS eligibility and retention for those experiencing homelessness and housing stability | X | X | | | Housing and Homelessness prevention |
| OBJECTIVE #3 | | | | | | |
| 3A 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 to help the "forgotten middle" avoid spending down to poverty when LTSS becomes a need. | | | | X | Stabilizes IHSS |
| 3B iv: | Initiate a top-to-bottom review of regulatory barriers to accessing HCBS. 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. | X | | | | |
| OBJECTIVE #4 | | | | | | |

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| 4A i: | Establish a 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, expand apprenticeship programs, explore public-private partnerships and policy incentives for high-road employers, produce a blueprint for creating sustainable jobs, and implement demonstration projects to reach the goal of improving wages, working conditions, training, retention and care. | X | | | | |
| 4E i: | Explore certification and career ladder programs to promote dementia specialization. | X | | | | Alzheimer's/ Other Dementias |
| 4I i a: | Expand job protections for all caregivers, regardless of whether the individual is taking bonding leave or leave to care for a seriously ill adult. | X | | X | | |
| 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. | | X | X | | |
| OBJECTIVE #5 | | | | | | |
| 5A i: | Put in place a dedicated cross-department unit in California focused on health and 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, including IHSS; improve how to better integrate LTSS for California's Medi-Cal/Medicare enrollees; and promote innovation in LTSS service delivery, including technology. | X | | | | |