



**Master Plan for Aging
FIRST DRAFT
Long-Term Care Subcommittee Report
January 27, 2020**

California is the fifth largest economy in the world with an annual Gross Domestic Product of nearly \$3 trillion. Our state is poised to lead the nation at the forefront of uncharted population change. California is made richer by its diverse and growing population of older adults and people with disabilities. The demographic imperative provides an opportunity to address needs and plan for increased demand through 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. 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 posing thoughtful recommendations. 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.

This Long-Term Services and Supports (LTSS) Subcommittee report focuses on the Master Plan goal for all Californians to *“be able to live where we choose as we age and have the help we and our families need to do so.”* We have an historic opportunity to design, develop and deliver a new LTSS framework for all Californians. This 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 March 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 inform the Governor’s Alzheimer’s Prevention and Preparedness Task Force chaired by former First Lady Maria Shriver and the Medi-Cal Healthier for All (CalAIM) proposal.
3. Influence final recommendations in the October 2020 Master Plan in four priority areas:
 - A. Cross-cutting issues
 - B. Building pathways to care
 - C. Promoting access
 - D. Ensuring affordability

Within these interdependent priority areas, five top-level issues surfaced repeatedly and consistently in every setting:

- **Cabinet-level leadership**
- **Statewide information and assistance platform**
- **LTSS access standards and infrastructure plan**
- **IHSS sustainability**
- **Public LTSS benefit**

While the Master Plan extends more broadly than traditional health and human services to include housing and transportation, it also delves deeply into age-friendly communities, healthy aging and economic security and safety. Acknowledging this depth and breadth, the charge of the LTSS subcommittee is to focus squarely on LTSS. However, it is important to note that, although not covered within the subject matter of this report, the success of any effort to provide sufficient access to LTSS for California’s diverse aging and disabled population is also dependent upon the availability of sufficient and affordable housing, transportation and mobility, nutrition, and access to quality health care and behavioral health services, throughout the state.

Definition of LTSS: For this purpose, LTSS is defined as a broad range of services delivered by paid or unpaid providers that can support 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 settings, or in institutional settings. The term home- and community-based services (HCBS) refers collectively to those services that are provided outside an institutional setting. Generally, LTSS includes assistance with activities of daily living (ADLs) such as bathing, dressing, eating or transferring, and instrumental activities of daily living (IADLs) such as meal preparation, money management, house cleaning, medication management, and transportation.

Vision

A strong, shared vision should guide the way for the delivery of LTSS for all Californians. Of primary importance is re-balancing LTSS to ensure access to services in the setting of choice by bolstering LTSS in the community while simultaneously developing intentional policies to reduce avoidable long-term institutional placement.

Equity

Equity issues impact access to LTSS across the state for under-represented, under-served and under-recognized communities. The LTSS subcommittee reviewed a number of recommendations and comments addressing diversity, social justice, health disparities, social determinants of health, discrimination, cultural competency and marginalization. The LTSS subcommittee affirms the importance of equity in addressing the LTSS needs of older adults and people with disabilities – thereby eliminating disparities among all Californians. 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.

Priority Area A: Dedicated Statewide Leadership

Overview: The subcommittee urges maximum support for strong leaders across all sectors who will be tasked with developing the new framework for LTSS service delivery and financing. Though the Master Plan will serve as an active roadmap, it is the collective Administrative, Legislative, statewide and local leadership who will drive results in the years to come.

Recommendation A1

Appoint Deputy Cabinet Secretary for Aging and Disability

Issue: Many of the issues confronting the state administrative structure relate to multiple entities overseeing multiple programs serving millions of Californians without a designated cabinet-level leader managing or coordinating efforts.

Recommendation:

- Designate a Deputy Cabinet Secretary in the Governor’s office to lead Master Plan implementation. The Deputy Cabinet Secretary would convene agency and department heads, set the timeframe, liaison with the Legislature, and lead the implementation process, including adopting a statewide vision for LTSS service delivery, financing and infrastructure. In addition, the Deputy Cabinet Secretary would facilitate dialogue and address issues between and among agencies, while managing communication and outcomes.

Recommendation A2

Examine Optimal State Structure for Aging and Disability Programs and Services

Issue: Older adults and people with disabilities often struggle to access LTSS due to the fragmented arrangement of state and federally funded LTSS programs across 22 state departments, with little data sharing and 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 deliver services to the target population.

Recommendation:

- Reorganize the state administrative structure in consultation with stakeholders to establish the California Department of Community Living (DCL) within the California Health and Human Service 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.

Note: While this recommendation has multiple supporters, there are varying viewpoints on how best to organize state government. Where there is consensus is consumers must be at the forefront of any reorganization discussions.

Recommendation A3

Explore Feasibility of Integrating Aging and Adult Services at the Local Level

Issue: At the local level, responsibility for LTSS and home and community-based services is split between Area Agencies on Aging (AAAs) and county adult services programs that are typically housed in different agencies and often not aligned.

Recommendation:

- Opinions differ but numerous recommendations encourage some level of local consolidation of services for older adults, including leveraging Area Agencies on Aging (AAAs) in integrated service delivery systems. The recommendations also urged increased collaboration and communication across county health and human service programs, including Adult Protective Services/Public Guardian/Conservator.

Priority B: Building Pathways to Care

Overview: Pathways to Care impacts how older adults, people with disabilities and families access and navigate services, often precipitated by a time of crisis. The current system is mired in fragmentation and siloed services which makes it difficult for people to access the necessary services across the health and social services delivery systems.

Recommendation B1

Develop a Statewide Information and Assistance Platform

Issue: Many older adults, people with disabilities and families face difficulty accessing the services and supports they need, when they need it. They don't know where to turn for help and don't understand the existing service system well enough to know where to start. Often, information is needed to access services to make life-changing decisions and may be urgently needed to avoid costly institutional care, prevent health and safety emergencies, and seek aid during disasters.

California lacks a statewide person-centered LTSS No Wrong Door system that provides timely access to accurate information and assistance to individuals regardless of age, disability and income. The Aging and Disability Resource Connections (ADRCs) seek to coordinate service delivery and streamline access to LTSS. ADRCs are designed to support individuals whenever they contact any organization that is part of the No Wrong Door system, helping to navigate program and funding silos and connect individuals with the services and supports that they need, regardless of age, income, or disability. ADRCs are currently available in just eight of 58 counties.

Recommendations:

- Establish an Information and Assistance platform, including a website portal and a 24/7 call-line, as follows:
 - Web-based portal: The on-line web-based portal would offer a public-facing, trusted source of information for people seeking LTSS assistance anywhere in California. Among other LTSS information, the web-portal would build off the CalQualityCare.org platform and provide information including, but not limited to, home and community-based services, home health, assisted living and residential care, and nursing home care.
 - 24/7 call line: The call-line would offer multi-lingual access to services 24 hours a day/7 days a week, and connect the caller with a warm hand-off to information and services.
- Utilize existing local community-based networks to provide LTSS information and services uniquely tailored to meet the diverse cultural, language and ADA competency and compliance needs of each community.
- Develop statewide quality standards to ensure consistency, accuracy and responsiveness.

Recommendation B2

Streamline Access through Standardized Screening and Assessment

Issue: California's home- and community-based programs operate with separate eligibility determination and assessment processes, creating administrative inefficiencies and difficulties for consumers in accessing necessary programs and services. Without a standardized screening/assessment tool and process, California cannot achieve a truly person-centered framework for service delivery.

Recommendations:

- In the short term, the state should design and implement a standardized screening and intake tool identifying person-centered functional, health, cognitive and social support needs and risk factors, while document the individual's goals and preferences. The tool should be developed and implemented in alignment with current efforts to develop a standardized assessment tool and protocol for caregivers.
- Over the long-term, the state should pursue development of a comprehensive standardized assessment tool to be utilized across health and LTSS settings, with the necessary data and IT infrastructure to support its system-wide implementation.

Recommendation B3

Ease Care Transitions

Issue: For individuals who are either at-risk of or residing in institutional settings, systemic barriers impede the individual's ability to remain in or return to the community.

Recommendation:

Develop a statewide institutional diversion and transition strategy including:

- Establish a California Community Living Fund as a "bridge" program to provide services to individuals moving from an institution to the community, as well as individuals residing in the community who are at-risk of institutionalization. The fund would address special circumstances that arise out of an eligible individual's need for certain goods or services, or other conditions on a non-recurring basis in order to transition individuals from institutional to community settings or to help individuals remain in the community.
- Require assessments and transition planning to be conducted in institutional settings to support an individual's return to the community.
- Permanently authorize the California Community Transitions (CCT) program and improve its operation to more effectively provide transition services.
- Evaluate other states' efforts to conduct nursing home pre-admission screenings, with the goal of determining if the patient is appropriate for a lesser level of care in the home.

Recommendation B4

Outline a Vision for an Integrated, Coordinated Service Delivery System

Issue: The Medi-Cal Healthier California for All proposal seeks to advance and innovate Medi-Cal through a whole person approach to care, yet the state's vision for advancing

a coordinated, integrated service delivery system for California's older adults and people with disabilities remains elusive.

Recommendation:

- Establish a vision for a statewide integrated, coordinated service delivery system including targets for strengthening community-based LTSS with intentional policies to reduce avoidable nursing facility use for older adults and people with disabilities.

Recommendation B5

Design an Integrated Delivery System Plan for Dual Eligible Individuals

Issue: Medical, social, behavioral health and LTSS programs operate in siloes, creating barriers to appropriate care and services for the state's 1.4 million dual eligible (Medicare/MediCal) individuals.

Recommendation:

Develop a 10-year Integration Plan that commits the state to the highest level of integration across Medicare and Medi-Cal funding streams, based on the following principles:

- Person-centered assessment and care planning
- Choice
- Comprehensive care coordination, consistent with individual needs and preferences
- Strong consumer protections
- Voluntary enrollment
- Improved access to and use of home and community-based services
- Robust stakeholder engagement
- Ongoing evaluation

Recommendation B6

Enhancing Access to Home and Community-Based Services through Managed Care

Issue: Older adults and people with disabilities experience challenges accessing services across the fragmented service delivery system. Despite recent efforts to integrate and coordinate home and community-based services through the Coordinated Care Initiative, the system remains significantly siloed.

Recommendations:

B8 (1) Require a comprehensive set of Home and Community-Based Services as covered benefits. Currently, the only HCBS service integrated with health plans is Community Based Adult Services (CBAS). The state should require a range of HCBS

services to be covered under its “in lieu of services” proposal to ensure individuals have access to the necessary services and supports. Further, health organizations should be incentivized to collaborate and contract with local, trusted, culturally competent community-based organizations.

B8 (2) Permit integration of IHSS into managed care under limited circumstances for individuals who are unwilling or unable to self-direct. The state should consider permitting health plans to utilize the contract mode for IHSS, whereby an organization hires, trains, and supervises staff who specialize in working with consumers who cannot self-direct their services.

Recommendation B7

Enhance Data Collection and Evaluation

Issue: With the state preparing for the rollout of specified managed long-term services and supports on a statewide basis, it is critical to understand how the system has served those through the Coordinated Care Initiative and where there may be opportunities for improvement. Yet, the state lacks data on beneficiary access to services, including care coordination and LTSS. This data is critical to evaluate the extent to which beneficiary needs are being met in accordance with the statutory requirements.

Recommendations:

- **Data and Reporting:** The Department of Health Care Services should collect data and report on beneficiary access to services, including referrals and receipt of services, transitions and care coordination. Additionally, the should require appropriate information sharing and coordination between health plans and LTSS programs, including IHSS.
- **Evaluation:** The Department of Health Care Services should contract with a University of California entity to conduct evaluation of existing MLTSS system including timely access to services, care coordination and beneficiary satisfaction. This should be completed prior to MLTSS expansion.

Recommendation B8

Provide Leadership in Advancing Medicare Integration

Issue: Medicare beneficiaries with complex care needs have great difficulty in accessing LTSS and must instead navigate a fragmented service delivery system without assurance that their needs will be met. In addition, nearly half of long-term care spending is borne by individuals and families out of pocket. Often, long term care is out of reach for middle income individuals who are not eligible for Medi-Cal, but do not have the resources to pay privately. Older adults and people with disabilities with chronic conditions and functional impairments are particularly at risk of having unmet LTSS needs if they are not eligible for Medi-Cal.

Recommendations:

- Explore options to enable all Medicare Advantage plans, Special Needs Plans, and Medigap insurance operating in California to access non-medical benefits that meet the individual needs of enrollees.
- Through the Department of Managed Health Care, design a regulatory incentive program for Medicare Advantage plans to encourage LTSS service offerings.
- Develop marketing and financial incentives for Medicare Advantage plans that agree to offer LTSS benefits.
- Convene Medicare supplemental insurers operating in the California market with the goal of adding a state-regulated LTSS benefit package similar to that offered in the State of Minnesota as a supplement to their MediGap policies.

Recommendation B9

Establish a State Level Planning and Implementation Council

Issue: Stakeholder engagement in the planning and implementation of California's integrated care initiative is critical to ensuring effective and high-quality services through integration.

Recommendation:

- Establish a formalized stakeholder council comprised of health plans, consumers, advocates and providers to monitor planning and implementation of integrated services, including both integration of Medi-Cal/Medicare and Managed Long-Term Services and Supports (MLTSS) alone. The council could be charged with exploring and analyzing implementation issues and challenges, and provide recommendations for system-wide improvements.

Recommendation B10

Advance Innovations in Integrated Service Delivery

Issue: Models such as the Program for All Inclusive Care for the Elderly (PACE) have a successful track record of integrating care but are limited to a defined subset of the Medi-Cal population. Advancing integrated service delivery for a broader population requires innovation and investments in new models of care.

Recommendation:

- Develop demonstrations to test new models of integrated care, including those that build on the PACE model and those that integrate medical, social and LTSS to broader populations of older adults and persons with disabilities. In identifying integrated care options, the state should research new models including, but not limited to, MediCaring Communities that seek to improve services for frail elderly Medicare beneficiaries through longitudinal care planning, coordination and access to services across the continuum. As an example, the following elements could be considered as part of an integrated care pilot:
 - Pooled Funding and Risk Sharing: Pooled funding across all funding sources (public and private) to offer a full range of coordinated services and supports designed to help an individual maintain health and achieve personal goals.

- Central Coordinating Bodies: A central provider to serve as a coordinating entity with responsibility for building a network that incorporates care management, home and community-based services, hospitals, skilled nursing facilities, non-emergency medical transportation, wellness and socialization services.
- Single Point of Contact: A care coordinator to work with the individual, his or her family, and an interdisciplinary care team to coordinate services and supports.
- Assessment and Planning: Comprehensive assessment that informs the care plan in addressing all ranges of need.

Priority C: Access to Care

Overview: A decade of economic recession that resulted in significant and disproportionate budget cuts affecting LTSS has contributed to a mismatch between a growing demand for services and inadequate, uncoordinated access to LTSS. The Master Plan can and should capitalize on lessons learned from programs such as IHSS, MSSP, PACE, HCBS, CBAS, Medicaid Waiver programs, Senior Centers, ADRCs, AAAs, Independent Living Centers, entities serving the specific needs of persons with sensory disabilities, LGBTQ communities, managed care and others.

Recommendation C1

Strengthen and Enforce Accessibility Standards Across Sectors

Issue: Availability of LTSS is inconsistent throughout the state, particularly in the rural counties. Further, no standards currently exist to measure consumer access to core services.

Recommendations:

- Create an inventory of LTSS programs to assess service availability and identify gaps across all 58 counties. The inventory, at a minimum, should include LTSS programs serving all older adults and people with disabilities regardless of income level.
- Develop minimum access standards, including time and distance metrics, for core LTSS services.

Recommendation C2

Define the Core LTSS Mix by County and Develop a 10-year Public/Private Infrastructure Plan

Issue: California's LTSS infrastructure, which is provided 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. Funding uncertainty and lack of attention to regulatory barriers that impact access have played a role in service closures and have inhibited private sector investment in LTSS. These conditions are most pronounced in rural counties.

Recommendations:

- Consider inclusion of the following when defining the LTSS service mix:
 - Adult Day Services including Adult Day Programs and Adult Day Health Care
 - Care Coordination for all income levels, including MSSP
 - Caregiver Support, Caregiver Resource Centers
 - Information and Assistance, including ADRCs
 - Independent Living Services
 - In-Home Care for all income levels, including IHSS
 - Nutrition services (both home delivered meals and congregate meals)
 - PACE (Program of All-Inclusive Care for the Elderly)
 - Residential housing options, including innovative models for all income levels
 - Rural communities require basic core health services: adequate primary care, access to specialists, telemedicine, home health, hospice, behavioral health and rehabilitative services.
 - Transportation (including other mobility services)
- Develop a statewide LTSS infrastructure plan. In partnership with private sector partners, the state should develop a five-year infrastructure plan to promote and support the development of LTSS in underserved and unserved areas of the state, in order to improve access to services for all older adults and people with disabilities, including those who are not eligible for the Medi-Cal program. The plan will outline public/private partners to leverage resources.
- Invest short-term in the existing LTSS system as a bridge to an ideal system with guaranteed core services and adequate infrastructure. Recommended investments are as follows (IHSS addressed separately):
- Stabilize funding for Caregiver Resource Centers (CRCs) to increase/sustain awareness of family caregiver needs, and to ensure access to comprehensive evidence-based caregiver assessment and services including caregiver support services across settings.
- Invest and enhance the existing caregiver support programs including Title III E Family Caregiver Support program to include providing the state match. Further explore new or alternative caregiver funding sources.
- Modernize the Multipurpose Senior Services Program (MSSP) by increasing the number of “slots” and expanding to all counties as a mandated care option within the safety net and healthcare delivery system for the state’s most vulnerable community-dwelling older adults.
- Use one-time state budget funding to seed and spur development of LTSS infrastructure including utilizing the existing statutory authority to fund start-up grants for non-profits interested in starting Adult Day Health Care and expand law to include Adult Day Programs.
- Amend existing Health and Safety Code 1579 to provide for more flexibility in how ADHC is delivered in 33 rural communities by tailoring staffing, services, and days of operation. This flexibility would also need to include special consideration for reimbursement under Medi-Cal Managed Care.
- Encourage expansion of PACE, especially in rural counties.

- Develop a plan to make Traumatic Brain Services available throughout the state as outlined by SB 398 of 2018 and develop a TBI Medi-Cal waiver and/or make available multiple Medi-Cal waivers for this population.
- Create a grant funded initiative (public/private partnership) to support the advancement of adult day services as centers of Alzheimer’s disease excellence to support caregivers and the person experiencing Alzheimer’s disease or related dementia in being able to live their fullest life possible in the community.
- Provide fall prevention programs through the AAA to prevent primary and secondary falls and keep people safe in their homes in order to allow them to live independently for as long as possible.

Recommendation C3

Strengthen California’s 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 is siloed and often unable to meet need, as is evidenced by the long wait lists for the MSSP waiver, Assisted Living Waiver and the Home and Community-Based Alternatives Waiver.

Recommendations:

- Analyze wait lists for and evaluate 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.
- Expand waiver services into new counties with the goal of eliminating wait lists for eligible recipients.
- Accompany expansion with an evaluation of current waivers to determine how to improve access to HCBS services for Medi-Cal individuals who are at risk of institutionalization or who are currently institutionalized and in need of transition to the community. This could include changing the criteria for individual waivers, consolidating waivers, evaluating use of managed care in-lieu-of services, and converting a waiver service into a state plan option.

Recommendation C4

Support the Working Disabled Population

Issue: People with disabilities often face dis-incentives in seeking employment due to the loss of public benefits including Medi-Cal, IHSS and other LTSS services. While the Medi-Cal Working Disabled Program offers access to Medi-Cal benefits and LTSS support for the working disabled population, many people exceed the income eligibility threshold and do not qualify for services. As a result, many people with disabilities who are employed are left without access to the necessary services and supports that would otherwise be received through the public system.

Recommendations:

- 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.

- Expand access to the Medi-Cal Working Disabled Program and consider expanding the eligibility threshold to meet population need.

Recommendation C5

Expand Access to Equitable, Accessible and Affordable Medi-Cal Coverage

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 seniors 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.

Recommendations:

The state should take the following steps to improve the Medi-Cal program:

- cover all undocumented older adults to ensure all Californians have access to health care;
- 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;
- substantially increase the monthly Medi-Cal maintenance need income level for both community Medi-Cal and institutional care to make Medi-Cal affordable;
- make the spousal impoverishment expansion permanent to ensure married individuals can remain living at home;
- simplify the renewal process for Medi-Cal and enrollment in Medicare Savings Programs to ensure maximum enrollment in the programs and less churn in the program; and
- 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.

Recommendation C6

Expand Aging & Disability Resource Connection (ADRC) Statewide

Issue: California's ADRC network offers a model to streamline access to and coordination of LTSS through a No Wrong Door system. However, only eight 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:

- Develop a statewide network of ADRCs.
- To achieve the full potential of a No Wrong Door system, the state should lead in partnering with local government to enable seamless access to public benefits and programs.

Recommendation C7

Advance Equity by Attending to Underserved Populations in LTSS Service Delivery System

Issue: Significant numbers of Californians experience disparate treatment in public and private systems of care due to stigma, discrimination and bias. This systemic inequity inhibits access to needed services and supports.

Recommendations:

- Implement a statewide Equity Advisory Committee to elevate the critical issues raised by individuals and organizations representing underserved, underrepresented and underrecognized communities.
- Fund competency training and improve access to the continuum of care services for these populations.

Recommendation C8

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 and outdated infrastructure. The latest example of these threats is California's recurring Public Safety Power Shutoffs (PSPSs) that 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:

- Require managed care plans to establish partnerships with community-based organizations engaged in emergency planning and responsiveness, including independent living centers, area agencies on aging, and aging disability and resource centers.
- Coordinate with DHCS and Office of Emergency Services to require managed care plans to establish call center emergency protocols and put in place communication protocols to convey information before, during, and after an emergency including how to reach their health plan, where to go to receive health services, changes in how the health plan approves services such as seeing an out-of-network provider, and how to obtain or quickly replace consumable durable medical equipment (DME), medications, and access to their medical records.

Recommendation C9

Strengthen Quality and Choice in 24/7 Residential Care

Issue: 24/7 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 a number of challenges in this arena.

Recommendations:

C9 (1) Expand Assisted Living Waiver Expansion

Issue: The Assisted Living Waiver program provides an alternative for Medi-Cal beneficiaries who are nursing home eligible. However, this waiver program is only available in 15 counties with a current maximum enrollment of 5,744 individuals.

- Recommendation: 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).

C9 (2) Ensure Funding for Oversight Agencies

Issue: During recessionary times, 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:

- 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.
- Fully fund the Long-Term Care Ombudsman program at the California Department of Aging to ensure that there are sufficient paid and volunteer ombudsman to fulfill the responsibilities mandated by state and federal requirements.

C9 (3) Invest in Direct Care Workforce

Issue: Workforce concerns are an intractable 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.

C9 (4) Address Staffing Issues in 24/7 Residential Settings

Issue: There is intense interest, but no consensus, in addressing issues related to staffing patterns, staffing ratios, facility reimbursement, employee compensation and staff training.

- Recommendation: The state should convene stakeholders 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.

C9 (5) Permit Flexibility for Nursing Homes to Offer Ancillary Services

Issue: Currently, residents of nursing facilities in need of ancillary services (e.g. infusions, dialysis, laboratory services, x-rays, etc.) must be transported off-site for treatment. This process is inefficient and creates tremendous stress for the individual.

Recommendation:

- Integrate the Skilled Nursing Facility licensure with other ancillary service provider types to allow these services to be offered within the facility.

C9 (6) Support and Include Residents with Sensory Impairments

Issue: Residents with sensory impairments are often excluded from participation in social activities and community living due to inadequate accommodations. For these residents, fully accessible services are the difference between isolation and integration.

Recommendation:

- 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.
- 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.

C9 (7) Commit to Public Disclosure of Ownership Data

Issue: While there is not consensus on the recommendation or tactics, there is significant interest in public disclosure of key data elements related to facility ownership, operation and cost reporting to enable consumers to make informed care decisions.

C9 (8) Explore Legal Remedies to Protect Consumers

Issue: While there is not consensus on the recommendation or tactics, there is a desire to stimulate additional discussion on legal remedies available to consumers when disputes arise regarding care standards or resident rights.

Recommendation C10

Support Family Caregivers in Their Role as Unpaid LTSS Workforce

Issue: 4.7 million unpaid California family members and friends constitute the largest segment of the LTSS workforce, providing an estimated \$63 billion in uncompensated care and support to older adults and people with disabilities. The majority of California

family caregivers are employed, and many are serving a dual role as parents to minors while supporting extended family and friends.

Recommendation:

- TBD

Recommendation C11

Expand Workforce Supply and Improve Working Conditions

Issue: By 2030, California will face a labor shortage of 4,100 primary care physicians, 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:

- 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, produce blueprint for sustainability and implement demonstration project.
- 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.
- Coordinate across state agencies and identify ways to streamline employee licensure, certification and registry.

Recommendation C12

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:

- Support career pipeline for professionals and paraprofessionals 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.
- 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.

- Prioritize geriatric medical students for loan forgiveness through the Song-Brown Family Physician Training Act and other loan forgiveness programs.
- Provide and subsidize advanced practice training for those currently working in the field of gerontology.
- Allocate funds for county programs that identify and incentivize mid-career professionals and paraprofessionals to pursue geriatric specialization/certificates.
- Support career ladders and mobility for direct caregivers.
- Compensate caregivers for training time and reimburse mileage.
- Coordinate requirements so that training can lead to professional licensing and certifications.
- Establish and scale a universal home care worker family of jobs with career ladders and associated training.
- Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve underserved rural and urban communities.

Recommendation C13

Authorize Full Practice Authority for Nurse Practitioners

Issue: States have the authority to determine the scope of treatment capacity for nurses. Nurse practitioners (NPs) are registered nurses who, in California, are required to hold a master's degree in nursing and complete advanced coursework. Full practice authority allows NPs to evaluate and diagnose patients, order and interpret diagnostic tests, manage treatments, and prescribe medications – without a written collaborative agreement with a physician - all of which would substantially alleviate the physician shortage, reducing delays in care and facilitating the ability of elders to age in place. There are currently 26,000 NPs in California who could, with full practice authority, fill critical gaps in primary care workforce, especially in rural areas.

Recommendation:

Grant nurse practitioners full practice authority by expanding the regulations governing scope of practice; revisit SB 491.

Recommendation C14

Permit Nurse Delegation of Authorized Health Maintenance Tasks

Issue: Current regulations prevent nurses from delegating certain health maintenance tasks (administering oral medications, medications on an as-needed basis, medication via pre-filled insulin or insulin pen, intramuscular injection medications, medication through tubes, eye/ear drops, oxygen therapy; draw up insulin for dosage measurement; perform intermittent catheterization, stony care including skin care and changing appliance, nebulizer treatment, and ventilator respiratory care) to non-IHSS direct caregivers. Expanded delegation would increase the capacity of the healthcare workforce by enabling non-IHSS direct caregivers to provide care to the growing senior population in community settings

Recommendation:

- Revise regulations to permit nurse delegation for certain health maintenance tasks (listed above) to trained direct care professionals in regular contact with patients.

Recommendation C15

Create Primary Healthcare and Psychiatric positions

Issue: Current limits on the number of primary care and psychiatric residency positions in California contribute to the shortfall of those practitioners serving elders in the state.

Recommendations:

- Expand the number of primary care physician and psychiatry residency positions, yielding an increase of 1,872 primary care physicians and 2,202 psychiatrists by 2030.
- Enhance rural capacity by permitting California's rural hospitals to employ primary care physicians; providing funding to increase the use of telemedicine.
- Update and revise Continuing Medical Education (CME) requirements for California physicians to bolster geriatric training, emphasizing the 4 M's, the framework for age-friendly health systems: What Matters, Medications, Mentation and Mobility.

Recommendation C16

Create/Professionalize Additional Paraprofessional Positions

Issue: There is an acute shortage of workers in the following areas that support the delivery of care to older Californians: case management, service coordination, information and referral, and medical/residential maintenance.

Recommendation:

- The appropriate state agency should establish the following categories of paraprofessionals, setting training minimums and curriculum standards: Case Manager Assistant; Service Coordinator; Information & Referral Representative Assistant; and Medical/Residential Maintenance Assistant.

Recommendation C17

Leverage Telehealth Technology

Issue: The healthcare workforce shortage is particularly acute in rural areas, leaving older adults residing in those areas especially vulnerable.

Recommendation:

- Leverage telehealth technology, including tele-pharmacy to allow for long-distance patient monitoring and care. Telehealth would especially benefit care recipients and caregivers in rural areas, reducing the need to travel to medical appointments without sacrificing the practitioner's attention to health conditions, and enabling practitioners to provide care to more recipients.

Stabilize and Sustain the IHSS Program

Overview: In-Home Supportive Services (IHSS) is the cornerstone of California's LTSS system currently serving more than 613,000 people and projected to serve more than 930,000 people by 2030. IHSS is the largest personal care services program in the United States. It has been serving people with disabilities, including older adults, since the 1970s. IHSS is a consumer-driven program based on a social, not medical, model.

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: a reduction in the use of institutional care and an increase in the state minimum wage. California has turned away from institutional care for seniors, adults and children with intellectual and developmental disabilities and recognized instead the importance of living at home and in our communities. This has led to a rebalancing of services towards HCBS, including IHSS, which promotes both independence and a higher quality of life. At the same time, California recognized the importance of increasing the minimum wage as a step towards increasing economic security for California workers – including IHSS providers.

IHSS remains a cost-effective alternative to institutional care and must be supported at whatever level California's seniors and people with disabilities need. The following recommendations address five key areas: (1) Workforce; (2) Administration; (3) Financing; (4) Recipient Access; and (5) Disasters, Power Shutoffs and Emergency Back-Up.

Recommendation C18

Strengthen IHSS Workforce

Issue: Over 520,000 IHSS providers currently serve over 600,000 IHSS recipients. Wages and benefits for IHSS providers are negotiated at the county level through collective bargaining. 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.

Recommendations:

- 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.

- 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.
- Implement a voluntary certified, standardized, and paid, training curriculum for 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.
- Workforce training should be linguistically and culturally competent 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.
- Ensure that individuals who agree to work as IHSS providers are enrolled into the system and paid as soon as possible.
- Repeal statutes that require IHSS providers to pay for their criminal background check.
- Establish statewide policies on sexual harassment prevention and workplace violence prevention in the IHSS program.

Recommendation C19

Improve IHSS Access Through Streamlined Administration

Issue: As the IHSS program has expanded and changed over the years, it has become increasingly administratively complex for consumers, providers and the counties. Some of this complexity is a consequence of administering a large, robust public benefit, but some of it is caused by unnecessary policies and procedures. IHSS consumers and providers are understandably frustrated when they experience differences in how program rules are administered between counties.

Recommendations:

C19 (1)

- Simplify and Improve the Functional Needs Assessments through the following:
 - Develop a new, and simplified, functional assessment process to assess for functional needs. Tailor assessments and case management services to better meet the needs of consumers and providers, based on the complexity of their circumstances.
 - Develop a process for simple redeterminations for consumers with stable conditions with the presumption that the social worker may re-authorize the same number of hours. For example, a process could be a yearly phone call

- to ensure there have been no significant changes with living situation or new condition. A consumer should retain the right to ask for an in-person reassessment.
- Create an improved needs assessment tool, building off the Hourly Task Guidelines, that includes assistance with reading medications, organizing bills, managing medications, and arranging transportation. Create a more flexible service allotment process for consumers and providers to adjust to the needs of each individual consumer by categorizing the hours into four categories: domestic and related services, personal care, protective supervision, and paramedical services.
 - Re-evaluate whether administrative rules are necessary and work with stakeholders to allow greater flexibility and simplify administration of the IHSS program where possible.

C19 (2)

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:

- Reduce social worker caseloads, especially for social workers with consumers requiring a higher level of care coordination.
- 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.

Recommendation C20

Enhance 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:

- Identify and apply best screening and matching practices to improve consumer experiences.
- Increase and expand caregiver training delivered through multiple avenues

- Provide IHSS provider training stipends. To achieve this goal, the state may need to work to eliminate state and federal rules prohibiting financial incentives

Recommendation C21

Ensure Stability and Sustainability and Stability of IHSS Financing

Issue: Currently, the federal, state, and county governments pay for the IHSS program. The Governor's 2020-21 budget projects spending \$14.9 billion on the IHSS program. Federal Medicaid dollars pay for approximately 54% of this total. The remainder is split between the state and counties with the state portion projected to be \$5.2 billion. This represents a 16% increase from FY 2019-20, which were temporarily restored in the FY 2015-16 budget. Last year, the restoration was again temporarily funded through December 31, 2021.

Recommendations:

- Commit to a permanent restoration of the 7% cut to IHSS services by rescinding the authorizing statutes.
- Establish a time-limited workgroup that includes key stakeholders and experts in IHSS to create a long-term funding plan that includes proposals 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.

Recommendation C22

Promote Equity and Equal Access in 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.

Recommendation:

Meet the Needs of a Diverse IHSS Population by ensuring the following:

- Improve language access regardless of whether the recipient speaks one of the four threshold languages;
- Fund IHSS outreach to ensure all communities know about the benefit
- Work with communities across the state to improve cultural competency within the IHSS program.
- Include "reading services" and "sign language interpretation" to the list of allowable IHSS tasks.

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 getting onto the IHSS program.

Recommendations:

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

Recommendation C23

Improve Coordination Between IHSS and Other LTSS Providers

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

Recommendation:

- Identify ways to improve coordination and integration of the IHSS program while retaining it as a benefit outside of the managed care system.

Recommendation C24

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 within IHSS, 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.

Recommendation:

- Identify methods to expand voluntary enhanced services for those who want and need support managing the IHSS program.
- Explore how supported decision making, enhanced case management (e.g. MSSP) and contract mode can be utilized to improve access to IHSS program benefits.

Recommendation C25

Simplify Administration of the IHSS Program for Recipients

Issue: As the IHSS program has grown, it has become exponentially more complicated for recipients and applicants to navigate. While certain changes, like overtime and sick leave, have been positive, they have added to the administrative complexity of the program for recipients. This has real consequences for recipients including eligibility denials and discontinuances; incorrect assessments of need and hours; challenges in hiring, paying and retaining a provider; and delays in services when being discharged from a hospital or skilled nursing facility.

Recommendations:

- Allow for simple re-determinations for recipients with stable conditions
- Change the parent-provider rules to allow for a choice of providers
- Streamline provider rules to ensure it is easy to hire and pay providers
- Review assessment procedures to ensure individual need is reflected
- Improve the coordination between the IHSS program and institutional settings to ensure there are no gaps in services for those being discharged.

Recommendation C26

Improve Emergency Backup Systems for IHSS

Issue: In the last few years, California has experienced several natural disasters, as well as planned public safety power shutdowns (PSPS), leaving older adults and people with disabilities, including IHSS consumers, particularly vulnerable. Because older and disabled adults may have sensory or mobility impairments, chronic health issues, cognitive impairments and lack of social and economic resources, they are at greater risk of injury or death during an emergency.

In disaster management activities it is important to think about disability broadly. The term disability does not apply just to people whose disabilities are noticeable, such as wheelchair users and people who are blind or deaf. The term also applies to people with heart disease, emotional or psychiatric conditions, Alzheimer's, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing, and cognitive disabilities.

Recommendations:

- Encourage IHSS recipients to prepare and review personal emergency plans with county staff annually to update data for emergency response, and participate in training and evacuation drills.
- Require a mechanism for collaboration (e.g. a Memorandum of Understanding) for collaboration between local agencies, the state and utility companies before and during a declared emergency or Public Safety Power Shut-off (PSPS).
- Mandate every County staff member attend shelter fundamental training and shelter management training, as appropriate. 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. Allow background checks from other entities to be sufficient for allowing a home care provider to provide care in a shelter.
- Establish an emergency back-up system of IHSS providers administered by Public Authorities for when a caregiver is unavailable for IHSS consumers.
- 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.

Priority D – LTSS Affordability

Issue: Californians with disabilities or disabling chronic conditions have unmet needs for long-term services and supports, stemming, in part, from a lack of affordable financing options to pay for long term services and support. As the population ages, California and the nation face an unprecedented crisis related to LTSS financing. Traditionally, unpaid family caregivers provided the bulk of long-term support, but when paid services are needed, most Californians are not financially prepared for the cost. Individuals and their families initially pay for LTSS by utilizing their own resources, even though most people do not have the financial wherewithal to cover these costs on an ongoing basis. Moreover, without affordable financing options to pay for long-term services and supports, we perpetuate structural inequities and the harms marginalized groups' experience.

Recommendation D1

Create LTSS Financing Program

Issue: Far too many 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. Middle income Californians pay out-of-pocket for the vast majority of services and supports, and many forego 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:

- 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.
- Utilize the actuarial study currently underway to assess the feasibility of a statewide public LTSS benefit.
- Conduct focus groups to assess the public interest in and need for such a program, following the publication of the actuarial study.
- 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.

Recommendation D2

Align State-County-Health Plan LTSS Financing

Issue: Financing, budgeting and responsibility for LTSS is divided among county, state and federal entities. This division disincentivizes access to LTSS based on an individual's need as opposed to the funding mechanism.

Recommendation:

- Promote access to services that are based on individual need, rather than funding source. The state should work with counties, Medi-Cal managed care plans, and other stakeholders including, but not limited to, consumer advocates and labor representatives to devise a fiscal arrangement that encourages

appropriate incentives for placement in home- and community-based settings as alternatives to institutionalization where feasible and in accordance with an individual's needs, desires and preferences. This may entail appropriate cost sharing for both institutional (e.g., nursing facility) and HCBS (e.g., IHSS).

Recommendation D3

Explore Global/Flexible LTSS 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 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.