

State of California
Department of Health Care Services



American Rescue Plan Act
Increased Federal Medical Assistance Percentage (FMAP)
for Home and Community-Based Services (HCBS)

Semi-Annual Reporting on HCBS Spending Plan
Narratives

for

Federal Fiscal Year 2023-2024, Quarter 1

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OVERVIEW

A variety of health and human services can be delivered through home and community-based services (HCBS), which comprise person-centered care delivered in the home and community. In turn, HCBS programs address the needs of people with functional limitations who need assistance with everyday activities, serving as a source of assistance to many individuals, including senior citizens, and those with physical disabilities and serious behavioral health conditions.

California's HCBS Spending Plan builds on the bold health and human services proposals that were anchored in [California's Comeback Plan](#), by expanding on or complementing the proposals to achieve improved outcomes for individuals served by the programs. Historically, these proposals independently provided one-time investments to build capacity and transform critical safety net programs to support and empower Californians.

It is this tradition of investing in such programs and services that propels California's HCBS Spending Plan. Rooted in both the Olmstead Supreme Court decision of 1999 [(*Olmstead v. L.C.*, 527 U.S. 581 (1999))] and in California's values of inclusion, access, and equity, California's HCBS Spending Plan manifests the state's deep and longstanding commitment to advancing the health and well-being of all in our state, promoting economic mobility, and overall social stability.

Enhanced Federal Funding Authorized by the American Rescue Plan Act of 2021 (ARPA)

On March 11, 2021, President Biden signed ARPA (Pub. L. 117 -2). Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021, through March 31, 2022.

This law requires states to use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid Program.

States will be permitted to use the equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2025, on activities aligned with the goals of section 9817 of the ARPA and as listed in [CMS' guidance](#). Under ARPA, states can implement a variety of activities, including enhancements to HCBS services, eligibility, infrastructure, and reimbursement methodologies, to enhance, expand, or strengthen Medicaid HCBS.

Initial Submission of California’s HCBS Spending Plan

On July 12, 2021, the Department of Health Care Services (DHCS) submitted to the Center for Medicare and Medicaid Services (CMS) California’s original Initial HCBS Spending Plan Projection and original Initial HCBS Spending Plan Narrative as to certain initiatives for Medicaid home and community-based services, consistent with the directives outlined in CMS’ letter, “Implementation of American Rescue Plan Act of 2021 Section 9817,” dated May 13, 2021 (State Medicaid Director Letter (SMDL) #21-003).

On September 17 and October 27, 2021, responsive to CMS’ September 3 and October 26, 2021, feedback regarding certain initiatives and request for additional information, California submitted updates of the foregoing documents for CMS’ review or approval. On January 4, 2022, CMS informed DHCS that the California HCBS Spending Plan received conditional approval.

Notably, the enhanced federal funding provides California with an opportunity to make substantial investments in the programs that serve our most vulnerable population, which includes the aging, disabled, and homeless, and those with severe behavioral health needs. These investments further bolster the investments made in health and human services programs as part of the 2021 state budget that were designed to begin addressing the health, economic, and racial inequities that were exacerbated by the COVID-19 pandemic. Collectively, these investments chart a path to a system where social services—such as housing supports, food, and childcare—are linked to the health and behavioral health services. These services are person-centered, they will help address the social, cultural, and linguistic needs of the individuals they serve. Finally, these proposals independently help bolster critical safety net programs that support and empower Californians.

Regular Reporting on California’s HCBS Spending Plan

CMS requires participating states to report regularly, by way of quarterly fiscal reports and semi-annual narratives, that the state has implemented and/or intends to implement activities to enhance, expand, or strengthen HCBS under the Medicaid Program, to demonstrate that the state is supplementing, but not supplanting, existing state funds expended for Medicaid. (See [SMDL #21-003](#) and [SMDL #22-002](#)).

This multi-department report on California’s HCBS Spending Plan updates CMS on the remaining initiatives in the following five categories of services:

- ❖ Workforce: Retaining and Building Network of Home and Community-Based Services (HCBS) Direct Care Workers
- ❖ Home and Community-Based Services (HCBS) Navigation
- ❖ Home and Community-Based (HCBS) Transitions

- ❖ **Services: Enhancing Home and Community-Based Services (HCBS) Capacity and Models of Care**

As noted in the initial submission, California’s HCBS Spending Plan reflects stakeholder feedback, having incorporated suggestions from advocates, providers, consumers, caregivers, community-based organizations, managed care plans, and foundations. The state’s Spending Plan also reflects priorities from the state Legislature. Further, the initiatives included in this Spending Plan will be sustained through many ongoing investments, reflecting the collective vision of the state and its stakeholders.

CATEGORIES OF SERVICES AND HCBS SPENDING PLAN INITIATIVES

Workforce: Retaining and Building Network of Home and Community-Based Services (HCBS) Direct Care Workers

Critical to all endeavors to expand home and community-based services is a robust direct care workforce. The state recognizes this workforce’s cultural and linguistic strengths as valuable and finds it serves as a model as the state develops this network. Without an investment in the state’s workforce, the HCBS initiatives and services discussed later in this document would not be viable.

In addition, turnover among the workforce who are directly involved with consumers prevents the development of trusting relationships and causes instability in services for the consumer. Targeted investments are needed to recruit, train, and retain a network of highly skilled workers to improve consumer experience and outcomes.

These proposals work to expand workforce supply and HCBS provider types, including homeless service workers; providers of HCBS wrap services to keep people in their homes and community; and home-based clinical direct care. In addition, these proposals will increase training, ensuring a skilled and linguistically and culturally responsive workforce, while supporting a career ladder that allows HCBS workers to develop their skills and training. Initiatives include:

- ❖ *In Home Supportive Services (IHSS) Career Pathways*
- ❖ *Direct Care Workforce (Non-IHSS) Training and Stipends*
- ❖ *IHSS HCBS Care Economy Payments*
- ❖ *Non-IHSS HCBS Care Economy Payments*
- ❖ *Increasing the Home and Community-Based Clinical Workforce*
- ❖ *Providing Access and Transforming Health (PATH) Funds for Homeless and HCBS Direct Care Providers*
- ❖ *Traumatic Brain Injury (TBI) Program*

In Home Supportive Services (IHSS) Career Pathways
Funding: \$295.1M enhanced federal funding (\$295.1M TF) [One-Time]
Lead Department(s): California Department of Social Services (CDSS) with DHCS

A. Overview

CDSS will create a training program for IHSS providers to enhance providers' skills and career opportunities and to encourage recruitment and retention. The program will pay providers their hourly wages for attending trainings and will provide one-time incentive payments to providers for completion of training and/or to incentivize providers working for IHSS recipients with complex care needs in the areas of their training.

The training opportunities will be voluntary and include, but not be limited to, learning pathways in the areas of general health and safety, caring for recipients with dementia, caring for recipients with behavioral health needs, and caring for recipients who are severely impaired.

The objectives of the learning pathways include promotion of recipient self-determination principles the advancement of health equity and reduced health disparities for IHSS recipients; and assisting in the development of a culturally and linguistically competent workforce – to meet the growing racial and ethnic diversity of an aging population increasing IHSS provider retention to maintain a stable workforce, for the improvement of the health and well-being of IHSS recipients (including quality of care, quality of life, and care outcomes), and to ensure meaningful collaboration between an IHSS recipient and provider regarding care and training.

CDSS will determine the process by which any required contracting and payment to identified training programs occurs. Efforts will also be made to ensure specialized trainings are linked to existing career pathways, licensing, and certification to further expand IHSS providers' opportunities for career advancement.

County IHSS programs and/or IHSS Public Authorities will provide outreach to providers regarding training opportunities, assist interested providers to connect with training, track completion of training, and issue stipend payments, as well as any other identified administrative activities. Additionally, Public Authority registries should be enhanced to capture completed training pathways for registry providers.

B. Quarterly Report for Quarter 1 of FFY 2023-2024

CDSS worked with stakeholders in the summer of 2021 to define career pathways and program objectives. The State, through Assembly Bill 172, added Welfare & Institutions Code (W&IC) section 12316.1 to administer the Career Pathways Program for the IHSS

providers. It outlines a pilot project for the Career Pathways Program that will be implemented by no later than September 1, 2022, and remain operative until March 31, 2024. Providers who have completed provider enrollment and are eligible to work for a recipient, including registry and emergency backup providers, may participate in the Career Pathways Program. Providers will be paid for the hours they spend in training; those who successfully complete coursework in their selected career pathway and those who then apply the coursework to the IHSS programs will be eligible to receive incentive payments.

Payments to providers are issued through the IHSS automated system, known as the Case Management, Information and Payrolling System (CMIPS). CGI Technologies and Solutions, the vendor who maintains and operates the CMIPS on behalf of the State, implemented system changes to the CMIPS in order to process the additional timesheets and incentive payments for the Career Pathways Program.

CDSS held four public listening sessions with IHSS providers, recipients, and advocates to discuss the IHSS Career Pathways Program and obtain feedback in December 2021, January 2022, March 2022, and September 2022.

CDSS decided on a phased implementation of the Career Pathways Program and determined that training vendor services would be offered by vendors, chosen through a competitive bidding process, and by partnering with Counties and Public Authorities to capitalize on existing training infrastructure. Providers were able to register beginning September 2022 for courses starting in October 2022. Additional courses were made available in January and March 2023. All courses will be available through the end of the Career Pathways Program. Classes are provided in multiple languages and in multiple formats, including online, hybrid, and in-person.

In March 2022, CDSS released a Request for Proposal (RFP) to competitively bid training vendor services. Two vendors were awarded contracts to providing training services for 98 courses. Courses became available to program participants in January 2023. In October 2022, CDSS released a second RFP to competitively bid additional training vendor services. The 116 courses which resulted from the second RFP became available to program participants in March 2023.

In addition to seeking training vendor services through the RFP, CDSS partnered with Counties and Public Authorities to seek additional training courses. A total of 51 courses are offered through the Counties and Public Authorities.

CDSS also pursued two additional contracts. The first contract is with Cell-Ed to provide career coaching and support for program participants, marketing, and outreach, and tracking of program information and data. The second contract is with High Road Alliance for consulting services to identify and build career ladders related to the established career

pathways. Both contracts have been executed. Now that the program has been implemented, CDSS hosts four informational webinars a month for providers to learn about the course registration process and ask questions.

Direct Care Workforce (Non-IHSS) Training and Stipends
Funding: \$150M enhanced federal funding (\$150M TF) [One-Time] Lead Department(s): California Department of Aging (CDA), with DHCS, CDSS, Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD)

A. Overview

To improve care quality, respond to severe worker shortages in the sector, and prevent unnecessary institutionalization, training and stipends will be available to the Direct Care Workforce (non-IHSS) that provides services to Medicaid participants in a range of home and community-based settings. These training and stipends for workers of the Direct Care Workforce (non-IHSS), who serve people participating in Medicaid and receiving services to remain living in the home and community and avoid institutions, will improve the skills, stipend compensation, and retention of the direct care workforce sector that is either employed by Medicaid HCBS Waiver programs (e.g., CBAS, MSSP, PACE) or delivering the direct care services to Medicaid participants who are referenced in Appendix B.

A. Quarterly Report for Quarter 1 of FFY 2023-2024

California Department of Aging’s (CDA) Non-IHSS Direct Care Workforce Program is referred to as California GROWs (Growing a Resilient Outstanding Workforce in the Home and Community).

Program Framework: California GROWs will include a two-pronged approach to training and incentives:

1. Leverage the IHSS Career Pathways Program enabling access to the curriculum offered through the IHSS training pathways, including stipends to participate. Non-IHSS workers will have access to this curriculum, as well as the stipend payments, via the CalGROWs Program.
2. CalGROWs Innovation Fund: The CalGROWs Innovation Fund will supplement the IHSS Career Pathways program with innovations in training, curriculum, and workforce retention initiatives. Organizations applied for grants to develop curriculum or administer training that meet the specialized and culturally competent needs of California’s home and community-based Direct Care Workforce. CDA along with a consultant conducted a survey of direct care workers to inform the design of the program. The survey was

conducted in July 2022, and more than 600 survey responses were received. The survey responses were used to inform the design and guidelines of the Request for Applications (RFA) for the CalGROWs Innovation Fund that went live on November 7, 2022. Applicants were required to offer both training and incentives in their programs. Notices of awards were shared with successful applicants on January 31, 2023. Seventy-six grants were awarded, totaling \$87.2 million dollars. Grantee programs began on a rolling basis in the spring of 2023 and will continue through September 30, 2024.

Target Population: The target population will include non-IHSS Direct Care Workers providing direct support to Medi-Cal recipients in the home and community, including home care aides, social workers, personal care assistants, activities coordinators, care coordinators, transportation providers, among others.

Stakeholder Engagement: Through the support of a consultant, the CDA has engaged providers, workers, and subject matter experts in developing and refining the program concept.

Vendor/Third Party Administrator: CDA executed a contract with a third-party in September 2022.

IHSS HCBS Care Economy Payments
Funding: \$168.7M enhanced federal funding (\$287.39MTF) [One-Time] Lead Department(s): CDSS

A. Overview

The IHSS HCBS Care Economy Payments are a one-time incentive payment of \$500 to each current IHSS Provider that provided IHSS to program Recipient(s) for a minimum of two months between March 1, 2020, and March 31, 2021. The payment will be issued through the IHSS automated system, known as the Case Management, Information and Payrolling System (CMIPS), and will focus on payment for retention, recognition, and workforce development.

B. Quarterly Report for Quarter 1 of FFY 2023-2024

CGI Technologies and Solutions, the vendor that maintains and operates CMIPS on behalf of the State, designed and implemented system changes to the CMIPS in order to process the one-time IHSS HCBS Care Economy Payment. A newly created special transaction type, known as the Provider One Time Payment, was used to pay out the Care Economy Payment. Notices were emailed to all IHSS providers informing them of the upcoming IHSS Care Economy Payment. Paper letters were mailed to providers that did not have an email address. Each notice included the qualifications required to receive the payment.

The one-time payment was issued in January 2022 to 574,730 providers. Some additional payments were issued for IHSS Providers who were found eligible since the payments were issued in January. In total, 574,777 IHSS Providers received the Care Economy Payment as of March 2023.

Non-IHSS HCBS Care Economy Payments
Funding: \$6.25M enhanced federal funding (\$12.5M TF) [One-Time]
Lead Department(s): DHCS, with CDA

A. Overview

This funding would provide a one-time incentive payment of \$500 to each current direct care, non-In-Home Supportive Services (IHSS) provider of Medi-Cal home and community-based services during the specific timeframe of at least two months between March 2020 and March 2022. Providers eligible for this incentive payment are currently providing, or have provided, the services listed in Appendix B of the SMDL #21-003, including, but not limited to, Personal Care Services (PCS), homemaker services, and Case Management.

This proposal will expand access to providers and could increase retention of current providers, covering 25,000 direct care HCBS providers in the Multipurpose Senior Services Program Waiver (MSSP), Community-Based Adult Services (CBAS) program, Home and Community-Based Alternatives (HCBA) Waiver, Assisted Living Waiver (ALW), HIV/AIDS Waiver, Program of All-Inclusive Care for the Elderly (PACE), and the California Community Transitions (CCT) Program, and would focus on payment for retention, recognition, and workforce development. This effort can help alleviate financial strain and hardships suffered by California’s HCBS direct care workforce, which were exacerbated by the COVID -19 Public Health Emergency (PHE). The PHE has worsened the direct care workforce shortage, driven by high turnover, and limited opportunities for career advancement. This proposal, coupled with California’s other proposals, can lead to a more knowledgeable, better trained, and sufficiently staffed HCBS workforce to provide high-quality services.

B. Quarterly Report for Quarter 1 of FFY 2023-2024

To expand the pool of eligible recipients, DHCS modified the eligibility requirements by expanding the timeframe by one year (previous timeframe: March 2020 through March 2021; updated timeframe: March 2020 through March 2022) and expanded the provider types eligible to receive the payment. The expanded provider types meet the requirements of Appendix B of the SMDL #21-003.

DHCS developed the application process for provider organizations to identify HCBS direct care workers eligible to receive the payment. DHCS released additional information to stakeholders, including the process to apply for the incentive payment, between January through June of 2023. The information was sent directly to stakeholders and posted on DHCS' webpage. DHCS plans to start distributing payments in November 2023 and continue through December 2023.

Increasing the Home and Community-Based Clinical Workforce
Funding: \$75M enhanced federal funding (\$75M TF) [One-Time]
Lead Department(s): HCAI, with DHCS, California Department of Public Health (CDPH), CDA

A. Overview

The goal of the HCAI HCBS Spending Plan Initiative is to increase the HCBS clinical workforce of Home Health Aides (HHAs), Certified Nurse Assistants (CNAs), Licensed Vocational Nurses (LVNs), and Registered Nurses (RNs); and to increase racial and language diversity; access to health services in rural communities, for children with complex medical conditions and individuals with disabilities; and access to geriatric care for aging adults for the Medi-Cal population.

To attain this goal, HCAI is working with a consulting firm to develop and execute a contract. Once a contract is in place, the consulting firm will conduct needs assessment and stakeholder engagement to identify data needs and gaps, and to inform and develop HCBS clinical workforce objectives, recommendations, proposed timelines, and project implementation plan.

HCAI has contracted with a consultant, effective November 1, 2021, to conduct a needs assessment and assist with the design and development of initiatives or programs to increase the HCBS clinical workforce.

B. Quarterly Report for Quarter 1 of FFY 2023-2024

Activities

- August 26, 2021 – HCAI conducted a HCBS Spending Plan – cross department kick-off meeting with CDA, CDPH, and DHCS to coordinate among state agencies regarding the HCBS project goal related to increasing clinical workforce, to start identifying data needs and other stakeholders, and identify next steps across departments.
- HCAI will continue to engage other departments when doing the stakeholder engagement and data needs analysis.

- November 12, 2021 – HCAI informed all potential stakeholders about the HCBS initiative and encouraged them to participate in upcoming interview and design and development sessions.
- February 10, 2022 – Based on stakeholder feedback, Consultant presented HCAI with a list of 12 recommendations for programs or initiatives to increase the clinical workforce. HCAI prioritized these recommendations, considering programs or initiatives to implement in the near term and those that require a longer period to build. To validate HCAI’s priorities, stakeholders were surveyed.
- March 2, 2022 – HCAI approved a final list of prioritized recommendations. The top recommendations are:
 - Fund low-income student’s expenses and wrap-around support and/or services.
 - Fund new and existing staff bonuses and stipends.
 - Develop career pathways and pipelines.
 - Target outreach in shortage areas and in diverse communities.
 - Fund programs that support upskilling and mentorship.
 - Develop campaigns that increase awareness about the valuable work of HHAs and CNAs.
 - Develop programs and stipends that increase the pool of instructors and faculty in clinical training sites.
- Meetings continue with a variety of stakeholders whose programs align with HCAI’s prioritized recommendations.
- March 18, 2022 – A meeting was held with an organization that proposed a new three-year program to increase the CNA and HHA workforce.
- April 22, 2022 – Met with an adult education consortium to discuss opportunities to increase the health instructor pool for CNA and HHA training programs.
- May 15, 2022 - Met with the Dean of a California Community College to discuss their pilot program that offers RN and Advanced Practice Nursing students an opportunity to become instructors.
- June 3, 2022 – Received a proposal from an organization that proposed a new four-year program to increase the LVN and RN workforce that includes the opportunity for CNAs and HHAs to upskill in these roles. HCAI is currently reviewing this opportunity.
- August 18, 2022 – HCAI received joint proposals from two California adult schools to increase the number of CNA seats and instructors in their CNA programs.

- September 2, 2022 – HCAI released a Request for Information (RFI) for potential programs based around increasing the CNA/HCBS workforce.
- October 7, 2022 – RFI closes with 14 total responses, RFI evaluation period begins.
- October 25, 2022 – In light of CMS’ inquiries about previous HCBS activities that might increase the institutional workforce, HCAI realigned those, and they are no longer part of the HCBS Initiative.
- November 23, 2022 - HCAI leadership reviewed RFI responses and their alignment with HCAI’s goals and prioritized recommendations. Next steps include detailed discussions with top respondents to determine potential for further development.
- December 13, 2022 – Met with sibling departments to continue cross- collaboration discussions related to HCBS initiatives.
- February 8, 2023 – Met with a potential vendor to act as a Third-Party Administrator to develop a HCBS workforce program to recruit, train, and retain HCBS workers.
- March,22, 2023 – Continued discussions with two adult schools to increase the number of CNA seats and instructors in their CNA programs.
- April 26, 2032 – Met with sibling departments to continue cross-collaboration discussions related to HCBS initiatives.
- May 2023 – Finalized contract with vendor to develop HCBS workforce program.

Program Implementation

HCAI has executed a three-year grant agreement with LeadingAge California that will award a total of \$11M in HCBS funding to support The Gateway-In Project. This program aligns with HCAI’s workforce priorities and will:

- Add 2,700 CNA and HHA students.
- Add 10 new clinical training sites across throughout the state that funds student tuition.
- Support low-income students through wrap-around services that include transportation, education materials, career-coaching, and provide English as a second-language education.

- The Grant Agreement was effective June 15, 2022, and the first release of funds occurred in August 2022. (This actual expenditure was be reflected as an adjustment in the Q2 FFY 2022-2023 update.)
- The grantee submitted an interim report on their activities on December 12, 2022.

HCAI has executed a contract with Cell-Ed, Inc. to develop and implement a program to build the HCBS workforce. The program will:

- Engage the HCBS workforce through training opportunities that lead to upward mobility (certification or licensure) in the workforce.
- Strengthen the HCBS workforce through training and skill building opportunities that improve quality of care, job satisfaction and retention in their field.
- Provide technical assistance to awardees.

The contract was effective May 8, 2023, and training will begin in Fall 2023.

Consultant Contract

- Consultant contract ended on October 31, 2022.
- HCAI’s Spending Plan for Q3 FFY 22-23 was adjusted to reflect an internal reconciliation of invoices submitted by our consultant.

Providing Access and Transforming Health (PATH) Funds for Homeless and HCBS Direct Care Providers
Funding: \$50M enhanced federal funding (\$100M TF) [One-Time]
Lead Department(s): DHCS, with CDSS and HCAI

A. Overview

PATH funds will support a multi-year effort to shift delivery systems and advance the coordination and delivery of quality care and services authorized under DHCS’ Section 1115 and 1915(b) Waivers. California is proposing a significant expansion of the homeless system of care that will create over 2,000 direct service jobs for those providing services to homeless and formerly homeless individuals through investments in California Department of Social Services programs.

Additionally, Medi-Cal is planning to expand Enhanced Care Management (ECM) and long-term services and supports statewide through CalAIM Community Supports (formerly known as In Lieu of Services (ILOS)). To successfully implement these new investments,

local governments and community-based organizations will need to recruit, onboard, and train a new workforce. There is a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidenced based practices, implement information technology for data sharing, and support training stipends. Funds will also support ECM and Community Supports provider capacity building (e.g., workflow development, operational requirements, and oversight) and delivery system infrastructure investments (e.g., certified EHR technology, care management document systems, closed-loop referrals, billing systems/services, and onboarding/enhancements to health information exchange capabilities).

B. Quarterly Report for Quarter 1 of FFY 2023-2024

DHCS has submitted the operational protocols for the PATH Program to CMS for review. The activities funded in this initiative are foundational to the successful implementation of Enhanced Care Management and Community Supports, such as Housing Support and Navigation Services, Respite Services, Day Habilitation programs, Community Transition Services, Personal Care and Homemaker Services, and Environmental Accessibility Adaptions, by building further capacity and infrastructure. The services are being implemented in California’s Medi-Cal Managed Care Delivery System, with the goal of implementing Managed Long-Term Services and Supports statewide in 2027.

In Q2 of FY 2022-2023, DHCS received a total of 237 Initiative applications. Capacity and Infrastructure Transition, Expansion and Development (CITED). Due to the volume of applications received, DHCS split Round 1 into Rounds 1a and 1b. A grand total of \$207,433,952.46 was awarded to Round one approved applicants. The total funded for Round 1A is \$118,896,581.50 and for Round 1B is \$88,537,370.96. Of the grand total of \$207.4 million awarded, \$44.3 million originated from HCBS fund and have been fully expended this fiscal year.

Traumatic Brain Injury (TBI) Program
Funding: \$5M enhanced federal funding (\$5M FT) [One-Time]
Lead Department(s): Department of Rehabilitation (DOR)

A. Overview

The DOR Traumatic Brain Injury (TBI) Program provides five core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. These core services are also preventative as many TBI survivors who do not have access to a network of services and supports are at a higher risk of chronic homelessness, institutionalization, imprisonment, and placement in

skilled nursing facilities due to an inability to perform activities of daily living and impaired emotional regulation. State law requires that 51% of the individuals served in the TBI Program must be Medi-Cal recipients.

The HCBS Expanding TBI Provider Capacity Proposal will expand the capacity of existing TBI sites and stand up new TBI sites in alignment with HCBS surrounding transition and diversion through community reintegration, personal care services through supported living services, and other supportive services to improve functional capabilities of individuals with TBI.

The proposal includes funding to expand capacity of six existing TBI sites and to award up to six additional TBI sites in unserved/underserved areas.

A. Quarterly Report for Quarter 1 of FFY 2023-2024

DOR encumbered HCBS funding with 12 nonprofit TBI Program sites beginning in April 2022 including six TBI Program sites in unserved/underserved areas that are funded solely through the HCBS Spending Plan initiative.

HCBS funding is being used to provide direct services to individuals with TBI and to build the capacity of the TBI Program sites to provide comprehensive services to individuals with TBI. The HCBS TBI Programs provide person-centered TBI core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. Examples of capacity-building activities include conducting specialized training on serving TBI survivors, developing educational materials for professionals and the community, building person-centered services and practices, and coordinating services with healthcare, homeless, veterans, and domestic violence organizations.

All 12 HCBS funded TBI Program sites have steadily increased monthly billing, indicating a ramp-up in growth and progress. DOR anticipates continued growth in spending and is closely monitoring monthly expenditure rates to target technical assistance as needed to ensure all funds are expended by March 2024.

The TBI Program is anticipated as a one-time investment to build the capacity of TBI service providers to serve individuals with a TBI. TBI services will be provided on-going through California's TBI Program sites under California Welfare and Institutions Code (WIC) section 4357.1 and new funding sources. DOR has a stakeholder TBI Advisory Board that includes a Sustainable Funding Committee that is exploring, identifying, and making recommendations related to funding for California's TBI Program.

Beginning July 2022, DOR's 12 TBI Program Sites in California funded by the HCBS Spending Plan have a funding term through January 30, 2024, with expenditure until March 31, 2024. HCBS funding is being utilized to build the capacity of the TBI Program sites and other systems to provide comprehensive services to individuals with TBI.

Home and Community-Based Services Navigation

To improve access to HCBS, these HCBS Navigation initiatives work to development a variety of statewide HCBS navigation systems, including screening and assessment tools, referral and navigation systems, coordination of services, and outreach campaigns.

HCBS Navigation Initiatives include:

- ❖ *No Wrong Door System/Aging and Disability Resource Connections (ADRCs)*
- ❖ *Dementia Care Aware and Geriatric/Dementia Continuing Education*
- ❖ *Language Access and Cultural Competency Orientations and Translations*
- ❖ *CalBridge Behavioral Health Pilot Program*

No Wrong Door System/Aging and Disability Resource Connections (ADRCs)

Funding: \$5M enhanced federal funding (\$5M TF) [One-Time]

Lead Department(s): CDA, with DHCS, DOR

A. Overview

California is establishing a state-wide “No Wrong Door” system (or Aging and Disability Resource Connections), so the public can easily find information, person-centered planning, and care management for older adults and adults with disabilities across the range of home and community services provided by health plans (i.e., CalAIM “In Lieu of Services”/Community Supports) community-based organizations (CBOs), homeless Continuums of Care, and counties. This investment supports the interoperability between the proposed ADRC technology and data systems with CBOs, health plans, and counties in line with the CalAIM goals for statewide Managed Long-Term Services and Supports for all Californians participating in Medi-Cal and with the new Office of Medicare Innovation and Integration.

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CDA is in the process of developing a statewide client relationship management (CRM) system and a central data repository that will be used by statewide Aging and Disability Resource Connection (ADRC) programs. The system will allow for statewide reporting on ADRC activities, ad hoc reporting and self-service functionality, and reduced system maintenance costs. CDA completed the initial system mapping and alternatives review. Due

to the volume of data, stakeholders, and systems involved in preparing for development of a statewide CRM system, more time is needed to assess data readiness and prior to solution implementation. CDA is re-evaluating contract and solicitation needs and timeframes and will provide updates as they become available. CDA is targeting use of HCBS funds to plan and prepare data systems for the CRM solution and a central data repository. The funding for this initiative has been extended through September 30, 2024.

Dementia Care Aware and Geriatric/Dementia Continuing Education
Funding: \$25M enhanced federal funding (\$25M TF) [One-Time] Lead Department(s): DHCS, with HCAI, CDPH

A. Overview

The state budget addresses the recommendations put forward by the Governor’s Task Force on Alzheimer’s Prevention and Preparedness. This Spending Plan makes additional investments to further this work by screening older adults for Alzheimer’s and related dementias, to ensure early detection and timely diagnosis, while also connecting individuals and families to community resources.

The aim of Dementia Care Aware are to develop an annual cognitive health assessment that identifies signs of Alzheimer’s disease or other dementias in Medi-Cal beneficiaries; to develop provider training in culturally competent dementia care; to develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of Public Health’s Alzheimer’s Disease Program, and its ten California Alzheimer’s Disease Centers (CADCs).

The aim of Geriatric/Dementia Continuing Education, for all licensed health/primary care providers, is to make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and Department of Health Care Access and Information (HCAI), by 2024. This education of current providers complements the Administration’s geriatric pipeline proposals for future providers; it is needed to close the gap between current health professionals with any geriatric training and the rapidly growing and diversifying 60-plus population.

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DHCS continues to work with our contractor, University of California San Francisco (UCSF), to train primary care providers in dementia screening through the Dementia Care Aware initiative. During this reporting period, an updated [Dementia Care Aware website](#) was launched with accessibility improvements as well as additional educational content, including a [downloadable provider toolkit](#). Five more monthly webinars were held and the

first three episodes of the Dementia Care On Air podcasts were recorded and made available on Spotify, Apple Podcasts, and Amazon Music. All webinars and podcast episodes can be accessed through the Dementia Care Aware website and offer Continuing Education Credit (CEC) and Maintenance of Certification (MOC) credit.

A Dementia Care Aware conference was held March 13-14, 2023, in San Diego. The purpose of the conference was to review progress, share ideas and best practices, and train on skills to advocate for and promote the initiative. The conference was attended by over 60 stakeholders, including representatives from state agencies and partner organizations.

Based on feedback from training participants and Medi-Cal providers, various improvements and enhancements have been made to the Cognitive Health Assessment (CHA) training curriculum and delivery methods. The title of the core module was changed to “Cognitive Health Assessment: The Basics” to ensure that the course topic is clear to learners, and a notation was added that “dementia should not and cannot be diagnosed on the basis of a CHA screening.” Six additional modules to supplement the current curriculum are currently in development and will cover matters such as next steps after the CHA, involving a multidisciplinary team, and adapting the CHA for populations with barriers to the assessment.

One insight gained from the solicited feedback was that live training was an appealing option for primary care providers. As a result, the core module was transformed into a live training that can be delivered both virtually and in person. In February and March 2023, four live trainings were held and over 50 individuals trained. Starting May 19, 2023, virtual live training sessions via Zoom will be available on a twice monthly basis.

On March 16, 2023, a warmline consultative phone service (1-800-933-1789) was launched. The warmline is a clinician support service that connects primary care teams with experts to answer questions about dementia care. The warmline is staffed by 15 consultants from UCSF, University of California San Diego (UCSD), University of California Irvine (UCI), and specialists from University of California Los Angeles (UCLA) Health (Practice Support) and UC Law (Medical Legal Support). UCSF will continue to recruit staff for the warmline.

The first stage of UCSF’s marketing plan for Dementia Care Aware began during this reporting period. On February 16, 2023, Dementia Care Aware’s Facebook and LinkedIn pages were launched. An advertising campaign is also under way, featuring print ads in medical journals, Facebook ads, digital and search term ads on Google Display Network, and geofencing ads to reach select doctors’ offices. These ads promote the Dementia Care Aware website and CHA training, introduce core team members, and announce upcoming events such as webinars.

Planned activities for the remainder of 2023 include optimizing marketing efforts based on findings from the marketing launch, expanding social media presence and the use of live CHA trainings, and optimizing outreach efforts to target conversion from outreach to training and practice support. UCSF will continue to report to DHCS on training completion, feedback, and utilization.

Language Access and Cultural Competency Orientations and Translations
Funding: \$27.5M enhanced federal funding (\$45.8M TF), \$10M GF Ongoing Lead Department(s): DDS

A. Overview

COVID-19 highlighted the continued need to assist families of children who are regional center consumers from underserved communities to navigate systems – to improve service access and equity and meet basic needs. The budget includes funding for language access and cultural competency orientations and translations for regional center consumers and their families. This additional investment may be used for identification of vital documents for translation, regular and periodic language needs assessments to determine threshold languages, coordination and streamlining of interpretation and translation services, and implementation of quality control measures to ensure the availability, accuracy, readability, and cultural appropriateness of translations.

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On April 6, 2022, Department of Developmental Services (DDS) issued a directive to regional centers to develop Language Access and Cultural Competency (LACC) Plans that include assessments, engaging with and listening to individuals and families from diverse communities, measurements of outcomes and progress reports. Focus of the funding is for regional centers to improve consumer and family experience and to facilitate more consistent access to information and services for multi-lingual, monolingual, and diverse cultural groups. In August 2022, DDS approved regional center plans that included: a Profile, Language Assessment, Cultural Competency Assessment, Budget, and Timeline. LACC Plans were posted on each regional center’s website. DDS monitors progress with standardized measures and provides guidance on stated goals, objectives, and activities. In April 2023, regional centers submitted semi-annual reports. DDS provides on-going technical assistance, training, and guidance to implement the LACC Program.

Funding beyond March 2024 is included in the multi-year budget plan.

CalBridge Behavioral Health Pilot Program
Funding: \$40M enhanced federal funding (\$40M TF) [One-Time]
Lead Department(s): DHCS

A. Overview

The CalBridge Behavioral Health (BH) Navigator Program (CalBridge) provides grants to acute care hospitals to support hiring trained BH navigators in emergency departments to screen patients and, if appropriate, offer intervention and referral to mental health or substance use disorder programs. Applicants will include general acute care hospitals or health systems, hospital foundations, or physician groups. The funding would also support technical assistance and training for participating emergency departments and support for the DHCS to administer the program.

While CalBridge is not a new program, the proposed funding is dedicated to the CalBridge BH Navigator Program with new activities (expanding the role of the navigator to better address mental health conditions as well as substance use disorders (SUDs)), new services (covering the costs for hospitals already participating in CalBridge to add a new navigator and expand hours of coverage or patients served), and new grantees (expanding CalBridge to hospitals that have not yet participated).

While the funding will affect services that are not themselves included in the State Plan services listed in Appendix B, such affected services are nonetheless directly related to the services listed in Appendix B. Specifically, BH Navigators in emergency departments provide screening, brief assessments, and referral to ongoing SUD and mental health treatments on release from the emergency department, all of which fall into and count among the rehabilitative services identified in Appendix B. While the services of the BH Navigators are not billable as rehabilitative services, they are serving to enhance and strengthen HCBS in Medicaid, by identifying patients who could benefit from rehabilitative treatment (both MH and SUD treatment) and then helping the patients access those services.

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To date, the CalBridge BH Navigator Program has been successful in granting the HCBS funds dedicated to this program. A total of \$35.9 million has been distributed to 278 hospitals throughout California through April 2023. Of the 278 hospitals that received awards, 72 new hospitals were funded that had not yet participated in CalBridge through the Behavioral Health Prevention Plan (BHPP), and 206 hospitals already participating in CalBridge, are implementing new services covering the costs to add a new navigator and expand hours of coverage or patients served.

DHCS added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022, under preventive health services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. This added services allows hospitals to bill Medicaid for CHW services for trained BH professionals who serve in the role as a BH navigator. From January through March 2023, DHCS strengthened the sustainability of CalBridge, by providing supplemental funding to hospitals to develop and implement sustainability strategies to permanently maintain the position of the BH navigator as a HCBS standard of care under the Medicaid Program. Currently 51 of 278 hospital sites have permanently sustained the BH navigator position. Continued training, outreach, and resource activities are ongoing with a goal of 100% sustainability of all hospital sites implementing CalBridge.

Home and Community-Based Services (HCBS) Transitions

The HCBS Transition initiatives expand and enhance community transition programs to additional populations or settings and facilitate individuals transitioning from an institutional or another provider -operated congregate living arrangement (such as a homeless shelter) to a variety of community-based, independent, living arrangements. The proposals include transitions from skilled nursing facilities to home or assisted living environments, preventing long-term care placements, transitions from homeless to housed, transitions from incarceration to home or residential programs, and diversion for those at risk of incarceration because of their health care (primarily behavioral health) needs.

These HCBS initiatives invest in reducing health disparities among older adults, people with disabilities, and homeless individuals. They include initiatives to test alternative payment methodologies or the delivery of new services that are designed to address social determinants of health and inequities. These new services may include housing-related supports, such as one-time transition costs, employment supports, and community integration as well as providing more intensive care coordination for individuals with significant socioeconomic needs.

HCBS Transition Initiatives include:

- ❖ *Eliminating the Assisted Living Waiver Waitlist*
- ❖ *Enhanced Transition Service Bundles for Laguna Honda Hospital Residents*
- ❖ *Housing and Homelessness Incentive Program*
- ❖ *Community Care Expansion Program*

Eliminating the Assisted Living Waiver Waitlist
Funding: \$85M enhanced federal funding (\$255M TF), \$38M Ongoing Lead Department(s): DHCS

A. Overview

California's Assisted Living Waiver (ALW) is a Medicaid HCBS Waiver Program, authorized in §1915(c) of the Social Security Act. ALW is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility. Adding 7,000 slots to ALW will help in the effort to eliminate the current ALW waitlist while furthering the vision of the Master Plan for Aging. The ALW capacity is 5,744 slots; of which 5,620 were filled as of May 1, 2021. There were approximately 4,900 beneficiaries on the waitlist as of May 1, 2021, and an additional 1,300 beneficiaries approved for enrollment in the ALW but waiting for an available assisted living facility placement to complete enrollment. The proposed addition of 7,000 slots will enable DHCS to provide sufficient ALW capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth.

DHCS does not plan on modifying services offered to ALW clients in the current [CMS-approved ALW](#). Current services align with Appendix B of the SMDL #21-003 for Section 1915(c), listed under HCBS authorities. Current ALW services include:

- Assisted Living Services - Homemaker, Home Health Aide, Personal Care
- Care Coordination
- Residential Habilitation
- Augmented Plan of Care Development and Follow-up
- Nursing Facility (NF) Transition Care Coordination

Notably, ALW-eligible individuals are those who are enrolled in Medi-Cal and meet the level of care provided in a nursing facility due to their medical needs. The proposal to eliminate the ALW waitlist will not impact eligibility requirements and will not allow enrollees who are not already Medicaid eligible to enroll into the waiver program. DHCS does not intend to provide funding for services other than those listed in Appendix B. The proposed commitment to ALW growth will also likely encourage participation of Residential Care Facilities for the Elderly (RCFE) and of Adult and Senior Care Residential Facility (ARF) providers in the ALW Program, as the waitlist has been previously cited as a barrier to provider participation. DHCS will work with stakeholders to ensure care coordination and transition as beneficiaries are enrolled in ALW.

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In May 2022, DHCS released a Policy Letter to ALW providers and its administrative program delegates, known as Care Coordination Agencies (CCAs), which provide guidance on processing their waitlists. The guidance outlined DHCS expectations of CCAs, the methods in which DHCS will be releasing ALW waitlist slots, and recommended outreach to individuals on the waitlist in preparation of waitlist slot releases. In March 2023, DHCS released additional guidance to CCAs with the goal of rebalancing the waitlist and ensuring clients who have been on the waitlist the longest will have access to waiver services. The updated guidance adjusted the number of slots released to CCAs based on the size of their waiting list, reducing the number of slots for the CCAs with smaller waiting lists and reallocated those slots to the CCAs that have larger waiting lists. To date, roughly 3,700 slots have been released for transitioning individuals for placement into the program. (This total does not include applicants that transitioned from an institutional setting on or after January 2022, as these individuals bypassed the waitlist and went directly to the application process.)

Enhanced Transition Service Bundles for Laguna Honda Hospital Residents
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Funding: \$600K enhanced federal funding (\$600K TF) [One-time]

Lead Department(s): DHCS

A. Overview

CMS approved DHCS' proposal to utilize HCBS Spending Plan funding to transfer Medicaid-funded residents of Laguna Honda Hospital (LHH) to new care settings, on the heels of CMS' decertification of the facility. In recognition of the size of the LHH population that needs to be transferred, the limited availability of Medi-Cal skilled nursing facility (SNF) beds in San Francisco,¹ and the complex needs of the population, DHCS will utilize ARPA funding to provide Enhanced Transition Service Bundles (ETSBs) to LHH residents who need "bridge services" to support safe and sustainable transfers. The intent of the service bundles is to combine community living alternatives with intensive care management and housing navigation services to LHH residents transitioning to a community setting. These services will work in conjunction with Medi-Cal and other waiver-related funding but will not overlap or duplicate such services.

After assessing the needs and goals of each resident, the contracted care coordination entity will provide one or more of the following ETSBs until long-term care and housing are in place, for a maximum duration of six months:

1. Enhanced Care Coordination Bundle (transitional Behavioral Health assistance can be included, when necessary)

¹ As of June 10, 2022, only eight out of the 340 Medi-Cal SNF beds in San Francisco were available.

2. Housing Set-Up Bundle (Environmental Accessibility Adaptations can be included, when necessary)
3. Tenancy Sustaining Services Bundle
4. Recuperative Care Bundle
5. Meals Bundle

None of the services included in the ETSBs will replace or be duplicative of Medi-Cal services a beneficiary can access through the state plan and/or an HCBS Waiver. However, LHH residents may utilize services included in ETSBs when they are required to ensure a safe and sustainable transition but are not available through the system of care in which they are enrolled (e.g., Managed Care Plan, fee-for-service, HCBS Waiver). The services included will not be utilized to pay for ongoing room and board costs.

To assist beneficiaries in transitioning, the Housing Set-Up bundle will include the option to pay for first month’s rent as required by landlord for occupancy. Per recent CMS guidance, states can use the state equivalent funds under ARP section 9817 to pay for first month’s rent and utilities for individuals transitioning out of institutions as these are allowable expenditures under section 1915(k) Community First Choice. The State will not draw down federal enhanced match funding authorized under Section 9817 for the ETSBs provided to residents transitioning from LHH, payments for providing ETSBs will be issued on a quarterly basis. The bundled payment amounts are based on the California Advancing and Innovating Medi-Cal (CalAIM) Community Supports Non- Binding Pricing Guidance, Whole Person Care Pilot Program expenditures, California’s Money Follows the Person (MFP) grant program, and 1915(c) Waiver services.

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The contract between DHCS and the San Francisco Department of Public Health (SFDPH) is in the final stages of execution; as a result, no payments have been made for ETSBs provided to LHH residents. Once executed, the contract will have a retroactive date of September 1, 2022, and continue providing funds until December 2023 to help ensure SFDPH has the necessary resources to support safe facility-initiated community discharges for residents no longer requiring a skilled nursing level of care.

Housing and Homelessness Incentive Program
Funding: \$650M enhanced federal funding (\$1.3B TF) [One-Time]
Lead Department(s): DHCS

A. Overview

As a means of addressing social determinants of health and health disparities (as listed in Appendix D of SMDL #21-003), Medi-Cal managed care plans (MCPs) can earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. Housing instability is a key issue in the Economic Stability domain of

Healthy People 2030, negatively affecting physical health and making it harder to access health care including services in Appendix B of SMDL #21-003. Funds are allocated in part by point in time (PIT) counts of homeless individuals and other housing related metrics determined by DHCS. MCPs must meet specified metrics to earn available funds.

The target populations for this program include aging adults; individuals with disabilities; individuals with serious mental illness and/or SUD needs at risk for, or transitioning from incarceration, hospitalization, or institutionalization; families; individuals reentering from incarceration; homeless adults; chronically homeless individuals; persons who have/had been deemed (felony) incompetent to stand trial; Lanterman-Petris Short Act designated individuals; and veterans. This furthers the proposals included in the state budget relating to housing and homelessness.

MCPs and the local homeless Continuums of Care, in partnership with local public health jurisdictions, county behavioral health, Public Hospitals, county social services, and local housing departments must submit a Homelessness Plan to DHCS. The Homelessness Plan must outline how Housing and Homelessness Incentive Program activities and supports would be integrated into the homeless system. This would include a housing and services gaps/needs assessment and how to prioritize aging and disabled homeless Californians (including those with a behavioral health disability). In counties with more than one MCP, the multiple MCPs would need to work together to submit one Homelessness Plan per county.

The Homelessness Plans must include mapping the continuum of services with focus on homelessness prevention, interim housing (particularly for the aging and/or disabled population), rapid re-housing (particularly for families and youth), and permanent supportive housing. While the funding will be based on incentive payments, MCPs may invest in case management or other services listed in Appendix B of SMDL #21-003, as well as other services that enhance HCBS by supporting housing stability such as home modifications or tenancy supporting services.

The Homelessness Plans must identify what services will be offered, how referrals will be made, how other local, state, and federal funding streams will be leveraged, and how progress will be tracked towards goals, including numbers served and other incentive performance measures. The Homelessness Plans should build on existing homelessness plans and articulate how CalAIM services are integrated into homeless system of care and how they will address equity in service delivery.

The funding under this incentive program does not include payment for room and board; instead, the funds will incentivize MCPs to meet operational and performance metrics as authorized under 42 CFR § 438.6(b)(2). California anticipates implementing the program in two phases: a Planning Phase, which culminated with the submission of the Local

Homelessness Plans (LHPs) in June 2022, including subsequent revisions as applicable, and an Investment Plan (IP) in September 2022, and a Performance Phase. MCPs will earn incentive payments applicable to each phase for successfully achieving specified metrics, with the first payments issued in October 2022, a second round of payments in December 2022, a third round of payments in May 2023 and a final round of payments targeted to occur in March 2024.

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The participating MCPs submitted their Submission 1 information covering the measurement period of May 1, 2022, to December 31, 2022, for each county in which they are participating to DHCS by March 10, 2023. DHCS issued payments to MCPs according to their performance. The MCPs will submit their Submission 2 information covering the measurement period of January 1, 2023, to October 31, 2023, to DHCS by December 29, 2023.

The key takeaways from Submission 1 are as follows: Eighty-eight percent of MCPs indicated they had the ability to share/receive data with the local Homeless Management Information System (HMIS) and 93% of MCPs had data sharing agreements with their contracted providers in place by the end of the measurement period. For designated priority area Partnerships and Capacity to Support Referrals for Services, all MCPs reported establishing relationships with Continuum of Cares (CoCs), counties, and organizations that deliver housing services. For designated priority area, Infrastructure to Coordinate, and Meet Member’s Housing Needs. The majority of MCPs reported having a Street Medicine Team with an average of 5% of the homeless member population served via Street Medicine for each MCP and a majority of MCPs reported the ability to match their members’ information with HMIS client information by the end of the measurement period. For designated priority area Delivery of Services and Member Engagement: All MCPs screened their members for homelessness, however only a low number of MCPs reported a 5% improvement on homeless members housed and keeping 85% of their members housed between the measurement period of the Local Homelessness Plan and the Submission 1 measurement period.

Community Care Expansion Program
Funding: \$53.4M enhanced federal funding (\$53.4M TF) [One-Time]
Lead Department(s): CDSS

A. Overview

The Community Care Expansion (CCE) Program provides \$805M over a three-year period to counties and tribes for the acquisition, or rehabilitation, or construction of Adult and Senior Care Residential Facilities (ARFs), Residential Care Facilities for the Elderly (RCFEs) and Residential Care Facilities for the Chronically Ill (RCFCIs). These facilities

provide a structured home-like environment for people who might otherwise require institutional care. Funded settings will be fully compliant with the home and community-based settings criteria to ensure community integration, choice, and autonomy, and will thereby expand access to community-based care.

ARFs, RCFEs and RCFCIs are part of a continuum of long-term care supports providing non-medical care and supervision to adults who may have a mental, physical, or developmental disability and to those age sixty and over who require additional supports.

Many of the residents in these settings are age 65 or older, are blind and/or have disabilities, and may receive Supplemental Security Income/State Supplementary Payment (SSI/SSP). California has a shortage of ARFs, RCFEs and RCFCIs that accept SSI/SSP recipients and has experienced a decline in the number of SSI/SSP recipients who reside in adult and senior care facilities. The goal of the CCE Program is to expand and preserve Adult and Senior Care facilities that can serve people experiencing homelessness as well as stabilize existing settings that serve people at risk of homelessness and to prevent unnecessary institutionalization in skilled nursing facilities.

Funds will be prioritized for the creation of new and expanded settings but may also be used to fund capital investment and rehabilitation costs for existing settings at risk of closure. Funding will be issued to awarded facilities upon completion of development milestones through the closure of the state's HCBS spending plan. Additional state funding sources are secured to award facilities thereafter. Applicants will be required to demonstrate commitments to supportive services to assist with the stability of those placed in assisted living settings. Facilities that receive acquisition funding may be purchased and owned by the grantee or may be transferred to a new owner/operator and facilities that receive rehabilitation funding may continue to be owned by an existing owner/ operator. Although all HCBS funds will be expended by awardees within the timeline of the state's HCBS spending plan, facilities will maintain covenants to certify their intended use/resident population for several years beyond the state's HCBS spending plan. The length of the covenants associated with the facilities will be 30 years for new facilities and 20 years for expanded facilities.

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A total of \$570 million was made available for CCE Capital Expansion funding through a Request for Applications (RFA) published in January 2022. Applications for the CCE Capital Expansion project funding were accepted on a project basis through June 1, 2023, and are funded on a rolling basis. As of May 2023, CDSS has awarded \$360 million to 43 organizations funding 48 projects.

In addition, 35 counties accepted non-competitive allocations totaling \$186 million intended for rehabilitation to preserve existing residential adult and senior care facilities that currently serve the target population. Counties have submitted implementation plans describing how

they will operationalize the CCE Preservation funding.

The CDSS is a contracted third-party administrator to assist CCE projects and grantees with ongoing technical assistance and training throughout the entirety of a project. Areas of support include but are not limited to programmatic best practices with regard to serving the target or prioritized population, facility-siting, permit and licensing requirements, construction plans and project readiness, oversight and management, and budgeting best practices.

Services: Enhancing Home and Community-Based Services Capacity and Models of Care

By innovating and improving HCBS models of care to meet the needs of the individuals it serves, the state can increase capacity in the HCBS system, allowing more individuals, particularly those in the aging and disabled communities, to access services. In addition, some of these initiatives will allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

Initiatives include:

- ❖ *Alzheimer’s Day Care and Resource Centers*
- ❖ *Older Adult Resiliency and Recovery*
- ❖ *Adult Family Homes for Older Adults*
- ❖ *Coordinated Family Support Service*
- ❖ *Enhanced Community Integration for Children and Adolescents*
- ❖ *Social Recreation and Camp Services for Regional Center Consumers*
- ❖ *Developmental Services Rate Model Implementation*
- ❖ *Contingency Management*

Alzheimer’s Day Care and Resource Centers
Funding: \$5M enhanced federal funding (\$5M TF) [One-Time]
Lead Department(s): CDA, with CDSS, CDPH, DHCS

A. Overview

These funds would be used to provide dementia-capable services at licensed Adult Day Programs (ADP) and Adult Day Health Care (ADHC) Centers, allowing for community-based dementia services that would include, but not be limited to caregiver support and social and non-pharmacological approaches that would expand and expand HCBS services by preventing or delaying the need for individuals with dementia and Alzheimer’s to be placed into institutional care settings. These activities will include a one-time payment to providers (i.e., ADP and/or ADHCs) for operational and administrative expenditures in providing services by a qualified multidisciplinary team within the funding period through March 2024.

The **California's Community Program for Alzheimer's Services and Supports** (Cal-COMPASS) pilot will serve as a learning laboratory through which to further develop best practices to prevent or delay institutionalization of persons living with Alzheimer's and other dementias, support caregivers, and advance health equity.

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CDA executed a contract with the University of California Davis, Family Caregiving Institute for the project evaluation (\$300,000).

All seven adult day service providers have been expanding and enhancing their services. The funding has allowed the sites to hire additional staff to increase staffing ratios, which helps them increase the number of participants and/or meet the higher needs of participants with moderate to late-stage dementia. Several sites have also been able to increase their outreach and partnerships with underserved communities, including Latinos and Asian American and Pacific Islanders. This has started to result in an increased enrollment of those communities in some of their programs. Over 45% of the program participants are from communities of color.

Besides respite, they provide other essential services for caregivers of people living with dementia, including individual and group education, support groups, counseling, transition services, consultations, and referrals to other community resources.

CDA has formed a learning community with CDA staff along with staff from the seven programs and UC Davis. CDA organized three full learning community meetings in the fall of 2022 and then broke the community into five workgroups, who have been focusing on documenting best practices and developing an updated model for Alzheimer's Day Care Resource Centers. So far, CDA staff have facilitated 35 workgroup meetings, the learning community has identified a framework, and they are building out the individual components of the model. UC Davis has been assisting the members with identifying a common set of assessment and evaluation tools that could be used by all programs to allow for common data collection and review.

The learning community is exploring potential opportunities for more sustainable funding of adult day services that would support the actual cost of providing care, integrate the services within comprehensive dementia care management and allow for more Californians to receive these services. Besides improving the quality of life for persons with the disease and their caregivers, these services could also reduce costs due to unnecessary emergency department visits or hospitalizations and skilled nursing facility placement.

Older Adult Resiliency and Recovery
Funding: \$106M enhanced federal funding (\$106M TF) [One-Time]
Lead Department(s): CDA

A. Overview

The one-time augmentation of \$106 million, to be spent over three years (2021-2022, 2022-2023 and 2023-2024), strengthen older adults' recovery and resilience from the severe isolation and health impacts from staying at home for over a year due to the COVID-19 pandemic.

Funding allocations are proposed as follows:

- Senior Nutrition Intergenerational Activities \$20.7 million
- Senior Legal Services \$18.8 million
- Fall Prevention and Home Modification \$9.4 million
- Family Caregiving Support \$2.8 million
- Digital Connections \$18 million
- Senior Employment Opportunities \$17 million
- Aging and Disability Resource Connections \$9.4 million
- Behavioral Health Line \$2.9 million
- Elder Abuse Prevention Council \$1 million
- State Operation Resources: \$6 million

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CDA released a contract for the full amount of funding included in the Senior Nutrition Intergenerational Activities (\$20.7M), Senior Legal Services (\$18.8M), Fall Prevention and Home Modifications (\$9.4M), and Family Caregiver Support (\$2.8M) in June 2022. Area Agencies on Aging (AAAs) opted into the programs that they could support within their Planning and Service Area. CDA expects to release payments to the AAAs beginning in quarter one of FY 2022-23. Senior Nutrition Intergenerational Activities have seen a decrease in participation from the AAA network due to the limited time designated to expend the funding of the contract. The number of AAAs participating is now at 28, whereas previously 30 AAAs had planned on participating in Senior Nutrition Intergenerational Activities. CDA starting releasing payments to the AAAs in August 2022.

Most AAAs have either started to spend or plan to spend funds during our spring and summer months, as it was a challenge to have events for intergenerational activities during this past fall and winter due to the severe weather across California.

Digital Connections (DC) (\$18M) will be an extension of a previously released Connections, Health, Aging and Technology (CHAT) program that provided tablets, internet service, technical assistance, and digital literacy training to older adults throughout California. The DC funding opportunity was released to participants of 28 Area Agencies on Aging (AAA) programs, 12 Multi-Purpose Senior Services Programs (MSSP), three Program for All-Inclusive Care for the Elderly (PACE) Centers and 126 Community-Based Adult Services (CBAS) Centers in Quarter 2 of FFY 2022-2023. CDA purchased 16,000 iPad devices to be shipped to our program partners for distribution to program participants with 11,526 devices shipped to date. MSSP, PACE and CBAS contracts are fully executed with execution of AAA contracts currently underway. CDA has secured three digital literacy training vendors to serve DC Program participants. CDA is also in the process of securing a 3rd party evaluator to work with DC Program partners and program participants to conduct a full and thorough assessment of DC Program outcomes.

Title V Senior Community Services Employment Program (SCSEP) (\$17 million): CDA executed contracts with providers for the funding to AAAs. The AAAs have utilized the funding to enhance and expand their infrastructure to support a more robust program. CDA continues close partnership to provide support, recommendations, and oversight for the program and expenses. CDA has continued reimbursement to the AAA providers for their work on this investment through innovative, careful, and long-term planning expenditures.

Aging and Disability Resource Connection (\$9.4 million): CDA will be assessing the solutions for a state resource directory; planning for a single, statewide web portal; trainings for options counseling, enhanced information and referrals, person-centered services, and transitions; and planning for a customer contact solution for the ADRC Program.

Regarding, the Consumer Contact Center and Web Portal, these projects are in the early stages of planning. The projects would develop a centralized, statewide contact center that will serve as a resource for anyone at any time, from any location, who needs personalized assistance and support, with a “warm hand-off” to local partners. This will also include a consumer-facing web portal to provide consistent, streamlined, and standardized information on the array of services available to older adults, people with disabilities, and caregivers at the state and local levels. The site will be available and accessible to individuals, families, providers, community-based organizations, and more. This effort builds on the strength of California’s network of ADRCs and AAAs by providing streamlined access to information and supports, ensuring that all Californians have equal access to a trusted resource that offers navigation, assistance, and support in multiple languages 24-hours a day, seven days a week.

Behavior Health Line (\$2.9 million). In 2020, CDA in collaboration with the AAAs, partnered with the [Institute on Aging](#) (IoA) to launch Friendship Line California. This warm line service was originally established as a priority in fighting isolation and supporting behavioral health needs amid unprecedented circumstances during the COVID-19 pandemic. Since then, the

Friendship Line has become a valuable resource throughout California that can be relied on in response to early-intervention behavioral health needs of older Californians and adults with disabilities. In October 2021, CDA entered a 2.5-year contract with the Institute on Aging (IOA), to expand the Friendship Line. The collaboration with IOA allows for older Californians, adults with disabilities, families, and caregivers to fight isolation and support any behavioral health needs by engaging in warm line calls with trained counselors and peers. Additionally, IOA will conduct an evaluation of the Friendship Line Program. HCBS funding has provided expansion efforts to include availability of crisis-intervention 24 hours per day, 7 days per week, 365 days per year, multi-lingual staffing, improved technology infrastructure and services, as well as outreach and awareness efforts.

Elder Abuse Prevention Council (\$1 million): In Quarter 1 of 2023, CDA awarded a \$1 million contract to Justice in Aging, the entity which serves as the technical assistance provider for the National Center on Law and Elder Rights, to support statewide legal services capacity building including training and best practices for legal services focusing on the needs of older adults and people with disabilities such as elder rights, prevention of abuse, housing insecurity, rental issues, tenant protections, eviction protections, and asset management such as estate planning to ensure an individual does not lose their housing.

CDA is utilizing \$2.1M of the available \$6M of State Operations Resources with the California Association of Area Agencies on Aging (C4A) to further strengthen the AAA network leadership, capabilities, and capacity toward activities that integrate social and healthcare services, in alignment with the California Advancing and Innovating Med-Cal (CalAIM) goals. These activities have begun and will continue through the HCBS Spending Plan funding period.

Adult Family Homes for Older Adults
Funding: \$9M enhanced federal funding (\$9M TF), \$2.6M Ongoing Lead Department(s): CDA, with Department of Developmental Services (DDS)

A. Overview

Adult Family Homes offers the opportunity for up to two adult individuals to reside with a family and share in the interaction and responsibilities of being part of a family unit, while the family receives a stipend and support from a local Family Home Agency (FHA) for caregiving for the adult individual(s). California will pilot Adult Family Homes for older adults in one county, with the Department of Developmental Services (DDS) assisting the Department of Aging (CDA) in developing and operating the program. This pilot is based on the successful program serving adults with developmental disabilities currently run by the DDS. Interested family homes are assessed and receive background clearances from a non-profit FHA under contract with a regional center. DDS performs oversight over the regional center and the FHA. CDA will mirror this model with Area Agencies on Aging and the existing non-profit FHAs.

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Participants of this program would be placed in a family living situation, for which the families would receive stipends to cover financial costs. Without permanent, ongoing funding dedicated to this program, participants would face upheaval/eviction after December 31, 2023. CDA has paused all future efforts pending discussions with the California Department of Finance. CDA cannot implement this program without a permanent, ongoing funding source.

Coordinated Family Support Service
Funding: \$25M enhanced federal funding (\$42M TF); [One-Time], \$25M GF [Ongoing] Lead Department(s): DDS

A. Overview

Currently, adults living outside the family home have more coordinated supports than individuals living with their family. DDS data shows a significantly higher percentage of adults who identify as non-white (75%) live with their family as compared to adults who are white (52%). To improve service equity for adults who live with their family, and improve individual supports at home, this proposal would pilot a new service for families similar to supported living services provided outside the family home. The pilot would assist families in coordinating the receipt/delivery of multiple services.

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DDS conducted webinars in early 2023 for the community and for the Regional Centers to provide an overview of Coordinated Family Support pilot. In addition, the finalized standardized documents, including the standardized assessment tool and quarterly reporting documents were shared with the community and the Regional Centers. Regional Centers were asked to submit outreach plans that were due in early 2023. Multiple Regional Centers have started piloting the program. DDS will be collecting data through satisfaction surveys from consumers and quarterly reporting from the Regional Centers during the months of July-December 2023.

DDS anticipates programs started through these grants will continue beyond the grant period through collaboration with local entities, regional centers, and families, to sustain integrated social recreational activities.

Enhanced Community Integration for Children and Adolescents
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Funding: \$12.5M enhanced federal funding (\$12.5M TF) [One-Time] Lead Department(s): DDS
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A. Overview

Children with intellectual and developmental disabilities (IDD) are frequently left out from participation in community programs, but both the child with IDD and children without IDD greatly benefit from opportunities to develop friendships. This proposal would support community social recreational connections for children through a grant program. The grant program will be for regional centers to work with CBOs and local park and recreation departments to leverage existing resources and develop integrated and collaborative social recreational activities.

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ARPA provided DDS \$12.5 million for the Social Rec Grants. The grants will fund projects that enhance and develop integrated and inclusive social and recreational programs for families, children, and adolescents with intellectual and/or developmental disabilities (I/DD) in underserved communities. Regional Centers will partner with community entities that provide social and recreational programs to implement approved grant projects.

DDS has awarded grant funding to community groups in all 21 regional centers to increase social recreation opportunities for Californians with intellectual and developmental disabilities. Grantees will implement a variety of projects that will provide services in more than 21 languages. The grants seek to focus on communities with limited access to resources and the grant structure encourages recipients to continue serving those with disabilities after the grant funds are expended.

Grant proposals were due to DDS on January 31, 2023. DDS advised the regional centers and grantees of 104 approved grant projects and funding amounts, which totaled \$8.8 million. The first round of grant projects began in April 2023. DDS is in the process of awarding a second round of grants to over 40 YMCAs and Boys and Girls Clubs across California. It is anticipated that the second round of grants will total \$2.7 million.

During the months of July through December 2023, grantees will develop and implement grant projects and report progress towards outcome measures. Children and adolescents will have access to integrated and inclusive social and recreational programs in their communities.

DDS anticipates programs started through these grants will continue beyond the grant period through collaboration with local entities, regional centers, and families, to sustain integrated social recreational activities.

Social Recreation and Camp Services for Regional Center Consumers
Funding: \$78.2M enhanced federal funding (\$121.1M TF) Ongoing Lead Department(s): DDS

A. Overview

This proposal would support expanded options for individuals who have a developmental disability to include camping services, social recreation activities, educational therapies for children ages 3 -17, and nonmedical therapies such as social recreation, art, dance, and music. Additionally, the proposal provides increased options for underserved communities.

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DDS required each regional center to develop a communication plan that describes how the center will share information with its community and include strategies for connecting with individuals/families in communities of color and/or whose primary language is not English. Regional centers were also required to revise Purchase of Service (POS) policies, as needed. Each regional center has submitted a communication plan and their POS policy. During the reporting period DDS completed the review of all submitted plans and policies. The proposed budget includes statutory directive authority, in advance of developing regulations, to implement social recreation as a participant-directed service. Implementation of this proposal will occur between July and December 2023.

Developmental Services Rate Model Implementation
Funding: \$945M enhanced federal funding (\$1.4B TF); \$1.2B Ongoing Lead Department(s): DDS

A. Overview

This investment will improve and stabilize the services directly impacting consumers, build the infrastructure to support consumers and their families through person -centered practices and supports. Additionally, a prevailing need and challenge within the developmental service system is moving from a compliance- based system to an outcome-based system. To accomplish this conversion, DDS will need to build infrastructure and modernize methods for collecting and analyzing information about consumer services and outcomes. This proposal implements rate models recommended by the 2019 Rate Study completed by DDS, with the help of a consultant.

The state will maintain HCBS provider payments at a rate no less than those in place as of March 31, 2022; however, rates may be adjusted based on reviews or audits. The rate models would allow for regular updates based on specified variables, address regional variations for cost of living and doing business, enhance rates for services delivered in other languages, and reduce complexity by consolidating certain serviced codes. To improve consumer outcomes and experiences and measure overall system performance, the rate reform reflects the following goals: consumer experience, equity, quality and outcomes and system efficiencies. The department will implement a quality incentive program to improve consumer outcomes, service provider performance, and the quality of services with input from stakeholders.

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During the reporting period rate adjustments equal one-half of the difference between rates in effect March 31, 2022, and the fully funded rate model for each provider took effect. During the months of July – December 2023, activities expected to occur include continuous work to define and communicate the details required to begin full implementation of the rate models scheduled for July 2024. DDS has multiple avenues to communicate with stakeholders. For example:

- Office hours meetings for representatives from regional centers, DDS, and the DDS contractor to discuss upcoming changes, processes, questions, and issues
- Small group of stakeholders including providers, provider associations, regional centers to collaborate on webinars, directives, and other policy
- Dedicated inbox, ratesquestions@dds.ca.gov for members of the public to submit any questions or concerns they may have about the rate study implementation process.

Contingency Management
Funding: \$31.7M enhanced federal funding (\$58.5M TF) [One-Time]
Lead Department(s): DHCS

A. Overview

For the Drug Medi-Cal Organized Delivery System (DMC-ODS), the state is expending Home and Community-Based Services (HCBS) Funds on the following activities:

- Benefits (Medical Care and Services) include the funding to support the non-federal share of Medi-Cal services for Contingency Management (CM). Spending for these services began in SFY 2022-23 Q4.

- Eligibility (County Administration) includes funding to support the non-federal share of administrative costs incurred by the county to deliver CM services. Payments for Administrative claiming for CM began in SFY 2022-23 Q3.
- Evaluation of the CM benefit. The evaluation activity, through a contractor, measures, and monitors outcomes of the CM benefit within DMC-ODS, using information gathered from existing state data sources, as well as new data collected specifically for the DMC-ODS Program. CM Evaluation activities will be supported through September 2023 with HCBS funds.
- CM benefit Training and Technical Assistance. Under this program, through a contractor, the state is helping substance use disorder (SUD) treatment facilities improve the quality of SUD services by providing Training and Technical Assistance on the CM benefit. CM Training and Technical Assistance activities will be supported through September 2023 with HCBS funds.

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For both the evaluation, and Training and Technical Assistance of the CM benefit, HCBS funds are planned to be expended by the end of FFY 2022-2023. Subsequently, the state will sustain the programs as local options under the state's Medicaid Program.

For both the Benefits and County Administration, HCBS funds must be spent by March 31, 2024. Counties shall submit claims by February 15, 2024, for DHCS to cover the non-federal share of these services.

In January and February 2023, DHCS met regularly with the Training and Technical Assistance vendor, the University of California, Los Angeles (UCLA), and the incentive manager (IM) vendor to ensure the IM software adheres to the CM protocol outlined by DHCS in Behavioral Health Information Notice (BHIN) [22-056](https://www.dhcs.ca.gov/Documents/BHIN-22-056-The-Recovery-Incentives-Program-Californias-Contingency-Management-Benefit.pdf)<https://www.dhcs.ca.gov/Documents/BHIN-22-056-The-Recovery-Incentives-Program-Californias-Contingency-Management-Benefit.pdf>. Additionally, the program updated FAQ documents, started a bi-weekly data discussion meeting series, launched Implementation Training, worked with the California Department of Public Health to develop a process for expediting review of Clinical Laboratory Improvement Amendments waivers, and continued to respond to questions from participating counties and provider sites.

In March 2023, DHCS approved the first site in Los Angeles County to offer Contingency Management services as part of the Recovery Incentives Program. From March 2023 through May 2023, DHCS continued to work closely with UCLA to support training and launch of CM services at additional sites. The program worked to update the program guidance in BHIN 22-056, started coaching calls with sites offering CM services, continued discussions on data transfer, payment processes, and reporting requirements, and responded to questions from participating counties and provider sites. As of June 16, 2023,

13 sites have been approved by DHCS to offer CM services. Sites are in Los Angeles, Kern, Riverside, and San Francisco counties, and in total, have enrolled 156 Medi-Cal members in the Recovery Incentives Program.

During this period, DHCS successfully resolved an unexpected issue with the CM vendor contract. On May 3, 2023, DHCS terminated its contract with Pear Therapeutics as the IM, as they filed for bankruptcy and formally rejected the contract. On May 11, 2023, DHCS entered into an agreement with Q2i as the new IM, who previously functioned as a subcontractor to Pear Therapeutics as the software developer and administrator. Q2i's contract performance period was dated April 7, 2023, which coincides with the last day of contracted services provided by Pear Therapeutics. As a result, program operations continued without interruption throughout this process.

Activities projected through December 2023 include continued Implementation Training and technical assistance as additional sites begin offering CM services. The program will post the redline BHIN for stakeholder comment in June 2023 and publish a final draft later in the year. DHCS will continue to update resource documents, participate in coaching calls and fidelity reviews, discuss, and finalize processes on data transfer, payment processes, and reporting requirements, and respond to questions from participating counties and provider sites.

Evaluation activities expected through December 2023 will include data collection and analysis to complete a mid-point CM assessment evaluation report. In addition to this, the program is expected to conduct beneficiary satisfaction surveys, and complete an ASAM implementation report.

Home and Community-Based Services Infrastructure and Support

The following infrastructure investments will support the growth of HCBS services, to allow existing HCBS programs to serve existing clients better as well as expand to serve more individuals who meet eligibility criteria.

Initiatives include:

- ❖ *Long-Term Services and Supports Data Transparency*
- ❖ *Modernize Developmental Services Information Technology Systems*
- ❖ *Access to Technology for Seniors and Persons with Disabilities*
- ❖ *Senior Nutrition Infrastructure*

Long-Term Services and Supports Data Transparency
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Funding: \$4M enhanced federal funding (\$4M TF) [One-Time]

Lead Department(s): DHCS, with CDPH, CDSS, CDA, HCAI
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A. Overview

This is a multi-department initiative to improve long-term services and supports (LTSS) data transparency, including utilization, quality, and cost data. This will be accomplished by creating a LTSS Dashboard linked with statewide nursing home and HCBS utilization, quality, demographic, and cost data. The goal of increased transparency is to make it possible for regulators, policymakers, and the public to be informed while we continue to expand, enhance, and improve the quality of LTSS in all home, community, and congregate settings. Nationwide core and supplemental standards for HCBS quality measurements do not exist, are long overdue, and would go a long way in improving our understanding of what works, where there are quality gaps, etc. As such, there are no current outcome based HCBS quality measures or routine data publishing for HCBS in use at DHCS. Including HCBS quality measures in the LTSS Dashboard will enhance and strengthen the provision of HCBS under Medi-Cal. Similarly, including HCBS utilization measures will enable us to examine and ultimately improve access and reduce disparities in who utilizes these vital HCBS services in Medi-Cal.

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DHCS continues its efforts to expand and enhance the LTSS Dashboard. The initial dashboard, deployed in December 2022, featured 40 measures, and in summer 2023, 18 more measures will be added and the data for the existing measures will be refreshed. DHCS' contractor, Mathematica, has submitted a report with recommendations for future quality measures to include in the dashboard, and the report is currently under review.

The next iteration of the LTSS Dashboard will be supported by a relational database for increased research capability, and it will contain various data visualization features to provide clarity and an improved user experience. Multiple teams are currently collaborating to finalize the design of the dashboard, which will be launched by the end of the year.

Modernize Developmental Services Information Technology Systems
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Funding: \$6M enhanced federal funding (\$7.5M TF) [One-Time] Lead Department(s): DDS
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A. Overview

The one-time investment supports the initial planning process to update the regional center fiscal system and implement a statewide Consumer Electronic Records Management System.

Uniform Fiscal System – The current information technology systems for billing and case management are disjointed and unable to quickly adapt to changing needs given the age of the systems and lack of standardization. Changes require DDS and regional centers to create and apply patches independently to each individual regional center (RC) system. The process for reporting data from the regional centers to the department is delayed, resulting in significant data lags, which can delay identification of problems.

Consumer Electronic Records Management System – The regional centers do not have a statewide standardized client case management system. Securing timely and accurate data is extremely challenging due to system differences. Additionally, there is not an outward-facing option for self-advocates and families to access their information, such as IPPs, current authorizations, appointments, outcomes data, etc.; instead, that information is being delivered by mail or email. This proposal will increase the availability and standardization of information to include, measures/outcomes, demographics, service needs, special incident reports, etc. Lastly, the system will allow consumers, via the web or app, to access their records. This investment will also support the efforts to develop an outcomes-based system for purchase of services.

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The project teams completed the market research process including posting a Request for Information (RFI) document that resulted in system solution providers responding with a proposal and demonstrations that educated the project team about available solutions on the market. Beginning in Quarter 4 this input will inform the project team about additional mid-level functionality we may want to include as well as clarify any limitations of available solutions. Alternatives Analysis documentation will be finalized for both projects. The team will then collect from stakeholders and finalize detailed requirements for each project. The project teams will also begin developing Scope of Work and other Request for Proposal documentation.

Access to Technology for Seniors and Persons with Disabilities
Funding: \$50M enhanced federal funding (\$50M TF) [One-Time]
Lead Department(s): CDA

A. Overview

This initiative includes \$50 million to fund the Access to Technology Program for Older Adults and Adults with Disabilities pilot program. The purpose of this program is to provide grants directly to county human services agencies that opt to participate in the pilot program and to increase access to technology for older adults and adults with disability in order to help reduce isolation, increase connections, and enhance self-confidence. California proposes to pay for devices, training, and ongoing internet connectivity costs for low-income older and disabled adults for two years, as part of the activity to provide Access to Technology for Seniors and Persons with Disabilities. Internet connectivity will enhance, expand, and strengthen HCBS services and outcomes by providing low-income older adults and individuals with disabilities in community settings access to vital services on-line such as telehealth, social engagement/isolation prevention, and information about services in their communities such as nutrition, transportation, and long-term services and support.

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Forty-two of the 58 counties in California have opted to participate in the Access to Technology (ATT) Program. Participating counties include Butte, Calaveras, Colusa, Contra Costa, Del Norte, Fresno, Glenn, Humboldt, Kern, Lake, Los Angeles, Madera, Marin, Mariposa, Merced, Mono, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Tulare, Tuolumne, Ventura, Yolo, and Yuba. Participating counties represent a significant cross section of both geographic and demographic diversity. Participating counties have created innovative ATT programs tailored to meet the needs of their respective communities. Forty of these participating counties have fully executed contracts. CDA is also in the process of securing a 3rd party evaluator to work with county Directors and program participants to conduct a full and thorough assessment of ATT Program outcomes. The ATT Program has been extended through September 30, 2024.

Senior Nutrition Infrastructure
Funding: \$40M enhanced federal funding (\$40M TF) [One-Time]
Lead Department(s): CDA

A. Overview

This initiative includes \$40 million to fund capacity and infrastructure improvement grants for senior nutrition programs under the Mello-Granlund Older Californians Act. The grants shall prioritize purchasing, upgrading, or refurbishing infrastructure for the production and distribution of congregate or home delivered meals.

Grants are intended to be awarded through Area Agencies on Aging (AAAs). All contracted meal-providers and AAAs are directed to work collaboratively to develop a coordinated and consolidated request for proposal on behalf of each Planning and Service Area to obtain funding through this grant program. CDA may make additional grants, to CBOs or local governments, if needed to ensure equitable access to funds. California does not plan to pay for major building modifications or ongoing internet connectivity as part of the Senior Nutrition Infrastructure activities.

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CDA has reviewed and approved the proposals submitted by the AAAs for this funding opportunity. The grant proposals include the equipment requests that AAAs, Meals on Wheels, and other meal-providing subcontractors would like to purchase to enhance and expand their nutrition programs. Stakeholder engagement, reporting requirements, and funding allocations has been finalized. Contracts were executed for the 32 AAAs that opted into the program in October 2022, with funding released in quarter one of FY 2022-2023. The funding for this initiative has been extended through September 30, 2024.