



Implementing the Master Plan for Aging in CA Together
IMPACT

Stakeholder Advisory Committee

Thursday, September 11, 2025

10:00 a.m. – 12:00 p.m.

Welcome & Meeting Logistics



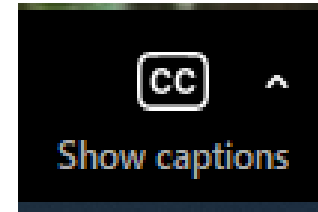
Carroll De Andreis

Manager, Master Plan for Aging Stakeholder Engagement
California Department of Aging

Meeting Accessibility



- **American Sign Language (ASL)** interpreting is provided.
- **Closed captioning** is available during this meeting.
- To initiate closed captioning (cc):
 1. Click the CC icon on the Zoom toolbar.
 2. Click "Show captions" to display spoken meeting content as text.
 3. Click "View full transcript" to review previous caption text.
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Meeting Logistics



- Meeting slides, materials and recording will be posted to the [CalHHS MPA - IMPACT Meeting webpage](#).
- Committee Members: Update your name display in Zoom by right clicking the upper right corner of your video and selecting “rename”.

Virtual Meeting Operations



- The Chat function is only enabled for Committee Members and state staff supporting this meeting to share meeting-related resources and information. The public is able to view the content shared in the Chat during the meeting.
- The Chat and the Question/Answer functions are not enabled for comments and questions from the public attendees.
- We invite the public to provide comments during the designated Public Comment period.
- Additional public comments and questions can be sent to Engage@aging.ca.gov.

Public Comment



Attendees joining by **phone**, *press* *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



Attendees joining by **webinar (Zoom)**, click the raise hand button to join line. The moderator will announce your name or the last 4 digits of your phone number and will unmute your line.

Note: Public commentators will have 2 minutes.

For additional public comment, email Engage@aging.ca.gov.

Committee Purpose



The purpose of the Implementing the MPA in California Together (**IMPACT**) Stakeholder Committee is to advise the California Health and Human Services Agency on the implementation of the Master Plan for Aging, focusing on accountability, outcomes, and continuous improvement towards the Plan's Five Bold Goals for 2030.

IMPACT Stakeholder Committee Members (2025)

- **Melinda Forstey**, MBA, President & CEO
Serving Seniors
- **Christina Mills**, Executive Director, California
Association of Area Agencies on Aging (C4A)
- **Sarita Mohanty**, MD, MPH, MBA, President & CEO,
The SCAN Foundation
- **Carolyn J. Nava**, Community Relations Director,
Disability Action Center
- **Rafi Nazarians**, Advocacy Director, AARP California
- **Linda Nguy**, MPP, MBA, Associate Director of Policy
Advocacy, Western Center on Law and Poverty



IMPACT Stakeholder Committee Members (2025) *cont.*



- **Yasmin Peled**, Director, California Government Affairs, Justice in Aging
- **Rigo J. Saborio**, MSG, President & CEO, Archstone Foundation
- **Tiffany Whiten**, Senior Government Relations Advocate, California State Council of SEIU
- **Heather M. Young**, PhD, RN, FAAN, Professor, Betty Irene Moore School of Nursing, University of California Davis

IMPACT Stakeholder Committee Member Biographies

Today's Meeting Agenda



10:00 a.m. | Welcome & Meeting Logistics

10:05 a.m. | Recent Reflections & IMPACT Committee Discussion

10:40 a.m. | Aging and Disability Lived Experience Advisory Board (AD-LEAB)
(MPA Initiative #49)

10:50 a.m. | Long-Term Services and Supports (LTSS) Financing
(MPA Initiatives #74 & #75)

11:25 a.m. | IMPACT Committee Discussion on the Next Five Years of the MPA

11:50 a.m. | Public Comment

12:00 p.m. | Adjourn



Susan DeMarois

Director, California Department of Aging

Richard Figueroa

Deputy Cabinet Secretary, Office of Governor Gavin Newsom

Kim Johnson

Secretary, California Health & Human Services Agency



IMPACT Committee

Q&A and Discussion



MPA Initiatives in Action

Susan DeMarois, Director
California Department of Aging

Long-Term Services and Supports (LTSS) Framework and MPA Alignment



1. Navigation

- MPA Initiative: #54

2. Access

- MPA Initiatives: #23 – 30

3. Workforce

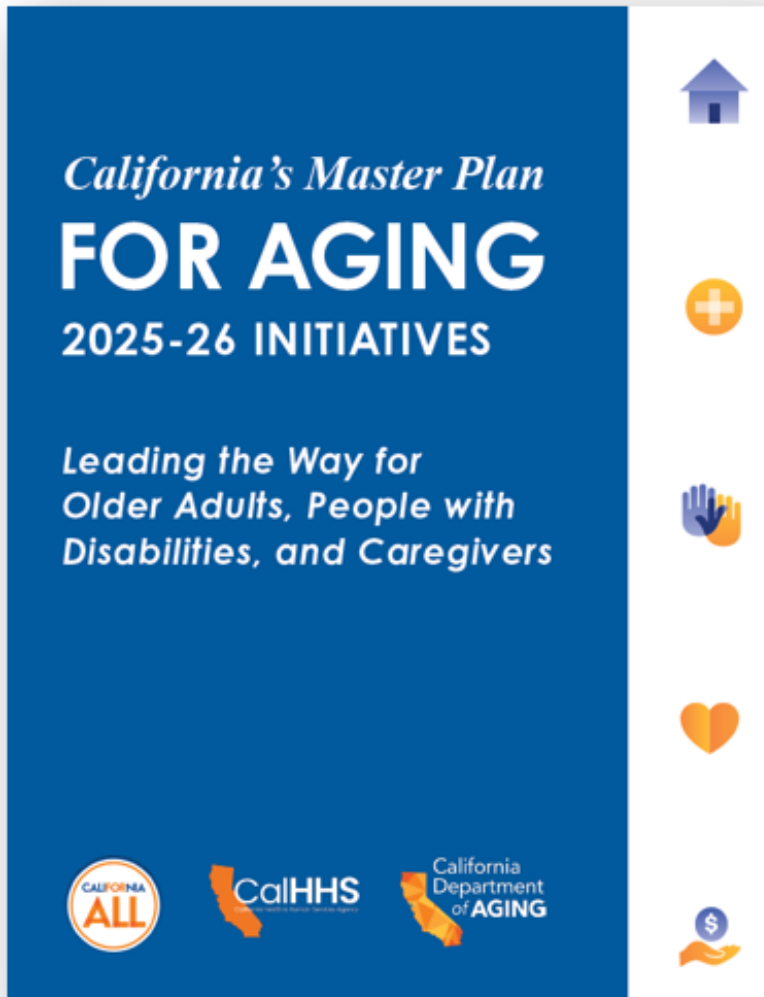
- MPA Initiatives: #58, 68 – 73

4. Financing

- MPA Initiatives: #74 – 76

MPA Initiative #55

CA 2030 and Accountability for Aging Services



Adopt regulations to comply with the Administration for Community Living (ACL) Older Americans Act (OAA) final rule and Senate Bill 1249 (Chapter 337, Statutes of 2024); and a future-ready Area Agency on Aging (AAA) network by implementing the following system change initiatives:

1. Establish statewide core services.
2. Update Planning and Service Area and AAA designation requirements
3. Adopt an updated and equitable Intrastate Funding Formula.

Culminating Three Years of Stakeholder Engagement



- CA2030 Steering Committee met 10 times (C4A, CCOA, CSAC, CWDA, CFILC)
- 80 stakeholder interviews
- In person/virtual interviews with all 33 AAAs
- First statewide survey of 17,700 older Californians
- Four public webinars with 736 participants
- Public legislative process to enact SB 1249 (Roth)
- Half-day workshop with CDA and C4A membership
- Nine webinars for AAAs-only
- Four surveys of all 33 AAAs

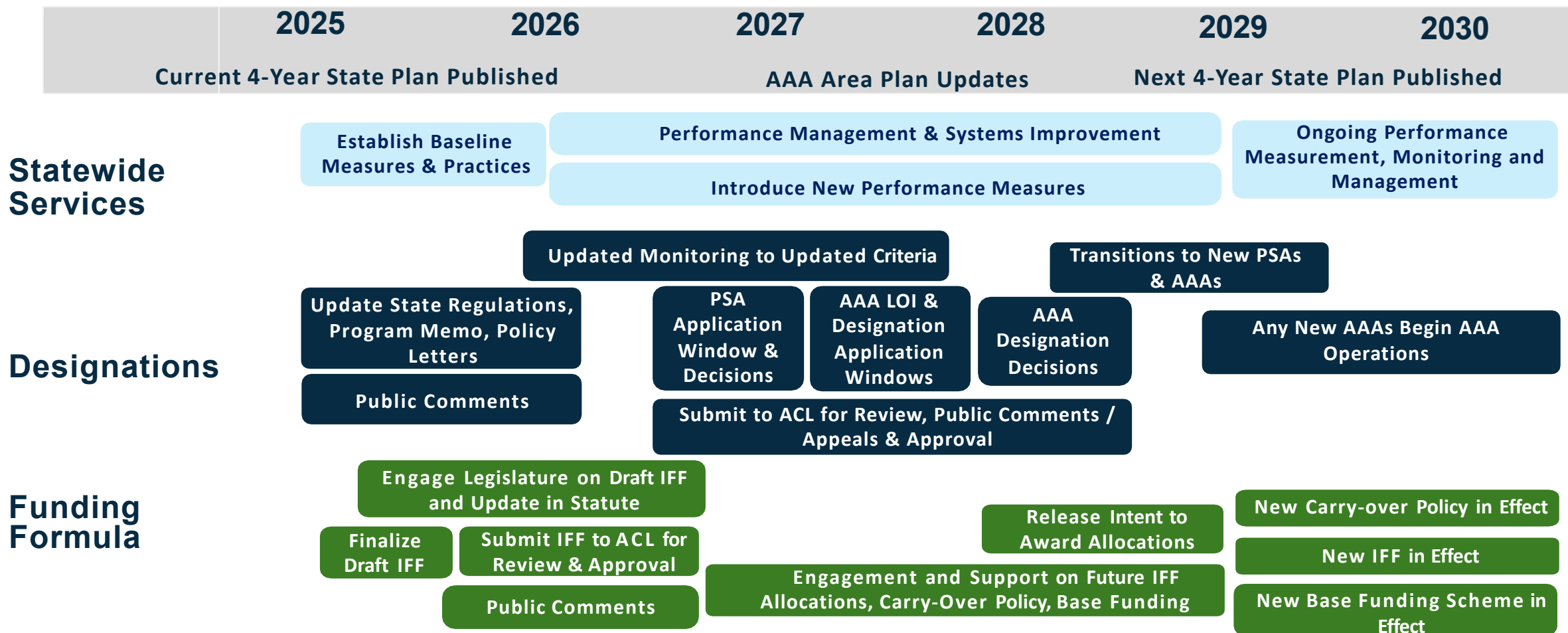
*All materials are public and available on CDA's website (CA2030)

Recommendations



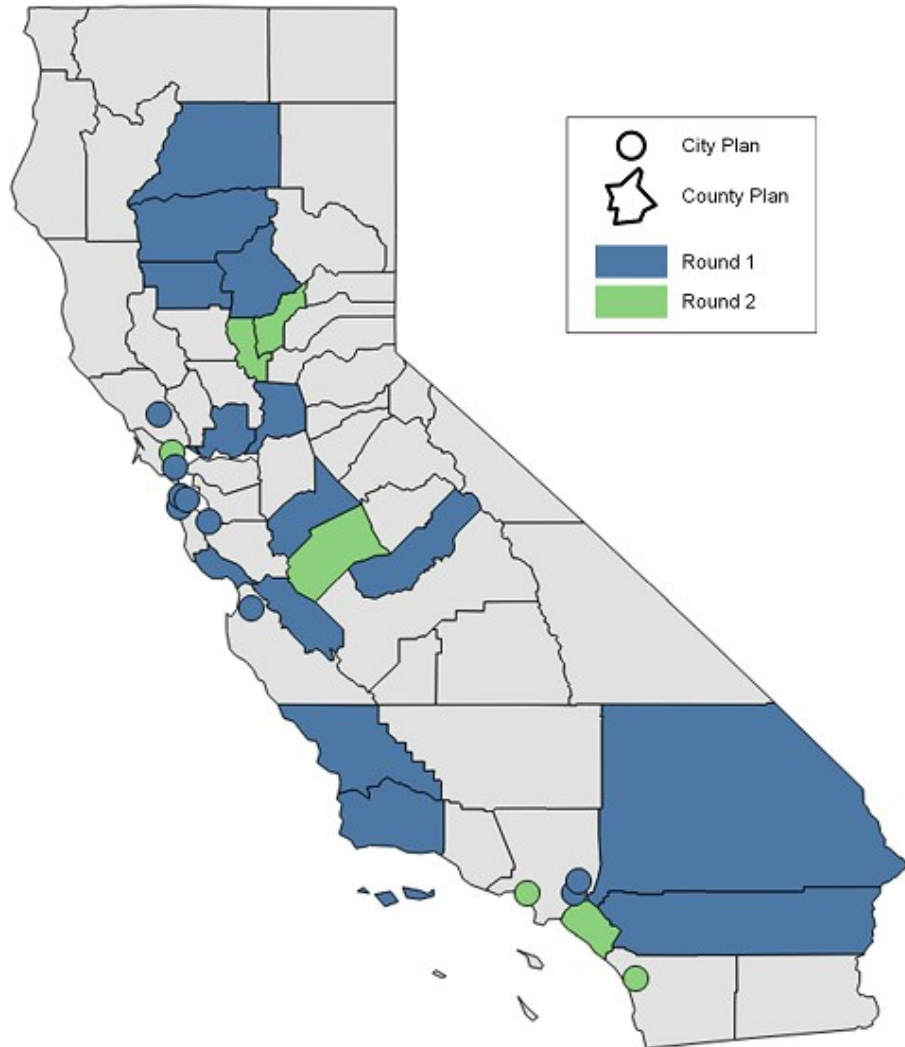
1. **Adopt consistent data reporting standards and timelines for existing statewide programs** – Congregate and Home-Delivered Meals, Caregiver Supports, and Information & Assistance with a public facing data dashboard.
2. **Update Intrastate Funding Formula (IFF)** – for first time since 1995 to account equally for age, disability, income, geographic isolation, and equity.
3. **Designations/De-Designations** – Establish a transparent process that allows for public and community input to comply with federal final rule regarding "right of first refusal" for local government jurisdictions.

CA2030 Outlook



MPA Initiative #21

Local Aging & Disability Action Planning (LADAP)



- 21 grantees, representing 30 California communities
- Strengthen local capacity, coordination, and leadership
- Leverage complimentary, community-wide initiatives
- Focus on equity and community engagement
- Program evaluation forthcoming
- [Local Plans posted on the LADAP webpage](#)



IMPACT Committee

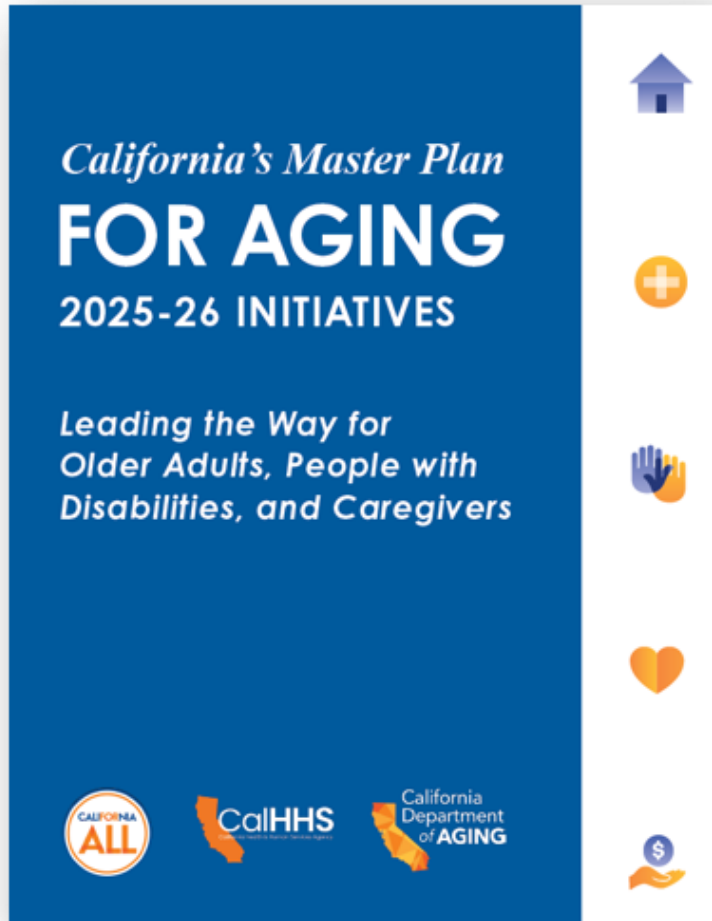
Q&A and Discussion



Aging and Disability Lived Experience Advisory Board (AD-LEAB)

Sarah Steenhausen, Deputy Director
California Department of Aging
Division of Policy, Research, and Engagement

MPA Initiative #49: AD-LEAB



- Establish an Aging & Disability Lived Experience Advisory Board (AD-LEAB) that represents the lived experience of older adults, people with disabilities, and caregivers from underrepresented and underserved populations and communities to inform and guide the MPA.
- AD-LEAB aligns with an MPA recommendation of the Equity Advisory Committee on Aging & Disability (EACAD).

- Background and Purpose
- Intersection with Equity Advisory Committee on Aging & Disability
- Process
- Membership Criteria
- Recruitment and Scoring Process
- Timeline

Geography of Board Members



Alameda County
San Francisco County
Sonoma County

Fresno County
San Bernardino County

Los Angeles County
Orange County
San Luis Obispo County



Shasta County

Sacramento County

Riverside County

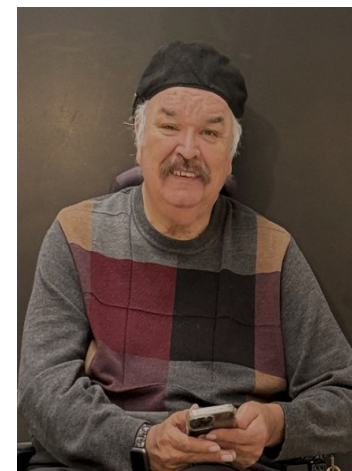
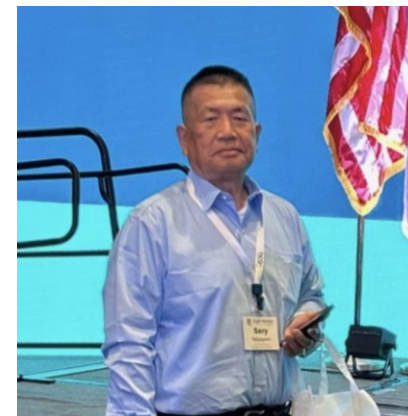
Meet the Board Members



- Teresa L., Burney
- Carlos B., Los Angeles
- Mina N., Guerneville
- Beejinmaa T., San Francisco
- Cynde S., Long Beach
- Jennifer C., Los Osos

- Debbie F., Banning
- Lilith D., Santa Rosa
- Dr. William D. Jr., Fresno
- Sery T., Sacramento
- Carolyn H., Berkeley
- Kevin B., Loma Linda

Meet the Board Members



AD-LEAB Voices and Perspectives



“I’m especially focused on improving support for the most vulnerable older adults—those affected by poverty, isolation, stigma, race, ethnicity, gender, and identity, including people of color, women, LGBTQ+ individuals, and those aging with HIV.”

- Carolyn H., Berkeley

“I am passionate about working with people across all ages, ethnicities, and cultures. Each opportunity to serve is not only a way of giving back to the community but also a chance to enrich my own personal and professional journey.”

-Mina N., MSW, Guerneville



IMPACT Committee

Q&A and Discussion

Long-Term Services and Supports (LTSS) Financing and Affordability Initiative



Sarah Steenhausen

Deputy Director, California Department of Aging
Division of Policy, Research, and Engagement

MPA Initiative #74 & 75: LTSS Financing



- Implement a two-part consumer engagement strategy to understand and elevate the LTSS financing issues and needs of older adults, people with disabilities, and caregivers who fall in the overlooked middle.
- Conduct and publish a comprehensive population analysis that reports on current and projected need for LTSS in California.
- LTSS work aligns with an MPA recommendation of the Implementing the Master Plan for Aging in CA Together (IMPACT) Committee.

Statutory Authority and Purpose



Statutory Authority

- \$5 million General Fund - Budget Act of 2022, AB 179 (Ting)

Purpose

- Conduct research and analyses to develop options for improving LTSS financing and affordability, in line with California's Master Plan for Aging.



CALIFORNIA'S LTSS FINANCING AND AFFORDABILITY INITIATIVE

***INFORMATIONAL UPDATE TO THE
MASTER PLAN FOR AGING IMPACT COMMITTEE***

SEPTEMBER 11, 2025

Marc Cohen, Ph.D.
LeadingAge LTSS Center @UMass Boston

Gretchen Alkema, Ph.D.
Wolf Eagle Enterprises, LLC

Overview of Initiative Objectives

- **Research and Data:** Outline the current and projected needs of California's older adults and people with disabilities who fall in the "Overlooked Middle"
- **Policy and Research:** Conduct policy analysis with options to consider for addressing the needs of this population
- **Medicare HCBS Demonstration Concept:** Develop a concept for a Medicare Home and Community-Based Care Benefit
- **Consumer and Stakeholder Input:** Deepen our understanding of this population's needs

Leadership and Partners



ATI Advisory



Conceptual Definition of the "Overlooked Middle"

The “Overlooked Middle” are households that:

- Can initially afford basic living needs (as measured by the Elder Index in the community);
- Would have to diminish their living standards (i.e., meaningfully reduce expenditures on basic living necessities) when LTSS needs that can be served by a moderate amount of home and community-based care arise;
- Do not qualify for Medicaid (Medi-Cal) coverage before or after onset of LTSS needs.

CONSUMER & POPULATION PERSPECTIVES ON THE CHALLENGES AND CONCERNS OF THE OVERLOOKED MIDDLE

**(LISTENING SESSIONS, FOCUS GROUPS, AND
CALIFORNIA-SPECIFIC SURVEY)**

Consumer and Stakeholder Engagement Work – Phase 1

Goal: Understand real-time experiences of the Overlooked Middle in California

Format

- Consumers and stakeholders on location in Riverside, Shasta, and San Diego counties and through virtual meetings conducted in multiple languages (English, Spanish, and Cantonese)
- Participants
 - Overlooked Middle older adults
 - Adults with disabilities who are working
 - Caregivers
 - Area Agency on Aging and Caregiver Resource Center staff

Source: Community Catalyst and Collaborative Consulting, 2025

Themes from Focus Groups and Listening Sessions



Financial
Security



Health Care
Access



Housing
Security



Transportation



Social
Engagement



Navigation



At-home
Support



Family
Caregivers

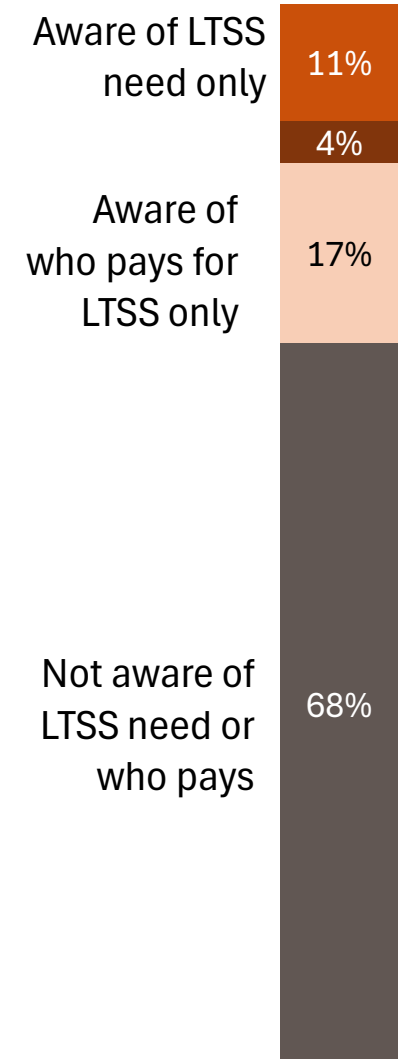
Source: Community Catalyst and Collaborative Consulting, 2025

Awareness of How and Who Pays for LTSS

Only 4% of respondents are aware of likelihood of LTSS need and who pays for these services

This 4% is more likely to have:

- Graduate education
- Income greater than 500% FPL
- Household assets of \$100K+
- Homeowners



Source: NORC, 2025

(1,283 Survey responses among older Adults 50+ Not Medi-cal Eligible via AmeriSpeak® Panel)

Aging and Financial Concerns of Overlooked Middle

- Most important = the cost of health insurance/Medicare and not having enough money to live on
- Nearly two-thirds are not confident in ability to pay for two years of LTSS costing \$100,000.
- If need LTSS, more than 70% say they are concerned / very concerned about:
 - Cutting back on everyday living expenses
 - Using up their income or savings
 - Having enough money to pay for care needs

Source: NORC, 2025

Concerns about Finding and Accessing Care

- Most expressed concerns related to finding and accessing LTSS
- Higher concern / less confident:
 - Under age 65
 - In fair/poor health
 - Household assets under \$100k



Source: NORC, 2025

LEARNINGS FROM POPULATION- AND HOUSING- RELATED ANALYSES

Research Questions Addressed by Urban Institute Dynamic Simulation of Income Model 4 (DYNASIM4)

- Who can afford to cover paid LTSS in California out of their own resources?
- Who in California has LTSS needs?
- How much will the California population with LTSS needs grow over the next 25 years?

Source: The Urban Institute, 2025

Distribution of Household Income in California Relative to the Federal Poverty Level, Adults Ages 50+, 2023

	< 139%	139 to 250%	139 to 400%	139 to 500%	139 to 600%	139 to 700%	139 to 800%	> 800%
Income cutoffs								
1-person HH	\$20,120	\$36,450	\$58,320	\$72,900	\$87,480	\$102,060	\$116,640	NA
2-person HH	\$27,214	\$49,300	\$78,880	\$98,600	\$118,320	\$138,040	\$157,760	NA
% of adults by age								
50+	14	15	34	44	52	59	64	23
50-64	12	13	31	41	50	57	62	26
65-74	16	15	34	45	53	60	65	20
75-84	18	17	36	46	54	60	64	19
85+	22	19	38	45	52	57	60	19

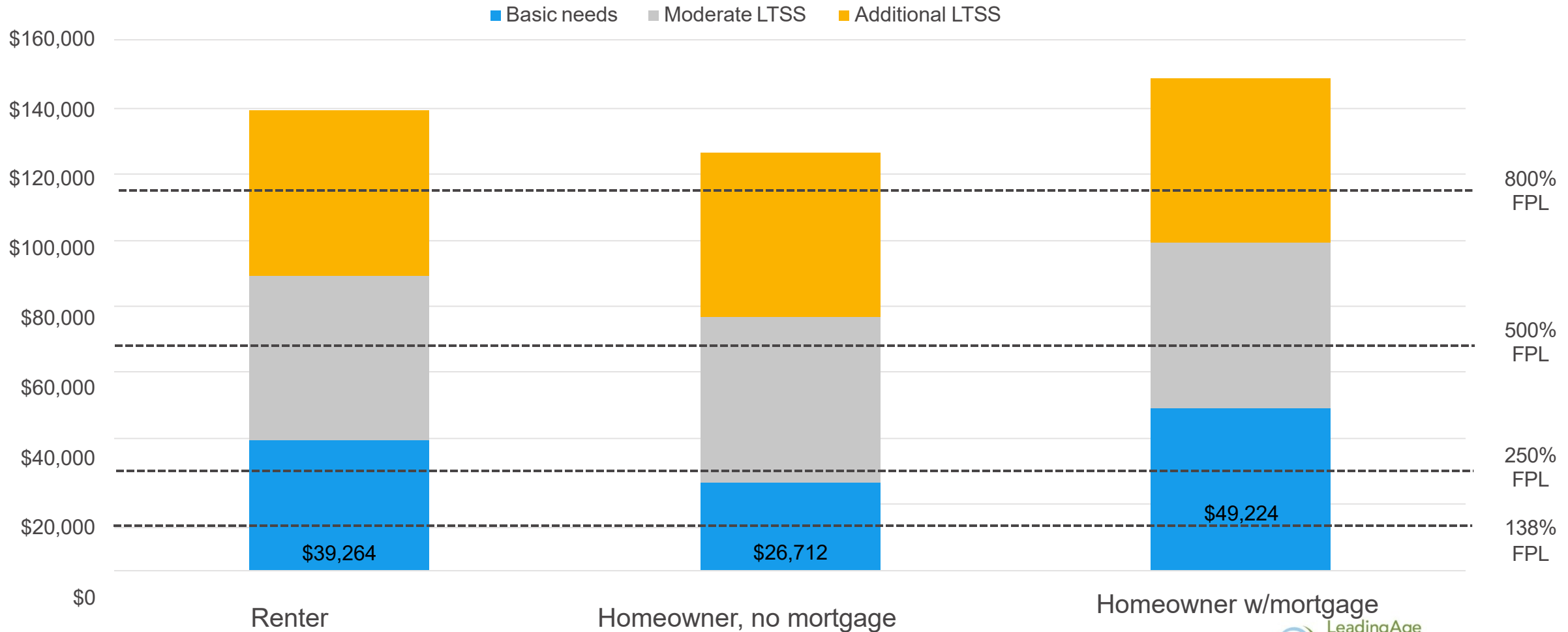
The Overlooked Middle

Note: the percentages within the red box are cumulative distributions.

Source: The Urban Institute, 2025

Single people with incomes below 500% of FPL could not afford much paid LTSS using only their income

Cost of basic needs and LTSS, single adults in California, 2023

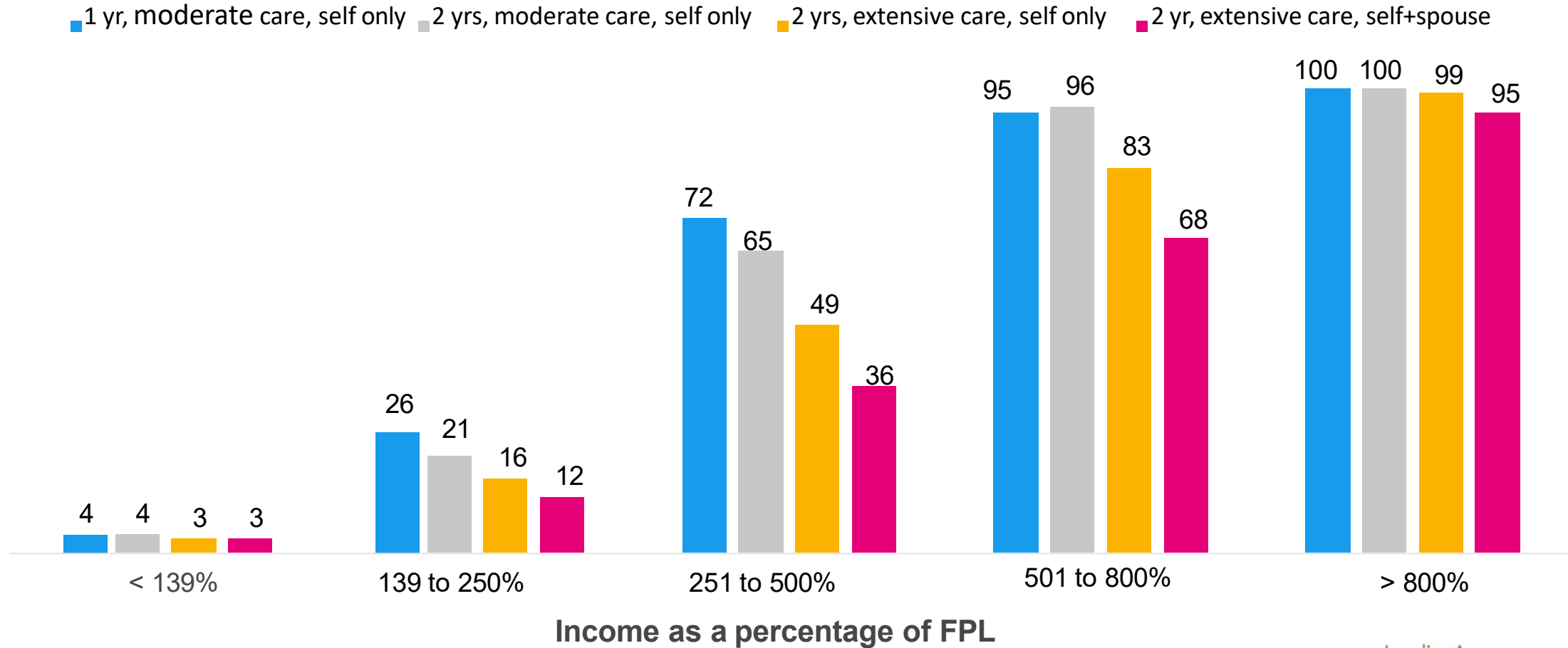


Notes: Moderate LTSS = \$50,000 per year; moderate plus additional LTSS = \$100,000 per year.

Source: The Urban Institute, 2025

Most California adults with middle income—defined as income between 139% and 500% of FPL—cannot afford much paid LTSS

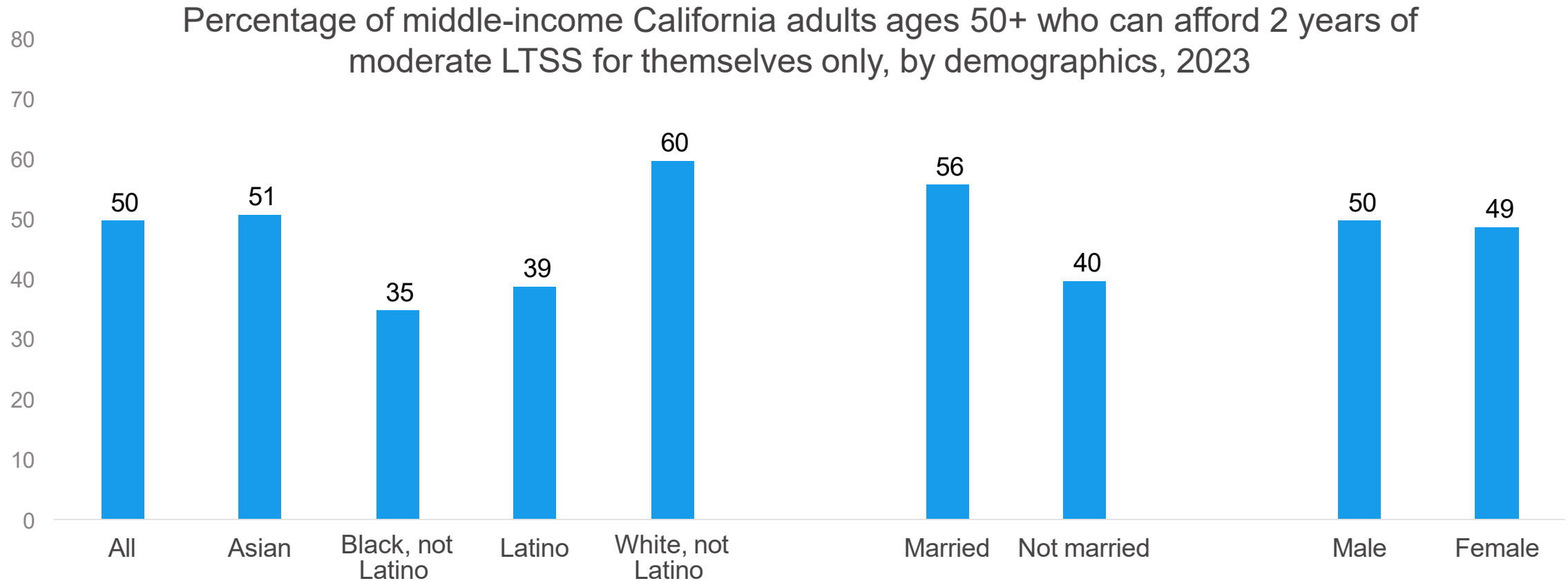
Percentage of California adults ages 50+ who can afford LTSS, 2023



Notes: Estimates show the share who can cover basic needs and LTSS with their income and financial assets. Moderate LTSS = \$50,000 per year; extensive LTSS = \$100,000 per year.

Source: The Urban Institute, 2025

LTSS affordability varies by race/ethnicity and marital status, with many Black and Latino adults lacking sufficient resources to cover much paid LTSS

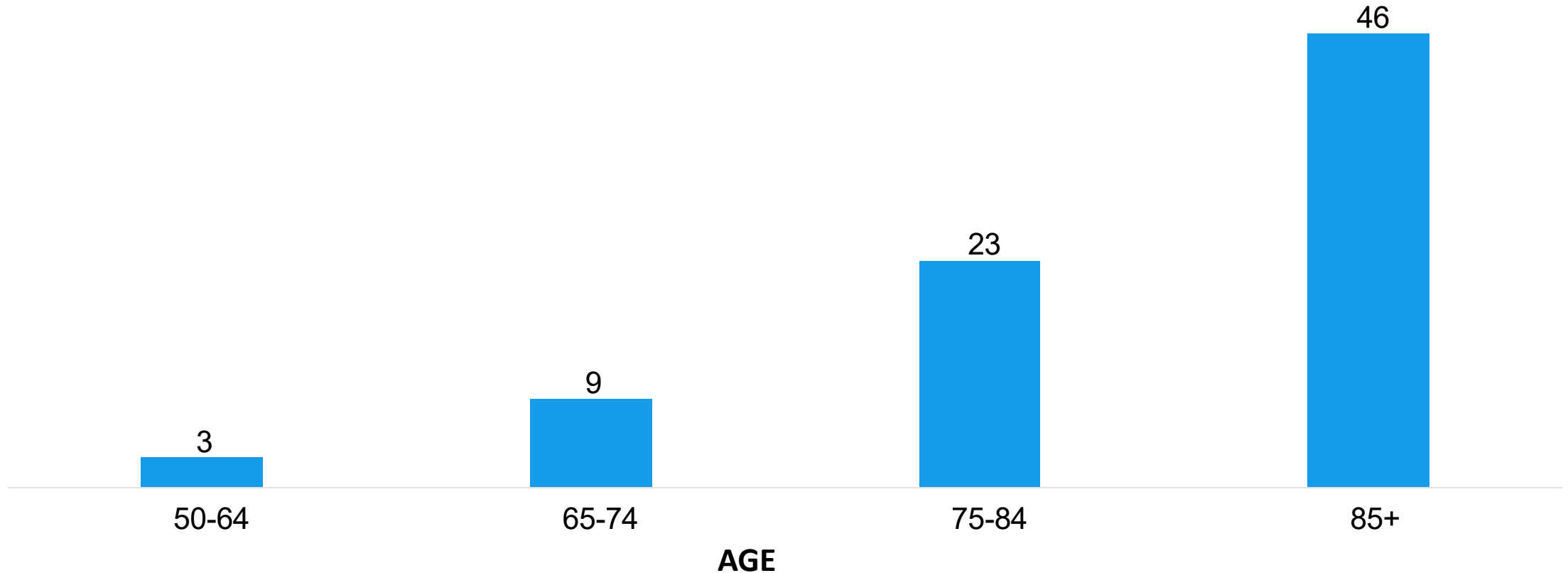


Notes: Estimates show the share who can cover basic needs and LTSS with their income and financial assets. Moderate LTSS = \$50,000 per year; Middle income is defined as income between 139% and 500% of FPL.

Source: The Urban Institute, 2025

Prevalence of LTSS needs increases rapidly with age, reaching nearly 50% at ages 85+

Percentage of California adults with LTSS needs, by age, 2023

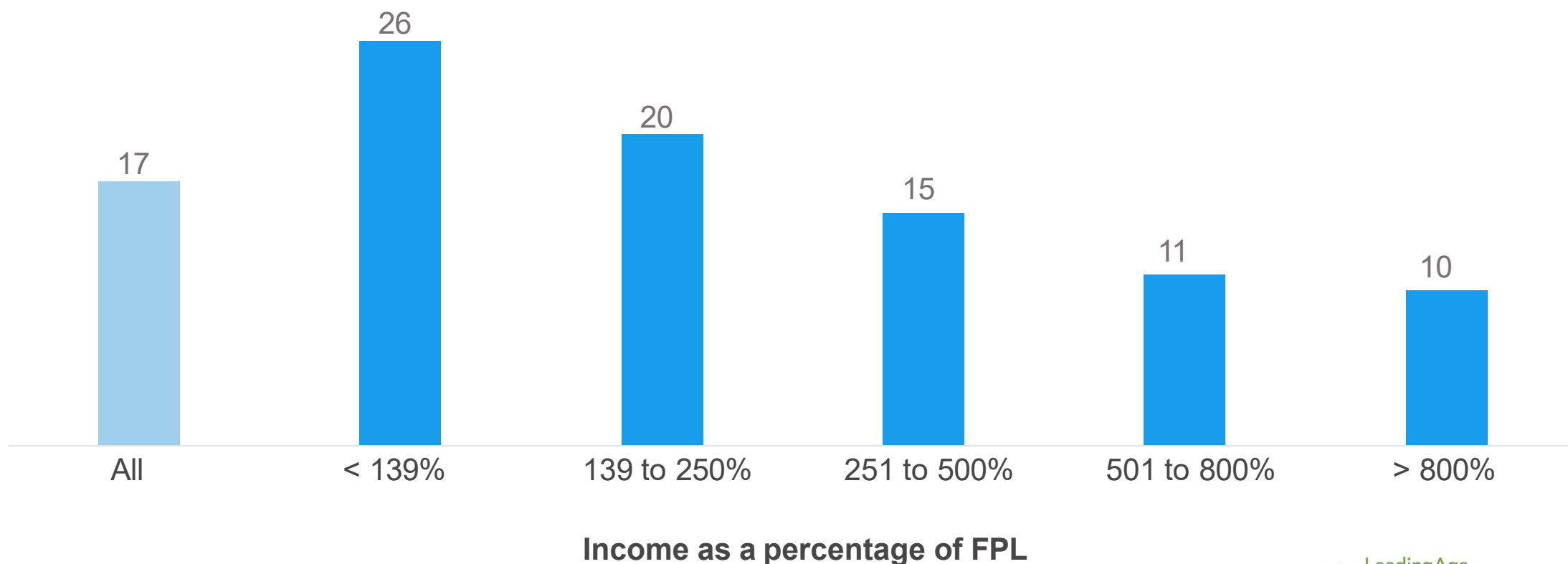


LTSS needs = needing help with 2 or more ADLs or having severe cognitive impairment.

Source: The Urban Institute, 2025

LTSS needs are concentrated among lower-income adults

Percentage of California adults ages 65+ with LTSS needs, by income, 2023

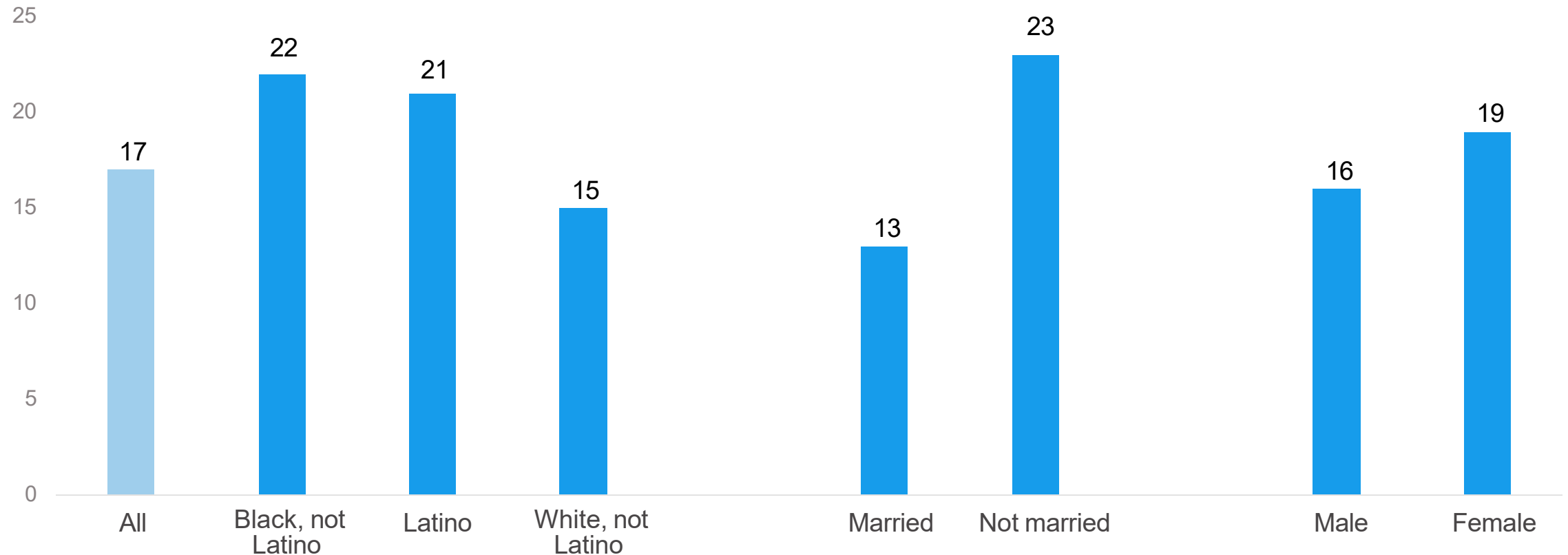


LTSS needs = needing help with 2 or more ADLs or having severe cognitive impairment.

Source: The Urban Institute, 2025

California's Black and Latino adults, those unmarried, and females are more likely to need LTSS than counterparts

Percentage of California adults ages 65+ with LTSS needs, by demographics, 2023

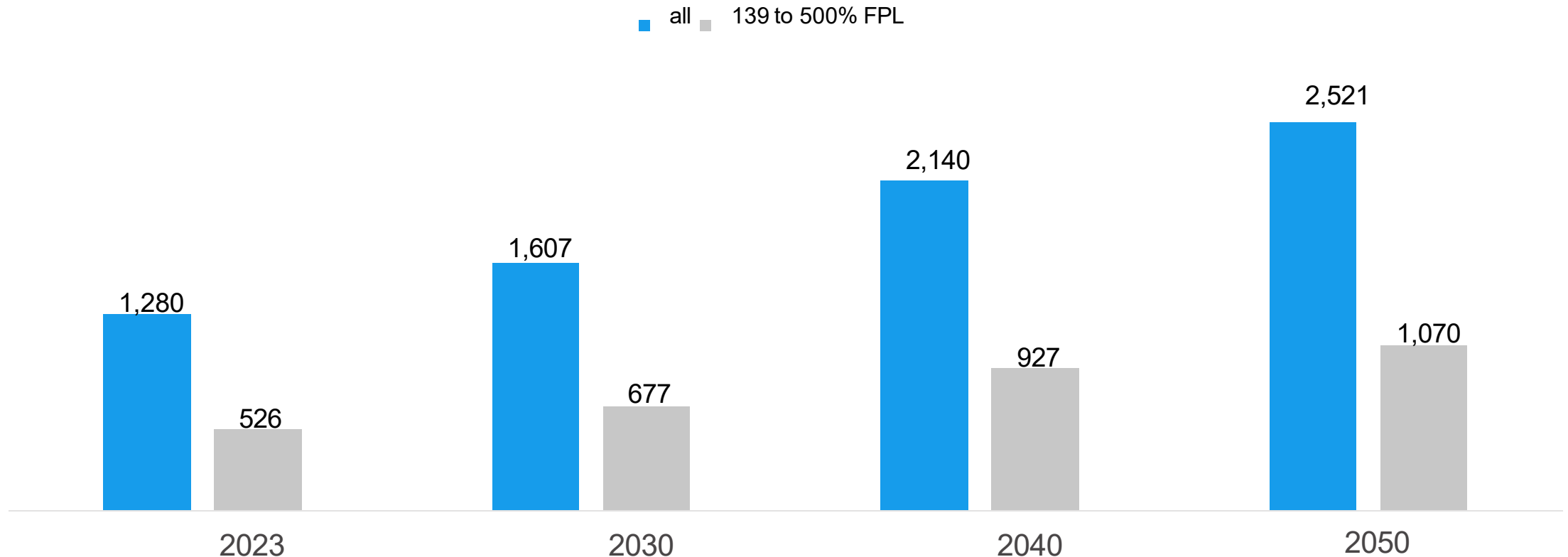


LTSS needs = needing help with 2 or more ADLs or having severe cognitive impairment.

Source: The Urban Institute, 2025

Older California adults with LTSS needs is projected to double over the next 25 years

Projected number of California adults ages 50+ with LTSS needs, 2023-2050 (thousands)



LTSS needs = needing help with 2 or more ADLs or having severe cognitive impairment.

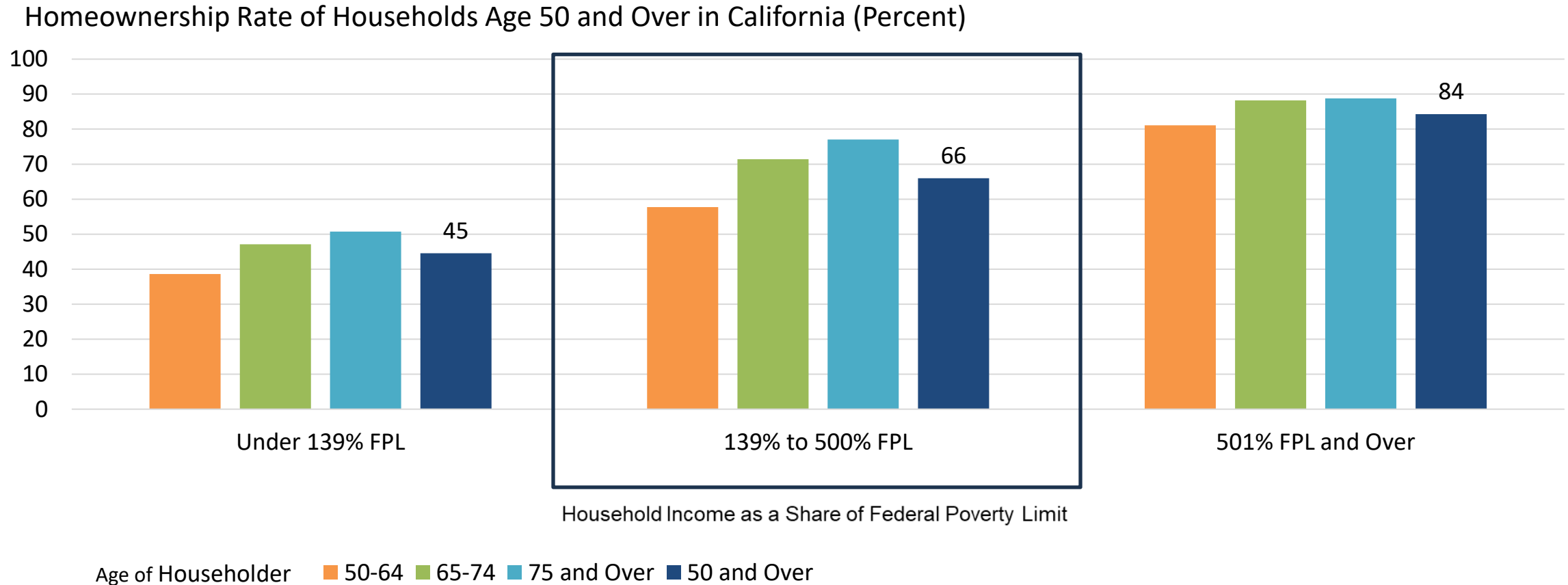
Source: The Urban Institute, 2025

Housing-Related Research Questions

- How much home equity do homeowners in CA's overlooked middle have that potentially could be accessed to finance LTSS?
- What barriers or challenges do older adults face in accessing home equity?
- What subset of overlooked middle homeowners are best poised to be able to use home equity?
- What trends in CA housing markets might affect older owners' equity in the next two decades?

Source: Joint Center for Housing Studies (JCHS), Harvard University, 2025

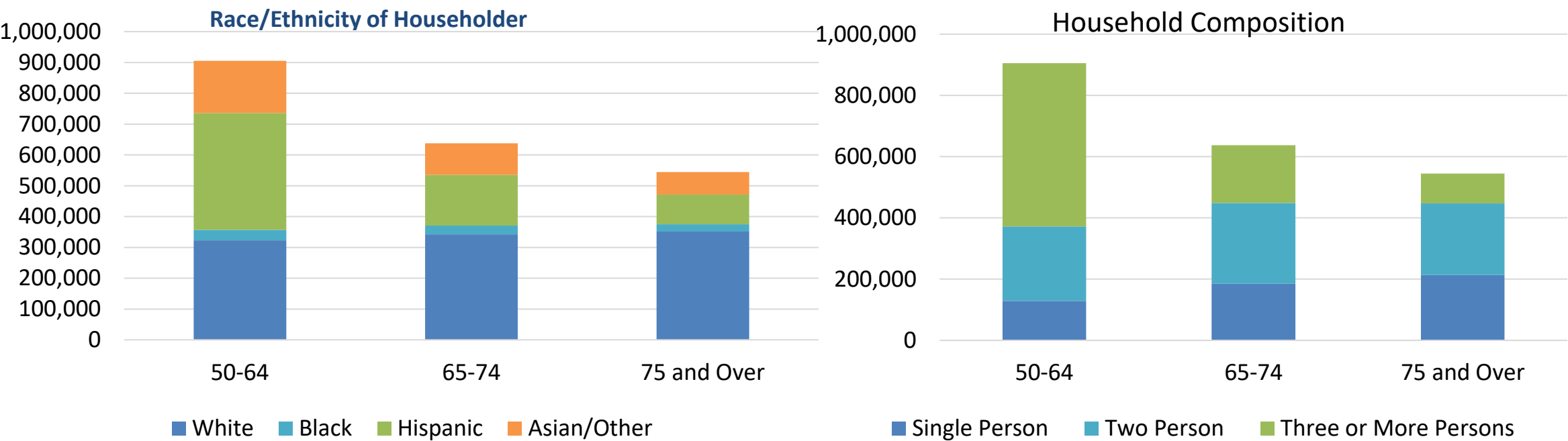
Two Thirds of California's Overlooked Middle Households Own Their Homes...



Source: Joint Center for Housing Studies, Harvard University, 2025

...Totaling 2.1 Million Households

Number of Homeowner Households in California’s Overlooked Middle

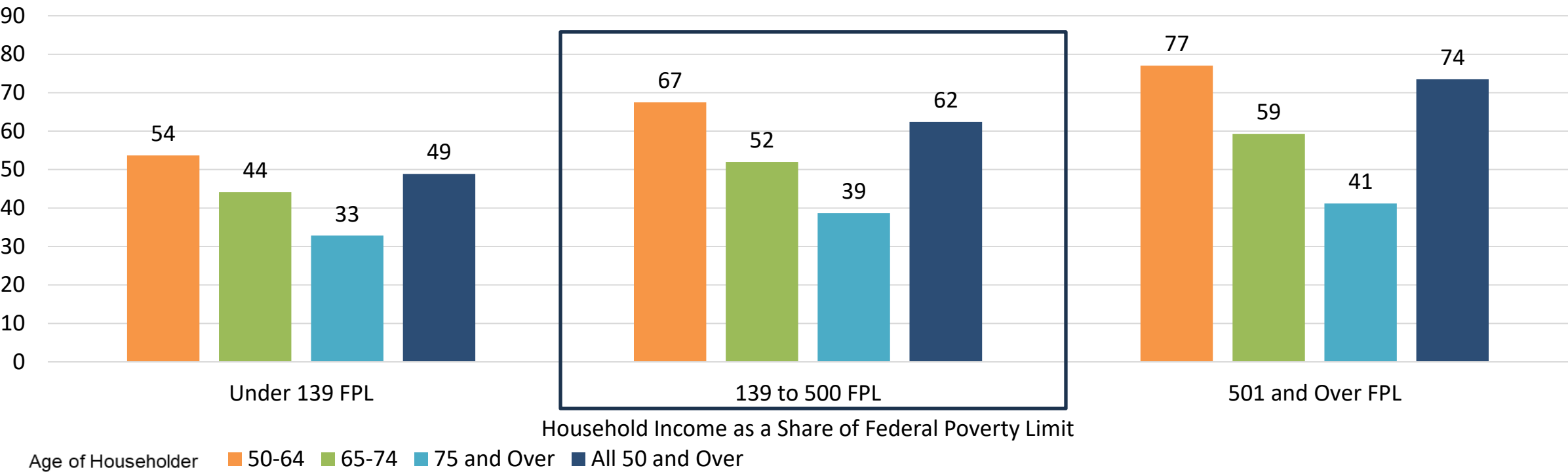


Note: Data reflect householders in California who own their primary residence. Housing debt can include first, second, junior mortgage or similar debt, deed of trust, or home equity loans.

Source: JCHS tabulations of US Census Bureau, 2023 American Community Survey.

More than 6 in 10 Owners in Overlooked Middle Carry a Mortgage, Including 39% of Those Age 75 and Over

Share of Homeowners Age 50 and Over in California with Housing Debt (Percent)

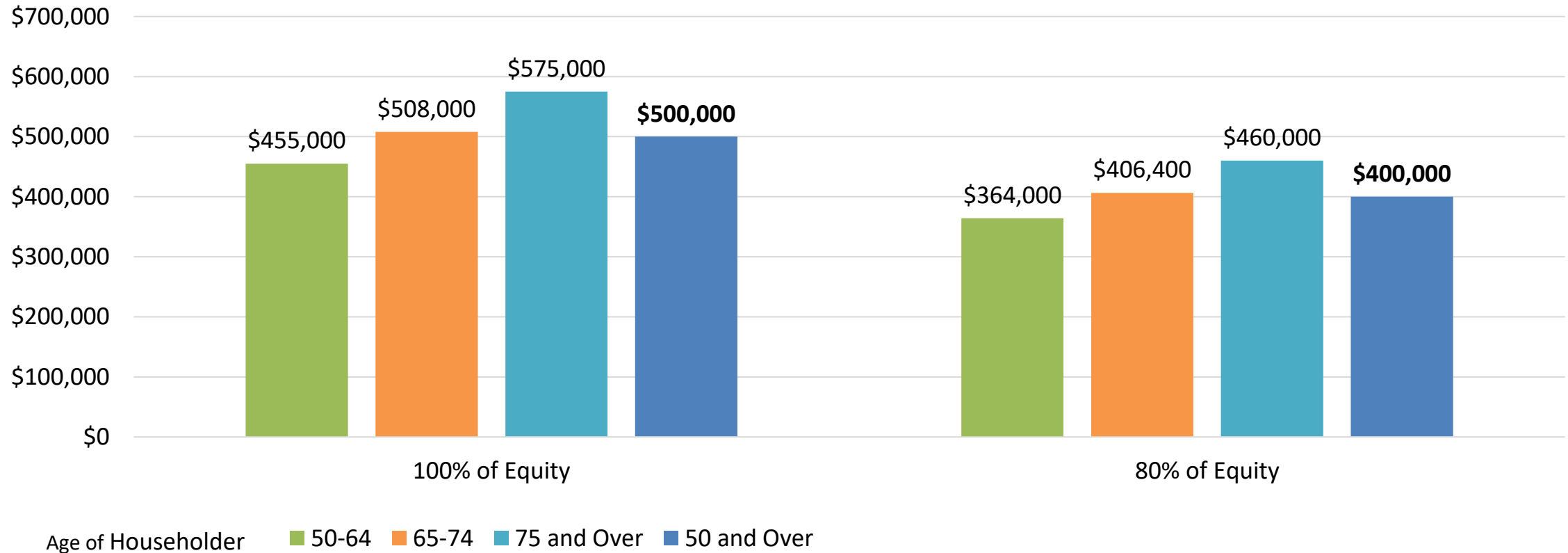


Note: Data reflect householders in California who own their primary residence. Housing debt can include first, second, junior mortgage or similar debt, deed of trust, or home equity loans.

Source: JCHS tabulations of US Census Bureau, 2023 American Community Survey.

Median Equity in California's Overlooked Middle Is About \$500,000

Estimate Home Equity of Overlooked Middle Homeowners in California (Dollars)



Notes: Equity is determined by subtracting outstanding mortgage, if any, from reported housing value in the American Community Survey (ACS). Since a mortgage amount is not available in ACS, we model an estimated ratio of primary mortgage to property value using data in the Health and Retirement Study.

Source: JCHS analysis of US Census Bureau, 2023 American Community Survey and 2022 Health and Retirement Study.

**EXPLORING INNOVATIVE APPROACHES TO SUPPORT
AGING IN THE COMMUNITY:**

NON-MEDICAID AND MEDICAID LANDSCAPES

Non-Medicaid Policy and Program Landscape Analysis

Purpose: To create robust resources that help policymakers understand how states and localities can support aging in community.



The Challenge:

Many people who want to stay in their homes as they age are not eligible for Medicaid and cannot afford to pay out-of-pocket for LTSS.



Project Goal:

To identify and elevate innovative approaches that help older adults remain in the community as they age.

Major Program Areas Supporting Aging in Community:

Identified 200+ programs across categories below



Social Inclusion & Participation



Housing



Basic Living Affordability



Caregiver Supports



Nutrition



Transportation



HCBS



Service Navigation



Technology



**Housing-based
Community
Interdependence**



**Individual LTSS
Savings**



**Public Health
Messaging**



**Employment
Supports**

Source: ATI Advisory, 2025

Six Creative Options showing How States Can Increase Home- and Community-Based LTSS Access through Medicaid

Authority/Waiver	Innovation	State
1115 Demo	Serve older adults above traditional income	Oregon
1115 Demo	Limited HCBS to those functionally at risk but not yet nursing home level eligible	Washington
1915c	Middle-income adults at risk of institutionalization, with self-directed service option	Minnesota
1915i	Intellectual/developmental disabilities, mental health conditions, physical disabilities, and/or older adults	Nevada
1332	Reinsurance model or other market stabilization strategies targeting LTSS users	Maine
1115/State Plan Amendment	Medicaid Buy-In Program focused on near duals, those with LTSS needs but not Medicaid eligible, and working adults with disabilities	New York

Source: LeadingAge LTSS Center @UMass Boston, 2025

A POTENTIAL MODEL FOR ADVANCING HOME AND COMMUNITY CARE THROUGH MEDICARE

Design a model using Medicare as a Chassis to serve the “Overlooked Middle” needing home- and community-based services (HCBS).

The Challenge:

Since an individual in the Overlooked Middle does not qualify for Medicaid yet has difficulty with Activities of Daily Living (ADLs), there are limited affordable home and community-based supports available to them. This population also has high healthcare costs accruing to Medicare.

Goals of Implementing a Model:

- **Provide enrollees with service navigation, access to select HCBS** (e.g., at-home care and caregiver supports), and the option to join the CAPABLE program.
- Aim to improve the HCBS experience for enrollees and caregivers, prevent or delay institutional care, and lower healthcare costs, including Medicare spending.

CAPABLE = Community Aging in Place Advancing Better Living for Elders

Source: ATI Advisory, 2025

To qualify for participation in such a model, an individual would need to meet all the following criteria:



Be enrolled in Traditional Medicare Parts A and B (including those aligned / not aligned with an Accountable Care Organization (ACO))



Live in a community-based setting, including home-bound



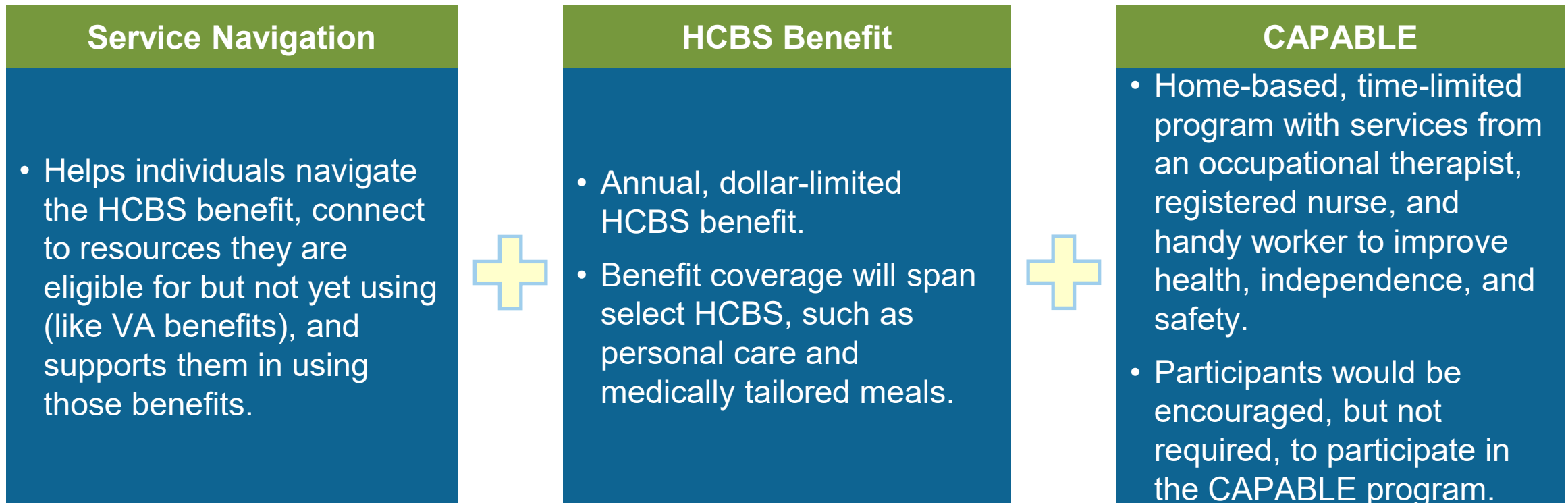
Reside within a model service area



Demonstrate a level of frailty, as indicated by either the FRAIL Scale or Edmonton Frail Scale frailty assessment

Potential Model Benefits

Benefits offered would include service navigation, an opportunity to participate in CAPABLE, and access to a specific suite of HCBS. These benefits aim to connect participants to existing community-based services and supports while providing targeted, limited access to HCBS when necessary.



Source: ATI Advisory, 2025

Questions & Comments



IMPACT Committee Discussion Next Five Years of the MPA

Jackie Tompkins

MPA Project Director, California Department of Aging
Division of Policy, Research, and Engagement

Six Key Components of an MPA



1. Stakeholder and Consumer Engagement
2. Cross-Agency Development and Accountability
3. Data Driven
4. State-Led
5. Broad Focus on Aging Throughout the Lifespan
6. Living Document

Source: [Multisector Plan for Aging](#)

Mid-Point MPA Evaluation



- Purpose
- Research Question
- Methodology



IMPACT Committee Discussion



- For each of the six key components of a Master Plan for Aging, how might we effectively structure the qualitative data collection to effectively capture progress, success, and areas for further development?



Public Comment



Attendees joining by **phone**, *press* *9 on your dial pad to join line. The moderator will announce the last 4 digits of your phone number and will unmute your line.



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Meeting Resources



- [Master Plan for Aging \(MPA\) webpage](#)
- [IMPACT Stakeholder Committee Member Biographies](#)
- [CalHHS MPA - IMPACT Meeting webpage](#) (for meeting materials)
- [MPA Implementation Tracker](#)
- MPA System Change Symposium Resource webpages
 - [Part 1: LTSS Financing, Affordability, and Access](#)
 - [Part 2: Non Medi-Cal HCBS Gap Analysis](#)
- [CA2030: A Future-Ready California Aging Network - AAAs](#)
- [Local Aging and Disability Action Planning \(LADAP\) Grant Program](#)
- [2025 State of the State letter: Governor Gavin Newsom \(9/9/2025\)](#)
- [CA Free or Low-Cost Immigration Legal Help: Dept. of Justice \(9/11/2025\)](#)

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