California's
MASTER PLAN FOR AGING

Long-Term Services and Supports Subcommittee Meeting #3 December 5, 2019

Meeting Logistics

- [The meeting materials are posted online here.](#)

- Attend in-person or by phone:
    - ✓ Call In: 844-291-6362   Access Code: 8056243
    - ✓ Ask for Master Plan for Aging meeting

- For public comment and meeting feedback, go to:
  https://www.surveymonkey.com/r/MPAComment

- To submit detailed recommendations for MPA, go to:
  https://www.surveymonkey.com/r/MasterPlanRecommendations

- Accommodations:
    - Simultaneous captioning is available in the room
    - Live telephone access with two-way communication for public comment

Meeting Agenda

1. Welcome & Overview
2. Topic in Focus: Home- and Community-Based Services (HCBS)*
   - Part 1: Medi-Cal-Funded Programs
   - Part 2: Other State HCBS
   - Part 3: Navigating Private Pay HCBS
3. Review of Emerging LTSS Recommendations
4. Review of Revised Goal 1 Objectives
5. Public Comment
6. Summary of Recommendations and Action Steps

* All but IHSS, which is Topic in Focus for December 17th LTSS meeting.

LTSS Subcommittee Meeting Topics & Schedule

- #1 October 28, 2019: Information & Assistance Systems

- #2 November 12, 2019: State LTSS Benefit

- **#3 December 5, 2019: Home- and Community-Based Services (HCBS): Medi-Cal, Older Americans Act, Private Pay**

- #4 December 17, 2019: Home- and Community-Based Services (HCBS): In-Home Supportive Services (IHSS)

- #5 January 6, 2019: LTSS Workforce, Family Caregivers & Technology

- #6 January 13, 2020: Group Living: Including Residential Care & Skilled Nursing Facilities

- #7 January 14, 2020: LTSS Financing and Integration

- #8 January 27, 2020: LTSS Report Content and Format

- February 2020 (TBD): Webinar: discuss/review Stakeholder LTSS Report for March 2 SAC

- March 2020: Review SAC feedback and finalize and submit Stakeholder LTSS Report for Secretary/Governor

- April to June 2020: Review state plan, local blueprint, toolkit, dashboard and all Master Plan components/deliverables

4

Francis

Hi, my name is Francis.

The services offered by my local senior center keep me healthy and feeling young – I am only 96 years old.

One thing people don't always realize is how important it is in life to be recognized or even get feedback from other people. As you get older, you don't get too many accolades or pats on the back. Without a sense of accomplishment, a person can get depressed and even fall ill. The senior center offers me a chance to volunteer, work with others and give back. I have no doubt it helps keep me healthy.

Through state programs available to people like me, I receive taxi vouchers that make it easy to travel to the senior center. There, I can socialize and feel needed, exercise and learn better nutrition, and get healthy meals. The center has kept me healthy and let me continue to live independently.

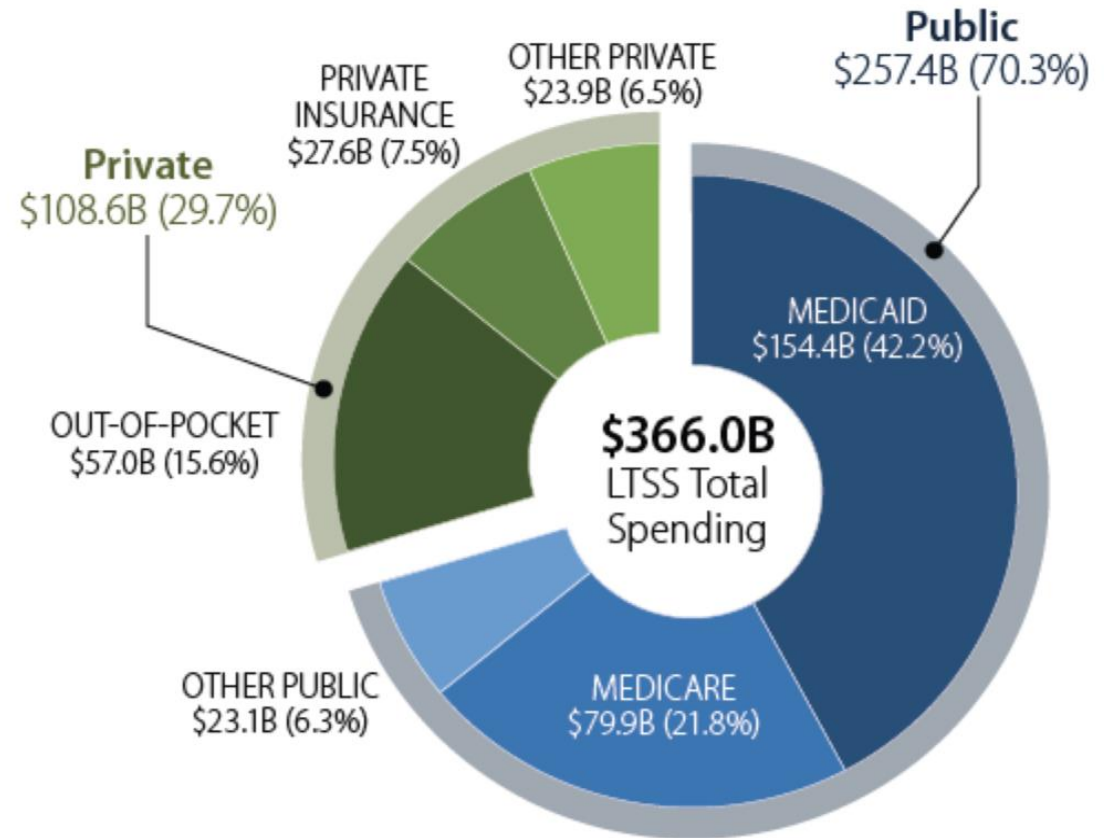- From Age On. Rage On. [Click here to go to the website.](website)

Older Californians' Need for LTSS

- The number of individuals age 65 and older across the nation is projected to double in the next 50 years, from over 45 million in 2015 to over 95 million in 2065.

- California's age 65 and older population stands at 4 million, which is projected to double to over 8 million by 2030.

- The projected life expectancy for all Americans has increased to 81.1 years for women and 76.1 years for men. For African Americans, it's 78.5 years for women and 71.9 years for men.

- Over 20 percent of older adults are living with five or more chronic conditions, and 26 percent of them also live with substantial functional limitations.

- With these changes in the older adult population, the demand for long-term services and supports (LTSS) is expected to increase in California and nationwide.

Who pays for LTSS?

Figure 1. Long-Term Services and Supports (LTSS) Spending, by Payer, 2016

(in billions)

Public $257.4B (70.3%)

OTHER PRIVATE $23.9B (6.5%)

PRIVATE INSURANCE $27.6B (7.5%)

Private $108.6B (29.7%)

OUT-OF-POCKET $57.0B (15.6%)

$366.0B LTSS Total Spending

MEDICAID $154.4B (42.2%)

OTHER PUBLIC $23.1B (6.3%)

MEDICARE $79.9B (21.8%)

Source: CRS analysis of National Health Expenditure Account data obtained from the Centers for Medicare & Medicaid Services, Office of the Actuary, prepared November 2017.

Periodic Table of California's Long-Term Care Programs and Services for Older Adults and Adults with Disabilities

Program or Service Name/Acronym/Abbr.
Primary Funding Source (if known)

Legend

Color	Department
Green	Department of Public Health
Light Blue	Department of Health Care Services
Purple	Department of Veterans Affairs
Red	Department of Developmental Services
Dark Blue	Department of Consumer Affairs
Gold	Department of Rehabilitation
Blue-gray	Department of Food and Agriculture
Tan/Olive	Department of Education
Brown	Employment Development Department
Yellow	Department of Motor Vehicles
Pale Blue	Health and Human Services Agency
Yellow	Department of Aging
Dark Green	Centers for Medicare & Medicaid Services
Dark Red/Maroon	Department of Child Support Services
Red	Department of Social Services
Orange	Dept. of Community Services & Development
Magenta	Department of Justice/Office of Atty. General
Bright Green	Department of Human Resources
Blue	Housing and Finance Agency
Teal	Department of Transportation/Caltrans

Table Elements

- AD program
- CAPP
- PHCA**
- WISE-WOMAN — CDC
- C4P — CDC
- AIDS waiver — CMS
- HHA Cert.
- NH-L&C
- CBAS L&C
- CBAS — CMS
- CRCs
- AIDS waiver — CMS
- HCBS-DD waiver — CMS
- ALW — CMS
- CCT — CMS
- CPLTC
- CLSB waiver — CMS
- IMPACT — DHCS
- IHO waiver — CMS
- DD-CNC waiver — CMS
- NF-AH waiver — CMS
- IHSS+ — CMS
- PACE — CMS
- SCAN — CMS
- State Plan Services — CMS
- MMC — CMS
- CCI — CMS
- PDDP
- GHPP
- Veteran Homes
- Home Loans
- Pension
- Claims
- A&A
- RCs
- HCBS-DD waiver — CMS
- DCs
- OPS
- FGSCP
- SCCRC
- CPIS
- SSS
- CSLB-Contractor Info
- CFB
- ILCs
- MEP
- TTW
- TBI
- AT
- SFMNP — USDA
- Spec. Services
- SAP
- BEP
- LEAP
- CACFP — USDA
- PFL
- CalJOBS
- EU
- AJCC
- SD
- SOP
- Senior Savers
- EDSTP — FTA
- NFT** — FTA
- LTD
- DCRA
- HCVP/AHP — HUD
- PRA — HUD
- MHSA HP — MHSA
- WAP — DOE
- PC&S
- BMFEA
- ECE
- EOLCP
- LIHEAP — ACF
- SSDI — SSA
- SSI/SSP — SSA
- CAPI — GF
- CVCB
- CCL/RF/CCRC
- APS
- Cal-Fresh — USDA
- KSSP
- IHSS — CMS
- BBP*
- FGP*
- Linkages*
- RPOS*
- SCP*
- CSS
- AAAs
- ADRCs
- ADCRCs*
- SCSEP — ACL
- SNAP-Ed
- Support. Services
- MIPPA — ACL/CMS
- NFT* — FTA
- Medicare
- Alz. CMC — CMS
- CDSME — ACL
- Nutr. — ACL
- Legal Asst. — ACL
- OAC
- ADRDAC — CMS
- CBAS — CMS
- MSSP — CMS
- DPHP — ACL
- FCSP — ACL
- HICAP — Fed. grant
- LTCOP — ACL
- EAPP — ACL

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*These programs no longer receive any General Fund support, but remain authorized in statute as part of the Older Californians Act. The local Area Agencies on Aging determine whether and to what extent to fund the programs.

**These programs no longer receive any General Fund support.

California Department of Health Care Services

Medi-Cal HCBS Programs and CalAIM

Medi-Cal Enrollment Fast Facts: June 2019

- Total Medi-Cal Enrollment: 12.8 million
  - Dual Eligible (Medicare and Medi-Cal) Certified Eligibles: 1.4 million
  - Medi-Cal-Only Seniors and People with Disabilities: 685,000

  [Click here to go to Medi-Cal Monthly Enrollment Fast Facts](#)

Key DHCS Programs for HCBS

- **Home and Community-Based Alternatives (HCBA) 1915(c) Waiver**

  Enrollment as of October 1, 2019: 3,863

  [Click here for more information about the Home & Community-Base Alternatives Waiver](#)

- **Assisted Living Waiver (ALW) 1915(c)**

  Enrollment as of October 1, 2019: 4,310

  [Click here for more information about the Assisted Living Waiver](#)

- **Program of All-Inclusive Care for the Elderly (PACE)**

  [Click here for more information about PACE](#)

Key DHCS Programs for HCBS (Cont'd)

- **Coordinated Care Initiative and Cal MediConnect**
  [Click here for more information about CalDuals](#)

- **Cal MediConnect Performance Dashboard (September 2019)**
  [Click here to access the Cal MediConnect Performance Dashboard](#)

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM has three primary goals:

1. Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;

2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and

3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Click here to learn more about CalAIM

CalAIM Transition to Statewide Managed Long-Term Services and Supports (MLTSS)

- Carved-in institutional long-term care in all Medi-Cal managed care plans (MCPs).

- Mandatory managed care enrollment for most Medi-Cal populations, including dual eligible beneficiaries.

- Discontinue Cal MediConnect and require MCPs to operate Dual Eligible Special Needs Plans (D-SNPs). D-SNPs are Medicare Advantage health care plans that provide specialized care and wrap-around services to dual eligibles.

- Require plans to submit local population health management plans, including: an updated initial risk assessment process that includes use or need for LTSS; referrals to LTSS, social services and MCP case manager; integrated wellness and prevention.

- Implement new statewide enhanced care management benefit.

- Implement in lieu of services (e.g., housing navigation/supporting services, recuperative care, respite, nursing facility transition/diversion, etc.).

- Implement incentive payments to drive plans and providers to invest in the necessary infrastructure, build appropriate enhanced care management and in lieu of services capacity statewide.

Other Medi-Cal Home- and Community-Based Services: Stakeholder Recommendations

- **Program for All Inclusive Care for the Elderly (PACE)**
  - Peter Hanse,l Cal PACE

- **Community Based Adult Services (CBAS – Adult Day Health Care)**
  - Lydia Missaelides, Alliance for Leadership & Education

- **Multipurpose Senior Services Program (MSSP)**
  - Denise Likar, Independence at Home

PACE at a Glance

- A fully integrated care program for adults 55> who qualify for NH level of care

- Provides all care and services covered by Medicare and Medi-Cal as well as other services needed to enable persons to live safely in community

- Interdisciplinary teams coordinate services across all settings – home, PACE center, in community

- Average age: 77   Percent dually eligible: 73%

- Current enrollment: 10,000

- Eligible statewide: 181,000

- Counties served by PACE: 14

- Percentage of eligibles who have access to PACE: 43%

Opportunities and Challenges for PACE

- **Opportunities:**
  - --Growing number of older adults with complex needs who can benefit from effective models of integrated care

  - --State/federal regulatory environment becoming more supportive of PACE

- **Challenges:**
  - Lack of awareness of PACE

  - Access barriers – geographic, enrollment

  - Accessibility for broader population – e.g., Medicare-only, private pay

Adult Day Services/Community-Based Adult Services at a Glance

Adult Day Services share a common goal to improve the health and well being of people with chronic conditions and disabilities, particularly those who face barriers to accessing needed health and social services care, through the person-centered support of the individual's interdisciplinary center team.

- 247 ADHC/CBAS centers licensed by California Dept of Public Health. CBAS is Medi-Cal certified by California Dept of Aging and contracted with Medi-Cal Managed Care providers, who approve eligibility and services.

- 238 Adult Day Support Programs licensed by California Department of Social Services serve older adults. Funded by private pay, AAA respite dollars, or regional centers. Some V.A. funding too.

- Population served: 66 percent are over 65 years old and most are Medi-Cal eligible or low to middle income with multiple chronic cognitive, physical and/or psychological conditions.

Opportunities & Challenges for Adult Day Services

Opportunities

- Lower cost alternative to other settings, especially for dementia care
- Increasing research interest; positive findings regarding health outcomes and social determinants of health
- Health Home & Whole Person Care
- More integration into Medicare and Medicaid managed care
- Value-based reimbursement

Challenges

- Lack of public awareness among potential users and referral sources
- Significant gaps in geographic locations, limiting access
- Workforce competition and increasing uncompensated labor and transportation costs
- Regulatory barriers to person-centered and efficient care, e.g., long wait times for admission
- Excessively long start-up processes for new centers

Multipurpose Senior Services Program (MSSP) at a Glance

Structure

- 1915(c) Home and Community-Based Waiver (Medicaid only)

- Complex health & social care management service

- Preventing or delaying institutionalization

- Serves seniors 65+ who have been certified for nursing facility placement

Service Delivery

- Nurse & Social Worker Care Team

- In-home assessment, quarterly visits, care planning and ongoing monthly support and monitoring

- Person-centered coordination of health, social and spiritual care

- Connects to and uses available community services & resources

Opportunities and Challenges for MSSP

Opportunities

- Program Expansion
  - Increase slots
  - Make statewide
  - More than just Medicaid
- Increased state awareness of benefits of specialty in-home care and service coordination
- Leverage 40+ years of in-home experience to enhance healthcare outcomes as a mandated service within the continuum of care

Challenges

- Waiver limitations/regulatory burden
- Technology
- Traditional healthcare system with limited view of care coordination – focus is telephonic, limited scope and varies in frequency

Other Home- & Community-Based Services

From California State Agencies

Presented by Irene Walela, California Department of Aging

Older Americans Act (OAA) Programs

- Title IIIB Supportive Services
    - Information and Assistance (I&A)
    - Legal Assistance
    - Transportation

- Title IIIC Nutrition Services Program
    - Congregate
    - Home-Delivered Meals

- Title IIID Disease Prevention & Health Promotion Program

- Title IIIE Family Caregiver Support Program

- Title V Senior Community Service Employment Program

- Abuse Prevention Program

- e VII Long-Term Care Ombudsman Program

Opportunities and Challenges for OAA programs

Challenges	Opportunities
• Older adults and caregivers may lack awareness of aging services	• Lead integrated outreach and information efforts by leveraging local and statewide partnerships
• Data is in silos locally and statewide	• Lead data collection and sharing to show outcomes through local and statewide collaboration
• Programs are under-resourced for the growing aging population	• Lead through innovation to reimagine resources and structures for delivering aging services

California Department of Developmental Services

- The California Department of Developmental Services (DDS) ensures that over 350,000 Californians who have developmental disabilities are given the opportunity to lead independent, productive lives in their community of choice across their life span through a network of 21 regional centers and state-operated facilities.

- **Regional centers:** provide a wide array of services for individuals with developmental disabilities. Each center provides diagnosis and assessment of eligibility and helps plan, access, coordinate and monitor services and supports such as residential services, day programs, and transportation to support needs related to the developmental disability.

California Department of Developmental Services

- Initiatives and Priorities Supporting Older Adults with Developmental Disabilities
- Developmental Services Task Force
- Community Resource Development Funds
- Home and Community-Based Services Final Rule
- Self-Determination Program

Department of Public Health

Alzheimer's Disease & Related Dementias (ADRD)Program

Goal: To relieve the human burden and economic cost associated with ADRDs through research, training and education, quality care, and support services.

California Colon Cancer Control Program (C4P)

Goal: To increase colorectal cancer screening rates for hard-to-reach low-income, uninsured or under-insured, asymptomatic men and women ages 50-75 years old.

AIDS Medi-Cal Waiver Program (MCWP)

Goals: Provide home and community-based services for patients who may otherwise require institutional services; assist participants with HIV home management; improve access to supportive services; coordinate service providers and eliminate duplication of services.

Licensing & Certification Programs

Goal: To assess the safety, effectiveness, and quality of health care through regulatory oversight of licensed healthcare facilities and professionals.

The L&C Program licenses and monitors several facilities related to the health of older adults, including the following:

- Home Health Aid Certification
- Community Based Adult Services
- Nursing Home Licensing & Certification

Department of Rehabilitation

- **Independent Living Center (ILC) Program:** Provides services including Advocacy, Independent Living Skills, Information & Referral, Transition & Diversion at 28 ILC centers across California to all people with disabilities

- **Assistive Technology (AT) Program:** Provides AT education, lending, advocacy, training and demonstration programs across California

- **Traumatic Brain Injury (TBI) Program:** Provides rehabilitative and community reintegration services to TBI survivors at 7 TBI sites across California

- **Older Individuals who are Blind (OIB) Program:** Provides services to older adults who are experiencing blindness to assist them with the skills to live independently and to people age 55 and older who are visually impaired

- **Mobility Evaluation Program (MEP):** Determines needed training, vehicles and/or vehicle adaptations to ensure safe and independent drivers

- **Business Enterprise Services (BEP):** Promotes independence and employment by providing classroom and operational training in food and vending services for qualified DOR consumers who are legally blind

- **Limited Examination and Appointment Program (LEAP):** Provides an alternate examination and appointment process for the recruitment and hiring of individuals with disabilities into State service.

Challenges and Opportunities for DOR programs

- DOR HCBS programs engage several different but related networks. How do we maximize collaboration between these networks?

- Assistive Technology is a need for both Aging and Disability communities. How do we streamline the systems that provide AT?

- TBI is an emerging issue increasingly understood to impact and intersect with many communities. How do we address this emerging area of need?

California Department of Social Services (CDSS)

- **Adult Protective Services** – helps seniors and adults with disabilities who are unable to meet their own needs, or are victims of abuse, neglect or exploitation.

- **SSI/SSP** – provides a monthly cash benefit to enable aged (at least 65 years old), blind and disabled recipients to meet basic living expenses for food, clothing, and shelter.

- **Cash Assistance Program for Immigrants (CAPI)** – provides monthly cash benefits to aged, blind, and disabled non-citizens who are ineligible for Supplemental Security Income/State Supplementary Payment (SSI/SSP) solely due to their immigration status.

- **California Veterans Cash Benefit Programs (CVCB)** – Provides cash assistance to World War II veterans who returned to the Republic of the Philippines,

- **Deaf Access Program (DAP)** – enables deaf and hard of hearing persons to access needed social and community services (e.g., communication services, advocacy, job development and placement, information and referral, counseling, independent living skills instruction, and community education).

- **Assistance Dog Special Allowance (ADSA)** –provides a monthly payment of $50 to eligible persons who use a guide, signal, or service dog to help pay for dog care.

CDSS: Challenges and Opportunities

- **Deaf Access**
  - Increasing language access to Deaf individuals who are accessing all other programs statewide
  - Increasing language access and workforce opportunities for Deaf and hard of hearing individuals who wish to join the workforce
  - Finding appropriate interpreters to communicate with Deaf children and Deaf immigrants
  - Better language access for Deaf individuals who need to access APS or CPS

- **APS**
  - Education around what it means to be a mandated reporter
  - Connecting APS clients to the full range of community resources
  - Housing and homelessness among APS clients
  - Case management and training for APS social workers statewide

Stakeholder Perspective

- Marty Omoto, California Disability-Senior Community Action Network

- Shireen McSpadden, San Francisco County Department of Aging and Adult Services

- Victoria Jump, Ventura County Area Agency on Aging

Paying for Long-Term Services and Supports

Little Support for Middle-Income Caregiving Families Squeezed by Costs

Kathleen Kelly MPA, Executive Director
Family Caregiver Alliance, San Francisco
December 2019

For use in planning and discussion of the California Master Plan for Aging

First: A Bit of Background

- 6 million persons over age 65 in California (14% of population)

- Of those, 1.2 million of the 65+ persons are enrolled in MediCal (representing 20% of 65+ population and 9% of the total MediCal population)

- Almost all policy discussions center on older adults who are eligible to receive services under MediCal HCBS waivers (IHSS, ADHCS, MSSP, ALW)

- Rarely do policy discussions focus on the need for services for middle-income individuals and their families – **80% of all 65+ persons**

  This conversation is about the 80% not included in these discussions

Long-Term Care: Who Will Need It, How Long & Cost

52%: Percentage of people turning age 65 who will need some type of long-term care services in their lifetimes.

47%: Estimated percentage of men 65 and older who will need long-term care during their lifetimes.

58%: Estimated percentage of women 65 and older who will need long-term care during their lifetimes.

2.5 years: Average number of years women will need long-term care.

1.5 years: Average number of years men will need long-term care.

14%: Percentage of people who will need long-term care for longer than five years.

$225 billion: Long-term care expenditures in the U.S., 2015.

57.5%: Percentage of individuals turning 65 between 2015 and 2019 who will spend less than $25,000 on LTC

15.2%: Percentage of individuals turning 65 between 2015 and 2019 who will spend more than $250,000 on LTC

$341,840: Estimated lifetime cost of care for someone with dementia.

Long-Term Care: Who Will Need It, How Long & Cost

- Using data from the recent descriptive analyses of the National Health and Aging Trends Study (data: 2015) entitled, *The Financial Hardship Faced by Older Americans Needing Long-Term Services and Supports*, The Commonwealth Fund (January 29, 2019) found: One-third of Medicare beneficiaries use assistive devices or report difficulty with one ADL (Activities of Daily Living).

- One-third of Medicare beneficiaries use LTSS for two or more ADLs.

- One-third of Medicare beneficiaries with functional or cognitive impairment have incomes of less than $24,000.

- One-fourth of all Medicare beneficiaries spend 20% or more of their income on out-of-pocket expenses and premiums.

- Those with high LTSS need have average out-of-pocket costs of $2,759 (does not include insurance premiums).

- 3.6% of those with high LTSS need reported annual spending of $9,168 on services.

- One in 10 older adults with high LTSS needs receives financial gifts – usually from family members.

Long-Term Care: Who Will Need It, How Long & Cost

- *Annual Private Pay Costs in California (Genworth 2019)*
- Homemaker Health Aide: $64,064 (44 hours/week @ 52 weeks)
- Adult Day Health Care: $20,020 (5 days/week @ 52 weeks)
- Assistive Living Facility: $54,000 (12 months; 1 bedroom)
- Nursing Home Care: $105,120 (semi-private room)

- In high cost SF Bay Area:
- Homemaker Health Aide: $75,504
- Adult Day Health Care: $20,800
- Assistive Living Facility: $57,000
- Nursing Home Care: $135,415

Long-Term Care: Who Will Need It, How Long & Cost

- Using data from the recent update of *Valuing the Invaluable: 2019 Update, Charting a Path Forward* (AARP Public Policy Institute, Nov 2019):

- **What families are contributing to long-term care costs:**
  $470 billion per year in unpaid family caregiving costs from 41 million caregivers of impaired adults

- **What are families paying out-of-pocket for care:**
  78% of family caregivers spent, on average, $7,000/year on out-of-pocket costs – using personal savings, reducing retirement saving contributions, or dipping into current retirement accounts

Take-Aways

- The majority of older adults (80%) are not covered by any insurance or public program to help pay for LTSS.

- As age increases, the need for assistance with ADLs and IADLs also increases, along with the need for LTSS.

- Failure to plan for the higher percentages of older Californians needing LTSS means more will individuals will defer care, medications, and basic necessities.

- Families will continue to struggle to provide and pay for care, risking their own physical and financial health.

Possible Policy Solutions

- Continue to track experience with Medicare Advantage Plans with payment for LTSS.

- Evaluate Washington and Hawaii's LTC insurance programs for possible replication in California.

- Evaluate the experience of service payment for LTSS of programs across the states that target middle-income family caregivers and older adults (Support at Home – SF county), California Caregiver Resource Centers, VAMC Family Caregiver Program).

- Expand the PACE model with sliding fee scale for middle-income older adults.

Review of Emerging LTSS Recommendations

- Sarah Steenhausen, The SCAN Foundation

Recommendation: Information and Assistance

- Develop a consumer-friendly, branded, standardized, web-based and digitalized statewide Consumer Assistance system that feeds into local systems.

- Develop statewide standards for local Consumer Assistance programs to ensure consistency in program practices and accuracy of local information and supports.

- Develop a statewide web-based platform that connects consumers with local Consumer Assistance programs, with a standardized assessment and protocol to enable access to a curated list of available local services and supports.

- Designate a 1-800 statewide phone number that connects to local level services and ensures access to services 24 hours day/7 days a week through a state-level call center.

Recommendation: LTSS Benefit

- **Recommendation:** Create a social insurance LTSS benefit in California.

- **Action Items:**
  - **Executive Branch/State Agencies:**
  - Facilitate CHIS data analysis and dissemination
  - **Legislative Branch:**
  - Create public-private partnerships to encourage development of LTSS services in underserved areas of the state in anticipation of expanded demand for services.
  - Pass legislation to create a new LTSS social insurance benefit along with an LTSS Trust Act.
  - Map demographics and existing LTSS services by county to help identify gaps in services. (See the CAADS CDA grant-funded LTC County Data book as an example.)
  - Create public private partnerships to encourage development of LTSS services in underserved areas of the state in anticipation of expanded demand for services.
  - **Local Communities:**
  - Ensure that the LTSS services that local residents need are available to purchase by the time the new trust is implemented.

Review of Goal 1 and Objectives

- **Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.**

  - Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.

  - Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

Public Comment

To submit written public comment, go to:
https://www.surveymonkey.com/r/MPAComment

Summary of Recommendations and Action Steps