RECO #	DESCRIPTION	Administrative Action	Budget	Legislative	Infrastructure	Aligns with Gov's Priorities	Notes
	OBJECTIVE #1 A SYSTEM THAT ALL CALIFORNIANS CAN EASILY NAVIGATE						
1A ii:	Fund and implement a web-based portal that would offer a public-facing, trusted source of information for people seeking accurate LTSS information anywhere in California. The platform should serve as a one-stop source of information including home and community-based services, residential and institutional care options.		X		X		Element of the No Wrong Door approach. Tool for LTSS providers, consumers, caregivers. Confer with research with Research Committee regarding technology partners and resources. 1.) Costs Fell by 11% When Payer Addressed Social Determinants of Health(https://healthitanalytics.com/news/costs-fell-by-11-when-payer-addressed-social-determinants-of-health); 2.) Expenditure Reductions Associated with a Social Service Referral Program (https://www.liebertpub.com/doi/10.1089/pop.2017.0199) A retrospective claims study of Gateway Health's Medicaid managed care data demonstrated an average spending reduction of $2,443 in second-year medical expenditures for individuals who received coordinated referral services to address social needs.

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1Aiv	Develop and provide adequate resources to implement statewide quality standards for information and assistance services that are linguistically and culturally responsive to ensure consistency and accuracy. Evaluate local information networks such as Area Agencies on Aging, Independent Living Centers, and 211s for compliance and consistency statewide.	X					Expenditure Reductions Associated with a Social Service Referral Program (https://www.liebertpub.com/doi/10.1089/pop.2017.0199) A retrospective claims study of Gateway Health's Medicaid managed care data demonstrated an average spending reduction of $2,443 in second-year medical expenditures for individuals who received coordinated referral services to address social needs. "Innovation and Opportunities to Address Social Determinants of Health in Medicaid Managed Care (https://www.medicaidinnovation.org/_images/content/2019-IMI-Social_Determinants_of_Health_in_Medicaid-Report.pdf) Establish an evidence-based, nationally standardized screening tool and quality metrics. Although Medicaid MCOs are well positioned to screen for social needs among their members, there may be an opportunity to standardize the tools that are used for data collection, the identification of appropriate frequency for screening, and quality metrics that measure impact over time."

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1B i:	Work with stakeholders to identify the common standard questions that are linguistically and culturally appropriate, and a set of data-informed public domain screening tools to identify functional, health, cognitive and social support needs and risk factors, while documenting the individual's goals and preferences. As appropriate, these questions should identify who is serving in the role of caregiver to determine if additional supports are needed.	X	X				Innovation and Opportunities to Address Social Determinants of Health in Medicaid Managed Care (https://www.medicaidinnovation.org/_images/content/2019-IMI-Social_Determinants_of_Health_in_Medicaid-Report.pdf) Establish an evidence-based, nationally standardized screening tool and quality metrics. Although Medicaid MCOs are well positioned to screen for social needs among their members, there may be an opportunity to standardize the tools that are used for data collection, the identification of appropriate frequency for screening, and quality metrics that measure impact over time. Tools vary in the domains assessed and in the methodologies for collection and reporting. Policymakers may choose to standardize elements for screening and reporting to provide information about unmet need that may be leveraged across systems, regions, or states.

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1C ii:	Provide ongoing infrastructure funding to incentivize ADRC development and implementation statewide.	X	X		X		In conjuction with 1C iii, this can be used to support emerging ADRCs to build infrastructure,
1C iii:	Provide California Department of Aging (CDA) with resources to support the ADRC initiative (e.g., training; technical assistance; policy and program guidance; monitoring and evaluation) to ensure consistency and quality of services statewide.	X	X		X		Complimentary to ADRC reco
1D i:	Outline a five-year Medi-Cal/Medicare integration plan that commits the State to the highest level of integration possible.	X				CalAIM	The current draft plan is an outline. Detailed plan development should be assigned to the new Medi-Cal/Medicare office within DHCS, below. "Addressing the social determinants of health: Capturing improved health outcomes and ROI for state Medicaid programs (https://www.mckinsey.com/~/media/McKinsey/Industries/Healthcare%20Systems%20and%20Services/Our%20Insights/Addressing%20the%20social%20determinants%20of%20health/Addressing-the-social-determinants-of-health.ashx) Take advantage of federal funds to support social-service providers: Several sources of federal funding are available to support social service partnerships and offset the up-front costs of SDoH investments.

RECO #	DESCRIPTION	Administrative Action	Budget	Legislative	Infrastructure	Aligns with Gov's Priorities	Notes
1F i:	Establish an office in the Department of Health Care Services to design and implement innovative strategies that are linguistically and culturally responsive to serve individuals and families from diverse backgrounds and experiences who are eligible for Medi-Cal/Medicare with a goal of improving how services are delivered at the local level across the health and LTSS systems. The office would explore new models in partnership with state and federal partners, while also overseeing implementation of related elements of Medi-Cal CalAIM initiative.	X			X	CalAIM	This office would serve as a focal point for innovation and planning, plus coordination within department, across populations and delivery systems. While DHCS is a single state agency for Medicaid, service delivery is spread across other departments (CDA; regional centers; DOR, and others)
1Ii	Improve care coordination between the IHSS program and other LTSS and health providers including formal authorization for secure information sharing with managed care providers of health and LTSS services.	X		X			
	OBJECTIVE #2 ACCESS TO LTSS IN EVERY COMMUNITY						
2A i.a:	Establish a California Community Living Fund as a "bridge" program that expedites the provision of goods or services – including rent – not available through other means to individuals either transitioning to the community or at-risk of institutionalization.	X	X	X		Housing and Homelessness prevention	Similar to San Francisco Community Living Fund that supports community living. Another consideration is how to leverage the California Access to Housing Fund to include this population. https://www.sfhsa.org/services/care-support/community-living-fund.
2A i.d:	Authorize the California Community Transitions (CCT) program permanently. Streamline and improve its operation to more effectively provide transition services.		X	X	X		CCT has shown results and should be retained, even as managed care is asked to take on more financial risk for nursing facilities. CCT should continue to serve as a community-based partner. SB 214 (Dodd) would make the CCT permanent.

RECO #	DESCRIPTION	Administrative Action	Budget	Legislative	Infrastructure	Aligns with Gov's Priorities	Notes
2B i:	Adopt the following minimum core of services to serve as a local blueprint for LTSS infrastructure (alphabetical order): Adult Day Services (Adult Day Health Care and Adult Day Programs) Aging & Disability Resource Centers (ADRCs) Caregiver Resource Centers (CRCs) Case management for all income levels Independent Living Services Information and Assistance In-home care Nutrition services Older Americans Act Programs Older Californians Act Programs Program for All Inclusive Care for the Elderly (PACE) Residential housing options, including licensed facilities Transportation and mobility services			X			See Report: "Restructuring Long Term Care in Humboldt County" 'https://ccrp.humboldt.edu/sites/default/files/ncltss-final-report-june-2012-1.pdf
2B iv.a:	Fund expansion of services provided by California's Caregiver Resource Centers (CRCs), including administering high-quality caregiver assessments by trained professionals, providing information and referral services using up-to-date resource lists, providing evidence-based/data-informed education and training programs, raising caregiver awareness, and supporting innovative programs, including digital and online programs, to meet the evolving needs of family caregivers.		X				CRCs have not recovered from the recession-era cuts
2B iv.b:	Invest in and enhance the state's contribution to the federal Title IIIE Family Caregiver Support program.		X				This is not means-tested so helps a broader segment of caregivers.

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2B iv.c:	Modernize the Multipurpose Senior Services Program (MSSP) by increasing total "slots," expanding to all counties, and changing eligibility to lower the eligibility age from 65 to 60.	X	X		X		Anticipating the carve-out of MSSP from Medi-Cal managed care in 2021, this service needs to expand to the 13 counties where there is no MSSP.
2B iv.d:	Use one-time state grants to spur development of non-profits interested in starting Adult Day Health Care (ADHC), Adult Day Programs and centers of Alzheimer's disease excellence to support the person experiencing Alzheimer's disease or related dementia and their caregivers. Concurrently, amend Health and Safety Code 1579 to provide for more flexibility in how ADHC is delivered in rural communities (33 counties are currently without adult day services) and reimbursed under Medi-Cal Managed Care.		X			Alzheimer's/ Other Dementias	Existing grant authority (Health and Safety Code 1579) makes this ready to implement with some staff resources at CDA. Could be iexpanded to spur start-up of Adult Day Programs for Alzheimer's services, which benefits the middle class at an affordable price.
2B iv. i:	Expand the Assisted Living Waiver program to all counties in the State and increase the number of allowable slots to include those on the community waiting list and those in nursing homes who could benefit from a transition (approximately 18,500 total slots).	X	X			Housing and Homelessness prevention	AB 50 (Kalra) would expand the ALW to 18,500 slots and make it a statewide program. I'm not sure the bill is still live since it was introduced last year.
2C i:	Analyze wait lists for and evaluate barriers to statewide access to the Home and Community Based Alternatives Waiver, the Assisted Living Waiver and the MSSP waivers.	X				Housing and Homelessness prevention	DHCS has done this analysis previously
2D ii:	Substantially increase asset limits for Aged and Disabled Medi-Cal and eliminate asset tests for the Medicare Savings programs to ensure low-income individuals do not have to live in abject poverty to receive benefits.		X	X			This a bill (AB 683) and a budget ask this year so all the work has been done. It has a pretty big budget number at this time because it will likely add thousands of people to Medi-Cal. It captures the bottom rung of the forgotten middle.

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2D v:	Make the spousal impoverishment expansion permanent to ensure married individuals can remain living at home.			X			Still mandated by federal law, but the law expires on May 22, 2020, if not extended. In the event the feds do not extend, important for CA to protect this policy for spouses to continue to live in the community.
2E i:	Develop a statewide, coordinated emergency preparedness marketing and education campaign for older adults and people with disabilities.	X	X			Emergency Preparedness	Important to prepare for fire season and disasters. Much excellent material exists but a targeted public education campaign is needed to reach all who need this information.
2E v:	Establish an emergency back-up system of IHSS providers administered by Public Authorities for when a caregiver is unavailable for IHSS consumers.	X	X			Emergency Preparedness	Important to prepare for fire season and disasters.
2E vi:	Create a billing/payment category for emergency services that can be used to compensate IHSS providers for additional hours worked during emergencies or natural disasters.		X	X		Emergency Preparedness	Important to prepare for fire season and disasters.
2E ix:	Allow background checks from other entities to suffice for allowing a home care provider to provide care in an emergency shelter.			X		Emergency Preparedness	Relates to emergency preparedness

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2E x:	Expedite enrollment into Community Based Adult Services program on emergency basis; waive certain staffing and program requirements to be able to meet immediate shelter, food and health and safety needs of community members; allow for reimbursement during days of operation when requirements are waived.			X		Emergency Preparedness	Relates to emergency/disaster preparedness and community responsiveness to take care of people urgently and relieve pressure on hospitals.
2G ii:	Fully fund the Long-Term Care Ombudsman program at the California Department of Aging to ensure that there are enough paid and volunteer ombudsmen to fulfill the responsibilities mandated by state and federal requirements.		X		X		Relates to quality
2G iii:	Ensure public disclosure of key data elements related to facility ownership, operations and cost reporting to enable consumers to make informed care decisions.			X			Underway, but incomplete
2J i:	Restore, permanently, the 7% cut to IHSS hours by rescinding the authorizing statutes.			X		Housing and Homelessness prevention	Restoration only through 2023 promotes uncertainty
2K i:	Improve language access by expanding the threshold languages.	X		X		Equity	
2K iv:	Include “reading services” and “sign language interpretation” to the list of allowable IHSS tasks.	X		X		Equity	Fundamental person-centered communication
2M i:	Reduce barriers to IHSS eligibility and retention for those experiencing homelessness and housing stability	X	X			Housing and Homelessness prevention	Relates to Governor's homeless agenda

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	OBJECTIVE #3 AFFORDABLE LTSS CHOICES						
3A i:	Encourage the California Health and Human Services Agency to partner with the State Treasurer as well as public and private stakeholders including, but not limited to, the Department of Insurance, advocates, the insurance industry, labor unions, and academics to advance a statewide public LTSS benefit to help the "forgotten middle" avoid spending down to poverty when LTSS becomes a need.				X	Stablilizes IHSS	Next step is for CA to take the results of the actuarial study and solicit input from community stakeholders to aid in benefit design including focus groups or listening sessions in rural communities, and among underserved communities. SB 512 would establish the CA LTSS Benefits Board.
3B iv:	Initiate a top-to-bottom review of regulatory barriers to accessing HCBS. This review would include, but not be limited to, how quickly people can access a needed service, what existing regulatory flexibility exists or is needed to encourage innovation in how services are delivered at the local level, especially in rural communities, and barriers to expansion of services at the local level.	X					Relates to Olmstead decision and community access to LTSS

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	OBJECTIVE #4 HIGHLY VALUED, HIGH-QUALITY WORKFORCE						
4A i:	Establish a Direct Caregiver Workforce Development Task Force ("Task Force"), to be convened by the Labor & Workforce Development Agency. The Task Force will conduct research, assess public and private caregiver training and workforce development programs, expand apprenticeship programs, explore public-private partnerships and policy incentives for high-road employers, produce a blueprint for creating sustainable jobs, and implement demonstration projects to reach the goal of improving wages, working conditions, training, retention and care.	X					Labor Secretary Su has confirmed her commitment to convening the Direct Caregiver Workforce Development Task Force. Elevating this as a priority would help ensure that it is highlighted in the Future of Work Commission's recommendations, due May 1.
4E i:	Explore certification and career ladder programs to promote dementia specialization.	X				Alzheimer's/ Other Dementias	
4I i a:	Expand job protections for all caregivers, regardless of whether the individual is taking bonding leave or leave to care for a seriously ill adult.	X		X			May overlap with Governor's effort discussed in the State of the State. There is a bill--AB 196 (Gonzalez), but someone should review to ensure it is actually making the change in the PFL law that we want made.
4B ii:	Expand eligibility for Unemployment Insurance Benefits (UIB) to IHSS providers who are the spouse or parent of their client. Parent and spouse providers are the only IHSS providers currently carved out of this protection.		X	X			

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	OBJECTIVE #5 STREAMLINED STATE AND LOCAL ADMINISTRATIVE STRUCTURES						
5A i:	Put in place a dedicated cross-department unit in California focused on health and LTSS led by a deputy secretary at the Health and Human Services Agency. Working with the 22 departments, this unit will examine options to align policies and administration of LTSS; coordinate efforts to support seamless access to LTSS, including IHSS; improve how to better integrate LTSS for California's Medi-Cal/Medicare enrollees; and promote innovation in LTSS service delivery, including technology.	X					May overlap with Governor's effort discussed in the State of the State.