Disability & Aging Community Living Advisory Committee (DACLAC)

February 12, 2026 | 10:00 a.m. – 1:00 p.m.

Welcome

Carroll De Andreis

Manager, Master Plan for Aging (MPA) Stakeholder Engagement

California Department of Aging (CDA)

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

- If the (cc) icon does not appear on your toolbar, select "More", then select "Captions" and begin at Step 1 above.
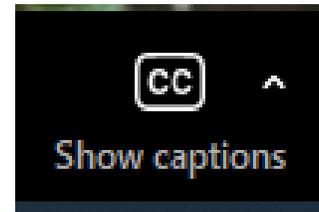
Meeting Logistics

- Meeting slides and recording will be posted to the CalHHS MPA – DACLAC Meeting webpage.

- Committee Members: Update your name display in Zoom by right clicking the upper right corner of your video and selecting "rename."

- Please turn on your camera while the meeting is in session.

Virtual Meeting Operations

- The chat function is enabled for Committee Members, California Department of Aging (CDA) and state staff, and invited guests to share meeting-related resources and information.

- The public will be able to view content share 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. Please hold comments until that time.

- Additional public comments and questions can be directed to Engage@aging.ca.gov.

Public Comment

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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 commentors will have 2 minutes.

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

Committee Purpose

The purpose of the Disability and Aging Community Living Advisory Committee (DACLAC) is to advance community living, inclusion, and integration across California.

DACLAC will ensure the involvement of individuals with physical and intellectual disabilities, older adults, and/or other partners who provide services or represent consumers.

DACLAC will advise the California Health & Human Services (CalHHS) Agency, in addition to other state entities, on community living policies and programs, including but not limited to long-term services and supports, transportation and housing, and employment opportunities.

DACLAC Members

Stakeholder Co-Chairs

Sheri Burns, *Silicon Valley Independent Living Center*

Hagar Dickman, *Justice in Aging*

State Co-Chairs

Susan DeMarois, *California Department of Aging*

Kim Rutledge, *California Department of Rehabilitation*

Stakeholder Committee Membership

Mareva Brown, *Office of the Senate Pro Tempore*

Sabrina Epstein, *Disability Rights California*

DACLAC Members
(cont.)

Elizabeth Fuller, *Assembly Committee on Aging and Long-Term Care*

Barbara Hanna, *California Association for Health Services at Home*

Corinne Jones, *Senior Network Services*

Kathy Kelly, *Family Caregiver Alliance*

Kawon "Kay" Lee, *California Association for Adult Day Services*

Kim Mills, *A Better Life Together, Inc.*

Carolyn Nava, *Disability Action Center*

Jeannee Parker-Martin, *LeadingAge of California*

DACLAC Members
(cont.)

Joe Perales, *The Arc of California*

Andrea Robert, *Consumer Advocate*

Gabriel Rogin, *North Bay Regional Center*

Michelle Rousey, *Consumer Advocate*

Jeff Thom, *California Council of the Blind*

Debbie Toth, *Choice in Aging*

Nina Weiler-Harwell, *AARP California*

Janie Whiteford, *CA In-Home Supportive Services Consumer Alliance*

Sylvia Yeh, *Friends of Children with Special Needs*

Meeting Agenda

10:00 a.m.	Welcome & Meeting Operations
10:05 a.m.	Opening Remarks
10:15 a.m.	Aging and Disability Lived Experience Advisory Board Update
10:25 a.m.	Introduction to Subcommittee Discussion: 2026 Priorities
10:30 a.m.	Housing Subcommittee
11:00 a.m.	Home and Community-Based Services Subcommittee
11:35 a.m.	BREAK

Meeting Agenda

11:50 a.m.	Transportation Subcommittee
12:15 p.m.	Public Comment
12:25 p.m.	Key Priorities for the CalHHS Secretary Memo
12:40 p.m.	Master Plan for Aging: Mid-Point Evaluation
12:55 p.m.	Closing Comments
1:00 p.m.	Adjourn

Opening Remarks

Susan DeMarois

DACLAC State Co-Chair
Director, California Department of Aging (CDA)

Kim Rutledge

DACLAC State Co-Chair
Director, Department of Rehabilitation (DOR)

New DACLAC Members

Diane Alford, *Rolling Start, Inc.*

Jennifer Alley, *MSSP Site Association*

Joe Arsenith, *Placer County Public Health Division*

Luke Barnesmoore, *Front Porch Communities & Services*

Tanya Bautista, *CA Association for Health Services at Home*

Lewis Brown, Jr., *Corporation for Supportive Housing*

Contessa Bunn, *Sacramento County Senior and Adult Services*

Olivia Burns, *The SCAN Foundation*

Raymon Cancino, *Community Bridges*

Lauren Carden, *Justice in Aging*

John Casimiro Perales, *Pilipino Workers Center*

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New DACLAC Members (cont.)

Min Chang, *Homebridge*

Le Ondra Clark Harvey, *California Behavioral Health Association*

Warren Cushman, *Community Resources for Independent Living*

Rosalind DeLisser, *University of California San Francisco, Institute for Health and Aging & the Center to Advance Trauma Informed Care*

Selina Escobar-Ortega, *Zocalo Health*

Joanna Glum, *Self Advocate*

Kate Hoepke, *Village Movement California*

Michelle Matter, *SDSU Center for Excellence in Aging & Longevity*

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New DACLAC Members (cont.)

Michael McFadden, *Los Angeles LGBT Center*

Susannah Meyer, *Empowered Aging*

Tracy Murray, *County of Contra Costa Aging & Adult Services*

Gretchen Nye, *Chapman Consulting*

Meghan Rose, *LeadingAge California*

Serom Sanftner, *East Bay Innovations*

Silvia Yee, *Disability Rights Education and Defense Fund*

Leticia Zuno, *Access to Independence of San Diego, Inc.*

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

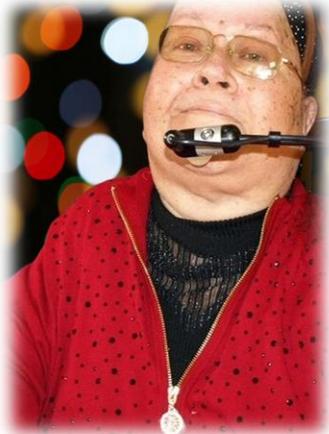## Sarah Steenhausen

Deputy Director
Division of Policy, Research, and Engagement (DPRE), CDA

David "Jax" Kelly

President, Aging and HIV Institute
Equity Advisory Committee on Aging and Disability (EACAD) member

Meet the Board Members

Introduction to Subcommittee Discussion: 2026 Priorities

Sheri Burns
DACLAC Stakeholder Co-Chair
Silicon Valley Independent Living Center

Hagar Dickman
DACLAC Stakeholder Co-Chair
Justice in Aging

DACLAC Subcommittee Priorities

Housing

- Supporting Homelessness Prevention Programs
- Supporting Tenant Rights and Protections
- Supporting Affordable Housing Funding and Preservation

Home and Community-Based Services (HCBS)

- Advocate for maintained and improved HCBS access in CalAIM renewal
- Advocate for improved HCBS access in California budget
- Draft recommendations for future waiver renewals that improve access

Transportation

- Ease transportation benefits eligibility with Cal-Integrated Travel Project initiatives
- Complete the funding assessment for accessible transportation [Senate Bill 1121 and Senate Bill 125 task force]
- Support partners' legislation for improving accessible transportation
- Improve accessibility on public streets via universal design
- Engage on Caltrans ADA policy and implementation

Housing Subcommittee

Disability and Aging Community Living Advisory Committee

Housing Subcommittee: Key Priorities Discussion

Lauren Carden

Housing Subcommittee Co-Chair, Justice in Aging

Corinne Jones

Housing Subcommittee Co-Chair, Senior Network Services

Glenn Tsang

Policy Advisor for Housing and Homelessness

Department of Health Care Services (DHCS)

Housing Subcommittee Priorities

- Supporting Homelessness Prevention Programs
- Supporting Tenant Rights and Protections
- Supporting Affordable Housing Funding and Preservation

Housing for Health

February 12, 2026

Agenda

» Homelessness in California

» DHCS efforts to addressing housing as a health issue

» Introducing Transitional Rent

Homelessness in California

California accounts for more than a quarter of all homeless people in the U.S., with more than 180,000 Californians facing homelessness each night.[1]
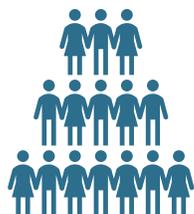
Who is Experiencing Homelessness in California (2023)[1]

38% of all people experiencing homelessness are chronically homelessness

66% are unsheltered homeless

37% identify as Latino/x

Higher proportions of people identifying as Black or Native American are homeless compared to the overall California population

Homelessness is a Health Care Issue[2]

35% are individuals experiencing chronic substance use

66% are individuals experiencing untreated mental health conditions, including serious depression, anxiety, memory problems, and hallucinations

60% have at least one chronic condition, like hypertension, asthma or COPD

Experience more **frequent and longer hospital stays**

1. Data from U.S. HUD 2024 Point-in-Time Estimates.
2. Data from UCSF - California Statewide Study of People Experiencing Homelessness Report (June 2023).

Housing Efforts as Part of DHCS' Medi-Cal Transformation

California is transforming Medi-Cal to improve health care quality, access, and outcomes for Medi-Cal Members.

» In 2022, California Advancing and Innovating Medi-Cal (CalAIM) introduced:

- The **Enhanced Care Management (ECM) benefit**, for the highest-risk, highest-need Members; and

- A menu of **14 Community Supports**, which are services that help improve the health and well-being of Medi-Cal managed care plan (MCP) Members by addressing their health-related social needs, supporting healthier lives, and avoiding higher, costlier levels of care.

» **Transitional Rent is the newest Community Support and will go live across California in 2026**. Transitional Rent was authorized under the BH-CONNECT* Section 1115 demonstration waiver. With this launch, California joins a number of other states in offering up to 6 months of rental assistance through Medicaid.

*BH-CONNECT = Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment
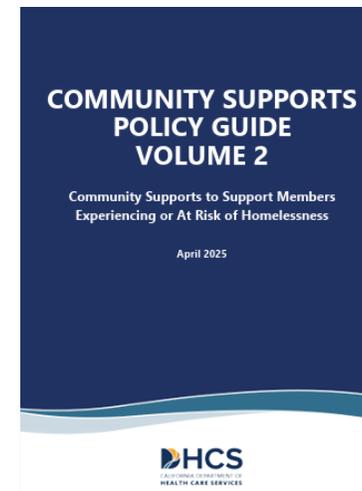
Introducing the Updated Community Supports Policy Guide

DHCS has released an updated Community Supports Policy Guide— reorganized into two separate volumes available on the [Community Supports webpage](#).

These updates:

» Include the newest 15ᵗʰ Community Support, Transitional Rent.

» Are in response to stakeholder feedback from the initial years of program implementation, in alignment with DHCS' [ECM and Community Supports Action Plan](#).

COMMUNITY SUPPORTS POLICY GUIDE VOLUME 1
Updated April 2025
DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
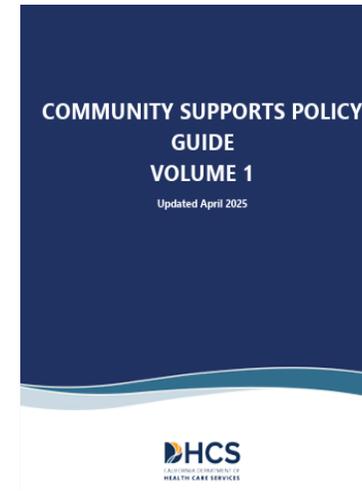
UPDATED [Community Supports Policy Guide Volume 1](#) contains the service definitions for eight of the Community Supports that address Members' health-related social needs.

COMMUNITY SUPPORTS POLICY GUIDE VOLUME 2
Community Supports to Support Members Experiencing or At Risk of Homelessness
April 2025
DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

NEW [Community Supports Policy Guide Volume 2](#) contains Transitional Rent and other Community Supports for Members experiencing or at risk of homelessness.

DHCS' Menu of Community Supports Services

The updated Community Supports Policy Guide organizes the services into two volumes.

Volume 1	Volume 2 ⭐
1. Respite Services	**9. Housing Transition Navigation Services**
2. Assisted Living Facility Transitions*	**10. Housing Deposits**
3. Community or Home Transition Services*	**11. Housing Tenancy and Sustaining Services**
4. Personal Care and Homemaker Services	**12. Day Habilitation Programs**
5. Environmental Accessibility Adaptations (Home Modifications)	**13. Recuperative Care (Medical Respite)**
6. Medically Tailored Meals/Medically Supportive Food	**14. Short-Term Post-Hospitalization Housing**
7. Sobering Centers	**15. *New* Transitional Rent**
8. Asthma Remediation	

Names of these Community Supports have been updated

⭐ **Housing-Related Community Supports**

Introducing Transitional Rent

The Newest Community Supports Service: Transitional Rent

Under Transitional Rent, MCPs will cover up to six months of rental assistance for Members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria *(see next slide)*.

The policies governing Transitional Rent are driven by three key objectives:

1) **Ensure a connection to long-term housing supports**, such as rental subsidies, for Members receiving Transitional Rent to provide a pathway to housing stability and prevent a return to homelessness.

2) Use the temporary housing stability afforded by Transitional Rent as an opportunity to **help Members connect to needed health care services**.

3) Minimize administrative barriers (without compromising program integrity), so that Members experiencing or at risk of homelessness can readily access Transitional Rent.

Transitional Rent Eligibility Criteria

Eligible high-need Members enrolled in a MCP may be eligible for up to six months of Transitional Rent if they meet the following criteria:

1 — MEET CLINICAL RISK FACTORS

- Meet the access criteria for Medi-Cal SMHS[1], *or*
- Meet the access criteria for DMC[2] or DMC-ODS[3] services, *or*
- One or more serious chronic physical health conditions, *or*
- One or more physical, intellectual, or developmental disabilities; *or*
- Individuals who are pregnant up through 12-months postpartum

+

2 — EXPERIENCING OR AT RISK OF HOMELESSNESS

- As defined by US Department of Housing and Urban Development (HUD) with certain modifications

+

3 — PART OF SPECIFIED "TRANSITIONING POPULATIONS" *or* UNSHELTERED HOMELESS *or* FSP ELIGIBLE

- Transitioning out of an institutional or congregate residential setting, *or*
- Transitioning out of a carceral setting, *or*
- Transitioning out of interim housing, *or*
- Transitioning out of recuperative care or short-term post-hospitalization housing, *or*
- Transitioning out of foster care, *or*
- Experiencing unsheltered homelessness, *or*
- Eligible for FSP[4]

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1. SMHS: Specialty Mental Health Services
2. DMC: Drug Medi-Cal
3. DMC-ODS: Drug Medi-Cal Organized Delivery System
4. FSP: Full Service Partnership

Transitional Rent Populations of Focus (POFs)

Under both start dates, MCPs have the option to go live with additional POFs under Transitional Rent, beyond the required BH POF for the January 1, 2026 launch.

POF 1 **Behavioral Health POF** *(mandatory starting 1/1/2026)*

POF 2 Pregnant and postpartum POF

POF 3 Transitioning out of an institutional or congregate residential setting

POF 4 Transitioning out of a carceral setting

POF 5 Transitioning out of an interim housing

POF 6 Transitioning out of recuperative care or short-term post-hospitalization housing

POF 7 Transitioning out of foster care

POF 8 Experiencing unsheltered homelessness

Individuals who qualify for the BH POF (POF 1) must meet the access criteria for SMHS, DMC, or DMC-ODS, be experiencing or at risk of homelessness and be within a specified transitioning population OR unsheltered OR FSP-eligible.

Individuals who qualify for Pregnant and Postpartum POF (POF 2) must also be experiencing or at risk of homelessness and be within a specified transitioning population OR unsheltered OR FSP-eligible.

Individuals who qualify for POFs 3 – 8 must also be experiencing or at risk of homelessness and meet one of the clinical risk factors.

Implementation Timeline

Key Dates	Timeline
July 1, 2025	**Optional go-live for MCPs on July 1, 2025** MCPs going live 7/1/25 can choose to go live for: • The Behavioral Health Population of Focus that must go live January 1, 2026, **and/or** • Additional populations within Transitional Rent-eligible populations*
January 1, 2026	**Phase 1: Mandatory launch for all MCPs to cover Transitional Rent for Behavioral Health Population of Focus (POF)** • MCPs may also choose to cover additional populations within the overall Transitional Rent-eligible populations*
July 1, 2026	*BHSA go-live*
January 1, 2027	**Future phase-in of additional POFs – Phase in timeline TBD**

> **Individuals who qualify for the Behavioral Health POF** must meet the access criteria for SMHS, DMC, or DMC-ODS, be experiencing or at risk of homelessness and be within a specified transitioning population OR unsheltered OR FSP-eligible.

*If choosing this option, MCPs must continue covering this population through the remainder of the BH-CONNECT demonstration (12/31/2029). For the menu of additional POFs, please see slide 43 of the Appendix.

How Transitional Rent and BHSA Housing Interventions Fit Together

MCPs and county behavioral health agencies must establish stronger partnerships, coordination, and communication to serve Members with significant behavioral health needs.

A central reform of the BHSA is the **requirement that county behavioral health agencies spend 30% of their BHSA funds on Housing Interventions** for individuals with significant behavioral health needs who are experiencing or at risk of homelessness.

Importantly, BHSA "funds shall not be used for housing interventions covered by a Medi-Cal managed care plan".[1] This means that **Members will not be permitted to receive rental assistance under the BHSA so long as Transitional Rent is available to the Member**.

Ultimately, DHCS expects Members who receive Transitional Rent from their MCP will **seamlessly continue to receive coverage** of rental assistance and other housing interventions (as applicable) **through BHSA, following the conclusion of Transitional Rent**.

1. California Welfare & Institutions (W&I) Code section 5830(c)(2)

Questions

Appendix

Allowable Settings

Transitional Rent includes both interim and permanent settings; MCPs must place Members in permanent and interim settings and may not exclude coverage of any specific setting type.
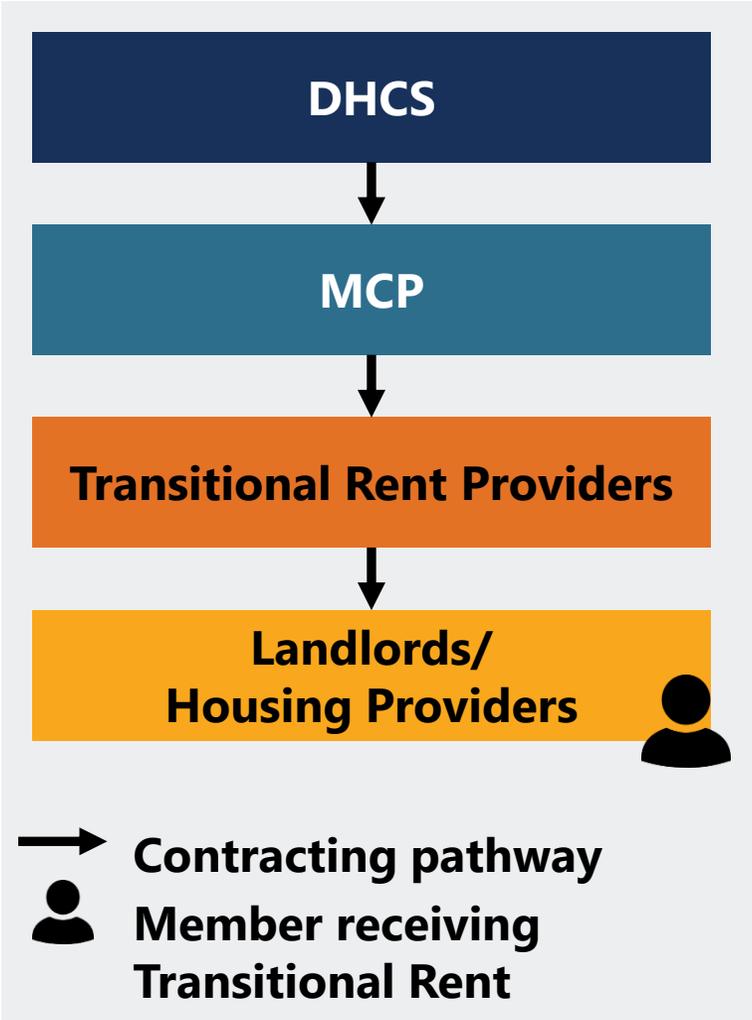
Permanent Settings	Interim Settings

• Single-family and multi-family homes
• Apartments
• Housing in mobile home communities
• Accessory dwelling units (ADUs)
• Shared housing
• Project-based or scattered site supportive housing
• Single room occupancy (SRO) units*
• Tiny homes*
• Recovery housing*
• License-exempt room and board*
	• SRO units*
	• Tiny homes*
	• Hotels/motels when serving as the Member's primary residence
	• Interim settings with a small # of individuals per room
	• Transitional and recovery housing* with no lease agreement including:
	   - Bridge, site-based, population-specific, and community living programs that may or may not offer supportive services and programming
	   - License-exempt room and board*
	   - Peer respite

* Indicates that a setting can be permanent or interim. Permanent settings are those with a renewable lease agreement with a term of at least one month.

How Transitional Rent Will Be Delivered

DHCS

↓

MCP

↓

Transitional Rent Providers

↓

**Landlords/
Housing Providers**

→ Contracting pathway

👤 Member receiving
Transitional Rent

MCPs are required to contract with a network of Transitional Rent Providers that will issue payments for housing for Members receiving Transitional Rent or will directly provide housing for Members receiving Transitional Rent.

Transitional Rent Providers

The Transitional Rent Provider will:

- ✓ Identify an appropriate setting/unit.

- ✓ Ensure the housing unit is habitable.

- ✓ Help the Member to review, understand, and execute the lease agreement, and ensuring the lease agreement is compliant and legal.

- ✓ Structure rent payment agreement with landlord or property owner.

- ✓ Issue timely payments to the landlord or other housing provider.

- ✓ Coordinate with the supportive services providers.

Allowable Providers

- County agencies, including county behavioral health agencies
- Flex Pools
- Affordable housing providers
- Supportive housing providers
- CoC-affiliated entities
- Social services agencies
- Public Housing Authorities
- Other providers of services for individuals experiencing homelessness

Upcoming Housing-Related Services

DHCS will soon broaden its housing-related services and supports, both within Medi-Cal, through Transitional Rent, and beyond Medi-Cal, with the implementation of BH Transformation.

Transitional Rent
(Medi-Cal Community Support)

- Delivered via Medi-Cal Managed Care (MCMC) Delivery System
- Optional MCP coverage in 7/1/25
- Mandatory MCP coverage in 1/1/26, starting with Behavioral Health Population of Focus, followed by additional Populations of Focus in future phases
- Includes coverage of **up to six months** of rent for members who are experiencing or at risk of homelessness and meet additional eligibility criteria.

Behavioral Health Service Act (BHSA)
Housing Interventions
(Non Medi-Cal Program)

- Delivered via County Behavioral Health Delivery System
- Effective 7/1/26
- Counties will place and sustain individuals with significant behavioral health needs in permanent and interim housing settings

Behavioral Health Transformation – Prop 1

In March 2024, California voters passed Proposition 1, a two-bill package, to modernize the state's behavioral health care system. It includes a substantial investment in housing for people with behavioral health care needs.

Behavioral Health Bond (AB 531)

» Funds behavioral health treatment beds, supportive housing, and community sites

» Directs funding for housing to veterans with behavioral health needs

Behavioral Health Services Act (SB 326)

» Reforms behavioral health care funding to provide services to Californians with the most significant behavioral health needs

» Expands the behavioral health workforce to reflect and connect with California's diverse population

» Focuses on outcomes, accountability, and equity

Housing Interventions Legislative Funding Requirements

30% of the funds distributed to counties must be used for Housing Interventions

30%

50%

25%
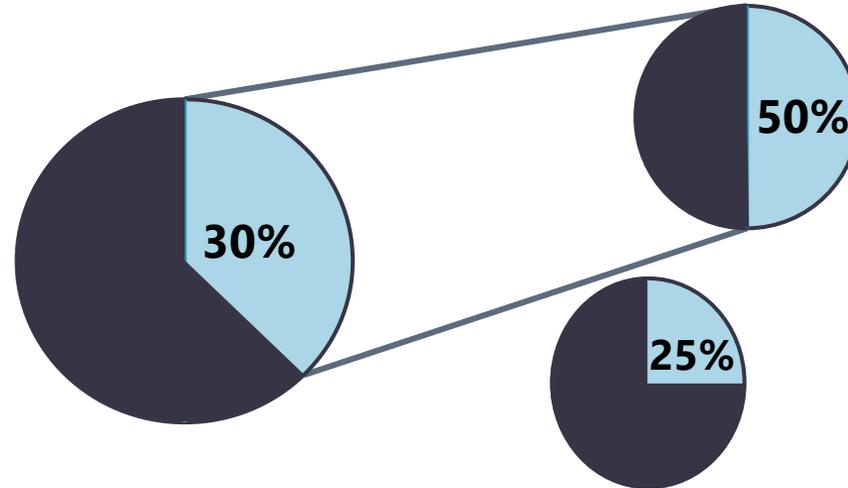
50% of the Housing Intervention funds must be used for persons who are **chronically homeless**, with a **focus on individuals living in encampments**

Up to 25% of the Housing Intervention funds may be used for **Capital Development projects**

» Counties have the flexibility to move 7% of funds to/from Housing Interventions into another category (Full Service Partnership (FSP) or Behavioral Health Services Supports)

» Counties with a population of less than 200,000 may request an exemption from the required 30% allocation of Behavioral Health Services Act funds for Housing Interventions* (*Note: exemption process under development*

*(Section 95(1)(B)) of SB 326, Section 5892 of the WIC

Payment for the Cost of Rent or Temporary Housing

The reimbursable ceilings have been designed to reflect local rental or occupancy costs of permanent and interim settings across California.

» They are tied to a percentage of the U.S. Housing and Urban Development (HUD) Small Area Fair Market Rents (SAFMR). DHCS has chosen to establish the reimbursable ceiling above SAFMR.

» **The reimbursable ceilings are not the fixed rates of payment**.

» DHCS expects that actual rent or temporary housing costs will vary from case to case and, typically, will be below the reimbursable ceilings.

What is SAFMR?

- SAFMRs serve as a basis for establishing payment standards for HUD administered voucher programs.

- SAFMR established at the zip code level and vary by unit size.

- Designed to allow access to housing in higher-opportunity areas.

- HUD updates SAFMR annually.

Home and Community-Based Services (HCBS) Subcommittee

Disability and Aging Community Living Advisory Committee

Home and Community-Based Services (HCBS) Subcommittee

Hagar Dickman

HCBS Subcommittee Chair, Justice in Aging

Lauren Solis

Deputy Director, DHCS Office of Medicare Innovation and Integration

Joseph Billingsley

Assistant Deputy Director, DHCS Health Care Delivery Systems Division

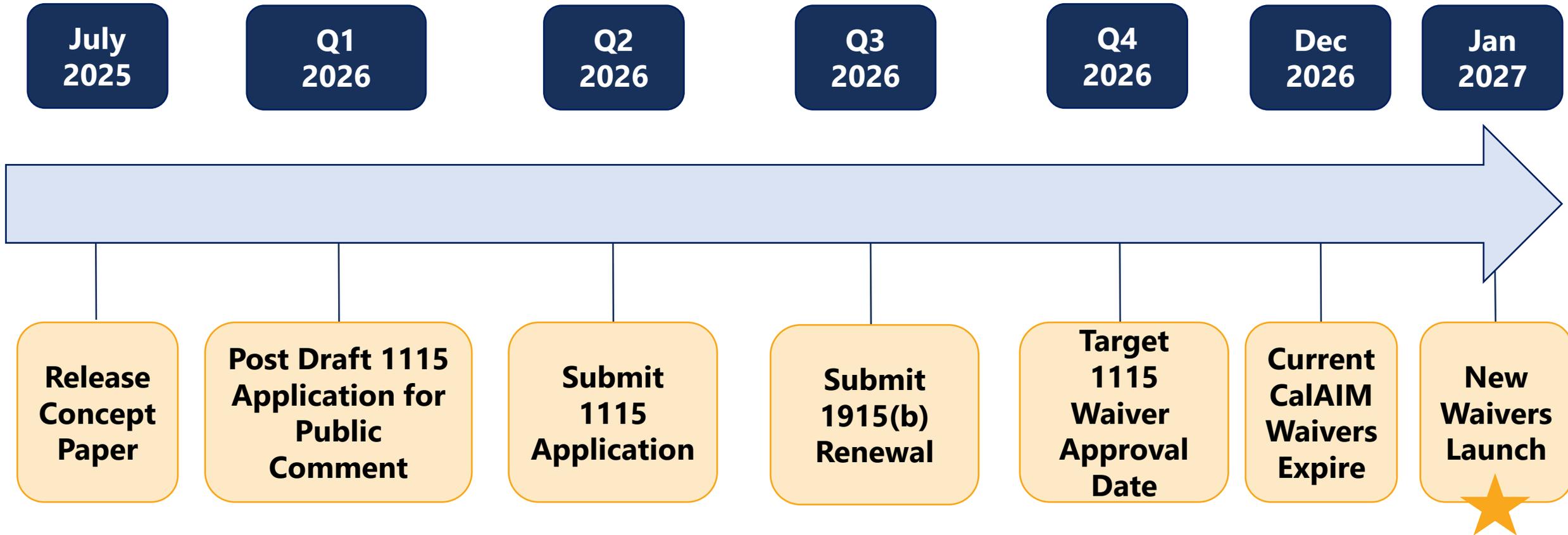# Home and Community-Based Services Subcommittee Priorities

- Advocate for maintained and improved HCBS access in CalAIM renewal
- Advocate for improved HCBS access in CA budget
- Draft recommendations for future waiver renewals that improve access

CalAIM Section 1115 Demonstration Renewal Updates
BridgeCare Pilots, Community-Based Adult Services (CBAS), Congregate Living Health Facilities (CLHFs)

February 12, 2025

Waiver Renewal Timeline

To build upon and continue the successes of the CalAIM initiative, DHCS plans to seek five-year renewals of the CalAIM 1115 and 1915(b) waivers. The current waivers expire on December 31, 2026. The renewed waivers would be effective from January 1, 2027 - December 31, 2031.

July 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Dec 2026	Jan 2027
Release Concept Paper	Post Draft 1115 Application for Public Comment	Submit 1115 Application	Submit 1915(b) Renewal	Target 1115 Waiver Approval Date	Current CalAIM Waivers Expire	New Waivers Launch

BridgeCare Pilots

Overview of BridgeCare Pilots

DHCS is seeking CMS approval for BridgeCare Pilots to ensure older adults have access to services they need to live at home in their communities and to optimize health and quality of life.

- **Objective:** Support older adults to remain in their homes and communities, prevent nursing home admission and impoverishment that leads to Medi-Cal enrollment, improve health outcomes, and reduce avoidable healthcare spending.

- **Approach:**
  - Provide a targeted set of **home and community-based services (HCBS) and caregiver supports** (e.g., personal care services, home modifications, caregiver respite) for "near duals"
  - **"Near duals"** are Medicare members age 65 and older with significant health needs, limited income above Medi-Cal limits, and who lack resources for adequate care.
  - Participants will be **required to pay cost-sharing** up to a specified percent of the average monthly cost of services.
  - **Local entities** (counties or regions) opt-in to implement the pilot in their region and support the non-federal share of Medicaid funding.
  - State will request federal approval to **reinvest a portion of Medicare savings** that may result from the BridgeCare Pilots to offset the cost to Local Entities.

BridgeCare Pilots: Eligibility and Services

BridgeCare Pilots will provide a set of HCBS and caregiver supports to eligible participants in regions where a Local Entity elects to participate.

Eligibility

» Be age 65 or older

» Be enrolled in traditional Medicare

» Require the level of care that is typically provided in a skilled nursing facility

» Live at home or in the community

» Meet the following financial eligibility criteria:

- Have countable income between 138 and 220 percent of the federal poverty level (FPL)

- Have not met their Medicaid share of cost, or do not have enough medical expenses that would meet their share of cost

- Have countable assets within Medi-Cal asset limits

Services

Core Services (provided to all participants):

» Assessments

» Individualized care planning

» Care management

» Personal Care Services

» Respite for Caregivers

» CAPABLE program: a home-based program integrating services from an occupational therapist (OT), registered nurse (RN), and a handy worker team

Discretionary Services (may be available in certain regions if elected by the Local Entity):

» Homemaker Services

» Adult Day Care

» Assistive Technology

» Communication: Device and Translation/Interpretation

» Community Transition Services

» Consultative Clinical Services

» Nutritional Services

» Social Support

» Transportation

BridgeCare Pilots: Role of Local Entity

A Local Entity is a county or region that elects to participate in BridgeCare Pilots.

» **Local Entities** will design and administer services for eligible participants.

Role of Local Entity	
Implementation	**Funding**
» Identify eligible pilot participants	» Determine a monthly individual service budget for pilot participants
» Design a service package that includes core and discretionary BridgeCare pilot services	» Administer cost sharing schedule defined by State
» Administer services	» Provide funding for the non-federal share for all BridgeCare services
» Coordinate care	» May establish an enrollment cap and develop a waitlist.
» Support evaluation activities	

Upcoming State Public Comment

» DHCS is seeking stakeholder feedback on BridgeCare Pilots as part of the state public comment period for the CalAIM 1115 application.

» The state public comment period is open until Thursday, March 12, 2026. We invite your feedback during the upcoming public hearings or in writing. Comments may be emailed to 1115waiver@dhcs.ca.gov.

» More information about BridgeCare Pilots, the dates and times for the public hearings, and ways to submit feedback are on the CalAIM 1115 Demonstration & 1915(b) Waiver webpage.

Community-Based Adult Services (CBAS) Updates

Update on CBAS Transition

As part of the renewal, DHCS and CDA are partnering to transition and strengthen coverage of the CBAS benefit from the CalAIM Section 1115 demonstration to 1915(i) state plan authority effective January 1, 2027.

- DHCS expects to make minimal or no changes to programmatic and rate requirements (i.e., current eligibility, service definitions, and providers) as part of this transition.

- Based on DHCS' assessment of available federal authorities, the Department determined that 1915(i) SPA authority is optimal:

  - Services covered under 1915(i) SPA authority are considered **entitlements in the Medicaid State Plan***

  - Individuals currently eligible for CBAS under 1115 authority would **remain eligible** for CBAS covered under 1915(i) SPA authority

  - **Seamless transition** for managed care plans and providers as CBAS (through a CBAS provider or unbundled CBAS) would continue to be covered statewide and offered through Medicaid managed care and fee-for-service

  - **Continuation of federal home and community-based service (HCBS) requirements** (e.g., settings rule, eligibility determination, person-centered treatment planning) that already apply under 1115 authority

- As DHCS transitions CBAS into a state plan authority, the Department will seek technical assistance from CMS and work closely with implementation partners to ensure that it can continue to make the CBAS benefit available with no coverage disruptions for Medi-Cal members receiving this critical service.

* California may need to renew the 1915(i) every five years.

Upcoming Stakeholder Engagement Opportunities

DHCS remains committed to engaging with state agencies, managed care plans, providers, and other implementation partners to ensure a seamless transition of CBAS from waiver to State Plan authority.
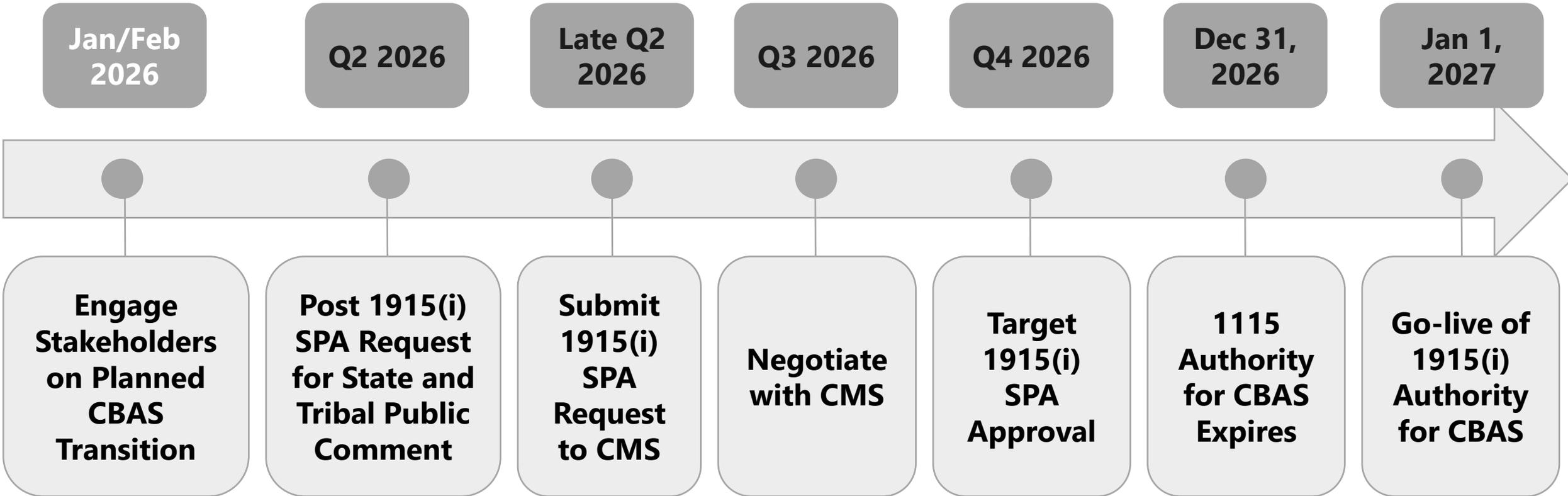
» **Q1 2026:**

- DHCS will seek stakeholder feedback on the CalAIM 1115 renewal application—including the transition of the CBAS benefit—during the state public comment period.

- The state public comment period is open until Thursday, March 12, 2026. We invite your feedback during the upcoming public hearings or in writing. Comments may be emailed to 1115waiver@dhcs.ca.gov.

- More information about the CBAS transition, the dates and times for the public hearings, and ways to submit feedback are on the CalAIM 1115 Demonstration & 1915(b) Waiver webpage.

» **Spring 2026:**

- DHCS will conduct tribal and public comment periods on the 1915(i) State Plan Amendment request in the Spring.

- More details will be posted on the DHCS Home and Community-Based Alternatives Waiver webpage.

CBAS Timeline

DHCS plans to submit a 1915(i) SPA to CMS in Q2 2026 to ensure the 1915(i) authority is in effect by January 1, 2027 to prevent disruptions in care for members currently receiving CBAS under 1115 authority.

Jan/Feb 2026	Q2 2026	Late Q2 2026	Q3 2026	Q4 2026	Dec 31, 2026	Jan 1, 2027
Engage Stakeholders on Planned CBAS Transition	Post 1915(i) SPA Request for State and Tribal Public Comment	Submit 1915(i) SPA Request to CMS	Negotiate with CMS	Target 1915(i) SPA Approval	1115 Authority for CBAS Expires	Go-live of 1915(i) Authority for CBAS

Congregate Living Health Facilities (CLHF) Updates

Update on CLHFs

California intends to shift coverage of continuous nursing and supportive services (CNSS) provided by CLHFs from 1915(c) waiver to 1915(i) State Plan or similar state plan authority, and carve CLHFs into managed care to align with the CBAS transition.

- Currently, Medi-Cal members receive care in CLHFs through [California's Home and Community Based Alternatives (HCBA) Waiver](#), under 1915(c) authority. Approximately 147 Medi-Cal members are served under the HCBA Waiver.

- Due to higher needs for care provided by CLHFs, Medi-Cal managed care plans have engaged with CLHFs to serve additional members who are not enrolled in HCBA waiver.

- To ensure consistent access to care for members with complex medical and behavioral needs, DHCS plans to transition coverage of CNSS provided by CLHFs to an alternative Medi-Cal authority (e.g., 1915(i)) and ensure:

  - Individuals currently eligible for care in CLHFs under the HCBA Waiver would **remain eligible**

  - **Broader access** to CNSS provided by CLHFs for Medi-Cal members in need

- DHCS aims to effectuate this authority shift by January 1, 2027.

As it works to transition authority and carve CLHF services into managed care, the Department will seek technical assistance from CMS and work closely with implementation partners to ensure that it can continue to ensure continued care for Medi-Cal members residing in CLHFs.

Upcoming Stakeholder Engagement Opportunities

DHCS remains committed to engaging with state agencies, managed care plans, providers, and other implementation partners to ensure a seamless transition of CNSS provided by CLHFs from waiver to State Plan authority.

» **Q1 2026:**

- DHCS will continue to engage with stakeholders to discuss the transition of CNSS provided by CLHFs to alternative state plan authority.

- Stakeholders are encouraged to provide written feedback to hcbalternatives@dhcs.ca.gov on the transition.

» **Targeting Spring 2026:**

- DHCS will conduct tribal and public comment periods on the State Plan Amendment (e.g., 1915(i) State Plan Amendment) request in the Spring.

- More details will be posted on the DHCS Home and Community-Based Alternatives Waiver webpage.

Appendix

1915(i) Federal Requirements

Categories	
Eligibility	• Populations do not need to meet institutional LOC, but must be elderly or have a disabling condition/significant functional needs. • DHCS must use **independent evaluation process** directly or through a contractor to determine whether individual meets eligibility criteria; state must approve all evaluations completed for entry into the 1915(i) Can further target based on defined criteria.
Covered Services	Range of HCBS, including respite, adult day health, assisted living facility, personal care.
Financial Eligibility	• 150% FPL for Medicaid State Plan eligibility groups; medically needy group optional, and can be made available to individuals at higher incomes if states elects income disregard via SPA. • Income disregards for special income group (e.g., individuals requiring HCBS whose incomes extend to 300% FPL).
Person-Centered Planning	1915(i) benefits must be delivered using a person-centered planning approach that reflects the goals and preferences of the individual using the benefits.
Conflict of Interest	A single organization **cannot** provide both HCBS and case management of those services for one individual; delivery of case management includes conducting the independent assessment for HCBS and developing the person-centered service plan.
Quality	DHCS must develop and implement an HCBS quality improvement strategy that includes a continuous improvement process and measures of program performance and experience of care.
Entitlement	DHCS cannot impose an enrollment cap on 1915(i) services.
Statewideness	1915(i) services must be available on a statewide basis.
Access Rule	MCPs and DHCS will need to comply with federal HCBS requirements related to grievance systems, payment for personal care, home health aide and homemaker, access reporting, quality reporting.

Current and Future State of CBAS

DHCS anticipates minimal or no changes to CBAS eligibility and services as it shifts from 1115 waiver to 1915(i) SPA authority.

Eligibility

» Are age 18 or older;

» Derive their Medicaid eligibility from the State Plan and are either aged, blind, or disabled (including those who are recipients of Medicare);

» Are Medi-Cal managed care plan members or are exempt from enrollment in Medi-Cal managed care;

» Reside within a geographic services area in which the CBAS benefit was available as of April 1 or are determined eligible for the CBAS benefit by managed care plans that contract with CBAS providers; and

» Meet at least one of the medical criteria:

- Meet or exceed the Nursing Facility LOC criteria
- Have a diagnosed organic, acquired, or traumatic brain injury, and/or a chronic mental disorder and meet other criteria

Services

Core Services *(provided to all participants)*:

» Professional Nursing

» Therapeutic Activities

» Social Services and/or Personal Care Services

» One Meal Offered Per Day

Additional Services *(provided as needed based on a participant's Individual Plan of Care)*:

» Restorative Physical Therapy

» Restorative Occupational Therapy

» Speech Therapy

» Behavioral Health Services

» Registered Dietitian Services

» Transportation To and From the Center and the Participant's Place of Residence

Shifting CBAS from 1115 Waiver to 1915(i) State Plan Authority

CBAS will likely remain unchanged as it shifts from 1115 waiver to 1915(i) state plan authority.

	Current CBAS Requirements Under 1115 Authority	How to Maintain Under 1915(i) State Plan Authority
Eligibility	• Aged 18 and older • Covered under Medi-Cal State Plan authority and are either aged, blind, or disabled including members dually eligible for Medicare	• **(No Change Anticipated)** DHCS to limit target eligibility under a 1915(i) group to adults belonging to certain eligibility groups under the Medicaid State Plan that are currently eligible for CBAS.
Functional / Needs-Based Eligibility Criteria	• Meet or exceed "Nursing Facility Level of Care A" (NF-A) criteria; OR • Have a diagnosed organic, acquired, or traumatic brain injury, and/or chronic mental disorder, and need assistance/supervision with select ADLs or IADLs, have mile cognitive impairment, or have a developmental disability	• **(Minimal Changes Anticipated)** DHCS to apply needs-based criteria consistent with those under 1115 authority and cannot limit needs-based eligibility to individuals who meet institutional level of care.
Services	• Core Services—professional nursing, personal care services, social services, therapeutic services, meals • Additional Services—restorative physical therapy, restorative occupational therapy, speech therapy, behavioral health services, dietician services, transportation to and from the CBAS center to a member's residence, emergency remote services	• **(No Change Anticipated)** DHCS to cover same CBAS services.
Delivery System	• Medi-Cal Managed Care • FFS	• **(No Change Anticipated)** DHCS to continue to cover CBAS under Medi-Cal managed care and fee-for-service.

Current and Future State of CNSS

Transitioning CNSS coverage from the 1915(c) HCBA waiver to the 1915(i) State Plan option—or another similar state plan authority—may require the state to expand eligibility criteria. No changes to the services are anticipated.

Current Eligibility

» Require a higher level of care than what is generally provided in skilled nursing facilities but less than what is provided in general acute care hospitals:

» Meet at least one or more of the following criteria:

- *License Type A:* Is mentally alert, with physical disabilities, who may be ventilator dependent.
- *License Type B:* Has a diagnosis of terminal illness, a diagnosis of a life-threatening illness, or both.
- *License Type C:* Is catastrophically and severely disabled.

Services Provided within a CLHF

» Continuous Nursing and Support Services (CNSS) include:

- Nursing services
- Medical supervision
- Coordinate participant care
- Pharmacy consultation
- Dietary consultation
- Social Services
- Recreational services
- Transportation to and from medical appointments
- Housekeeping and laundry services
- Cooking and shopping

Shifting coverage of CNSS provided by CLHFs from 1915(c) to 1915(i) state plan authority establishes these services as an entitlement, enabling consistent access to care for members with complex needs.

	1915(c) HCBA Waiver	1915(i) State Plan Authority
Eligibility		
Federal Requirements	• Populations must meet institutional LOC • Can target based on defined criteria	• Populations do not need to meet institutional LOC • Individuals must be elderly or have a disabling condition/significant functional needs • Can target based on defined criteria
Applicability to CNSS	• Medi-Cal members ages 21 and older • HCBA Level of Care: Meet hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities (ICF/IID) • Within the scope of licensure for CLHF (e.g., mentally alert and physically disabled; diagnosis of terminal illness) • Availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis	• Cannot limit eligibility for the 1915(i) to institutional level of care • DHCS can further target based on defined criteria • Functional Needs: DHCS can set eligibility for CNSS to a higher functional need than CBAS if combined into one 1915(i) SPA.

	1915(c) HCBA Waiver	1915(i) State Plan Authority
Enrollment		
Federal Requirements	• Can cap enrollment	• Cannot cap enrollment

Applicability to CNSS	• Capacity for each waiver year:
	  o Year 1: 2,484 individuals
	  o Year 2: 3,168 individuals
	  o Year 3: 3,852 individuals
	  o Year 4: 4,536 individuals
	  o Year 5: 5,220 individuals
	• Applicants are placed on a waitlist if no slots are available.
		• No enrollment caps – individuals who meet eligibility criteria are entitled to CNSS

Statewideness		
Federal Requirements	• Can target waiver to specific regions/geography	• Must be available statewide
Applicability to CNSS	• CLHFs currently operate statewide	• CLHFs to continue to operate statewide
Services		
Federal Requirements	• Can be covered as a package	• Can be covered on a service basis
Applicability to CNSS	• CNSS • Respite (provided by CLHFs)	• CNSS

Break: 15 minutes

Transportation Subcommittee

Disability and Aging Community Living Advisory Committee

Transportation Subcommittee

Michelle Rousey
Transportation Subcommittee Chair

Warren Cushman
Transportation Subcommittee Chair

Kaleo Mark
Seamless Bay Area Community Organizer

Transportation Subcommittee Priorities

- Ease transportation benefits eligibility with California Integrated Travel Project (Cal-ITP) initiatives
- Complete the funding assessment for accessible transportation [Senate Bill 1121 and Senate Bill 125 task force]
- Support partners' legislation for improving accessible transportation
- Improve accessibility on public streets via universal design
- Engage on Caltrans ADA policy and implementation

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 commentors will have 2 minutes.

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

Key Priorities for the CalHHS Secretary Memo

Sheri Burns
DACLAC Stakeholder Co-Chair
Silicon Valley Independent Living Center

Hagar Dickman
DACLAC Stakeholder Co-Chair
Justice in Aging

DACLAC Subcommittee Priorities

Housing
- Supporting Homelessness Prevention Programs
- Supporting Tenant Rights and Protections
- Supporting Affordable Housing Funding and Preservation

Home and Community-Based Services (HCBS)
- Advocate for maintained and improved HCBS access in CalAIM renewal
- Advocate for improved HCBS access in California budget
- Draft recommendations for future waiver renewals that improve access

Transportation
- Ease transportation benefits eligibility with Cal-Integrated Travel Project initiatives
- Complete the funding assessment for accessible transportation [Senate Bill 1121 and Senate Bill 125 task force]
- Support partners' legislation for improving accessible transportation
- Improve accessibility on public streets via universal design
- Engage on Caltrans ADA policy and implementation

Committee Member Discussion and Comments

Closing Comments

Sarah Steenhausen

Deputy Director
Division of Policy, Research, and Engagement (DPRE), CDA

LaCandice Ochoa

Deputy Director,
Independent Living and Community Access Division (ILCAD), DOR

Materials and Next Meeting Date

Meeting materials and recording are posted on the CalHHS DACLAC Meeting Materials webpage.

Next DACLAC Meeting:

- Date: Thursday, June 4, 2026
- Time: 10:00 a.m. – 1:00 p.m.
- Register for this meeting

Meeting Resources

- [Master Plan for Aging webpage](#) (MPA)

- [Fifth MPA Annual Report](#) & [Press Release](#)

- [2025-26 MPA Initiatives](#)

- [MPA Implementation Tracker](#) & [MPA Data Dashboard](#)

- [2026-27 Governor's Proposed California Budget](#) & [Health and Human Services – Summary](#)

- [CalHHS MPA – DACLAC Meeting webpage](#)

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Learn more about the MPA at MPA.aging.ca.gov

Contact: Engage@aging.ca.gov

Learn more about CDA at Aging.ca.gov

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