

**STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES**

American Rescue Plan Act

**Increased Federal Medical Assistance Percentage
(FMAP) for Home and Community-Based Services
(HCBS)**

HCBS Spending Plan Narrative Final Report



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OVERVIEW

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

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

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

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

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

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

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

Initial Submission of California's HCBS Spending Plan

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

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

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

Regular Reporting on California's HCBS Spending Plan

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

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

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

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

CATEGORIES OF SERVICES AND HCBS SPENDING PLAN INITIATIVES

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

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

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

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

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

In Home Supportive Services (IHSS) Career Pathways

Funding: \$235.1M enhanced federal funding (\$235.1M TF) [One-Time]

Lead Department(s): California Department of Social Services (CDSS) with DHCS

Final Report Updates Here :

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
The state does not anticipate sustaining this activity. It was a limited time program offering training to IHSS providers.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

CDSS decided on a phased implementation of the Career Pathways Program and determined that training vendor services would be offered by vendors, chosen through a competitive bidding process, and by partnering with Counties and Public Authorities to capitalize on existing training infrastructure. Providers were able to register beginning September 2022 for courses starting in October 2022. Additional courses were made available in January 2023, March 2023, and January 2024. Classes were provided in multiple languages including English, Spanish, Mandarin, Vietnamese, Armenian, Cantonese, Korean, and Russian, and in multiple formats, including online, hybrid, and in-person.

The final day for IHSS Providers to take classes was September 16, 2024. IHSS Providers had until November 15, 2024 to submit all Training Time and Incentive claims to CDSS. As of January 8, 2025, CDSS finished processing the final claims.

As of January 8, 2025:

- 59,316 unduplicated providers completed at least one training course.
- CDSS approved and paid providers for 1,429,512 claims for their time spent in training.
- CDSS approved and paid providers for the following incentives:
 - 83,376 15-Hour Training Incentives (\$500 each)
 - 7,638 One-Month Incentives (\$500 each)
 - 4,957 Six-Month Incentives (\$2,000 each)

Implementation Challenges

Funding for the program was made available on July 1, 2021. Originally, it was mandated that the funding had to be utilized by March 31, 2024. This gave the State less than three years to stand up a new program and spend down the funding. Standing up the program included working with stakeholders to design the program, hiring new staff/setting up new job procedures, going out to bid for training vendors, reviewing training curriculum, executing contracts, updating existing IT systems, marketing the program to eligible participants, and more. The implementation phase took from July 2021 until September 2022 which only left 17 months (October 2022 to March 2024) to spend the Local Assistance funding tied to the program. It would have been beneficial to have had a period of time for design and development so that the implemented program could have been available for longer. Furthermore, the State would have benefited from the opportunity to learn from standing up a smaller scale version of this type of program to apply lessons learned to a larger scale version.

The State faced additional challenges when faced with the Information and Technology (IT) component of the program. There are additional bidding requirements, contract requirements, and steps in the review process for IT contracts. Due to these restrictions, the State was unable to set up a centralized system for course registration and attendance verification for the program which would have made signing up for courses and getting paid for them more efficient for program participants. The State was able to leverage the existing Case Management, Information and Payrolling System (CMIPS) for IHSS to process time and incentive claims for the program, which required amending an existing contract.

Lessons Learned

Implementing this program reaffirmed the importance of working directly with IHSS/WPCS recipients and providers in designing and implementing something new. The State worked with stakeholders to gather input and feedback throughout the development of the program through listening sessions, focus groups, and post-implementation informational sessions. Through this work with stakeholders, the State was able to ensure the program met the needs of the providers and recipients by offering classes in five different career pathways, and

offering them in multiple formats, multiple languages, and with flexible start times. Throughout the program, there was a high level of interest by providers. Classes were consistently registered at maximum capacity with a wait list and providers shared that they were learning vital skills.

The State did learn how beneficial having a system that automates registration, attendance verification, and claims processing would be. As stated above, the State had to leverage existing systems due to IT contract and time constraints, which resulted in a lot of manual verification and claims processing by staff. Manual processing impacted the time it took for program participants to receive payment. It's worth considering that additional time upfront on setting up the system and delaying implementation might result in more efficiency during the program.

An additional lesson learned was how much time is reasonably needed to close out a program. Many factors need to be considered when a program and its associated funding are coming to an end. This is particularly important when a program, such as the Career Pathways Program, has costs that are paid in arrears. This was true for the contracts tied to the program, the payments made to providers, the associated state and federal taxes for the payments made to providers, and the state staffing costs. A longer amount of time between the program's end and the liquidation requirement of the funding would result in smoother program closure.

The final lesson learned was the need for more flexibility within the designated funding. A total amount of funding was given to this HCBS initiative, which was then required to be split between Local Assistance and State Operations. Each pot of money was determined based on a projected budget, but it was difficult to update them based on actuals in a timely and effective manner. This led to delays and additional workload each time the amounts were updated.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.
Not applicable.

A. Overview

FFY 2024-2025 Q3

CDSS continues to administer the IHSS Career Pathways program, which as of October 31, 2024, has served more than 58,500 IHSS providers. The final day for IHSS Providers to take classes through the IHSS Career Pathways program was September 16, 2024. IHSS Providers had until November 15, 2024, to submit all Training Time and Incentive claims to CDSS. CDSS is processing the final claims and paying final vendor invoices. The expenditure deadline was extended through January 31, 2025, and the encumbrance deadline was extended through March 31, 2025. Please note, this spending plan reflects the \$235.1M. The Career Pathways program ran out of funding effective September 2024 and the overages are being handled separately, CDSS anticipates to have the final numbers available mid-January 2025.

FFY 2024-2025 Q1

CDSS continues to administer the IHSS Career Pathways program, which as of March 31, 2024, has served more than 18,500 IHSS Providers. Classes will end on September 30, 2024. Participants will continue earning Type 2 and Type 3 incentives through October 31, 2024. All claims for training time and incentives must be submitted by November 15, 2024, and will be paid to providers by December 31, 2024. The IHSS Career Pathways program will end on December 31, 2024.

FFY 2023-2024 Q3

No updates

FFY 2023-2024 Q1

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

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



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

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

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

FFY 2022-2023 Q3

Through this initiative, CDSS will provide one-time incentive payments to providers for completion of training and/or to incentivize providers working for IHSS recipients with complex care needs in the areas of their training.

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

The objectives of the learning pathways include promotion of recipient self-determination principles the advancement of health equity and reduced health disparities for IHSS recipients; and assisting in the development of a culturally and linguistically competent workforce to meet the growing racial and ethnic diversity of an aging population increasing IHSS provider retention to maintain a stable

workforce, for the improvement of the health and well-being of IHSS recipients (including quality of care, quality of life, and care outcomes), and to ensure meaningful collaboration between an IHSS recipient and provider regarding care and training.

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

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B. Quarterly Report

FFY 2024-2025 Q3

Classes for the IHSS Career Pathways program ended on September 16, 2024. IHSS Providers had until November 15, 2024, to submit all Training Time and Incentive claims to CDSS.

In total, 28,477 classes sessions were offered.

- Nine counties offered 2,593 class sessions (329 In Person (Instructor Led), 1,780 Online (Instructor Led), 484 Online (Self-Paced)) in four languages (English, Spanish, Mandarin, Vietnamese).
- Homebridge offered 20,076 class sessions (734 In Person (Instructor Led); 17,798 Online (Instructor Led); 1,544 Online (Self-Paced)) in six languages (English, Spanish, Armenian, Mandarin, Cantonese, Vietnamese)
- Center for Caregiver Advancement offered 5,208 class sessions (179 In Person (Instructor Led), 5,029 Online (Instructor Led)) in eight languages (English, Spanish, Armenian, Mandarin, Cantonese, Korean, Russian, Vietnamese).

As of October 31, 2024, 58,505 IHSS providers have been paid for completing at least one training class. CDSS has approved 1,402,686 claims for training time, as well as 92,162 incentive payments (81,090 Type 1 (15 hours) Incentives; 7,132 Type 2 (1 month)

Incentives; 3,940 Type 3 (6 month) Incentives).

FFY 2024-2025 Q1

CDSS has successfully executed all contract amendments to extend the term to reflect the extension of the program. Furthermore, since the beginning of 2024, CDSS has doubled the number of classes available to providers by working with contracted training vendors and Counties/Public Authorities. CDSS continues to do outreach to providers on a regular basis through the Electronic Services Portal, social media, and email to inform providers of new class availability and to encourage them to enroll in classes.

As of March 31, 2024, 18,509 providers have completed at least one training class and CDSS has processed 443,635 claims for training time, as well as 22,615 incentive payments (19,500 Type 1 (15 hours) Incentives; 2,255 Type 2 (1 month) Incentives; 860 Type 3 (6 month) Incentives).

FFY 2023-2024 Q3

The program's end date has been extended from December 2023 to September 2024. This extension will allow CDSS to provide nine additional months of training opportunities to new and existing program participants. CDSS is in the process of amending contracts with existing vendors to extend the contract terms. Program participants will be eligible to be paid for their time spent in training and will qualify for incentives during this additional time. The extension will specifically ensure that IHSS providers who complete a specialized career pathway have the ability to earn and claim the 6-month incentive.

FFY 2023-2024 Q1

CDSS worked with stakeholders in the summer of 2021 to define career pathways and program objectives. The State, through Assembly Bill 172, added Welfare & Institutions Code (W&IC) section 12316.1 to administer the Career Pathways Program for the IHSS providers. It outlines a pilot project for the Career Pathways Program that will be implemented by no later than September 1, 2022, and remain operative until March 31, 2024. Providers who have completed provider enrollment and are eligible to work for a recipient, including registry and emergency backup providers, may participate in the Career Pathways Program. Providers will be paid for the hours they spend in training; those who successfully complete coursework in their selected career

pathway and those who then apply the coursework to the IHSS programs will be eligible to receive incentive payments.

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

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

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

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

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

CDSS also pursued two additional contracts. The first contract is with Cell-Ed to provide career coaching and support for program participants, marketing, and outreach, and tracking of program information and data. The second contract is with High Road Alliance for consulting services to identify and build career ladders related to the established career pathways. Both contracts have been executed. CDSS terminated the contract with Cell-Ed as of May 28, 2023. Career coaching and support services continue

to be made available to program participants and outreach and the tracking of program information and data occurs through CGI Technologies and Solutions. Now that the program has been implemented, CDSS hosts four informational webinars a month for providers to learn about the course registration process and ask questions.

FFY 2022-2023 Q3

CDSS worked with stakeholders in the summer of 2021 to define career pathways and program objectives. The State, through Assembly Bill 172, added Welfare & Institutions Code (W&IC) section 12316.1 to administer the Career Pathways Program for the IHSS providers. It outlines a pilot project for the Career Pathways Program that will be implemented by no later than September 1, 2022, and remain operative until March 31, 2024. Providers who have completed provider enrollment and are eligible to work for a recipient, including registry and emergency backup providers, may participate in the Career Pathways Program. Providers will be paid for the hours they spend in training; those who successfully complete coursework in their selected career pathway and those who then apply the coursework to the IHSS programs will be eligible to receive incentive payments.

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

On March 11, 2022, CDSS released a Request for Proposal (RFP) to competitively bid training vendor services. Bidders were required to submit their proposals by April 29, 2022. Currently, CDSS is in the process of evaluating the bids and anticipates releasing the Intent to Award in June 2022.

In addition to seeking training vendor services through the RFP, CDSS with Counties and Public Authorities to seek additional training courses. CDSS anticipates classes will be provided in multiple formats, including online, hybrid, in-person, and in multiple languages. CDSS is pursuing two additional contracts. The first contract is with a vendor to provide career coaching and support for program participants, marketing, and outreach, and tracking of program information and data. CDSS is still in the process of finalizing this contract. The second contract is with High Road Alliance for consulting services to identify and build career ladders related to the established career pathways. This contract has been executed.

Payments to providers will be issued through the IHSS automated system, known as the Case Management, Information and Payrolling System (CMIPS). CGI Technologies and Solutions, the vendor who maintains and operates the CMIPS on behalf of the State, is in the process of implementing system changes to the CMIPS in order to process the additional timesheets and incentive payments for the Career Pathways Program. System changes will be completed prior to the program's implementation.

The Career Pathways Pilot Program will be implemented no later than September 1, 2022, and remain operative until March 31, 2024.

Direct Care Workforce (Non-IHSS) Training and Stipends

Funding: \$150M enhanced federal funding (\$150M TF) [One-Time]

Lead Department(s): California Department of Aging (CDA), with DHCS, CDSS, Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD)

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

California Department of Aging (CDA) intends to continue offering free select trainings created with the CalGrows funds. Available training courses will be reviewed by an expert panel for applicable and high-quality content. An inventory of selected courses will be available through an easily accessible repository. The learning resource will be disseminated to networks serving caregivers of older adults and individuals with

disabilities. In the future, these courses will be integrated into CDA's Learning Management System (LMS) which is ~~currently under development~~. To execute this effort, CDA Division of Policy, Research and Equity was awarded an Administration of Community Living grant, CalCARES, to raise awareness of caregiving issues, research how to improve referrals, and develop resources for training. The third objective of this project focuses on education, specifically providing quality training to support caregivers of older adults and individuals with disabilities. CDA is currently in the process of finalizing the agreement with the contractor and anticipates beginning the work in Spring 2025. CDA will be auditing and supporting the LMS through an internal LMS manager. This system will provide ongoing user and course data about what populations are utilizing the courses and which courses are most popular. To ensure CDA provides up-to-date and relevant training to caregivers, the contractor will assign expiration dates for each caregiver training hosted on the LMS. This ongoing maintenance will safeguard the distribution of potentially outdated training, and CDA will maintain a current, high-quality training system that caregivers can trust.

In addition, CDA worked with a contractor to conduct an independent evaluation of the CalGrows program. The report includes a program overview and description, challenges, key findings, and recommendations for future programs. CDA has received the CalGrows evaluation report draft and is currently in review with the executive team. It is anticipated to be finalized in early Summer 2025. The CalGrows evaluation will be published and distributed to state partners to share in the learning elements provided thereby increasing potential for success and highlighting caregiver training needs in future planning and projects.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

The California Department of Aging's (CDA) Non-IHSS Direct Care Workforce Program is referred to as California GROWs (Growing a Resilient Outstanding Workforce in the Home and Community). The program is designed to improve care quality, respond to severe worker shortages in the sector, and prevent unnecessary institutionalization, training and stipends will be available to the Direct Care Workforce (non-IHSS) that

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

B. Quarterly Report

FFY 2024-2025 Q3

Seventy-six grantees participated in the CalGrows program through the CalGrows Innovation Fund which concluded September 30, 2024. As of November 18, 2024, 25,116 direct care workers have completed an estimated 215,636 courses offered through the CalGrows Program. Approximately \$31.7 million in stipends and incentive payments have been approved for direct care workers since the beginning of the program.

CDA and the third-party administration of the CalGrows Program expanded media presence in 2024, increasing awareness and participation of the CalGrows program. In addition, a fourth incentive bonus was implemented increasing earning potential for direct care workers.

FFY 2024-2025 Q1

Seventy-four grantees continue progress on the CalGrows program through the CalGrows Innovation Fund scheduled to conclude September 30, 2024. As of May 31, 2024, direct care workers have completed an estimated 67,103 courses offered through the CalGrows Program and 11,053 direct care workers have participated in the program. Approximately \$5.4 million in stipend payments have been paid out to direct care workers since the beginning of the program. The most popular courses among direct care workers include Person Centered Practices, Communication Skills, and Role of the Direct Care Worker.

Third-party administration of the CalGrows Program completed the transition plan to the new contractor. They have completed an outreach strategy plan, data security assessment, and an analytics report identifying programmatic improvements and recommendations. In addition, the contractor has established a Business Resiliency Minimum Viable Product (MVP) as a back up plan should the participant incentive

program be a viable option. Lastly, funds have been reallocated to expand media presence and therefore increase awareness of the CalGrows program. In addition, a fourth incentive bonus will be implemented increasing earning potential for direct care workers.

FFY 2023-2024 Q3

As the deadline for HCBS funding was extended, all grantees participating in the CalGrows Innovation Fund were offered a no-cost extension to continue their work until September 30, 2024. Seventy-four out of seventy-six grantees accepted the extension. As of October 31, 2023, direct care workers have completed 20,553 courses offered through the CalGrows Program and 4,782 direct care workers have participated in the program. Approximately \$1 million in stipend payments have been paid out to direct care workers since the beginning of the program. The most popular courses among direct care workers include topics related to cultural competency, dementia and Alzheimer's care, and end-of-life care. Third-party administration of the CalGrows Program shifted to a new contractor, with specific grantee management duties transferring to CDA. The new contractor will handle the distribution of stipend payments to direct care workers and website management, while CDA will take over duties relating to grantee management and payment. This transition is expected to be complete by mid-January 2024.

FFY 2023-2024 Q1

(CDA's) Non-IHSS Direct Care Workforce Program is referred to as California GROWs (Growing a Resilient Outstanding Workforce in the Home and Community) or CalGrows (calgrows.org) is designed to support caregivers of older adults and people with disabilities by improving their skills through in-person classes and online training courses and up to \$6,000 in rewards payments. CDA has also contracted with community-based partners to implement the CalGrows Learn and Earn Program, CalGrows Employer Partnership Program, and the CalGrows Career Builder Program.

Program Framework: CalGrows include a two-pronged approach to training and incentives:

1. Leverages the IHSS Career Pathways Program enabling access to the curriculum offered through the IHSS training pathways, including stipends to participate. Non-IHSS workers can access this curriculum, as well as the stipend payments, via the

CalGROWs Program.

2. CalGROWs Innovation Fund: The CalGROWs Innovation Fund supplements the IHSS Career Pathways program with innovations in training, curriculum, and workforce retention initiatives. Organizations applied for grants to develop curriculum or administer training that meet the specialized and culturally competent needs of California's home and community-based Direct Care Workforce. CDA along with a consultant conducted a survey of direct care workers to inform the design of the program. The survey was conducted in July 2022, and more than 600 survey responses were received. The survey responses were used to inform the design and guidelines of the Request for Applications (RFA) for the CalGROWs Innovation Fund that went live on November 7, 2022. Applicants were required to offer both training and incentives in their programs. Notices of awards were shared with successful applicants on January 31, 2023. Seventy-six grants were awarded, totaling \$87.2 million dollars. Grantee programs began on a rolling basis in the spring of 2023 and will continue through September 30, 2024.

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

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

Vendor/Third Party Administrator: CDA executed a contract with a third-party in September 2022 and later transitioned to a new vendor in fall of 2023.

FFY 2022-2023 Q3

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

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

1. Leverage the IHSS Career Pathways Program enabling access to the curriculum

offered through the IHSS training pathways, including stipends to participate. Non-IHSS workers will have access to this curriculum, as well as the stipend payments, via the CalGROWs Program beginning in January 2023.

2. CalGROWs Innovation Fund: The CalGROWs Innovation Fund will supplement the IHSS Career Pathways Program with innovations in training, curriculum, and workforce retention initiatives. Organizations will have the opportunity to apply for at least \$55 million in funding to develop curriculum or administer training that meet the specialized and culturally competent needs of California's home and community-based Direct Care Workforce. CDA executed a contract with a third-party administrator for the CalGROWs Program in September 2022. The CalGROWs Innovation Fund application period opened on November 7, 2022, and closed on December 2, 2022. Applicants were required to offer both training and incentives in their programs. Notices of awards were released in January 2023 and each applicant's project began in Spring 2023.

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

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

Vendor/Third Party Administrator: CDA is in the process of executing a contract with a vendor to act as Third-Party Administrator for the training and stipends program, as well as the CA GROWs Innovation Fund. CDA and the consultant conducted a survey of direct care workers to inform the design of the program. The survey was conducted in July 2022, and more than 600 survey responses were received. The survey responses were used to inform the design and guidelines of the Request for Applications (RFA) for the CalGROWs Innovation Fund that went live on November 7, 2022.

IHSS HCBS Care Economy Payments

Funding: \$168.7M enhanced federal funding (\$287.39M TF) [One-Time]

Lead Department(s): CDSS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
The state does not anticipate sustaining this activity. It was a one-time payment to IHSS providers.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

The IHSS Care Economy Payments were issued in January 2022. Additional payments were issued to IHSS Providers who were found eligible after the January issuance date. All additional payments were completed by March 2023. In total, 574,777 IHSS Providers received the Care Economy Payment.

Implementation Challenges

The Case Management, Information and Payrolling System did not have an existing mechanism in place to issue payments to IHSS Providers that was separate from the program's daily payroll function. The system needed to identify who was eligible to receive a payment, identify the payment separately from daily payroll, and identify the payment as having a separate fund source.

The contracted vendor who maintains and operates CMIPS on behalf of the State had to design and implement a system change to the CMIPS, through the change request process, to process the one-time IHSS HCBS Care Economy Payments. The vendor created a special transaction type, known as the Provider One Time Payment (POTP). The system update was completed in September 2021. This process would have taken longer (estimate of one year) had a contract amendment been required to add funding to pay for the change request.

Additionally, a SPA had to be approved by the Center for Medicare and Medicaid Services to give the State the authority to issue the one-time payment. SPA [21-0055](#) was approved in December 2021 with an effective date of January 2022, after two months of Q&A with CMS. It took several months of technical assistance from CMS beforehand to receive clarification on whether a SPA was required or not.

Lessons Learned

Through this process, the State identified that it would be helpful to have ongoing system functionality for issuing special transactions outside of daily payroll in the CMIPS. The State required that the POTP be designed so that it could be leveraged for other payments, like the IHSS Care Economy Payments, in the future, thereby eliminating the time it takes to design and implement a brand-new system change, further expanding the impact of these funds.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.
Not applicable.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

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

B. Quarterly Report

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

No updates to report.

FFY 2023-2024 Q1

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

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

FFY 2022-2023 Q3

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



The one-time payment was in January 2022 to 574,730 providers. Some additional payments were issued for IHSS Providers who were found eligible since the payments were issued in January.

Non-IHSS HCBS Care Economy Payments

Funding: \$1.66M enhanced federal funding (\$3.28M TF) [One-Time]

Lead Department(s): DHCS, with CDA

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Due to the nature of the Non-IHSS HCBS Care Economy Payments having been a one-time payment to the direct care workers, there are no current strategies the state intends to implement. However, the State will continue to re-evaluate rates to promote the retention of HCBS direct care staff.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

DHCS started distributing payments in October 2023 and distributed all eligible payments by October 27, 2023. DHCS received applications from 273 provider organizations to distribute the incentive payment to approximately 6,044 non-IHSS Medi-Cal HCBS providers throughout the State. DHCS received and approved applications from a variety of HCBS provider organizations, including Assisted Living Waiver (ALW) Care Coordination Agencies, California Community Transitions (CCT) Lead Organizations, Community-Based Adult Services (CBAS) sites, Multipurpose Senior Services Program (MSSP) sites, Program of All-Inclusive Care for the Elderly (PACE) Organizations, and waiver agencies providing services through the Home and Community-Based Alternatives (HCBA) Waiver and Medi-Cal Waiver Program (MCWP). DHCS has distributed approximately \$3,094,000 in payments to 273 provider organizations.

However, implementation challenges arose due to state-level staffing capacity to execute the project's initiatives and timeline restrictions due to exhaustive state contracting requirements. Additionally, the ability to implement incentive/retention payments timely was dependent on the state's ability to identify the qualifying rendering service providers and whether the state already issues direct payments to the rendering service providers. For this initiative it took California longer to implement the initiative and issue payments because the rendering service providers that qualified to receive the incentive/retention payments were not directly enrolled Medicaid providers and did not have a direct billing relationship with the DHCS fiscal intermediary. They were employees of various Medi-Cal enrolled HCBS provider agencies that bill Medi-Cal for the services rendered. As a result, DHCS had to create an application process for the various agency providers employing qualifying service providers to identify employees that met criteria for the payments and then had to issue payments to the agency providers for distribution to their employees. Conversely, California did not have this issue for its similar IHSS HCBS Care Economy Payments initiative as all individual service providers were directly enrolled with the state and receive direct payment from the state for services provided and therefore the state was able to quickly identify providers that met qualifying criteria within its case management and payroll system and issue the payments (completed within less than six months of CMS approval). Despite the challenges, the state was able to successfully execute this project.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

To ensure the proper use of state equivalent funds for Non-IHSS HCBS Care Economy Payments, even after the closure of the state's HCBS spending plan, remaining funds are to be reallocated to other areas where additional funding assistance is needed. This will ensure that the state equivalent funds are used effectively, efficiently and to enhance the quality of care and support provided to the HCBS community.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

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

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

B. Quarterly Report

FFY 2024-2025 Q3

DHCS final contract with the California State Controller's Office (SCO) has been executed. The total payment to SCO was \$193, leaving the remaining balance of \$69,813 to be reallocated.



FFY 2024-2025 Q1

DHCS distributed all the incentive payments (\$3,094,000) in 2023. In February 2024, DHCS conducted a reconciliation process to collect payments from provider organizations that were unable to distribute checks to individual providers. DHCS recouped approximately \$30,000 in unused funds. Additionally, DHCS is in the final stages of executing a contract with the California State Controller’s Office (SCO), in the amount of ~\$70K, for check writing services previously rendered.

FFY 2023-2024 Q3

DHCS started distributing payments in October 2023 and distributed all eligible payments by October 27, 2023. DHCS received applications from 273 provider organizations to distribute the incentive payment to approximately 6,044 non-IHSS Medi-Cal HCBS providers throughout the State. DHCS received and approved applications from a variety of HCBS provider organizations, including ALW Care Coordination Agencies, CCT Lead Organizations, CBAS sites, MSSP sites, PACE Organizations, and wavier agencies providing services through the HCBA Waiver and MCWP. Prior to reconciliation (planned to occur by the end of January 2024), DHCS has distributed approximately \$3,094,000 in payments to 273 provider organizations.

Waiver/Program Type	Entity Count
Assisted Living Waiver (ALW)	14
California Community Transitions (CCT)	6
Community-Based Adult Services (CBAS)	185
Contracted Services Entities	3
Home and Community-Based Alternatives (HCBA)	9
Medi-Cal Waiver Program (MCWP)	4
Multipurpose Senior Services Program (MSSP)	20
Program of All-Inclusive Care for the Elderly (PACE)	32

FFY 2023-2024 Q1

To expand the pool of eligible recipients, DHCS modified the eligibility requirements by expanding the timeframe by one year (previous timeframe: March 2020 through March 2021; updated timeframe: March 2020 through March 2022) and expanded the



provider types eligible to receive the payment. The expanded provider types meet the requirements of Appendix B of the SMDL #21-003.

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

FFY 2023-2024 Q3

DHCS plans to start distributing payments between April through June of 2023. DHCS will release additional information to stakeholders, including the process to apply for the incentive payment, between January through March of 2023. The information will be sent directly to stakeholders and posted on DHCS' webpage.

Increasing the Home and Community-Based Clinical Workforce

Funding: \$75M enhanced federal funding (\$75M TF) [One-Time]

Lead Department(s): HCAI, with DHCS, California Department of Public Health (CDPH), CDA

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

A. Overview

Caring4Cal

Caring4Cal was an ambitious partnership between HCAI, Cell-Ed, Cell-Ed's sub vendors, and dozens of provider- and community-serving organizations. The program not only met but exceeded its objectives to expand, enhance, and strengthen California's HCBS workforce. Key achievements include:

- 1.35 million+ course hours completed by 44,000 care providers, significantly expanding access to high-quality training opportunities.
- \$18 Million in incentives distributed to ensure that providers were supported and recognized for their commitment to professional development.
- 20,000+ care providers received individualized coaching, fostering skill-building and career advancement.

With its broad geographic and demographic reach, Caring4Cal has created lasting, statewide impacts that extend far beyond the program's duration. By equipping care providers with specialized training and hands-on support, the program has strengthened the HCBS workforce, ultimately improving quality of care for some of California's most vulnerable populations, including older adults, individuals with disabilities, and children with complex medical needs. Participants now enter the workforce better prepared, more confident, and able to deliver culturally responsive, person-centered care that meets the diverse needs of their communities.

To further capture the program's successes and inform future workforce initiatives, HCAI and Cell-Ed collaborated to collect recorded testimonials from participants. These first-hand accounts highlight the transformative impact of Caring4Cal across different populations, geographic regions, and professions. The insights gained from these stories, combined with the program's overall learnings, will help shape future workforce development efforts to ensure they are more effective, efficient, and sustainable.

Looking ahead, HCAI continues to explore opportunities to build on Caring4Cal's success and apply its key learnings to future workforce programs. While funding may not always be directed solely to HCBS priorities, many of the strategies and best practices developed through Caring4Cal, such as training accessibility, provider incentives, and career advancement support, can be leveraged to support overlapping workforce initiatives, such as the Behavioral Health Services Act and BH-CONNECT.

These efforts will not only help train new providers but also improve retention and support for the workforce serving Medi-Cal patients. By leveraging these insights, HCAI remains committed to fostering an innovative and responsive healthcare workforce that meets the evolving needs of California's communities.

LeadingAge California

HCAI has partnered with LeadingAge California to administer HCBS funding to support The Gateway-In Project. This program aligns with HCAI's workforce priorities and supports low-income students through wrap-around services that include transportation, education materials, career-coaching, and providing English as a second-language education. Through Gateway-In, participants can also:

- Receive clinical training, mentorship, and job placement support
- Gain employment as caregivers while completing their studies
- Access alternative workforce incentives and career advancement opportunities

In late 2024, LeadingAge requested an extension of the agreement from July 1, 2025, to September 1, 2025, which HCAI approved. This extension allows for expanded training capacity to build on the program's success in exceeding its initial goal of graduating 2,700 students and addressing continued strong demand. With this additional time, 1,500 more students will have the opportunity to participate and will still be eligible for all wrap-around services; however, they will not receive retention bonus incentives due to the time required to process these payments. The extension was made possible through a reallocation of existing resources and came at no additional cost. The program was funded through two sources, with HCBS funds fully expended by the required spend-down deadline. As the program concludes, staffing efforts will shift toward finalizing student reimbursements and incentive payments.

By August 1, 2025, LeadingAge will submit a final report synthesizing program outcomes and key insights. These findings will inform future workforce development efforts, particularly initiatives focused on recruiting and retaining underserved populations in allied healthcare roles in high-need areas. By applying these learnings, HCAI aims to strengthen workforce pipelines that better reflect the communities they serve and expand access to quality healthcare across California.

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

As populations of seniors, people with disabilities, and children with complex care needs grow, the need for healthcare services provided in homes and home-like settings will continue to expand. However, the workforce serving in these settings currently faces challenges surrounding recruitment and retention that have only been exacerbated by the COVID-19 pandemic. To meet current and future needs, the Certified Nursing Assistant and Home and Community Based Services Initiative supports a variety of programs designed to increase the HCBS clinical workforce of Home Health Aides (HHAs), Certified Nurse Assistants (CNAs), Licensed Vocational Nurses (LVNs), and Registered Nurses (RNs). In addition, the programs will increase racial and language diversity, access to health services in rural communities for children with complex medical conditions and individuals with disabilities, and access to geriatric care for aging adults for the Medi-Cal population. The goal of the HCAI HCBS Spending Plan Initiative is to increase the HCBS clinical workforce of Home Health Aides (HHAs), Certified Nurse Assistants (CNAs), Licensed Vocational Nurses (LVNs), and Registered Nurses (RNs); and to increase racial and language diversity; access to health services in rural communities, for children with complex medical conditions and individuals with disabilities; and access to geriatric care for aging adults for the Medi-Cal population.

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

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

B. Quarterly Report

FFY 2024-2025 Q3

Caring4Cal

As of September 2024, the Caring4Cal Program has successfully encumbered the allocated HCBS funds to make significant strides in home-based care workforce development. Partnering with over two dozen organizations, the program delivered training to more than 44,000 participants, resulting in 320,268 courses completed and totaling 1,377,260 hours of instruction. Additionally, \$18.4 million in incentives were distributed to over 16,000 Californians, and career coaching and support were provided to 19,000 participants.

The program tackled critical challenges in home-based care, such as caregiver availability, cultural and linguistic barriers, and caregiver burnout, by focusing on provider recruitment, retention, and upskilling. Its impact extends statewide by enhancing care quality for older adults, individuals with disabilities, and children with complex medical needs.

As the program transitions, HCAI and Cell-Ed are focused on finalizing data transfers, responding to reporting requirements, and addressing any remaining needs to ensure a smooth conclusion of the contract.

LeadingAge California

By July 2024, LeadingAge California's Gateway-In Project had successfully added 1,153 CNA and HHA graduates during the reporting period from July 2023 to June 2024, with 378 of these graduates securing employment within the same timeframe. The program also expanded to 35 training sites across California.

Looking ahead, LeadingAge California is expected to submit its Year 3 report by July 2025, detailing further outcomes and impacts of this critical workforce initiative.

FFY 2024-2025 Q1

Caring4Cal Program

HCAI has contracted with Cell-Ed to administer the Caring4Cal program. The Caring4Cal fund provides award grants to support programs that expand, enhance, and strengthen the workforce of California's HCBS providers. Programs selected for funding will

enhance providers' caregiving skills, contentment, job stability, and opportunities for career progression. Providers will have the ability to earn incentives for completing courses, entering the profession, and staying in the profession.

Since publicly launching in January 2024, Cell-Ed has focused on enhancing the Caring4Cal participant experience. Cell-Ed worked to ensure the incentive approval process was fair and efficient, course availability was accurate, outreach was purposeful and intentional, and the program continued to reach diverse participants. By the end of March, the Caring4Cal program had 15,476 unique providers participating in courses, 13,297 incentive applications submitted, and 9,362 providers receive coaching services from Cell-Ed.

As the program approaches its conclusion, Cell-Ed continues to push forward to ensure spending down of all funds allocated to grantees and incentives. Caring4Cal continues to accelerate its growth while also serving many diverse providers with the training opportunities, career pathways, and incentive dollars offered through the program. Cell-Ed, with the support of HCAI, will continue to leverage data, feedback, and learnings to support participants' ability to take full advantage of program offerings, grantees' ability to maximize trainings provided, and the program's overall impact.

LeadingAge California

HCAI has partnered with LeadingAge California to administer HCBS funding to support The Gateway-In Project. This program aligns with HCAI's workforce priorities and supports low-income students through wrap-around services that include transportation, education materials, career-coaching, and providing English as a second-language education.

LeadingAge California previously submitted the Year 2 report on program activities in August 2023. In the report, LeadingAge California indicated that the Gateway-In Project had added 1,200 CNA and HHA graduates, as well as 24 training partners across the state that fund student tuition, since 2022.

LeadingAge California is expected to submit the Year 3 report by August 1, 2024.

FFY 2023-2024 Q3

Caring4Cal Program

HCAI contracted with Cell-Ed to administer the Caring4Cal Program. The Caring4Cal fund provides award grants to support programs that expand, enhance, and strengthen the workforce of California's HCBS providers. Programs selected for funding will enhance providers' caregiving skills, contentment, job stability, and opportunities for career progression. Providers will have the ability to earn incentives for completing courses, entering the profession, and staying in the profession.

In July, HCAI released a Request for Application (RFA) for the selection of the Caring4Cal Program. Sixty applications were received, and the top 21 applications were awarded a total of \$25M. Programs were notified of awards in October.

In November, the Caring4Cal Program entered the soft launch phase. This phase included outreach partner program communication and making significant progress with grantee contracting. Cell-Ed also worked to update the course catalog, develop a data dashboard, refine the incentive and coaching portals, and execute against the outreach strategy.

The continued program monitoring and updates along with grantee negotiations and contract signing made in November are moving the program toward a full public launch in January. Cell-Ed, with the support of HCAI, will leverage data, feedback, and learnings throughout the program to make continual real-time program improvements.

LeadingAge California

HCAI has partnered with LeadingAge California to administer HCBS funding to support the Gateway-In Project. This program aligns with HCAI's workforce priorities and supports low-income students through wrap-around services that include transportation, education materials, career-coaching, and providing English as a second-language education.

In August, LeadingAge California submitted the Year 2 report on program activities. In the report, LeadingAge California indicated that the Gateway-In Project has added 1,200 CNA and HHA graduates, as well as 24 training partners across the state that fund student tuition, since 2022.

LeadingAge California will submit the Year 3 report on program activities by August 1, 2024.

FFY 2023-2024 Q1

Activities

- » August 26, 2021 – HCAI conducted a HCBS Spending Plan – cross department kick-off meeting with CDA, CDPH, and DHCS to coordinate among state agencies regarding the HCBS project goal related to increasing clinical workforce, to start identifying data needs and other stakeholders, and identify next steps across departments.
- » HCAI will continue to engage other departments when doing the stakeholder engagement and data needs analysis.
- » November 12, 2021 – HCAI informed all potential stakeholders about the HCBS initiative and encouraged them to participate in upcoming interview and design and development sessions.
- » February 10, 2022 – Based on stakeholder feedback, Consultant presented HCAI with a list of 12 recommendations for programs or initiatives to increase the clinical workforce. HCAI prioritized these recommendations, considering programs or initiatives to implement in the near term and those that require a longer period to build. To validate HCAI's priorities, stakeholders were surveyed.
- » March 2, 2022 – HCAI approved a final list of prioritized recommendations. The top recommendations are:
 - Fund low-income student's expenses and wrap-around support and/or services.
 - Fund new and existing staff bonuses and stipends.
 - Develop career pathways and pipelines.
 - Target outreach in shortage areas and in diverse communities.
 - Fund programs that support upskilling and mentorship.
 - Develop campaigns that increase awareness about the valuable work of HHAs and CNAs.

- Develop programs and stipends that increase the pool of instructors and faculty in clinical training sites.
- » Meetings continue with a variety of stakeholders whose programs align with HCAIs prioritized recommendations.
- » March 18, 2022 – A meeting was held with an organization that proposed a new three-year program to increase the CNA and HHA workforce.
- » April 22, 2022 – Met with an adult education consortium to discuss opportunities to increase the health instructor pool for CNA and HHA training programs.
- » May 15, 2022 - Met with the Dean of a California Community College to discuss their pilot program that offers RN and Advanced Practice Nursing students an opportunity to become instructors.
- » June 3, 2022 – Received a proposal from an organization that proposed a new four-year program to increase the LVN and RN workforce that includes the opportunity for CNAs and HHAs to upskill in these roles. HCAI is currently reviewing this opportunity.
- » August 18, 2022 – HCAI received joint proposals from two California adult schools to increase the number of CNA seats and instructors in their CNA programs.
- » September 2, 2022 – HCAI released a Request for Information (RFI) for potential programs based around increasing the CNA/HCBS workforce.
- » October 7, 2022 – RFI closes with 14 total responses, RFI evaluation period begins.
- » October 25, 2022 – In light of CMS’ inquiries about previous HCBS activities that might increase the institutional workforce, HCAI realigned those, and they are no longer part of the HCBS Initiative.
- » November 23, 2022 - HCAI leadership reviewed RFI responses and their alignment with HCAI’s goals and prioritized recommendations. Next steps include detailed discussions with top respondents to determine potential for further development.
- » December 13, 2022 – Met with sibling departments to continue cross-collaboration discussions related to HCBS initiatives.

- » February 8, 2023 – Met with a potential vendor to act as a Third-Party Administrator to develop a HCBS workforce program to recruit, train, and retain HCBS workers.
- » March 22, 2023 – Continued discussions with two adult schools to increase the number of CNA seats and instructors in their CNA programs.
- » April 26, 2023 – Met with sibling departments to continue cross-collaboration discussions related to HCBS initiatives.
- » May 2023 – Finalized contract with vendor to develop HCBS workforce program.

Program Implementation

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

- » Add 2,700 CNA and HHA students.
- » Add 10 new clinical training sites across throughout the state that funds student tuition.
- » Support low-income students through wrap-around services that include transportation, education materials, career-coaching, and provide English as a second-language education.
- » The Grant Agreement was effective June 15, 2022, and the first release of funds occurred in August 2022. (This actual expenditure was reflected as an adjustment in the Q2 FFY 2022-2023 update.)
- » The grantee submitted an interim report on their activities on December 12, 2022.

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

- » Engage the HCBS workforce through training opportunities that lead to upward mobility (certification or licensure) in the workforce.

- » Strengthen the HCBS workforce through training and skill building opportunities that improve quality of care, job satisfaction and retention in their field.
- » Provide technical assistance to awardees.

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

Consultant Contract

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

FFY 2022-2023 Q3

Activities

- » August 26, 2021 – HCAI conducted a HCBS Spending Plan – Cross Department kick-off meeting with CDA, CDPH, and DHCS to coordinate among state agencies regarding the HCBS project goal related to increasing clinical workforce, to start identifying data needs and other stakeholders, and identify next steps across departments.
- » HCAI will continue to engage other departments when doing the stakeholder engagement and data needs analysis.
- » November 12, 2021 – HCAI informed all potential stakeholders about the HCBS initiative and encouraged them to participate in upcoming interview and design and development sessions.
- » February 10, 2022 – Based on stakeholder feedback, Consultant presented HCAI with a list of twelve recommendations for programs or initiatives to increase the clinical workforce. HCAI prioritized these recommendations, considering programs or initiatives to implement in the near term and those that require a longer period to build. To validate HCAI's priorities, stakeholders were surveyed.
- » March 2, 2022 – HCAI approved a final list of prioritized recommendations. The top recommendations are:

- Fund low-income student's expenses and wrap-around support and/or services.
 - Fund new and existing staff bonuses and stipends.
 - Develop career pathways and pipelines.
 - Target outreach in shortage areas and in diverse communities.
 - Fund programs that support upskilling and mentorship.
 - Develop campaigns that increase awareness about the valuable work of HHAs and CNAs.
 - Develop programs and stipends that increase the pool of instructors and faculty in clinical training sites.
- » Meetings continue with a variety of stakeholders whose programs align with HCAIs prioritized recommendations.
 - » March 18, 2022 – a meeting was held with an organization that proposed a new three-year program to increase the CNA and HHA workforce.
 - » April 22, 2022 – Met with an adult education consortium to discuss opportunities to increase the health instructor pool for CNA and HHA training programs.
 - » May 15, 2022 - Met with the Dean of a California Community College to discuss their pilot program that offers RN and Advanced Practice Nursing students an opportunity to become instructors.
 - » June 3, 2022 – received a proposal from an organization that proposed a new four-year program to increase the LVN and RN workforce that includes the opportunity for CNAs and HHAs to upskill in these roles. HCAI is currently reviewing this opportunity.
 - » August 18, 2022 – HCAI received joint proposals from two California adult schools to increase the number of CNA seats and instructors in their CNA programs.
 - » September 2, 2022 – HCAI released a Request for Information (RFI) for potential programs based around increasing the CNA/HCBS workforce.
 - » October 7, 2022 – RFI closes with 14 total responses, RFI evaluation period begins.

- » October 25, 2022 – In light of CMS’ inquiries about previous HCBS activities that might increase the institutional workforce, HCAI realigned those, and they are no longer part of the HCBS Initiative.
- » November 23, 2022 - HCAI leadership reviewed RFI responses and their alignment with HCAI’s goals and prioritized recommendations. Next steps include detailed discussions with top respondents to determine potential for further development.

Program Implementation

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

- » Add 2,700 CNA and HHA students.
- » Add 10 new clinical training sites across throughout the state that funds student tuition.
- » Supports low-income students through wrap-around services that include transportation, education materials, career-coaching, and provide English as a second-language education.
- » The Grant Agreement was effective June 15, 2022, and we anticipate that the first release of funds will occur in August 2022. (This actual expenditure will be reflected as an adjustment in the Q2 FFY 2022-2023 update.)
- » The grantee will submit an interim report on the activities by December 1, 2022.

Consultant Contract

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

Providing Access and Transforming Health (PATH) Funds for Homeless and HCBS Direct Care Providers

Funding: \$50M enhanced federal funding (\$100M TF) [One-Time]

Lead Department(s): DHCS, with CDSS and HCAI

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Application design for the Capacity and Infrastructure Transition, Expansion and Development (CITED) initiative has consistently included targeted questions and information that clarifies PATH is a five-year initiative. Potential awardees are made aware to focus on sustainability at their facilities as PATH funding will end and is not intended as a long-term avenue for funding. Outside of HCBS the PATH program is supplemented by additional funding streams.

Sustainability is a core component in all PATH initiatives. Upon award, all PATH recipients detail the overall goals of their project, their ability to complete their project/goals within the spending timeframe, define services that will be provided by the applicant organization through PATH funding, and their approach to sustainability post-PATH funding. Further, while start-up costs are allowable and encouraged in all PATH initiatives, the expectation is for awardees to plan for sustainability and ongoing costs upon project close-out.

During the final two years of the waiver period, PATH Collaborative Planning Initiative (CPI) collaboratives will work with local participants, including MCPs, focusing efforts on the long-term sustainability of ECM and Community Supports through various activities, such as sharing best practices and developed resources across various collaboratives and building cross-collaborative networks.

Through the PATH Technical Assistance (TA) Marketplace initiative, several TA Recipients have received support in developing sustainable staffing models and identifying data and IT infrastructure systems to support ongoing service delivery. Current Off-the-Shelf projects supporting sustainability are included in multiple

domains, including Building Data Capacity, Engaging in CalAIM through Medi-Cal Managed Care, and Workforce. Additionally, some recipients have requested fully customized projects to support streamlining processes, expanding referral networks, developing more efficient systems, and staff skill-building, with the goals of increased member engagement and long-term sustainability.

Lastly, to ensure the sustainability of ECM and Community Supports post-PATH, MCPs and stakeholders are encouraged to:

1. Strengthen partnerships with providers and community organizations to build resilient networks.
2. Invest in provider training and capacity-building to ensure readiness and adaptability.
3. Refine service models to enhance efficiency, effectiveness, and alignment with beneficiary needs.
4. Leverage data and outcomes to demonstrate value to managed care plans and stakeholders, reinforcing the case for continued investment.

This approach ensures that the foundation built through PATH initiatives extends beyond the waiver period, supporting long-term access to critical services for Medi-Cal members.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

PATH is in its third program year out of five. The program is geared as a multi-year effort to shift delivery systems and advance the coordination and delivery of quality care and services authorized under DHCS' Section 1115 and 1915(b) Waivers. DHCS has expanded Enhanced Care Management (ECM) and long-term services and supports statewide through CalAIM Community Supports, formerly known as In Lieu of Services (ILOS). To successfully implement these new investments, local governments and community-based organizations worked to recruit, onboard, and train a new workforce. There was a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding has supported outreach efforts to publicize job opportunities, workforce

development strategies to train staff in evidenced based practices, implement information technology for data sharing, and support training stipends. Funding also supported ECM and Community Supports provider capacity building (e.g., workflow development, operational requirements, and oversight) and delivery system infrastructure investments (e.g., certified EHR technology, care management document systems, closed-loop referrals, billing systems/services, and onboarding/enhancements to health information exchange capabilities). As of Q3 FY 2023-2024, \$88M in HCBS fund payments were completed, expending the full amount of HCBS funding allocated to CITED. Implementation efforts continue under additional funding sources. As of December 2024, DHCS has awarded \$498M through the CITED initiative to 496 awardees.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

CITED funding requirements prohibited supplantation of funds. The State required CITED applicants to include strategies to avoid duplication and supplantation of other funding sources in their CITED application (e.g., other federal, state, local funds) as well as services otherwise paid for by Medi-Cal. CITED awardees submitted quarterly progress reports to the State to monitor for compliance. Awardees included details on progress toward completion of milestones outlined in their approved application and provided backup documentation to support the release of payment to the awardee. Progress reporting tied to HCBS fund investments is scheduled for completion in early 2026.

A. Overview

FFY 2024-2025 Q3

PATH funds will support a multi-year effort to shift delivery systems and advance the coordination and delivery of quality care and services authorized under DHCS' Section 1115 and 1915(b) Waivers. California is proposing a significant expansion of the

homeless system of care that will create over 2,000 direct service jobs for those providing services to homeless and formerly homeless individuals through investments in California Department of Social Services programs.

Additionally, Medi-Cal is planning to expand Enhanced Care Management (ECM) and long-term services and supports statewide through CalAIM Community Supports (formerly known as In Lieu of Services (ILOS)). To successfully implement these new investments, local governments and community-based organizations will need to recruit, onboard, and train a new workforce. There is a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidenced based practices, implement information technology for data sharing, and support training stipends. Funds will also support ECM and Community Supports provider capacity building (e.g., workflow development, operational requirements, and oversight) and delivery system infrastructure investments (e.g., certified EHR technology, care management document systems, closed-loop referrals, billing systems/services, and onboarding/enhancements to health information exchange capabilities).

FFY 2024-2025 Q1

No updates to report.

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Additionally, Medi-Cal is planning to expand Enhanced Care Management (ECM) and long-term services and supports statewide through CalAIM Community Supports (formerly known as In Lieu of Services (ILOS)). To successfully implement these new investments, local governments and community-based organizations will need to recruit, onboard, and train a new workforce. There is a need for a workforce with experience/expertise in working with the disabled and aging populations. Funding will support outreach efforts to publicize job opportunities, workforce development strategies to train staff in evidenced based practices, implement information technology

for data sharing, and support training stipends. Funds will also support ECM and Community Supports provider capacity building (e.g., workflow development, operational requirements, and oversight) and delivery system infrastructure investments (e.g., certified EHR technology, care management document systems, closed-loop referrals, billing systems/services, and onboarding/enhancements to health information exchange capabilities).

B. Quarterly Report

FFY 2024-2025 Q3

DHCS received approval of the operational protocols for the PATH Program from CMS on June 22, 2023. The activities funded in this initiative are foundational to the successful implementation of Enhanced Care Management and Community Supports, such as Housing Support and Navigation Services, Respite Services, Day Habilitation Programs, Community Transition Services, Personal Care and Homemaker Services, and Environmental Accessibility Adaptions by building further capacity and infrastructure. The services are being implemented in California's Medi-Cal Managed Care Delivery System. In Q3 FY 2023-2024, Capacity and Infrastructure Transition, Expansion and Development (CITED) Round 1 grantees submitted one quarterly progress report and earned \$26,037,877.51 in payments based on completion of approved milestones in their CITED applications. Of the total \$26 million in payments made for completion of milestones, \$19,786,524.18 originated from HCBS fund and all allocated HCBS funding was paid to grantees.

FFY 2024-2025 Q1

DHCS received approval of the operational protocols for the PATH Program from CMS on June 22, 2023. The activities funded in this initiative are foundational to the successful implementation of Enhanced Care Management and Community Supports, such as Housing Support and Navigation Services, Respite Services, Day Habilitation Programs, Community Transition Services, Personal Care and Homemaker Services, and Environmental Accessibility Adaptions by building further capacity and infrastructure. The services are being implemented in California's Medi-Cal Managed Care Delivery System.

In Q3 FY 2023-2024, Capacity and Infrastructure Transition, Expansion and Development (CITED) Round 1 grantees submitted one quarterly progress report and earned

\$26,037,877.51 in payments based on completion of approved milestones in their CITED applications. Of the total \$26 million in payments made for completion of milestones, \$19,786,524.18 originated from HCBS fund and all HCBS funding is on track to be paid by FY 2023-2024.

FFY 2023-2024 Q3

DHCS received approval of the operational protocols for the PATH Program from CMS on June 22, 2023. The activities funded in this initiative are foundational to the successful implementation of Enhanced Care Management and Community Supports, such as Housing Support and Navigation Services, Respite Services, Day Habilitation Programs, Community Transition Services, Personal Care and Homemaker Services, and Environmental Accessibility Adaptions by building further capacity and infrastructure. The services are being implemented in California's Medi-Cal Managed Care Delivery System, with the goal of implementing Managed Long-Term Services and Supports statewide in 2027.

From Q4 FY 2022-2023 through Q2 2023-2024, Capacity and Infrastructure Transition, Expansion and Development (CITED) grantees submitted three quarterly progress reports and earned \$70,300,601.37 in payments based on completion of approved milestones in their CITED applications. Of the total \$70.3 million in payments made for completion of milestones, \$35.2 million originated from HCBS fund and the remaining funds are targeted for payment to CITED grantees in Q3 FY 2023-2024.

FFY 2023-2024 Q1

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

In Q2 of FY 2022-2023, DHCS received a total of 237 Initiative applications for Capacity and Infrastructure Transition, Expansion and Development (CITED) funding. Due to the volume of applications received, DHCS split Round 1 into Rounds 1A and 1B. A grand total of \$203,599,558.01 was awarded to Round 1 approved applicants. The total funded for Round 1A is \$118,537,370.96 and for Round 1B is \$88,537,370.96. Of the grand total of \$203.6 million awarded, \$44.3 million originated from HCBS fund and have been fully awarded this fiscal year.

FFY 2022-2023 Q3

DHCS has submitted the operational protocols for the PATH program to CMS for review. The activities funded in this initiative are foundational to the successful implementation of Enhanced Care Management and Community Supports, such as Housing Support and Navigation Services, Respite Services, Day Habilitation Programs, Community Transition Services, Personal Care and Homemaker Services, and Environmental Accessibility Adaptions, by building further capacity and infrastructure. The services are being implemented in California's Medi-Cal Managed Care Delivery System, with the goal of implementing Managed Long-Term Services and Supports statewide in 2027. In Q2 of FY 2022-2023, DHCS began the process for applications for the PATH Capacity and Infrastructure, Transition, Expansion and Development (CITED) Initiative Round 1 Application. In total, 237 applications were received, for a total request of \$552,379,121. DHCS is in the process of finalizing review and approvals and plans to announce awardees in early 2023. Grantee award notification and funding distribution will begin in Q3 FY 2022-2023.

Traumatic Brain Injury (TBI) Program

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

Lead Department(s): Department of Rehabilitation (DOR)

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program. Using \$5 million in HCBS funding, DOR expanded the capacity of TBI program sites in unserved/underserved areas in 33 counties. These 12 TBI sites provide



services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. The TBI program sites continue to provide services through separate ongoing TBI grant funds.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

Utilizing HCBS funds, we were able to provide additional funding to the existing six TBI sites and add six additional sites. The 12 sites have ramped up their direct services to TBI consumers over the last three years using HCBS funds. Although the current funding is lower than the HCBS funding, the sites are able to continue service as the new sites have established themselves during the HCBS contract period, which for some took almost two years. The additional funding from HCBS did allow the TBI program to expand. However, it showed that there remains a need for higher levels of services. Continued efforts to increase the TBI program funding could grow the TBI program.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

In the recent grant cycle, the sites are required to provide more comprehensive and enhanced services to TBI consumers. Monthly meetings are held with the grantees to ensure they are compliant with their workplan of the grant. Ongoing review of the grantee's budget ensures the budget aligns with the workplan and accomplishments of the grantee. Quarterly reporting will begin for all grantees that will present the status of their workplan, challenges, and outcomes. Workplaces will be adjusted as needed upon approval of DOR.

A. Overview

The Department of Rehabilitation's (DOR) Traumatic Brain Injury (TBI) Program provides five core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. These core

services are also preventative as many TBI survivors who do not have access to a network of services and supports are at a higher risk of chronic homelessness, institutionalization, imprisonment, and placement in skilled nursing facilities due to an inability to perform activities of daily living and impaired emotional regulation. State law requires that 51% of the individuals served in the TBI program must be Medi-Cal recipients.

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

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

The DOR Traumatic Brain Injury (TBI) Program provides five core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. These core services are also preventative as many TBI survivors who do not have access to a network of services and supports are at a higher risk of chronic homelessness, institutionalization, imprisonment, and placement in skilled nursing facilities due to an inability to perform activities of daily living and impaired emotional regulation. State law requires that 51% of the individuals served in the TBI Program must be Medi-Cal recipients.

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

B. Quarterly Report

FFY 2024-2025 Q3

DOR encumbered HCBS funding with 12 non-profit TBI Program sites beginning in April 2022, including six (6) state funded TBI Program State that receive a combination

of state and HCBS Spending Plan funding and six (6) TBI Program sites in unserved/underserved areas that are funded solely through the HCBS Spending Plan initiative.

HCBS funding was used to provide direct services to individuals with TBI and to build the capacity of the TBI program sites to provide comprehensive services to individuals with TBI. Examples of capacity building activities included conducting specialized training on serving TBI survivors, developing educational materials for professionals and the community, building person-centered services and practices, and coordinating services with healthcare, homeless, veterans, and domestic violence organizations.

DOR worked with TBI Program sites to expend funding and is closely monitor monthly expenditure rates by providing technical assistance as needed to ensure funds were expended by December 2024.

Twelve HCBS funded TBI Program sites provided a total of 80,433 core services to 4,145 TBI survivors, family members, and stakeholders in 41 counties in California. The HCBS funded and expanded six state-funded TBI program sites to 12 and resulted in double the number of individuals served prior to HCBS funding.

The TBI Program funded through the HCBS Spending Plan was a one-time investment to build the capacity of TBI service providers to serve individuals with TBI. TBI services was provided by the original six California's TBI Program sites under California Welfare and Institutions Code (WIC) section 4357.1 and to six new programs. In April 2024, DOR conducted a competitive solicitation to fund up to 12 TBI Program sites to provide services beginning October 2024. DOR has a stakeholder TBI Advisory Board that includes a Public Policy and Funding Committee that explores, identifies, and makes recommendations related to funding for California's TBI Program.

DOR had 12 HCBS Spending Plan funded TBI Program sites in California with a funding term through September 30, 2024, with expenditure until December 31, 2024. The HCBS TBI Programs provided person-centered TBI core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. HCBS funding was utilized to build the capacity of the TBI program sites and other systems to provide comprehensive services to individuals with TBI.

FFY 2024-2025 Q1

DOR encumbered HCBS funding with 12 non-profit TBI Program sites beginning in April 2022, including six (6) state funded TBI Program State that receive a combination of state and HCBS Spending Plan funding and six (6) TBI Program sites in unserved/underserved areas that are funded solely through the HCBS Spending Plan initiative.

HCBS funding is being used to provide direct services to individuals with TBI and to build the capacity of the TBI program sites to provide comprehensive services to individuals with TBI. Examples of capacity building activities include conducting specialized training on serving TBI survivors, developing educational materials for professionals and the community, building person-centered services and practices, and coordinating services with healthcare, homeless, veterans, and domestic violence organizations.

DOR continues to work with TBI Program sites to expend funding and is closely monitoring monthly expenditure rates by providing technical assistance as needed to ensure all funds are expended by December 2024.

In State Fiscal Year 2022/23, 12 HCBS funded TBI Program sites provided a total of 46,852 core services to 1,578 TBI survivors, family members, and stakeholders in 41 counties in California. The HCBS funding and expansion from six state funded TBI program sites to 12 TBI program sites resulted in double the number of individuals served prior year to HCBS funding.

The TBI Program funded through the HCBS Spending Plan is a one-time investment to build the capacity of TBI service providers to serve individuals with TBI. TBI services will be provided on-going through California's TBI Program sites under California Welfare and Institutions Code (WIC) section 4357.1 and new funding sources. DOR is currently conducting a new competitive solicitation to fund up to 12 TBI Program grants in California beginning October 2024. DOR has a stakeholder TBI Advisory Board that includes a Public Policy and Funding Committee that is exploring, identifying, and making recommendations related to funding for California's TBI Program.

DOR has 12 HCBS Spending Plan funded TBI Program sites in California with a funding term through June 30, 2024, with expenditure until December 31, 2024. The HCBS TBI Programs provide person-centered TBI core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a

community of their choice. HCBS funding is being utilized to build the capacity of the TBI program sites and other systems to provide comprehensive services to individuals with TBI.

FFY 2023-2024 Q3

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

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

DOR continues work with TBI Program sites to expend funding and is closely monitoring monthly expenditure rates to target technical assistance as needed to ensure all funds are expended by December 2024.

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

DOR has funded 12 TBI Program Sites in California with a funding term through June 30, 2024, with expenditure until December 31, 2024. The HCBS TBI Programs provide person-centered TBI core services designed to increase independent living skills to maximize the ability of individuals with TBI to live independently in a community of their choice. HCBS funding is being utilized to build the capacity of the TBI program sites and other systems to provide comprehensive services to individuals with TBI.

FFY 2023-2024 Q1

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

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

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

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

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

FFY 2022-2023 Q3

DOR issued a Request for Application (RFA) for the selection of California TBI Program sites under California Welfare and Institutions Code (WIC) section 4357.1, with a term of April 1, 2022, through June 30, 2024. Nine qualified applicants applied to the RFA, and the highest ranking six were determined to be California's TBI Program Sites to receive state funding.

All nine applicants that responded to the RFA were awarded contracts utilizing the HCBS Spending Plan funding. This includes the six (6) state funded TBI Program Sites to expand their capacity and three (3) new HCBS TBI Program Sites in underserved/underserved areas. All nine (9) TBI Program Sites will use HCBS Spending Plan funding to serve underserved/unserved areas beginning April 2, 2022, for encumbrance or expenditure until March 31, 2024. Program contracts identify underserved/unserved geographic areas and target populations they will serve.

Through an additional RFI process, DOR awarded HCBS Spending Plan funding to three additional TBI sites in unserved/underserved areas beginning July 1, 2022, for encumbrance or expenditure until March 31, 2024. In total, there are six TBI Program sites that are funded solely through the HCBS Spending Plan initiative and six TBI Program State sites that receive a combination of state and HCBS Spending Plan funding.

In August 2022, DOR hired a staff position to support the TBI Program HCBS Spending Plan and the 12 contracts funded to provide direct services. The HCBS Spending Plan TBI Program is anticipated as a one-time investment to build the capacity of TBI service providers to serve individuals with a TBI. TBI services will be provided on-going through WIC section 4357.1 and new funding sources.

DOR negotiated HCBS Spending Plan contracts with nine organizations that have demonstrated the ability to provide TBI services through the state funded TBI RFA process effective April 1, 2022.

DOR issued an RFI to select up-to three additional organizations to serve underserved/unserved geographic regions and target populations in May 2022. DOR awarded HCBS Spending Plan funding to three organizations to serve individuals with TBI in underserved/unserved geographic regions with awards beginning July 2022.

Beginning July 2022, DOR has 12 HCBS Spending Plan funded TBI Program sites in California.

Home and Community-Based Services Navigation

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

HCBS Navigation Initiatives include:

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

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

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

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

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

CDA has begun development of a statewide Aging and Disability No Wrong Door (NWD) System which is intended to provide navigation and streamline access to services

such as long-term services and supports (LTSS), housing, health care, and accessible transportation. As part of the development, CDA has continued expanding local Aging and Disability Resource Connection (ADRC) partnerships which serves as a community access point for consumers looking to understand and access available services – there are currently 24 Designated and three emerging ADRCs covering 32 counties. In addition, CDA is conceptualizing development of a statewide service provider directory that will lay the foundation for a future NWD web portal and consumer contact center of aging and disability resources. In 2024, CDA initiated our State’s NWD State Leadership Council made up of representatives from CDA, Department of Rehabilitation, Department of Health Care Services, Department of Social Services, and Department of Developmental Services to lead the design, development, and implementation of the NWD System.

The development of an Aging and Disability NWD System is key to advancing Goal Three: Inclusion and Equity, Not Isolation of the Master Plan for Aging. Since release of the MPA in 2021, stakeholders have advocated for the need for increased access and navigation to LTSS information resources across multiple agencies, departments, and funding sources, noting this as an imperative equity issue that impacts communities of color, LGBTQ+ individuals, and other under-represented communities.

With the HCBS funds provided in this section, CDA created the foundation of an aging program data repository. The repository will contain data for aging programs that CDA oversees and over time will contain data for other programs that serve older adults and caregivers. The data repository will help inform CDA and the ADRCs about customer needs and service gaps, measure the effectiveness of efforts to address these needs, and guide further strategic planning and program policy as the department continues to build out a NWD system.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

California is establishing a state-wide “No Wrong Door” system (or Aging and Disability Resource Connections), so the public can easily find information, person-centered planning, and care management for older adults and adults with disabilities across the

range of home and community services provided by health plans (i.e., CalAIM “In Lieu of Services”/Community Supports) community-based organizations (CBOs), homeless Continuums of Care, and counties. This investment supports the interoperability between the proposed ADRC technology and data systems with CBOs, health plans, and counties in line with the CalAIM goals for statewide Managed Long-Term Services and Supports for all Californians participating in Medi-Cal and with the new Office of Medicare Innovation and Integration.

B. Quarterly Report

FFY 2024-2025 Q3

CDA continued its planning efforts for a statewide client relationship management (CRM) system by completing initial foundational data capabilities to support statewide reporting in November 2024. A second phase has been initiated to continue building out data capabilities and operationalize CDA’s data program. Developing core data capabilities will help CDA realize its data strategy objectives and establish the foundation to support CDA strategic initiatives. The second phase is anticipated to be completed by September 2025.

FFY 2024-2025 Q1

CDA continued its planning efforts for a statewide client relationship management (CRM) system by initiating necessary contracts to help build out the data foundation to support statewide reporting. In December 2023 and January 2024, contracts were awarded to a data services vendor and Organization Change Management consulting firm. The contracted staff are assisting CDA in initiating and development of foundational data capabilities for CDA. Developing core data capabilities will help CDA realize its data strategy objectives and establishes the foundation to support CDA strategic initiatives. Effort is underway to build the data repository infrastructure and data governance framework that will eventually support all CDA program data. This initial phase is anticipated to be completed by September/October 2024.

FFY 2023-2024 Q3

CDA is in the process of planning a statewide client relationship management (CRM) system. The system will allow for statewide reporting on ADRC activities, ad hoc reporting and self-service functionality, and reduced system maintenance costs. CDA created a data strategy to prepare for the CRM and enable a more holistic view of data. CDA has contracted with a vendor to plan and develop a strategic data and tactical

roadmap to support the department's data strategy that includes implementation of a Data Repository infrastructure. The central data repository will establish the data foundation for the CRM and be used by statewide Aging and Disability Resource Connection (ADRC) programs. CDA is in contract negotiations for supplemental consulting services to provide Organizational Change Management services, consultation, and support to coincide with the data strategy efforts. A contract award is anticipated in December 2023/January 2024.

FFY 2023-2024 Q1

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

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

FFY 2022-2023 Q3

CDA is in the process of developing a statewide client relationship management (CRM) system that will be used by all of the states Aging and Disability Resource Connection (ADRC) programs. The system will allow for statewide reporting on ADRC activities, ad hoc reporting and self-service functionality, and reduced system maintenance costs. CDA is currently completing system mapping and alternatives analysis. CDA plans to send a contract solicitation in January/February 2023, with a projected award date of May/June 2023.

Dementia Care Aware and Geriatric/Dementia Continuing Education

Funding: \$25M enhanced federal funding (\$25M TF) [One-Time]

Lead Department(s): DHCS, with HCAI, CDPH



Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

DHCS is committed to improving detection, care, and caregiver support for individuals with Alzheimer's disease and related dementia. The Dementia Care Aware (DCA) partnership with the University of California San Francisco (UCSF) provided a statewide standard for training and screening for dementia in California.

Through activities such as monthly DCA webinars, the DCA warmline (a primary care team support and consultation service), and close partnerships with local and state agencies, promotion of dementia screenings and early diagnosis is available for all Californians.

DHCS is in the process of developing a zero-dollar contract with University of California San Francisco (UCSF) which will enable UCSF to provide data on providers who have completed the trainings to DHCS.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

Key lessons learned to strengthen the DCA program were improving outreach to clinical staff, as well as expanding training options and opportunities beyond the online course offered through the DCA website. These efforts led to the creation of a live training that could be delivered both virtually and in person, which in turn resulted in a strong increase in training completions. As of August 2024, more than 5,000 individuals have successfully completed the CHA training program.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Although the contract between DHCS and UCSF has ended, UCSF will continue to provide education and training. UCSF has obtained separate funding through September 2026 that will allow the program to provide online course, webinars and podcast and resources such as the warmline for providers and care support team.

A. Overview

FFY 2024-2025 Q3

FFY 2024-2025 Q1

No updates to report.

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

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

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

B. Quarterly Report

FFY 2024-2025 Q3

During the HCBS funding extension, DHCS continued to work with our contractor, University of California San Francisco (UCSF), to provide training to primary care



providers in dementia screening through the Dementia Care Aware (DCA) initiative. There were two monthly webinars and three episodes of the “Dementia Care On Air” podcast. The webinars and podcasts can be accessed through the DCA website and offer Continuing Education Credit (CEC) and Maintenance of Certification (MOC) credit. The recording was made available on Spotify, Apple Podcasts, and Amazon Music. The virtual live one-hour training sessions via Zoom are available multiple times a month to make it easy to accommodate busy schedules. As of August 31, 2024, 5,391 individuals have completed “The Cognitive Health Assessment: The Basics” course, with 41.57percent of learners being clinical providers.

DHCS’ contract with UCSF ended September 30, 2024. Due to state statutory requirements which tie provider payment to training, DHCS will continue a zero-dollar contract with UCSF to report on provider utilization of DCA training.

FFY 2024-2025 Q1

During the HCBS funding extension, DHCS continued to work with our contractor, University of California San Francisco (UCSF), to train primary care providers in dementia screening through the Dementia Care Aware (DCA) initiative. There were five monthly webinars and three episodes of the “Dementia Care On Air” podcast. The webinars and podcasts can be accessed through the DCA website and offer Continuing Education Credit (CEC) and Maintenance of Certification (MOC) credit. The recording was made available on Spotify, Apple Podcasts, and Amazon Music. The virtual live one-hour training sessions via Zoom are available multiple times a month to make it easy to accommodate busy schedules. Live trainings account for over 40 percent of providers trained. As of April 30, 2024, 3,674 individuals completed “The Cognitive Health Assessment: The Basics” course. The DCA initiative continues outreach to all counties in California, and in March 2024, added Tehama to its training metrics with 34 providers trained.

The DCA team held its second annual conference in March in Newport Beach, California. The conference highlighted the ongoing work around dementia care from California State Departments as well as the successes and lessons learned from DCA partner organizations. There were over 75 attendees from DCA partner sites and clinics, California State Departments, and subject matter experts in the dementia field. The final DCA Clinical Advisory Board meeting was held on June 7, 2024. Discussion revolved around current program updates and next steps for transitioning the program.

FFY 2023-2024 Q3

During this reporting period, DHCS continued to work with our contractor, University of California San Francisco (UCSF), to train primary care providers in dementia screening through the Dementia Care Aware (DCA) initiative. Six more monthly webinars were held and four more episodes of the Dementia Care On Air podcasts were recorded and made available on Spotify, Apple Podcasts, and Amazon Music. All webinars and podcast episodes can be accessed through the [Dementia Care Aware website](#) and offer Continuing Education Credit (CEC) and Maintenance of Certification (MOC) credit.

A DCA Clinical Advisory Board meeting was held on September 29, 2023. The meeting was attended by sixteen individuals. DCA facilitated a Duals Integration Plan Workgroup on July 26, 2023, to provide background and technical assistance surrounding DHCS's requirement that all Dual Special Needs Plans (D-SNP) to report the percentage of patients aged 65 and older who had cognition assessed within the measurement period on an annual basis, based on the American Academy of Neurology (AAN) measures. This state-specific requirement ties into the DCA initiative.

The virtual live training sessions via Zoom continue to be available on a twice monthly basis. As of September 30, 2023, a total of 1,713 individuals have completed "The Cognitive Health Assessment: The Basics" course. This represents an 84% increase since last quarter (from July 2022 through June 2023), during which they had 930 training completions. The 1,713 training completions include those who were trained via the online self-paced course and those who were trained via a live training. So far, the live trainings have accounted for almost 1,300 (74% of the total) training completions.

The core training has been received favorably by learners who have taken it and there has been a promising increase in training completions (largely attributable to our live trainings). However, as of September 30, 2023, only 884 clinical providers have taken "The Cognitive Health Assessment: The Basics" course training and there are thousands left to reach. Primary care providers have expressed that they have many competing priorities and do not always feel that the additional billing for screening is a meaningful incentive. For example, CPT 1494F and its accompanying \$29 payment may be an incentive for some providers, but providers often comment it is not that common that they can apply it because they either work in Federally Qualified Health Centers (FQHCs) or do not see Fee-For-Service (FFS) Medi-Cal patients only in their practice. Since a majority of Medi-Cal Members are under a Medi-Cal Managed Care Plan, providers are reimbursed through set rates determined on pre-established agreements, capitated

rate. Additionally, FQHCs, Rural Health Clinics (RHCs), or Tribal Health Programs are not eligible to receive additional payments for the Cognitive Health Assessment (CHA) screening. UCSF will continue to highlight other incentives (e.g., beneficial for their patients, D-SNP reporting requirements), but the lack of a strong incentive for primary care providers remains a barrier for the training. UCSF will continue to report to DHCS on training completion, feedback, and utilization.

FFY 2023-2024 Q1

DHCS continues to work with our contractor, University of California San Francisco (UCSF), to train primary care providers in dementia screening through the Dementia Care Aware initiative. During this reporting period, an updated [Dementia Care Aware website](#) was launched with accessibility improvements as well as additional educational content, including a [downloadable provider toolkit](#). Five more monthly webinars were held and the first three episodes of the Dementia Care On Air podcasts were recorded and made available on Spotify, Apple Podcasts, and Amazon Music. All webinars and podcast episodes can be accessed through the Dementia Care Aware website and offer Continuing Education Credit (CEC) and Maintenance of Certification (MOC) credit.

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

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

One insight gained from the solicited feedback was that live training was an appealing option for primary care providers. As a result, the core module was transformed into a live training that can be delivered both virtually and in person. In February and March

2023, four live trainings were held and over 50 individuals trained. Starting May 19, 2023, virtual live training sessions via Zoom will be available on a twice monthly basis.

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

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

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

FFY 2022-2023 Q3

During this reporting period, DHCS worked with our Dementia Care Aware initiative contractor, University of California San Francisco (UCSF), to develop a [Cognitive Health Assessment \(CHA\) training](#) using evidence-based tools. In July 2022, Dementia Care Aware launched this web-based training for Medi-Cal providers on team-based use of the CHA which provides Continuing Education Credits (CECs) for several provider types, including Continuing Medical Education (CME) and Maintenance of Certification (MOC) credit for physicians, and Marriage and Family Therapists (MFTs) credit for Licensed Professional Clinical Counselors (LPCCs), Licensed Clinical Social Workers (LCSWs), Marriage & Family Therapists (LMFTs) and Licensed Educational Psychologists (LEPs). To

assist with next steps in evaluation and care planning with patients, Dementia Care Aware has launched an education series including monthly webinars and ECHO (virtual case conference) series. Since August 2022 we have conducted five monthly webinars and four ECHO sessions. The monthly webinar series provides all CECs listed above, and the ECHO series provides (CME) credit for physicians.

UCSF has continued to improve the [Dementia Care Aware](#) website with links to videos of past webinars and links to provider and patient/caregiver resources for clinical and social support services, respectively, for people living with dementia. DHCS has been in discussion with UCSF on further website improvements such as expanded content, improved ease of use for people living with dementia and their caregivers, primary care teams, and people interested in learning more about the program. The website allows interested parties to sign up and be part of a mailing list to receive Dementia Care Aware news, events, and educational offerings. UCSF has also stood up a support page that allows providers to submit clinical and operational questions and get a response in 48 hours as part of practice support for the CHA.

Dementia Care Aware's Clinical Advisory Board (CAB), comprised of key stakeholders including members from primary care provider organizations, community-based organizations, and dementia experts from UC campuses, the California Alzheimer's Disease Centers, the CDPH's Alzheimer's Disease Program, and the Alzheimer's disease and Related Disorders Advisory Committee of California Health and Human Services (CalHHS), has continued to meet monthly since July 2022, with ongoing meetings scheduled throughout the duration of the project. DHCS has updated many stakeholder groups on our progress implementing Dementia Care Aware; including presenting at the DHCS Medi-Cal Managed Care Plans Medical Directors' Meetings on July 14, 2022, and October 13, 2022; the MLTSS and Duals Stakeholder Workgroup on August 18, 2022; the Duals Integration Plan Workgroup on September 8, 2022; and the California Medicare Advantage Roundtable on October 26, 2022.

During this reporting period, UCSF built their initial provider outreach strategy by coordinating outreach efforts across key partners [Alzheimer's Association, University of California San Diego, University of California Los Angeles (UCLA), University of California Irvine (UCI), California State University Fresno, Harbor-UCLA, and Sensis] to enhance provider engagement. The key outreach steps include, but are not limited to, identifying providers and practices that serve beneficiaries experiencing disparities in dementia assessment and care, creating standardized communication materials, building

messaging channels to engage stakeholders, and networking strategies to engage leadership and potential learners from key organizations. Dementia Care Aware also developed a program evaluation plan which includes quantitative data collection from partner sites and qualitative focus groups. The qualitative focus group strategy is in progress and will be submitted by the end of this quarter.

Planned activities for 2023 include UCSF submitting a report to DHCS on training completion and feedback, any available stakeholder interview data, and practice support activities. This report will be submitted in January 2023. Also planned is the launch of a Dementia Care Aware “warm-line” for provider support during regular clinic hours and development and implementation of a provider toolkit are other key deliverables for 2023.

Dementia Care Aware will also continue making website improvements and improving and updating training based on feedback in Q3. In addition to monthly webinars, UCSF will be launching 30-minute podcasts covering education topics on clinical care related to screening and dementia, real world examples, and conversations with community experts. These monthly podcasts will be shared via various audio platforms and provide an opportunity to get CECs and CMEs. The initiative will also conduct interviews with Medi-Cal providers on implementation constraints for the Dementia Care Aware CHA and toolkit in 2023. The findings from these interviews will be used to iterate and improve the CHA and toolkit.

Language Access and Cultural Competency Orientations and Translations

Funding: \$11.1M enhanced federal funding (\$41.6MTF), \$30.5M GF Ongoing

Lead Department(s): DDS

Final Report

1. Description of any strategies the state intends to implement to sustain the state’s activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Both the current year as well as the 2025-2026 fiscal year budget account for the costs associated to promote Language Access and Cultural Competency.

2. Description of the state’s progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

The LACC program is an ongoing and annual initiative. The Department has implemented standardized measures that each Regional Center report data on. These standardized measures will provide the Department and the Regional Centers with data to better assess LACC program outcomes, identify target populations for more focused engagement and adapt activities to align with the diverse needs of the communities served.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state’s HCBS spending plan.

Not applicable.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

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

translations.

B. Quarterly Report

FFY 2024-2025 Q3

Regional Centers are actively promoting cultural and language sensitivity and awareness through their LACC plans, pursuant to the April 2022 directive issued by the Department of Developmental Services (DDS). LACC activities include conducting Listening Sessions, providing translation and interpretation at public meetings, and engaging with diverse communities. The current funding also supports cultural humility training for RC staff and the production of educational videos and outreach materials.

DDS is actively monitoring and supporting these plans to ensure they align with the language and cultural needs of the communities represented in each regional center's catchment area. DDS offers ongoing technical assistance, training, and guidance complemented by monthly office hours to further support the RCs.

From January through June 2025, DDS will maintain ongoing oversight of the Regional Center's LACC plans by reviewing data and expenditure reports. In addition, DDS LACC staff will provide technical support and guidance to facilitate the successful implementation of the program. This proactive approach will enhance transparency and accountability in the utilization of LACC funds.

FFY 2024-2025 Q1

Regional centers are currently working on second-year activities for their Language Access and Cultural Competency (LACC) plans, pursuant to the April 2022 directive issued by the Department of Developmental Services (DDS). DDS is actively monitoring and supporting these plans to ensure they align with the language and cultural needs of the communities represented in each regional center catchment area. DDS continues to offer technical assistance, training, and guidance and hosts monthly office hours to provide ongoing support. In December 2023, regional centers submitted semi-annual reports, and the following reflect highlights for the LACC efforts:

- » Increased bilingual and bicultural capacity within regional centers

- » Completed multiple translation projects to increase linguistic competency
- » Increased opportunities for input from the diverse communities served
- » Expanded engagement and outreach opportunities to listen to communities
- » Created culturally and linguistically competent resources

Outcomes reported include the provision of cultural humility training for regional center staff, improvements in translations, the creation of support networks for specific cultural groups, and key lessons learned regarding specific language access and cultural needs for families and communities served.

FFY 2023-2024 Q3

In March of 2023, regional centers began year two of their Language Access and Cultural Competency (LACC) plans pursuant to the April 2022 Department of Developmental Services (DDS) issued directive. DDS monitors and supports regional center plans that reflect their community's needs. DDS continues to provide ongoing technical assistance, training, and guidance. DDS monitors progress with standardized measures and provides guidance on stated goals, objectives, and activities. In October 2023, regional centers submitted semi-annual reports and the following reflect highlights of the LACC activities and accomplishments:

- » Increased bilingual and bicultural capacity within regional centers.
- » Completed multiple translation projects to increase linguistic competency.
- » Increased opportunities for input from the diverse communities served.
- » Expanded engagement and outreach opportunities to listen to communities.

FFY 2023-2024 Q1

On April 6, 2022, Department of Developmental Services (DDS) issued a directive to regional centers to develop Language Access and Cultural Competency (LACC) Plans that include assessments, engaging with and listening to individuals and families from diverse communities, measurements of outcomes and progress reports. Focus of the funding is for regional centers to improve consumer and family experience and to facilitate more consistent access to information and services for multi-lingual,

monolingual, and diverse cultural groups. In August 2022, DDS approved regional center plans that included: a Profile, Language Assessment, Cultural Competency Assessment, Budget, and Timeline. LACC Plans were posted on each regional center's website. DDS monitors progress with standardized measures and provides guidance on stated goals, objectives, and activities. In April 2023, regional centers submitted semi-annual reports. DDS provides on-going technical assistance, training, and guidance to implement the LACC Program.

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

FFY 2022-2023 Q3

On April 6, 2022, Department of Developmental Services (DDS) issued a directive to regional centers to develop Language Access and Cultural Competency Plans that include assessments, engaging with and listening to individuals and families from diverse communities, measurements of outcomes and progress reports. Focus of the funding is for regional centers to improve consumer and family experience and to facilitate more consistent access to information and services for multi-lingual, monolingual, and diverse cultural groups. Regional center plans were submitted to DDS in June 2022. Once approved by DDS, regional center Language Access and Cultural Competency Plans will be available on their website. DDS is monitoring progress on stated goals, objectives, and activities. DDS will provide technical assistance as needed after review of semi-annual reports due in December 2022.

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

CalBridge Behavioral Health Navigator Program

Funding: \$40M enhanced federal funding (\$40M TF) [One-Time]

Lead Department(s): DHCS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program. DHCS has implemented strategies to sustain the state's activities to strengthen HCBS under the Medicaid program through the CalBridge Behavioral Health Navigator Program (CalBridge). The CalBridge program has

engaged key stakeholders across California to promote this innovative model of care and services the Behavioral Health Navigator (BHN), or Community Health Worker (CHW) provides, through outreach efforts and regional collaboration to ensure long-term sustainability. These collaborations and networked statewide resources are making essential treatment resources more accessible to people seeking care in communities across California.

The state will be launching six outpatient Bridge Clinics to expand the network of telemedicine-capable low-barrier clinics able to receive referrals. The BHN will continue to identify patients in the emergency department who could benefit from rehabilitative treatment (both mental health and substance use disorder treatment) and guide them in accessing those services.

CalBridge will be enhanced through the development and implementation of an online patient resource portal, CA Bridge Connect. CA Bridge Connect will enable patient access to a network of BHN/CHWs, low barrier clinics, and telehealth. This optimized process will connect community touchpoints such as emergency departments, BHNs, CHWs, peer support workers, community clinics, opioid treatment programs and telehealth providers. Through the development of regional networks of touchpoints that encounter patients with a substance use disorder, the state's goal is to facilitate transitions of care and expand access and connections to care.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

In May 2024, DHCS expanded and strengthened HCBS under the Medicaid program through the release of new policy through an All Plan Letter (APL) [24-006](#). The APL provides Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for becoming a CHW in accordance with Medicaid State Plan Amendment 22-0001 and requires all MCPs to submit a CHW Implementation Strategy to align with the goal of DHCS to sustain the CHW through permanent funding. MCPs must additionally ensure and monitor sufficient Provider Networks within their service areas, including for CHW services. The APL also details the requirements of becoming a CHW through

either the certificate or work experience pathway, eligible services that may be provided, and other specified technical requirements.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Since the closure of the state's HCBS spending plan on December 31, 2024, DHCS currently contracts with a designated entity approved to complete activities for CalBridge. The state monitors the spending and activities outlined in the scope of work and approves all services and deliverables completed by the entity.

Additionally, the state has developed an evaluation matrix to ensure the integrity, intended outcome of services, and spending of funds are successful.

A. Overview

FFY 2024-2025 Q3

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

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

While the funding will affect services that are not specifically included in the State Plan services listed in Appendix B, these services are nonetheless directly related to the services listed in Appendix B. Specifically, BH navigators in emergency departments provide screening, brief assessments, and referral to ongoing SUD and mental health

treatments upon release from the emergency department, all of which are components of the rehabilitative services identified in Appendix B. While the services of the BH navigators are not reimbursable as distinct rehabilitative services, they are serving to enhance and strengthen HCBS in Medicaid, by identifying patients who could benefit from rehabilitative treatment (both MH and SUD treatment) and then helping them access those services.

FFY 2024-2025 Q1

No updates to report.

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

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

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

B. Quarterly Report

FFY 2024-2025 Q3

To date, the CalBridge BH Navigator Program has been successful in granting the HCBS funds dedicated to this program. A total of \$35.9 million has been distributed to 276 hospitals throughout California. As of September 2024, 85 of 276 hospital sites have permanently sustained the BH navigator position representing a decrease of hospitals sustaining BH navigators due to hospital budget cuts and challenges implementing the billing pathway for navigators. Continued training, outreach, and resource activities are ongoing with a goal of 100% sustainability of all hospital sites implementing CalBridge.

DHCS added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022, under preventive health services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. These added services allow hospitals to bill Medicaid for CHW services for trained BH professionals who serve in the role as a BH navigator. From January through March 2023, DHCS strengthened the sustainability of CalBridge, by providing supplemental funding to hospitals to develop and implement sustainability strategies to permanently maintain BH navigator positions as a HCBS standard of care under the Medicaid Program.

Additionally, in May 2024, DHCS continued plans to expand and strengthen HCBS under the Medicaid program through release of new policy through All Plan Letter (APL) [24-006](#). The APL provides Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for becoming a CHW in accordance with [State Plan Amendment 22-0001](#) and will require all MCPs to submit a CHW Implementation Strategy to align with DHCS' goal of sustaining the CHW through permanent funding.

FFY 2024-2025 Q1

To date, the CalBridge BH Navigator Program has been successful in granting the HCBS funds dedicated to this program. A total of \$35.9 million has been distributed to 276 hospitals throughout California. As of March 2024, 85 of 276 hospital sites have permanently sustained the BH navigator position representing a decrease of hospitals sustaining BH navigators due to hospital budget cuts and challenges implementing the billing pathway for navigators. Continued training, outreach, and resource activities are ongoing with a goal of 100% sustainability of all hospital sites implementing CalBridge.



DHCS added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022, under preventive health services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. These added services allow hospitals to bill Medicaid for CHW services for trained BH professionals who serve in the role as a BH navigator. From January through March 2023, DHCS strengthened the sustainability of CalBridge, by providing supplemental funding to hospitals to develop and implement sustainability strategies to permanently maintain BH navigator positions as a HCBS standard of care under the Medicaid Program.

Additionally, in January - March 2024, DHCS continued plans to expand and strengthen HCBS under the Medicaid program through release of new policy through an All Plan Letter (APL). The APL will provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for becoming a CHW in accordance with State Plan Amendment 22-0001 and will require all MCPs to submit a CHW Implementation Strategy to align with the goal of DHCS to sustain the CHW through permanent funding.

FFY 2023-2024 Q3

To date, the CalBridge BH Navigator Program has been successful in granting the HCBS funds dedicated to this program. A total of \$35.9 million has been distributed to 278 hospitals throughout California through April 2023. Of the 278 hospitals that received awards, 72 new hospitals were funded that had not yet participated in CalBridge through the Behavioral Health Prevention Plan (BHPP), and 206 hospitals already participating in CalBridge, are implementing new services covering the costs to add a new navigator and expand hours of coverage or patients served. Though 278 hospitals received awards, two hospitals declined the award due to either not being able to hire a navigator or did not have the bandwidth to stand up the program. To date, there are 276 hospitals participating in CalBridge.

DHCS added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022, under preventive health services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. These added services allow hospitals to bill Medicaid for CHW services for trained BH professionals who serve in the role as a BH navigator. From January through March 2023, DHCS strengthened the sustainability of CalBridge, by providing supplemental funding to hospitals to develop

and implement sustainability strategies to permanently maintain the position of the BH navigator as a HCBS standard of care under the Medicaid Program. Currently 96 of 276 hospital sites have permanently sustained the BH navigator position. Continued training, outreach, and resource activities are ongoing with a goal of 100% sustainability of all hospital sites implementing CalBridge.

Additionally, in January 2024, DHCS plans to expand and strengthen HCBS under the Medicaid program through release of new policy through an All Plan Letter (APL). The APL intends to provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for becoming a CHW in accordance with State Plan Amendment 22-0001 and requires all MCPs to submit a CHW Implementation Strategy to align with the goal of DHCS to sustain the CHW through permanent funding.

FFY 2023-2024 Q1

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

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

FFY 2022-2023 Q3

To date, the CalBridge BH Navigator Program has been successful in granting the HCBS funds dedicated to this program. A total of \$26.7 million has been distributed to 223 hospitals throughout California through September 2022. Of the 223 hospitals that received awards, 32 new hospitals were funded that had not yet participated in CalBridge through the Behavioral Health Prevention Plan (BHPP), and 191 hospitals already participating in CalBridge, are implementing new services covering the costs to add a new navigator and expand hours of coverage or patients served.

Home and Community-Based Services (HCBS) Transitions

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

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

HCBS Transition Initiatives include:

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

Eliminating the Assisted Living Waiver Waitlist

Funding: \$208.36M enhanced federal funding (\$255M TF, \$38M Ongoing)

Lead Department(s): DHCS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

California plans to continue funding this initiative through the State General Fund past the expiration of ARPA funds. Through this initiative, which increased the number of slots, California has significantly decreased the ALW waitlist and has seen a significant increase in providers. The addition of the new slots enabled California to provide sufficient ALW capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

DHCS implemented the Eliminating the Assisted Living Waiver Waitlist initiative within one year of CMS' approval. DHCS released the first round of additional slots funded through ARPA in May 2022. Through the Eliminating the Assisted Living Waiver initiative, which increased the number of slots by 7,000, DHCS significantly decreased the ALW waitlist and has seen a significant increase in providers. The addition of the new slots enabled DHCS to provide sufficient ALW capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth.

DHCS also designated HCBS Spending Plan funding for this initiative for state operations costs and added positions to accommodate the anticipated increase in enrollments. This included clinical staff necessary to process level of care determinations and approve enrollments into the waiver, operations staff for waitlist management and data entry, provider enrollment staff to address

anticipated increases in provider enrollment applications and monitoring and oversight staff.

During the implementation of this initiative, DHCS identified two best practices that helped lead to implementation successes and circumvent implementation barriers:

- DHCS designated HCBS spending plan funding for this initiative for state operations costs and added positions to accommodate the anticipated increase in enrollments. This included clinical staff necessary to process level of care determinations and approve enrollments into the waiver, operations staff for waitlist management and data entry, provider enrollment staff to address anticipated increases in provider enrollment applications, and monitoring and oversight staff.
 - Clear and timely policy guidance to providers. DHCS worked to provide timely updates to policy guidance for ALW providers, including updated waitlist management policy, to enable providers to work quickly and efficiently to move individuals from the waitlist and onto the waiver.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

The State plans to continue to reinvest the state equivalent of funds from this initiative into the continued growth of the ALW. Since May 2022, 12,876 slots have been released from the ALW Waitlist. (This total does not include applicants that transitioned from an institutional setting from January 2022 – September 2024, as these individuals bypass the waitlist and go directly to the application process.) To address the significant growth of the ALW and increase access to services, DHCS has amended the 2024-2029 ALW multiple times to increase the number of available slots. After the closure of the state's HCBS spending plan, DHCS will continue to evaluate the capacity of the ALW through multiple processes, including, but not limited to regular review of reports and audits, site visits and program reviews, and ongoing stakeholder engagement.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

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

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

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

Notably, ALW-eligible individuals are those who are enrolled in Medi-Cal and meet the level of care provided in a nursing facility due to their medical needs. The proposal to eliminate the ALW waitlist will not impact eligibility requirements and will not allow enrollees who are not already Medicaid eligible to enroll into the waiver program.

DHCS does not intend to provide funding for services other than those listed in Appendix B. The proposed commitment to ALW growth will also likely encourage participation of Residential Care Facilities for the Elderly (RCFE) and of Adult and Senior Care Residential Facility (ARF) providers in the ALW Program, as the waitlist has been previously cited as a barrier to provider participation. DHCS will work with stakeholders to ensure care coordination and transition as beneficiaries are enrolled in ALW.

B. Quarterly Report

FFY 2024-2025 Q3

To date, since May 2022, 12,876 slots have been released from the ALW Waitlist. (This total does not include applicants that transitioned from an institutional setting from January 2022 – September 2024, as these individuals bypass the waitlist and go directly to the application process.)

To address the significant growth of the ALW and increase access to services, DHCS amended the 2024-2029 ALW to increase the number of available slots for Waiver Years 1-5. The amendments were approved by CMS, effective October 1, 2024.

FFY 2024-2025 Q1

To date, since May 2022, 9,985 slots have been released from the ALW Waitlist. (This total does not include applicants that transitioned from an institutional setting on or after January 2022, as these individuals bypass the waitlist and go directly to the application process.)

To address the significant growth of the ALW and increase access to services, DHCS amended the 2019-2024 ALW to increase the number of available slots for Waiver Year 5. Additionally, due to the growth of the program and continued high demand, DHCS submitted, and CMS approved, a significant increase to the number of slots during the Waiver renewal process, which became effective March 1, 2024.

FFY 2023-2024 Q3

In March 2023, DHCS released additional guidance to Care Coordination Agencies (CCAs) with the goal of rebalancing the waitlist and ensuring clients who have been on the waitlist the longest will have access to waiver services. The updated guidance adjusted the number of slots released to CCAs based on the size of their waiting list,

reducing the number of slots for the CCAs with smaller waiting lists and reallocated those slots to the CCAs that have larger waiting lists. To date, roughly 7,964 slots have been released from the ALW Waitlist. (This total does not include applicants that transitioned from an institutional setting on or after January 2022, as these individuals bypass the waitlist and go directly to the application process.)

To address the significant growth of the ALW and increase access to services, DHCS is in the process of amending the ALW to increase the number of available slots for Waiver Year 5. Additionally, DHCS plans to increase the number of slots during the Waiver renewal process, effective March 1, 2024.

FFY 2023-2024 Q1

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

FFY 2022-2023 Q3

In May 2022, DHCS released a Policy Letter to ALW providers and its administrative program delegates, known as Care Coordination Agencies (CCAs), which provide guidance on processing their waitlists. The guidance outlined DHCS expectations of CCAs, the methods in which DHCS will be releasing ALW waitlist slots, and recommended outreach to individuals on the waitlist in preparation of waitlist slot releases. To date, roughly 3,700 slots have been released for transitioning individuals for placement into the Program. (This total does not include applicants that transitioned from an institutional setting on or after January 2022, as these individuals bypass the

waitlist and go directly to the application process.)

Enhanced Transition Service Bundles for Laguna Honda Hospital Residents

Funding: \$600K enhanced federal funding (\$600K TF) [One-time]

Lead Department(s): DHCS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Due to the nature of the Enhanced Transition Service Bundle (ETSB) initiative having been a one-time payment to assist transfers of Medicaid-funded residents of Laguna Honda Hospital (LHH) to new care settings in response to CMS' decertification of the facility, there are no current strategies the state intends to implement. In recognition of the size of the LHH population that needed to be transferred, the limited availability of Medi-Cal skilled nursing facility (SNF) beds in San Francisco, and the complex needs of the population, DHCS planned to utilize ARPA funding to provide ETSBs to LHH residents who need "bridge services" to support safe and sustainable transfers.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

As of December 2024, SFDPH claimed ~\$49,000 in funds to provide Enhanced Transition Bundles (ETSBs) to eligible participants. DHCS does not expect SFDPH to claim any further funds as most clients who were eligible to receive ETSBs were enrolled in managed care and the Managed Care Plans (MCPs) assisted with transitions.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

To ensure the proper use of state equivalent funds for ETSBs, even after the closure of the state's HCBS spending plan, remaining funds are to be reallocated to other areas where additional funding assistance is needed. This will ensure that the state equivalent funds are used effectively, efficiently and to enhance the quality of care and support provided to the HCBS community.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

No updates to report.

FFY 2023-2024 Q1

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

After assessing the needs and goals of each resident, the contracted care coordination

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

entity will provide one or more of the following ETSBs until long-term care and housing are in place, for a maximum duration of six months:

1. Enhanced Care Coordination Bundle (transitional Behavioral Health assistance can be included, when necessary)
2. Housing Set-Up Bundle (Environmental Accessibility Adaptations can be included, when necessary)
3. Tenancy Sustaining Services Bundle
4. Recuperative Care Bundle
5. Meals Bundle

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

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

FFY 2022-2023 Q3

CMS approved DHCS' proposal to utilize HCBS Spending Plan funding to transfer Medicaid-funded residents of Laguna Honda Hospital (LHH) to new care settings, on the heels of CMS' decertification of the facility. In recognition of the size of the LHH population that needs to be transferred, the limited availability of Medi-Cal skilled

nursing facility (SNF) beds in San Francisco,² and the complex needs of the population, DHCS will utilize ARPA funding to provide Enhanced Transition Service Bundles (ETSBs) to LHH residents who need “bridge services” to support safe and sustainable transfers. The intent of the service bundles is to combine community living alternatives with intensive care management and housing navigation services to LHH residents transitioning to a community setting. These services will work in conjunction with Medi-Cal and other waiver-related funding but will not overlap or duplicate such services.

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

1. Enhanced Care Coordination Bundle (transitional Behavioral Health assistance can be included, when necessary)
2. Housing Set-Up Bundle (Environmental Accessibility Adaptations can be included, when necessary)
3. Tenancy Sustaining Services Bundle
4. Recuperative Care Bundle
5. Meals Bundle

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

To assist beneficiaries in transitioning, the Housing Set-Up bundle will include the option to pay for first month’s rent as required by landlord for occupancy. Per recent CMS guidance, states can use the state equivalent funds under ARP section 9817 to pay for first month’s rent and utilities for individuals transitioning out of institutions as these are allowable expenditures under section 1915(k) Community First Choice. The State will

² As of June 10, 2022, only eight out of the 340 Medi-Cal SNF beds in San Francisco were available.

not draw down federal enhanced match funding authorized under Section 9817 for the ETSBs provided to residents transitioning from LHH, payments for providing ETSBs will be issued on a quarterly basis. The bundled payment amounts are based on the California Advancing and Innovating Medi-Cal (CalAIM) Community Supports Non-Binding Pricing Guidance, Whole Person Care Pilot Program expenditures, California's Money Follows the Person (MFP) grant program, and 1915(c) Waiver services.

FFY 2022-2023 Q1 – Updated November 3, 2022

CMS approved DHCS' proposal to utilize HCBS Spending Plan funding to transfer Medicaid-funded residents of Laguna Honda Hospital (LHH) to new care settings, on the heels of CMS' decertification of the facility. In recognition of the size of the LHH population that needs to be transferred, the limited availability of Medi-Cal skilled nursing facility (SNF) beds in San Francisco,¹ and the complex needs of the population, DHCS will utilize ARPA funding to provide Enhanced Transition Service Bundles (ETSBs) to LHH residents who need "bridge services" to support safe and sustainable transfers.

The intent of the service bundles is to combine community living alternatives with intensive care management and housing navigation services to LHH residents transitioning to a community setting. These services will work in conjunction with MediCal and other waiver-related funding but will not overlap or duplicate such services.

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

1. Enhanced Care Coordination Bundle (transitional Behavioral Health assistance can be included, when necessary)
2. Housing Set-Up Bundle (Environmental Accessibility Adaptations can be included, when necessary)
3. Tenancy Sustaining Services Bundle
4. Recuperative Care Bundle
5. Meals Bundle

None of the services included in the ETSBs will replace or be duplicative of Medi-Cal services a beneficiary can access through the state plan and/or an HCBS waiver. However, LHH residents may utilize services included in ETSBs when they are required to

ensure a safe and sustainable transition but are not available through the system of care in which they are enrolled (e.g., Managed Care Plan, fee-for-service, HCBS waiver).

The services included will not be utilized to pay for ongoing room and board costs. To assist beneficiaries in transitioning, the Housing Set-Up bundle will include the option to pay for first month's rent as required by landlord for occupancy. Per recent CMS guidance, states can use the state equivalent funds under ARP section 9817 to pay for first month's rent and utilities for individuals transitioning out of institutions as these are allowable expenditures under section 1915(k) Community First Choice.

The State will not draw down federal enhanced match funding authorized under Section 9817 for the ETSBs provided to residents transitioning from LH, payments for providing ETSBs will be issued on a quarterly basis. The bundled payment amounts are based on the California Advancing and Innovating Medi-Cal (CalAIM) Community Supports Non-Binding Pricing Guidance, Whole Person Care Pilot Program expenditures, California's Money Follows the Person (MFP) grant program, and 1915(c) Waiver services.

B. Quarterly Report

FFY 2024-2025 Q3

As of December 2024, SFDPH claimed ~\$49,000 in funds to provide Enhanced Transition Bundles (ETSBs) to eligible participants. DHCS does not expect SFDPH to claim any further funds as most clients who were eligible to receive ETSBs were enrolled in managed care and the Managed Care Plans (MCPs) assisted with transitions.

FFY 2024-2025 Q1

There are no expenditures for this initiative and DHCS does not plan to expend funds for this initiative. Clients who were eligible to receive Enhanced Transition Services Bundles (ETSBs) were enrolled in managed care and the Managed Care Plans (MCPs) are assisting with transitions.

FFY 2023-2024 Q3

The contract between DHCS and the San Francisco Department of Public Health (SFDPH) to provide ETSBs to LHH residents who need "bridge services" to support safe and sustainable transfers was executed in June 2023. The contract has a retroactive date of September 1, 2022, and continue providing funds until December 2023 to help ensure SFDPH has the necessary resources to support safe facility-initiated community



discharges for residents no longer requiring a skilled nursing level of care.

FFY 2023-2024 Q1

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

FFY 2022-2023 Q3

The contract between DHCS and the San Francisco Department of Public Health is still being processed; as a result, no payments have been made for ETSBs provided to LHH residents.

Housing and Homelessness Incentive Program

Funding: \$606.9M enhanced federal funding (\$1.09B TF) [One-Time]

Lead Department(s): DHCS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

The Housing and Homelessness Incentive Program (HHIP) goal was to expand and enhance programs that facilitate individuals transitioning to community-based living arrangements. HHIP enabled Medi-Cal Managed Care Plans (MCP) to earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The goals and objective of HHIP is deeply aligned with the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Through HHIP, MCPs have developed sustaining partnerships and built capacity to support referrals for key CalAIM services that seek to address the Health-Related Social Needs such as housing. For example, 96% of MCPs (101 of 105 total MCP/County combinations) reported during HHIP submissions that they're currently participating and integrating into local housing Continuums of Care

coordination and planning efforts connections with Housing Management Information System (HMIS) data. There was also 98% of MCPs (103 of 105 total MCP/County combinations) that reported having data sharing agreements with County Behavioral Health agencies. Additionally, MCPs have leveraged HHIP funds to build networks of providers to support the contracting of Enhanced Care Management (ECM) providers and Community Supports providers that specialize and has experience with services for individuals experiencing homelessness. As providers are contracted as ECM and/or Community Supports providers, this in turn means that rates have been negotiated to provide billable Medi-Cal services and sustain long-term operations.

2. Description of the state’s progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

DHCS has seen robust uptake and growth of housing-related services amongst Medi-Cal members that is attributed to the investments made through HHIP funds. For example, in the most recent reporting quarter of Calendar Year 2024 Quarter 2, the below data shows the total number of members who have utilized the “Housing Trio” – listed below – which HHIP played a significant factor in building capacity for provider networks to ensure services reach members.

1. Housing Transition and Navigation Services: 30.4k members
2. Housing Tenancy and Sustaining Services: 14.9k members
3. Housing Deposits: 2k members

Additionally, since rollout of Community Supports as optional services in January 2022, all MCPs in all counties now offer the above mentioned housing-related Community Supports. DHCS has seen positive upward trends in total members utilizing the services and also total number of contracted providers offering the services. This is reflective of the HHIP investments and work MCPs do to help members access housing and addressing homelessness. While Housing Deposits has lower utilization numbers, this is attributed to the challenges members face to secure and access affordable housing. However, this number has increased

incrementally since launch. During the HHIP initiative, MCPs reported other lessons learned such as:

- The need to build staffing infrastructure within housing partners to bridge gaps between health and housing sectors.
 - The shortage of affordable housing inventory was a barrier to successfully house members.
 - Alignment with local government to ensure efforts compliment local county and city priorities.
 - Blending traditional CoC Coordinated Entry Systems and the suite of CalAIM housing services was challenging to ensure outcomes benefit mutual members and service providers without creating gaps or challenges.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

DHCS made available up to the total funding of \$1.288 billion across eligible MCPs in four payments. DHCS determined and shared the maximum amount of incentive payments that each MCP was eligible to earn for each measurement period subject to the requirement of 42 CFR section 438.6(b)(2) that incentive payments not exceed five percent of the value of capitation payments attributable to the enrollees or services covered by the incentive arrangement. Each MCP payment was based on the successful completion and achievement of program measures, Local Homelessness Plan components, and the Investment Plan. DHCS evaluated each MCP's submissions and performance and made incentive payments proportional to the number of points earned. DHCS monitored the timeliness and content of MCP submissions and requested information for incomplete submissions as needed during the review timeframe. DHCS does not direct or restrict the MCP's use of incentive funds they have earned. MCPs were required to ensure that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.

A. Overview

FFY 2024-2025 Q3

An additional payment of \$1,832,000 was issued due to a calculation update.

FFY 2024-2025 Q1

No update to report.

FFY 2023-2024 Q3

No updates

FFY 2023-2024 Q1

As a means of addressing social determinants of health and health disparities (as listed in Appendix D of SMDL #21-003), Medi-Cal managed care plans (MCPs) can earn incentive funds for making investments and progress in addressing homelessness and keeping people housed. Housing instability is a key issue in the Economic Stability domain of Healthy People 2030, negatively affecting physical health and making it harder to access health care including services in Appendix B of SMDL #21-003. Funds are allocated in part by point in time (PIT) counts of homeless individuals and other housing related metrics determined by DHCS. MCPs must meet specified metrics to earn available funds.

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

MCPs and the local homeless Continuums of Care, in partnership with local public health jurisdictions, county behavioral health, Public Hospitals, county social services, and local housing departments must submit a Homelessness Plan to DHCS. The Homelessness Plan must outline how Housing and Homelessness Incentive Program activities and supports would be integrated into the homeless system. This would

include a housing and services gaps/needs assessment and how to prioritize aging and disabled homeless Californians (including those with a behavioral health disability). In counties with more than one MCP, the multiple MCPs would need to work together to submit one Homelessness Plan per county.

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

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

The funding under this incentive program does not include payment for room and board; instead, the funds will incentivize MCPs to meet operational and performance metrics as authorized under 42 CFR § 438.6(b)(2). California anticipates implementing the program in two phases: a Planning Phase, which culminated with the submission of the Local Homelessness Plans (LHPs) in June 2022, including subsequent revisions as applicable, and an Investment Plan (IP) in September 2022, and a Performance Phase. MCPs will earn incentive payments applicable to each phase for successfully achieving specified metrics, with the first payments issued in October 2022, a second round of payments in December 2022, a third round of payments in May 2023 and a final round of payments targeted to occur in March 2024.

B. Quarterly Report

FFY 2024-2025 Q3

Add updates here.

FFY 2024-2025 Q1



The report ended in December 2023 with the last payments flowing in March 2024.

FFY 2023-2024 Q3

The participating Medi-Cal managed care plans (MCPs) will submit Submission 2 (S2), covering the measurement period of January 1, 2023, through October 31, 2023, for each county in which they are participating. The S2 are to be sent to DHCS by December 29, 2023. The Housing and Homelessness Incentive Program (HHIP) team will then commence the review process, focusing on review of submission responses. According to MCP performance, DHCS will issue payment to MCPs by March 2024. The HHIP Team conducted two Technical Assistance office hours on September 15, 2023, and December 19, 2023, addressing submissions, frequently asked questions, and providing technical assistance to work with Plans as we continue to build on the partnerships, infrastructure, and capacity in addressing homelessness. In August 2023, HHIP hosted a Cross-State Roundtable with Anthem Blue Cross, in which they presented on screening methodologies and best practices used in HHIP. After the completion of the HHIP program, the HHIP team will initiate efforts to assess the overall effectiveness of the program framework.

FFY 2023-2024 Q1

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

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

by the end of the measurement period. For designated priority area Delivery of Services and Member Engagement: All MCPs screened their members for homelessness, however only a low number of MCPs reported a 5% improvement on homeless members housed and keeping 85% of their members housed between the measurement period of the Local Homelessness Plan and the Submission 1 measurement period.

FFY 2022-2023 Q3

The participating MCPs submitted their LHP for each county in which they are participating in to DHCS by June 30, 2022, submitted a revised LHP submission by August 12, 2022, and an IP by September 30, 2022. DHCS issued payments to MCPs for submissions of the original and revised LHPs in October 2022 and issued payments for submissions of the IPs in December 2022.

The key takeaways from the LHP submissions are as follows: A majority of MCPs reported forming relationships with their local Continuums of Care and most of the MCPs are not currently directly engaged with their local Coordinated Entry System. The top three barriers MCPs identified in relation to providing housing-related services were: (1) Lack of availability of affordable long-term housing even when members are connected to appropriate housing-related services; (2) Difficulty with effective outreach and member engagement; and (3) Inadequate network of Community Support providers to meet demand. Most MCPs reported being contracted with very few providers to deliver housing-related services but reported having data sharing agreements with nearly all the providers they were contracted with. Most MCPs have a fully executed data sharing agreement or a Memorandum of Understanding in place with their county. In relation to street medicine, most MCPs expressed their intent to develop agreements with their local providers. Only five of the 24 MCPs reported they are able to share and receive data from Homeless Management Information System (HMIS). Most MCPs offering housing-related Community Supports during the measurement period reported having processes in place to track and manage referrals.

Community Care Expansion Program

Funding: \$53.4M enhanced federal funding (\$53.4M TF) [One-Time]

Lead Department(s): CDSS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

The Community Care Expansion Program (CCE) provides funding for acquisition, construction, and rehabilitation of housing with care and supportive services including licensed care facilities such as Adult and Senior Care Residential Facilities (ARFs), Residential Care Facilities for the Elderly (RCFEs), and Residential Care Facilities for the Chronically Ill (RCFCIs) that serve applicants and recipients of Supplemental Security Income/ State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) who are experiencing or at risk of homelessness. These housing options provide a structured home-like environment for people who might otherwise require institutional care. Funded settings are fully compliant with the home and community-based settings criteria to ensure community integration, choice, and autonomy, and will thereby expand access to community-based care.

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

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

In response to the Request for Applications released in FY 2021-22, CDSS received a total of 374 applications requesting more than \$3.8 billion in CCE grants across all seven geographic regions. This far exceeded the amount of CCE grant funding that was available. By FY 2022-23, CDSS awarded a total of \$569.67

million to 61 projects, of which \$53.4 million derived from the HCBS fund. Together these projects are expected to create a total of 3,104 beds/units of housing with care and supportive services for older adults and people with disabilities who are receiving or applying for SSI/SSP and CAPI who are experiencing or at risk of experiencing homelessness.

In addition to the creation of new and expanded settings, CCE has funded capital investment and rehabilitation costs for existing licensed facility settings at risk of closure.

CCE has filled a critical gap in California's housing funding streams by specifically addressing the housing needs of individuals applying for or receiving SSI/SSP and CAPI. Many project sponsors reported that previous funding sources primarily support private pay demographics, leaving those with limited financial resources who are dependent on fixed public benefits at risk of homelessness. CCE has bridged this gap by providing targeted funding that aims to expand and preserve 7,000 beds/units for vulnerable older adults and people with disabilities, thereby reducing homelessness and unnecessary institutionalization.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

CCE-funded housing options maintain covenants to certify their intended use/resident population. The length of these covenants are 30 years for new housing operations and 20 years for expanded housing operations. CDSS continues to monitor the implementation of project activities through ongoing reporting and technical assistance.

A. Overview

FFY 2024-2025 Q3

CDSS has expended all allocated HCBS Spending Plan funds. CDSS continues to administer the Community Care Expansion (CCE) Program, which includes entering into

program funding agreements with project sponsors that were awarded CCE funding, disbursing funds at key milestones of project implementation, and monitoring CCE grant recipients. As of August 2024, CDSS has awarded all CCE grant funds. A total of \$569.67 million was awarded to 61 projects to create 3,104 beds or units. As of mid-November 2024, seven of these projects representing 499 new beds/units have completed construction and are in the process of initiating move-in, and an additional 13 projects representing 725 beds/units have also broken ground.

CDSS continues to work with counties as they administer the CCE Preservation component of the program. In total, 34 counties are participating in the CCE Preservation program and are at various stages of implementation. As of mid-November 2024, nine counties have contracted with 40 facilities and have preserved 1,048 beds thus far. This work will continue throughout 2025.

FFY 2024-2025 Q1

CDSS continues to administer the Community Care Expansion (CCE) Program, which includes issuing awards to eligible projects. As of May 31, 2024, CDSS has awarded \$545.59 million to 59 projects to create 2,993 beds or units. CDSS will continue to award funding until all funds are exhausted. CDSS continues to work with counties as they administer the CCE Preservation component of the program. This work will continue throughout 2024.

FFY 2023-2024 Q3

No updates

FFY 2023-2024 Q1

The Community Care Expansion (CCE) Program provides \$860M to counties and tribes for the acquisition, or rehabilitation, or construction of Adult and Senior Care Residential Facilities (ARFs), Residential Care Facilities for the Elderly (RCFEs) and Residential Care Facilities for the Chronically Ill (RCFCIs). These facilities provide a structured home-like environment for people who might otherwise require institutional care. Funded settings will be fully compliant with the home and community-based settings criteria to ensure community integration, choice, and autonomy, and will thereby expand access to community-based care.

ARFs, RCFEs and RCFCIs are part of a continuum of long-term care supports providing

non-medical care and supervision to adults who may have a mental, physical, or developmental disability and to those age sixty and over who require additional supports.

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

Funds will be prioritized for the creation of new and expanded settings but may also be used to fund capital investment and rehabilitation costs for existing settings at risk of closure. Applicants will be required to demonstrate commitments to supportive services to assist with the stability of those placed in assisted living settings. Facilities that receive acquisition funding may be purchased and owned by the grantee or may be transferred to a new owner/operator and facilities that receive rehabilitation funding may continue to be owned by an existing owner/ operator. Facilities will maintain covenants to certify their intended use/resident population and the length of the covenants associated with the facilities will be 30 years for new facilities and 20 years for expanded facilities.

B. Quarterly Report

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

A total of \$570 million was made available for CCE Capital Expansion funding through a Request for Applications (RFA) published in January 2022. As of May 31, 2024, CDSS has awarded \$545.59 million to 59 projects to create 2,993 beds or units.

FFY 2023-2024 Q3



A total of \$570 million was made available for CCE Capital Expansion funding through a Request for Applications (RFA) published in January 2022. As of December 2023, CDSS has awarded \$353 million to 42 organizations funding 48 projects. Applications for the CCE Capital Expansion project funding were accepted on a project basis through June 1, 2023, and are funded on a rolling basis. CDSS continues to review and award projects on a rolling basis for the CCE Regional and Tribal Allocations. Projects that are qualified for CCE funding but are not able to be awarded due to insufficient funding in the Regional or Tribal Allocation have the opportunity to compete for State Set Aside funding. In November 2023, CDSS determined criteria for how to award State Set Aside funding. This criterion is posted to the CCE [website](#). Additionally, CDSS reached out to applicants who had not yet received an award decision through the Regional or Tribal Set Aside funding. This State Set Aside criteria will help prioritize remaining CCE funding to projects that are qualified for CCE funds and most align with the program's goals. In addition, 34 counties accepted non-competitive allocations totaling \$249 million intended for rehabilitation to preserve existing residential adult and senior care facilities that currently serve the target population. Counties are expected to begin implementing their local programs in early 2024. Beginning in September 2023, CDSS, in partnership with a contracted third-party administrator, has begun hosting a series of monthly learning collaboratives to assist counties in program planning and implementation.

FFY 2023-2024 Q1

A total of \$570 million was made available for CCE Capital Expansion funding through a Request for Applications (RFA) published in January 2022. Applications for the CCE Capital Expansion project funding were accepted on a project basis through June 1, 2023, and are funded on a rolling basis. As of June 2023, CDSS has awarded \$353 million to 42 organizations funding 48 projects.

In addition, 34 counties accepted non-competitive allocations totaling \$249 million intended for rehabilitation to preserve existing residential adult and senior care facilities that currently serve the target population. Counties have submitted implementation plans describing how they will operationalize the CCE Preservation funding.

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

requirements, construction plans and project readiness, oversight and management, and budgeting best practices.

FFY 2022-2023 Q3

In January 2022, the California Department of Social Services (CDSS) released a Request for Applications (RFA). This RFA encompasses \$570 million of CCE Capital Expansion funds.

An informational webinar occurred in February 2022, with over 1,400 individuals and organizations attending the webinar. Additionally, CDSS held a webinar for small, licensed facilities to address topics specific to licensees that operate facilities with fifteen or fewer beds. The RFA portal is open and accepting applications. The CCE administrative entity, Advocates for Human Potential, Inc., is currently conducting pre-application consultations and reviewing applications received across the state. CDSS has awarded \$100.27 million to 17 organizations funding 19 projects. Awarded projects are expected to begin construction in 2023 after award agreements are finalized.

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

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

Applicants will be required to demonstrate commitments to supportive services to assist with the stability of those placed in assisted-living settings. Facilities that receive acquisition funding may be purchased and owned by the grantee or may be transferred to a new owner/operator, and facilities that receive rehabilitation funding may continue to be owned by an existing owner/operator. Facilities will maintain covenants to certify their intended use/resident population. Moreover, the length of the covenants associated with the facilities will be tiered based on the level of funding awarded.

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

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

Initiatives include:

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

Alzheimer's Day Care and Resource Centers

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

Lead Department(s): CDA, with CDSS, CDPH, DHCS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Through the **California Community Program for Alzheimer's Services and Supports** (Cal-COMPASS), seven licensed Adult Day Programs (ADP) and Adult Day Health Care Centers (ADHC) were funded for the 14-month pilot project.

CalCompass pilot sites provided dementia-capable services for persons living with Alzheimer's disease and related dementias (ARD) and their care partners and to prevent institutionalization. Between 11/1/2022 and 9/30/2024, the seven Cal-COMPASS sites served 962 individuals with ARD. As noted in the program evaluation conducted by the UC Davis Family Caregiving Institute, the pilot sites improved their dementia-capable services and structures, achieved or exceeded most Cal-COMPASS goals and built capacity for further sustainment of their services.

To address sustainability, the state created a learning community to develop the following:

1. Alzheimer's and dementia-capable care standards; principles for common standards of practice to be used for outcomes research and continuous quality improvement;
2. Collaborative relationships with local partners to build and expand future funding and certification for the critically needed Alzheimer's and dementia-capable programs.

Moving forward, the dementia-capable care standards and standards of practice can be used to inform delivery of services across adult day health care and adult day programs. The main challenge is lack of a dedicated funding source to expand access to dementia-capable adult day programming across the state. However, local partners can use the care standards and principles for common standards of practice to adopt to their current service models resources. In the meantime, the state will continue seeking alternative funding sources (e.g., federal or private/philanthropic resources) to expand access to this program model.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

The **California Community Program for Alzheimer's Services and Supports** (Cal-COMPASS) pilot serves as a learning laboratory through which to further develop a best practices model to prevent or delay institutionalization of persons living with Alzheimer's and other dementias, support caregivers, and advance health equity. These funds are being used to provide dementia-capable services at licensed Adult Day Programs (ADP) and Adult Day Health Care (ADHC) Centers. These activities include support to providers (i.e., ADP and/or ADHCs) for operational and administrative expenditures in providing services by a qualified multidisciplinary team within the funding period through September 2024.

The Cal-COMPASS serves as the updated model to the Alzheimer's Day Care Resource Centers. CDA contracted with the University of California, Davis (UC Davis) to assess, evaluate and provide shared strategies employed by the seven awarded Cal-COMPASS ADHC and ADPs towards developing a manual of best practices, and resources to aid in implementing the dementia care services model. The UC Davis Family Caregiving Institute's evaluation will further aid with developing common standards of practice to be defined, monitored, and evaluated via uniform assessment measures, and used for outcomes research and continuous quality improvement.

FFY 2023-2024 Q3

The **California Community Program for Alzheimer's Services and Supports** (Cal-COMPASS) pilot serves as a learning laboratory through which to further develop a best practices model to prevent or delay institutionalization of persons living with Alzheimer's and other dementias, support caregivers, and advance health equity. These funds are being used to provide dementia-capable services at licensed Adult Day Programs (ADP) and Adult Day Health Care (ADHC) Centers. These activities include support to providers (i.e., ADP and/or ADHCs) for operational and administrative expenditures in providing services by a qualified multidisciplinary team within the funding period through September 2024.

The Cal-COMPASS serves as the updated model to the Alzheimer’s Day Care Resource Centers. CDA contracted with the University of California, Davis (UC Davis) to assess, evaluate and provide shared strategies employed by the seven awarded Cal-COMPASS ADHC and ADPs towards developing a manual of best practices, and resources to aid in implementing the dementia care services model. The UC Davis Family Caregiving Institute’s evaluation will further aid with developing common standards of practice to be defined, monitored, and evaluated via uniform assessment measures, and used for outcomes research and continuous quality improvement.

As the HCBS spending plan timeline was extended through 2024, UC Davis accepted a no-cost extension through November 2024 to continue to work with the Cal-COMPASS awardees and evaluate and share best practices that yields collaborative relationships with local partners, continue their commitment to gather and maintain data to evaluate outcomes for similarly identified individuals served in this pilot, and to help achieve the goal of community living for those with Alzheimer’s and dementia and support of their caregivers.

FFY 2023-2024 Q1

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

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

B. Quarterly Report



FFY 2024-2025 Q3

As of September 30, 2024, all seven Cal-COMPASS organizations have completed their program activities. Their final reports were due by the end of October 2024.

In the last quarter, the Learning Community members completed their reviews of the various documents that will be developed into an online resource site to assist other programs who would like to emulate the Cal-COMPASS model.

Learning community members have continued to explore options to improve financing and sustainability to expand person-centered, dementia-capable adult day services throughout California. They completed a case statement that documents the need for more sustainable funding of adult day services that would support the actual cost of providing care, integrate the services within comprehensive dementia care management and allow for more Californians to receive these services. Besides improving the quality of life for persons with the disease and their caregivers, these services could also reduce costs due to unnecessary emergency department visits or hospitalizations and skilled nursing facility placement.

The UC Davis evaluation team conducted the second round of focus groups with the project teams and is preparing the final evaluation report.

FFY 2024-2025 Q1

The first two Cal-COMPASS organizations have completed their program activities. The remaining five sites continue to make progress on their individual goals and report being on track to reach their goals by September.

In the last quarter, the learning community workgroups revised the Cal-COMPASS model guidelines. They compiled resources on staff competencies and training. They worked on resources related to community outreach, caregiver support and disaster preparedness. With support from the UC Davis Family Caregiving Institute, they refined the list of tools for a common minimum dataset. These materials will be compiled into a resource guide to assist other programs who would like to emulate the Cal-COMPASS model.

Learning community members have continued to explore options to improve financing and sustainability to expand person-centered, dementia-capable adult day services

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

The UC Davis evaluation team prepared their second interim report on the initiative's progress. This report included the findings from their interviews of caregivers whose loved ones participated in the adult day programs, reviews of the quarterly progress reports, and learning community meeting documentation. The interviews revealed the profound impact of Adult Day Services (ADS) programs in the lives of persons with Alzheimer's Disease and Related Dementias (ADRD) and their caregivers, improving physical and mental health, building caregiver capacity, and providing a desirable alternative for care. They also drafted a meta review to categorize the outcomes of adult day services on participants living with dementia and their family caregivers.

FFY 2023-2024 Q3

Cal-COMPASS organizations received the option for a no-cost extension through September 30, 2024; all seven sites chose to extend their contracts. The program activities will finish by September 30, 2024, with final reporting completed by December 31, 2024. Cal-COMPASS organizations continue to make progress on their individual goals and report being on track. Goals achieved or exceeded include increasing participation by underrepresented groups, increasing staffing, establishing new relationships, getting referrals from community partners, expanding services provided, assisting families in successfully applying for benefits (Medi-Cal, VA, etc.), and increasing caregiver support.

In the last quarter, the learning community workgroups completed and began to edit their first draft of the Cal-COMPASS model guidelines. With support from the UC Davis Family Caregiving Institute, they have drafted a common minimum dataset and have begun to collect some of the draft measures across the sites, starting with healthcare

utilization. They have continued to identify resources and best practices related to staffing, training, community outreach and caregiver support.

Learning community members have also been exploring options to improve financing and sustainability to expand person-centered, dementia-capable adult day services throughout California. They are seeking potential opportunities for more sustainable funding of adult day services that would support the actual cost of providing care, integrate the services within comprehensive dementia care management and allow for more Californians to receive these services. Besides improving the quality of life for persons with the disease and their caregivers, these services could also reduce costs due to unnecessary emergency department visits or hospitalizations and skilled nursing facility placement.

FFY 2023-2024 Q1

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

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

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

CDA has formed a learning community with CDA staff along with staff from the seven programs and UC Davis. CDA organized three full learning community meetings in the fall of 2022 and then broke the community into five workgroups, who have been focusing on documenting best practices and developing an updated model for Alzheimer's Day Care Resource Centers. So far, CDA staff have facilitated 35 workgroup

meetings, the learning community has identified a framework, and they are building out the individual components of the model. UC Davis has been assisting the members with identifying a common set of assessment and evaluation tools that could be used by all programs to allow for common data collection and review.

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

FFY 2022-2023 Q3

CDA released the Request for Proposals on July 29, 2022, for the California Community Program for Alzheimer’s Services and Support (Cal-COMPASS). Twenty-seven organizations submitted proposals and the top seven scoring proposals were awarded a total of \$4.5M. The awards were executed and started on November 1, 2022.

CDA is in the process of contracting with the University of California Davis, Family Caregiving Institute for the project evaluation (\$300,000).

The Cal-COMPASS pilot will serve as a learning laboratory through which to further develop best practices to prevent or delay institutionalization of persons living with Alzheimer’s and other dementias, support caregivers, and advance health equity.

Older Adult Resiliency and Recovery

Funding: \$106M enhanced federal funding (\$106M TF) [One-Time]

Lead Department(s): CDA

Final Report:

1. Description of any strategies the state intends to implement to sustain the state’s activities to enhance, expand, or strengthen HCBS under the Medicaid program.

2. Description of the state’s progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state’s HCBS spending plan.

The California Department of Aging (CDA) identified a set of Older American Act (OAA) programs to receive additional funds to support increased demand for services. These are programs that provide a wide range of services from legal assistance to congregate or home-delivered meals to in-home assistance, such as caregiving and installing equipment to prevent falls, to low-income older adults. CDA released a contract for the full amount of funding included in the Senior Nutrition Intergenerational Activities (\$20.7M), Senior Nutrition Infrastructure (\$37.2M), Senior Legal Services (\$18.8M), Fall Prevention and Home Modifications (\$9.4M), and Family Caregiver Support (\$2.7M) in June 2022. Area Agencies on Aging (AAAs) opted into the programs that they could support within their Planning and Service Area and had the capacity to spend within the timeframe of the funding contracts. CDA released payments to the AAAs beginning in Q1 of FY 2022-23. Additionally, CDA executed contracts for the funding to Title V Senior Community Services Program (SCSEP) subgrantees (\$7.9M). Funding for Senior Nutrition Intergenerational Activities, Digital Connections program, Senior Legal Services, Fall Prevention and Home Modifications, and Family Caregiver Support were extended from December 2023 to September 2024. Funding for Title V Senior Community Services Program (SCSEP) was extended for subgrantees from December 2023 to June 2024.

CDA selected OAA programs to receive HCBS funds that were under-resourced, particularly since the onset of the COVID-19 pandemic. One of the primary goals of the HCBS funding investments was to enable programs to decrease social isolation and loneliness. Another goal was to expand each program’s capacity to meet the increased demand and need for services. These funds were used in a variety of ways, from expanding food delivery programs, to purchasing vehicles, to making modifications so adults could stay safe in their home, as well as repairing community centers so that those facilities were more welcoming and enjoyable for older adults to attend. The funding provided by CDA to the 33 AAAs across California allowed them to provide

more services to older Californians to support their economic and social well-being. Despite the challenges that were faced, several innovative approaches to program development and implementation were cataloged, all of which have resulted in thousands of services provided and people served and have continued to support the sustainability of the programs after the funding ended in September 2024 (and June 2024 respectively for the TV SCSEP program). In addition to providing much-needed support and services designed to reduce social isolation and loneliness, programs and processes have improved to expand program capacity to meet increased demand overall.

Title V SCSEP:

With leveraged HCBS funding, subgrantees were able to invest in expenditure activity designed to strengthen and improve programmatic infrastructure and delivery of services to Title V/Senior Community Service Employment Program (SCSEP) participants. Through this funding opportunity, sub-grantees were able to enhance the following services:

- Outreach Material such as SCSEP brochures and flyers for supportive services
- Health and Medical equipment such as eyeglasses, canes, and walkers.
- Supportive services such as bus passes, gas cards, laptops with wireless mice, iPad and iPhone with screen protectors.
- Work attire such as clothes, ties, shoes
- Printers for the lead intake to utilize during application process
- Infrastructure improvements, i.e. lift gate repair and elevator replacement to provide accessibility to participants with ambulatory restrictions
- Supportive services are necessary to enable individuals to successfully participate in the SCSEP project. The State intends to implement an ongoing Supportive Services Policy to outline and guide subrecipients to continue to offer these services as a core benefit of SCSEP participation. The HCBS funding ended in June 2024 for SCSEP, unfortunately, there are no other local or State funds to continue with the ongoing efforts, however, the State is continuing to strategize with its local partners and AAAs to supplement Supportive Services, by leveraging other programs in place for older Californians.

Fall Prevention Home Modification

Dignity at Home Fall Prevention program was aimed at reducing falls among older adults, particularly those living independently or in community settings. In an effort to enhance the quality of life and safety for older adults, HCBS funding was leveraged to enhance program infrastructure and improve service delivery for Fall Prevention participants, by providing additional services such as home modifications, assistive devices, durable medical equipment and personal emergency response systems and more. HCBS funding aided in the development of new partnerships and strengthened existing partnerships, which is a major factor in ongoing success of the programs. It was an opportunity for staff innovation and opened the door for “out of the box” thinking and unique approaches to service provisions.

As the HCBS funding concluded for Dignity at Home Fall Prevention, AAAs are able to utilize existing programs funded through Title IIIB, Title IIID and CalFresh Healthy Living (CFHL) to continue services for those older adults vulnerable to falls such as:

- Home Safety Assessments
- Home Modifications
- Safety Equipment Provisions
- Education and training

The following funding opportunities may also be utilized to aid in continued Fall Prevention Activities:

- Federal American Rescue Plan Act (ARPA) available through September 30, 2025.
- Modernization Funding (OM) for the Older Californians Act, available through March 31, 2026.
- Oversight and ongoing monitoring of these activities will be conducted through programmatic monitoring, fiscal reviews, monthly online data reporting and continued technical assistance provided by assigned analysts.

Senior Legal Services:

HCBS funding allowed AAAs to expand legal services that assist Older Adults with a variety of legal problems including housing, consumer fraud, elder abuse, estate planning and more. Leveraging HCBS funding allowed AAAs to offer services to more individuals, helping this vulnerable population with crucial services such as estate planning, and addressing housing instability.

The AAAs experienced challenges in expending the Senior Legal Services funding, despite the high need. Barriers to spending, included staffing challenges due to shortages in legal experts and local hiring constraints.

There were no additional funds provided to continue the increased services afforded through HCBS funding, however, California legal service providers were able to collaborate and attend strategic planning activities to identify new challenges that may arise and how to approach them in the future.

Title III E Family Caregiver Support Program:

HCBS funding has greatly impacted the Family Caregiver Support Program (FCSP). Through this funding opportunity, the participating local Area Agencies on Aging (AAA) were able to enhance the following services to family caregivers throughout the state:

- » **Support** services including but not limited to Caregiver Assessment and Caregiver Case Management.
- » **Respite** including but not limited to, In-home Supervision, and In-home Personal Care.
- » **Supplemental** services including but not limited to Assistive Technology for caregiving, Home Modifications, and Consumable Supplies.
- » **Access** services such as Information and Assistance and Caregiver Outreach
- » **Information** services such as Community Education and Public Information on caregiving.

Overall, the AAAs were able to utilize HCBS funds to expand access to FCSP services and increase the number of caregivers served within their respective programs. Data collection shows Caregiver Respite services having the most impact as AAAs were able to increase the number of respite hours provided to family caregivers in need.

Behavioral Health Line:

HCBS Funding for the Behavioral Health Line, contracted to the Institute on Aging (IoA) and named Friendship line, concluded as of December 2023. A non-HCBS state funding augmentation enabled CDA to continue providing Friendship Line services through a separate Request for Proposal (RFP) process and contract, beginning January 2024. Under the new funding and contract award, the Institute on Aging is still providing free 24-hour warmline services for non-emergency emotional support calls for older adults, adults with disabilities, their families, and caregivers statewide. The Friendship Line

provides non-emergency statewide warmline emotional support using live operators 24 hours a day, seven days a week, 365 days per year.

Senior Nutrition Intergenerational Activities:

The intent of the OARR funding for the Senior Nutrition Intergenerational Activities was to reduce social isolation brought about by the COVID-19 pandemic, while at the same time addressing the increased need for access to nutritious meals. As a result of this funding opportunity, new partnerships and efforts were implemented to improve community cohesion, promote health equity, encourage intergenerational relationships, and provide meaningful experiences for older adults. A variety of intergenerational activities promoted social interaction between older adults and younger generations, such as cooking demonstrations and classes, gardening activities, arts and cultural events, and physical activities, such as pickleball and dancing.

CDA has supported the AAAs in continuing the intergenerational strategies implemented during the HCBS funding period by including an option for intergenerational activities under the Nutrition Modernization (NM) for the Older Californians Act funding. The use of NM funding for intergenerational activities will allow AAAs to continue these efforts through 2029.

The NM funding also offers the option to use funds for meals. This option supports AAAs in sustaining increased provision of meals with the end of the HCBS funding.

This funding was an opportunity to develop new partnerships and strengthen existing partnerships. The funding supported investments in newer, smaller, or more geographically distant organizations. AAA staff reported they fostered new partnerships with community members, such as with libraries, non-profit organizations serving immigrants and refugees, emergency responders, minority-owned restaurants, and schools. These organizations helped with outreach efforts to increase the uptake of the additional services made possible through the HCBS funds and helped with the implementation of innovative programming.

Implementation challenges included planning and coordinating events with both younger and older generations, such as planning activities that both younger and older individuals would be engaged in, finding times that work for all generations, and transportation to and from events.

Lessons learned included the need to execute contracts sooner to allow sufficient time for procurement and implementation of activities. From a program perspective, the sharing of best practices would have been helpful to serve as examples for those who experienced challenges with the implementation of activities.

CDA continues to monitor the intergenerational activities through our Program staff, as well as Audits and Fiscal branches. Additionally, the CDA Nutrition team continues to provide AAAs with guidance and technical assistance, including updated toolkits and resources.

Digital Connections:

The goals of the Digital Connections (DC) program were to reduce social isolation and loneliness and allow participants to remain in digital contact with healthcare providers, family, friends, caregivers, other service providers and/or case managers as well as access to telehealth. CDA partnered with a third-party evaluator to conduct an evaluation of the DC program, and anecdotal evidence from surveys and focus groups with program participants revealed that the program successfully achieved these goals and cataloged thousands of services provided and people served. CDA also expanded this program beyond our network of Area Agencies on Aging (AAA)s to also include Community-Based Adult Services (CBAS) centers, Multipurpose Senior Services Programs (MSSPs), and Program of All-Inclusive Care for the Elderly (PACE) programs bringing the number of agencies that participated in the program to a total of 161. Including partners beyond the AAA network resulted in a multitude of new partnerships and further strengthened existing partnerships. The primary strategy to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program is to continue to seek out opportunities to collaborate and work closely with these partners and utilize each other's networks to bring awareness to and increase utilization of programs and services. Adding DC services to those existing programs proved to be an amazing way to augment the existing services already being offered by those program partners thus strengthening and making participation in those programs even more appealing. This is a second strategy we intend to utilize when such opportunities present themselves. The Digital Inclusion initiatives led by CDA will continue to be supported beyond September 2024 through CDA and other partners that will

collectively maintain strategies on broadband for all, digital literacy resources, as well as device maintenance and program support by the program partners.

The DC program was successfully implemented and administered and resulted in reduced feelings of isolation and loneliness, increased social connectedness with family, friends and others, improved quality of their communication and improved well-being among program participants. The DC Program was also successful in its goal of reaching sub-populations of Californians who are known to be disproportionately vulnerable to and impacted by the digital divide, including older adults and adults with disabilities—especially those who also have low incomes.

One lesson learned is if this were a grant program it may have allowed the DC program to be more tailored to local communities. A second lesson is that pilot programs often have short timeframes which can reduce time for program planning, partner engagement, contract execution and implementation. A third lesson is many partners wanted to continue their program but were unable to do so without additional resources.

The Digital Inclusion initiative led by CDA will continue to be supported beyond September 2024 through CDA and other partners that will collectively maintain strategies on broadband for all, digital literacy resources, as well as device maintenance and program support by the AAAs. Pursuant to the funding authority underlying the DC Program, and based on transfer of title and ownership, and the underlying authority (Budget Act of 2021, Chapter 21, Item 4170-102-0001, provision 5) to do so, all program partners received detailed instructions pertaining to management of all DC Program devices in Appendix A of CDA Program Memo 23-14 and CDA Standard Agreement (DC-2223)

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

Updates made to below FFY 2023-2024 Q3 in track changes.



FFY 2023-2024 Q3

CDA released a contract for the full amount of funding included in the Senior Nutrition Intergenerational Activities (\$20.7M), Senior Legal Services (\$18.8M), Fall Prevention and Home Modifications (\$9.4M), and Family Caregiver Support (\$2.8M) in June 2022. Area Agencies on Aging (AAAs) opted into the programs that they could support within their Planning and Service Area. CDA released payments to the AAAs beginning in Q1 of FY 2022-23. Additionally, CDA executed contracts for the funding to Title V Senior Community Services Program (SCSEP) subgrantees (\$17 million). The subgrantees have utilized the funding to enhance and expand their infrastructure to support a more robust program. Funding for Senior Nutrition Intergenerational Activities, Digital Connections program, Senior Legal Services, Fall Prevention and Home Modifications, and Family Caregiver Support were extended from December 2023 to September 2024. Funding for Title V Senior Community Services Program (SCSEP) was extended for subgrantees from December 2023 to June 2024.

Title V SCSEP:

To date, the HCBS Title V SCSEP has served 1,044 participants and has provided the following infrastructure services: computers for use by SCSEP participants for training, resume writing, and other job search activities, laptops and iPads to complete remote job search and training activities, iPhones to increase participants accessibility to email and phone calls from potential employers, Google Nest Hubs for participants in rural areas, noise canceling headphones, mouse, keyboards, roller bags and protective gear for equipment, motorized medical mobility devices, clothing items such as business attire and required work uniforms, durable medical equipment (i.e., glasses, canes, wheelchairs, PPE), advanced job training services, seminars and job fair expenses, consultants to increase outreach efforts, updated outreach materials and increased community signage, and infrastructure improvements and costs.

Fall Prevention-Home Modification/Senior Legal Services:

To date, HCBS funding has greatly enhanced the effectiveness and reach of the Fall Prevention Program in several ways. With this additional funding, AAAs were able to expand its reach to serve more individuals within their community by expanding outreach efforts to raise awareness about fall prevention and the services offered by the program. AAAs used the supplemental funding to acquire additional resources such as equipment, educational materials, and technology to improve the quality of services provided by the program. For example, they were able to expand their resources by

increasing their purchases of assistive devices like durable medical equipment, electrician services, eye exams/eyeglasses, flooring repair, grab bars, handheld shower heads, handrails, lighting fixtures, medication management, non-skid surfaces, Personal Emergency Response Systems, shower seats, stair railings, surge protectors, toilet safety frames, toilet seat risers, threshold modifications and transfer benches. Additionally, AAAs hosted educational workshops, distributed informational materials, and collaborated with local organizations to reach vulnerable populations. Lastly, this funding was used to support training and education for program staff to stay updated on the latest fall prevention techniques and best practices to ensure that participants received high-quality care and support tailored to their individual needs.

Legal service providers have broadened their Senior Legal Services to assist older adults and older adults with disabilities facing a spectrum of legal challenges. These encompass housing, consumer fraud, elder abuse, Social Security, Supplemental Security Income (SSI), Medicare, Medi-Cal, age discrimination, pensions, nursing home issues, protective services, conservatorships, and other significant matters. Furthermore, the providers have intensified outreach efforts to educate seniors about their legal rights and available services, achieved through informational sessions and the dissemination of educational materials. Additionally, they were able to support ongoing training and professional development opportunities for legal aid staff and volunteers.

Title III E Family Caregiver Support Program (FCSP):

Through the HCBS funding, the Family Caregiver Support Program (FCSP) has been able to provide the following services to family caregivers throughout the state:

- » **Support** services including but not limited to Caregiver Assessment and Caregiver Case Management.
- » **Respite** including but not limited to, In-home Supervision, and In-home Personal Care.
- » **Supplemental** services including but not limited to Assistive Devices for caregiving and Caregiving Material Aid.
- » **Access** services such as Information and Assistance and Caregiver Outreach
- » **Information** services such as Community Education and Public Information on caregiving.

The top three most utilized service categories include: 1) Caregiver Respite, 2) Caregiver Support services, and 3) Access Assistance. We continue to see a steady increase in participation and spending for this program. Some AAAs have already expended 100% of their allocated funds. The remaining AAA's will continue to expend their funds through September 2024.

Behavior Health Line:

In December 2023, CDA finalized the Request for Proposal (RFP) process for the Friendship Line. At the conclusion of the RFP process, a four-year contract in the amount of \$4.5 million was awarded to the Institute on Aging (IOA) based on the funding augmentation that CDA received as of July 2023. The scope of the contract with the Institute on Aging includes providing a free-to-callers statewide 24-hour warmline for non-emergency emotional support calls for older adults, adults with disabilities, their families, and caregivers. The Friendship Line provides non-emergency statewide warmline emotional support using live operators 24 hours a day, seven days a week, 365 days per year. Warmline services are provided to:

- a) English speakers
- b) Speakers of other languages identified in the plan submitted and approved by CDA.
- c) Callers who are deaf or hearing impaired; and
- d) Callers with dementia or cognitive impairments.

Statewide outbound calls to customers/clients are conducted, as requested or directed by callers to assist someone in need of the service, to accommodate a specific language need, and to provide reoccurring social reassurance calls to individuals requesting a regular phone call on specified days at specified times. Through the Friendship Line contract, a marketing and outreach plan will be developed and implemented to create awareness of services and to result in an increased call volume statewide for the toll-free warmline. The established Friendship Line system identifies, tracks, and reports on:

- a) number of inbound calls,
- b) number of outbound calls,
- c) daily average call length,
- d) daily average waits times,

- e) daily number of abandoned calls,
- f) daily number of paid staff and volunteers returning calls,
- g) languages spoken by callers,
- h) referral source/network utilization where applicable,
- i) unique callers per month,
- j) and the purpose of every inbound and outbound call

As of January 2024, Friendship Line services are underway. To date, the collaboration with IOA based on the new contract and new funding augmentation, has assisted nearly 310,286 callers who include older Californian's, adults with disabilities, families, and caregivers to fight isolation and receive support for their behavioral health needs by engaging in warm line calls with trained counselors and peers. IOA is in the process of developing a program fact sheet, scheduling collaborative meetings with stakeholders to inform the public about the Friendship Line and developing outreach and marketing material in collaboration and coordination with CDA's Communications team. At the conclusion of the contract, an evaluation of the program will be conducted.

FFY 2023-2024 Q1

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

Funding allocations are proposed as follows:

- » Senior Nutrition Intergenerational Activities: \$20.7 million
- » Senior Legal Services: \$18.8 million
- » Fall Prevention and Home Modification: \$9.4 million
- » Family Caregiving Support: \$2.8 million
- » Digital Connections: \$18 million
- » Senior Employment Opportunities: \$17 million
- » Aging and Disability Resource Connections: \$9.4 million

- » Behavioral Health Line: \$2.9 million
- » Legal Services Technical Assistance and Analysis: \$1 million
- » State Operation Resources: \$6 million

B. Quarterly Report

FFY 2024-2025 Q3

Senior Nutrition Intergenerational Activities (\$20.7M):

The Senior Nutrition Intergenerational program (IG) activities initiative ended September 30, 2024, and many AAAs have reported that the program was a great success. The following are some examples of how the funding was used during this quarter:

- At least one AAA was able to open an extra congregate-meal site in a rural area, which assisted with decreasing the home delivered meals wait list.
- One AAA held summer and fall self care activities, game nights, community presentations, and arts and crafts service collaborations that took place between community partners that serve older adults. Additionally, community partners continued promoting IG activities and held community collaboratives that focused on serving the whole person as a family.
- Another AAA closed out the quarter with a total of 74 Senior Intergenerational activities provided. The activities included:
 - o Two outdoor adventures in which participants at County parks enjoyed a guided nature walk, gentle yoga, and bird-watching
 - o 12 garden workdays at five IG garden sites at which people of different ages volunteered to help build the garden
 - o 50 IG gardening and nutrition classes were held at nine IG garden sites
 - o Six IG pickleball classes were held at a local county community center in which older adults taught children how to play the game and engaged in game activities alongside the children
 - o Two IG art classes were held at a community center where participants were able to participant in painting activities together
 - o One IG wild wonders event was held at a community center where individuals learned about/observed various animals and their habitats
 - o One Grandparents Day event was held at a community center, where students from a nearby elementary school joined the meal-site participants in making crafts

In addition to the activities referenced, the Senior Intergenerational program funds were also used to fund take-home or to-go meals, as well as to partially fund home-delivered/C2 meals.

Senior Legal Services (\$18.8M):

The Senior Legal Services initiative ended September 30, 2024. During the last quarter, service providers were able to complete their intended scope of practice and broadened their Senior Legal Services to assist older adults and older adults with disabilities facing a spectrum of legal challenges. These encompassed housing, consumer fraud, elder abuse, Social Security, Supplemental Security Income (SSI), Medicare, Medi-Cal, age discrimination, pensions, nursing home issues, protective services, conservatorships and estate planning efforts. Furthermore, the providers intensified outreach efforts, and educated seniors about their legal rights and available services. They also completed informational sessions and dissemination of educational materials such as the *Know Your Right* informational pamphlet. One area was able to collaboratively work with three new legal aid organizations to develop a Tri-county Spanish Language Outreach Campaign, running an ad through BART stations and trains in the months of September and October 2024. They also ran a radio ad on two Spanish language radio stations during the same time frame. Additionally, they were able to support ongoing recruitment, training and professional development opportunities for legal aid staff and volunteers.

Fall Prevention and Home Modification (\$9.4M):

The Fall Prevention and Home Modification initiative ended September 30, 2024. AAAs have closed out their services and are preparing to transition to other funding sources to maintain services. Many AAAs are still raising awareness about fall prevention and the services provided by the program. HCBS funding was used to conduct assessments, install home modifications, purchase and distribute safety devices, and provide outreach and educational opportunities. For example, this quarter, AAAs provided in home assessments to 347 participants, purchased 1,450 medication management devices, and installed 49 handrails. September 2024 was also National Falls Prevention Awareness Month with some AAAs hosting events to showcase their fall prevention resources and programs. AAAs have reported the program was a success with a continuing high demand for services.

Family Caregiving Support (\$2.8M):

The Family Caregiving Support initiative ended September 30, 2024. Through the HCBS

funding, AAAs were provided an opportunity to expand their Family Caregiver Support services and provide support services to family caregivers throughout the state.

Most AAA's prioritized Caregiver Respite services with the HCBS funding due to the high demand seen statewide. The most utilized types of Caregiver Respite services included out of home day care, in home personal care, and in home supervision.

CDA's third-party evaluator, National Opinion Research Center (NORC) presented an evaluation report to CDA demonstrating the impact of HCBS funding on caregiver services. Findings from this evaluation also revealed successes and challenges as it pertains to program implementation. The lessons learned from this report are valuable and will help for future programming of caregiver support services.

Digital Connections (\$18M):

The Digital Connections (DC) initiative ended September 30th, 2024. The \$18M allocation provided 16,016 tablets with internet service, technical assistance, and digital literacy training to older adults and adults with disabilities throughout California. DC program services were provided to participants of 26 participating AAA programs, 12 participating Multi-Purpose Senior Services (MSSP) programs, three participating Programs of All-Inclusive Care for the Elderly (PACE) and 121 participating Community Based Adult Services (CBAS) centers. DC device data plans (including Help Desk, Language Support and Mobile Device Management) concluded on February 29, 2024. Digital Literacy training resources were extended through September 30, 2024. All of the participating AAAs who chose to receive Connectivity Funding completed their DC program closeouts and submitted a comprehensive DC Connectivity Funding Report. CDA was also 1 of 3 awardees of an Administration for Community Living (ACL) grant, in collaboration with USAging, Texas A&M University and five DC program partners, to administer the Upstream Social Interaction Risk Screener (U-SIRS) Tool to a subset of their DC program participants. The U-SIRS is a survey tool to used to evaluate the effectiveness of Community Based Organizations in addressing and reducing social disconnectedness. CDA 3rd party evaluator National Opinion Research Center (NORC), worked with AAAs, MSSP, and CBAS Directors and DC program participants to conduct a full and thorough assessment of the DC program outcomes and provided CDA with a thorough report based on their extensive research.

Senior Employment Opportunities (\$17M):

Funding for Senior Employment Opportunities formally concluded on June 30, 2024 to align with the program contract period. There are no additional updates for July 2024-

September 2024.

Aging and Disability Resource Connections (\$9.4M):

Planning discussions for a new statewide web portal was initiated in January 2024; however, due to resource constraints project activities were placed on pause as of August 2024. It is anticipated that planning activities will resume in 2025.

Behavioral Health Line (\$2.9M):

Funding for the Behavioral Health Line, contracted to the Institute on Aging and named Friendship line, concluded. There are no additional updates for July 2024- September 2024.

Legal Services Technical Assistance and Analysis (\$1M):

The recent analysis of California’s Title III-B Legal Services Provider Network highlighted both its strengths and challenges. Strengths included a mission-driven approach and strong community integration allowing the network to address critical legal issues for older adults effectively. The challenges, such as funding shortages, administrative inefficiencies, and geographic disparities remain a significant barrier. Opportunities identified included improving coordination, leveraging data effectively, and forming innovative partnerships.

Key recommendations focused on strengthening the network’s capacity and efficiency. Enhancing the role of the Legal Services Developer’s role would provide statewide leadership and oversight, while streamlining administrative processes reducing inefficiencies within AAAs and legal service providers. Securing sustainable funding and raising awareness of legal aid’s essential role to elder justice are critical in addressing systemic gaps. Additionally, fostering collaboration among stakeholders can help replicate successful models and mitigate regional disparities.

State Operations Resources (\$6M):

CDA has utilized the state operations funding in support of the department’s HCBS pilots. This funding supports limited-term staff, evaluation contracts, and to strengthen the AAA network through a contract with the Association of California Area Agencies on Aging to expand and enhance their capabilities.

FFY 2024-2025 Q1

Updates made to below FFY 2023-2024 Q3 in track changes.

FFY 2023-2024 Q3

For Senior Nutrition Intergenerational Activities: We continue to see a rise in the number of participants with the number of offered activities holding steady. Comments we have received from our AAA are as follows: "Various seasonal and recreational activities have been provided for the older adult community. Providers are actively preparing methods of keeping seniors engaged and active, including cooking, planting, exercising, and art. Cultural events such as Valentine's cards and Easter egg stuffing. Events such as author talks, and dance presentations are being administered to bring wide audiences. Providers are also working with local schools, organizations, and volunteers to bring youth involvement in activities and socialization to home-bound older adults". Also, "The Friends from Meals on Wheels Program" provides both meals and socialization services to homebound seniors. Intergenerational activities for older adults and children include arts & crafts, cognitive skill games, hand-eye coordination activities, exercise and movement, gardening, and misc. plant to plate, singing and dance, storytime, and tactile sensory activities. Another intergenerational program worked with 30 volunteers to provide home visits, home beautification and digital literacy". We continue to see a steady increase in participation and the benefit of these activities for Senior Nutrition Intergenerational Activities that we hope will continue well past the funding.

Aging and Disability Resource Connection (\$9.4 million): CDA is in conversations with potential vendors to assess the solutions for a state resource directory with the potential to eventually transform it into a single, statewide web portal; trainings for options counseling, enhanced information and referrals, person-centered services, and transitions; and planning for a customer contact solution for the ADRC Program. CDA is working with the California Department of Technology, in Stage 2 of the PAL process to develop the business case for establishment of a statewide web portal.

CDA has contracted with three vendors to enable local ADRC partnerships to access training on No Wrong Door/ADRC concepts and main service functions such as options counseling, enhanced information and referrals, person-centered services, and transition services. Vendors include AIRS (Alliance of Information and Referral Systems), BU/CADER (Boston University Center for Aging and Disability Education and Research), and CTI (Care Transitions Intervention). Trainings will be available to ADRC partnerships until September 2024.

Digital Connections (DC) (\$18M)

FFY 2023-2024 Q3 & Q4

Digital Connections (DC) (\$18M) provided 16,016 tablets with internet service, technical assistance, and digital literacy training to older adults and adults with disabilities throughout California. This funding opportunity was released to participants of twenty-six participating Area Agencies on Aging (AAA) programs, twelve participating Multi-Purpose Senior Services (MSSP) programs, three participating Programs of All-Inclusive Care for the Elderly (PACE) and one-hundred and twenty-one participating Community Based Adult Services (CBAS) centers in the Q2 of FFY 2022-2023. The DC program end date has been extended from December 31, 2023, to September 30, 2024, in alignment with Home and Community Based Services (HCBS) funding. Digital Connections device data plans (including Help Desk, Language Support and Mobile Device Management) concluded on February 29, 2024. Digital Literacy training resources have been extended through September 30, 2024. CDA is also 1 of 3 awardees of an Administration for Community Living (ACL) \$0 grant, in collaboration with USAging, Texas A&M University and five DC program partners, to administer the Upstream Social Interaction Risk Screener (U-SIRS) Tool which is a survey tool to evaluate the effectiveness of Community Based Organizations in addressing and reducing social disconnectedness.

FFY 2023-2024 Q2

DC (18M) provided 16,016 tablets with internet service, technical assistance, and digital literacy training to older adults and adults with disabilities throughout California. This funding opportunity was released to participants of twenty-six participating Area Agencies on Aging (AAA) programs, twelve participating Multi-Purpose Senior Services (MSSP) programs, three participating Programs of All-Inclusive Care for the Elderly (PACE) and one-hundred and twenty-one participating Community Based Adult Services (CBAS) centers in the Q2 of FFY 2022-2023. The DC program end date has been extended from December 31, 2023, to September 30, 2024, in alignment with Home and Community Based Services (HCBS) funding. CDA is currently working with the AAAs to execute their contract amendments that will allow them to take advantage of the date extension. CDA has also secured resources to extend device data plans (including Help Desk, Language Support and Mobile Device Management) through February 29, 2024. Digital Literacy training resources will continue through June 30, 2024.

FFY 2023-2024 Q1

CDA released a contract for the full amount of funding included in the Senior Nutrition Intergenerational Activities (\$20.7M), Senior Legal Services (\$18.8M), Fall Prevention and Home Modifications (\$9.4M), and Family Caregiver Support (\$2.8M) in June 2022. Area Agencies on Aging (AAAs) opted into the programs that they could support within their Planning and Service Area. CDA started releasing payments to the AAAs in August 2022.

Digital Connections (DC) (\$18M) will be an extension of a previously released Connections, Health, Aging and Technology (CHAT) program that provided tablets, internet service, technical assistance, and digital literacy training to older adults throughout California. The DC funding opportunity was released to participants of 28 Area Agencies on Aging (AAA) programs, 12 Multi-Purpose Senior Services Programs (MSSP), three Program for All-Inclusive Care for the Elderly (PACE) Centers and 126 Community-Based Adult Services (CBAS) Centers in Q2 of FFY 2022-2023. CDA purchased 16,000 iPad devices to be shipped to our program partners for distribution to program participants with 11,526 devices shipped to date. MSSP, PACE and CBAS contracts are fully executed with execution of AAA contracts currently underway. CDA has secured three digital literacy training vendors to serve DC Program participants. CDA is also in the process of securing a 3rd party evaluator to work with DC Program partners and program participants to conduct a full and thorough assessment of DC Program outcomes.

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

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

Regarding, the Consumer Contact Center and Web Portal, these projects are in the early

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

Behavior Health Line (\$2.9 million). In 2020, CDA in collaboration with the AAAs, partnered with the [Institute on Aging](#) (IoA) to launch Friendship Line California. This warm line service was originally established as a priority in fighting isolation and supporting behavioral health needs amid unprecedented circumstances during the COVID-19 pandemic. Since then, the Friendship Line has become a valuable resource throughout California that can be relied on in response to early-intervention behavioral health needs of older Californians and adults with disabilities. In October 2021, CDA entered a 2.5-year contract with the Institute on Aging (IOA), to expand the Friendship Line. The collaboration with IOA allows for older Californian’s, adults with disabilities, families, and caregivers to fight isolation and support any behavioral health needs by engaging in warm line calls with trained counselors and peers. Additionally, IOA will conduct an evaluation of the Friendship Line Program. HCBS funding has provided expansion efforts to include availability of crisis-intervention 24 hours per day, 7 days per week, 365 days per year, multi-lingual staffing, improved technology infrastructure and services, as well as outreach and awareness efforts. This contract concluded as of December 2023. A state funding augmentation enabled CDA to continue providing Friendship Line services through a separate Request for Proposal (RFP) process and contract.

Elder Abuse Prevention Council (\$1 million): In Q1 of 2023, CDA awarded a \$1 million contract to Justice in Aging, the entity which serves as the technical assistance provider for the National Center on Law and Elder Rights, to support statewide legal services capacity building including training and best practices for legal services focusing on the

needs of older adults and people with disabilities such as elder rights, prevention of abuse, housing insecurity, rental issues, tenant protections, eviction protections, and asset management such as estate planning to ensure an individual does not lose their housing.

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

FFY 2022-2023 Q3

CDA released a contract for the full amount of funding included in the Senior Nutrition (\$20.7M), Senior Legal Services (\$18.8M), Fall Prevention and Home Modifications (\$9.4M), and Family Caregiver Support (\$2.8M) in June 2022. Area Agencies on Aging (AAAs) opted into the programs that they could support within their Planning and Service Area. CDA expects to release payments to the AAAs beginning in Q1 of FY 2022-23. Senior Nutrition Intergenerational Activities have seen a decrease in participation from the AAA network due to the limited time designated to expend the funding of the contract. The number of AAAs participating is now at 28, whereas previously 30 AAAs had planned on participating in Senior Nutrition Intergenerational Activities.

Digital Connections (\$18M) will be an extension of a previously released Connections, Health, Aging and Technology (CHAT) program that provided tablets, internet service, technical assistance, and training to older adults throughout California. This funding opportunity will be released to participants of AAA programs, MSSP programs, and CBAS in the Q2 of FFY 2022-2023.

Senior Employment Opportunities (\$17M) CDA executed contracts with providers for the funding to AAAs. The AAAs have utilized the funding to enhance and expand their infrastructure for a solid foundation to support a more robust program. Infrastructure funding was allocated in that investments could be designated and designed at the local level. CDA continues close partnership to provide support, recommendations, and oversight for the program and expenses. CDA has begun reimbursing the AAA providers for their work on this investment in innovative, careful, long-term planning

expenditures.

Aging and Disability Resource Connection (\$9.4M). CDA will be assessing the solutions for a single, statewide web portal and a customer contact solution for the ADRC program. The web portal would allow for bi-directional communication between ADRC staff and customers where customers could request program information and services through the portal and the program staff could send information and referrals to customers through the portal. The contact center would operate in a similar fashion except information and referrals would be exchanged via telephone versus a web portal. CDA plans to conduct assessment activities from July-December 2023, examine alternatives from January-June 2023 and prepare contract materials for the remainder of 2023.

The Behavior Health Line (\$2.9 M) was utilized in fall 2021. In October 2021, CDA entered into a 2.5-year contract with the Institute on Aging (IoA), to expand the Friendship Line. The collaboration with IoA allows for older Californian's, adults with disabilities, families, and caregivers to fight isolation and support any behavioral health needs by engaging in warm line calls with trained counselors and peers. HCBS funding has provided expansion efforts to include availability of crisis-intervention 24 hours per day, 7 days per week, 365 days per year, multi-lingual staffing, improved technology infrastructure and services, as well as outreach and awareness efforts. CDA is currently working with IoA to further the scope of the partnership while focusing on the Master Plan for Aging, bold goal two: health reimagined, making this service accessible to all.

Elder Abuse Prevention Council(\$1M): CDA is working with the National Center on Elder Law and Rights to develop a contract for statewide training and technical assistance focused on elder rights, prevention of abuse, and legal advocacy. We anticipate a contract executed by Q1 2023

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

Adult Family Homes for Older Adults

Funding: \$0

Lead Department(s): CDA, with Department of Developmental Services (DDS)

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.
3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

No updates to report for the final report.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

No Updates

FFY 2023-2024 Q1

Adult Family Homes offers the opportunity for up to two adult individuals to reside with a family and share in the interaction and responsibilities of being part of a family unit,



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

B. Quarterly Report

FFY 2024-2025 Q3

During July-December 2024, DDS evaluated data, including satisfaction from individuals and their families and from regional centers. DDS also initiated reaching back to community engagement groups to schedule meetings to gather input on proposed service description adjustments. During January – June 2025, DDS will continue to gather information for potential modifications to the program.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

No Updates to Report.

FFY 2023-2024 Q1

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

FFY 2022-2023 Q3

Participants of this program would be placed in a family living situation, for which the families would receive stipends to cover financial costs. Without permanent, ongoing funding dedicated to this program, participants would face upheaval/eviction after December 31, 2023. CDA has paused all future efforts pending discussions with the

California Department of Finance. CDA cannot implement this program without a permanent, ongoing funding source.

Coordinated Family Support Service

Funding: \$7.5M enhanced federal funding (\$18M TF); [One-Time], \$10.5M GF [Ongoing]

Lead Department(s): DDS

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program. Both the current year as well as the 2025-2026 fiscal year budget account for the costs associated with ongoing establishment of Coordinated Family Support services.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

Currently there are 128 providers delivering this service to over 2,300 individuals and their families. The Department continues to evaluate data, including satisfaction surveys, in order to continue to meet the needs of families and reduce or remove barriers to staying in the family home, address challenges and meet goals.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Not applicable.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

No Updates

FFY 2023-2024 Q1

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

B. Quarterly Report**FFY 2024-2025 Q3**

During July-December 2024, DDS evaluated data, including satisfaction from individuals and their families and from regional centers. DDS also initiated reaching back to community engagement groups to schedule meetings to gather input on proposed service description adjustments. During January – June 2025, DDS will continue to gather information for potential modifications to the program.

FFY 2024-2025 Q1

DDS continues to receive standardized quarterly reports from regional centers and satisfaction surveys from individuals and their families which provide insight into service delivery and growth at the local level, including successes and challenges. Information from the quarterly reports is used to inform best practices and the potential need for further guidance. During the months of July-December 2024, DDS will continue to engage individuals and their families, as well as vendors and regional centers, to share individual/family success stories, provide targeted training and best practices in

continued support of individuals living with family.

FFY 2023-2024 Q3

DDS attended several regional center and parent group meetings, virtually and in person, to provide an overview of the Coordinated Family Support Program and to answer attendee questions. DDS received standardized quarterly reports from regional centers and satisfaction surveys from individuals and their families which provided insight into implementation at the local level, including successes and challenges. During January-June 2024, DDS plans to engage individuals and their families, as well as vendors and regional centers, to share individual/family success stories, provide targeted training and best practices in continued support of individuals living with family.

FFY 2023-2024 Q1

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

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

FFY 2022-2023 Q3

DDS has assembled an internal team to lead this initiative. An operational plan has been developed. Stakeholder engagement and input concluded on June 30, 2022. Meetings were held with stakeholders of various ethnicities and languages, including self-advocate groups. Utilizing information obtained from stakeholder engagement, the Department will focus on determining the scope of the pilot, issue guidance to the regional centers to commence the Request for Proposal process, explore a standardized assessment tool for tailoring the service, and consider a pre/post outcome



measurement tool for effectiveness of this service.

During the months of April through June 2023, regional centers will contract with grantees and manage awarded grant projects. Grantees will report on their progress toward meeting outcome measures throughout the grant cycle.

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

Enhanced Community Integration for Children and Adolescents

Funding: \$12.5M enhanced federal funding (\$12.5M TF) [One-Time]

Lead Department(s): DDS

Final Report:

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program. Both the current year as well as the 2025-2026 fiscal year budget account for the costs associated to enhance Community Integration for Children and Adolescents.
2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

A total of 139 social recreational grant projects were completed statewide, with 13,365 individuals served in over 400 locations across California and 98 new or emerging regional center providers.

The Department will continue to provide technical assistance to regional centers and community providers in the vendorization process for grantees to continue providing services.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Not applicable.

A. Overview

FFY 2024-2025 Q3

For the period of July through December 2024, DDS shared with the Department's Latino focus groups on grant goals and priority outcomes. This included the development and release of an infographic highlighting the project outcomes: Social Recreation Grants Infographics: [English/Spanish](#).

Between January – June 2025, the Department will continue to provide technical assistance to regional centers about sustainability of social recreation programs in the community.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

No Updates

FFY 2023-2024 Q1

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

B. Quarterly Report

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

DDS awarded grants to community groups in all 21 regional centers to increase social recreation opportunities for Californians with intellectual and developmental disabilities. Grantees implemented a variety of projects providing services in more than 21 languages. The grants focused on communities with limited access to resources and the grant structure encouraged recipients to continue serving those with disabilities after the grant funds were expended.

DDS approved a total of 145 social recreational grant projects statewide; 107 grant projects were awarded directly to regional centers across the state and two large contracts were awarded with the Boys and Girls Club and YMCA Alliances (38 projects, 2 project management). Per the grant guidelines, projects were slated to end December 1, 2023, but 62 extensions were granted. Grant project extensions allowed regional centers and grantees to work toward meeting their established goals, extending community outreach, expending awarded funds, and working towards vendorization. Grant extensions concluded as of April 30, 2024.

The Department continues to provide technical assistance to regional centers in their processing of reimbursement invoices, closing grant projects and working through the vendorization process for grantees to continue providing services.

For the period of July through December 2024, DDS will report back to the focus groups on the grant goals and priority outcomes while continuing to provide technical assistance to regional centers about sustainability of social recreation programs in the community.

FFY 2023-2024 Q3

DDS awarded grants to community groups in all 21 regional centers to increase social recreation opportunities for Californians with intellectual and developmental disabilities. Grantees are implementing a variety of projects that will provide services in more than

21 languages. The grants focus on communities with limited access to resources and the grant structure encourages recipients to continue serving those with disabilities after the grant funds are expended.

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

Between July and December 2023, grantees developed and implemented grant projects and reported progress towards outcome measures.

During the months of January through March 2024, grantees will finalize their grant projects. Most grantees will enter into contracts with regional centers to continue providing children and adolescents access to integrated and inclusive social and recreational programs in their communities.

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

FFY 2023-2024 Q1

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

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

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

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

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

FFY 2022-2023 Q3

During the months of April through June 2023, regional centers will contract with grantees and manage awarded grant projects. Grantees will report on their progress toward meeting outcome measures throughout the grant cycle.

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

Social Recreation and Camp Services for Regional Center Consumers

Funding: \$5.5M enhanced federal funding (\$14.69M TF) Ongoing

Lead Department(s): DDS

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Both the current year as well as the 2025-2026 fiscal year budget account for the costs associated with Social Recreation and Camp Services.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

The Department, through the issuance of various correspondence clarifying relevant statute (since the restoration of social recreation, camping and nonmedical services) in addition to the social recreation grant initiative continues to expand awareness of these services. The grant initiative along with standardizing the process to on-board new service providers have been important in making the service more widely available.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Not applicable.

A. Overview

FFY 2024-2025 Q3

During this period the Department issued guidance to regional centers clarifying the relevant statute and available options for individuals to access social recreation and camp services.

During the months of January 2025 – June 2025, anticipated activities include ongoing monitoring of regional center implementation of statutory changes and providing support and technical assistance to regional centers.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

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

B. Quarterly Report**FFY 2024-2025 Q3**

No updates to report.

FFY 2024-2025 Q1

On February 6, 2024, DDS sent follow-up correspondence to regional centers to provide clarification on the requirements in Welfare and Institutions Code section 4688.22. Additionally, guidance was provided to regional centers on facilitating access to providers and vendorization of social recreation services, camping services, and nonmedical therapies such as specialized recreation, art, dance, and music. During the months of July – December 2024, anticipated activities include ongoing monitoring of regional center policies and provide support and technical assistance to regional centers.

FFY 2023-2024 Q3

On November 3, 2023, DDS sent correspondence to the regional centers providing guidance on the changes to Welfare and Institutions Code section 4688.22 and requested regional centers review and revise existing social recreation Purchase of Service (POS) policies for compliance with the changes in statute, follow a standardized vendorization process for social recreation vendors, complete new outreach plans, and utilize participant directed services for funding social recreation; and reminded regional centers of the need to use a specific subcode for social recreation services to more accurately capture expenditures. In December 2023, DDS staff began a proactive review of existing regional center social recreation POS policies to identify areas needing technical assistance before regional centers submit their revised policies in January 2024.

FFY 2023-2024 Q1

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

FFY 2022-2023 Q3

DDS required each regional center to develop a communication plan that describes how the center will share information with its community and include strategies for connecting with individuals/families in communities of color and/or whose primary language is not English. Regional centers were also required to revise Purchase of Service (POS) policies, as needed. Each regional center has submitted a communication plan and its POS policy. To date, DDS has reviewed and approved most plans and policies. DDS will continue to review plans through the reporting period.

Developmental Services Rate Model Implementation

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

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Both the current year as well as the 2025-2026 fiscal year budget account for the costs associated within rate reform which was fully implemented on January 1, 2025.



2. Description of the state’s progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

The final increase of rate reform took place on January 1, 2025. Through December 31, 2025 service providers will transition into the standardized service codes and rate structures. During this time, DDS will continue to meet regularly with regional centers to address questions and provide guidance. The Department will also be meeting with stakeholder workgroups to address areas that may have challenges associated with rate reform.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state’s HCBS spending plan.

Not applicable.

A. Overview

FFY 2024-2025 Q3

During this period, the Department issued a series of directives, held weekly office hours to meet with regional centers to address questions and provide guidance upon full implementation of rate reform. Townhall webinar trainings for regional centers, providers and the general public began in September and will continue through December 2024 to provide information on rate reform implementation. For the period of January – June, the Department will continue to monitor, track, collect data and provide technical assistance as needed during implementation.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

This investment will improve and stabilize the services directly impacting consumers,



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

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

B. Quarterly Report

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

The Department continued to meet with workgroups comprised of regional centers, service providers, and other community members to discuss the rate reform implementation including topics of timelines for meeting new service requirements, billing changes and processes, as well as updates to the participant's individual program plans (person-centered plans). Activities expected to occur July- December 2024:

- » The Department will release a series of directives, informed by the workgroup discussions, to provide guidance to regional centers and providers on implementation.

- » The Department will also begin preparing regulatory changes to implement the directives.
- » Continued training and education to regional centers, providers, and individuals and families on the rate reform changes.

FFY 2023-2024 Q3

During the reporting period the department continued collaborating with regional centers, providers, and other interested parties to define and communicate the details required to begin full implementation of rate reform scheduled for July 2024. DDS met with multiple small groups to brainstorm ideas to streamline changes related to specific services as we approach full implementation. Additionally, workgroups have developed and finalized policy decisions that will inform communications to the public in all service areas. Activities expected to occur during January – June 2024 include:

- » Conduct focus groups, trainings and education on rate and Individual Program Plan changes for individuals and families, regional centers, and providers.
- » Release directives and update the department's website to streamline communications.
- » Introduce an online tool to aid in the vendorization verification process.

FFY 2023-2024 Q1

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

- » Office hours meetings for representatives from regional centers, DDS, and the DDS contractor to discuss upcoming changes, processes, questions, and issues
- » Small group of stakeholders including providers, provider associations, regional centers to collaborate on webinars, directives, and other policy.

- » Dedicated inbox, ratesquestions@dds.ca.gov for members of the public to submit any questions or concerns they may have about the rate study implementation process.

FFY 2022-2023 Q3

Effective July 1, 2022, the legislature accelerated implementation of the rate study by six months. Rate adjustments which equal one-half of the difference between rates in effect March 31, 2022, and the fully funded rate model for each provider, that were to take effect as of July 1, 2023, will now take effect January 1, 2023. During the reporting period, DDS will work with regional centers, providers, and stakeholders to address questions related to rate adjustments.

Contingency Management

Funding: \$15.1M enhanced federal funding (\$25.1M TF) [One-Time]

Lead Department(s): DHCS

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.
 - » DHCS is committed to ensuring that the contingency management (CM) benefit remains a sustainable component of Medi-Cal, California's Medicaid program. Key sustainability strategies to enhance, expand, and strengthen HCBS include developing policies and procedures, pursuing efforts to expand the CM program to all counties, and ensuring CM programs are effectively and efficiently operating through continued training and technical assistance support.
 - » DHCS has actively reviewed and revised programmatic policies and procedures to strengthen HCBS under Medi-Cal. In August 2024, DHCS released Behavioral Health Information Notice (BHIN) 24-031, superseding BHIN 23-040. This revised BHIN streamlines the Implementation Plan process, allowing any DMC-ODS county to participate in the Recovery Incentives Program.
 - » DHCS is currently making efforts to expand the CM program to all DMC-ODS counties and populations disproportionately affected by substance use disorders (SUDs). The updated policy, BHIN 24-031, has integrated enhanced approval processes for urine drug testing (UDT), including fentanyl testing, to better

identify individuals at risk of fentanyl exposure, as well as ensure access to counseling, Medication-Assisted Treatment (MAT), and life-saving resources and interventions such as administration of Naloxone. In addition to releasing BHIN 24-031, DHCS updated the program's frequently asked questions (FAQs), translated program forms into Braille, and made changes to the Incentive Management portal to improve processes and technologies to strengthen HCBS. In addition to these activities, DHCS is collaborating with internal and external partners to enhance, expand, and strengthen HCBS.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

DHCS has made significant progress in implementing the CM program since it launched in spring 2023 and has several activities planned to enhance, expand, and strengthen HCBS.

In 2023, DHCS approved 24 DMC-ODS counties for the Recovery Incentives Program: California's Contingency Management Benefit. As of February 1, 2025, 19 counties are providing Recovery Incentive Program CM services, collectively covering 80 percent of Medi-Cal membership. The program has approved 102 sites to begin services (with 94 actively serving members) and 15 new sites are currently working to gain approval. Additional sites are approved on a rolling basis as they complete the Implementation Training and Readiness Assessment process. As of February 2025, the program has enrolled a total of 6,007 members, of which 1,352, have completed the full 24-week program. As of February 2025, the program supports 1,704 actively enrolled members. A Midpoint Assessment conducted by the University of California, Los Angeles (UCLA): Integrated Substance Use and Addiction Programs identified barriers in transportation for members trying to access treatment and difficulties for providers in obtaining the Clinical Laboratory Improvement Amendment (CLIA) waiver licenses. To address these issues, DHCS is developing provider guides to better support members in the Enhanced Care Management program. Enhanced Care Management (ECM) is a statewide Medi-Cal benefit that addresses the clinical and non-clinical needs of the highest-need Medi-Cal populations of focus by building trusting relationships with members and providing intensive coordination of health and health-related services. Substance use disorder is a

qualifying population of focus. Connecting CM program members with ECM benefits will help members overcome barriers to treatment and health, including addressing clarifications on accessing transportation benefits. DHCS has also been partnering with CDPH to expedite the processing of CLIA waivers. DHCS' sister department under the California Health and Human Services Agency, CDPH, is responsible for reviewing and processing CLIA waiver requests. The Recovery Incentives Program is working with a designated CDPH team member to expedite CLIA waiver licensing for enrolled CM sites.

The initiative has underscored the importance of flexibility and proactive communication. Weekly planning meetings with partners, including the CM training provider (UCLA) and the Incentive Manager vendor (Q2i), along with regular fidelity reviews, have been essential in addressing operational issues and ensuring adherence to program protocols.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Ensuring ongoing programmatic quality and the ability to provide support is a top priority for DHCS. A Quarterly Progress Report (QPR) Template was distributed in September 2024 to county leads and Behavioral Health Directors. Counties participating in the Recovery Incentives Program were required to complete QPRs for four consecutive quarters—the first, covering October–December 2024, was due to DHCS by January 31, 2025—ensuring systematic oversight and performance tracking.

The DHCS Recovery Incentives Program team conducts weekly planning meetings and frequent fidelity reviews with the service providers and county leads. These sessions are crucial for coordinating efforts, facilitating real-time feedback, support, and ensuring program fidelity. Additionally, providers are required to participate in ongoing coaching calls; helping them to adhere to the CM protocol and address any challenges they may encounter.

A. Overview

FFY 2024-2025 Q3

- » Claims submitted through August 15, 2024 have been processed for payment.

FFY 2024-2025 Q1

- » HCBS funds for contingency management were extended and must be spent by December 31, 2024. Because of payment lag and administrative claiming occurring on a quarterly basis, counties shall submit all administrative claims by June 30, 2024, and service claims by August 15, 2024, for DHCS to cover the non-federal share of these services.

FFY 2023-2024 Q3

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

- » Benefits (Medical Care and Services) include the funding to support the non-federal share of Medi-Cal services for Contingency Management (CM). These services began in SFY 2022-23 Q4, however no warrants were generated between July 1, 2023, and September 30, 2023.
- » Eligibility (County Administration) includes funding to support the non-federal share of administrative costs incurred by the county to deliver CM services. Payments for administrative claiming for CM began in FY 2022-23 Q3.
- » Evaluation of the CM benefit. The evaluation activity, through a contractor, measures, and monitors outcomes of the CM benefit within DMC-ODS, using information gathered from existing state data sources, as well as new data collected specifically for the DMC-ODS Program.
- » CM benefit Training and Technical Assistance. Under this program, through a contractor, the state is helping substance use disorder (SUD) treatment facilities improve the quality of SUD services by providing Training and Technical Assistance on the CM benefit.
- » Incentive Manager vendor to support the online tracking and distribution of incentives earned as part of this program.

FFY 2023-2024 Q1

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

- » Benefits (Medical Care and Services) include the funding to support the non-federal share of Medi-Cal services for Contingency Management (CM). These services began in SFY 2022-23 Q4.
- » Eligibility (County Administration) includes funding to support the non-federal share of administrative costs incurred by the county to deliver CM services. Payments for Administrative claiming for CM began in FY2022-23 Q3.
- » Evaluation of the CM benefit. The evaluation activity, through a contractor, measures, and monitors outcomes of the CM benefit within DMC-ODS, using information gathered from existing state data sources, as well as new data collected specifically for the DMC-ODS Program.
- » CM benefit Training and Technical Assistance. Under this program, through a contractor, the state is helping substance use disorder (SUD) treatment facilities improve the quality of SUD services by providing Training and Technical Assistance on the CM benefit.

B. Quarterly Report

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

For both the Benefits and County Administration, HCBS funds must be spent by December 31, 2024. Because of payment lag and administrative claiming occurring on a quarterly basis, counties shall submit all administrative claims by June 30, 2024, and service claims by August 15, 2024, for DHCS to cover the non-federal share of these services.

Between January 2024 and June 2024, DHCS met weekly with the Training and Technical Assistance vendor, the University of California, Los Angeles (UCLA), and the incentive manager (IM) vendor to discuss implementation and expansion efforts. In August 2023,



DHCS released updated guidance on the Recovery Incentives Program through [Behavioral Health Information Notice \(BHIN\) 23-040](#). A revised BHIN is anticipated to be released for stakeholder feedback in early summer 2024. Additionally, the program supported monthly coaching calls which all CM staff are required to attend, and Fidelity Reviews. All sites must complete three Fidelity Reviews in the first year of implementation and every six months thereafter. DHCS is finalizing a quarterly report that counties will utilize to monitor the CM sites in their counties and submit the report to DHCS. DHCS continues to receive data transfers monthly from the IM vendor, which are used for evaluation, payment processing, and dashboard reporting.

DHCS continues to work closely with UCLA to support training and launch of CM services at additional sites. In March 2023, DHCS approved the first site in Los Angeles County to offer CM services as part of the Recovery Incentives Program. As of May 23, 2024, 79 sites have been approved by DHCS to offer CM services. Active sites are providing CM services in the following 19 counties: Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Marin, Nevada, Orange, Riverside, San Bernadino, San Diego, San Francisco, San Mateo, Santa Barbara, Santa Clara, Tulare, Ventura, and Yolo counties. These counties cover 81% of Medi-Cal members in California. Since the launch of the program, 2,824 Medi-Cal members have been enrolled, with 1,217 members currently receiving CM services.

Implementation activities projected through December 2024 include expansion of the program, including providing an implementation plan to the remaining 14 DMC-ODS counties that allows them to opt-in to offer CM services as part of the Recovery Incentives Program. DHCS will continue offering implementation training and technical assistance as additional sites begin offering CM services, updating resource documents, participating in coaching calls and Fidelity Reviews, and responding to questions from participating counties and provider sites.

From January 2024 through June 2024, evaluation activities included collecting survey and interview data from county administrators, treatment providers, and clients participating in the Recovery Incentives Program. The UCLA evaluation team has downloaded and begun analyzing administrative data including urinalysis test data from

the Incentive Manager, Drug Medi-Cal claims data, and California Outcomes Measurement System data.

Evaluation activities expected through December 2024, include development of a draft and final midterm report on the Recovery Incentives Program, consistent with the CMS-approved evaluation design.

FFY 2023-2024 Q3

For both the Benefits and County Administration, HCBS funds must be spent by March 31, 2024. DHCS' current policy guidance states that counties shall submit all claims by February 15, 2024, for DHCS to cover the non-federal share of these services.

Between July 2023 and December 2023, DHCS met weekly with the Training and Technical Assistance vendor, the University of California, Los Angeles (UCLA), and the incentive manager (IM) vendor to discuss implementation efforts. In August 2023, DHCS released updated guidance on the Recovery Incentives Program through [Behavioral Health Information Notice \(BHIN\) 23-040](https://cadhcs.sharepoint.com/:w:/s/MCBH-PD/BHIB-CC/ESBjmU4jvoZHjhu_1TKivigBBKqmCYXYaQmZ21bO2EYyaA?e=Mso8BM).
Additionally, the program supported monthly coaching calls which all CM staff are required to attend, and Fidelity Reviews which all sites must complete three reviews in the first year of implementation. DHCS is finalizing a county audit tool and quarterly report which counties can utilize to help monitor the CM sites in their counties and Fidelity Reviews will transition from UCLA to the counties after the first year of implementation. Data transfer processes have been finalized and DHCS now receives regular data feeds from the Incentive Manager vendor which will be used for evaluation, payment process, and dashboard reporting.

From July 2023 through December 2023, DHCS continued to work closely with UCLA to support training and launch of CM services at additional sites. In March 2023, DHCS approved the first site in Los Angeles County to offer CM services as part of the Recovery Incentives Program. As of December 4, 2023, 64 sites have been approved by DHCS to offer CM services. Sites are in Contra Costa, Fresno, Imperial, Kern, Los Angeles, Marin, Orange, Riverside, San Diego, San Francisco, Santa Barbara, Santa Clara, and



Ventura counties, and in total, have enrolled 1,146 Medi-Cal members in the Recovery Incentives Program, with 749 members currently receiving CM services.

Activities projected through June 2024 include expansion of the Recovery Incentives Program to other counties, continued Implementation of Training and Technical Assistance as additional sites begin offering CM services. DHCS will continue to update resource documents, participate in coaching calls and Fidelity Reviews, and respond to questions from participating counties and provider sites.

From July 2023 through December 2023, evaluation activities included data collection and analysis, in addition to conducting member and provider surveys. In August 2023, CMS approved the CalAIM DMC-ODS evaluation which includes DHCS' CM benefit. Evaluation activities will continue through June 2024 with a mid-point assessment of CM activities due June 30, 2024.

FFY 2023-2024 Q1

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

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

In March 2023, DHCS approved the first site in Los Angeles County to offer CM services as part of the Recovery Incentives Program. From March 2023 through May 2023, DHCS continued to work closely with UCLA to support training and launch of CM services at additional sites. DHCS updated program policy guidance in BHIN 22-056, started coaching calls with sites offering CM services, continued discussions on data transfer,

payment processes, and reporting requirements, and responded to questions from participating counties and provider sites. As of June 16, 2023, 13 sites have been approved by DHCS to offer CM services. Sites are in Los Angeles, Kern, Riverside, and San Francisco counties, and in total, have enrolled 156 Medi-Cal members in the Recovery Incentives Program.

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

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

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

FFY 2022-2023 Q3

For both the evaluation, and Training and Technical Assistance of the CM benefit, HCBS funds are planned to be expended by June 30, 2023, and the state will sustain the programs under the state's Medicaid program.

For both the Benefits and County Administration, HCBS funds are planned to be expended until exhausted. Due to the delayed services start date and claiming lag, use of the funds will extend beyond original estimates.

In July 2022, DHCS met regularly with its implementation team and initiated planning in collaboration with the CDPH for training for provider sites to help them comply with the requirements of the Clinical Laboratory Improvement Amendments (CLIA) during program implementation. CLIA trainings were held the second week in October 2022 with over 250 people registered.

In August 2022, DHCS issued a new procurement for an incentive manager vendor to support the calculation and delivery of incentives to beneficiaries participating in the Recovery Incentives Program. Also in August, the team continued to respond to questions from participating counties and provider sites, supported the development of training materials for counties and providers, and revised program FAQs.

In September 2022, DHCS received proposals for an incentive manager. DHCS also continued to respond to questions from participating counties and provider sites and posted revised program FAQs on its website. In addition, the agency released a Behavioral Health Information Notice with implementation guidance for stakeholder review. Stakeholder comments were minor and largely positive. DHCS revised the program's policies and protocols for accuracy based on changes the implementation team felt were necessary and submitted these changes to CMS.

Home and Community-Based Services Infrastructure and Support

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

Initiatives include:

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

Long-Term Services and Supports Data Transparency

Funding: \$3.5M enhanced federal funding (\$3.5M TF) [One-Time]

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

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program. Dashboard were released, each iteration building and improving on previous efforts. The initial dashboard was released in December 2022 and included data from 2017-2021 across 40 utilization measures. The second version was released in December 2023 with additional utilization measures and data for the year 2022; this version was the first to feature data visualization techniques for an enhanced user experience. The final iteration of the LTSS Dashboard was released in December 2024 with new measures capturing data regarding cost, length of stay, and quality of services, as well as updated visualizations. The Dashboard data has been used to look at statewide Enhanced Care Management/Community Supports utilization by waiver program, community support type and managed care plan. The Long-Term Services and Supports (LTSS) Data Transparency project was a complex multi-department initiative. During the course of the project, three versions of the LTSS

2. Description of the state’s progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

A lesson learned while the final version of the Dashboard was being developed involved the way users could stratify the data. The iteration of the Dashboard released in 2023 enabled users to stratify by demographics at the county and health plan level. However, due to DHCS’ data suppression rules, this method of stratification did not yield the most meaningful results for users. Therefore, a change was made for the 2024 dashboard release: stratifying by demographics can now be performed at the statewide level rather than the county/health plan level.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state’s HCBS spending plan.

Through the HCBS Spending plan, DHCS developed the LTSS Dashboard to increase transparency and increase accessibility of data related to LTSS, LTC, and HCBS. The current dashboard contains utilization data of LTSS benefits; cost of 1915c waiver services; length of stay in LTC facilities as well as CMS’ LTSS rebalancing and utilization quality measures data. DHCS has received positive feedback from our sister agencies and external stakeholders that "the current data dashboard goes beyond the raw data available in the open data portal to present information in a way that is more accessible to the public." DHCS will maintain the LTSS dashboard with annual data refresh and committed to presenting data that demonstrates efforts towards “rebalancing” of LTSS from institutional care to home- and community-based services through high-quality person-centered care.

The final version of the [Medi-Cal Long-Term Services and Supports Dashboard](#) was released on December 27, 2024. The Dashboard data will be refreshed annually.

A. Overview

FFY 2024-2025 Q3

FFY 2024-2025 Q1

No Updates to report.

FFY 2023-2024 Q3

No Updates.

FFY 2023-2024 Q1

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

B. Quarterly Report

FFY 2024-2025 Q3

DHCS continues working on the development of the Long-Term Support and Services (LTSS) Dashboard, which will be released December 2024. In this newest version of the LTSS dashboard, the user interface will allow for multiple data visualization techniques. The data in this 2024 LTSS Dashboard will be available at the statewide level, with ability



to filter by all dimensions, which includes age group, delivery system, dual eligibility status, primary language, race, ethnicity, and sex. However, data at the county and health plan level cannot be stratified by demographics to protect member confidentiality. New measures related to cost, length of stay, and quality will be included in this dashboard iteration, with data refreshed for the existing measures. The rich visualization of data within the dashboard will illustrate the State's ongoing progress toward transparency of LTSS utilization from institutional care to home- and community-based services. In the future, the LTSS dashboard will be updated to include new data on a yearly basis.

FFY 2024-2025 Q1

DHCS continues working on the development of the next version of the Long Term Support and Services (LTSS) Dashboard, which will be released late 2024. The user interface allows for utilizing multiple data visualization techniques. In this next version, the data will be available at the statewide level with values by all dimensions to include age, delivery system, duals, primary language, race, ethnicity, and sex. The current LTSS Dashboard contains demographic data (age, primary language, race/ethnicity, and sex) stratified by county and health plan level. In the design of the next LTSS Dashboard version, there will be a change to demographic data at the county and health plan level. County or plan data will be available for all counts, but with limited selection/display options (like age or language) or dimensions (like female or Spanish). New measures related to cost, length of stay, and quality will be included in this dashboard iteration, and the existing measures' data will be refreshed.

FFY 2023-2024 Q3

DHCS continues to prepare the next version of the LTSS Dashboard, which is on track for release by the end of 2023. The design of the new user interface utilizing multiple data visualization techniques has been finalized, and a new data file has been prepared that will support multiple stratification options. Updates to the LTSS data, originally expected to be published in summer 2023, will instead be released with the new enhanced version of the dashboard. Along with refreshed data for existing measures, the dashboard will include 16 additional measures related to home health, services utilized by Californians with Developmental Disabilities, and the California Community Transitions program. Moreover, an additional year of LTSS data has been compiled, so the upcoming version of the LTSS Dashboard will feature data from 2017 to 2022.

DHCS has also begun work on a future iteration of the dashboard to be released in 2024. New measures related to cost and length of stay will be included in this future dashboard and the data for these measures is under review. DHCS teams have also started exploring options for developing measures that reflect the quality of LTSS services.

FFY 2023-2024 Q1

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

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

FFY 2022-2023 Q3

We developed the initial measures for the first iteration of the LTSS Dashboard, which was launched on December 12, 2022. In total, 40 measures resulted related to Medi-Cal enrollment and utilization of services, covering years 2017-2021, all posted on the CalHHS Open Data Portal. The process incorporated feedback from sister departments (DSS, CDA) and external stakeholders.

DHCS will continue developing the list of measures, in collaboration with internal and external stakeholders. Under contract executed with DHCS in October 2022, Mathematica is expected to provide recommendations and justifications on which demographic, utilization, access, quality, and equity measures to include in future iterations of the LTSS Dashboard.

DHCS has also established a contract to assist with building enhanced data visualization and user experience for the LTSS Dashboard.

Finally, DHCS plans to leverage data from the dashboard to further analyze patterns in utilization and conduct statewide quality improvement activities.

Modernize Developmental Services Information Technology Systems

Funding: \$6M enhanced federal funding (\$7.5M TF) [One-Time]

Lead Department(s): DDS

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

Both the current year as well as the 2025-2026 fiscal year budget account for the costs associated to modernize the states information technology system.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

The IT modernization project known at the LOIS (Life Outcomes Improvement System) is currently meeting with stakeholders to collect requirements through June 2025.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

N/A

A. Overview

FFY 2024-2025 Q3

During this period the Department submitted the Alternatives Analysis packet and received approval by the California Department of Technology (CDT). The Department is evaluating a potential need for a change in the scope.

For the period of January-June 2025, the Department will gather more public input into the development of the requirement for modernization.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

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

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

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

B. Quarterly Report

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

Per the requirements of the State Project Approval Lifecycle (PAL) process the project team submitted the Stage 2 Alternatives Analysis packet for approval by the California Department of Technology (CDT). The packet included the project charter, financial analysis workbook, mid-level requirements and all project plans expected to be included in the packet and expect CDT to approve the Stage 2 Alternatives Analysis packet by the end of June. The project team has developed a Scope of Work for the Request for Proposal package. The team will be working on the PAL Stage 3, Solution Analysis packet into July, 2024. DDS anticipates publishing the primary solicitation by 1/31/2025.

FFY 2023-2024 Q3

The project team completed their Stage 2 Alternatives Analysis packet, per the requirements of the State Project Approval Lifecycle (PAL) process and submitted the packet for approval by the California Department of Technology. The packet included the project charter, financial analysis workbook, mid-level requirements and all project plans expected to be included in the packet.

As a product of our market analysis, the team concluded that the Consumer Electronics Records Management System (CERMS) and the Uniform Fiscal System Modernization (UFSM) projects should be combined as one project given many vendors substantially covered the requirements of both projects. The project team also moved forward with Stage 3, Solution Analysis of the PAL, to complete the collection of detailed requirements.

The project team also began developing the Scope of Work for the Request for Proposal package. From January to June 2024, the team will be working on the PAL Stage 3, Solution Analysis packet. This includes at least six planning documents as well as a draft

project management and contract management plan. DDS anticipates publishing the primary solicitation in December 2024.

FFY 2023-2024 Q1

The project teams completed the market research process including posting a Request for Information (RFI) document that resulted in system solution providers responding with a proposal and demonstrations that educated the project team about available solutions on the market. Beginning in Q4 this input will inform the project team about additional mid-level functionality we may want to include as well as clarify any limitations of available solutions. Alternatives Analysis documentation will be finalized for both projects. The team will then collect from stakeholders and finalize detailed requirements for each project. The project teams will also begin developing Scope of Work and other Request for Proposal documentation.

FFY 2022-2023 Q3

The project teams will be assembling and posting a Request for Information (RFI) document inviting system solution providers to respond with a proposal and demonstration that helps to educate the project team about available solutions on the market. This input will inform the project team about additional mid-level functionality we may want to include as well as clarify any limitations of available solutions. We plan to conclude this market research phase during this period.

Access to Technology for Seniors and Persons with Disabilities

Funding: \$50M enhanced federal funding (\$50M TF) [One-Time]

Lead Department(s): CDA

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

With the Access To Technology (ATT) program, counties were able to leverage their existing programs and program recipients to provide digital devices, broadband service plans, digital literacy training, digital infrastructure to facilitate access, and outreach to

bring awareness to the program. This program was intended to reduce isolation, increase connections, and enhance self-confidence for program participants. Funding for the ATT program was allocated through the California Home and Community-Based Services (HCBS) Spending Plan, which provided enhanced federal funding for initiatives in support of Medi-Cal's HCBS services, including at the county level. Forty-one of the fifty-eight geographically and demographically diverse participating counties successfully expended over 92% of available programmatic funding providing a multitude of programs and services aptly suited and designed to meet the unique needs of their respective communities. This program represented the first opportunity where CDA partnered exclusively with County Human Services Agencies (HSA)s and CDA hopes to leverage this partnership for future programs when those opportunities arise. Notably, counties have the existing infrastructure and staffing to effectively leverage their programs and services and serve a broader swath of the population. Another reason to partner with counties is because counties across California vary in racial, ethnic, and linguistic makeup, with almost half of residents speaking a language other than English at home. Counties maintained the ability to provide culturally and linguistically appropriate services to match the needs of the local population.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

CDA has successfully planned, implemented and administered the ATT program and will continue to seek opportunities to establish new and strengthen existing partnerships. Challenges included some counties who noted staffing challenges that impacted their ability to spend down ATT funds. Other challenges included contractual and/or programmatic delays, limited capacity of internal staff and contractors, delays in securing subcontracts and uncertainty around their ability to spend the funds in the allotted timeframe. Many counties cited difficulty acquiring timely Board approvals due to Board meeting schedules and agendas. Another challenge mentioned by several program managers was the reduced timeline of the grant period changing the end date from 12/31/2024 to 9/30/2024.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

The ATT program is subject to both State and County auditing practices. All ATT funding was expended as of 9/30/2024. Some counties have chosen to use local resources or other funding streams to continue providing their ATT program services to their eligible community members.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No update to report.

FFY 2023-2024 Q3

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

B. Quarterly Report

FFY 2024-2025 Q3

Forty-one of the 58 Counties in California opted-in to participate in the ATT Program which represents a significant cross section of both geographic and demographic diversity. Participating counties created innovative ATT programs tailored to meet the needs of their respective communities. All of the participating counties (listed in FFY 2023-2024 Q1) completed their ATT program closeouts in CDA's Local Finance Reporting System (LoFRS). Participating Counties also submitted a comprehensive ATT Final Report. CDA third-party evaluator National Opinion Research Center (NORC), worked with county Directors and program participants to conduct a full and thorough assessment of the ATT program outcomes and provided CDA with a thorough report based on their extensive research. The ATT Program served more than 73,000 older adults and adults with disabilities across the state and formally concluded on September 30, 2024.

FFY 2024-2025 Q1

Forty-one of the 58 Counties in California opted-in to participate in the ATT Program which represents a significant cross section of both geographic and demographic diversity. Participating counties have created innovative ATT programs tailored to meet the needs of their respective communities. All of the participating counties (listed in FFY 2023-2024 Q1) have fully executed contracts. \$6.2 million of the funding initially slated for the counties who opted-out has been proportionately reallocated to 30 of the 41 participating counties who opted-in to receive additional funding. Contract amendments to the counties who have accepted the additional funding from the reallocation are currently in the process of execution. CDA has also extended the services of the Digital Literacy training vendors serving our Digital Connections program participants to serve the participants in ATT counties who choose to utilize their digital literacy training services. CDA has also secured third-party evaluator National Opinion Research Center (NORC), to work with county Directors and program participants to conduct a full and thorough assessment of the ATT program outcomes. The ATT Program will continue through September 30, 2024.

FFY 2023-2024 Q3

One additional county in California (Lake County) has decided to opt-out of participation in the Access to Technology (ATT) Program. Forty-one of the 58 Counties in California have opted to participate in the ATT Program which represents a significant

cross section of both geographic and demographic diversity. Participating counties have created innovative ATT programs tailored to meet the needs of their respective communities. All of the participating counties (listed in FFY 2023-2024 Q1) have fully executed contracts. However, \$6.2 million of the funding initially slated for the counties who opted out is being reallocated to the counties who opted-in the participate. Contract amendments to the counties who have accepted the addition funding from the reallocation are currently being issued to those counties. CDA is in the process of securing a third-party evaluator to work with county Directors and program participants to conduct a full and thorough assessment of the ATT program outcomes. The ATT Program has been extended through September 30, 2024.

FFY 2023-2024 Q1

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

FFY 2022-2023 Q3

CDA has completed work with the County Welfare Director's Association to determine allocation methodology, participating counties, scope of work, allowable expenditures, and reporting requirements. CDA is also finalizing a grant application that will allow the counties to share with CDA how they intend to use the funding in support of the goals and objectives of this funding investment. This grant application was released in July 2022. CDA reviewed and approved the proposals and budgets in September 2022. CDA began issuing contract documents to counties in October 2022. Funding is currently being released following full execution of contracts with participating counties.

Senior Nutrition Infrastructure

Funding: \$40M enhanced federal funding (\$40M TF) [One-Time]

Lead Department(s): CDA

Final Report

1. Description of any strategies the state intends to implement to sustain the state's activities to enhance, expand, or strengthen HCBS under the Medicaid program.

To continue the Senior Nutrition Infrastructure improvements that AAAs and their service providers made with HCBS Nutrition Infrastructure dollars, CDA included an option for Nutrition Infrastructure in year one of the Older Californians Act funding contract. This allowed AAAs the option to continue to modernize their senior nutrition program and continue to build on the infrastructure improvements made with the HCBS funding.

HCBS funds through the Nutrition Infrastructure (NI) grant made it possible for AAAs and their nutrition providers to enhance and expand senior nutrition infrastructure to better address food insecurity in older Californians. The grant enabled AAAs and their nutrition providers to purchase a wide variety of equipment including electric vehicles to help alleviate waitlists for home-delivered meals and support clean air in high density areas; upgrades in commercial kitchen equipment to expand meal capacity; technology equipment to support virtual social activities to engage older adults who prefer to-go meals; and software programs to aid in monitoring the health outcomes of home-delivered meal clients and increasing the efficiency of meal deliveries. Additionally, NI supported kitchen refurbishments such as painting, flooring, countertops, and indoor and outdoor dining furniture, contributing to the enhancement, safety, and expansion of kitchens and dining areas. These much-needed investments will support sustained increases in nutrition services in California for years to come.

AAAs have reported the following successes as a result of the NI funds: improved efficiency and continuity of services (28%); served greater quantity of meals/increased capacity to serve more meals (28%); improved worker safety and morale/decreased liability (21%); improved reach of meal programs with investments in new vehicles, updated dining sites, and new partnerships (21%); bought environmentally friendly vehicles for meal delivery services (11%). Implementation barriers included supply chain

and procurement challenges, such as equipment no longer available or price increased once approval obtained, and a lengthy invoicing and reimbursement process.

2. Description of the state's progress in implementing its planned activities to enhance, expand, or strengthen HCBS, including any implementation challenges and lessons learned.

Lessons learned included the need to streamline the approval process to reduce the impact of supply chain issues. To expedite equipment purchases, CDA provided AAAs with a list of pre-approved equipment. To further expedite the process for future funding for infrastructure, AAA staff should include alternative items when seeking approval for items commonly affected by supply-chain issues.

3. Description of processes to support ongoing monitoring and auditing of the use of the state equivalent funds when the entity designated to spend the state equivalent funds will complete the approved activity after the closure of the state's HCBS spending plan.

Since Nutrition Infrastructure funding was provided as a grant to the AAAs, CDA did not conduct inventory tracking of the equipment. CDA's Local Finance Branch reconciles itemized purchase documentation with AAA budgets, and the CDA Audits Branch audits equipment purchases.

A. Overview

FFY 2024-2025 Q3

No updates to report.

FFY 2024-2025 Q1

No updates to report.

FFY 2023-2024 Q3

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



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

B. Quarterly Report

FFY 2024-2025 Q3

AAAs are making the final push to acquire the equipment and/or renovations needed to update their local nutrition sites. Some have changed the model or brand of vehicles they originally requested due to shortages or not being able to receive the vehicles prior to the funding close-outs. AAAs are continuing to spend funds during the final quarter.

FFY 2024-2025 Q1

Updates made to below FFY 2023-2024 Q3 in track changes.

FFY 2023-2024 Q3

AAA continue to spend the funds and are currently waiting for the work to be done and equipment to be delivered. Many are experiencing a delay for the specialized vehicles to deliver meals such as Hot Shots but are working with dealerships to obtain the vehicles before the contract ends. Since the extension to 2024, CDA has seen many proposals being revised to purchase vehicles originally needed and work completed. More expenditures are being completed with quite a few AAA already spending 80% or more of their funds.

FFY 2023-2024 Q1

CDA has reviewed and approved the proposals submitted by the AAAs for this funding opportunity. The grant proposals include the equipment requests that AAAs, Meals on Wheels, and other meal-providing subcontractors would like to purchase to enhance and expand their nutrition programs. Stakeholder engagement, reporting requirements, and funding allocations has been finalized. Contracts were executed for the 32 AAAs that opted into the program in October 2022, with funding released in Q1 of FY 2022-2023. The funding for this initiative has been extended through September 30, 2024.

FFY 2022-2023 Q3

CDA is in the process of reviewing and approving grant proposals submitted by the AAAs for this funding opportunity. The grant proposals include the equipment requests that AAAs, Meals on Wheels, and other meal-providing subcontractors would like to purchase to enhance and expand their nutrition programs. Stakeholder engagement, reporting requirements, and funding allocations has been finalized. Contracts will be executed for all 33 AAAs in October 2022, with funding released in Q1 of FY 2022-23. There have been reports from the AAAs of supply chain issues, questions about receiving the equipment, and reports of not being able to spend the full amount of allocated funding due to the supply chain delays with the funding end date change to December 2023. CDA continues to work diligently with the AAA network to provide all possible solutions.