State of California—Health and Human Services Agency
Department of Health Care Services

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April 17, 2022

Centers for Medicare & Medicaid Services
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MEDICAID HOME- AND COMMUNITY-BASED SERVICES (HCBS) SPENDING PLAN: QUARTERLY REPORTING for Federal Fiscal Year 2021-2022 (Quarter 4) PURSUANT TO SECTION 9817 OF AMERICAN RESCUE PLAN ACT OF 2021 (ARPA)

Submitted electronically via HCBSincreasedFMAP@cms.hhs.gov

To:

On January 4, 2022, the Centers of Medicare & Medicaid Services (CMS) issued its conditional approval of California' Home- and Community-Based Services (HCBS) Spending Plan, which was originally submitted by the Department of Health Care Services (DHCS) on July 12, 2021, and last updated October 27, 2021, pursuant to Section 9817 of the American Rescue Plan Act (issued on May 13, 2021) and the State Medicaid Director Letter (SMDL) # 21-003.

Consistent with the directives outlined in SMDL #21-003, DHCS hereby supplies its Quarterly Spending Plan Projection and Narrative for these HCBS initiatives, representing the quarterly report for Quarter 4 of Federal Fiscal Year (FFY) 2021- 2022.

Also consistent with SMDL #21-003, on behalf of the participating California departments, DHCS provides the following assurances for the updated submissions:

- The state is using the federal funds attributable to the increased federal medical assistance payments (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;

- The state is using the 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;

- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;

- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and

- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

If you or your staff have any questions or need additional information regarding this HCBS Spending Plan Quarterly Reporting Assurance Letter, please contact Saralyn M. Ang-Olson, JD, MPP, Chief Compliance Officer, by phone at (916) 345-8380, or by email at Saralyn.Ang-Olson@dhcs.ca.gov.

Sincerely,

Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures:

- California's Quarterly HCBS Spending Plan Projection for Quarter 4 of FFY 2021-2022 (Excel worksheet);
- California's Quarterly HCBS Spending Plan Narrative for Quarter 4 of FFY 2021-2022 (Word and pdf)

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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)

Quarterly Reporting on HCBS Spending Plan Narrative

For

Federal Fiscal Year 2021-2022, Quarter 4

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OVERVIEW

A variety of health and human services can be delivered through home- and community- based services, 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 seniors 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 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, 2024, 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 set forth in CMS' letter, "Implementation of American Rescue Plan Act of 2021 Section 9817," dated May 13, 2021 (State Medicaid Director (SMDL) #21-003).

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

Of the 29 initiatives originally presented, only one was denied by CMS. Therefore, at present, California focuses on 28 initiatives related to five categories of HCBS services.

Notably, the enhanced federal funding provides California with an opportunity to make substantial investments in the programs that serve our most vulnerable Californians, including populations that are 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 are 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. Because 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.

Quarterly Reporting on California's HCBS Spending Plan

CMS requires participating states to report quarterly on the activities that the state has implemented and/or intends to implement 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 at https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf.)

This multi-department, quarterly report on California's HCBS Spending Plan updates CMS on the remaining 28 initiatives in the following five categories of services:

- Workforce: Retaining and Building Network of HCBS Direct Care Workers
- HCBS Navigation
- HCBS Transitions
- Services: Enhancing HCBS Capacity and Models of Care
- HCBS Infrastructure and Support

As noted in its initial submission, California's HCBS Spending Plan reflects stakeholder feedback, having incorporated suggestions from advocates, providers, consumers, caregivers, community-based organizations, managedcare 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 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 (Non-IHSS) Workforce - Training and Stipends
- IHSS HCBS Care Economy Payments
- Non-IHSS HCBS Care Economy Payments
- Increasing 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

IHSS Career Pathways
Funding: $295.1M enhanced federal funding ($295.1M TF) [One-Time]
Lead Department(s): California Department of Social Services (CDSS), with DHCS

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 and of the recipient and provider**;** the advancement of health equity and reduced health disparities for IHSS recipients; 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; 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 training is 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

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 no later than September 1, 2022 and remain operative until March 1, 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 and 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.

In the winter of 2022, CDSS held three public listening sessions with IHSS providers, recipients, and advocates to discuss the IHSS Career Pathways Program and obtain feedback. On March 11, 2022, CDSS released a Request for Proposal to competitively bid training vendor services. Bidders are required to submit their proposals by April 22, 2022. CDSS anticipates vendors will provide classes 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, 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.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report. The Career Pathways Pilot Program will be implemented no later than September 1, 2022, and remain operative until March 1, 2024.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

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, Office of Statewide Health Planning and Development (OSHPD), now named as the Department of Health Care Access and Information (HCAI)

Training and stipends will be available to Direct Care Workforce (non-IHSS) that provide services to Medicaid participants in a range of home and community-based settings, in order to both improve care quality, respond to severe worker shortages in the sector, and prevent unnecessary institutionalization. These training and stipends for Direct Care Workers (non-IHSS) that serve people who are 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 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 that are referenced in Appendix B.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

Program Framework: CDA has developed the high-level framework for the Non-IHSS Direct Care Workforce in partnership with the Department of Social Services and with consultation from the Departments of Health Care Services and Health Care Access and Information. Specifically, CDA has outlined the components including the target workforce population, settings, curriculum development, stipends and incentives payment structure, evaluation, and Learning and Innovations Institute program as follows:

- Target Workforce: Non-IHSS Direct Care Workers including personal care aids (non IHSS, non-waiver personal care services), social workers, and others including activities coordinators, transportation providers and others. Any worker who provides non-clinical direct support to a Medicaid recipient in the home or community outside of the IHSS program will be eligible for this training stipends and incentives program. CDA is also exploring how we might leverage this program to ensure unpaid family caregivers can utilize the trainings.

- Settings: CDA will target non-IHSS, non-clinical direct care workers in the following programs and settings: Community Based Adult Services, Adult Day Care, Multipurpose Senior Services Program, Program for All-Inclusive Care for the Elderly, Assisted Living Waiver, Home and Community-Based Alternatives Waiver, AIDS waiver, and 6-bed board and care homes (RCFEs).

- Curriculum: CDA will leverage curriculum from the IHSS Career Pathways 5 pathway program, building off the existing platform (General pathways including Health and Safety for Caregivers; Adult Education; and Specialized Pathways including Cognitive Impairments and Behavioral Health; Complex Physical Care Needs; and Transitioning into In-Home Care). In addition, we will launch a "Specialized Curriculum Grant Program" that will build off the 5 career pathways platform with specialized curriculum focused on cultural competency, skills development, and others.

- Stipends and Incentives Payment Structure: CDA is partnering with CDSS to utilize the same stipends and incentives structure for trainings.

- Learning and Innovations Institute: CDA is intending to develop the infrastructure for a Learning Management System that will synthesize best practices and curriculum from the Direct Care Workforce initiative that can serve as a training and leadership development platform.

Internal Leadership: CDA is finalizing the recruitment for the Assistant Director of the Office of Direct Care Workforce position that will be responsible for leading the Non-IHSS Direct Care Workforce initiative, serving as a key senior leader in the department. We anticipate having this key position filled within the next 30-45 (+/-) days.

Stakeholder Engagement: CDA has contracted with Collaborative Consulting to lead the focused stakeholder engagement efforts which is launching in the next few weeks. The stakeholder input will inform development of the workforce initiative including the curriculum framework, best practices, and evaluation.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for these one-time expenditures.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

IHSS HCBS Care Economy Payments
Funding: $137M enhanced federal funding ($275M TF) [One-Time]
Lead Department(s): CDSS

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, the Case Management, Information and Payrolling System (CMIPS), and will focus on payment for retention, recognition, and workforce development.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

CGI Technologies and Solutions, the vendor that maintains and operates CMIPS on behalf of the State, designed and is in the process of implementing 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 will include the qualifications required to receive the payment.

The one-time payment was in January 2022 to 574,730 providers. Some additional payments are anticipated for providers who have been found eligible since payments were issued in January.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report. This is a one-time incentive payment.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Non-IHSS HCBS Care Economy Payments
Funding: $6.25M enhanced federal funding ($12.5M TF) [One-Time]
Lead Department(s): DHCS, with CDA

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 2021. 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 Multi-purpose Senior Services Program Waiver (MSSP), Community Based Adult Services program (CBAS), Home and Community-Based Alternatives (HCBA) Waiver, Assisted Living Waiver (ALW), HIV/AIDS Waiver, Program of All-Inclusive Care for the Elderly (PACE), and the California Community Transitions program (CCT) 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DHCS has identified that payment processes will be complex and likely require a mix of fiscal intermediary facilitated payments and DHCS direct payments due to the fee-for-service, capitation), and provider models (in most cases, provider agencies claim or receive capitated payment for services provided by employed direct care staff). DHCS, in collaboration with sister Departments and stakeholders, is conducting extensive work to identify eligible recipients and implement systems to process payments.

Additionally, DHCS requested further clarification from CMS as to whether the enhanced FMAP through the HCBS Spending Plan can be utilized for incentive payments for Money Follows the Person (MFP), known in California as California Community Transitions (CCT) providers. If CMS responds that MFP/CCT providers are not eligible, DHCS will need to update California's HCBS Spending Plan to remove MFP/CCT providers.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

This initiative is a one-time payment meant to help alleviate financial strain and hardships suffered by California's HCBS direct care workforce during the COVID-19 PHE and expand access to providers and incentivize retention of current California's existing HCBS direct care workforce.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Increasing the Home and Community Based Clinical Workforce
Funding: $75M enhanced federal funding ($75M TF) [One-Time]
Lead Department(s): OSPHD/HCAI, with DHCS, California Department of Public Health (CDPH), CDA

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), to increase racial and language diversity, and access to health services in rural communities, children with complex medical conditions, individuals with disabilities, and 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 a needs assessment and assist with design and development of initiatives or programs to increase the HCBS clinical workforce.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

Activities

Cross-Department Collaboration Meeting

- 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 requiring a longer period of time 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 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.

- Consultant and HCAI are in the program planning and development phase of the project.

  - On March 18, 2022 – a meeting was held with an organization that proposed a new three-year program that aligns with HCAI's recommendations.

Consultant Contract

- Contract executed and effective November 1, 2021.

- As of December 15, 2021 – Consultant has conducted 15 stakeholder engagement interviews.

- As of February 18, 2022 – Consultant conducted and completed 27 stakeholder engagement interviews. In parallel, Consultant has completed and presented series of four landscape analysis.

- Consultant is continuing to work with HCAI to continue planning and program development and to establish cross-collaborative workgroups to coordinate initiatives and to address barriers.

2. *States should explain how they intend to sustain such activities beyond March 31, 2024.*

Nothing to report as these are one-time expenditures.

3. *Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.*

HCAI anticipates releasing initial funding opportunities by the end of June 2022.

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 OSHPD/HCAI

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. This complements the $200 million ($100 million General

Fund) proposal in the state budget to build capacity for effective pre-release care for justice-involved populations to enable coordination with justice agencies and Medi-Cal coverage of services 30 days prior to release.

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 In Lieu of Services (ILOS) (now known as Community Supports). To successfully implement these new investments, local governments and community based organizations will need to recruit, onboard, and traina new workforce. In particular, 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 evidencedbased practices, implement information technology for data sharing, and support training stipends. Funds will also support ECM and ILOS/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 referral, billing systems/services, and onboarding/enhancements to health information exchange capabilities).Quarterly Report for Quarter 4 of FFY 2021-2022.

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DHCS continues to develop the operational protocols for the PATH program and will submit to CMS in June 2022.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

The activities funded in this initiative are foundational to the successful implementation of Enhanced Care Management and ILOS/Community Supports such as 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 2026.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

DHCS anticipates the application process and funding distribution to begin in Q3 of 2022.

Traumatic Brain Injury (TBI) Program
Funding: $5M enhanced federal funding ($5M TF) [One-Time]
Lead Department(s): Department of Rehabilitation (DOR)

The DOR Traumatic Brain Injury (TBI) Program providesfive core services designed to increase independent living skills to maximize the ability ofindividuals 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 (6) existing TBI sites and to awardup to six (6) additional TBI sites in unserved/underserved areas.

Quarterly Report on HCBS Spending Plan Narrative for the Initiative:

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DOR has issued a Request for Application (RFA) and intent to award for the selection of new TBI Program sites under California Welfare and Institutions Code (WIC) section 4357.1 to be awarded with an effective date of April 1, 2022, through June 30, 2024.

HCBS Spending Plan funding for TBI will be provided to nine (9) organizations that responded to the current state funded TBI RFA process to expand their capacity and to serve underserved/unserved areas beginning April 1, 2022 for encumbrance or expenditure until March 31, 2024. All nine (9) organizations met the qualifications of the RFA, and DOR is engaging in negotiations with them to execute HCBS Spending Plan contracts. Through an additional Request for Information (RFI) process, DOR will award HCBS Spending Plan funding for up-to three (3) additional TBI sites in

unserved/underserved areas by July 2022 for encumbrance or expenditure until March 31, 2024.

DOR is currently in the process of hiring a staff position to support the TBI Program HCBS Spending Plan initiative with anticipated expenditures beginning April 2022.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

The HCBS Spending Plan TBI Program is anticipated as a one-time investment to build the capacity of TBI services providers to serve individuals with TBI. TBI services will be provided on-going through WIC section 4357.1 and new funding sources.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

DOR issued an RFA and intent to award for the selection of new state funded TBI Program sites that was originally planned to be awarded January 1, 2022. Due to an appeal and related process, DOR anticipates an effective date of April 1, 2022.

DOR is negotiating HCBS Spending Plan contracts with organizations that have demonstrated the ability to provide TBI services through the state funded TBI RFA process. See response to Question 1.

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 Aware and Geriatric/Dementia Continuing Education
- Language Access and Cultural Competency Orientations and Translations
- CalBridge Behavioral Health Pilot Program

No Wrong Door/Aging and Disability Resource Connections (ADRCs)
Funding: $5M enhanced federal funding ($5M TF) [One-Time]Lead Department(s): CDA, with DHCS, DOR

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.

Quarterly Report on HCBS Spending Plan Narrative for the Initiative:

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

As reported in the previous quarter, we are assessing the most meaningful way to implement both this investment and the ADRC investment within the Older Adults' Recovery and Resilience package. We are assessing different IT options, such as a Client Relationship Management tool and a Learning Management Software. We will provide more information as we hone in on the exact IT efforts we want to employ.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for these one-time expenditures.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Dementia Aware and Geriatric/Dementia Continuing Education
Funding: $25M enhanced federal funding ($25M TF) [One-Time]
Lead Department(s): DHCS, with OSHPD/HCAI, CDPH

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.

Dementia Aware: Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care. 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 (CADC).

Geriatric/Dementia Continuing Education, for all Licensed Health/Primary Care Providers: Make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and OSHPD/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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

The Quality and Population Health Management (QPHM) program, which is leading the efforts for Dementia Aware at DHCS, continues to hold weekly operations and implementation planning meetings with staff. After gathering input from its partner departments and external stakeholders like the CADCs, DHCS developed a scope of work and released a Request for Information (RFI) on December 23, 2021for Dementia Aware. Responses to the RFI were due to DHCS on January 21, 2022. The Department received one excellent response to the RFI from the University of California, San Francisco (UCSF) and is in the process of executing the contract with them. UCSF will provide project management. To provide critical expertise and address key deliverables, as well as provide support for Dementia Aware implementation in their local areas, several sister University of California (UC) campuses will be major partners in UCSF's efforts including UC Irvine, UC Los Angeles (UCLA), Harbor UCLA, UC Fresno, and UC San Diego, and additional campuses will be connected to the program including UC Davis's Family Caregiver Institute. The Alzheimer's Association will also be a major partner in ensuring adequate outreach and practice support activities for the entire state, especially in those areas not reached by the UC partners.

UCSF will create a Cognitive Health Assessment (CHA) with evidence-based tools, a

training for Medi-Cal providers on team-based use of the CHA, a toolkit for care planning once dementia is diagnosed, and practice-support coaching to learn how to implement the CHA and toolkit effectively.

To inform Dementia Aware activities, the initiative will have a Clinical Advisory Board comprised of key stakeholders including members from primary care provider organizations, community based organizations, and dementia experts from UC campuses, the CADCs, the CDPH Alzheimer's Disease Program, and the Alzheimer's Disease and Related Disorders Advisory Committee of California Health and Human Services (CalHHS).

Every 6 months, UCSF will produce a report to DHCS for use and public reporting on training completion and feedback, any available stakeholder interview data, and practice support activities. The first report will be due January 1, 2023. Starting January 1, 2024, the report will include utilization data on the Medi-Cal Cognitive Health Assessment benefit as provided by DHCS, and Dementia Aware's clinical outcomes**.**

By July 1, 2022, DHCS, in partnership with UCSF and the Clinical Advisory Board, will develop an on-line high quality, evidence-based training to educate providers on utilizing the CHA and implementing it into their practices.

DHCS presented on March 2, 2022 to the California Department of Aging Convening on Dementia Healthcare Initiatives and on March 10, 2022 to the CalHHS Alzheimer's Disease and Related Disorders Advisory Committee, updating stakeholders on the above information related to the contract and scope of work with UCSF. During the CalHHS committee meeting, DHCS also solicited input on cognitive health screening tools, as mandated by Senate Bill 48: Medi-Cal annual cognitive health assessment.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for this one-time expenditure.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Language Access and Cultural Competency Orientations and Translations
Funding: $27.5M enhanced federal funding ($45.8M TF), $10M GF Ongoing
Lead Department(s): DDS

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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DDS Language Access & Cultural Competency Orientation and Translation Workgroup has been formed. The initial workgroup meeting was held on October 21, 2021, to discuss preliminary project ideas, language access and program priorities, and to request input to identify language access and translation needs. DDS has gathered stakeholder input through the Developmental Services Task Force (DSTF) Service Access and Equity Workgroup, DDS African-American Focus Group, DDS Monthly Service Access and Equity Community-Based Organization Group, and the Association of Regional Center Agencies.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

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

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

CalBridge Behavioral Health Pilot Program
Funding: $40M enhanced federal funding ($40M TF) [One-Time]
Lead Department(s): DHCS

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

While CalBridge is not a new program, the proposed funding is dedicated to new activities (expanding the role of the navigator to better address mental health conditionsas well as substance use disorders), new services (covering the costs for hospitals already participating in CalBridge to add a new navigator and expand hours of coverageor 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 ED, 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

Through contract with the Public Health Institute, DHCS is developing a Request for Application (RFA) allowing up to $125k per hospital (inclusive of health systems, hospital foundations and physician groups) for BH navigators. The timeline for release of this Round 1 RFA is April 2022 with an anticipated 68 hospitals awarded totaling $8.5 million. CA Bridge will conduct outreach to hospitals and Emergency Departments to promote the grant funding opportunity and provide three tiers of curriculum and resources on the CA Bridge website.

There has been no change since the last quarterly report. DHCS is finalizing the contract with the Public Health Institute to manage the grant process and provide technical assistance, grant oversight, and reporting.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for this one-time expenditure.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

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 as a result 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:

- Community Based Residential Continuum Pilots for Vulnerable, Aging and Disabled Populations
- Eliminating the Assisted Living Waiver Waitlist
- Housing and Homelessness Incentive Program
- Community Care Expansion Program

Community Based Residential Continuum Pilots for Vulnerable, Aging, and Disabled Populations
Funding: $110M enhanced federal funding ($298M TF) [One-Time]
Lead Department(s): DHCS, with CDSS

The Community Based Residential Continuum Pilots would provide medical and supportive services in the home, independent living settings including permanent supportive housing, and community care settings (home, ARFs, RCFEs, affordable housing) in order to avoid unnecessary healthcare costs, including emergency services and future long-term care placement in a nursing home. This program would ensure individuals are able to live in the least restrictive setting possible by ensuring access to home-based health and other personal care services for vulnerable populations, including seniors and people with disabilities.

Pilot funding would be provided to managed care plans to provide these benefits to members and coordinate with county partners. Managed care plans would contract with licensed providers to provide needed medical and/or behavioral health services to beneficiaries in their own home, in coordination with any authorized IHSS services or personal care/homemaker services.

DHCS does not intend to initiate the initiative until July 1, 2022.

Quarterly Report for Quarter 3 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

Nothing to report.

2. *States should explain how they intend to sustain such activities beyond March 31, 2024.*

Nothing to report as yet for this one-time expenditure.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Eliminating Assisted Living Waiver Waitlist
Funding: $85M enhanced federal funding ($255M TF), $38M Ongoing
Lead Department(s): DHCS

California's Assisted Living Waiver (ALW) is a Medicaid Home and Community-Based Services (HCBS) waiver program, authorized in §1915(c) of the Social Security Act. The 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 Assisted Living Waiver waitlist while furthering the vision of the Master Plan for Aging. The current Assisted Living Waiver capacity is 5,744 slots; of which 5,620 are filled as of May 1, 2021. There are approximately 4,900 beneficiaries on the waitlist as of May 1, 2021, and an additional 1,300 beneficiaries approved for enrollment in the Assisted Living Waiver but waiting for an available assisted living facility placement to complete enrollment. The proposed addition of 7,000slots will enable DHCS to provide sufficient Assisted Living Waiver capacity to enroll all waitlisted beneficiaries and to clear pending enrollments while still providing a cushion for continued growth.

Additionally, DHCS intends to temporarily modify enrollment criteria for the additional 7,000 slots to promote flexibility. In order to promote cost neutrality, as well as significant savings to the State by transitioning clients out of Skilled Nursing Facilities (SNFs), California requires new enrollments into the ALW to be processed at a ratio of60% institutional transition to 40% community enrollments. DHCS plans to temporarilyremove this requirement until the existing waitlist has been cleared. 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
- 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 Assisted Living Waiver growth will also likely encourage participation of residential care facility for the elderly (RCFE) and adult residential facility

(ARF) providers in the Assisted Living Waiver 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

On October 27, 2021, DHCS submitted to the Centers for Medicare & Medicaid for approval an Assisted Living Waiver technical amendment with a retroactive implementation date of July 1, 2021, to increase the maximum number of waiver slots.

DHCS received CMS' approval to increase ALW slots by 7,000, on January 7, 2022, and has begun enrolling participants from the waitlist.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

DHCS intends to continue funding the 7,000 additional ALW slots on a continual ongoing basis beyond March 31, 2024, to meet the needs of eligible Medicaid beneficiaries. DHCS plans to integrate the ALW services into the existing Home and Community-Based Alternatives (HCBA) Waiver upon the February 28, 2024, expiration of the current ALW term.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

California has updated this narrative from the prior quarter narrative to indicate that the ALW amendment to increase slots has been approved by CMS since submission of the previous narrative.

Housing and Homelessness Incentive Program
Funding: $650M enhanced federal funding ($1.3B TF) [One-Time]
Lead Department(s): DHCS

As a means of addressing social determinants of health and health disparities (as listed in Appendix D of SMD Letter #21-003), Medi-Cal managed care plans would be able to 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 SMD Letter #21-003. Managed care plans would be encouraged to ensure that at least 85% of earned funds go to beneficiaries, providers, local homeless Continuums of Care, counties, and other

local partners who are leading efforts on the ground. Funds would be allocated in part by Point in Time counts of homeless individuals and other housing related metrics determined by DHCS. Managed care plans would have to meet specified metrics to earn available funds.The target populations for this program would be 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.

Managed care plans 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). Plans should build off of existing local HUD or other homeless plans and be designed to address unmet need. In counties with more than one managed care plan, plans would need to work together to submit one 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, managed care plans may invest in case management or other services listed in Appendix B of SMD Letter #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 theywill address equity in service delivery.

The funding under this incentive program would not include payment for room and board; instead, the funds will incentivize managed care plans 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 will culminate with the submission of the Local Homelessness Plans in June 2022 (subject to change), and a Performance Phase. Plans will be able to earn incentive payments applicable to each

phase for successfully achieving specified metrics, with the first payments targeted to occur in September 2022.

Quarterly Report for Quarter 4 of FFY 2021-2022.

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DHCS engaged a diverse group of stakeholders including representatives from plans, counties, community-based organizations, housing and homelessness advocates, State partners, and others to develop the program design and performance metrics. DHCS finalized the operational and performance metrics that Medi-Cal managed care plans (MCPs) will be expected to meet to earn incentive funding. All Medi-Cal MCPs that are eligible to participate in the HHIP submitted Letters of Intent to DHCS by April 4, 2022. The participating MCPs are required to submit their Local Homelessness Plan for each county in which they are participating to DHCS by June 30, 2022.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for this one-time expenditure.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Community Care Expansion Program
Funding: $53.4M enhanced federal funding ($53.4M TF) [One-Time]
Lead Department(s): CDSS

The Community Care Expansion (CCE) Program provides $805M over a three-year period to counties and tribes for the acquisition, or rehabilitation, or construction of Adult and Senior Care Residential Facilities (ARF), 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 or 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 tiered based on the level of funding awarded.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

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. The CDSS anticipates initial awards to be issued later in 2022.

An additional $195 million of CCE Preservation Funds, intended for rehabilitation to preserve residential adult and senior care facilities that serve the target population. The CDSS is currently developing a notice of funding availability for these funds. Additional updates will be provided on the next quarterly report.

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 regards 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.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

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.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Note: The projected funding for the CCE program is expected to be released via a NOFA in early 2022. Projected expenditures by quarter will be available by mid-2022.

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

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 enhance 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

As previously reported, CDA is in need of a staffing resource to stand up this effort. In the interim, current staff have been working with the CBAS providers and Alzheimer stakeholders to begin the implementation of this program. Currently, we are creating a Request for Proposal to release to the network to determine who will receive this funding opportunity.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for these one-time expenditures.

3. *Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.*

Nothing to report.

Older Adult Resiliency and Recovery
Funding: $106M enhanced federal funding ($106M TF) [One-Time]
Lead Department(s): CDA

The one-time augmentation of $106 million, to be spent over three years (2021-22, 2022-23 and 2023-24), will strengthen older adults' recovery and resilience from the severe isolation and health impacts from staying at home for over a year due to the Coronavirus pandemic. Funding allocations are proposed as follows: Senior Nutrition

($20.7 million); Senior Legal Services ($20 million); Fall Prevention and Home Modification ($10 million); Digital Connections ($17 million); Senior Employment Opportunities ($17 million); Aging and Disability Resource Connections ($9.4 million); Behavioral Health Line ($2.1 million); Family Caregiving Support ($2.8 million); Elder Abuse Prevention Council ($1 million); and State Operation Resources ($6 million).

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

CDA has initiated ongoing stakeholder input and technical assistance for the various investments. Planning estimates and program expectations have been released and CDA staff are working diligently to develop contracts for execution this summer and fall.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for these one-time expenditures.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Adult Family Homes for Older Adults
Funding: $9M enhanced federal funding ($9M TF), $2.6M Ongoing
Lead Department(s): CDA, with Department of Developmental Services (DDS)

Adult Family Homes offer 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

As previously reported, CDA is working with DDS to implement this program. Next, CDA will survey the AAA network to seek out partners in this effort.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for this ongoing funding investment.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Coordinated Family Support Service

Funding: $25M enhanced federal funding ($42M TF); [One-Time], $25M GF [Ongoing]

Lead Department(s): DDS

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.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DDS has assembled an internal team that will lead this initiative. An operational plan is in development. Thus far, stakeholder input meetings have been conducted with Regional Centers, Community Based Organizations (CBO), Family Resource Centers (FRC) and existing vendors who provide Coordinated Life Services. Input from these stakeholders is being reviewed to determine next steps in proceeding with the pilot for this new service model.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

This pilot program will be reviewed for equity in consumer access and outcomes. Ongoing funding will be determined through the state's annual budget process.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Enhanced Community Integration for Children and Adolescents
Funding: $12.5M enhanced federal funding ($12.5M TF) [One-Time]
Lead Department(s): DDS

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 multi-year 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.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DDS held community stakeholder meetings to solicit input from regional centers (Dec. 13, 21), Community Based Organizations (Jan. 21), and Family Resource Centers (Feb. 10). Additional stakeholder meetings are pending with social and recreation departments. Stakeholder input will be considered and weaved into the Grant Guidelines that will be created and approved the upcoming quarter.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

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.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Social Recreation and Camp Services for Regional Center Consumers
Funding: $78.2M enhanced federal funding ($121.1M TF) Ongoing
Lead Department(s): DDS

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.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

In this reporting period, DDS has required each regional center to develop a communications plan that describes how the center will share information with its community. The plan must also include strategies for connecting with individuals/families in communities of color and/or whose primary language is not English. Regional centers are also revising Purchase of Service policies, as needed.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

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

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Developmental Services Rate Model Implementation
Funding: $945M enhanced federal funding ($1.4B TF); $1.2B Ongoing
Lead Department(s): DDS

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 April1, 2021; 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.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

During the reporting period, DDS continued holding webinars with stakeholders to discuss the Rate Model Implementation. Additionally, DDS published the rate models with the updated cost components as of February 2022. The cost components will be used to calculate the rate adjustments effective April 1, 2022.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

The 2021-22 budget for DDS identified multi-year funding to implement the 2019 Rate Study by July 1, 2025, and includes an ongoing quality incentive program.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Contingency Management
Funding: $31.7M enhanced federal funding ($58.5M TF) [One-Time]
Lead Department(s): DHCS

Unlike alcohol and opioid addiction, there are no medications that work for stimulant use disorder. Overdose deaths from stimulants equal deaths from fentanyl in California, and

rates continue to rise, causing high social costs (in terms of criminal justice involvement and foster care placement) and high medical costs (stimulant use disorder leads to high ED and hospital costs for infections, lung and heart disease). The lack of effective community-based treatments for stimulant use results in increased utilization of residential treatment services, particularly in the Medi-Cal program. DHCS proposes to offer contingency management via a pilot, as it is the only behavioral therapy repeatedly shown in studies to work for stimulant use disorder.

Contingency management (CM) uses small motivational incentives combined with behavioral treatment as an effective treatment for stimulant use disorder. The Department proposes to implement the motivational incentives through Drug Medi-Cal Organized Delivery System. Counties will apply to opt into the pilot program, and will designate participating providers in their network. The providers will assess patients, determine that they meet criteria for the program (a diagnosis of stimulant use disorder), and offer counseling services and urine drug testing. The motivational incentives will be offered to patients through a mobile app, accessible to patients through smart phones, tablets or computers. For patients without access to a smart phone, the motivational incentives will be managed through a statewide database, accessed through the treatment provider.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

Since the last quarterly report, DHCS has finalized policy and operational requirements in the CM policy paper (published on the DHCS CM Website. DHCS issued a request for applications, reviewed them, and approved seven counties (with 70 proposed providers in their networks) to launch the pilot in phase 1, in July 2022. 20 counties submitted a letter of interest to participate in phase 2, in which services will launch September through December 2022. DHCS continues to work diligently internally and with a stakeholder workgroup to finalize the county and provider training program, starting with a kick-off meeting March 23. DHCS is also finalizing the county and provider readiness review, which will be conducted prior to the first patient service, to ensure every provider complies with state and federal requirements.

On March 1, DHCS issued an invitation for proposals from vendors to manage the incentives through a statewide DHCS contract, aiming to have a contract in place by June 2022. DHCS is working with the evaluator for the DMC-ODS 1115 waiver, UCLA, to conduct a robust evaluation, and the evaluation design will be complete in the spring 2022.

If the program is demonstrated to be effective, DHCS plans to submit a proposal through the budget process to allow contingency management to be an ongoing Medi-Cal benefit,

as part of the Drug Medi-Cal Organized Delivery System. By increasing the availability of community-based treatment, this proposal will reduce demand for residential treatment services, reducing costs and allowing individuals with substance use disorders to recover in the community and further builds on the behavioral health delivery system reforms in California Advancing and Innovating Medi-Cal (CalAIM).

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Pending confirmation of successful implementation in pilot counties, DHCS would propose in our budget process to extend the contingency management benefit to all counties as a mandatory service in our Drug Medi-Cal Organized Delivery System.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

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: $4M enhanced federal funding ($4M TF) [One-Time]
Lead Department(s): DHCS, with CDPH, CDSS, CDA, OSHPD/HCAI

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, 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.

Quarterly Report for Quarter 4 of FFY 2021-2022

1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

DHCS is establishing a preliminary work plan for the first iteration of the LTSS dashboard to be published later this year.

In January 2022, DHCS on boarded one graduate student intern who began assessing what LTSS measures are readily available and meaningful to stakeholders for inclusion in early iterations of the dashboard. A preliminary list of measures was shared with internal stakeholders for feedback. Additionally, the student intern will be conducting surveys and interviews to better assess stakeholder needs for the public-facing LTSS dashboard.

On July 27, 2021, CMS approved DHCS' Money Follows the Person (MFP) Supplemental Funding application granting $5 million in supplemental funding to conduct a statewide Gap Analysis and Multiyear Roadmap of its HCBS and Managed Medi-Cal Long-Term Supports and Services (MLTSS) programs and networks. The funding will be used for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCBS capacity. Given the aligned objectives between the MFP Supplemental Funding and the LTSS Data Transparency initiative, DHCS to add a deliverable to the MFP Gap Analysis and Multiyear Roadmap RFI, in which the external vendor would provide recommendations and justifications on which demographic, utilization, access, quality, and equity measures to include in future iterations of the state's LTSS dashboard (deliverable known as "Recommendations for LTSS Data Transparency Initiative") by January 2, 2023. DHCS released this RFI on March 14, 2022, and responses are due to DHCS on April 8, 2022.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Beyond March 31, 2024, activities for this initiative will be sustained by the continued

maintenance of the LTSS dashboard. Moreover, DHCS leverages the data from the measures being tracked on the dashboard to assess utilization and conduct statewide quality improvement.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Modernize Developmental Services Information Technology Systems
Funding: $6M enhanced federal funding ($7.5M TF) [One-Time]
Lead Department(s): DDS

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 tochanging 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 that can delay identification of problems and hinder decision-making given outdated information. The existing fiscal system was implemented in 1984. Replacement of the RC fiscal system, which processes provider payments, will improve efficiencies as the system is modernized and provide more detailed expenditure data consistent with CMS payment system expectations.

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.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

During the reporting period, both projects hired project managers, business analysts and a technical architect that will work on both projects. We have also added project management and business analyst consulting support and have started the process of stakeholder analysis for identifying the variety of stakeholder groups that will contribute to the mid-level requirements being gathered in the upcoming period. The kick-off meeting is scheduled for March 25th. IT leaderships are already providing regular project updates to key stakeholder groups. DDS is in communication with IT Management staff at DHCS to discuss advanced funding for these projects.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

The 2021-22 budget for DDS identified the initial multi-year funding for this effort. Additional resources will go through the State of California's budgeting process for information technology projects.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Access to Technology for Seniors and Persons with Disabilities
Funding: $50M enhanced federal funding ($50M TF) [One-Time]
Lead Department(s): CDA

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 supports.

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1. *Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS*.

CDA has worked with CWDA to develop program guidance and planning estimates. Currently, CDA is working with counties to determine program interest and provide technical assistance, in consultation with CWDA. CDA estimates that it will issue county grants by late summer 2022.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for these one-time expenditures.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.

Senior Nutrition Infrastructure
Funding: $40M enhanced federal funding ($40M TF) [One-Time]
Lead Department(s): CDA

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, including, but not limited to, any of the following: Production-scale commercial kitchens; warming, refrigeration, or freezer capacity and equipment; food delivery vehicles; improvements and equipment to expand capacity for providers of meals; and technological or data system infrastructure for monitoring client health outcomes. Congregate meals sites are based in the community, offered in senior centers, schools, churches, farmers markets, and other community settings. In addition to a hot meal, congregate meals in the community offer participants opportunities for socialization and building stronger informal support networks in the communities in which participants live. 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.

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1. Please provide information on activity outcomes, lessons learned, challenges, or any other information that the state deems as relevant and important to advancing HCBS.

CDA has released program guidance and planning estimates. CDA expects to receive program proposals in May 2022 for consideration. CDA will then review all proposals for allowability and providing any necessary technical assistance. CDA expects to release contracts for execution this summer.

2. States should explain how they intend to sustain such activities beyond March 31, 2024.

Nothing to report as yet for these one-time expenditures.

3. Updates or modifications to the quarterly HCBS narratives concerning California's HCBS initiatives should be highlighted for ease of CMS review.

Nothing to report.