

California Statewide Non-Medi-Cal Home and Community-Based Services Gap Analysis Report

Appendices

June 2025

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Acronyms

Acronym	Full title
AAA	Area Agency on Aging
ACL	Administration for Community Living
ADA	Americans with Disabilities Act
ADHC	Adult Day Health Care
ADL	activities of daily living
ADP	Adult Day Program
ADRC	Aging and Disability Resource Connection
AMI	Area Median Income
APS	Adult Protective Services
CalHHS	California Health and Human Services
Caltrans	California Department of Transportation
CalVet	California Department of Veterans Affairs
CBAS	Community-Based Adult Services
CBO	community-based organization
CDA	California Department of Aging
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CHCS	Center for Health Care Strategies
CoC	Continuum of Care
CRC	Caregiver Resource Center
CSD	California Department of Community Services and Development
CY	calendar year
DACLAC	Disability and Aging Community Living Advisory Committee
DDS	California Department of Developmental Services
DLDC	Device Lending and Demonstration Center
DOR	California Department of Rehabilitation
FCSP	Family Caregiver Support Program
FFY	federal fiscal year
HCBS	home and community-based services
HCD	California Department of Housing and Community Development
HUD	U.S. Department of Housing and Urban Development
IHSS-R	In-Home Supportive Services Residual
ILC	Independent Living Center
LGBTQ+	lesbian, gay, bisexual, transgender, and queer
LIHTC	Low-Income Housing Tax Credit
LTSS	long-term services and supports
OAA	Older Americans Act
PHA	Public Housing Authority
PRA	Project Rental Assistance

Acronyms

Acronym	Full title
PRAC	Project Rental Assistance Contract
PSA	Planning and Service Area
PSH	permanent supportive housing
SFY	state fiscal year
SME	subject matter expert
VA	U.S. Department of Veterans Affairs

Appendix A.

Methods

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This appendix describes the methodology used to create the program inventory and conduct gap analysis activities described in this report.

A.1. Program inventory

To create the HCBS program and service inventory, Mathematica used online research and key informant interviews. Mathematica organized this work into three phases:

- 1. Conduct online research.** Mathematica reviewed publicly available information to identify home and community-based programs and services that California state departments oversee. This review included program and service descriptions from the relevant department's website, public reports, presentations, advertisements, and documentation from the state budget and other legislation. Mathematica used this publicly available information to (a) complete a program and service inventory for each department and (b) determine whether each program or service is in scope for the gap analysis. Programs and services were considered in scope if they meet the Mathematica and CDA definition of HCBS, are non-Medi-Cal funded, and are delivered to older adults or adults with disabilities.
- 2. Conduct key informant interviews with department representatives.** Mathematica shared the relevant section of the inventory with staff from the department that oversees each service: California Department of Aging, California Department of Transportation, California Housing Finance Agency, California Department of Veterans Affairs, Department of Developmental Services, Department of Rehabilitation, Department of Public Health, Department of Social Services, and Housing and Community Development.¹ Mathematica staff conducted interviews with these department staff in the summer of 2023 to (a) ask questions about specific programs and services in the inventory and (b) discuss staff perceptions of state-level gaps in HCBS. Department staff provided feedback on their respective inventory section during the interview and by email.
- 3. Compile the inventory and identify data sources for the gap analysis.** Mathematica used the department staff interviews and feedback to update the department-specific inventories.

Mathematica assigned each service in the inventory to one of the categories listed in the HCBS taxonomy (Exhibit A.1). Each program in the inventory is associated with one primary category in the taxonomy. Services are labeled with secondary categories as necessary. Mathematica assigned primary categories based on program-level goals.² For example, all services offered under the Services to Older Refugees program are labeled with a primary category of "legal assistance," and they are labeled with secondary categories such as "communication/interpretation services," "social participation," and "other housing services" as appropriate. The secondary categories can be another category from the same domain, or a category from a different domain, with the goal of capturing the nuance in overlapping goals of programs or services.

¹ Mathematica also included services overseen by the following departments: California Governor's Office of Emergency Services, California Department of Corrections and Rehabilitation, and California Tax Credit Allocation Committee. Mathematica did not interview staff from these departments because none of the programs they administered met the definition of HCBS being used for the purposes of this analysis.

² A subset of services were individually labeled with primary categories based on service rather than program: CDA's supportive services program, CalVet's caregiver programs, Regional Center services, ILC services, and all programs in the Housing domain. Mathematica adopted this approach because these programs included many services that reflected a large range of categories.

Exhibit A.1. Non-Medi-Cal HCBS taxonomy domains, categories, and definitions

Category	Definition
Domain: Caregiver Supports. Supporting people through the experience of caring for older adults and people with disabilities.	
Caregiver information and access services	Information and community education about services to support caregivers. Resources and assistance on caregiver legal issues, interpretation and translation services, and caregiver outreach.
Caregiver respite	Short-term substitute care for caregivers who support older adults or people with disabilities giving caregivers time to rest, travel, or spend with other family and friends.
Caregiver training and support services	Workshops on caregiver topics as well as family, individual, and group sessions with licensed counselors or peers to offer emotional support.
Caregiver supplemental services	Supplemental services that offer material aids and assistive devices that support caregiving activities.
Domain: Communication, information, and referral services. Helping people connect to services in their community.	
Case management	Coordinating services for older adults, people with disabilities, and their caregivers.
Communication/ interpretation services	Services that help individuals with visual, auditory, or speech impairments communicate, or services for non-English speakers.
Legal assistance	Services involving the legal rights around autonomy, safety, housing, and other concerns of older adults and adults with disabilities (does not include criminal law).
Referral services or information and assistance	Services that provide information on and link individuals to relevant services and opportunities in their community.
Domain: Health-related services and community supports. Accessible and affordable health services to support individuals to remain in the community.	
Adult day services	Services provided in a licensed, congregate community setting during a portion of the day.
Assistive technology and mobility devices	Devices that help a person perform a particular task; many people with disabilities depend on assistive devices to carry out daily activities.
Fall prevention	Services related to fall prevention activities.
Health promotion	Services related to preventing and managing chronic disease and programs that promote wellness, such as smoking cessation, stress management, and physical activity.
Homemaker and chore services	Services that help older adults and people with disabilities maintain their homes.
In-home medical services	Medical services provided by a licensed health professional in the client's home.
Medication supports	Services that support medication adherence and access.
Mental and behavioral health services	Screening, assessment, treatment, and referrals related to mental and behavioral health.
Nutrition	Nutrition education or the provision of nutritious meals.
Personal care services	Services that provide hands-on assistance with and support for activities of daily living.

Category	Definition
Domain: Housing. Affordable and accessible housing.	
Home repairs and modifications	Programs that support adding or repairing physical structures or aspects of the home to improve accessibility and ease of use.
Housing supply	Programs that support the creation or preservation of housing stock (i.e., increase housing and/or affordable housing supply).
Housing financial assistance	Programs that aim to help individuals access affordable and/or supportive housing or stabilize them in their existing housing through economic assistance (i.e., vouchers that make rent in private market-rate housing more affordable).
Support for people experiencing or at risk of homelessness	Programs that help people experiencing homelessness obtain shelter or return to stable housing, or that help people at risk of homelessness from losing their housing. These programs and services are only for those at risk of or experiencing homelessness.
Other housing-related services	Programs that provide other housing-related services such as advocacy or housing navigation support.
Domain: Safety. Services and supports to maintain personal safety and disaster preparedness.	
Abuse prevention and protection	Services related to preventing or responding to abuse, neglect, or exploitation, including elder abuse.
Emergency and disaster response and preparedness	Services that help older adults and adults with disabilities prepare for and recover from natural disasters and other emergencies; does not include information and resources posted on websites.
Domain: Social inclusion, employment, and economic support. Encouraging civic participation and fostering opportunities for volunteerism and employment.	
Economic assistance	Ongoing, short-term, or emergency cash assistance.
Employment and vocational services	Employment or vocational training services that help older adults or adults with disabilities obtain and maintain jobs or meaningful volunteer activities.
Life skills training	Services that teach people needed skills to live independently.
Social participation	Services that create opportunities for older adults and adults with disabilities to connect with others and remain engaged in the community.
Domain: Transportation. Accessible, affordable, and safe public transport.	
Paratransit	Public transportation service that supplements larger public transit systems by providing individualized rides without fixed routes or timetables.
Transportation Coordination	Services that help older adults or adults with disabilities schedule, arrange, or coordinate services among transportation providers.
Other transportation-related services	Any other transportation services that help older adults and adults with disabilities get around, travel to service providers, and participate in community events.

A.2. Qualitative data collection

Interviews with general service providers

In addition to the interviews with staff from CalHHS departments conducted in summer 2023, Mathematica also conducted interviews with service providers and other subject matter experts in late 2023 and early 2024. Interviews covered the following topics: specific populations facing heightened barriers to accessing services; linguistically and culturally competent service gaps; geographic variation in

service access and availability; and state- and local-drivers of service gaps. Mathematica conducted interviews with the following groups:

- Two focus groups with six ADPs
- Two focus groups with nine Regional Centers
- Two focus groups with five ADRCs
- Two focus groups with eight AAAs
- Two focus groups with six ILCs
- Two focus groups with seven CRCs
- 12 interviews with non-governmental subject-matter experts

Interviews focused on transportation

In addition to an interview with Caltrans on statewide HCBS-related transportation programs and services, Mathematica conducted several interviews with local service providers and subject matter experts in regional HCBS-related transportation services in California in February and March 2024. Interview topics included types of regional or local HCBS-related transportation services, service structure and delivery system, service gaps including geographic differences and barriers faced by specific populations, and recommendations for service and system improvements. Mathematica conducted interviews with the following groups:

- One interview with three members of the Disability and Aging Community Living Advisory Committee (DACLAC) transportation subcommittee
- One interview with a California HCBS-related transportation subject matter expert
- Six interviews with a geographically diverse sample of Coordinated Transportation Services Agencies, Regional Transportation Planning Organizations, and Metropolitan Planning Organizations
- One interview with a statewide California non-profit that represents the interests of local transportation providers

Interviews focused on housing

In addition to an interview with the California Housing Finance Agency and the California Department of Housing and Community Development about statewide HCBS-related housing programs and services, Mathematica conducted several interviews with local housing services providers and subject matter experts between March and May 2024. Interview topics included identifying key programs and services; affordable housing development and finance; services for people experiencing or at risk of homelessness; grants and funding; local variation in affordable housing availability, provider capacity, client need, and housing unit prioritization; barriers and solutions to housing access across geographic areas, various demographic groups, by age, and for people with different types of disabilities; provision of supportive services; referrals and coordination across agencies; and the broader housing policy context.

- One interview with leadership at the California Business, Consumer Services and Housing Agency
- One interview with leadership at the Interagency Council on Homelessness

- Two interviews with affordable housing developers
- Two interviews with academic housing policy experts
- Two focus groups with members of the Disability and Aging Community Living Advisory Committee (DACLAC) housing subcommittee
- One interview with a housing services technical assistance provider for people with disabilities
- Three interviews with representatives from Public Housing Authorities (PHAs) across three regions of the state
- One interview with representatives from a Continuum of Care (CoC)

Qualitative analysis

Mathematica used both inductive and deductive approaches to analyze interviews. Mathematica used NVivo to code interview notes and transcripts to organize findings based on taxonomy domain and type of service gap.

A.3. Stakeholder and consumer engagement

The Center for Health Care Strategies (CHCS) led the stakeholder and consumer engagement portion of the work, including stakeholder meetings and listening sessions with consumers. This section describes the methods used to gather, analyze, and summarize feedback from the various stakeholder and consumer engagement activities.

Stakeholder Engagement

CHCS conducted robust stakeholder engagement activities between January 2023 through March 2024. The purpose of these activities was to gather input and feedback from a variety of stakeholders to shape and inform the CDA Gap Analysis and Multi-Year Roadmap. In all, 1,320 stakeholders were engaged over this timeframe.

Recruitment and participation

CHCS, Mathematica, and CDA worked in partnership to develop a main stakeholder listserv with contact information for all relevant internal departments and existing policy groups/boards/bodies. The project has a dedicated email address (HCBGapanalysis@aging.ca.gov) where stakeholders/members of the public are welcome to ask questions or make comments about the CDA HCBS Gap Analysis and Multi-Year Roadmap project, as well as request to be added to the stakeholder listserv. To inform stakeholders about upcoming public meetings, dates, times, and agendas were posted on CDA's website at least three months in advance, and email invitations (including a registration link) were sent to the stakeholder listserv at least six weeks in advance. For existing stakeholder meetings with regularly scheduled monthly or quarterly meetings, CHCS reached out to meeting coordinators and requested time on agendas at least one month in advance.

Stakeholder sessions

CHCS conducted a variety of engagement activities to gather feedback from stakeholders, including: large, public stakeholder meetings with comment open to the public; quarterly updates with existing

stakeholder workgroups/advisory committees; and small group consultations with stakeholders and advocates. (See **Exhibit A.2** for details).

Exhibit A.2. Stakeholder and Consumer Engagement Activities (January 2023-March 2025)

Engagement activity	Number of attendees
Large bi-annual public updates with comment open to the public	921
Quarterly updates with comment for existing stakeholder workgroups/advisory committees	590

Note: Numbers are not unique to individual participants. For example, many individuals attending the quarterly updates also participate in the bi-annual public meetings.

Updates and progress reports on the CDA HCBS Gap Analysis and Multi-Year Roadmap project were provided at stakeholder meetings throughout this timeframe, including quarterly (to align with key stakeholder groups' existing meeting cadence), bi-annually to include the public, and on an ad hoc basis. For public stakeholder meetings, at least one-third of the meeting time was dedicated to public comment and questions to ensure as many participants as possible could weigh in if desired.

Gap Analysis and Multi-Year Roadmap meetings were made accessible for attendees with disabilities through the following accommodations:

- Speakers provided visual descriptions of themselves;
- American Sign Language (ASL) Interpreters and Communication Access Realtime Translation (CART) Reporters were available at public stakeholder meetings;
- Participants could ask questions aloud or via the Chat function; and
- Meeting slides were formatted to comply with Section 508 of the Rehabilitation Act.

Consumer engagement

CHCS executed a subcontract with Ad Lucem Consulting to plan, convene, and analyze consumer listening sessions for the HCBS Gap Analysis and Multi-Year Roadmap project. In all, 148 consumers were engaged between January 2023 and October 2024.

The purpose of the consumer listening sessions was to hear from Californians about their experiences accessing and using home and community-based services and any gaps or challenges with their services.

Inclusion criteria for the listening sessions:

- Ages 18 or older (Medi-Cal and non-Medi-Cal recipients)
- Report some impairment in Activities of Daily Living (ADL) or Independent Activities of Daily Living (IADL)
- Use or need HCBS
- Are caregivers of these individuals, both In-Home Supportive Services (IHSS) (paid) and unpaid/informal

Listening sessions discussion guides were designed to gather information on the following to inform the Gap Analysis and Multi-Year Roadmap:

- Consumers' need for HCBS
- Consumers' use of HCBS
- Experiences and challenges in accessing HCBS and pathways to access
- Unmet needs or gaps in HCBS
- Consumers' perceptions and thoughts about the quality of HCBS
- Other topics as they emerge from the sessions

Recruitment and participation

Recruitment focused on ensuring participants varied in terms of HCBS need, age, geography, race/ethnicity, gender, disability, and language. Consumer listening session participants were recruited through "host organizations," which included community-based organizations, Area Agencies on Aging, Caregiver Resource Centers, and other community organizations serving older adults and individuals with disabilities. CHCS and Ad Lucem Consulting sought out host organizations that served the target populations (e.g., informal caregivers and non-Medi-Cal recipients not receiving HCBS but who needed HCBS) and held initial phone calls to describe the goals of the listening session, the target population, examples of discussion questions, and the process for recruiting and convening the listening session. Host organizations conducted recruitment for listening sessions by emailing and posting flyers announcing the listening session date and time, or through personal outreach to individuals the host organization thought could be interested in participating. Host organizations each received \$2,000 to compensate their time and effort in recruiting listening session participants.

Data collection

Host organizations helped all consumer listening session participants complete a brief survey to capture key data about the participants and their care. The following demographic and descriptive variables were included:

- Type of HCBS services used in the last six months
- Age
- Gender
- Race/ethnicity
- Sexual orientation
- Health insurance coverage

Consumer listening session details

All listening sessions lasted one hour and were hosted virtually via Zoom. Two facilitators joined each listening session and used a predetermined discussion guide which asked questions about the HCBS they received in their homes, services they needed but did not receive, any disparities they may have experienced based on their gender/age/race/ethnicity/language/sexual orientation/gender identity, and

what they wish they could improve in the HCBS system. All listening session participants received a \$100 Visa gift card by mail approximately one week after the session concluded.

Consumer listening sessions were audio recorded and professionally transcribed. Transcripts from listening sessions conducted in Mandarin, Cantonese, and Spanish were translated into English.

Exhibit A.3. provides details on the consumer listening session dates, locations, populations of focus for recruitment, and the languages in which they were conducted.

Exhibit A.3. Consumer Listening Session Dates, Locations, Populations, and Languages

Location/date	Host organization	Population	Language	Number of participants
Inland Empire June 22, 2023	Access to Independence	Adults 18+ with disabilities and caregivers/personal attendants, Medi-Cal recipients	Spanish	11
San Mateo County June 29, 2023	Self-Help for the Elderly	Adults 65+ and caregivers/personal attendants, non-Medi-Cal recipients	Cantonese	11
Salinas County July 7, 2023	Alliance on Aging and Active Seniors	Adults 65+ and caregivers/personal attendants, non-Medi-Cal and Medi-Cal recipients	Spanish	12
Fresno/Madera Counties August 24, 2023	Fresno-Madera Agency on Aging	Adults 65+, non-Medi-Cal recipients	English	<10
San Joaquin County August 29, 2023	California In-Home Supportive Services Consumer Alliance	Adults 18-64, Medi-Cal recipients, In-Home Supportive Services recipients	English	<10
Los Angeles region September 9, 2023	Chinese Parents Association for the Disabled	Caregivers (parents) of adult children 18+ with disabilities	Mandarin	11
Statewide January 25, 2024	California In-Home Supportive Services Consumer Alliance	In-Home Supportive Services (IHSS) caregivers	English	11
Greater Sacramento Region March 21, 2024	Area Agency on Aging 4	Unpaid, informal caregivers of adults with disabilities age 65 and older who have Medi-Cal but need additional care from unpaid, informal caregivers to meet needs	English	<10
Orange/Los Angeles/San Diego Counties March 26, 2024	Orange County, Los Angeles, and San Diego Counties Caregiver Resource Centers (CRCs)	Unpaid, informal caregivers 18+ of non-Medi-Cal care recipients 65+ who need but are not receiving formal/paid HCBS	Spanish	11

Location/date	Host organization	Population	Language	Number of participants
Fresno County March 27, 2024	Valley Caregiver Resource Center	Unpaid, informal caregivers 18+ of non-Medi-Cal care recipients 65+ who need but are not receiving formal/paid HCBS	English	<10
Statewide May 31, 2024	Home and Community-Based Alternatives (HCBA) waiver agencies	Adults with disabilities ages 21 and older receiving Medi-Cal HCBA Waiver services	English	<10
Bakersfield May 30, 2024	Redwood Senior Living	Adults with disabilities ages 21 and older receiving Medi-Cal Assisted Living Waiver (ALW) services	English	<10
Contra Costa County June 6, 2024	Full Circle of Choices	Adults with developmental disabilities ages 21 and older receiving Medi-Cal Developmental Disability Waiver (HCBS-DD) services	English	<10
San Francisco June 7, 2024	OpenHouse	Adults with disabilities ages 55 and older who identify as LGBTQ+ and receive Medi-Cal HCBS services	English	<10
San Francisco Bay Area June 19, 2024	Friends of Children with Special Health Needs	Older adults ages 50 and older with developmental disabilities who receive (or need) HCBS	English	<10
Shasta County June 20, 2024	Redding Rancheria	Adults with disabilities ages 18 to 64 in indigenous communities who receive (or need) Medi-Cal or non-Medi-Cal HCBS	English	10

Analysis

Code development

In August 2023, CHCS developed a codebook for the analysis of the various stakeholder and community engagement activities, which aligned with the non-Medi-Cal program inventory taxonomy of the CDA HCBS Gap Analysis and Multi-Year Roadmap project. The codebook included both descriptor codes (e.g., location of session, language, type of program or service, demographics) and analytic codes (e.g., equity, provider service quality and capacity, barriers/gaps/lack of access to HCBS, unmet need, limited/unavailable services).

CHCS used Dedoose software, a web-based qualitative research tool to analyze all stakeholder input and consumer listening session input including meeting transcripts, meeting Zoom Chats, consumer listening session transcripts, and meeting summaries. CHCS reviewed each data type and tagged relevant excerpts with a corresponding code. Two CHCS staff used the initial codebook to independently code the same two consumer listening session transcripts, and then met to compare coding results and discuss where

codes were not in alignment. CHCS then revised the codebook to combine similar codes and refine all code definitions. The rest of the data were then coded using the revised codebook.

Analysis of consumer listening sessions

Ad Lucem Consulting recorded all listening sessions which were then transcribed. For the listening sessions that were not conducted in English, the transcripts were translated into English. Ad Lucem Consulting used ATLAS.ti, a computer-assisted qualitative data analysis software to code and analyze consumer listening session transcripts.

Ad Lucem Consulting then prepared summaries and a detailed slide deck for the first six consumer listening sessions (June-September 2023) to summarize demographic survey data and the preliminary themes that emerged from session discussions. Codes were grouped according to themes and accompanied by illustrative quotes. Preparing listening session summaries and the slide deck in this way allowed cross-cutting themes to emerge and highlighted the diverse perspectives from across sessions.

Participants' names and personal information were kept confidential, and findings were not linked with identifiers.

Each chapter of this report includes a high-level summary of the domain-specific gaps using an equity lens to align with both the state's and CDA's core priorities. Due to data limitations, the equity concerns highlighted in these summaries draw primarily on feedback during consumer listening sessions as well as interviews with providers, policymakers, and others with domain-specific expertise. To align with CDA and similar federal efforts on Greatest Social and Economic Needs (GSEN), Mathematica examined gaps that create disparities based on:

- Geography of residence and
- Personal characteristics such as age, race and ethnicity, income, language, and type or severity of disability.

A.4. Utilization data analysis

Mathematica requested utilization data for each program and service listed in the HCBS program inventory from the department that oversees the program. Mathematica analyzed data on the number of participants who used each service, client demographics, and provider service area. Mathematica labeled each service with the primary category that best described the service, and organized analyses based on service category and domain. Organizing analyses by domain allows for comparison of similar services across departments. Mathematica did not receive data on all programs listed in the inventory, and data elements and format varied across programs. For example, the Department of Developmental Services shared data on caregiver respite programs that included information about total client counts and client age, race, language spoken, Medi-Cal eligibility, and Regional Center location for each calendar year between 2017 and 2023, while the Department of Aging shared data on caregiver respite programs that included information about total client counts at each AAA in federal fiscal year 2020/21.

Based on data availability, Mathematica answered the following research questions:

- Where are services offered? How many service providers are operating and where are they located?

- Who is eligible for services? Who uses the services? How has service utilization changed over time?
- What are the differences between those who need the service and those receiving the service now?
- How does current service utilization compare to projected demand for services in the future?

Ideally, Mathematica would have also measured equity quantitatively by comparing each group's outcome to an external benchmark. This approach avoids making the most privileged group the reference, instead highlighting the need to bring all groups up to the standard of highest health and quality of life. However, most of the quantitative data in this report do not allow for analyses that reliably compare across groups. Wherever possible, groups are defined in the same way as in CDA's GSEN index, though group definitions may differ depending on how those groups were defined in interviews and quantitative data sources. Summaries also highlight equity-related gaps related to intersectionality that arose during qualitative interviews only; no quantitative analyses examined intersectionality due to data limitations.

A.5. Methods for forecasting future disability in California

Data

American Community Survey

To model factors that predict having any disability, Mathematica used American Community Survey (ACS) data from 2008 to 2019 (the most recently available individual data that have consistently measured any disability limitations and race and ethnicity). These data include self-reported information on age, sex, race and ethnicity, county, and disability. The project team selected the ACS over other population-based surveys, such as the California Health Information Survey, because the ACS has the largest sample of California respondents among available instruments.

a. Disability

The ACS contains several questions on disability:

- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?
- Do you have serious difficulty walking or climbing stairs?
- Are you blind or do you have serious difficulty seeing even when wearing glasses?
- Are you deaf or do you have serious difficulty hearing?

The project team identified people as having a disability if they answered "yes" to any of these questions.

b. Sample restrictions

Each year of data constitutes a one (1) percent sample of the United States. Mathematica limited the data to people who lived in California and were at least 18 years old.

c. County suppression

The ACS suppresses counties with an estimated population of fewer than 100,000 residents and groups them into one “other” category. These included Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba.³

d. Coding race and ethnicity

Mathematica used answers to questions on race and ethnicity to code the data into seven categories:

- White (if their race was White, and they were not Hispanic)
- Black (if their race was Black/African American, and they were not Hispanic)
- American Indian or Alaska Native (if their race was American Indian or Alaska Native, and they were not Hispanic)
- Asian (if they were Chinese, Japanese, or other Asian or Pacific Islander, and they were not Hispanic)
- Multiracial (if they were two or more listed races and not Hispanic)
- Hispanic (if they were any race, and they were Hispanic)
- Other (if they were not Hispanic, and no other race was specified)

California Department of Finance Demographic Projections

Mathematica used 2020-2040 data from the California Department of Finance Projections. The U.S. Census Bureau’s blended base—a combination of Census 2020 PL94, the 2020 Demographic Analysis, and the Census Bureau’s Vintage 2020 estimates—informed these population estimates, which were published in July 2023. For more information, see <https://dof.ca.gov/forecasting/demographics/projections/>.

Mathematica restricted the data to 2020-2040 and to the adult population ages 18 and over. To align with the race categories from the ACS, the project team combined the Native Hawaiian or Pacific Islander, non-Hispanic group with the Asian, non-Hispanic group to create an Asian or Pacific Islander group.

Model

To develop the model, Mathematica split the ACS data into train, validation, and test data sets and compared the performance of several models (such as lasso vs. ridge⁴) using the validation data. The project team did hyperparameter tuning with the regularization penalty value and used cross-validation folds to prevent overfitting.

For the models of any disability, the project team fit a ridge regression model that included indicators for race and ethnicity interacted with an indicator for sex and a spline in age. The spline was a cubic polynomial split at ages 45 and 70. The team also included indicators for county, which allows particular counties to have a higher or lower probability of the outcome, controlling for the demographics of their population.⁵

³ See the note in the modeling section on how Mathematica arrived at estimates for these counties.

⁴ See https://parsnip.tidymodels.org/reference/logistic_reg.html.

⁵ For counties suppressed in the ACS data, Mathematica estimated a general effect of being in any of those counties. The project team’s population projections for those counties are based on that general effect along with the estimated probability of the people in that county having a disability, in accord with their demographics.

Appendix B.

Characteristics Associated with Greater Need for HCBS or Barriers to Access HCBS

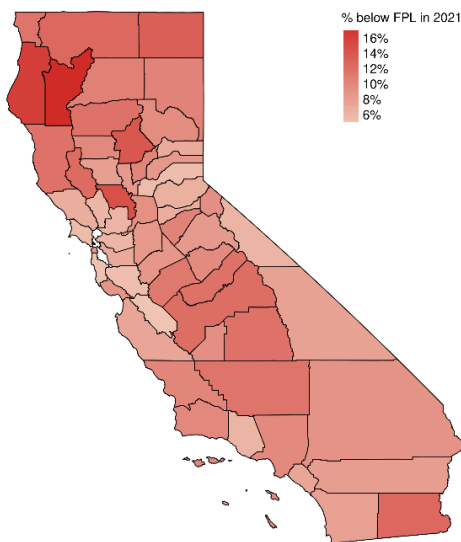
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This section identifies counties that have populations that may experience greater need for HCBS, or who may experience barriers to accessing HCBS. Although several of these characteristics may be related to both need for and access to HCBS, the sections below summarize 1) greater need for HCBS: low-income, ethnicity, and sex, and 2) barriers to access HCBS: limited English proficiency.

B.1. Characteristics associated with greater need for HCBS

Counties in the far northern region of the state, including Butte, Humboldt, Modoc, Trinity, and Yolo, had some of the highest rates of poverty throughout the state (Exhibit B.1).

Exhibit B.1. Percent of the population below the federal poverty level in 2021



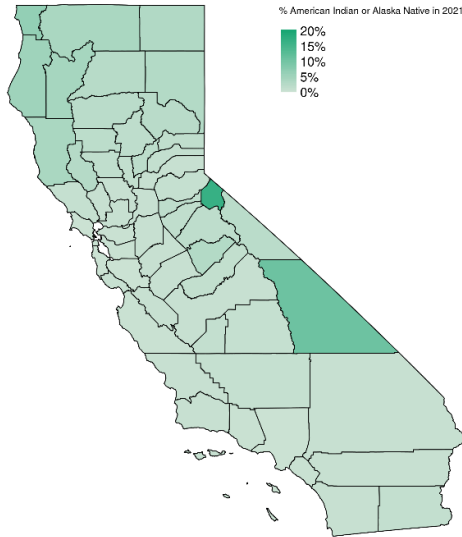
Source: Mathematica used American Community Survey 2021 5-year estimates from table S170.

Note: The sample is restricted to people ages 18 and older.

FPL = federal poverty level.

Alpine (16.2 percent), Inyo (10.3 percent), Del Norte (6.4 percent), Humboldt (4.9 percent), and Trinity (4.1 percent) were the counties with highest proportion of American Indian and Alaska Native residents ages 18 and older, compared to an average of 1.7 percent across all counties (Exhibit B.2).

Exhibit B.2. Percent of the population who were American Indian or Alaska Native in 2021

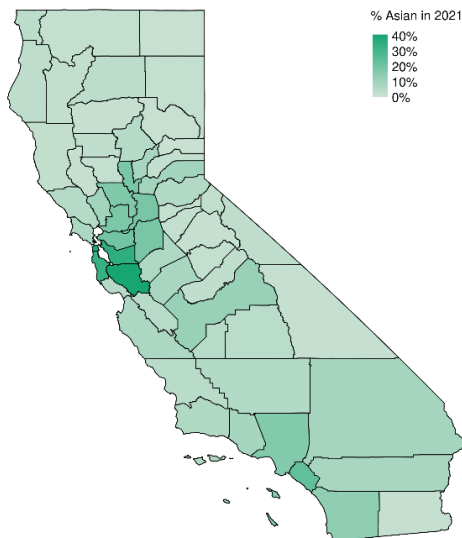


Source: Mathematica analysis of California Department of Finance population estimates, Complete State and County Projections
Dataset: <https://dof.ca.gov/Forecasting/Demographics/projections/>

Note: The sample is restricted to people ages 18 and older.

Santa Clara (40.6 percent), San Francisco (37.6 percent), Alameda (34.2 percent), San Mateo (32.8 percent), and Orange (23.0 percent) were the counties with the largest proportion of Asian residents ages 18 and older, compared to an average of 8.5 percent across all counties (Exhibit B.3).

Exhibit B.3. Percent of the population who were Asian in 2021

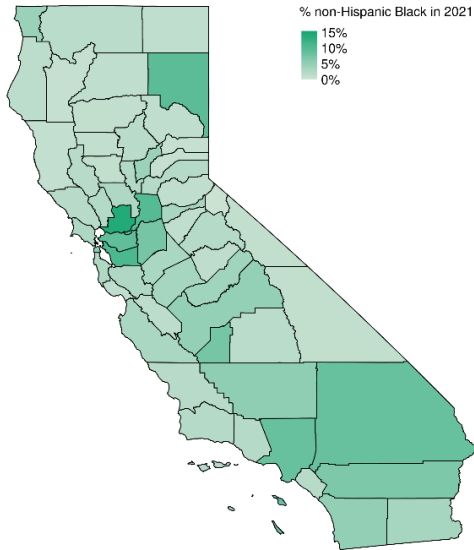


Source: Mathematica analysis of California Department of Finance population estimates, Complete State and County Projections
Dataset: <https://dof.ca.gov/Forecasting/Demographics/projections/>

Note: The sample is restricted to people ages 18 and older.

Solano (13.8 percent), Alameda (10.3 percent), Sacramento (9.7 percent), Lassen (9.2 percent), and Contra Costa (8.7 percent) were the counties with the largest proportion of Black residents ages 18 and older, compared to an average of 3.2 percent across all counties (Exhibit B.4).

Exhibit B.4. Percent of the population who were Black in 2021



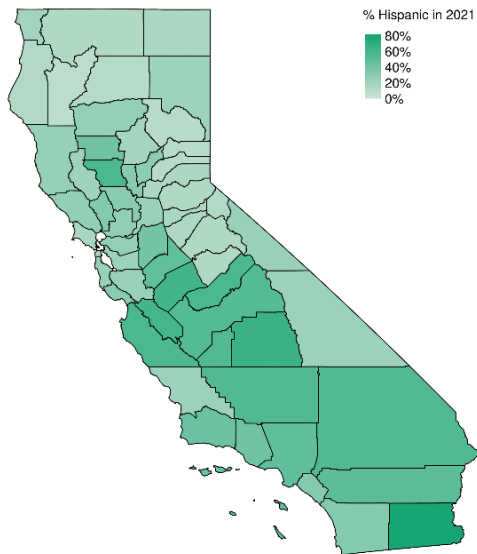
Source: Mathematica analysis of California Department of Finance population estimates, Complete State and County Projections

Dataset: <https://dof.ca.gov/Forecasting/Demographics/projections/>

Note: The sample is restricted to people ages 18 and older.

More than half of the total adult population in Colusa (56 percent), Fresno (52 percent), Imperial (83 percent), Kern (53 percent), Kings (53 percent), Madera (55 percent) Merced (60 percent), Monterey (55 percent), San Benito (59 percent), San Bernardino (53 percent), and Tulare (64 percent) are Hispanic or Latino, compared to an average of 30 percent across all counties (Exhibit B.5).

Exhibit B.5. Percent of the population who were Hispanic in 2021



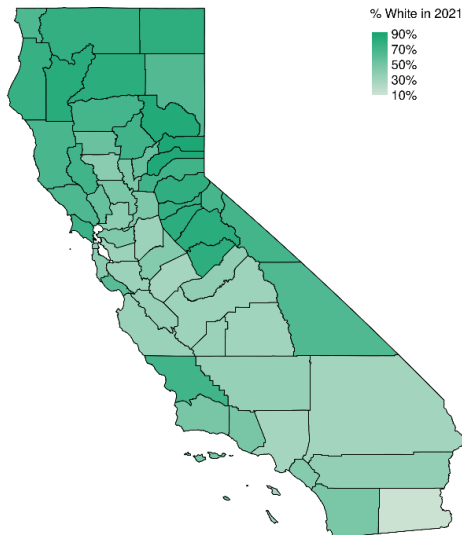
Source: Mathematica analysis of California Department of Finance population estimates, Complete State and County Projections

Dataset: <https://dof.ca.gov/Forecasting/Demographics/projections/>

Note: The sample is restricted to people ages 18 and older.

Amador, Calaveras, El Dorado, Humboldt, Mariposa, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Trinity, and Tuolumne had populations that were more than 75 percent White, compared to an average of 54 percent across all counties (Exhibit B.6).

Exhibit B.6. Percent of the population who were White in 2021



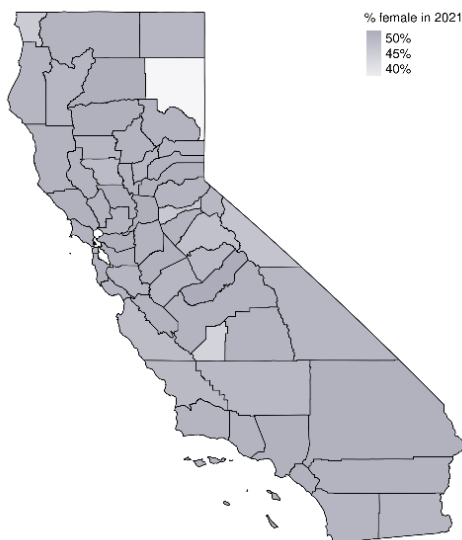
Source: Mathematica analysis of California Department of Finance population estimates, Complete State and County Projections

Dataset: <https://dof.ca.gov/Forecasting/Demographics/projections/>

Note: The sample is restricted to people ages 18 and older.

Most counties were about 50 percent female, although Lassen County had a much smaller proportion of female residents (about 35 percent) (Exhibit B.7).

Exhibit B.7. Percent of the population who were female in 2021



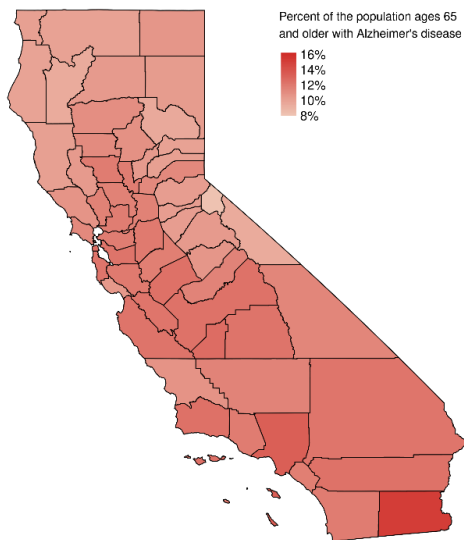
Source: Mathematica analysis of California Department of Finance population estimates, Complete State and County Projections

Dataset: <https://dof.ca.gov/Forecasting/Demographics/projections/>

Note: The sample is restricted to people ages 18 and older.

More than 13 percent of the population ages 65 and older are estimated to have Alzheimer’s disease in Los Angeles and Imperial counties, while 8 percent of the older adult population is estimated to have Alzheimer’s disease in Alpine County (Exhibit B.8). Across the state, an estimated 12 percent of people ages 65 and older have Alzheimer’s disease.

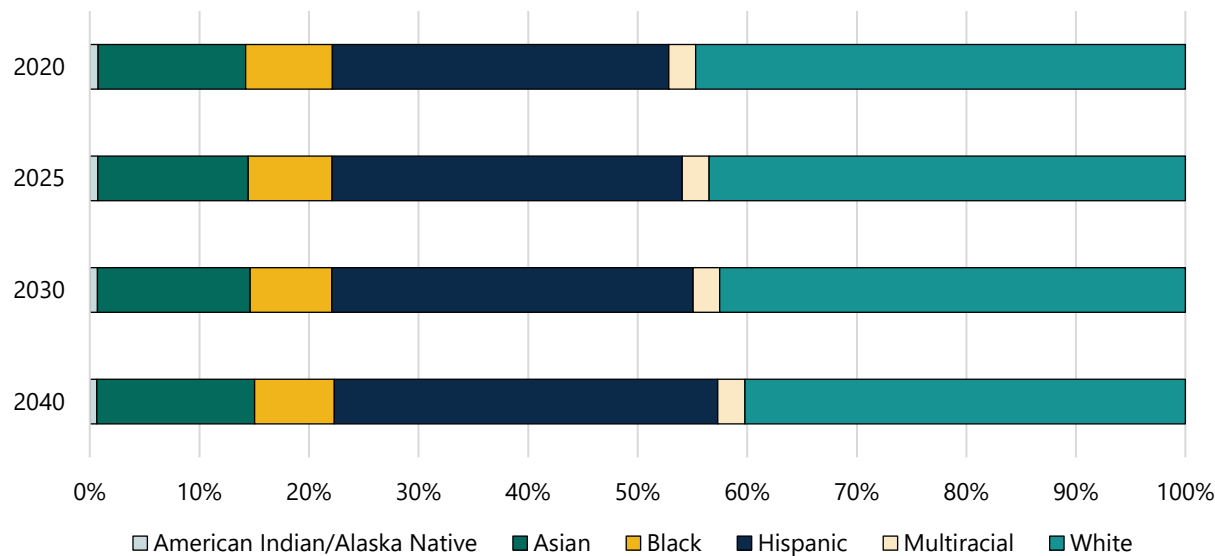
Exhibit B.8. Alzheimer’s disease prevalence estimates, 2020



Source: Dhana et al. (2023).

As the general population grows and shifts, the demographic characteristics of HCBS users will also shift. The population with any disability is projected to become more Hispanic (increasing from 30 percent in 2020 to 35 percent in 2040) and less White (declining from 48 percent of the population with any disability in 2020 to 42 percent in 2040) (Exhibit B.9). Projections for other racial and ethnic groups as a proportion of the population with any disability will remain steady from 2020 to 2040. The population ages 85 and older will also grow in this period, from 13.8 percent of the adult population in 2020 to 21.8 percent in 2040 (Exhibit B.10).

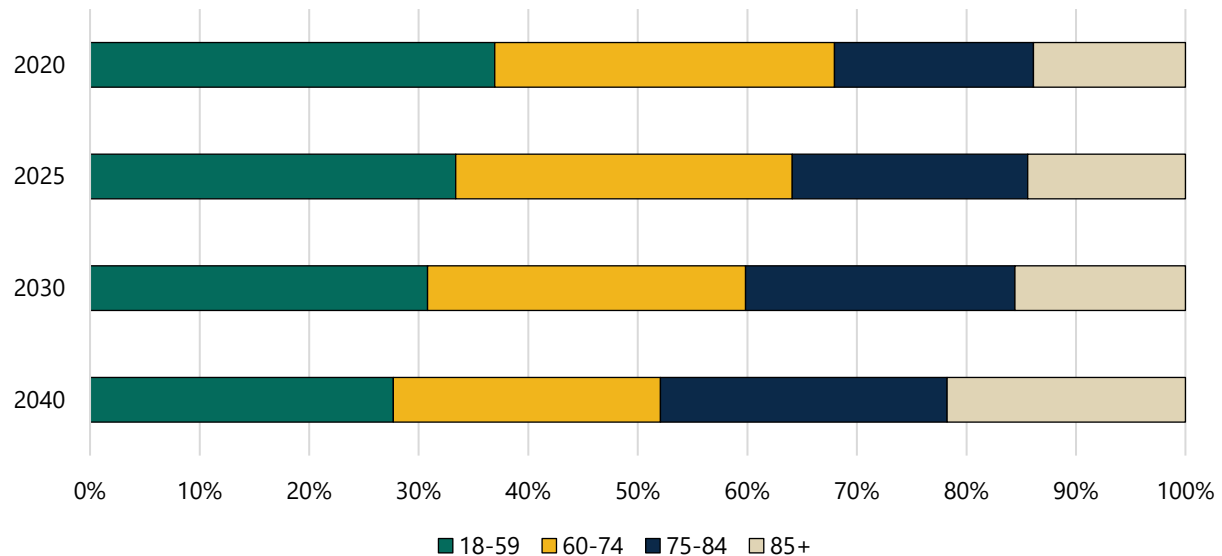
Exhibit B.9. Distribution of race and ethnicity of the projected population with any disability in California, 2020 to 2040



Source: Mathematica used American Community Survey data from calendar years 2008–2019 to create analytic models. The project team used California Department of Finance projections from 2020–2040 as inputs into models to project populations. See Appendix A for more information.

Note: The numbers from 2020 are based on projections from the model, not actual counts. The sample is restricted to people ages 18 and older.

Exhibit B.10. Distribution of age groups for the projected population with any disability in California, 2020 to 2040



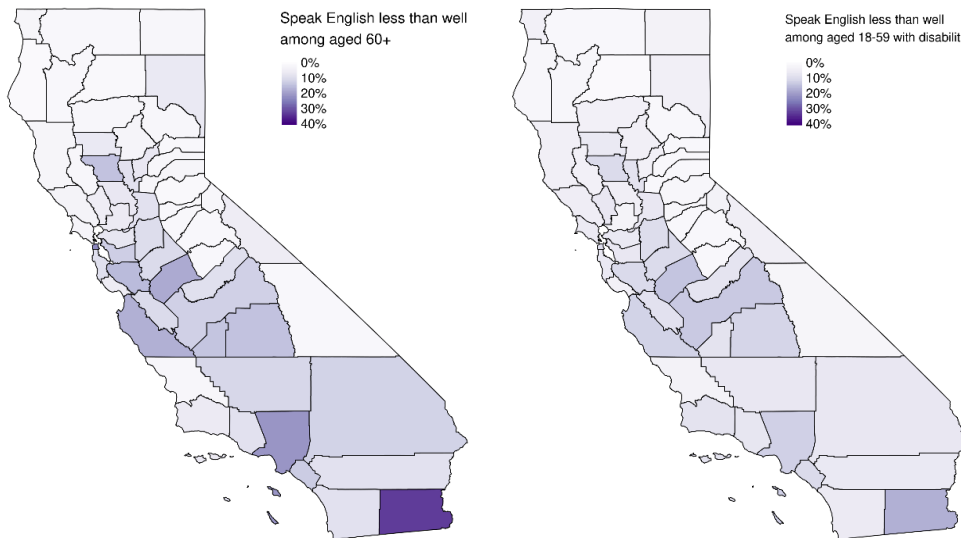
Source: Mathematica used American Community Survey data from calendar years 2008–2019 to create analytic models. The project team used California Department of Finance projections from 2020–2040 as inputs into models to project populations. See Appendix A for more information.

Note: The numbers from 2020 are based on projections from the model, not actual counts. The sample is restricted to people ages 18 and older.

B.2. Characteristics associated with barriers to access HCBS

Nearly one-third of older adults in Imperial County, and about one-fifth of older adults in Los Angeles County and San Francisco County speak English “less than well.” About 17 percent of older adults in Merced and Monterey counties speak English “less than well.” More than 10 percent of the people ages 18 to 59 with a disability speak English “less than well” in Fresno, Imperial, Los Angeles, Merced, Monterey, Santa Clara, and Tulare counties (Exhibit B.11).

Exhibit B.11. Percent of the population who speak English less than well in 2021



Source: Mathematica used American Community Survey (ACS) data from calendar year 2021. County-level data were missing for counties with fewer than 100,000 people. To predict values for counties with missing data, the project team used the following ACS 2021 5-year DP02 table variables as inputs into Random Forest Regression models: percent who speak English less than very well, foreign born and ratio of those that are not citizens, lived abroad over the past year, and (as appropriate) ages 65 and older and ages 18-64 with a disability.

Note: The sample is restricted to people ages 18 and older.

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Appendix C.

Key Service Providers for Older Adults

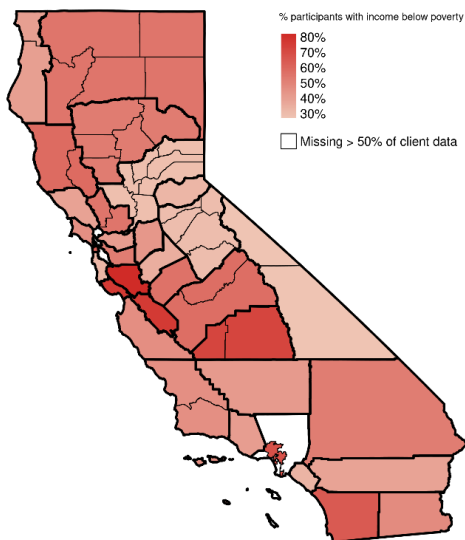
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C.1. Area Agencies on Aging (AAAs)

As dictated under the Older Americans Act and the Older Californians Act, AAAs serve participants with the greatest social and economic needs. The maps below demonstrate the proportion of participants in each AAA's Planning and Service Area (PSA) that have characteristics associated with greater need for HCBS, including income below the federal poverty level, gender, living arrangement, rurality, and age.

As shown in Exhibit B.1, Santa Clara County has one of the lowest rates of poverty in the state (5 percent), yet the AAA in Santa Clara county has the highest proportion of participants with income below the federal poverty level (82 percent; Exhibit C.1). Roughly three-quarters of the participants in PSA 13 (San Benito and Santa Cruz) and PSA 15 (Kings and Tulare) have income below the federal poverty level (Exhibit C.1).

Exhibit C.1. Percent of participants with income below poverty in each PSA in FFY 2020/21

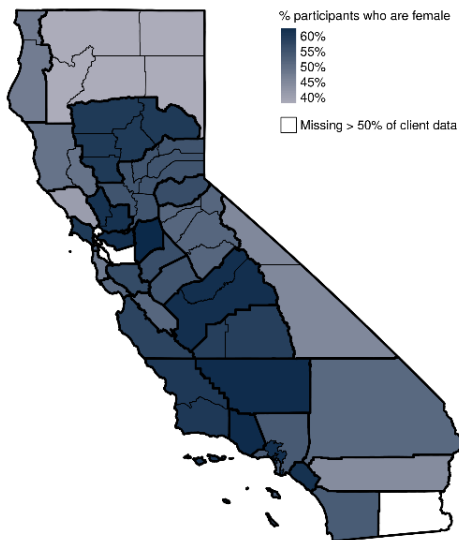


Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

Most AAAs have participants that are approximately 50 percent female, although this ranges from 38 percent in PSA 2 (Lassen, Modoc, Shasta, Siskiyou, and Trinity) to 64 percent in PSA 11 (San Joaquin) (Exhibit C.2). The low proportion of female participants in PSA 2 is likely driven by the heavily male population in Lassen County (Exhibit B.4). PSA 9 (Alameda; 99.99 percent) and PSA 24 (Imperial; 71 percent) were missing data on gender for more than half of participants.

Exhibit C.2. Percent of participants that were female in Each PSA in FFY 2020/21

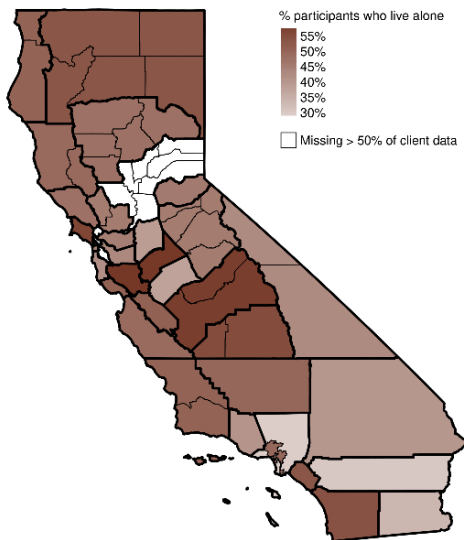


Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

Nearly 60 percent of participants in PSA 10 (Santa Clara), PSA 14 (Fresno and Madera), and PSA 30 (Stanislaus) live alone, while about 30 percent of participants in PSA 19 (Los Angeles County) and PSA 21 (Riverside) live alone (Exhibit C.3). PSA 4 was missing data on this variable for 57 percent of participants.

Exhibit C.3. Percent of participants that lived alone in each PSA in FFY 2020/21

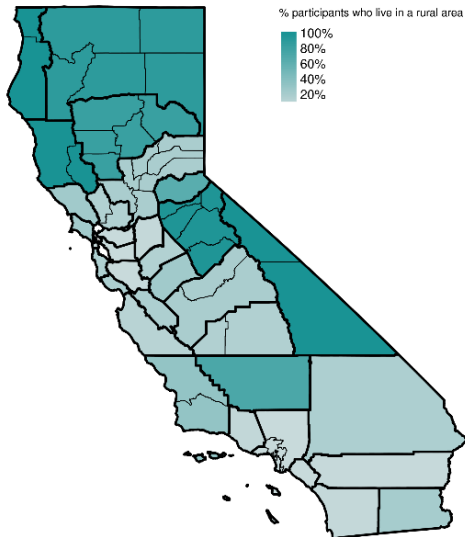


Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

More than 90 percent of participants in PSA 1 (Del Norte and Humboldt; 100 percent), PSA 12 (Alpine, Amador, Calaveras, Mariposa, and Tuolumne; 95 percent), PSA16 (Inyo and Mono; 99 percent), and PSA 26 (Lake and Mendocino; 98 percent) live in a rural area (Exhibit C.4).

Exhibit C.4. Percent of participants that lived in a rural area in each PSA in FFY 2020/21

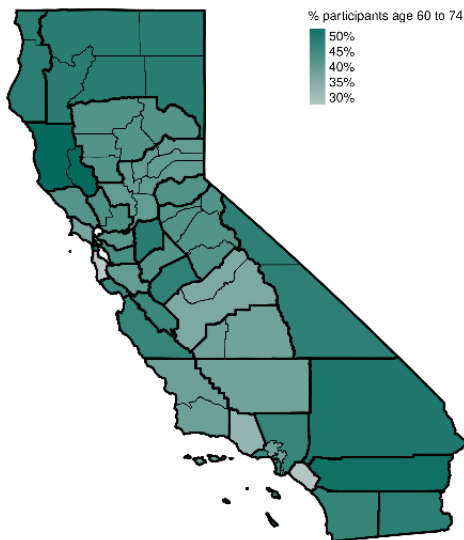


Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

As shown in Exhibits C.5, C.6, and C.7, PSA 8 (San Mateo; 41 percent), PSA 18 (Ventura; 33 percent) and PSA 22 (Orange; 40 percent) have a greater proportion of participants age 85 and older than other PSAs, while more than half of participants in PSA 6 (San Francisco; 53 percent), PSA 20 (San Bernardino; 50 percent), PSA 21 (Riverside; 52 percent), and PSA 26 (Lake and Mendocino; 54 percent) are ages 60 to 74.

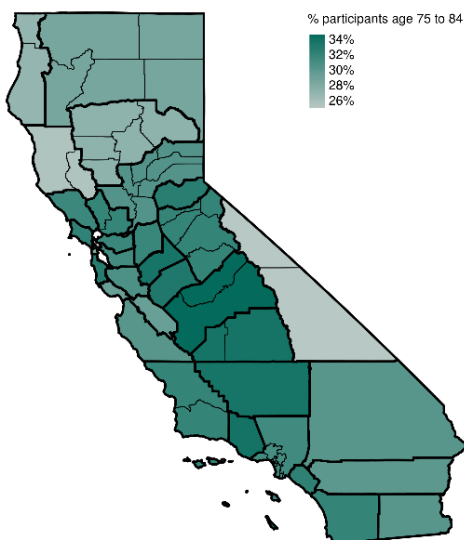
Exhibit C.5. Percent of participants ages 60 to 74 in each PSA in FFY 2020/21



Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

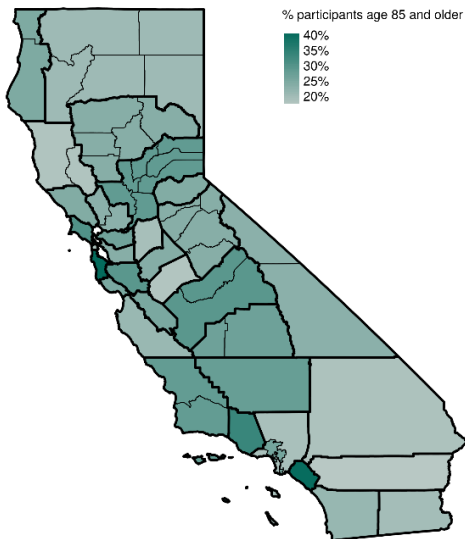
Exhibit C.6. Percent of participants ages 75 to 84 in each PSA in FFY 2020/21



Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

Exhibit C.7. Percent of participants ages 85 and older in each PSA in FFY 2020/21

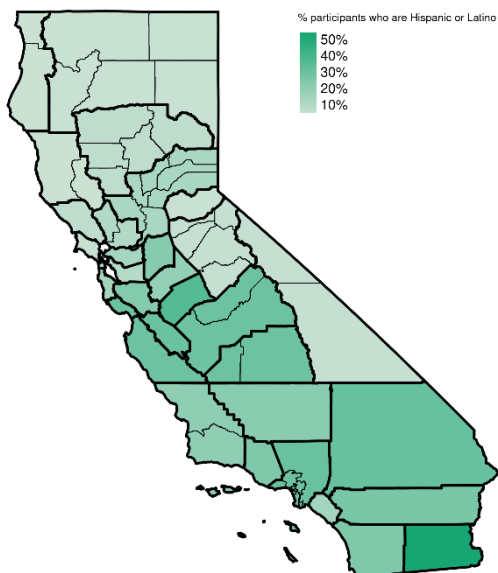


Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

PSA 20 (San Bernadino; 30 percent), PSA 24 (Imperial, 53 percent), and PSA 31 (Merced, 35 percent) have the greatest proportion of participants who are Hispanic or Latino (Exhibit C.8).

Exhibit C.8. Percent of participants who are Hispanic or Latino in each PSA in FFY 2020/21



Source: Mathematica analysis of FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging.

Note: Thick lines demarcate Area Agency on Aging Planning and Service Areas (PSAs), while thin lines demarcate counties. Federal Fiscal Year (FFY) includes the period October 1, 2020 to September 30, 2021.

Appendix D.

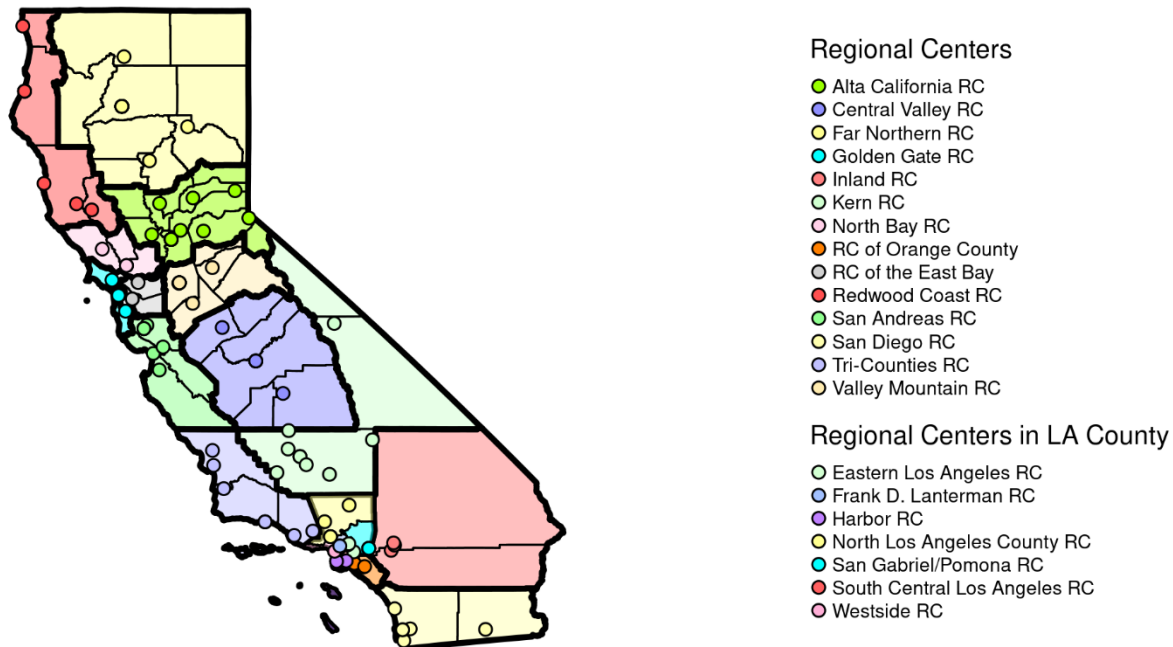
Key Service Providers for People with Disabilities

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D.1. Regional Centers

Exhibit D.1. depicts the service areas of the 21 Regional Centers and their office locations.

Exhibit D.1.a. Regional Center service areas and office locations



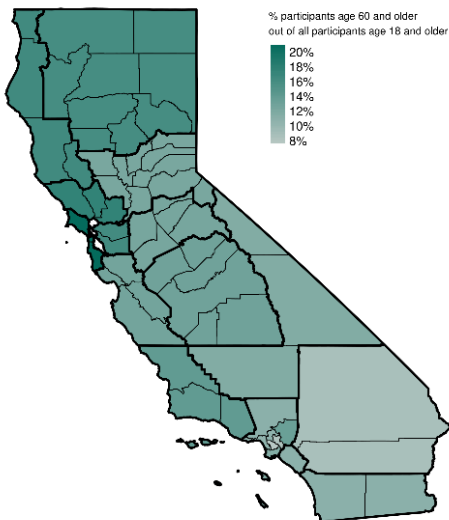
Note: Thick lines demarcate Regional Center service areas; thin lines demarcate county borders.

Exhibit D.1.b. Regional Centers by county

Regional Center	Counties
Alta California	Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba
Central Valley	Fresno, Kings, Madera, Mariposa, Merced, Tulare
Far Northern	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity
Golden Gate	Marin, San Francisco, San Mateo
Inland	Riverside, San Bernardino
Kern	Kern, Mono
North Bay	Napa, Solano, Sonoma
Orange County	Orange
East Bay	Alameda, Contra Costa
Redwood Coast	Del Norte, Humboldt, Lake, Mendocino
San Andreas	Monterey, San Benito, Santa Clara, Santa Cruz
San Diego	Imperial, San Diego
Tri Counties	San Luis Obispo, Santa Barbara, Ventura
Valley Mountain	Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne
Frank D. Lanterman	Los Angeles
Harbor	Los Angeles
North Los Angeles County	Los Angeles
San Gabriel/Pomona	Los Angeles
South Central Los Angeles	Los Angeles
Westside	Los Angeles

Participants of Regional Centers in northern California were typically older than other Regional Center participants throughout the state, with more than 16 percent of participants over ages 60 in Redwood Coast, Far Northern, East Bay, Golden Gate, and North Bay (Exhibit D.2). Nevertheless, the majority of participants in each Regional Center were ages 18 to 59 (Exhibit D.3).

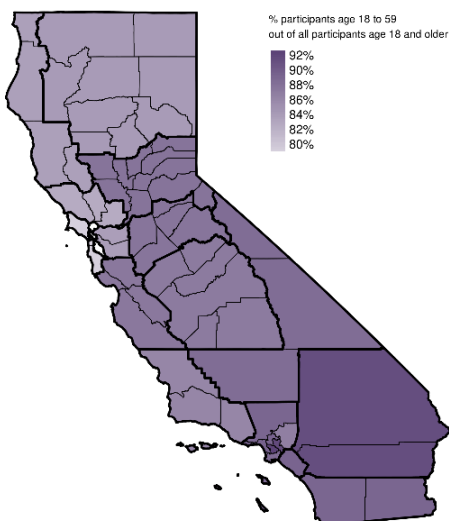
Exhibit D.2. Percent of participants ages 60 and older in each Regional Center in CY 2023



Source: Data provided by the California Department of Developmental Services

Note: The sample is restricted to people ages 18 and older who are not missing age data. Approximately 15 percent of participants at four Regional Centers were missing data on whether they were ages 18 to 59 or 60 and older. Thick lines demarcate Regional Center service areas; thin lines demarcate county borders. Calendar Year (CY) includes the period January 1, 2023 to December 31, 2023.

Exhibit D.3. Percent of participants ages 18 to 59 in each Regional Center in CY 2023

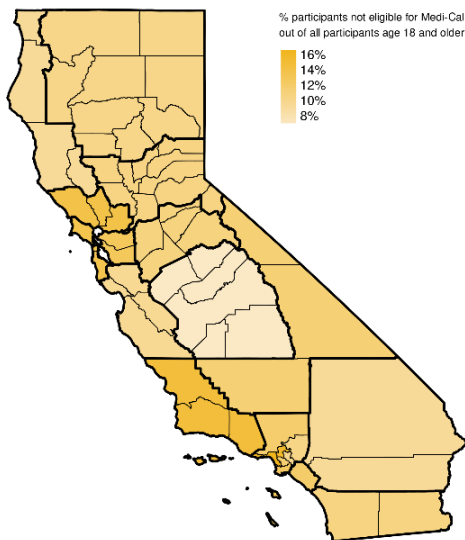


Source: Data provided by the California Department of Developmental Services

Note: The sample is restricted to people ages 18 and older who are not missing age data. Approximately 15 percent of participants at four Regional Centers were missing data on whether they were ages 18 to 59 or 60 and older. Thick lines demarcate Regional Center service areas; thin lines demarcate county borders. Calendar Year (CY) includes the period January 1, 2023 to December 31, 2023.

The majority of all Regional Center participants are eligible for Medi-Cal, although many of the Regional Centers in Los Angeles County and on the central coast have the highest proportion of participants that are not eligible for Medi-Cal, and therefore must receive services through other funding sources (Exhibit D.4).

Exhibit D.4. Percent of participants not eligible for Medi-Cal in each Regional Center in CY 2023

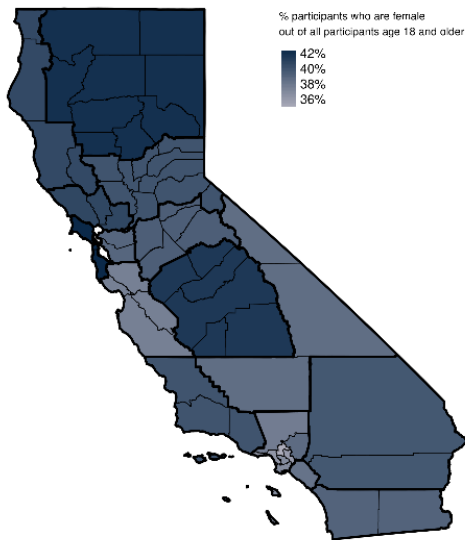


Source: Data provided by the California Department of Developmental Services

Note: The sample is restricted to people ages 18 and older who are not missing age data. Approximately 15 percent of participants at four Regional Centers were missing data on whether they were ages 18 to 59 or 60 and older. Thick lines demarcate Regional Center service areas; thin lines demarcate county borders. Calendar Year (CY) includes the period January 1, 2023 to December 31, 2023.

More than half of participants in each Regional Center are male (Exhibit D.5).

Exhibit D.5. Percent of participants who are female in each Regional Center in CY 2023

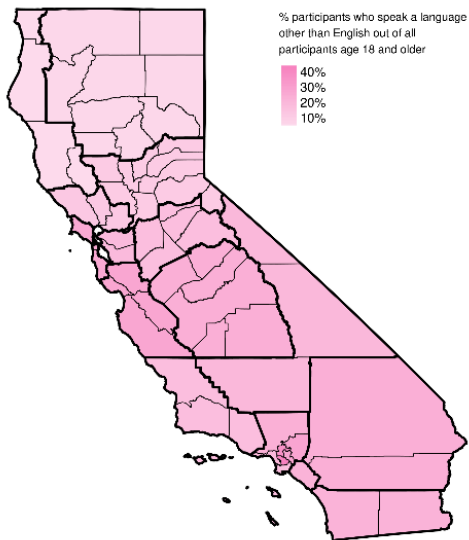


Source: Mathematica used data provided by the California Department of Developmental Services

Note: The sample is restricted to people ages 18 and older who are not missing age data. Approximately 15 percent of participants at four Regional Centers were missing data on whether they were ages 18 to 59 or 60 and older. Thick lines demarcate Regional Center service areas; thin lines demarcate county borders. Calendar Year (CY) includes the period January 1, 2023 to December 31, 2023.

More than a quarter of participants in Eastern Los Angeles (28 percent), Frank D. Lanterman (37 percent), Golden Gate (25 percent), San Andreas (27 percent), South Central Los Angeles (44 percent), and San Gabriel/Pomona (28 percent) Regional Centers speak a language other than English (Exhibit D.6).

Exhibit D.6. Percent of participants who speak a language other than English in each Regional Center in CY 2023

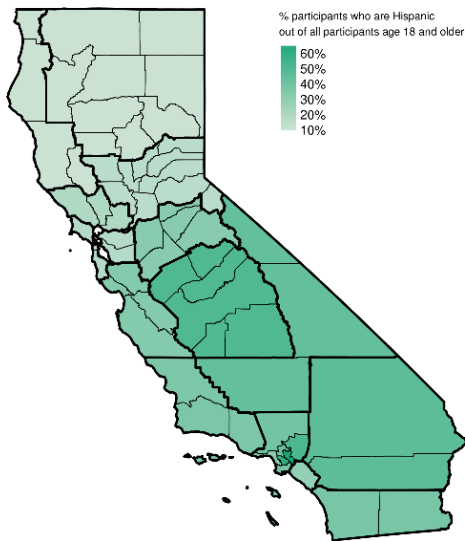


Source: Mathematica used data provided by the California Department of Developmental Services

Note: The sample is restricted to people ages 18 and older who are not missing age data. Approximately 15 percent of participants at four Regional Centers were missing data on whether they were ages 18 to 59 or 60 and older. Thick lines demarcate Regional Center service areas; thin lines demarcate county borders. Calendar Year (CY) includes the period January 1, 2023 to December 31, 2023.

The majority of participants were Hispanic or Latino in the Central Valley (50 percent), San Gabriel/Pomona (51 percent), South Central Los Angeles (61 percent), and East Los Angeles (69 percent) Regional Centers (Exhibit D.7). Although 80 percent of the total adult population in Imperial county and 32 percent in San Diego county were Hispanic or Latino (Exhibit B.5), 38 percent of the San Diego Regional Center participants were Hispanic or Latino.

Exhibit D.7. Percent of participants who are Hispanic or Latino in each Regional Center in CY 2023



Source: Mathematica used data provided by the California Department of Developmental Services

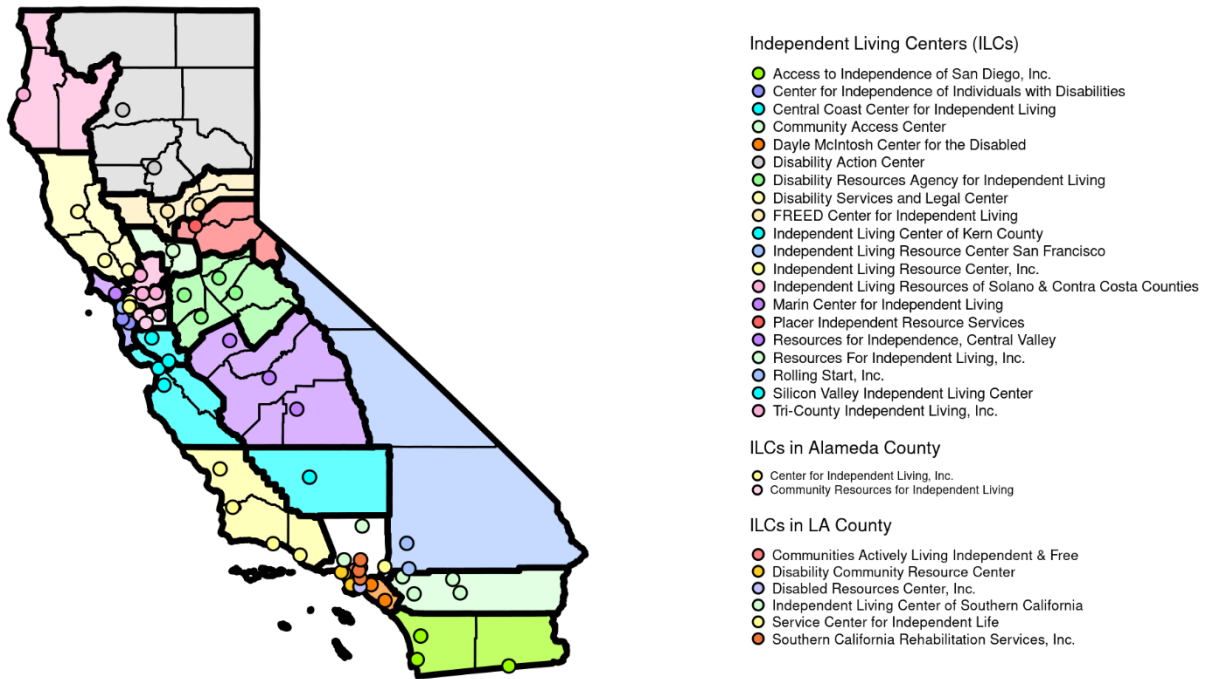
The sample is restricted to people ages 18 and older who are not missing age data or race and ethnicity data.

Approximately 15 percent of participants at four Regional Centers were missing data on whether they were ages 18 to 59 or 60 and older. Regional Centers had missing race and ethnicity data for a maximum of 6 percent of participants. Calendar Year (CY) includes the period January 1, 2023 to December 31, 2023.

D.2. Independent Living Centers (ILCs)

Exhibit D.8. illustrates the ILC service areas and office locations throughout California.

Exhibit D.8.a. Independent Living Center service areas and office locations



Note: Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

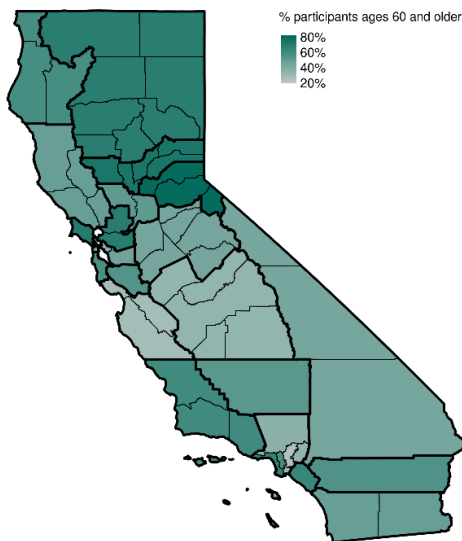
The 2019 State Plan for Independent Living indicated that there should be statewide efforts to reach more people who experience vision and hearing disabilities, people under age 24, and people who identify as Asian because these groups were served in lower proportions than other groups (Department of Rehabilitation, 2019).

Exhibit D.8.b. Independent Living Centers by county

Independent Living Center	Counties
Access to Independence	Imperial, San Diego
Center for Independence of Individuals with Disabilities	San Mateo
Central Coast Center for Independent Living	Monterey, San Benito, Santa Cruz
Community Access Center	Riverside
Dayle McIntosh Center for the Disabled	Orange
Disability Action Center	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama
Disability Resources Agency for Independent Living	Amador, Calaveras, Mariposa, San Joaquin, Stanislaus, Tuolumne
Disability Services and Legal Center	Lake, Mendocino, Napa, Sonoma
FREED Center for Independent Living	Colusa, Nevada, Sierra, Sutter, Yuba
Independent Living Center of Kern County	Kern
Independent Living Resource Center San Francisco	San Francisco
Independent Living Resource Center, Inc.	San Luis Obispo, Santa Barbara, Ventura
Independent Living Resources of Solano and Contra Costa Counties	Contra Costa, Solano
Marin Center for Independent Living	Marin
Placer Independent Resource Services	Alpine, El Dorado, Placer
Resources for Independence, Central Valley	Fresno, Kings, Madera, Merced, Tulare
Resources for Independent Living, Inc.	Sacramento, Yolo
Rolling Start, Inc.	Inyo, Mono, San Bernardino
Silicon Valley Independent Living Center	Santa Clara
Tri-County Independent Living, Inc.	Del Norte, Humboldt, Trinity
Center for Independent Living, Inc.	Alameda
Community Resources for Independent Living	Alameda
Communities Actively Living Independent and Free	Los Angeles
Disability Community Resource Center	Los Angeles
Disabled Resources Center, Inc.	Los Angeles
Independent Living Center of Southern California	Los Angeles, Ventura
Service Center for Independent Life	Los Angeles
Southern California Rehabilitation Services, Inc.	Los Angeles

Compared to the average of 50 percent of ILC participants who were ages 60 and older in FFY 2023/22, more than two-thirds of participants were ages 60 and older in Disability Action Center (Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, and Tehama; 67 percent), Marin (69 percent), FREED (Colusa, Nevada, Sierra, Sutter, and Yuba; 72 percent), Solano and Contra Costa (68 percent), and Placer (79 percent) (Exhibit D.9). The ILCs that served the highest proportion of participants ages 20 to 59 were Southern California Rehabilitation Services, Inc. (73 percent), and Central Coast Center for Independent Living (70 percent) (Exhibit D.10), compared to the statewide average of 44 percent of ILC participants ages 20 to 59.

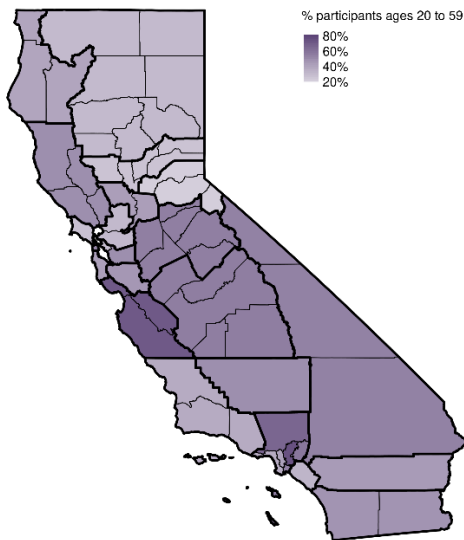
Exhibit D.9. Percent of participants ages 60 and older in each ILC in FFY 2021/22



Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024). The California Department of Rehabilitation shared data from the Marin Center for Independent Living because there was a data reporting error in the public Center for Independent Living Annual Program Performance Report.

Federal Fiscal Year (FFY) includes the period October 1, 2021 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

Exhibit D.10. Percent of participants ages 20 to 59 in each ILC in FFY 2021/22

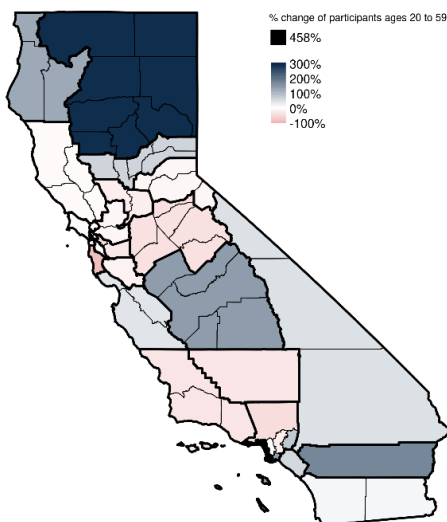


Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024). The California Department of Rehabilitation shared data from the Marin Center for Independent Living because there was a data reporting error in the public Center for Independent Living Annual Program Performance Report.

Federal Fiscal Year (FFY) includes the period October 1, 2021 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

Between 2017 and 2021, ILCs experienced an average growth of 43 percent in their participants ages 20 to 59 (Exhibit D.11). Over this same period, ILCs experienced an average growth of 27 percent in their participants ages 60 and older (Exhibit D.12).

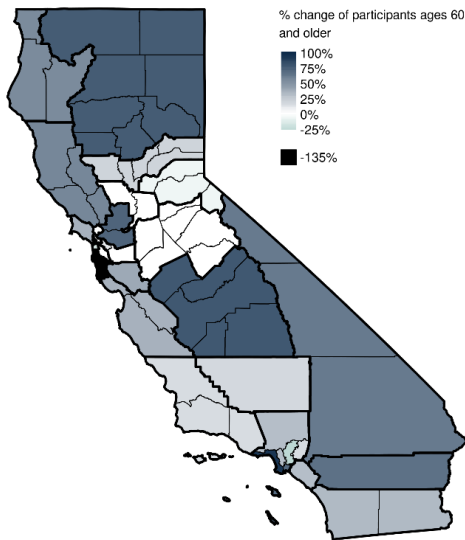
Exhibit D.11. Percent change in participants ages 20 to 59 at each ILC, FFY 2017/18-2021/22



Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024). The California Department of Rehabilitation shared data from the Marin Center for Independent Living because there was a data reporting error in the public Center for Independent Living Annual Program Performance Report.

Federal Fiscal Year (FFY) includes the period October 1, 2017 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

Exhibit D.12. Percent change in participants ages 60 and older at each ILC, FFY 2017/18-2021/22

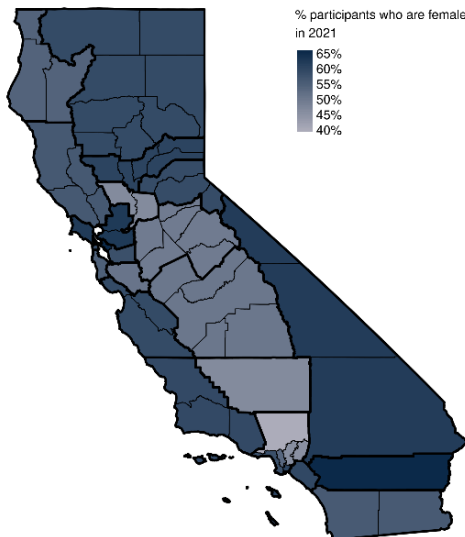


Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024). The California Department of Rehabilitation shared data from the Marin Center for Independent Living because there was a data reporting error in the public Center for Independent Living Annual Program Performance Report.

Federal Fiscal Year (FFY) includes the period October 1, 2017 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

An average of 55 percent of all ILC participants were female (Exhibit D.13).

Exhibit D.13. Percent of participants who are female in each ILC in FFY 2021/22

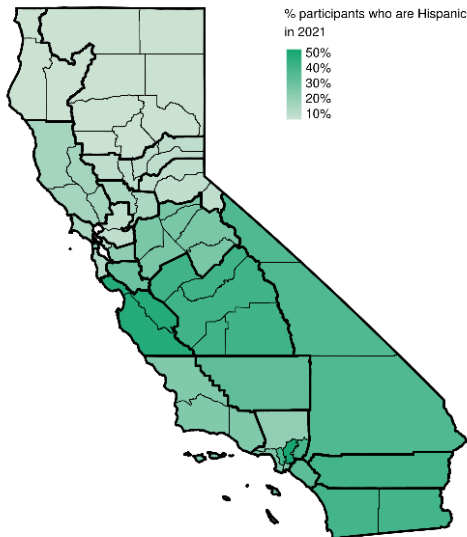


Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024)

Federal Fiscal Year (FFY) includes the period October 1, 2021 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

ILCs that serve the Central Coast, parts of Los Angeles, San Diego, and Imperial had the highest rates of participants who were Hispanic (Exhibit D.14). This is consistent with overall demographics in these counties (Exhibit B.3). On average, 24 percent of all ILC participants were Hispanic.

Exhibit D.14. Percent of participants who are Hispanic in each ILC in FFY 2021/22

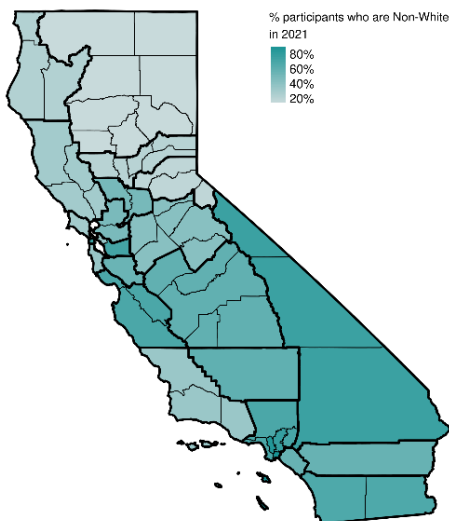


Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024)

Federal Fiscal Year (FFY) includes the period October 1, 2021 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

An average of 52 percent of all ILC participants were a race other than White (Exhibit D.15).

Exhibit D.15. Percent of participants that are a race other than White in FFY 2021/22

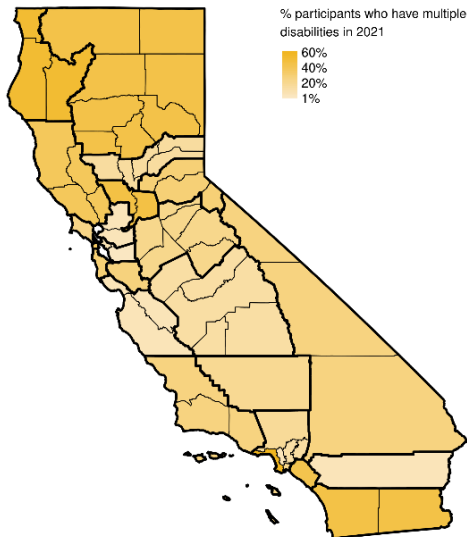


Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024)

Federal Fiscal Year (FFY) includes the period October 1, 2021 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties.

More than half of participants have multiple disabilities at Disability Community Resource Center in Los Angeles (59 percent) and Tri-County Independent Living, Inc. (Del Norte, Humboldt, and Trinity; 51 percent) (Exhibit D.16).

Exhibit D.16. Percent of participants that have multiple disabilities at each ILC in FFY 2021/22



Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles, downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> (April 2024)

Federal Fiscal Year (FFY) includes the period October 1, 2021 to September 30, 2022. Thin lines demarcate Independent Living Center (ILC) services areas, thin lines demarcate counties. Types of disabilities include cognitive, mental/emotional, physical, hearing, vision, and other.

Appendix E.

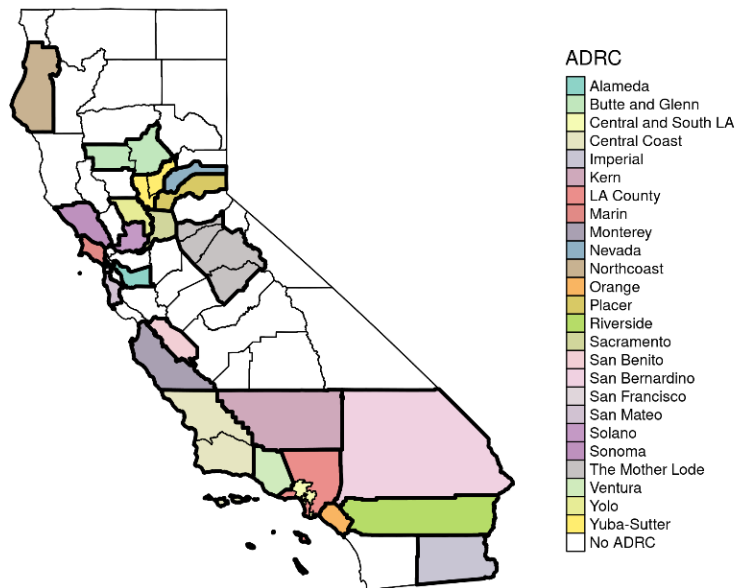
Key Service Providers for Older Adults and People with Disabilities

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E.1. Aging and Disability Resource Connections

Exhibit E.1 displays the service areas of each ADRC in California, and Exhibit E.2 indicates which ADRCs are designated versus emerging.

Exhibit E.1.a. ADRC service areas, 2023



Note: Thick lines demarcate Aging and Disability Resource Connection (ADRC) service areas, thin lines demarcate counties.

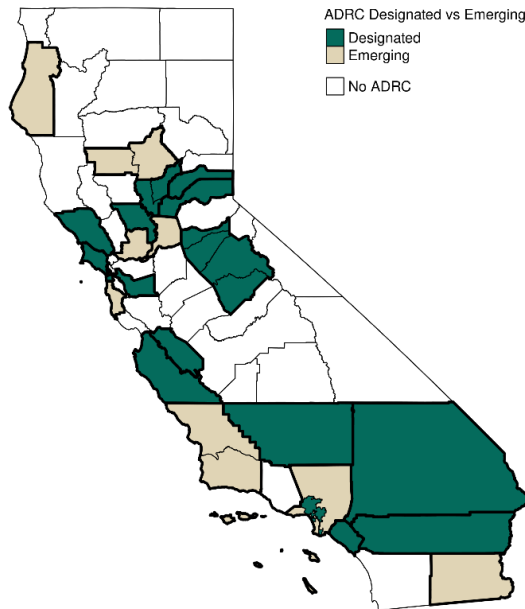
Exhibit E.1.b. ADRCs by county

ADRC	Designated or Emerging	Counties
ADRC of Alameda County	Designated	Alameda
ADRC of Butte & Glenn Counties	Emerging	Butte, Glenn
ADRC of Central and South Los Angeles	Designated	City of Los Angeles
ADRC of Central Coast	Emerging	San Luis Obispo, Santa Barbara
ADRC of Imperial	Emerging	Imperial
ADRC of Kern County	Designated	Kern
ADRC of Los Angeles	Emerging	Los Angeles
ADRC of Marin County	Designated	Marin
ADRC of Monterey County	Designated	Monterey
ADRC of Nevada County	Designated	Nevada
ADRC of Northcoast	Emerging	Humboldt
ADRC of Orange County	Designated	Orange
ADRC of Placer County	Designated	Placer
ADRC of Riverside County	Designated	Riverside
ADRC of Sacramento	Emerging	Sacramento
ADRC of San Benito County	Designated	San Benito
ADRC of San Bernardino	Designated	San Bernardino
ADRC of San Francisco	Designated	San Francisco
ADRC of San Mateo	Emerging	San Mateo
ADRC of Solano County	Emerging	Solano
ADRC of Sonoma County	Designated	Sonoma
ADRC of the Mother Lode	Designated	Amador, Calaveras, Mariposa, Tuolumne
ADRC of Ventura County	Designated	Ventura
ADRC of Yolo County	Designated	Yolo
ADRC of Yuba and Sutter	Designated	Sutter, Yuba

Note: List of ADRCs and status of designated or emerging are as of December 2023.

ADRC = Aging and Disability Resource Connection.

Exhibit E.2. Designated and emerging ADRCs, 2023



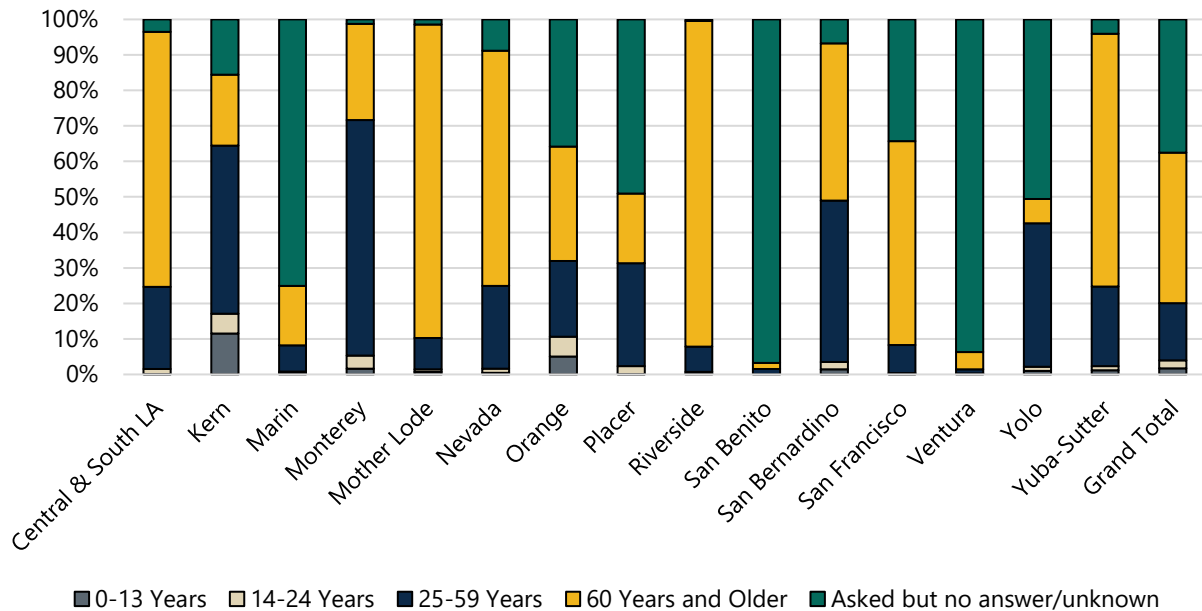
Source: California Department of Aging list of designated and emerging ADRCs:

<https://aging.ca.gov/Providers and Partners/Aging and Disability Resource Connection/Map of Local ADRCs/>

Note: Thick lines demarcate Aging and Disability Resource Connection (ADRC) service areas, thin lines demarcate counties. List of ADRCs and status of designated or emerging are as of December 2023.

The ADRCs in The Mother Lode (88 percent) and Riverside (92 percent) primarily serve participants ages 60 years and older, whereas the ADRC in Monterey has a larger proportion of younger participants (66 percent; Exhibit E.3). The ADRCs in Marin, San Benito, Ventura, Yolo were missing age data for more than half of their participants. Emerging ADRCs have not yet reported participant data.

Exhibit E.3. Participant age by ADRC, SFY 2022/23

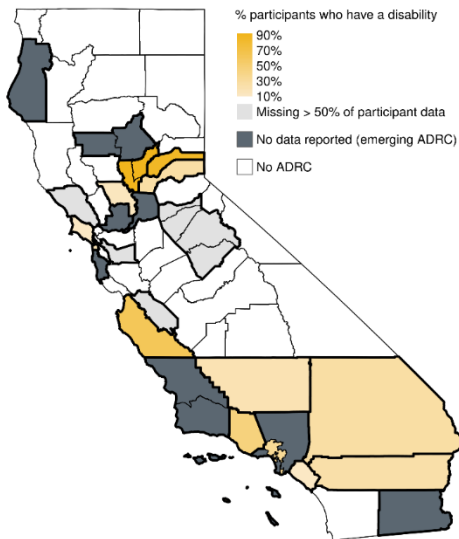


Source: Mathematica analysis of Aging and Disability Resource Connection service data provided by the California Department of Aging. State Fiscal Year (SFY) includes the period July 1, 2022 to June 30, 2023.

ADRC = Aging and Disability Resource Connection.

ADRCs in Nevada (87 percent) and Yuba-Sutter (93 percent) reported serving a high proportion of participants with a disability (Exhibit E.4).

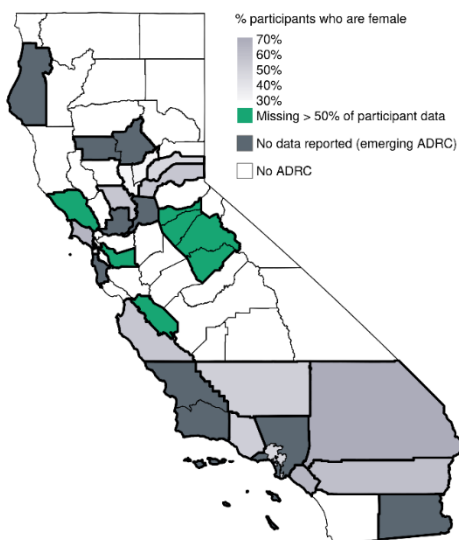
Exhibit E.4. Percent of ADRC participants with a disability, SFY 2022/23



Source: Mathematica analysis of Aging and Disability Resource Connection service data provided by the California Department of Aging. State Fiscal Year (SFY) includes the period July 1, 2022 to June 30, 2023.

An average of 52 percent of ADRC participants were female (Exhibit E.5).

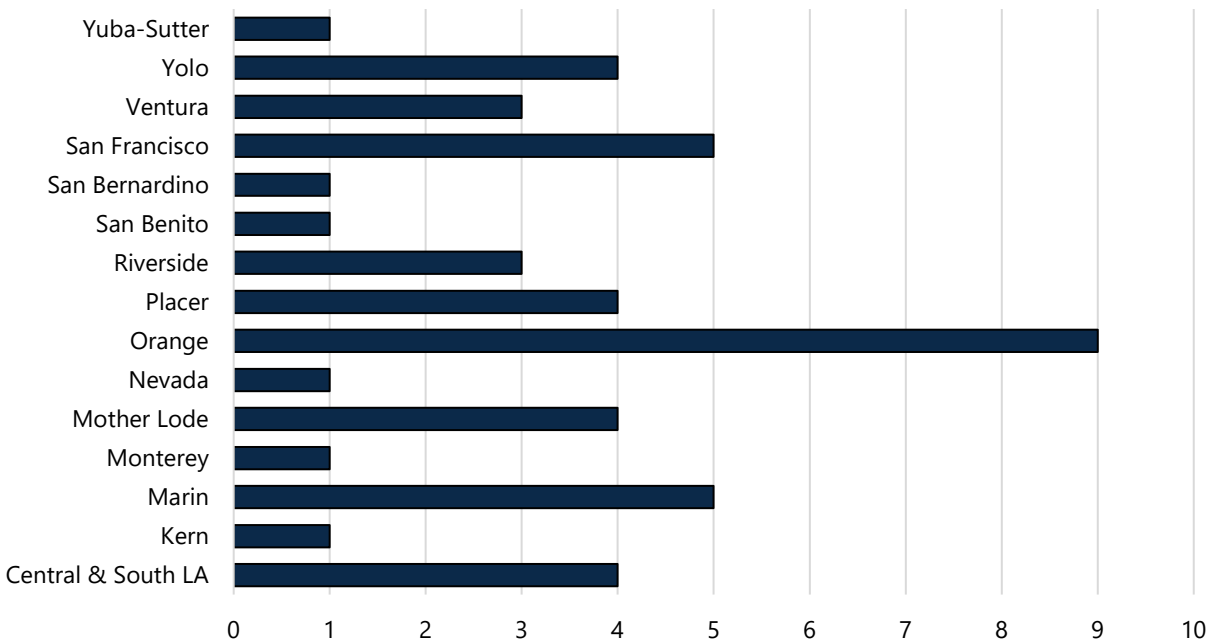
Exhibit E.5. Percent of ADRC participants who are female, SFY 2022/23



Source: Mathematica analysis of Aging and Disability Resource Connection service data provided by the California Department of Aging. State Fiscal Year (SFY) includes the period July 1, 2022 to June 30, 2023.

All ADRCs provide services in English and Spanish. Many ADRCs also offer services in a range of other languages (Exhibit E.6), including Tagalog, Korean, American Sign Language, Armenian, Farsi, Russian, Urdu, Vietnamese, Chinese, Mandarin, Oromo, Punjabi, Visayan, and Taiwanese.

Exhibit E.6. Number of non-English languages in which services are available by ADRC, SFY 2022/23

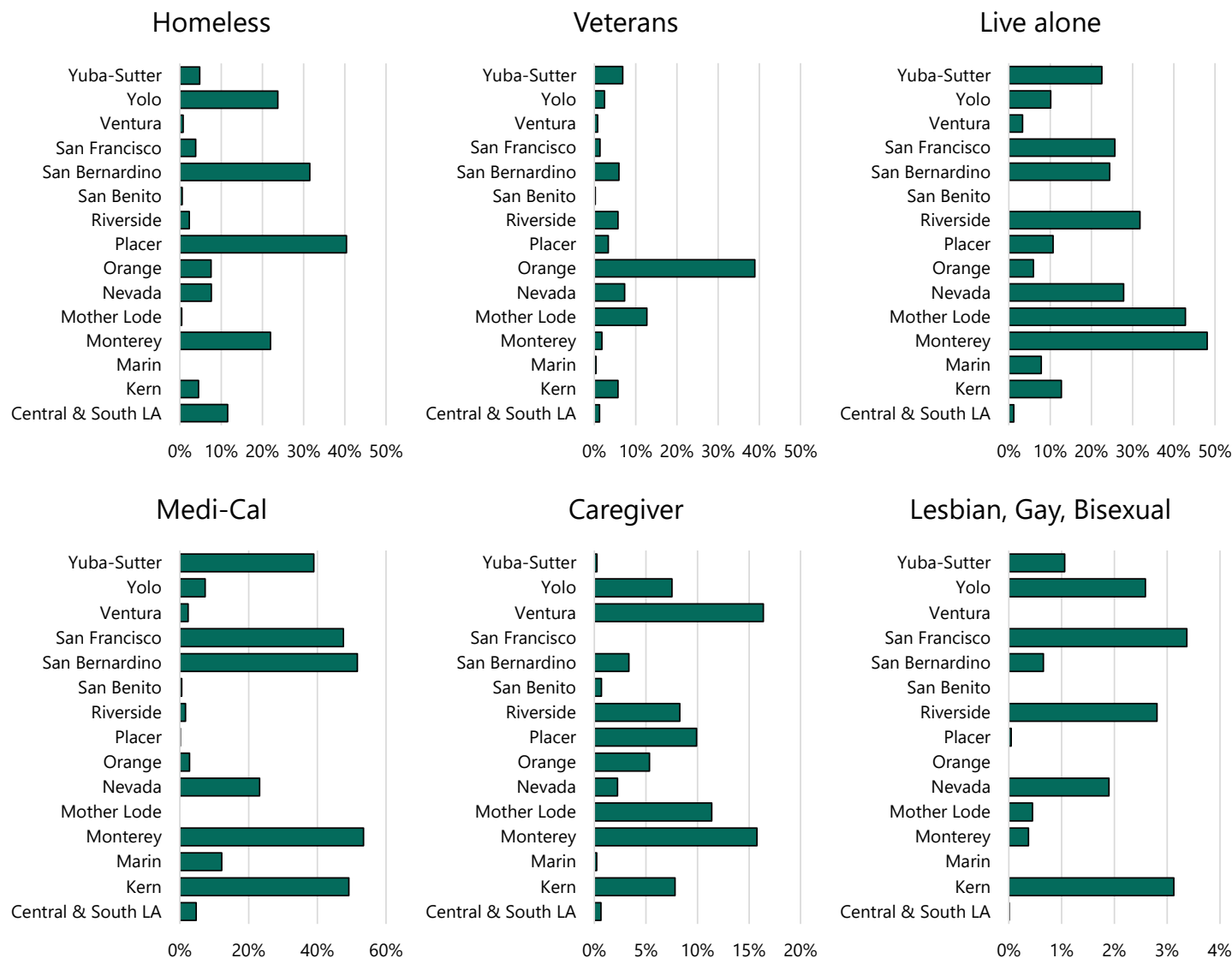


Source: Information provided by the California Department of Aging. State Fiscal Year (SFY) includes the period July 1, 2022 to June 30, 2023.

ADRC = Aging and Disability Resource Connection.

In addition to serving older adults and people with disabilities, ADRCs serve participants with a range of other characteristics, including caregivers, people who are enrolled in Medi-Cal, people who live alone, veterans, and people experiencing homelessness (Exhibit E.7.).

Exhibit E.7. Other characteristics of ADRC participants, SFY2022/23



Source: Mathematica analysis of Aging and Disability Resource Connection service data provided by the California Department of Aging.

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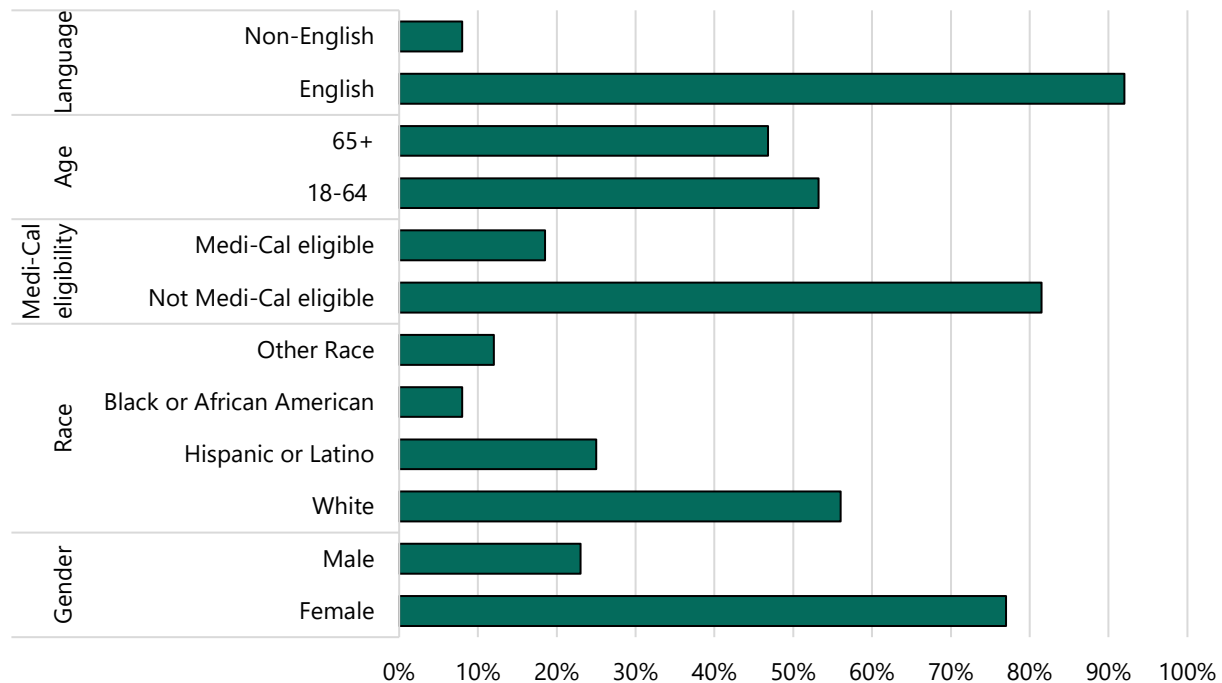
Appendix F.

Detailed Analysis of Caregiver Supports

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Caregiver Resource Center (CRC) participants in state fiscal year (SFY) 2022/23 were predominately female (77 percent), White (56 percent), not Medi-Cal eligible (82 percent), ages 18 to 64 (53 percent), and English speaking (92 percent) (Exhibit F.1).

Exhibit F.1. Demographic characteristics of CRC caregivers in SFY 2022/23



Source: 4th Annual Report: Evaluation of the California Caregiver Resource Centers' service delivery and system change: <https://www.caregivercalifornia.org/wp-content/uploads/2023/12/CCRC-Evaluation-Annual-Report-FINAL-2022-2023.pdf>.

Notes: "Other Race" includes all race categories other than White, Hispanic or Latino, and Black or African American, including "American Indian/Alaska Native," "Asian American/Pacific Islander," and "Multiple" races. State Fiscal Year (SFY) data are from July 1, 2022 to June 30, 2023.

CRC = Caregiver Resource Center.

For each caregiver support service included in the non-Medi-Cal HCBS program inventory, Exhibit F.2 below includes the program, service, description of service, eligibility, and administering agency.

Exhibit F.2. Caregiver supports services included in the non-Medi-Cal HCBS program inventory

Program	Service	Description	Eligibility	Administering agency
Caregiver training and support services				
CRC	Education workshops	Special workshops on topics such as cognitive disorders, dealing with dementia, long-term care planning and stress management to help caregivers cope with day-to-day concerns.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone ages 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
CRC	Professional training	Workshops on long-term care, patient management, public policy, legal and financial issues for health and service providers.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone ages 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
CRC	Short-term counseling	Individual, family and group sessions with licensed counselors to offer emotional support to caregivers.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone ages 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
CRC	Support groups	Online or in-person meetings to share experiences and ideas to ease the stress of caregiving.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone ages 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
CRC	Uniform caregiver assessment	Standardized intake and assessment tools to help define and explore issues, options, and information needs, to determine interventions and services for caregivers, and to provide key data for evaluation and program design.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone ages 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiver counseling	An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss resulting from caregiving responsibilities. This service may: (A) Involve his or her informal support system; (B) Be individual direct sessions and/or telephone consultations; and (C) Address caregiving-related financial and long-term placement responsibilities. An FCSP service provided by experienced volunteers on the condition that appropriate training and qualified supervision protocols are in place.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, age 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver support groups	An FCSP Support Service provided to a group of caregivers that is led by a trained individual; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach; for the purpose of sharing experiences, concerns, and ideas to ease the stress of caregiving, and to improve decision making and problem-solving skills related to their caregiving responsibilities.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver training	An FCSP Support Service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include the use of evidence-based programs; be conducted in-person or on-line and be provided in individual or group settings.	Adult family members or other informal caregivers age 18 or older providing care to individuals age 60 or older; Adult family members or other informal caregivers age 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, age 55 or older providing care to children under the age of 18; Relatives, including parents, age 55 or older providing care to individuals of any age with a disability.	CDA

Program	Service	Description	Eligibility	Administering agency
Family/ Consumer Training		Family/consumer support and training services are provided, as needed, in conjunction with extended state plan services in this waiver. These services include training by licensed providers to maintain or enhance the long-term impact of treatment provided. This includes support or counseling for the consumer and/or family to ensure proper understanding of the treatment provided and what supports are needed in the recipient's home environment to enhance the treatments. These services will be provided to individuals ages 21 and older.	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS
Individual or Family Training		A regional center shall classify a vendor as an Individual or Family Training provider if the vendor provides, or obtains, training services to consumers and/or their family members as necessary to implement an objective in the individual's Individual Program Plan (IPP) and for which an existing Title 17 service code is unavailable, including, but not limited to training regarding: prevention of sexual exploitation, parent and family support training to avert out-of-home placement. Individual or family training may include refresher training, as necessary to facilitate a safe, harmonious and stable home, and may be provided in groups, e.g., seminars and symposiums, or on an individual basis. Vendors shall ensure that trainers are credentialed and/or licensed as required by the State of California to practice in the field of training being offered.	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS
Program of Compre- hensive Assistance for Family Caregivers	Personal care services	The U.S. Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for Family Caregivers of eligible Veterans.	Caregivers who are a spouse or family member of the veteran or lives with the veteran full time; Veteran has a VA disability rating of 70% or higher and needs at least 6 months of continuous in-person personal care services.	CalVet

Program	Service	Description	Eligibility	Administering agency
Training and Counseling Services for Unpaid Caregivers		Training and counseling services for individuals who provide unpaid support, training, companionship or supervision to participants. For purposes of this service, "individual" is defined as any person, family member, neighbor, friend, companion or co-worker who provides uncompensated care, training, guidance, companionship or support to a person served on the waiver. This service may not be provided to train paid caregivers. Training includes instruction about services and supports included in the IPP, use of equipment specified in the IPP, and updates as necessary to safely maintain the participant at home. Counseling must be aimed at assisting the unpaid caregiver in meeting the needs of the participant. All training for individuals who provide unpaid support to the participant must be included in the IPP. The service includes the cost of registration and training fees associated with formal instruction in areas relevant to participant needs identified in the IPP. The costs for travel, meals and overnight lodging to attend a training event or conference are not covered under this service definition. This service does not duplicate the services provided under the waiver service Family/Consumer Training.	Individuals who provide unpaid support, training, companionship or supervision to participants with a disability that began before the individual's 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS
Respite care				
CRC	Respite care	Financial assistance for temporary in-home support, adult day services, short-term or weekend care and transportation.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone ages 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
Caregiver Programs and Services	Respite care	Caregivers of eligible veterans can receive up to 30 days of respite care annually. Respite care can be provided at home, a community living center, a residential care facility, or an adult day health care center.	Veterans who meet the service's clinical criteria.	CalVet

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiver respite in-home	An FCSP Respite Care service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and or dressing (along with care receiver supervision and related homemaker assistance) by an appropriately skilled provider. An FCSP Respite Care service that includes the provision of care receiver day and/or overnight supervision and friendly visiting by an appropriately skilled provider or volunteer to prevent wandering and health or safety incidents.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver respite out-of-home day care	An FCSP Respite Care service provided in settings other than the caregiver/care receiver's home, including adult day services center, senior center, or other nonresidential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver respite out-of-home overnight care	An FCSP Respite Care service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for one or more nights.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiver Respite Other	An FCSP Respite Care service that includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities. An FCSP Respite Care service that includes the provision of care receiver assistance with meal preparation, medication management, using the phone, and or light housework (along with care receiver supervision) by an appropriately skilled provider or volunteer.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
In-home Respite Services Agency		A regional center shall classify a vendor as an in-home respite services agency if the vendor meets the appropriate requirements in Sections 56780 through 56802 of these regulations. Separate vendorization may be waived at the vendor's request for existing in-home respite services agency vendors requesting to provide new in-home respite services at an additional business address.	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS
In-home Respite Worker		A regional center shall classify a vendor as a provider of in-home respite worker services if the vendor is an individual who: (A) Has received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross; (B) Has the skill, training, or education necessary to perform the required services; and (C) Provides in-home respite services.	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS

Program	Service	Description	Eligibility	Administering agency
Out-of-home Respite Services		<p>A regional center shall classify a vendor as a provider of out-of-home respite services if the vendor: (A) Is licensed by CDSS or by an agency authorized by CDSS or is licensed by DHS to provide out-of-home care to persons with developmental disabilities; and (B) Is vendored by the regional center and provides services under the following service codes: 1. Service Code 855 - Adult Day Care; or 2. Service Code 851 - Child Day Care; or 3. Service Code 905 or 915 - Residential Facility Serving Adults; or 4. Service Code 910 or 920 - Residential Facility Serving Children; or 5. Service Code 930 - Intermediate Care Facility/Developmentally Disabled - Habilitative (ICF/DD-H); or 6. Service Code 935 - Intermediate Care Facility/Developmentally Disabled - Nursing (ICF/DD-N). (C) Has staff who have received Cardiopulmonary Resuscitation (CPR) and First Aid training from agencies offering such training, including, but not limited to, the American Red Cross; (D) Has the training, education, and skill to perform the required services; and (E) Provides out-of-home respite services which consist of intermittent or regularly scheduled temporary care to individuals in a licensed facility and which: 1. Are designed to relieve families of the constant responsibility of caring for a member of that family who is a consumer; 2. Meet planned or emergency needs; 3. Are used to allow parents or the individual the opportunity for vacations and other necessities or activities of family life; and 4. Are provided to individuals away from their residence.</p>	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	CDSS

Program	Service	Description	Eligibility	Administering agency
Participant -Directed Respite Service - Family Member		<p>A regional center shall classify a vendor as Participant-Directed Respite Service - Family Member if the vendor: 1. Is a family member; 2. Is not the direct provider of the respite service; and 3. Selects the respite service for the consumer from an individual who is at least 18 years of age and possesses the skill, training, or education necessary to provide the respite service. The vendored family member shall be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, the vendored family member is responsible for ensuring that the person providing respite care is familiar with the consumer's daily routines and needs, and is trained in any specialized supports necessary for the consumer. To the extent that these specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the consumer's IPP or Individualized Family Service Plan (IFSP); or 4. An agency that meets the criteria specified in California Code of Regulations, Title 17, Section 54342(a)(39); or 5. For out-of-home respite services, a facility which meets the standards specified in California Code of Regulations, Title 17, Section 54342(a)(58) or (72). A relative who provides out-of-home respite in the relative's own house is exempt from licensure pursuant to Title 22, California Code of Regulations, Section 80007.</p>	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS

Program	Service	Description	Eligibility	Administering agency
Respite (Individual and Agency) In-home		Respite Services are provided to participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature, with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy. Respite services may be purchased from qualified agencies or individuals. The participant may employ individual respite workers. In all cases, the IPP must specify the necessary training and skills that such workers or other providers must possess. Respite Services cannot be provided by the primary care provider or his/her spouse under this definition. Respite providers are required to develop and implement a back-up plan for times when they are scheduled, but are unable to come and provide the services. Respite Services do not duplicate services provided under the Individuals with Disabilities Education Act (IDEA) of 2004. These services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities and will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.	Individuals whose care and supervision needs exceed that of a person of the same age without developmental disabilities. Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS

Appendix F. Detailed Analysis of Caregiver Supports

Program	Service	Description	Eligibility	Administering agency
Respite Facility		A regional center shall classify a vendor as a respite facility if the vendor: (A) Is licensed as a residential facility by CDSS or by an agency authorized by CDSS; (B) Provides only out-of-home respite services in accordance with (a)(58)(E)1. through 4. above. (C) Meets the criteria specified in (a)(58)(C) and (D); and (D) Is not vendored by the regional center to provide services under the following service codes: 1. Service Code 905 or 915 - Residential Facility Serving Adults; or 2. Service Code 910 or 920 - Residential Facility Serving Children.	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS

Program	Service	Description	Eligibility	Administering agency
Respite Facility - Out-of-Home		Respite Services are provided to participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature, with the exception of colostomy, ileostomy, catheter maintenance, and gastrostomy. Respite services may be purchased from qualified agencies or individuals. The participant may employ individual respite workers. In all cases, the IPP must specify the necessary training and skills that such workers or other providers must possess. Respite Services cannot be provided by the primary care provider or his/her spouse under this definition. Respite providers are required to develop and implement a back-up plan for times when they are scheduled, but are unable to come and provide the services. Respite Services do not duplicate services provided under the Individuals with Disabilities Education Act (IDEA) of 2004. These services may only be provided when the care and supervision needs of a consumer exceed that of a person of the same age without developmental disabilities and will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.	Individuals whose care and supervision needs exceed that of a person of the same age without developmental disabilities. Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS

Program	Service	Description	Eligibility	Administering agency
Respite Service - Family Member		<p>"A regional center shall classify a vendor as respite service - family member if the vendor: (A) Is a family member; (B) Is not the direct provider of the respite service; and (C) Selects the respite service for the consumer from: 1. An individual who: a. Is at least 18 years of age. Individuals currently providing in-home respite service shall have 90 days from the effective date of these regulations to comply; and b. Possesses the skill, training, or education necessary to provide the respite service. The vendored family member shall be responsible for ensuring that the individual selected to provide the respite service will possess the skill, training, or education necessary to provide the respite service. In addition, the vendored family member is responsible for ensuring that the person providing respite care is familiar with the consumer's daily routines and needs, and is trained in any specialized supports necessary for the consumer. To the extent that these specialized support needs require additional training or certification in such things as First Aid, Cardiopulmonary Resuscitation (CPR), etc., these needs and requirements will be included as part of the description of respite care needs in the consumer's Individual Program Plan (IPP) or Individualized Family Service Plan (IFSP); or</p> <p>2. An agency that meets the criteria specified in Section 54342(a)(38); or</p> <p>3. For out-of-home respite services, a facility which meets the standards specified in Section 54342(a)(58) or (72). A relative who provides out-of-home respite in the relative's own house is exempt from licensure pursuant to Title 22, California Code of Regulations, Section 80007.</p>	Individuals with a disability that begins before their 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS

Program	Service	Description	Eligibility	Administering agency
Supportive Services	Respite care	Arrange for relief of the relatives or other caregivers of the frail elderly living at home by the coordination or direct provision of supportive services to the older person(s) while the primary caregiver is temporarily absent (includes Adult Day Services as a respite service for families).	Individuals ages 60 years or older.	CDA
Caregiver supplemental services				
FCSP	Caregiver supplemental services assistive technology	An FCSP service domain of supplemental services that involves the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) to facilitate and fulfill caregiving responsibilities.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver supplemental services caregiver assessment	An FCSP service domain of supplemental services (other) conducted by persons trained and experienced in the skills required to deliver the service that should result in a plan that includes emergency back-up provisions and is periodically updated; and will explore options and courses of action for caregivers by identifying: (A) Their willingness to provide care; (B) Duration and care frequency preferences; (C) Caregiving abilities; (D) Physical health, psychological, social support, and training needs; (E) Financial resources relative for caregiving; and (F) Strengths and weaknesses within the immediate caregiving environment and (caregiver's) extended informal support system. Such assessments shall be administered in person or via home visits, the internet, telephone, or teleconference.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiver supplemental services caregiver registry	An FCSP service domain of supplemental services (other) that recruits, screens, and maintains a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with caregivers willing to use personal resources to pay for assistance with their caregiving responsibilities. Both the caregiver and the self-employed worker will be: (A) Advised about appropriate compensation and workplace performance expectations; and (B) Provided with follow-up to ensure the match is functioning effectively.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver supplemental services consumable supplies	An FCSP service domain of supplemental services that arranges for and provides assistance to caregivers in the form of commodities, surplus food, transit passes, meals, and vouchers, or direct payment to vendors that will help meet identified needs associated with an individual caregiver's responsibilities.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver supplemental services home modifications	An FCSP service domain of supplemental services that makes any minor or major physical change to the home (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower) to fulfill caregiving responsibilities.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiver supplemental services legal consultation	An FCSP service domain of supplemental services involving one-to-one guidance provided by an attorney (or person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
Caregiver information and access services				
CRC	Family consultation and care planning	Trained staff consultations to assess needs of persons with cognitive impairment and their families, explore care options, and develop a course of action.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone age 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
CRC	Legal and financial consultation	Experienced attorneys consult on Powers of Attorney, Advance Directives, estate and financial planning, conservatorships and other matters.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone age 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA
CRC	Specialized information and referral	Referrals and advice related to caregiver stress, diagnoses and community resources.	Clients caring for an adult with a cognitive impairing condition that occurred after the age of 18, or someone age 60 years and older in need of assistance with daily living activities such as bathing, eating, or getting dressed.	CDA

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiver case management	An FCSP Access Assistance service provided to a caregiver, at the direction of the caregiver by an individual who is trained and experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
FCSP	Caregiver information services	An FCSP Information Services public and media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, or radio, TV, or website events. This service is not tailored to the needs of the individual. An FCSP Information Services service designed to educate groups of current or potential caregivers and those who may provide them with assistance about available FCSP and other caregiver support resources and services (e.g., booth at a health fair).	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA

Appendix F. Detailed Analysis of Caregiver Supports

Program	Service	Description	Eligibility	Administering agency
FCSP	Caregiving information and assistance	An FCSP Access Assistance service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; and ensures that the individual receives services they need. An FCSP Access Assistance service involving interventions (one-on-one contacts with individuals) initiated by an agency or provider for the purpose of identifying caregivers and encouraging their use of existing caregiver support services (e.g., AAA staff contacts with potential caregivers outside of local market). An FCSP Access Assistance service for the provision of bilingual communication assistance to a caregiver in order to access assistance and receive support for his or her caregiving responsibilities (e.g., staff interpreting dialogue between caregiver and care consultant staff translating an elder's prescription drug label for his caregiver).	Adult family members or other informal caregivers ages 18 or older providing care to individuals ages 60 or older; Adult family members or other informal caregivers ages 18 or older providing care to individuals of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction; Relatives, not parents, ages 55 or older providing care to children under the age of 18; Relatives, including parents, ages 55 or older providing care to individuals of any age with a disability.	CDA
ILC	Family services	Services provided to the family members of an individual with a significant disability when necessary for improving the individual's ability to live and function more independently, or ability to engage or continue in employment. Such services may include respite care.	Individuals of all ages and with any type of disability.	DOR

Note: The Family Caregiver Support Program services in this table reflect the service categories from the CDA Service Categories and Data Dictionary, updated July 2024. These service categories are slightly different from previous years of data reporting, including for Federal Fiscal Year 2020/21, the year for which Mathematica received data. The 2024 data dictionary can be found here: <https://aging.ca.gov/download.ashx?IE0rcNUV0zb%2FeBOVwxlurw%3D%3D>.

AAA = Area Agency on Aging; CRC = Caregiver Resource Center; CDA = California Department of Aging; DDS = Department of Developmental Services; DOR = Department of Rehabilitation; FCSP = Family Caregiver Support Program; ILC = Independent Living Center.

Appendix G.

Detailed Analysis of Communication, Information, and Referral Services

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Exhibit G.1. lists the programs and services Mathematica identified in the non-Medi-Cal program inventory related to communication, information, and referral services, including information about eligibility requirements and the state agency that administers the program.

Exhibit G.1. Communication, information, and referral services included in the non-Medi-Cal HCBS program inventory

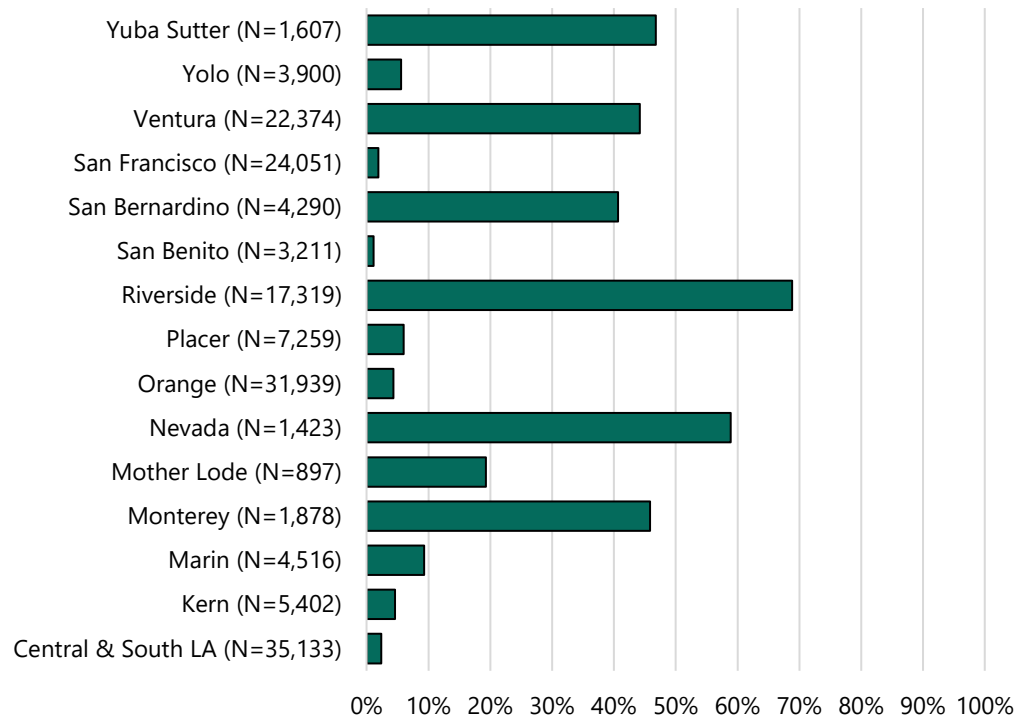
Provider/program	Services	Eligibility requirements	Administering agency
Referral services or information and assistance			
AAA Supportive Services Program	Information and assistance; community education; registry;	No requirements	CDA
Aging and Disability Resource Connections	Options counseling; short-term service coordination; enhanced information and referral	No requirements	CDA
Independent Living Centers	Information and referral	Individuals of all ages with any type of disability	DOR
Traumatic Brain Injury Program	Information and referral; professional and public education	Adults living with a traumatic brain injury	DOR
County Veterans Service Offices	Information and assistance; claims assistance	Veterans and their families	CalVet
Local Interagency Network Coordinator (LINC)	Referrals and advocacy	Veterans and their families	CalVet
Information and Referral Services to the Blind	Directory of services and products; referrals	Persons who are blind or have low vision	CDSS
Communication and interpretation services			
AAA Supportive Services Program	Interpretation and translation	Individuals ages 60 years and older; caregivers of older adults	CDA
Regional Centers	Communication support	Individuals with a developmental disability that began before their 18th birthday	DDS
Independent Living Centers	Communication services	Individuals of all ages with any type of disability	DOR
Deaf and Hard of Hearing Services	Assistive listening devices; communication techniques; hearing assessments; interpreter services; referrals to other agencies; vocational training	Individuals who are deaf, heard of hearing, late deafened, or deaf-blind	DOR
Deaf Access Program	Communication services; advocacy services; job development and placement; information and referral; counseling; independent living skills instruction	Deaf participants with demonstrated need for services	CDSS

Provider/program	Services	Eligibility requirements	Administering agency
Legal assistance services			
AAA Supportive Services Program	Legal assistance; personal affairs assistance	Individuals ages 60 years and older	CDA
Services to Older Refugees	Supplemental Security Income application assistance; citizenship test support; fee waivers for citizenship; translation services; English and a Second Language; and more	Refugees who are 60 years of age or older and have been in the country up to 5 years	CDSS
Regional Centers	Professional copying, reporting, and technical services; attorney	Individuals with a developmental disability that began before their 18th birthday	DDS
Independent Living Centers	Advocacy	Individuals of all ages with any type of disability	DOR
Case management services			
AAA Supportive Services Program	Case management; comprehensive assessment	Individuals ages 60 years or older	CDA
Regional Centers	Interdisciplinary assessment; independent facilitator; coordinated family supports; intensive transition services; self-directed support services	Individuals with a developmental disability that began before their 18th birthday	DDS
Aging and Disability Resource Connections	Transition services	No requirements	CDA

AAA = Area Agency on Aging; CDA = California Department of Aging; CDSS = California Department of Social Services; DDS = Department of Developmental Services; DOR = Department of Rehabilitation; CalVet = California Department of Veterans Affairs.

ADRCs delivered options counseling services to an average of 24 percent of their total participants in SFY 2022/23, ranging from one percent in San Benito to 69 percent in Riverside (Exhibit G.2).

Exhibit G.2. Percent of ADRC participants who used options counseling services, SFY2022/23

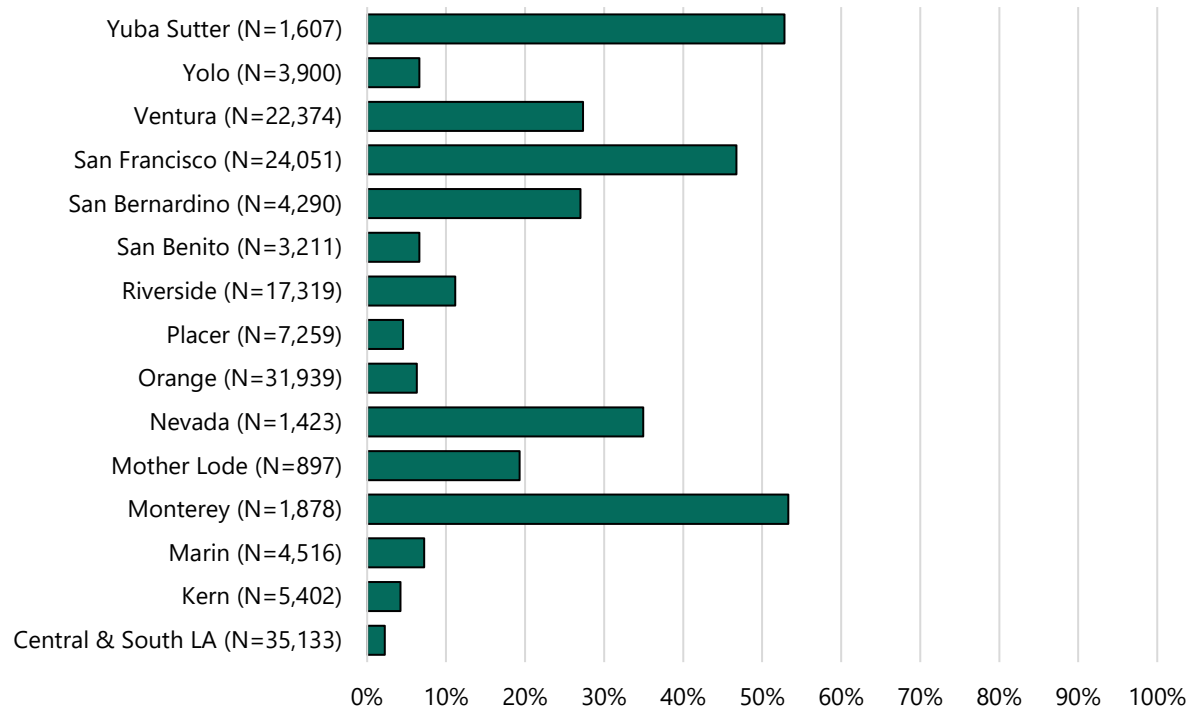


Source: Mathematica analysis of Aging and Disability Resource Center (ADRC) data provided by the California Department of Aging.

Note: The total number of participants served by each ADRC in State Fiscal Year (SFY) 2022/23, which includes the period of July 1, 2022 through June 30, 2023, is shown in parentheses. The following ADRCs were new as of 2022: Central & South LA, Kern, Monterey, The Mother Lode, Placer, San Benito, San Bernardino, Yolo, and Yuba-Sutter.

ADRCs delivered short-term service coordination to an average of 21 percent of their total participants in SFY 2022/23, ranging from two percent in Central & South LA to 53 percent in Monterey and Yuba-Sutter (Exhibit G.3).

Exhibit G.3. Percent of ADRC participants who used short-term service coordination, SFY 2022/23

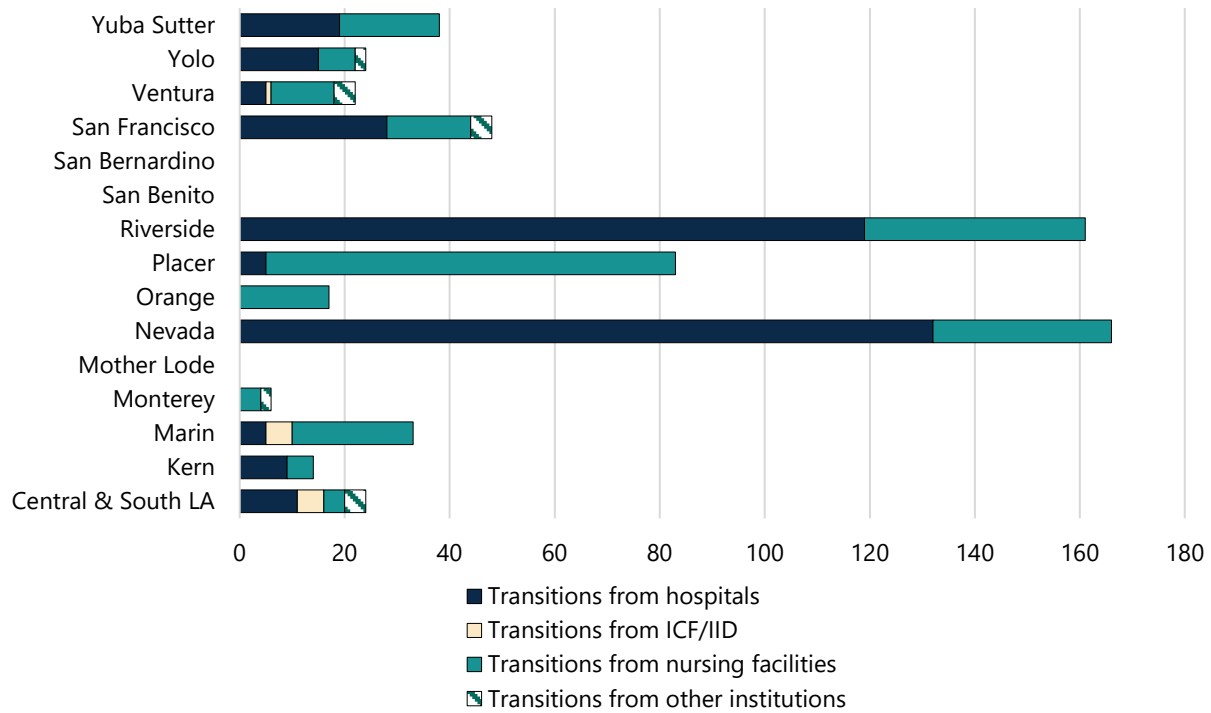


Source: Mathematica analysis of Aging and Disability Resource Connection (ADRC) data provided by the California Department of Aging (January 2024).

Note: The total number of participants served by each ADRC in State Fiscal Year (SFY) 2022/23, which includes the period of July 1, 2022 through June 30, 2023, is shown in parentheses.

ADRCs delivered transition services to an average of 2 percent of ADRC participants in SFY 2022/23. Transitions from hospitals were the most common type of transition (Exhibit G.4).

Exhibit G.4. Number of ADRC participants who received transition services in SFY 2022/23



Source: Mathematica analysis of Aging and Disability Resource Connection (ADRC) data provided by the California Department of Aging (January 2024).

Note: State Fiscal Year (SFY) includes the period July 1, 2022 through June 30, 2023.

ICF/IID = Intermediate Care Facility for Individuals with Intellectual Disabilities.

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Appendix H.

Detailed Analysis of Health-Related Services and Community Supports

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Exhibit H.1. Health-related services and community supports included in the non-Medi-Cal HCBS program inventory

Provider/program	Services	Eligibility requirements	Administering agency
Adult day services			
Alzheimer's Day Care Services	Day of attendance at a licensed Adult Day Program or Adult Day Health Care center that provides Alzheimer's or dementia services	Individuals ages 60 years or older with dementia	CDA
Adult Day Health Care (ADHC) Center ^a	Individual plan of care; activity program; dietary services; meal/snack; personal care and supervision; transportation; medications administered by a registered nurse; social services; skilled nursing; physician services; mental health services; occupational therapy; physical therapy; speech therapy	Individuals ages 18 years and older with one or more chronic or post-acute medical, cognitive, or mental health conditions. Impairments in at least two ADLs or IADLs; requires ongoing or intermittent supervisions; requires adult day health care services to avoid or delay institutional services	CDA/CDPH
Regional Center adult day services	Activity center; adult day program; adult development center; in-home day program; participant-directed community-based training service for adults; participant-directed day care service – family member	Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability	DDS
Adult Day Programs (ADP) ^b	Individual plan of care; activity program; dietary services; personal care and supervision; transportation; assistance with self-administering medications	Individuals ages 18 years and older	CDSS
Assistive devices			
AAA Supportive Services Program	Personal/home devices	Individuals ages 60 years and older	CDA
Regional Centers	Lenses and frames; orthotic and prosthetic services; other medical equipment or supplies; specialized medical equipment; technology; vehicle modifications and adaptations	Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability	DDS
Device Lending and Demonstration Center (DLDC)	Demonstrations of assistive technology for people with disabilities; device loans	Individuals of any age with any type of disability, functional limitation, or chronic health condition	DOR

Provider/program	Services	Eligibility requirements	Administering agency
Independent Living Centers	Assistive technology; prostheses, orthotics, and other appliances; rehabilitation technology services	Individuals of any age with any type of disability	DOR
Voice Options Program	Provides eligible individuals who are unable or have difficulty speaking with voice-generating devices	Individuals who are unable to speak or have difficulty speaking	DOR
Transition Planning	AT Advocates are available to support with transition planning for school to work; youth to adult; and community living. AT Advocates support transition planning, provide information on AT, locate vendors, conduct community outreach and education. They also refer to AT evaluations, assessments, and training.	All individuals of any age and with any type of disability, functional limitation, or chronic health condition.	DOR
Fall prevention			
Dignity at Home Fall Prevention Program	Fall prevention information and education; referrals and provision of fall and injury prevention resources; in-home environmental assessments; instruction on behavioral, physical, and environmental aspects of fall prevention; purchase of injury prevention equipment, services, materials, and labor costs; home modifications	The individual must: 1. Have a disability or be ages 60 years or older; 2. Have adjusted household income that does not exceed 80 percent of the area median income; and 3. Have fallen, is at risk for falling, or is at risk for institutionalization.	CDA
Health promotion			
AAA Disease Prevention and Health Promotion	Disease promotion evidence-based	Individuals ages 60 years and older	CDA
AAA Supportive Services	Health services	Individuals ages 60 years and older	CDA

Provider/program	Services	Eligibility requirements	Administering agency
Regional Centers	Acupuncture services; dental services; hearing and audiology facilities; licensed vocational nurse; nurse's aide or assistant; optometric-optician services; orthoptic services; physicians or surgeons; recreational therapist; registered nurse; respiratory therapist; Special Olympics; specialized health, treatment, and training services; specialized therapeutic services; speech – hearing and language; sports club	For all services: Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability For dental services, optometric-optician services, and speech – hearing and language services: In addition to the criteria above, individuals who are age 21 and over who have exhausted the limits of dental services, optometric-optician services, or speech – hearing and language services furnished under the approved state plan.	DDS
Independent Living Centers	Mobility training; physical restoration services; preventive services; therapeutic treatment	Individuals of any age with any type of disability	DOR
Alzheimer's Disease Program	California Alzheimer's Disease Centers (CADCs) community education and outreach; CADC clinical services	Community education and outreach: open to the public. Clinical services: individuals with symptoms of memory loss, disorientation, and confusion may contact CADC for an evaluation	CDPH
Homemaker and chore services			
Caregiver Programs and Services	Homemaker and home health aides	Veterans who are eligible for community care and meet ADHC center clinical criteria. Veterans are eligible for community care if they satisfy one of the criteria: in need of a service not available at a VA medical facility, lives in a state or territory without a full-service VA medical facility, qualifies under the "grandfather" provision related to distance, the VA cannot provide care within certain designated access standards, it is in the veteran's best medical interest, or a VA services line does not meet certain quality standards.	CalVet
AAA Supportive Services	Homemaker services; chore services	Individuals ages 60 years and older	CDA

Provider/program	Services	Eligibility requirements	Administering agency
Regional Centers	Homemaker; homemaker service; repair services	For all services: Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability. For repair services: Individuals who are incapable of performing or financially providing for repairs, where no one else (landlord, relative, caregiver, community/volunteer agency, or third party payer) is capable of, or responsible for, their provision.	DDS
In-home medical services			
Caregiver Programs and Services	Skilled home care; home-based primary care	For skilled home care: Veterans who are eligible for community care and meet the service's clinical criteria. Veterans are eligible for community care if they satisfy one of the criteria: in need of a service not available at a VA medical facility, lives in a state or territory without a full-service VA medical facility, qualifies under the "grandfather" provision related to distance, the VA cannot provide care within certain designated access standards, it is in the veteran's best medical interest, or a VA services line does not meet certain quality standards. For home-based primary care: All Veterans enrolled in the VHA Standard Medical Benefits Package who meet clinical need for the service.	CalVet
Regional Centers	Home health agency; home health aide; nursing service – family member; occupational therapy; participant-directed nursing service – family member; physical therapy; skilled nursing	For all services: Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability. For home health aide services, occupational therapy, and physical therapy: In addition to the criteria above, individuals who are age 21 and older who have exhausted the limits of home health aide, occupational therapy, or physical therapy furnished under the approved state plan.	DDS
Mental and behavioral health services			
AAA Supportive Services	Mental health services; peer counseling	Individuals ages 60 years and older	CDA

Provider/program	Services	Eligibility requirements	Administering agency
Regional Centers	Art therapist; behavior management program; clinical psychologist; counseling services; crisis intervention; crisis intervention facility/bed; crisis team – evaluation and behavioral intervention; dance therapist educational psychologist; enhanced behavioral supports home – individual services; music therapist; psychiatric technician; psychiatrist; psychology services; community crisis home individualized services and supports component	For all services: Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability. For enhanced behavioral supports home – individual services: Individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. For psychology services: Individuals who are age 21 and over who have exhausted the limits of psychology Services furnished under the approved state plan. For community crisis home individualized services and supports component: Individuals with developmental disabilities receiving regional center services and in need of crisis intervention services, who would otherwise be at risk of admission to a more restrictive setting.	DDS
Independent Living Centers	Counseling and related services; mental restoration services	Individuals of any age with any type of disability	DOR
Nutrition			
Congregate Meals Program	Congregate meals; nutrition counseling; nutrition education	Congregate meals: Persons 60 years of age or older regardless of income level; the spouse of an older adult participating in the program, regardless of age; person with a disability who lives at a site where the Congregate Meals Program is provided or lives with and accompanies an older adult who participates in the program. Nutrition counseling and nutrition education: Individuals ages 60 years or older. The program targets older individuals with the greatest economic or social need, with particular attention given to low-income minority older individuals and older individuals living in rural areas.	CDA
AAA Home-delivered Meals Program	Home-delivered meals	Persons 60 years of age or older who are frail or homebound due to illness or disability, or who are otherwise isolated, regardless of income level; the spouse of an older adult participating in the program, regardless of age; person with a disability who lives with an older adult participating in the program	CDA

Provider/program	Services	Eligibility requirements	Administering agency
Regional Centers	Dietary services; nutritional consultation	Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability.	DDS
CalFresh	Tribal Nutrition Assistance Program (TNAP); The Emergency Food Assistance Program (TEFAP); Commodity Supplemental Food Program (CSFP); CalFresh Food; CalFresh Restaurant Meals Program (RMP); CalFresh Healthy Living; CalFresh Employment & Training (E&T); Disaster CalFresh (D-CalFresh); Emergency Food for Families Fund; Drought Food Assistance Program; Diaper Bank Program; California Food Bank Capacity Program	<p>TNAP: Grants awarded to tribes annually via application process with CDSS.</p> <p>TEFAP: 235% FPL and reside in the geographical area being served.</p> <p>CSFP: Individuals at least 60 years of age, have gross income at or below 130% FPL, and reside in the local agency service county</p> <p>CalFresh Food: U.S. citizen or legally present non-citizens, gross income 200% FPL and net income 100% FPL (households that include at least one member who is ages 60 or older and/or disabled must only meet the net income limit), work requirements (currently waived until June 30, 2023)</p> <p>CalFresh RMP: Receive CalFresh Food benefits and are an adult ages 60 or older, a person with a disability, the spouse of an individual that belongs to one of the above categories, or a person experiencing homelessness. RMP eligibility is limited to only those households where all members are eligible for the program.</p> <p>CalFresh Healthy Living: Californians of all ages who live in households with incomes at or below 185% of the FPL, including those who qualify for CalFresh.</p> <p>CalFresh E&T: At least 16 years of age, in receipt of federally funded CalFresh food assistance benefits; and not subject to any work requirement under Title IV of the Social Security Act.</p> <p>D-CalFresh: Households must: have lived in the disaster area at the time of the disaster, plan on purchasing food during the disaster benefit period, have experienced one of the following adverse actions: (1) damage to home or self-employment property, (2) disaster-related expenses, (3) a disruption in income, (4) Inaccessible liquid resources, (5) in some cases, D-CalFresh approvals may include eligibility for households that lost food, but had no other disaster-related expenses.</p> <p>Meet disaster gross income limits</p>	CDSS

Provider/program	Services	Eligibility requirements	Administering agency
CalFresh Health Living	Classes and information	People who are at least 60 years old and have low-income (At or below 185 percent of the federal poverty guidelines)	CDSS
Personal care services			
AAA Supportive Services	Personal care services	Individuals ages 60 years and older	CDA
Regional Centers	Diaper services; live-in caregiver; parent coordinated personal assistance service; participant-directed personal assistance; personal assistance	For all services: Individuals with a disability that begins before the 18th birthday that is expected to continue indefinitely and present a substantial disability. For Live-in caregiver: Individuals who receive personal care support and live in homes that they rent, lease, or own.	DDS
In-Home Supportive Services - Residual	Protective supervision; restaurant meal allowance; personal care services that are provided by a spouse or parent of a minor child; domestic and related services	People who are disabled, blind, or over age 65. IHSS-R recipients have restricted or state-only Medi-Cal, which means they receive coverage regardless of immigration status that does not have a federal match. Must reside in country for minimum of 5 years.	CDSS

^a ADHC centers can receive funding through AAAs, Regional Centers, Medi-Cal, and private payment.

^b ADPs can receive funding through AAAs, Regional Centers, the Veteran's Administration, and private payment.

AAA = Area Agency on Aging; ADHC = adult day health care; ADL = activities of daily living; ADP = adult day program; CalVet = California Department of Veterans Affairs; CDA = California Department of Aging; CDPH = California Department of Public Health; CDSS = California Department of Social Services; DDS = Department of Developmental Services; DOR = Department of Rehabilitation; IADL = instrumental activities of daily living; ILC = Independent Living Center.

H.1. Additional information on adult day services

Exhibit H.2. Number of AAA participants who used adult day services, by PSA, FFY 2020/21

PSA (Counties served)	Adult day health care	Alzheimer's day care services
7 (Contra Costa)	21	0
8 (San Mateo)	118	0
9 (Alameda)	76	0
10 (Santa Clara)	<10	0
11 (San Joaquin)	33	0
17 (Santa Barbara, San Luis Obispo)	10	0
19 (Los Angeles County)	0	23
22 (Orange)	<10	0
23 (San Diego)	71	0
27 (Sonoma)	76	33

Source: FFY 2020/21 National Aging Program Information System data from the Older Americans Act Performance System; data provided by the California Department of Aging (August 2023).

Note: States are required to report unduplicated client counts for adult day health care services but not required to report unduplicated client counts for Alzheimer's Day Care services. Planning and Service Areas (PSAs) not listed reported 0 participants for both adult day health care services and Alzheimer's day care services. Federal Fiscal Year (FFY) data are from October 1, 2020 to September 30, 2021.

H.2. Additional CalFresh Programs

CalFresh Commodity Supplemental Food Program

The distribution of participants' race and ethnicity categories varied by local agency but largely reflected the demographics of the county (Exhibit H.3). Over 50 percent of participants at Find Food Bank, Food Share INC., and Jacobs and Cushman San Diego were Hispanic. At the Food Bank of Contra Costa and Solano and Redwood Empire Food Bank, over 60 percent of participants were White. At the Community Action Partnership of Orange County and the San Francisco and Marin Food Bank, over 50 percent of participants were Asian.

Exhibit H.3. Race and ethnicity of Commodity Supplemental Food Program participants, April 2023

Local agency name	Hispanic	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian/ Other Pacific Islander	White	Some other race
Community Action Partnership of Kern	45.5%	0.2%	11.4%	6.2%	0.2%	36.6%	<0.1%
Community Action Partnership of Orange County	26.1%	0.1%	59.0%	3.0%	0.1%	10.5%	1.3%
Find Food Bank	83.4%	0.5%	2.3%	1.6%	0.3%	12.0%	0.0%
Food Bank of Contra Costa and Solano	24.9%	2.7%	1.5%	1.5%	0.8%	65.3%	3.3%
Food Share INC	53.8%	<0.1%	28.2%	1.5%	<0.1%	15.7%	0.8%
Jacobs and Cushman San Diego Food Bank	54.1%	0.8%	24.7%	2.3%	1.2%	15.7%	1.2%
LA Regional Food Bank	33.8%	5.0%	38.6%	3.4%	3.2%	16.0%	0.0%
Modesto Love Center	41.7%	0.4%	9.0%	7.0%	1.6%	40.3%	0.0%
Redwood Empire Food Bank	25.7%	0.8%	5.9%	1.5%	0.7%	64.6%	0.8%
Sacramento Food Bank and Family Services	12.3%	2.6%	24.9%	10.9%	0.8%	47.6%	0.9%
San Francisco and Marin Food Bank	1.6%	0.1%	89.4%	1.7%	0.2%	6.9%	0.1%

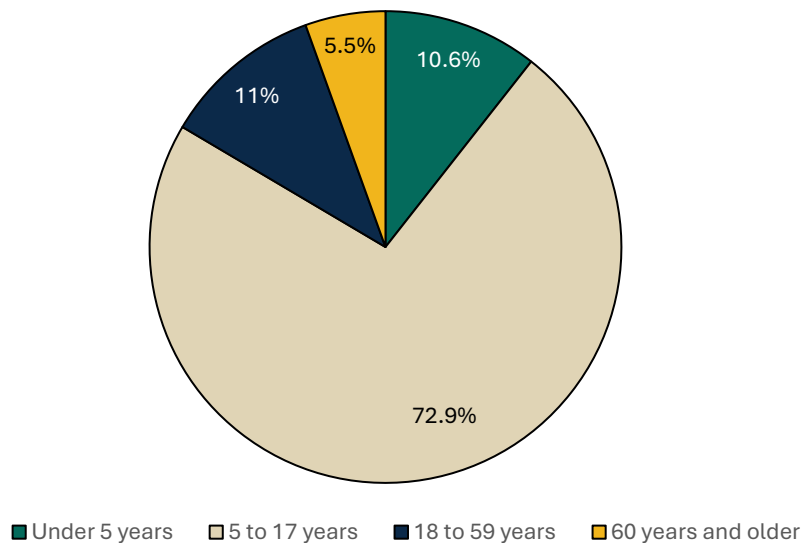
Source: Mathematica analysis of Commodity Supplemental Food Program data provided by the Department of Social Services (May 2024).

CalFresh Healthy Living

CalFresh Healthy Living program strives to improve the health of eligible Californians through education and healthy community changes. The California Department of Social Services leads four State Implementing Agencies that work together to make information and options for healthy eating and physical activity available to low-income Californians through a network of local health departments,

educators, volunteers, nonprofit organizations, AAAs, and other local partners: California Department of Public Health (CDPH), University of California (UC), Catholic Charities of California, Inc. (CCC), and California Department of Aging (CDA). Direct Education interventions are interactive classes that engage CalFresh Healthy Living-eligible participants in learning about nutrition and physical activity (California Department of Social Services n.d.[f]). In FY 2022, CalFresh Healthy Living conducted 7,761 direct education interventions across 1,857 sites, serving 201,088 participants. As shown in Exhibit H.4, the majority (72.9%) of direct education participants were ages 5 to 17 years. About 5.5 percent of participants were ages 60 and older (California Department of Social Services n.d.[g]).

Exhibit H.4. Age of CalFresh Healthy Living Direct Education participants, FFY 2022



Source: California SNAP-Ed Annual Report: Federal Fiscal Year (FFY) 2022; available at <https://calfresh.dss.ca.gov/Portals/41/Documents/StatePlans/Budgets/CFHL-Annual-Report-FY22.pdf>.

CalFresh Healthy Living delivers locally driven Policy, Systems, and Environmental change interventions and strategies (PSEs) through its Local Implementing Agencies network. PSEs improve health in communities with at least 50 percent of households eligible for CalFresh Healthy Living by increasing access to healthy food, promoting healthy dietary choices, and expanding opportunities for physical activities. There were 5,333 nutrition and physical activity PSE changes across 1,357 sites, reaching an estimated 1,867,130 Californians. The most common setting for PSE changes were schools (29.1 percent), early care and education facilities (19.7 percent), and food assistance sites, food banks, and pantries (13.9 percent).

Disaster CalFresh (D-CalFresh)

Disaster CalFresh (D-CalFresh) is a way to meet the temporary nutritional needs of disaster victims within a 30-day period, following a natural disaster such as a flood, fire, earthquake, or any other natural disaster. D-CalFresh provides a month's worth of benefits on an Electronic Benefit Transfer card which can be used to purchase food at authorized retail stores. In FFY 2023, California requested 10 Timely Reporting waivers, affecting an estimated 808,144 households; five Automated/Mass Replacement waivers, affecting an estimated 106,069 CalFresh households; and four Hot Foods waivers (data provided by the Department of Social Services, October 2023).

CalFresh Employment & Training

The purpose of CalFresh Employment & Training (E&T) is to increase the employment and earning capacity of CalFresh recipients by providing participants with the support needed to obtain skills and credentialing. CalFresh E&T provides participants with case management services and access to basic education, work experience, training, and job search assistance, as well as supportive services to assist with expenses related to finding and retaining work. In FFY 2022, 2.3 percent of participants (n = 1,577) were ages 60 or older (data provided by the Department of Social Services, October 2023).

The Emergency Food Assistance Program

The Emergency Food Assistance Program provides USDA commodities to a network of 49 food banks at 2,300 distribution sites for distribution to eligible individuals and households within 58 counties. To be eligible for the program, a recipient or household must reside in the geographical area being served and have a household income of 235% of the federal poverty level. Mathematica did not receive utilization data for this program.

Tribal Nutrition Assistance Program

The Tribal Nutrition Assistance Program was established through the Budget Act 2022 (Section 87 of Senate Bill 187, Chapter 10.2, Statutes of 2022) for eligible tribes and tribal organizations for the purpose of addressing food insecurity and inequities between CalFresh benefits and the federal Food Distribution Program on Indian Reservations. Grants are awarded to tribes annually via an application process with the California Department of Social Services. Mathematica did not receive utilization data for this program.

H.3. Assistive devices

Assistive devices include devices that help a person perform a particular task. Many people with disabilities depend on assistive devices to carry out daily activities. Assistive devices and services related to them include personal home security devices; lenses and frames; orthotic and prosthetic services; specialized and other medical equipment or supplies; assistive technology; vehicle modification and adaptations; demonstrations and loans of assistive technology; and voice options technology.

Utilization of assistive device services

Assistive devices for older adults

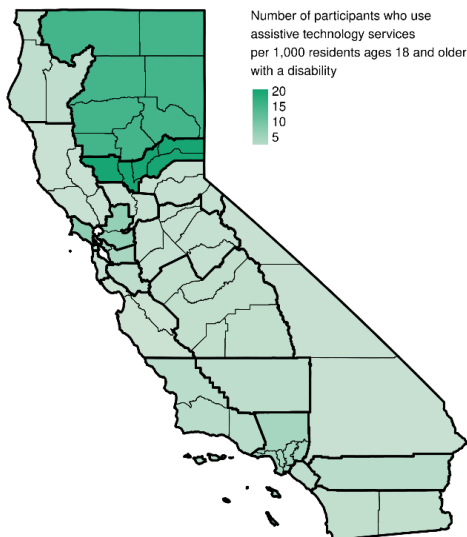
AAAs can deliver services to individuals ages 60 and over for the security and safety of their home environment, by providing safety features such as medical alert, alarms, and assistive devices. Enrollment in personal/home security devices has increased since the COVID-19 pandemic, from 67 participants statewide in SFY 2019/20 to 253 participants in SFY 2021/22. In FFY 2020/21, three AAAs (PSAs 11 [San Joaquin], 14 [Fresno, Madera], and 18 [Ventura]) delivered personal/home security services to 144 participants.

Assistive devices and related services for people with disabilities

Regional Centers may deliver assistive devices to individuals with disabilities, including lenses and frames, orthotic and prosthetic services, other medical equipment or supplies, specialized medical equipment, technology, and vehicle modification and adaptation. Regional Centers rarely delivered these services – less than 0.25 percent of Regional Center participants received them each year.

ILCs can provide several assistive devices services to individuals with disabilities, including assistive technology; prostheses, orthotics, and other appliances; and rehabilitation technology services. As shown in Exhibit H.5, ILCs in every county delivered assistive device services, serving between 0.09 (Central Coast Center for Independent Living) and 20.15 (FREED Center for Independent Living) participants per 1,000 residents ages 18 and over with a disability. Less than 50 percent of participants who requested assistive device services received them at one ILC (Disability Services and Legal Center). Five ILCs (Communities Actively Living Independent and Free, Independent Living Resource Center of San Francisco, Resources for Independence, Central Valley, Resources for Independent Living, Inc., and Southern California Rehabilitation Services, Inc.) provided prostheses, orthotics, and other appliances to 18 participants; 95 percent of participants that requested this service received it. Three ILCs (FREED Center for Independent Living, Southern California Rehabilitation Services, Inc., and Tri-County Independent Living, Inc.) provided rehabilitation technology to eight participants; 89 percent of participants that requested this service received it.

Exhibit H.5. Number of ILC participants who used assistive devices services per 1,000 residents ages 18 and older with a disability, FFY 2021/22



Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles (April 2024), downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living>; the number of individuals ages 18 and older with a disability was estimated using American Community Survey data. See Appendix A for more information.

Notes: Data from October 2021 – September 2022.

Five ILCs (Communities Actively Living Independent and Free, Independent Living Resource Center of San Francisco, Resources for Independence, Central Valley, Resources for Independent Living, Inc., and Southern California Rehabilitation Services, Inc.) provided prostheses, orthotics, and other appliances to 18 out of the 19 participants who requested this service throughout the state. Three ILCs (FREED Center for Independent Living, Southern California Rehabilitation Services, Inc., and Tri-County Independent Living, Inc.) provided rehabilitation technology to eight out of the total of nine participants who requested this service throughout the state.

The statewide network of Device Lending and Demonstration Centers (DLDC), overseen by the Department of Rehabilitation, provides device demonstrations to allow people with disabilities to compare, interact with, and ask questions about devices. In 2022, DLDC provided 917 device demonstrations to 1,024 participants. The most common types of demonstrations were for devices to help with speech communication (38 percent), computers (27 percent), and daily living (19 percent). Eighty-five percent of the participants were individuals with disabilities. DLDC also loans devices to individuals for a limited time to try out and determine if a device will meet their needs before a purchase is made. Loaned devices include portable ramps, computer software, or speech-generating devices. DLDC loaned 1,282 devices, the majority of which (88 percent) were to assist with decision-making.

The Voice Options Program provides eligible individuals who are unable to speak or have difficulty speaking with voice-generating devices. The program is a partnership with the California Public Utilities Commission's Deaf and Disabled Telecommunications Program. In 2022, the Voice Options Program received an average of 45.5 applications each quarter and approved 95 percent of the applications. Each month in 2023, between 42 and 50 percent of Voice Options participants were Hispanic and 18 to 26 percent were White; 0 to 5 percent were ages 60 and over; and 68 to 72 percent were male (California Public Utilities Commission, n.d.).

Assistive devices gaps

Insufficient program funding creates gaps in the geographic availability of DLDCs as well as gaps in access to durable medical equipment (DME). One expert on ILCs shared that DLDCs are regionally based, and that some areas of California are not covered by the existing 11 DLDCs. Although one additional DLDC was recently created to fill an identified gap in geographic availability, the interviewee shared that there is not adequate funding to further expand these programs. Existing DLDCs do not receive adequate state funding and often use their own funding to sustain their programs. DOR contracts with an organization to operate DLDCs, but this contracting model yields concerns over the security and sustainability of the funding. Without secure or sustainable funding, it is difficult for the contracted organization to invest further in DLDCs and for DLDCs to purchase the quantity and variety of DME needed to support their communities. A few interviewees highlighted the potential downstream effects on access to DME. While waiting for new equipment or adaptations to existing or broken equipment, their conditions may deteriorate, or they may experience falls or other adverse medical events that result in higher care needs or more costly care. Even if DME is available, one ILC shared that they commonly see middle-income participants struggling to access DME because it is often not covered by insurance other than Medi-Cal.



"There's an actual economic benefit I think to be realized if you get people the services they need as soon as they need them so that they don't have deterioration or other effects from not having what they need."

—Expert on ILCs

H.4. Fall prevention services

The only fall prevention service included in the inventory was the Dignity at Home Fall Prevention Program overseen by CDA. Its mission is to reduce the number of debilitating falls suffered by older adults and persons with disabilities. Individuals are eligible for the program if they have a disability or are 60 years or older, have an adjusted household income no greater than 80 percent of the area median income, and have fallen, are at a risk of falling, or at a risk for institutionalization. The program offers several services, including fall prevention information and education; referrals and provision of fall and injury prevention resources; in-home environmental assessments; instruction on behavioral, physical, and environmental aspects of fall prevention; purchase of injury prevention equipment, services, materials, and labor; and home modifications. In state fiscal year 2023 (July 2022 – June 2023), 654 participants received purchases of fall prevention equipment (for example, durable medical equipment, electrician services, eye exams and eye glasses, flooring repairs, and grab bars), and 6,362 participants received fall prevention services (for example, in-home assessments, home modifications, information presentations, instructions on aspects, educational documents, and referrals to other resources).

H.5. Mental and behavioral health services

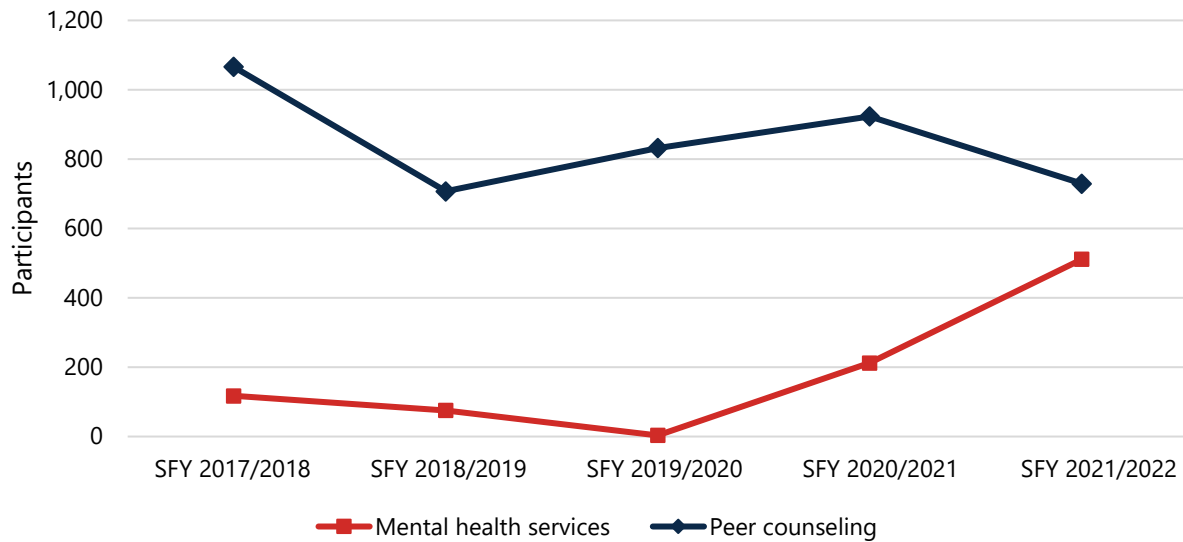
Mental and behavioral health services include screening, assessment, treatment, and referrals related to mental and behavioral health not covered by Medicare or Medi-Cal. These may include substance use disorder peer support, mental health support, behavioral health support, and crisis interventions.

Utilization of mental and behavioral health services

Mental and behavioral health services for older adults

AAAs can deliver mental health services and peer counseling to individuals ages 60 and over. Mental health services include screening, assessment, therapy, counseling, follow-up, and referrals to maintain or improve the mental health of older individuals. They must be provided by a licensed health professional or by a paraprofessional supervised by a licensed health professional. Peer counseling uses the skills and/or life experiences of trained volunteers, under qualified supervision, to provide advice, guidance and support in a self-help approach in order to enhance well-being and enable participants to make informed choices. Both mental health services and peer counseling enrollment increased during the COVID-19 pandemic; however, delivery was still not common (Exhibit H.6). Two AAAs (PSAs 17 [Santa Barbara, San Luis Obispo] and 18 [Ventura]) delivered mental health services to a total of 367 participants in FFY 2020/21. Four AAAs (PSAs 3 [Butte, Colusa, Glenn, Tehama], 13 [San Benito, Santa Cruz], 18 [Ventura], 28 [Napa, Solano]) delivered peer counseling services in FFY 2020/21 to a total of 950 participants (exhibit not shown).

Exhibit H.6. Number of AAA participants who used mental health services in California, SFY 2017/18 to SFY 2021/22



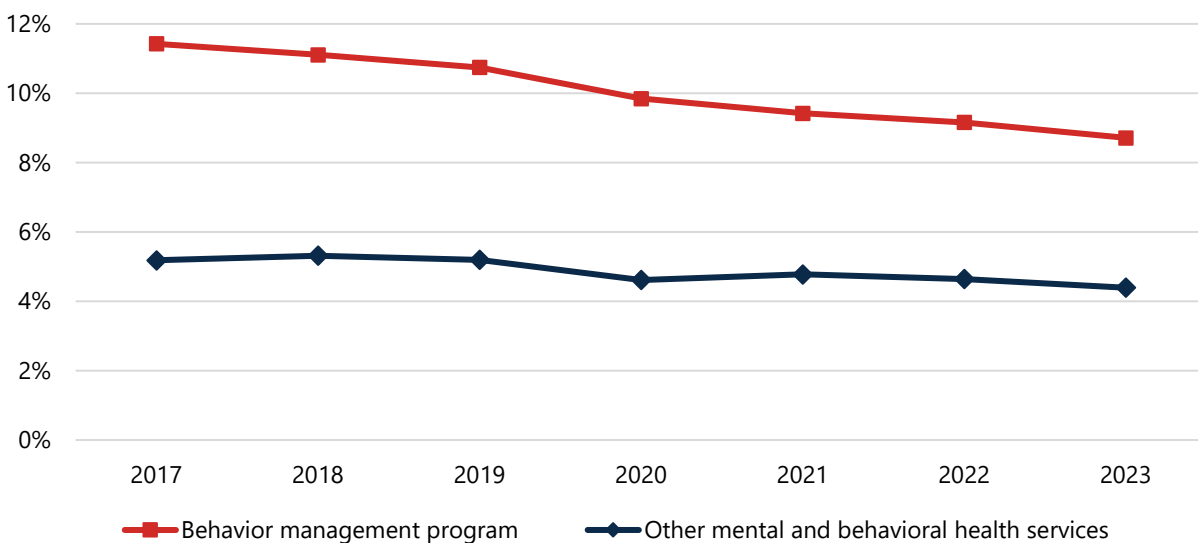
Source: Mathematica analysis of SFY 2017-2022 California Aging Reporting System data from the Older Americans Act Performance System; data provided by the California Department of Aging (August 2023).

Note: States are not required to report unduplicated client counts for mental health services and peer counseling. State Fiscal Year (SFY) data are from July 1 to June 30 of the relevant years.

Mental and behavioral health services for people with disabilities

Regional Centers may deliver several mental and behavioral health services to individuals with disabilities, including art therapists, dance therapists, music therapists, behavior management programs, clinical psychologists, counseling services, crisis intervention, crisis intervention facility/bed, crisis team – evaluation and behavioral intervention, community crisis home individualized services and supports, educational psychologists, enhanced behavioral supports home – individual services, psychiatric technicians, psychiatrists, and psychology services. As shown in Exhibit H.7, behavior management programs were the most common; however, participation decreased from 11.42 percent of all Regional Center participants in 2017 to 8.71 percent in 2023. Participation in all other mental and behavioral health services remained consistently under 6 percent from 2017 to 2023.

Exhibit H.7. Percent of Regional Center participants ages 18 and older using mental and behavioral health services between CY 2017 and 2023

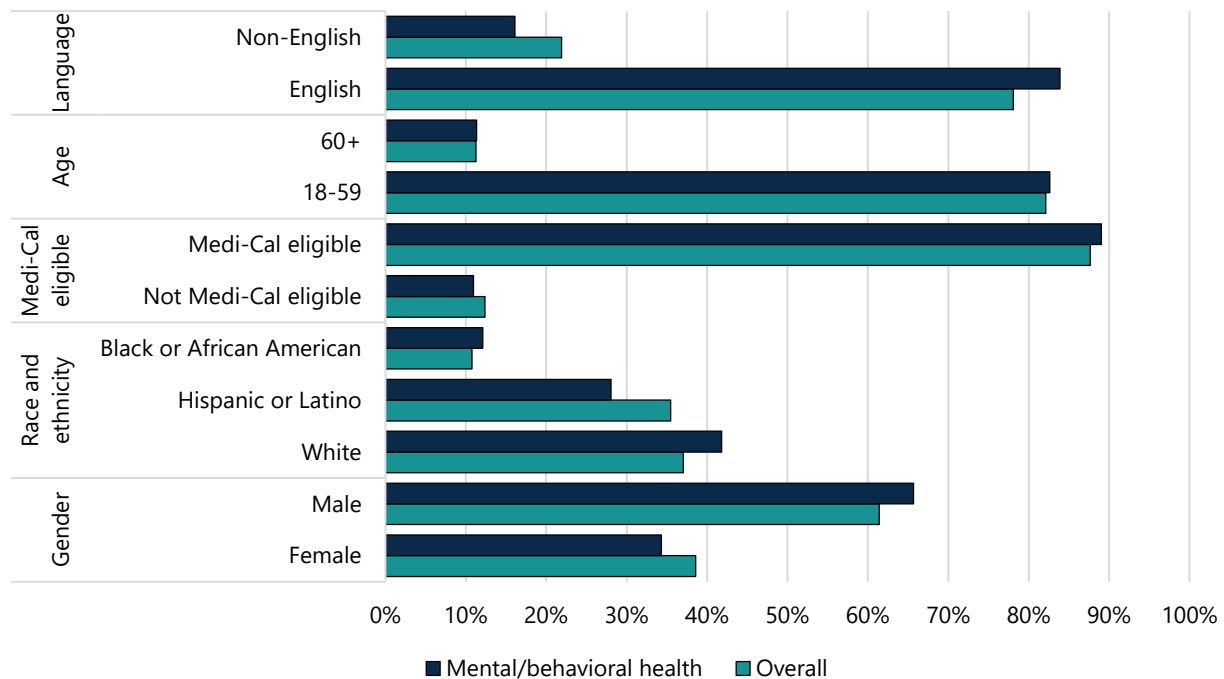


Source: Mathematica analysis of Regional Center data provided by the California Department of Developmental Services. Analysis conducted in May 2024.

Notes: Other mental and behavioral health services include art, dance, or music therapists, psychologists, counseling services, crisis intervention, crisis intervention facility/bed, crisis team – evaluation and behavioral intervention, community crisis home individualized services and supports, educational psychologists, enhanced behavioral supports home – individual services, psychiatric technicians, psychiatrists, and psychology services. Calendar Year (CY) data are from January 1 to December 31.

Demographics of Regional Center participants who used any mental and behavioral health service in 2023 were slightly different compared to demographics of all Regional Center participants (Exhibit H.8). Fewer mental and behavioral health services participants were female (34.3 percent vs. 38.6 percent), Hispanic or Latino (28.1 percent vs. 35.5 percent), and non-English speakers (16.1 percent vs. 21.9 percent), compared to all Regional Center participants.

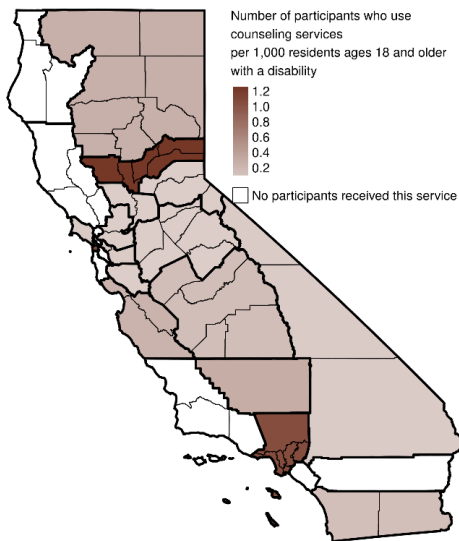
Exhibit H.8. Demographics of Regional Center participants ages 18 and older using mental and behavioral health services in CY 2023



Source: Mathematica analysis of Regional Center data provided by the California Department of Developmental Services. Analysis conducted in May 2024. CY (Calendar Year) data are from January 1 to December 31.

ILCs can provide several mental and behavioral health services to individuals with disabilities, including counseling and related services and mental restoration services. Counseling and related services include information sharing, psychological services of a non-psychiatric, non-therapeutic nature, and related services. Twenty-one ILCs delivered counseling and related services, serving between 0.005 (Disability Resources Agency for Independent Living) to 1.24 (FREED Center for Independent Living) participants per 1,000 residents ages 18 and over with a disability (Exhibit H.9). At one ILC, less than 50 percent of participants who requested counseling and related services received them (Silicon Valley Independent Living Center [16.67 percent]).

Exhibit H.9. Number of ILC participants who used counseling services per 1,000 residents ages 18 and older with a disability, FFY 2021/22



Source: Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles (April 2024), downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living>; the number of individuals ages 18 and older with a disability was estimated using American Community Survey data. See Appendix A for more information.

Notes: FFY data are from October 1 to September 30 of the respective year.

FFY = federal fiscal year.

Mental restoration services include maintenance of psychotropic medication, psychological services, and treatment management for substance abuse. Eight ILCs delivered mental restoration services, serving a total of 219 participants. Ninety-eight percent of those who requested the service received it.

Mental and behavioral health services gaps

Mental health services are unequally available, underfunded, and difficult to access. Interviewees discussed a need for improved access to mental health services for older adults, people with disabilities, and caregivers, especially given the pandemic's negative impact on mental health. While health insurance is the primary payer for mental and behavioral health services, some non-Medi-Cal HCBS providers offer or coordinate access to community-based mental health services (California Department of Developmental Services, n.d.; Family Caregiving Institute, 2023). An expert on rural aging issues shared that while telehealth offered opportunities to improve mental health access in rural communities, limited

phone reception and reliable internet presented barriers to virtual mental health service use for rural residents. An expert on LGBTQ+ aging issues identified a need for improved psychiatric emergency response services for older adults with mental health needs or dementia. Several interviewees noted that mental health resources are difficult to find and often have restrictive eligibility criteria or are not covered by insurers. Some AAAs and CRCs offer an evidence-based mental health program for older adults called Program to Encourage Active, Rewarding Lives (PEARLS), but this program is not available in many counties.

Greater coordination and mental health support is needed for individuals with I/DD and dementia and culturally diverse communities.

Interviewees noted that accessing appropriate mental health services is especially complex and challenging for individuals with overlapping diagnoses, including people with dementia or IDD who also have mental health needs. For people with dementia, mental health needs may be mistaken for dementia symptoms, or dementia symptoms may be inappropriately treated as psychiatric problems. A Regional Center representative discussed the difficulty of providing needed services to individuals with IDD and mental health needs, as Regional Centers are not funded or equipped to provide mental health services. Regional Centers may secure mental health services for individuals with IDD through external mental health providers to prevent institutionalization, but this is rare and done on an ad hoc basis. An expert on rural aging issues also noted that cultural differences may present barriers to mental health service access.



[Mental health services are] kind of mission creep because all of the services [Regional Centers] fund have to be directly related to the qualifying condition, and no mental health diagnosis is a qualifying condition. So, if you have autism and you also have a co-occurring diagnosis of schizophrenia and you can't get any help, we will try to assist with access if the mental health is proving a barrier to stable community placement... but we don't have like a parallel mental health system."

—Regional Center representative

Appendix I.

Detailed Analysis of Housing Programs

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Background

Exhibit I.1. Categories of housing programs and housing-related services

Category	Description	Number of programs or services
Housing supply	Programs that use public dollars to subsidize the creation or preservation of new affordable and accessible housing, as well as programs that provide operating subsidies that make it possible to increase the supply of extremely low-income housing.	10
Housing financial assistance	Programs whose primary aim is to provide individuals financial support to pay for housing costs. These programs provide financial support to help people stay in their housing and/or help people access new housing opportunities in neighborhoods that would otherwise be too expensive.	9
Support for people experiencing or at risk of homelessness	Programs that help people experiencing homelessness with any of their needs, including case management, obtaining shelter, or returning to stable housing. Programs that aim to prevent homelessness but are reserved only for those at risk of or experiencing homelessness, such as targeted rental assistance that is provided only for these groups and is not broadly available, are also categorized in this group.	44
Home repairs and modifications	Programs that support adding or repairing physical structures or aspects of the home to improve accessibility and ease of use.	3
Other housing-related services	Programs that provide other housing-related services such as advocacy or housing navigation support.	11

Exhibit I.2. Housing programs included in quantitative and qualitative analyses

Program	Details	Eligibility ^f	Oversight and delivery
Housing supply			
Low-Income Housing Tax Credit Program (LIHTC) ^a	The LIHTC program is the largest federal program that supports the creation of new affordable housing in California and in the United States.	Households earning 50 to 60% of AMI. Some LIHTC developments also have age restrictions (typically 55+ or 62+) and/or are restricted to people with disabilities. LIHTC units may also be restricted to households earning <30% of AMI for projects which also receive project-based rental assistance provided through project-based vouchers and Section 811 PRA.	Regulator(s): <ul style="list-style-type: none"> • HUD • IRS • TCAC • HFA Provider(s): <ul style="list-style-type: none"> • Private market landlords
Project-based vouchers (PBV) ^{a,b}	The project-based voucher program is a component of the Housing Choice Voucher program that provides project-based rental assistance for developments that restrict eligibility to lower income households. Project-based voucher units in California are typically built through the LIHTC program.	Households earning <80% of AMI.	Regulator(s): <ul style="list-style-type: none"> • HUD Provider(s): <ul style="list-style-type: none"> • PHAs

Program	Details	Eligibility ^f	Oversight and delivery
Public Housing	The public housing program is the oldest, and until relatively recently, was the largest subsidized housing program in the United States. It consists of publicly owned housing units, a large share of whom house very low-income older adults.	Within each PHA, at least 40 percent of units must be allocated to households earning <30% of AMI. The remainder may be allocated to households earning <80% of AMI.	Regulator(s): • HUD Provider(s): • PHAs
Section 202 ^b	The Section 202 program is the oldest and largest federal program designed exclusively for housing older adults. Similar to the project-based voucher program, it provides both capital advances to assist developers with the construction, rehabilitation, or acquisition of properties and project-based rental assistance. Many Section 202 units in California are also built through the LIHTC program.	Adults 62 and over with earnings <50% of AMI.	Regulator(s): • HUD Provider(s): • Non-profit developers
Section 811 Project Rental Assistance Contract (PRAC) ^b	Section 811's PRAC program provides both capital grants to subsidize the construction, rehabilitation, or acquisition of housing and Project Rental Assistance Contracts (PRAC) that provide project-based rental assistance to housing developments that serve eligible people with disabilities.	People ages 18 to 61 with at least one severe disability (mental, physical, or cognitive) with incomes <50% of AMI.	Regulator(s): • HUD Provider(s): • Non-profit developers
Section 811 Project Rental Assistance (PRA) ^b	The Section 811 PRA program provides project-based rental assistance to housing developments that house eligible non-elderly people with disabilities. All PRA units must be built through the LIHTC program.	Medi-Cal members with incomes < 30% of AMI who also have a disability, are between 18 and 61, and have resided in a long-term health care facility for at least 60 days and desire to return to community living or are at risk of institutionalization.	Regulator(s): • HUD & HHS Provider(s): • CalHFA, DHCS, HCD, DDS, and TCAC
Housing financial assistance			
Tenant-based vouchers ^c	Tenant-based vouchers are the second component of the Housing Choice Voucher program and provide rental subsidies to low-income households living in private, market-rate housing.	Households earning 30 to 50% of AMI. Within each PHA, 75% of vouchers are reserved for households earning under 30% of AMI while the remaining may be given to households earning up to 50%. Families with incomes up to 80% of AMI may be eligible if they have been displaced by a public housing demolition or the expiring affordability of a PBV unit.	Regulator(s): • HUD Provider(s): • PHAs

Program	Details	Eligibility ^f	Oversight and delivery
Support for people experiencing or at risk of homelessness			
Emergency shelter ^d	Shelter beds provide temporary refuge for people experiencing homelessness. Shelters may receive funding from various sources and be provided by a wide range of organizations. Most though not all shelters are affiliated with the local Continuum of Care program.	Any person experiencing or at risk of homelessness is eligible for unrestricted shelter beds. Certain beds are reserved for specific populations such as veterans, youth, or households with children.	Regulator(s): • HUD Provider(s): • CoCs, various organizations
Safe haven	Safe havens are a form of supportive housing that pairs intensive services and shelter beds for people experiencing homelessness who have a serious mental illness.	Safe haven beds are reserved for people experiencing homelessness with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services.	Regulator(s): • HUD Provider(s): • CoCs, various organizations
Transitional Housing ^e	As one of the elements of the Continuum of Care (CoC) program, Transitional Housing (TH) is designed to help people exit homelessness by providing temporary housing with supportive services for people experiencing homelessness. Participants in TH must stay at least one but no more than 24 months.	Determined locally based on coordinated entry prioritization score, or the Vulnerability Index – Service Prioritization Decision Analysis Tool (VI-SPDAT).	Regulator(s): • HUD Provider(s): • CoCs, various organizations
Rapid re-housing (RRH) ^e	As one of the elements of the Continuum of Care (CoC) program, RRH is designed to help people exit homelessness by providing permanent housing for people who previously experienced homelessness. In this context, permanent housing refers to housing without a pre-designated length of stay.	Determined locally based on coordinated entry prioritization score, or the Vulnerability Index – Service Prioritization Decision Analysis Tool (VI-SPDAT).	Regulator(s): • HUD Provider(s): • CoCs, various organizations
Permanent Supportive Housing (PSH) ^e	As one of the elements of the Continuum of Care (CoC) program, PSH provides housing and services for people who previously experienced homelessness with complex medical, mental health, and/or substance use needs. Though PSH is considered permanent housing because it does not pre-specify a length of stay, most people leave PSH for other types of housing once they have stabilized.	People experiencing homelessness with complex medical, mental health, and/or substance use issues. Unit allocation is determined locally based on coordinated entry prioritization score, or the Vulnerability Index – Service Prioritization Decision Analysis Tool (VI-SPDAT).	Regulator(s): • HUD Provider(s): • CoCs, various organizations

^a These programs are sometimes referred to as place-based or project-based subsidies because they are tied to a specific building or development. The subsidies for these kinds of projects cannot be transported if a tenant leaves the development.

^b Project-based rental assistance are subsidies paid to property owners to cover the difference between tenant rents (set at 30% of tenant income) and the contract rent of those units.

^c Tenant-based vouchers are tied to the tenant and can be transported from one unit to another if the tenant relocates to a new home.

^d Emergency shelter beds are often but not always associated with the Continuum of Care program.

^e Various programs, including the Homekey program, may be used to fund the construction and maintenance of these units in California (Reid et al. 2022).

Note: As Appendix I.7 shows, actual tenant incomes are substantially lower than eligibility limits imply. Acronyms in this table are defined as follows: Area Median Income (AMI), Public Housing Authority (PHA), Continuum of Care (CoC), Department of Housing and Urban Development (HUD), Department of Health and Human Services (HHS), Internal Revenue Service (IRS), California Tax Credit Allocation Committee (TCAC), Housing Finance Agency (HFA), Department of Health Care Services (DHCS), Department of Housing and Community Development (HCD), Department of Developmental Services (DDS).

I.1. Key housing programs

Public housing

The public housing program is the oldest and was, until relatively recently, the largest subsidized housing program in the United States. Originally introduced as part of the New Deal, the Housing Act of 1937 authorized PHAs to issue bonds to finance the construction of publicly owned housing for households with very low incomes. When it was originally conceived, the cost of operating and maintaining these buildings was meant to be funded by tenant rental payments (Schwartz 2021). The production of new public housing units steadily increased through the 1980s before stagnating and declining thereafter.

Many reasons contributed to this decline, including ineffective management and policies that concentrated many public housing residents in poverty and developments whose buildings were in major disrepair (Turner et al. 2009). Many public housing policies also segregated affordable housing by race, laying the foundation for the continued segregation of affordable housing participants that persists today (Rothstein 2017).

By the 1990s, public housing was largely regarded as a failure and resources shifted instead to the preservation, redevelopment, or demolition of existing units. Since then, the stock of public housing units has either remained stagnant or declined throughout the country and federal policy shifted largely towards tenant-based vouchers under the Housing Choice Voucher program. Today many units continue to be replaced with tenant-based vouchers through programs such as HOPE VI and the Rental Demonstration Assistance program (Collinson et al. 2015).

Housing Choice Vouchers: Project-based vouchers and tenant-based vouchers

Originally known as the Section 8 Existing Housing Program which was enacted as part of the Housing and Community Development Act of 1974, today's Housing Choice Voucher program consists of two distinct housing subsidy programs: the tenant-based voucher program and the project-based voucher program.

Tenant-based vouchers

Tenant-based vouchers provide financial subsidies to households earning up to 30 percent of AMI looking to live in housing that already exists on the private market.⁶ Vouchers, which are allocated by local PHAs, subsidize market-rate housing costs by paying the difference in rent between 30 percent of that household's adjusted income and the local Fair Market Rent (FMR).

Because they provide financial subsidies directly to the tenant, tenants receiving a voucher may transport that subsidy with them if they relocate to a new unit. Reforms to the Housing Choice Voucher program introduced under the Quality Housing and Work Responsibility Act of 1998 allowed voucher holders to

⁶ The program initially provided financial subsidies to households earning up to 80% of AMI that paid the difference between 25% of a family's adjusted income (Schwartz 2021).

transport a tenant-based voucher anywhere in the United States (e.g., a household receiving a voucher from the Boston Housing Authority could take that voucher to Minneapolis, San Francisco, or anywhere else in the United States). Though vouchers may be used in private market housing, units must be inspected by HUD to ensure that they meet health and safety standards (Schwartz 2021).

Project-based vouchers

Project-based vouchers (sometimes referred to as “Project-based Section 8”) are a component of a PHA’s Housing Choice Voucher program introduced under the Quality Housing and Work Responsibility Act of 1998 (Schwartz 2021). Unlike tenant-based vouchers, project-based vouchers are “place-based” subsidies that are tied a specific housing unit whose landlord has contracted with a PHA to rent that unit to a low-income household. Families receiving project-based vouchers contribute 30 percent of their income to rent while the remainder of the contract rent value is covered by the voucher (Center on Policy and Budget Priorities, 2024).

Because participation is voluntary, not all PHAs participate in the project-based voucher program. Typically, a PHA can use up to 20 percent of its total voucher allocation towards project-based vouchers, with the rest going toward tenant-based vouchers. Project-based vouchers are frequently combined with LIHTC funding and other funding sources (Colburn et al. 2024). These units can therefore be understood as a subset of the LIHTC program where tenants receive a steeper subsidy such that rents are affordable for those earning less than 30 percent of AMI, rather than LIHTC’s typical threshold of 50 to 60 percent of AMI.

Low-Income Housing Tax Credit

Created by the Tax Reform Act of 1986, the Low-Income Housing Tax Credit (LIHTC) program incentivizes the construction or rehabilitation of affordable rental housing by allocating tax credits to developers who propose to qualified projects. Today, LIHTC is the primary means through which affordable housing is produced throughout the United States (Schwartz 2021).

A project can qualify for these tax credits if at least 20 percent of its units are reserved for tenants with incomes at or below 50 percent of area median income (AMI) or if at least 40 percent of its units are reserved for tenants with incomes at or below 60 percent of AMI (Ellen et al. 2015). In practice, the vast majority of LIHTC units are composed almost entirely of affordable units (Collinson et al. 2015).

Tax credits are allocated to projects in two stages each year. First, the federal government allocates a limited number of tax credits (valid for a 10-year period) to states on a per capita basis. Then, state allocating agencies issue those credits to developers through a competitive bidding process. To allocate these credits, state agencies issue a Qualified Allocation Plan (QAP) that provides guidance to developers on project scoring criteria. Some of these criteria are set by HUD while others are set by the state. For example, HUD requires all QAPs to prioritize projects that serve the lowest income households and the longest period of affordability (LIHTC units are currently only required to remain affordable for a minimum of 30 years, though projects may be affordable for a longer period) (Schwartz 2021).

Note that though the Department of Housing and Urban Development (HUD) sets the rules for LIHTC program, the Internal Revenue Service (IRS) oversees it given that the program allocates tax credits.⁷

Section 202

The Section 202 program is the largest federal program designed to house older adults. Similar to the project-based voucher program, it provides both capital advances to assist developers with the construction, rehabilitation, or acquisition of properties as well as Project Rental Assistance Contracts (PRAC), that provide subsidies that help cover the difference between tenant rents (set at 30% of tenant income) and the total operating costs of those properties (Libson 2013). Since the 1990s, the Section 202 program has also allowed developers to layer in additional sources of funding to support development costs, such as through those provided by the LIHTC program. This layering is an important feature as Section 202 capital funding alone is now not typically sufficient to cover the total cost of producing senior housing (Haley and Gray 2008; Libson 2013). Section 202 funds can also be used to fund assisted living services for the residents of existing properties and to fund emergency repairs for federally assisted senior properties (Libson 2013).

Section 811 PRAC and PRA

Until the 1990s, the Section 202 program housed both older adults and people with disabilities. Recognizing that these two populations have differing needs, the National Affordable Housing Act of 1990 introduced the Section 811 Supportive Housing for Persons with Disabilities Program to provide supportive housing for non-elderly people with disabilities alone. Today there are two Section 811 programs that assist low-income non-elderly people with disabilities, which differ in several key ways.

The Section 811 Capital Advance and Project Rental Assistance Contracts (PRAC) program is the primary program that produces affordable housing exclusively for non-elderly people with disabilities. Similar to the Section 202 program, the PRAC program provides interest-free grants that support affordable housing development and project-based rental assistance that subsidizes the difference in operating costs between tenant rent contributions and the total operating costs of the program's properties. PRAC properties consist entirely of units restricted to low-income non-elderly people with disabilities earning under 50 percent of AMI. Properties are also typically developed and operated by nonprofit sponsors, who are then required to offer residents community-based services, which they can access on a voluntary basis (Vandawalker et al. 2020).

In 2011, the Frank Melville Supportive Housing Act of 2011 also authorized the Section 811 Project Rental Assistance (PRA) program, which provides project-based rental assistance to projects for which up to 25 percent of units are set aside for extremely low-income people with disabilities between the ages of 18 and 61 earning under 30 percent of AMI (who are eligible for Medi-Cal-funded HCBS). Unlike PRAC, PRA does not provide capital grants and must be used for projects that are built using other sources of funding such as the LIHTC program. In California, the program is also restricted to people in this group who have resided in a long-term health care facility for at least 60 days and would like to return to

⁷ It is worth noting that LIHTC projects are not subject to the same level of community opposition characteristic of other affordable housing project proposals, which may have helped the program produce more units than it otherwise could have. Moreover, because of the ways that data are collected, there is relatively little research about the tenants of LIHTC developments when compared to other programs (Ellen et al. 2018).

community living or are at risk of institutionalization and are enrolled in the California Community Transitions (CCT) Project (CalHFA Section 811 Rental Assistance). By mixing a maximum of 25 percent of units for people with disabilities, the goal of the PRA program was to support the integration of housing for people with disabilities with housing for other non-disabled individuals. The PRA also aims to foster collaboration between state health and housing agencies, and in California is administered via a partnership between CalHFA, DHCS, HCD, DDS, and TCAC. According to an interview with representatives from CalHFA and HCD, PRA offers supportive services in the form of HCBS funded by Medi-Cal.

Box I.1. How are income limits set for housing programs?

Area Median Family Income, more commonly referred to as **Area Median Income (AMI)**, is the benchmark against which HUD determines the income limits for its means-tested programs.^a This figure is calculated each year and varies both by household size and the region – or Fair Market Rent (FMR) Area^b – in which potential participants live. Income thresholds are then set as a percentage of AMI (HUD Methodology for calculating income limits, Fiscal Year 2024).

In California, these limits are then adjusted by the Department of Housing and Community Development (HCD) and grouped into the following categories:

- Acutely low income: 0 - 15% of AMI
- Extremely low income: 15 - 30% of AMI
- Very low income: 30 - 50% of AMI
- Lower income:* 50 - 80% of AMI
- Moderate income: 80 - 120% of AMI

Because limits are set by FMR Area, **income limits vary across California’s regions** such that the same household may qualify for an extremely low-income unit (at 30 percent of AMI in one region) but not in another. To illustrate this variability and to benchmark limits against other programs, the table below summarizes the most common income limits^c for a one-person household in the regions HCD identified as having the highest (Santa Clara) and the lowest (represented by many rural counties^d) median household incomes in 2023.^e

Income limit	Highest income county	Lowest income counties	Other program income limits**	Other program payments
30% of AMI	\$37,450	\$17,350	Medi-Cal: \$20,783	SSI: \$10,968
50% of AMI	\$62,450	\$28,900	SSI: \$24,000	SSDI: \$17,640 (\$29,520 for blindness)
80% of AMI	\$96,000	\$70,650	SSDI: \$6,650	

As this table illustrates, a household with a \$20,000 yearly income would qualify for a unit at 30% of AMI in Santa Clara, but not in Del Norte, where they would only qualify for units under 50 percent or 80 percent of AMI. Thus most, but not all, Medi-Cal beneficiaries and people relying exclusively on Social Security Disability Insurance (SSDI) are likely to qualify for extremely low-income units, while the same is always true for a one-person household exclusively relying on Supplemental Security Income (SSI) payments.

Sources: [HCD income limits](#), [Department of Health Care Services Medi-Cal limits](#), [Social Security Administration SSI eligibility](#), [SSA SSDI eligibility](#), [SSI/SSDI monthly payment maximums](#). Note that local jurisdictions have the authority to adopt their own income limits, so actual numbers within counties may differ from those included here. See for example the [City of SF, 2023 income limits](#) which differ from [HCD’s income limits](#) for the same year (San Francisco Mayor’s Office of Housing and Community Development 2023). The figures in this table are included only for illustrative purposes that these county limits may not be applied do not uniformly apply to all regions within that county. More information on income limits can be found at [HCD income limits, Fiscal Year 2023](#) and on the [Department of Housing and Urban Development \(HUD\) income limits calculator](#).

^aThis term is also used to refer to all categories under 80% of AMI.

^{**} Some of these numbers are approximated or rounded. SSI and SSDI payments are maximums.

^a Though this measure is most commonly referred to as AMI, HUD’s measure is technically the MFI. The programs these limits apply to include the Low-Income Housing Tax Credit (LIHTC) program, the tenant-based voucher program, the project-based voucher program, Section 202 housing for the elderly, and Section 811 housing for people with disabilities (HUD 2024).

^b FMR areas, which are used to determine payment standards in HUD’s tenant-based voucher program (HUD n.d.[a]), can correspond to Metropolitan Statistical Areas (MSAs), a part of a metropolitan area, or a non-MSA county area.

^c Note that local jurisdictions have the authority to set their own limits, so actual numbers within counties may differ from those included here. For more information on HCD’s adjustment see [HCD methodology](#) (CA HCD 2023).

^d The full list includes: Del Norte, Fresno, Glenn, Humboldt, Imperial, Kern, Kings, Lake, Lassen, Madera, Mariposa, Merced, Modoc, Plumas, Siskiyou, Sutter, Tehama, Trinity, Tulare, and Yuba (CA HCD 2023).

^e As of the writing of this report, income limits from fiscal year 2023 include the most recent year for which these data are available. For comparability, all other data in this table are therefore also from 2023.

I.2. Housing program and regulatory landscape

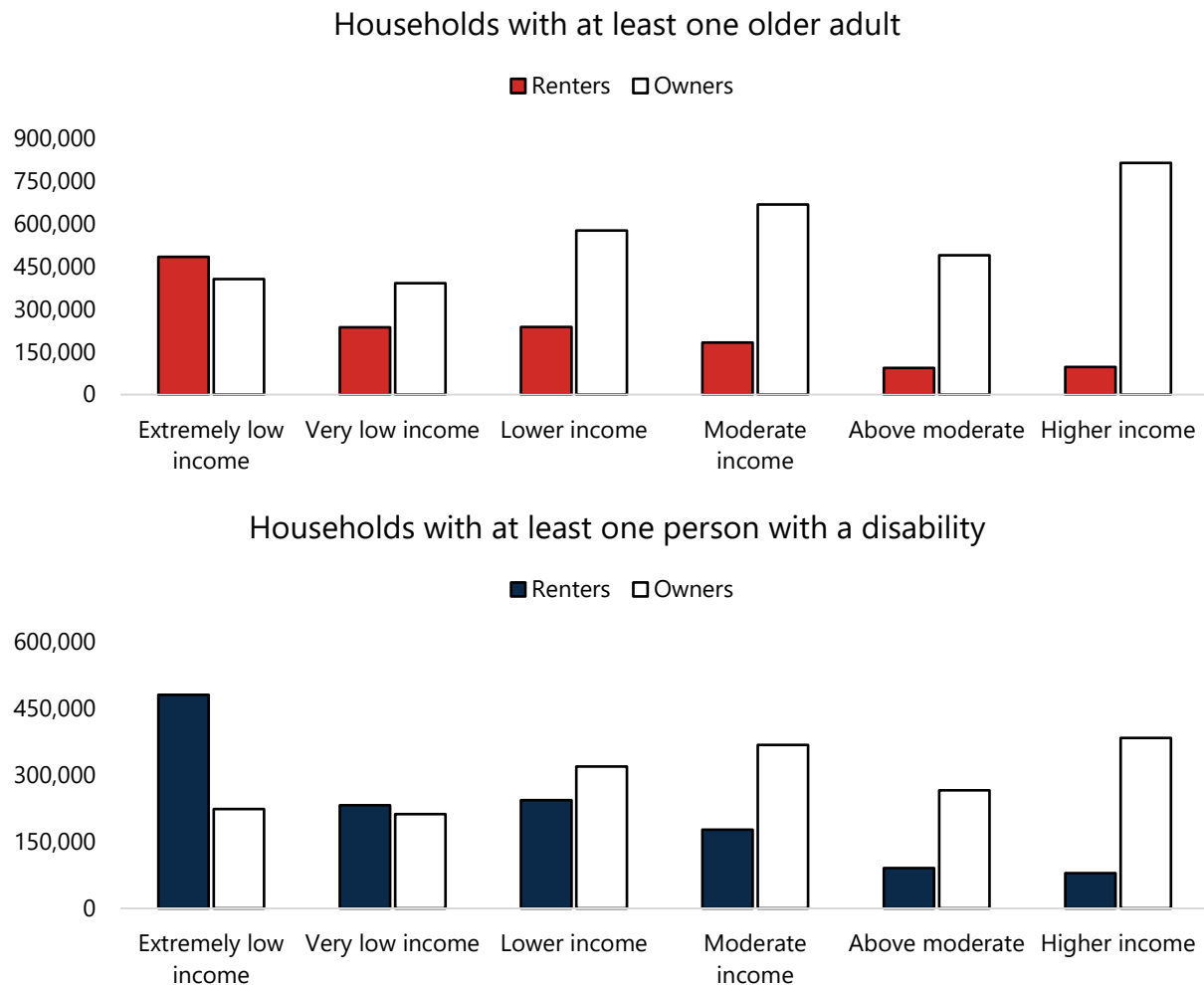
California housing policy context

Senate Bill 1380 encourages housing programs to include features that accommodate people with disabilities and promote health, community, and independence among tenants. Many housing programs in California therefore layer in supportive services which vary substantially depending on the type of program and the population being served. At a minimum, services may include an on-site case manager that refers residents to service providers on an as-needed basis. Projects, such as those under HUD's Section 202 program, may also include wrap-around support that cover a wide range of services such as transportation, housecleaning, social activities, on-site fitness centers, meal programs, and health care providers. Specific types of services and models that are relevant for both older adults and people with disabilities for linking those services to housing units is described in greater detail under *Key Housing Programs*.

I.3. Current housing arrangements and affordability needs of older adults and people with disabilities

Exhibit I.3, which depicts the distributions of households with at least one older adult (top panel) and those with at least one person with a disability (bottom panel) by income and tenure, shows that renters in both groups tend to be concentrated among lower income households – especially among households where at least one member has a disability.

Exhibit I.3. Number of households with older adults or people with disabilities by tenure and income group, CY 2022

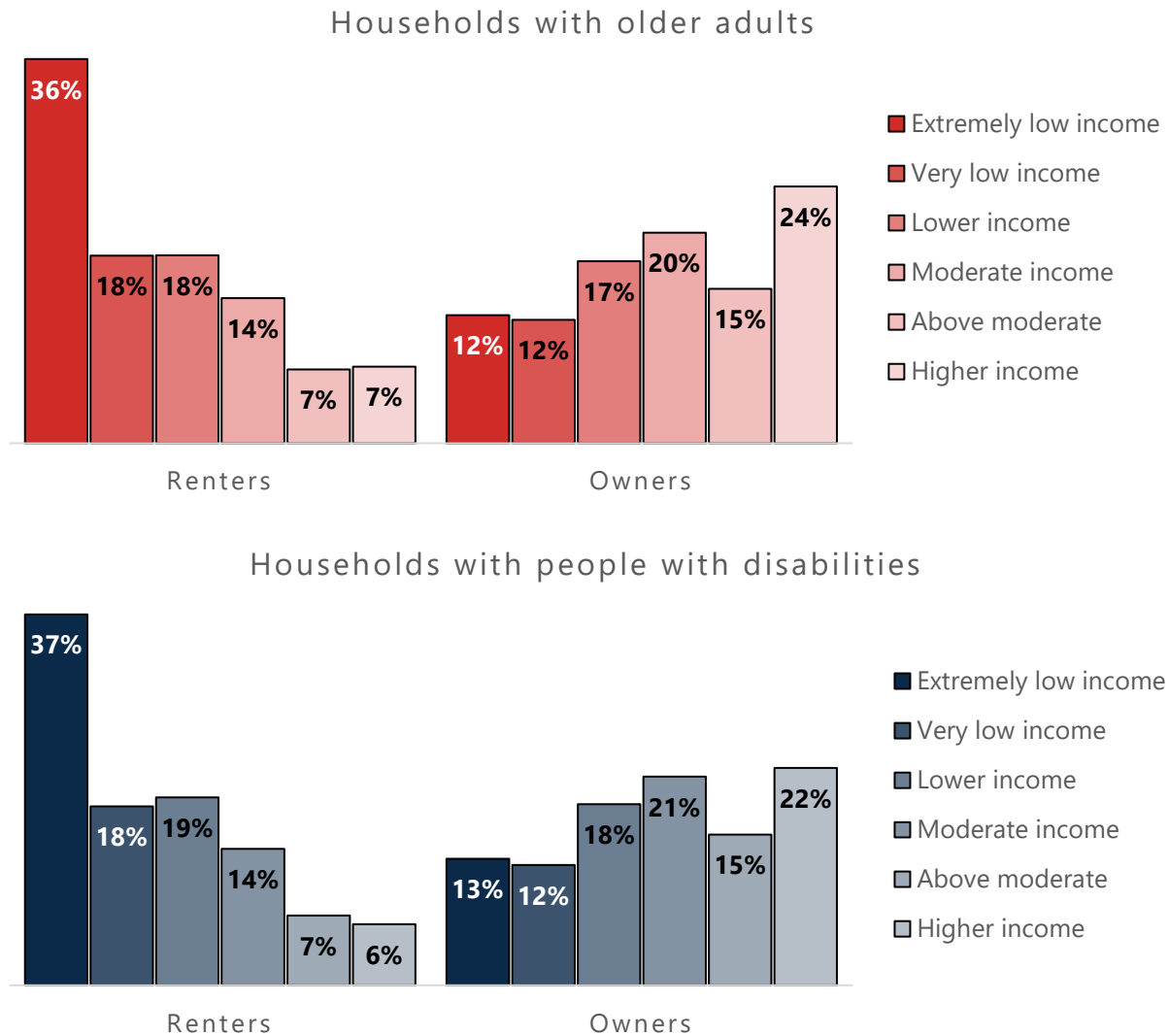


Source: Analyses are based on 5-year American Community Survey micro data estimates from calendar year 2018 to 2022: <https://usa.ipums.org/usa/>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: To align with federal housing eligibility criteria, these figures define older adults as those age 62 and older. The ACS asks about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Here, households with a person with a disability may have any one of the six. The lowest five income groups are defined according to the California Department of Housing and Community Development's income categories, which are calculated based on Area Median Family Income estimates ([HCD income limits](#)). These are broken down as follows: extremely low income (<30% of AMI), very low income (30 - <50% of AMI), lower income (50 - <80% of AMI), moderate income (80-<120% of AMI), above moderate income (120 - <166% of AMI). The sixth category contains all those earning 166 percent of AMI and over.

Exhibit I.4 shows that renter households in both groups tend to have much lower incomes than owner households. While over two thirds of renter households in both groups have low incomes and earn under 80 percent of AMI (72 percent for renter households with an older adult and 74 percent for renter households with a person with a disability), about 6 in 10 owner households have moderate to higher incomes (59 percent for owner households with an older adult and 58 percent for owner households with a person with a disability).

Exhibit I.4. Share of households in California with at least one older adult or person with a disability by income group and tenure, CY 2022



Source: Data are drawn from 5-year American Community Survey micro data estimates from calendar years 2018 through 2022: <https://usa.ipums.org/usa/>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: The first five income groups are defined according to the California Department of Housing and Community Development's income categories, which are calculated based on Area Median Family Income estimates (HCD 2023).

I.4. System capacity, utilization, and gaps in housing programs

Methods

All analyses were conducted between March and May of 2023. Data on the six largest affordable housing programs draw on publicly available data from the Department of Housing and Urban Development (HUD) while CoC data are drawn from aggregates of California's Homeless Data Integration System (HDIS) that were shared with Mathematica by BCSH and CDA. Unless otherwise indicated, all data are from the most recently available calendar year(s) at the time this report was drafted.

Where data allow, Mathematica also examined patterns of use by age, disability status, race, gender, and variation within these subgroups (e.g., racial breakdown by age).⁸ Due to data limitations, Mathematica was not able to quantitatively analyze differences across groups with different levels of English language proficiency, whether units (outside the Section 202 and 811 programs) are accessible, and the quantity or extent of supportive services provided to residents.

All figures that calculate the number of eligible renter households use 5-year American Community Survey microdata between 2018 and 2022 following the methods outlined in (Reid 2021). Because of confidentiality restrictions, microdata at the county level aren't available in the following counties: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba.

Income-eligible households in financial need are defined as those earning under 50 percent of AMI who are cost-burdened or spend more than 30 percent of their income on rent. The number of extremely low-income older adults and people with disabilities are estimated based on the number of households using ACS microdata from 2018-2022 and are restricted to households with at least one older adult 62 and over or one household member with a disability. According to these data there were an estimated 1,099,033 households with at least one older adult who earned less than 50 percent of AMI and were spending over 30 percent of their income on housing costs, 865,435 households with at least one person with a disability that earned less than 50 percent of AMI and were spending over 30 percent of their income on housing costs, totally 1,964,486 households. Excluding PBV, Section 202, and Section 811 PRA units, there are about 260,000 units left over for low-income households (earning about 30 percent of AMI but below 60 percent), which would serve 13 percent of the almost 2 million households who could qualify. These calculations include both owners and renters, but even if calculations were to only focus on renters (which comprise about 1,115,861 households), 260,000 units would only serve 23 percent of income-eligible older adults and people with disabilities in need of a unit.

⁸ Information presented varies by program due to data availability. Because of the ways that data are collected, LIHTC property records do not contain any information on tenants. We therefore only present information on the scope and distribution of units for the LIHTC program. While HUD data on the PBV, Section 202, Section 811 PRAC, and tenant-based voucher programs contain demographic information on the gender, race/ethnicity, disability status, and age groups for tenants, only HDIS data allow us to examine other important trends such as racial variation within age group. Note that age groupings in HUD data differ from census data as eligibility for age-restricted units begins at age 62. Based on this and on stakeholder feedback highlighting the importance of focusing on adults ages 50 and over, we group our analyses by ages 51 – 61, and 62+.

Exhibit I.5 describes the organizations and/or roles and areas of expertise covered by the interviewees that Mathematica spoke with.

Exhibit I.5. Qualitative interviewees and areas of expertise

Group	Areas of expertise
California Department of Social Services' Housing and Homelessness Division	<ul style="list-style-type: none"> • Project Roomkey • Housing and Disability Advocacy Program (HDAP) • Home Safe Program • CalWORKs Housing Support Program • CalWORKs Homeless Assistance
Department of Housing and Community Development (HCD, and California Housing Finance Agency (CalHFA)	<ul style="list-style-type: none"> • Home American Rescue Plan program (HOME-ARP) • Section 811 rental assistance • Affordable housing development • Funding sources
Bureau of Consumer Services and Housing (BCSH)	<ul style="list-style-type: none"> • Systems-wide homelessness prevention • Programs, funding, and services for people experiencing homelessness • Local and regional innovations
State representatives from the California Interagency Council on Homelessness (ICH)	<ul style="list-style-type: none"> • Systems-wide homelessness prevention • Programs and services for people experiencing homelessness • Grants and funding
Affordable housing developers	<ul style="list-style-type: none"> • Affordable housing financing and development • Affordable housing development, senior supportive housing development
Public Housing Authority (PHA) representatives	<ul style="list-style-type: none"> • Federal housing programs, public and publicly owned housing, housing vouchers
Continuum of Care (CoC) representatives	<ul style="list-style-type: none"> • Coordinated entry, emergency shelter, rapid rehousing, transitional housing, and Permanent Supportive Housing as well as other services for people experiencing homelessness
California homelessness and housing experts and researchers	<ul style="list-style-type: none"> • Homelessness support and prevention • Housing policy and supportive services for seniors • Housing and supportive services for people with disabilities
Corporation for Supportive Housing (CSH)	<ul style="list-style-type: none"> • Supportive services for people experiencing homelessness • Permanent Supportive Housing
Coalition on Solutions to Homelessness Among Older Adults	<ul style="list-style-type: none"> • Supportive services for older adults experiencing homelessness • Integrating supportive services with housing to support older adults exiting homelessness • Implementing Medi-Cal's section 1115 waiver for housing services
DACLAC Housing Subcommittee members	<ul style="list-style-type: none"> • Housing-related barriers to service delivery • Consumer perspectives on gaps in affordable and accessible housing

Home modifications and other housing-related programs

Exhibit I.6. Additional analyses of home modifications and other housing-related programs

Program	Dept	Service	Available utilization data
California Veterans Housing and Homelessness Prevention Program (VHHP)	CalVet	<p>The VHHP program both increases the supply of housing available to veterans and provides comprehensive case management. To increase housing, the VHHP program provides long-term loans for the acquisition, construction, rehabilitation, and preservation of affordable multifamily housing for veterans and their families to allow veterans to access and maintain housing stability.</p> <p>The VHHP program also provides comprehensive case management assessment, onsite supportive and social services, and referrals to off-site services intended to help veterans who experienced homelessness prior to housing placement to stabilize and retain their housing. In most counties, onsite services staff are typically funded by the property owner through a portion of rent proceeds left over after property maintenance and required distributions are paid. Some counties may offer funding or in-kind resources to implement case management and supportive services.</p>	<p>There are 96 VHHP projects throughout California, comprising 3,321 units.</p> <p>38 of these projects with 1,299 VHHP units are located in Los Angeles County.</p> <p>The majority of units are reserved for Permanent Supportive Housing. Eight projects (256 units) are reserved for veterans who are seniors, and 1 project (49 units) is reserved for veterans with disabilities.</p> <p>About 87 (3321 units) of these VHHP projects were also constructed using LIHTC funding.</p>
Independent Living Centers	DOR	Independent Living Centers can help people sign up with affordable housing lists and apply for Section 8 vouchers. They can help people with disabilities to understand and advocate for their right to accessible housing.	Of the 14,785 people that requested housing, home modifications, or shelter services through an Independent Living Center (ILC) in Fiscal Year 2021, 13,598 or 92 percent received the service.
Community Living Fund	DOR	CLF providers provide person-centered services, assess individuals for needs and eligibility of services, and coordinate services with other systems designed to support people with disabilities and older adults to live in the community to reduce duplication of services and improve services coordination.	50 of 58 counties have been served through the CLF.
Project Roomkey	CDSS	Project Roomkey and Rehousing Strategy gives people who are experiencing homelessness and recovering from COVID-19, or have been exposed to COVID-19, a place to recuperate and properly quarantine outside of a hospital. It also provides a safe place for isolation for people who are experiencing homelessness and at high risk for medical complications should they become infected.	As of 2020, 30 counties received grants for hotels/motels, and 23 counties and 2 Tribes received grants for trailers 62,000 participants were served in total.

Program	Dept	Service	Available utilization data
HDAP	CDSS	The Housing and Disability Advocacy Program (HDAP) was established in 2016 to assist people experiencing or at risk of homelessness who are likely eligible for disability benefits by providing advocacy for disability benefits as well as housing supports.	There were 3,204 unique individuals served throughout California in Fiscal Year 2021/22.
Home Safe	CDSS	The Home Safe program provides housing-related intensive case management, housing-related stabilization, direct financial assistance for housing, connections to longer-term supports	There were 2,897 individuals served under the Home Safe program in Fiscal Year 2021/22.
AAA Supportive Services Program	CDA	Residential repairs/modifications are modifications of homes that are necessary to facilitate the ability of older individuals to remain at home. They include minor repairs/renovations and purchases of equipment to meet safety, health issues, and code standards. Housing services provide assistance in locating adequate housing through referral or placement.	Eight PSAs reported that a total of 731 participants received residential repairs/modifications in FFY 2020/21. States are not required to report data for this service, so actual utilization is unknown. PSA 20 (San Bernardino) was the only AAA that reported providing housing services in FFY 2020/21. States are not required to report data for this service, so actual utilization is unknown.

Source: VHHP data were provided by the California Department of Veterans Affairs (CalVet) and reflect a point in time utilization as of January 10, 2024. Utilization of Independent Living Center (ILC) services overseen by the Department of Rehabilitation (DOR) are from Mathematica analysis of Center for Independent Living Annual Program Performance Report Datafiles from Fiscal Year 2021 (October 1, 2021 to September 30, 2022), downloaded from <https://acl.gov/programs/aging-and-disability-networks/centers-independent-living> in April 2024. Community Living Fund data were provided by the California Department of Rehabilitation in September 2023. Utilization data for Project Roomkey, HDAP, and Home Safe were provided by the California Department of Social Services in September 2023. Utilization data from Area Agency on Aging (AAA) services are from analysis of Federal Fiscal Year 2020 (October 1, 2020 to September 30, 2021) National Aging Program Information System data from the Older Americans Act Performance System, data provided by the California Department of Aging.

Affordable housing capacity

Exhibit 1.7 shows that most of the affordable housing units available in California are in the tenant-based voucher and LIHTC programs. Though LIHTC units that also receive funding through other programs such as the Section 202 and Section 811 PRA programs are restricted to older adults and people with disabilities, these constitute a very small proportion of the overall number of LIHTC units.

Exhibit I.7. Number of affordable housing units by program and income group in California, CY 2022

Program	Primary income group served in practice ^d	Number of units	Share of total units	Other eligibility restrictions?
Tenant-based vouchers	Extremely low income	359,098	47%	--
Public housing	Extremely low income	23,999	3%	--
LIHTC ^a	--	372,464	49%	--
Project-based vouchers	Extremely low income	102,491	14%	--
Section 202	Extremely low income	13,317	2%	Older adults
Other units for older adults ^b	Very low income	--	--	Older adults
Section 811 PRA ^c	Extremely low income	563	0%	People with disabilities
Other units for people with disabilities ^b	Very low income	--	--	People with disabilities
Other LIHTC ^b	Very low income	--	--	--
Section 811 PRAC	Extremely low income	2,533	0%	People with disabilities
Total	--	758,094	100%	--

Source: Data for Low-Income Housing Tax Credit (LIHTC) units are drawn from the Department of Housing and Urban Development's (HUD) 2022 LITHC Property Database (<https://lihtc.huduser.gov/>) while data on other HUD programs is drawn from HUD's Picture of Subsidized Households tool from calendar year 2022 (<https://www.huduser.gov/portal/datasets/assthsg.html>). All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Extremely low-income refers to those earning under 30% of AMI and very low-income refers to those earning under 50% of AMI. Because the project-based voucher, Section 202, and Section 811 PRA programs are either almost always (for project-based voucher and Section 202) or required (Section 811 PRA) to be layered on top of the LIHTC program, this section treats these three project-based rental assistance programs as subsets of the LITHC program.

^a The overwhelming majority of affordable LIHTC units are restricted for households earning 60% of AMI. An estimated 87 LIHTC projects and 3321 of these units are part of the California Veterans Housing and Homelessness Prevention program.

^b Other LIHTC units are comprised of units targeted and 183 developments also contain a subset of units reserved for people experiencing homelessness. Though the overwhelming share of these are targeted to families, Mathematica includes them here based on feedback during interviews highlighting that many of these families seek to age in place in these units, despite their family designation.

^c Section 811 PRA counts were obtained from CalHFA's website in May of 2024.

^d Because actual utilization differs substantially from eligibility, the primary income groups served are based on the income group that occupies the majority of units in practice where data are available (see Appendix I.8 for information on programs).

Exhibit I.8 shows that all of the programs for which Mathematica has occupancy data are occupied primarily by extremely low-income households, even when those programs have higher income eligibility limits. For example, though the project-based voucher program limits units to lower-income households earning up to 80 percent of AMI, 9 out of 10 units are actually occupied by extremely low-income households earning under 30 percent of AMI.

Exhibit I.8. Primary income groups eligible for affordable housing in California versus actual tenant incomes, CY 2022

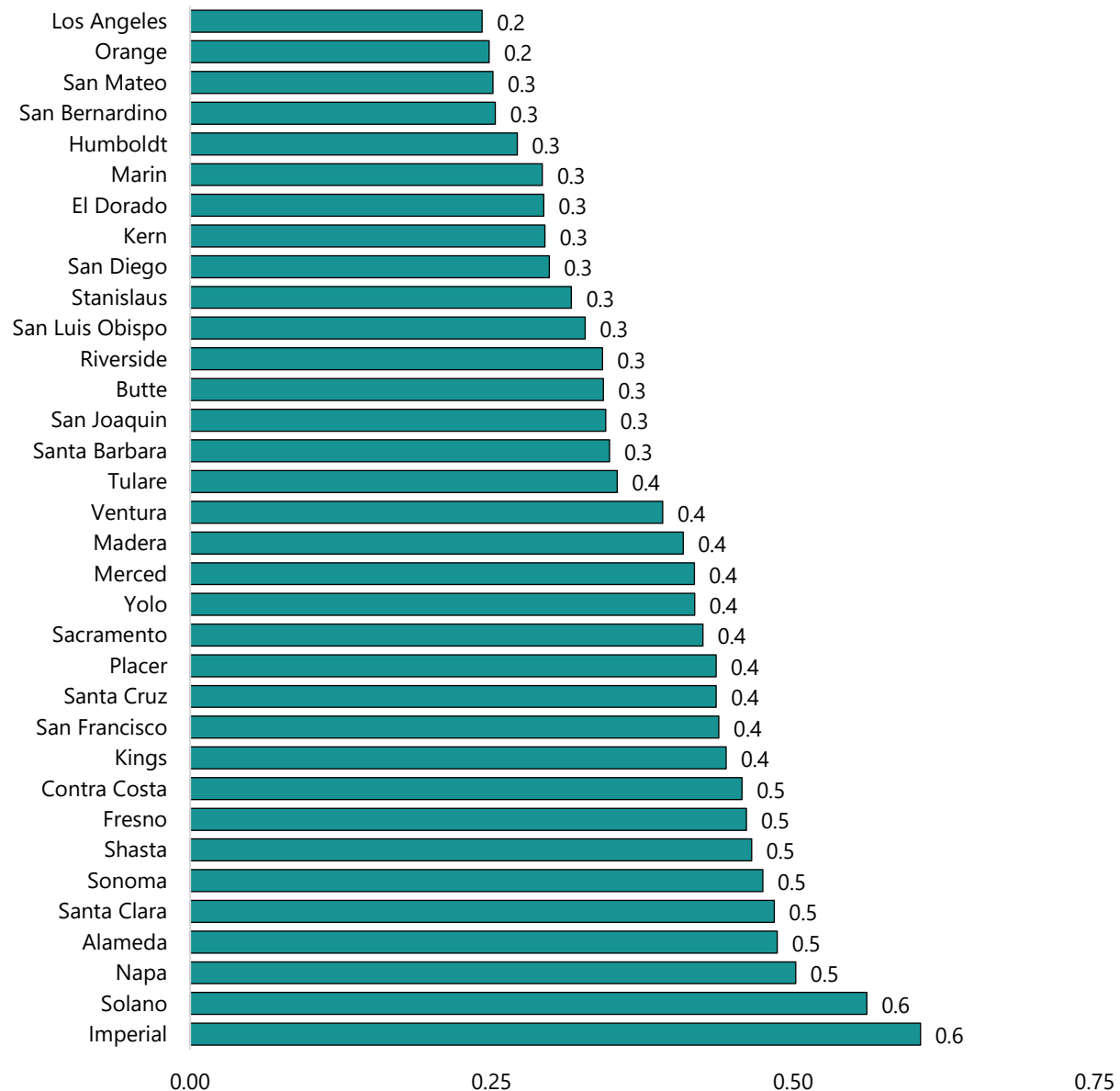
Program	Primary income group eligible for units	Share <30% of AMI	Share 30% to <50% of AMI	Share 50% to <80% of AMI	Primary income group served in practice
Tenant-based vouchers	Extremely low income	80%	15%	5%	Extremely low income
Project-based vouchers	Lower income	87%	10%	3%	Extremely low income
Public housing	Lower income	71%	18%	11%	Extremely low income
Section 202	Very low income	90%	9%	1%	Extremely low income
Section 811 PRAC	Very low income	91%	8%	1%	Extremely low income

Source: All data are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households data in calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsq.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Extremely low-income refers to those earning under 30% of AMI, very low-income refers to those earning under 50% of AMI, and lower income refers to those earning under 80% of AMI.

Exhibit I.9, which represents the ratio of the total number of HUD subsidized units available by county to the total number of income-eligible renter households earning under 50 percent of Area Median Income (AMI), shows that Los Angeles County has the lowest number of affordable units per eligible renter household while Imperial and Solano Counties have the highest.

Exhibit I.9. Ratio of HUD subsidized units to eligible renter households by county, CY 2022

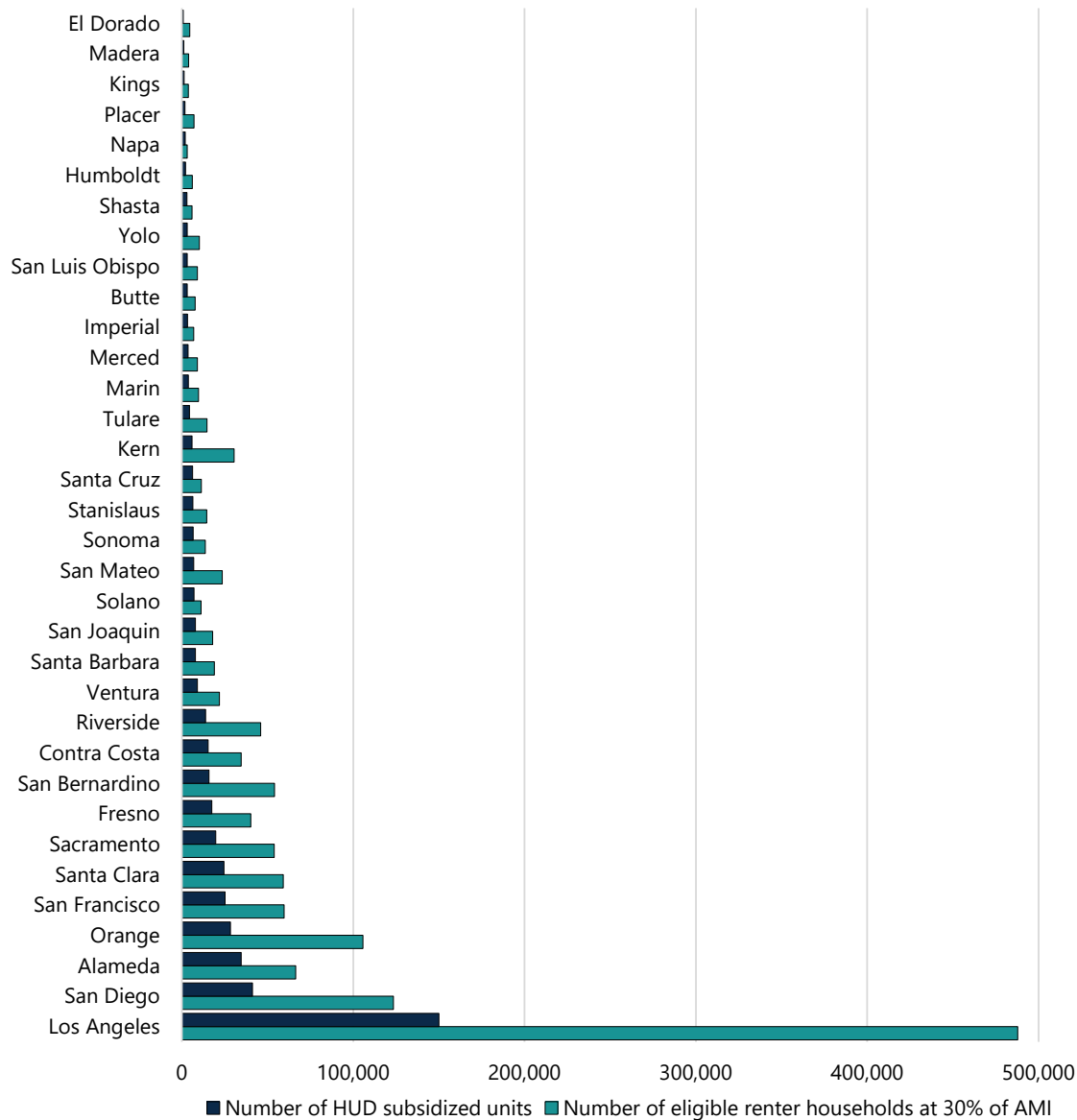


Source: Data on the number of available housing units are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households data in calendar year 2022 (<https://www.huduser.gov/portal/datasets/assthsq.html>), as well as HUD's LIHTC property database in 2022 (<https://lihtc.huduser.gov/>). Eligible renter households are calculated using 5-year American Community Survey (<https://usa.ipums.org/usa/>) microdata between 2018 and 2022 following the methods outlined in (Reid 2021). All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: HUD units that are counted towards this total include the tenant-based voucher, project-based voucher, 811 PRA, Section 202, 811 PRAC, public housing, and LIHTC programs. To avoid double counting project-based voucher, Section 202, and 811 PRA units with LIHTC units, these calculations assume that 100 percent of these units were constructed through the LIHTC program and subtracts them from the total number of LIHTC units available. Because of confidentiality restrictions, county-level microdata are not available in a subset of counties. For more detail on methods see the *Methods* section under *Appendix I: System capacity, utilization, and gaps*.

Exhibit I.10 shows that the number of income-eligible renter households exceeds the number of HUD subsidized units available to these households across all counties, though the scale of the gap is largest in Los Angeles County.

Exhibit I.10. Number of HUD units available compared to the number of eligible extremely low-income renter households by county, CY 2022

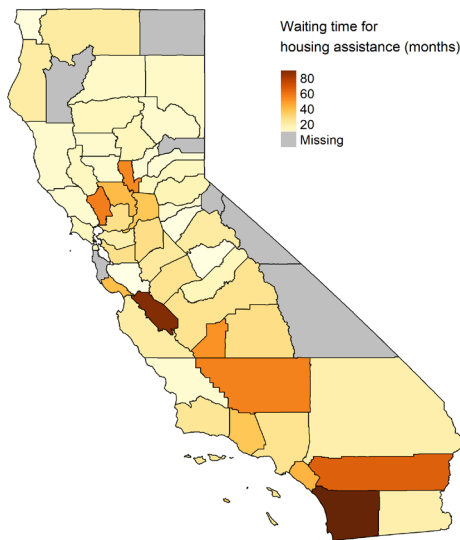


Source: Data on the number of available housing units are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households data from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsq.html>. Data on eligible renter households are calculated using 5-year American Community Survey microdata between 2018 and 2022: <https://usa.ipums.org/usa/>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Figure represents the total number of HUD subsidized units available by county through the tenant-based voucher, project-based voucher, Section 202, Section 811 PRAC, and public housing programs relative to the number of income-eligible renter households earning 30 percent of Area Median Income (AMI) in those counties. Eligible renter households at 30 percent of AMI are calculated using 5-year American Community Survey microdata following the methods outlined in (Reid 2021). Because of confidentiality restrictions, county-level microdata are not available in a subset of counties. For more detail on methods see the *Methods* section under *Appendix I: System capacity, utilization, and gaps*.

Exhibit I.11, which depicts the median wait time (in months) that participants need to wait before receiving housing assistance under the tenant-based voucher and public housing programs, shows that wait times vary substantially across counties, with San Diego and San Benito Counties having the highest wait times.

Exhibit I.11. Median wait times for receiving housing assistance under the tenant-based voucher and public housing programs by county, CY 2022

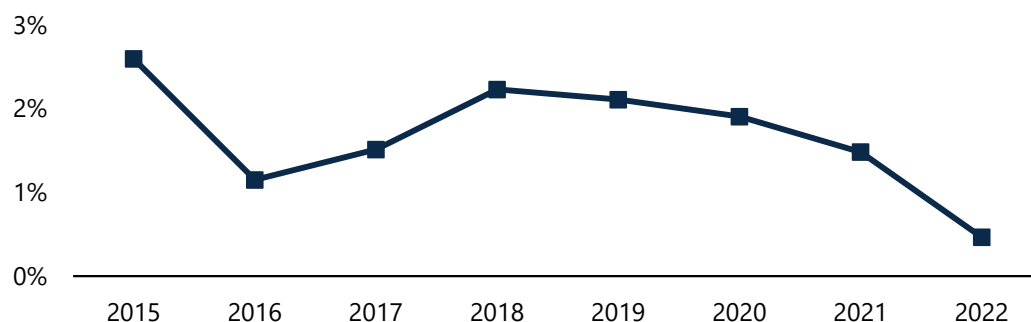


Source: Data are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsg.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Lines designate county areas. Gray represents counties with missing data.

Exhibit I.12 shows that though the overall stock of LIHTC, tenant-based voucher, public housing, and Section 811 PRAC units has continued to increase over time, the rate at which new housing units are being added has slowed in recent years.

Exhibit I.12. Percent change in affordable housing stock in California, CY 2015 – 2022



Source: Data on unit counts for all but the Low-Income Housing Tax Credit (LIHTC) program are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households counts from calendar year 2014 through 2022: <https://www.huduser.gov/portal/datasets/assthsg.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Changes in LIHTC stock over time are estimated based on the year each development was placed into service according to HUD's LIHTC property database from 2022: <https://lihtc.huduser.gov/>.

Affordable housing utilization

Older adults

Exhibit I.13 shows that a large share of units across the tenant-based voucher, project-based voucher, public housing, and section 202 programs are occupied by older adults 51 and over, especially in the project-based voucher program where over two thirds of units are occupied by a head or co-head age 62 and older.

Exhibit I.13. Share affordable housing units occupied by older adults ages 51 to 61 and 62 and older, CY 2022

Program	Share head or co-head age 51 to 61	Share head or co-head age 62 or older
Tenant-based vouchers	22%	43%
Project-based vouchers	10%	70%
Public housing	20%	34%
Section 202	--	100%
Overall	19%	50%

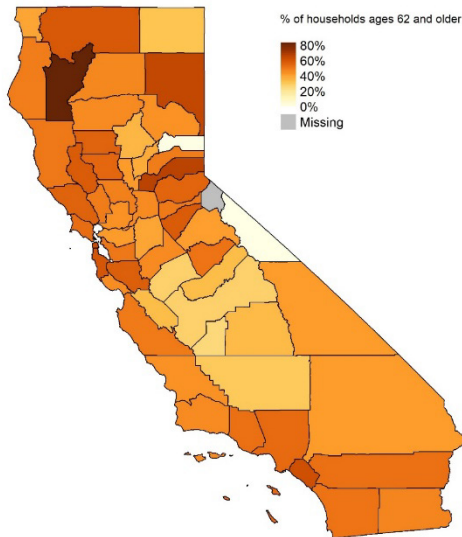
Source: All occupancy data is drawn from publicly available Department of Housing and Urban Development’s (HUD) Picture of Subsidized Households data from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsg.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Occupancy for the public housing program is calculated based on the reported number of units occupied while occupancy for other programs (for which no occupancy statistics are reported) are calculated assuming 100 percent unit occupancy. Because occupancy statistics are for the head or the co-head of a unit, columns should not be added together as occupancy counts may overlap if younger heads or co-heads reside in the same unit as older heads or co-heads. About 80 percent (115,589) of project-based voucher, public housing, and section 202 units are reserved for extremely low-income households earning under 30% of AML, while the same is true for 68 percent (or 234,063) of tenant-based vouchers.⁹

⁹ By program, this breaks down to 82% of PBVs (83,667): 88% of Section 202 units (11,761), and 67% of public housing units (16,161). HUD does not provide data on its other voucher programs, such as the NED, Emergency Housing, and HUD-VASH.

Exhibit I.14 shows that the share of HUD units occupied by a head or co-head age 62 or older is consistently high across many counties of the state but is especially high in Trinity County and lowest in Merced, Fresno, and Kings counties.

Exhibit I.14. Share of HUD units occupied by a head or co-head of household ages 62 and older by county, CY 2022



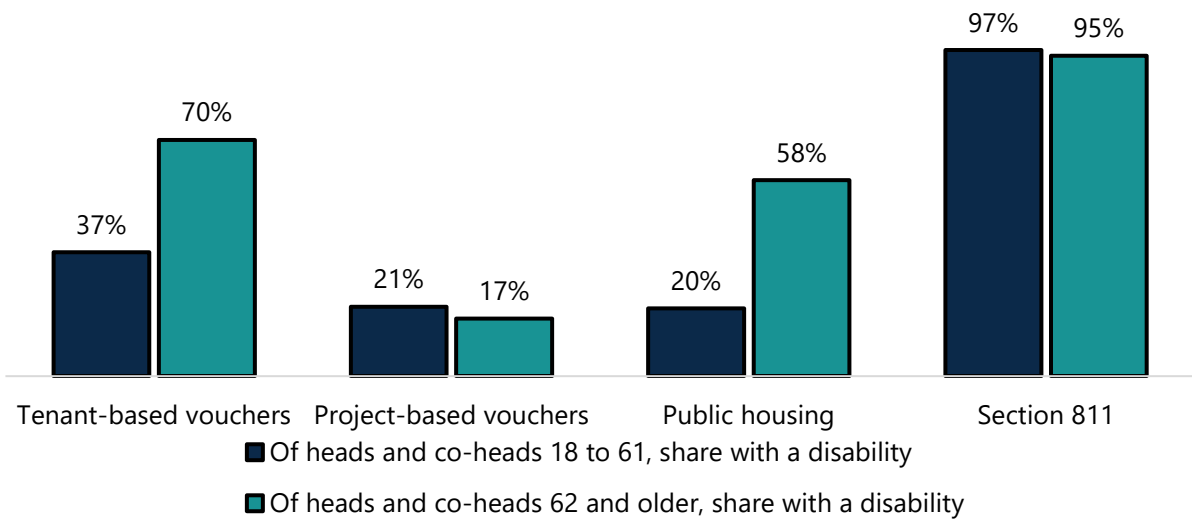
Source: Data are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsg.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024.

Note: Map depicts the share of unit where a head or co-head in the tenant-based voucher, public housing, project-based voucher, and section 202 programs is 62 or older. Lines designate county areas. Gray represents counties with missing data.

People with disabilities

Exhibit I.15 depicts the share of heads or co-heads within each age group who report at least one disability and shows that that the share of 18 to 61-year-old heads or co-heads with a disability is highest in the Section 811 PRAC and tenant-based voucher programs, while the share of adults 62 years or older with a disability is highest in the Section 811 PRAC and public housing programs. In comparison, the share of heads or co-heads that report a disability within each age group is relatively low in the project-based voucher program.

Exhibit I.15. Share with a disability within head and co-head age group, CY 2022

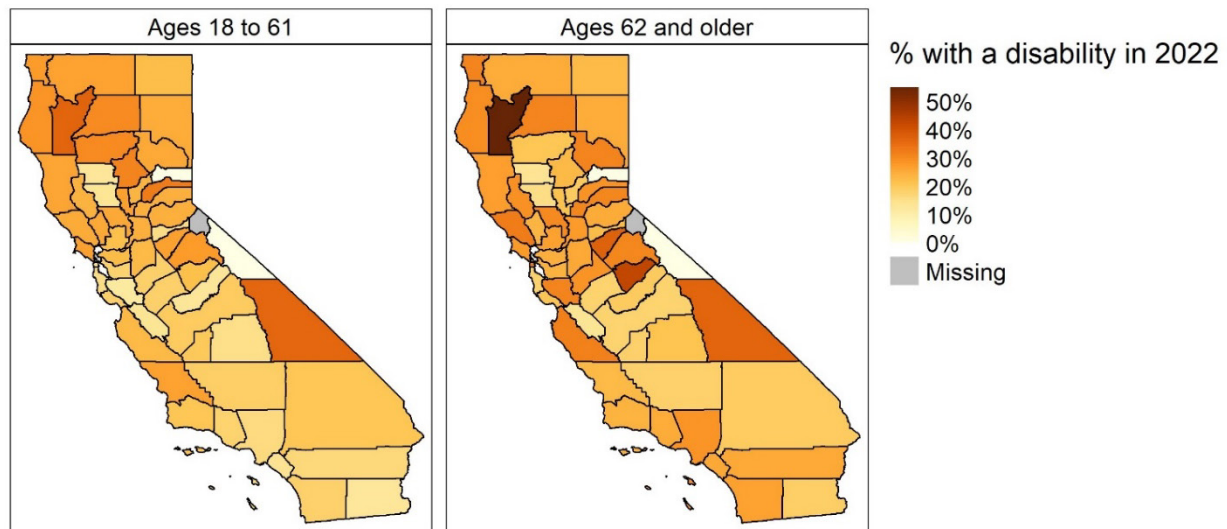


Source: Data are drawn from the Department of Housing and Urban Development’s (HUD) Picture of Subsidized Households from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsq.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: HUD reports both the share of all households, by program, where the head or co-head has a disability and is above or below the age of 62. We calculate the shares shown by multiplying the percent of heads or co-heads that are disabled and of each age group by the percent of all households that are of that age group.

Exhibit I.16 shows that a larger share of tenant-based voucher, public housing, project-based voucher, and Section 811 units in Inyo and Trinity Counties are occupied by adults ages 18 to 61 with a disability, while the largest share of units occupied by adults ages 62 and older with a disability is highest in Trinity, Inyo, and Calaveras counties.

Exhibit I.16. Share of HUD units occupied by a head or co-head of household with a disability by age group and county, CY 2022



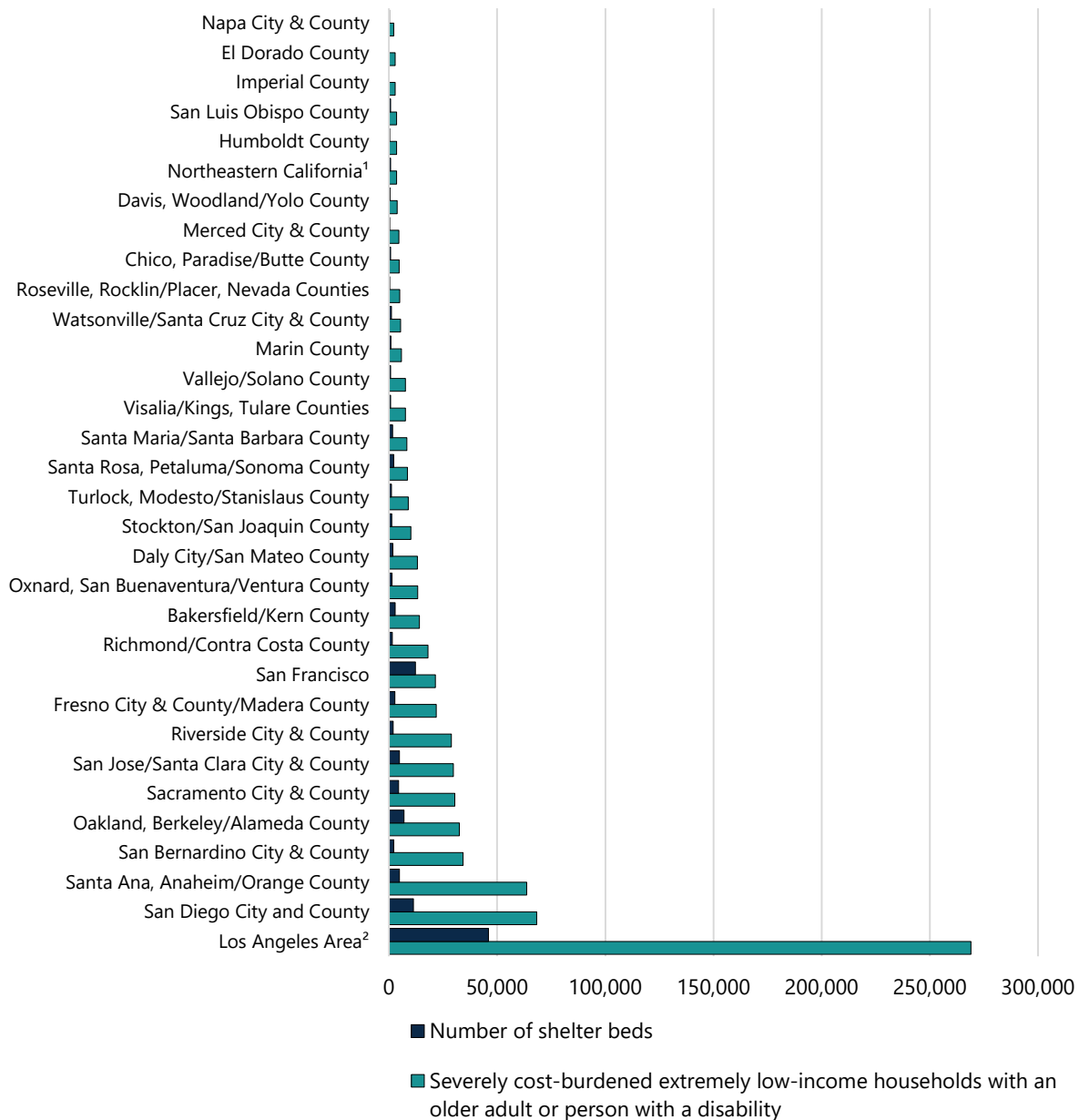
Source: Data are drawn from the Department of Housing and Urban Development's (HUD) Picture of Subsidized Households from calendar year 2022: <https://www.huduser.gov/portal/datasets/assthsg.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years. The maps depict the share of units where a head or co-head in the tenant-based voucher, public housing, project-based voucher, and Section 811 PRAC programs is 18-61 or 62 and older with a disability.

Note: Lines designate county areas. Gray represents counties with missing data.

Exhibit I.17 depicts the total number of year-round beds by CoC region, compared to the estimated count of moderately or severely rent burdened households where at least one household member is an individual with a disability present or an adult over the age of 50. This exhibit shows that most counties, with the exception of San Francisco and a few of the smaller counties, have a larger number of at-risk older adults and people with disabilities than shelter beds available.

Homelessness services capacity

Exhibit I.17. Number of severely cost burdened, extremely low-income renter households with at least one older adult or person with a disability versus number of beds for people experiencing homelessness that are not reserved for children or households with children by CoC region, CY 2022



Source: Data are drawn from the CoC Housing Inventory Count Report from calendar year 2022: 5-year American Community Survey (ACS) microdata from 2018-2022. <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Counts represent year-round beds excluding beds reserved for households with children or households with only children.

¹ Northeastern California CoCs includes Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC.

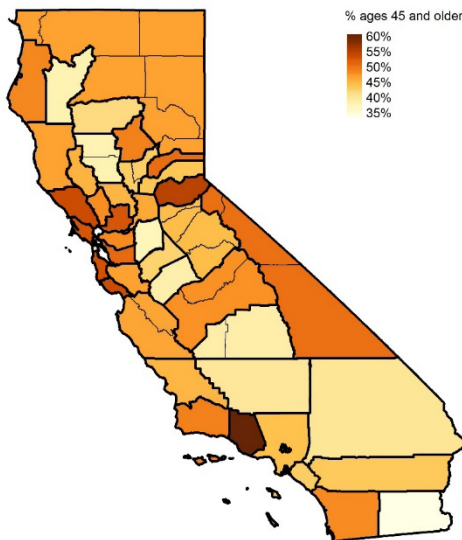
² Los Angeles Area CoCs include Los Angeles City & County, Glendale, Pasadena, and Long Beach CoCs.

Homelessness services utilization

Older adults

Exhibit I.18 shows that the share of people accessing homelessness services who are 45 and older varies substantially across the state, and is highest in Ventura County, in El Dorado County, and in various counties around the Bay Area. These counties do not necessarily correspond to the counties that have a higher share of older adults.

Exhibit I.18. Share of adults experiencing homelessness accessing homelessness services who are 45 and over by CoC region, CY 2022

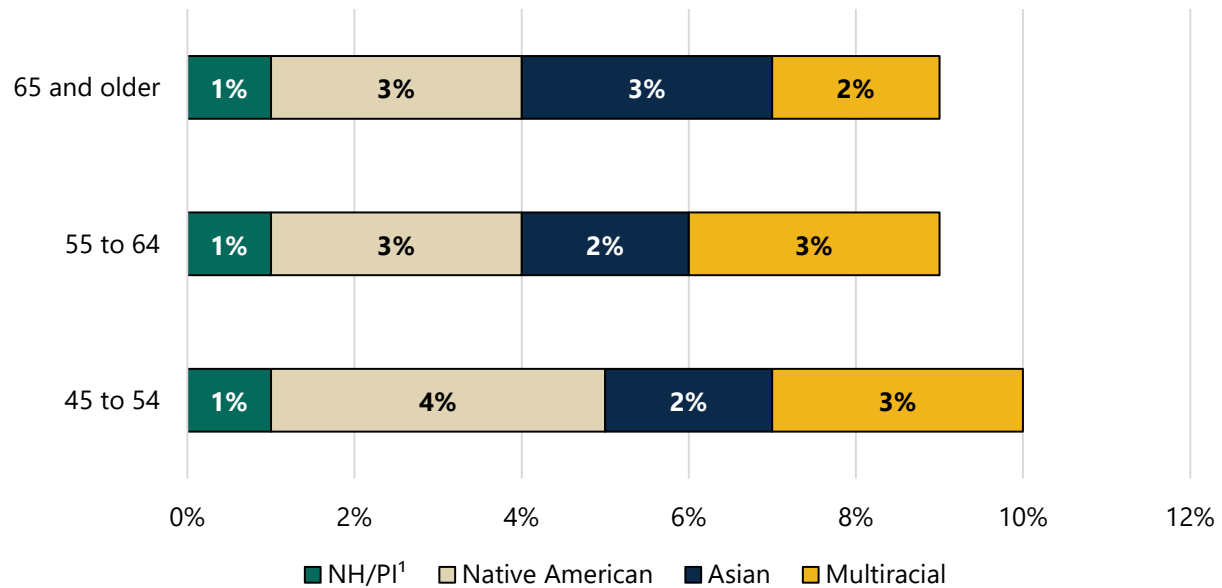


Source: Data are drawn from California's Homeless Data Integration System (HDIS) from calendar year 2022: <https://www.bcsb.ca.gov/calich/hdis.html>. Thin lines designate county areas while thick lines designate services areas. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

Note: Thick lines depict CoC service areas while thin lines represent counties. Gray represents counties with missing data.

Exhibit I.19 provides additional detail for the breakdown of race groups shown in Exhibit 5.14 and shows that Native American older adults occupy the largest share of those accessing homelessness services in this group.

Exhibit I.19. Breakdown of multiracial, Native Hawaiian or Pacific Islander, Native American, and Asian older adults who accessed homelessness services, CY 2022



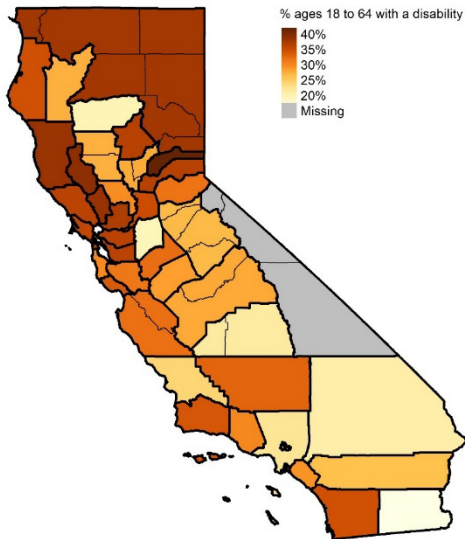
Source: Data are drawn from California's Homeless Data Integration System (HDIS) from calendar year 2022: <https://www.bcsd.ca.gov/calich/hdis.html>. All data were downloaded between March to May 2024; analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years.

¹ NH/PI refers to people who identify as Native Hawaiian or Pacific Islander.

People with disabilities

Exhibit I.20 shows that the share of adults experiencing homelessness who are accessing homelessness services and have at least one disability is highest in Nevada, Lake, and Napa counties.

Exhibit I.20. Share of adults experiencing homelessness accessing homelessness services who are 18 to 64 and have at least one disability by CoC region, CY 2022

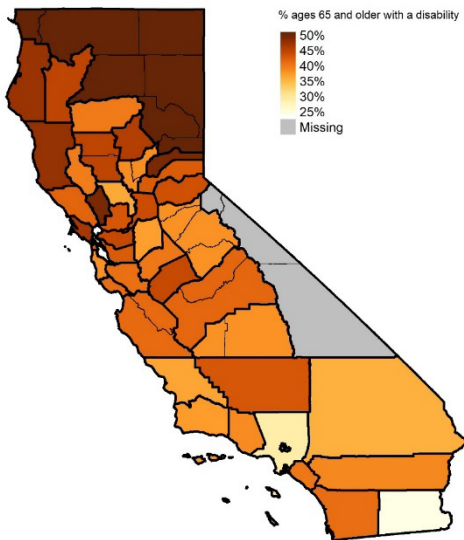


Source: Data are drawn from California's Homeless Data Integration System (HDIS) from calendar year (CY) 2022: <https://www.bcsd.ca.gov/calich/hdis.html>. HDIS data were obtained from HDIS between January and March of 2024. Estimates may therefore differ slightly from the open data portal because homelessness service providers may update historical data in future data submissions. Analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years. Homelessness service providers with fewer than 11 individuals reported as having a disabling condition in an age group are not shown.

Note: Thin lines designate county areas while thick lines designate services areas. Gray represents counties with missing data. These data use disability terms as defined by the Department of Housing and Urban Development (HUD).

Exhibit I.21 shows that the share of older adults accessing homelessness services who have at least one disability is highest in Northern California, Napa, and Nevada counties and lowest in Imperial and Los Angeles counties.

Exhibit I.21. Share of adults experiencing homelessness accessing homelessness services who are 65 and older and have at least one disability by CoC region, CY 2022



Source: Data are drawn from California's Homeless Data Integration System (HDIS) from calendar year (CY) 2022: <https://www.bcsd.ca.gov/calich/hdis.html>. HDIS data were obtained from HDIS between January and March of 2024. Estimates may therefore differ slightly from the open data portal because homelessness service providers may update historical data in future data submissions. Analyses were conducted in May 2024. Calendar Year (CY) includes data from January 1 to December 31 of the respective years. Areas with fewer than 11 individuals reported as having a disabling condition in an age group are not shown.

Note: Thin lines designate county areas while thick lines designate services areas. Gray represents counties with missing data. These data use disability terms as defined by the Department of Housing and Urban Development (HUD).

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Appendix J.

Detailed Analysis of Safety Services

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For each safety service included in the non-Medi-Cal HCBS program inventory, Exhibit J.1 below includes the program, service, description of service, eligibility, and administering agency.

Exhibit J.1. Safety services included in the non-Medi-Cal HCBS program inventory

Program	Service	Description	Eligibility Requirements	Administering Agency
Prevention and protection from Abuse				
Elder Abuse Prevention Program	Elder abuse prevention education materials	Educational materials and guidance kits distributed for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation)	No specific requirements	CDA
	Elder abuse prevention, education, and training	Public education and training of professionals to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation). This includes training for Title III E caregivers.	No specific requirements	CDA
Adult Protective Services	<ul style="list-style-type: none"> On-going case management In-home assistance Referral for transportation services Referral for legal services Referral for housing or relocation services 	County APS agencies respond to reports of known or suspected abuse and neglect, conduct investigations, and arrange for remedial services, including referral to case management, housing, transportation, and legal services as necessary.	Ages 60 and older or ages 18 to 59 with a disability	CDSS
Emergency and disaster response and preparedness				
Supportive Services	Disaster preparedness materials	Assemble and distribute disaster preparedness materials such as File of Life or preparedness kits that will assist older adults in the event of an emergency.	Ages 60 and older	CDA
Personal Emergency Response Systems (PERS) ^a	Disaster preparedness materials	PERS is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the event of an emotional, physical, or environmental emergency.	Individuals with a disability that began before their 18th birthday	DDS

^a Children with intellectual and developmental disabilities can receive PERS services through Regional Centers, but Mathematica limited analyses to members ages 18 and older.

CDA = California Department of Aging; CDSS = California Department of Social Services; DDS = Department of Developmental Services.

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Appendix K.

Detailed Analysis of Social Inclusion, Employment, and Economic Support Services

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Exhibit K.1 displays the number of Regional Center participants who used life skills training services in calendar year (CY) 2023 that were provided by fewer than 18 Regional Centers. Of the services included in the exhibit, the parent coordinated supported living program, associate behavior analyst, and mobility training services specialist were provided by the fewest Regional Centers. The associate behavior analyst service had the lowest utilization in CY 2023.

Exhibit K.1. Number of Regional Center participants who used life skills training services in calendar year (CY) 2023

Regional Center	Parent Coordinated Supported Living Program	Participant Directed Independent Living Services	Associate Behavior Analyst	Behavior Management Associate	Behavior Management Technician	Independent Living Specialist	Mobility Training Services Agency	Mobility Training Services Specialist
ACRC		<10		61	<10	<10	28	
CVRC			<10			88		
ELARC				15			<10	
FDLRC				<10		18		
FNRC			<10		<10		24	
GGRC				<10	<10		<10	
HRC				18	<10			13
IRC				86	14			
KRC		<10						
NBRC								
NLACRC	<10			107		21		
RCEB				<10			<10	
RCOC	19	<10						
RCRC						<10	<10	
SARC	<10	<10		26	43			
SCLARC				58		80		
SDRC				<10	<10		<10	
SG/PRC			<10	255	<10		<10	
TCRC				45	26	57		25
VMRC		<10						
WRC				34	<10	10		

Source: Mathematica analysis of Regional Center data provided by the California Department of Developmental Services. Analysis conducted in May 2024.

Note: Calendar Year (CY) data are from January 1, 2023 to December 31, 2023.

ACRC = Alta California Regional Center; CVRC = Central Valley Regional Center; ELARC = Eastern Los Angeles Regional Center; FDLRC = Frank D. Lanterman Regional Center; FNRC = Far Northern Regional Center; GGRC = Golden Gate Regional Center; HRC = Harbor Regional Center; IRC = Inland Regional Center; KRC = Kern Regional Center; NBRC = North bay Regional Center; NLARC = North Los Angeles County Regional Center; RCRC = Redwood Coast Regional Center; RCOC = Regional Center of Orange County; RCEB = Regional Center of the East Bay; SARC = San Andreas Regional Center; SCLARC = South Central Los Angeles Regional Center; SDRC = San Diego Regional Center; SG/PRC = San Gabriel/Pomona Regional Center; TCRC = Tri-Counties Regional Center; VMRC = Valley Mountain Regional Center; WRC = Westside Regional Center.

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Appendix L.

Detailed Analysis of Transportation Services

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Exhibit L.1 displays terms that are common to accessible transportation in the state of California and nationally including types of services, such as microtransit, and service features, such as fixed route.

Exhibit L.1. Transportation services terms

Term	Definition
Paratransit	A type of transportation service that supplements fixed route mass transit by providing individualized rides without fixed routes or timetables to individuals who cannot ride the fixed route transit system. Complementary paratransit services provided by public transit agencies are subject to ADA regulations.
Fixed route	Transportation systems that use buses, vans, light rail, and other vehicles to operate a predetermined route according to a predetermined schedule.
Microtransit	A transportation service that offers on-demand rides but has greater flexibility than designated public fixed route or paratransit services.
Curb-to-curb	A transportation service that picks up and delivers passengers at the curb or roadside.
Door-through-door	A transportation service that provides assistance to the passenger beyond the entrance to the origin and/or destination.
Mobility management	Managing and delivering coordinated transportation to consumers, including older adults and individuals with disabilities.
Mileage reimbursement programs	Programs that provide a payment equal to the mileage multiplied by a cents-per-mile rate determined by the service provider.
Transportation network companies	Ride hailing companies that provide on-demand transportation services for passengers such as taxis, Ubers, Lyfts, or other rideshare services.

Exhibit L.2 lists the transportation services available for older adults and people with disabilities.

Exhibit L.2. Services related to transportation

Program	Service	Description	Eligibility Requirements	Administering Agency
Transportation Coordination				
Supportive Services	Assisted transportation	Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation.	Individuals ages 60 years and older.	CDA
Supportive Services	Mobility management activities	Activities related to increasing transportation and mobility options for older adults by providing assistance, information, travel training, trip planning, coordination of service public or private transit operators, scheduling, access to transit information, creation of new models of service such as volunteer driver programs and shuttles.	Individuals ages 60 years and older.	CDA
Transportation Assistant	Transportation Assistant	A vendor that assists and monitors Regional Center consumers while the consumers are being transported.	Individuals with a disability that began before their 18th birthday.	DDS
Independent Living Centers	Transportation services	Provision of, or arrangements for, transportation.	This service is available to individuals of all ages and with any type of disability.	DOR
Paratransit				
Dial-a-Ride & Paratransit	Dial-a-Ride & Paratransit	Paratransit is a public transportation service that supplements larger public transit systems by providing individualized rides without fixed routes or timetables. Existing law requires transit operators to provide paratransit transportation for people with disabilities who are unable to use the regular fixed-route transit service that serves their region. Each transit operator develops its own process to determine if a rider is eligible to use the paratransit service.	Eligibility is determined by the transit agencies with input from the communities they serve. Individuals are eligible based on whether they can use fixed-route. Eligibility is not based on a medical diagnosis, although that can be a part of the decision.	Local Transit Agencies

Program	Service	Description	Eligibility Requirements	Administering Agency
Other transportation-related services				
Supportive Services	Transportation	Transportation from one location to another. Does not include any other activity. May include travel vouchers and transit passes.	Individuals ages 60 years and older.	CDA
Enhanced Mobility of Seniors and Individuals with Disabilities Program (Federal Transit Administration Section 5310 Program)	Grant funds	This program provides grant funds for capital, mobility management, and operating expenses for: 1. Public transportation projects planned, designed, and carried out when public transportation is insufficient, inappropriate, or unavailable; 2. Public transportation projects that exceed the requirements of the Americans with Disabilities Act (ADA); 3. Public transportation projects that improve access to fixed-route service and decrease reliance on complementary paratransit; and 4. Alternatives to public transportation projects that assist older adults and individuals with disabilities.	This competitive grant program is available to all non-profit organizations and qualifying public agencies. Eligible riders include older adults and individuals with disabilities.	Caltrans
Non-Medical Transportation	Non-Medical Transportation	Private, specialized transportation, transportation aids and other assistance necessary to ensure safe transport of clients. For clients who cannot safely access or utilize public transportation. Enables individuals to access Self-Determination Program waiver services and services specified in their Individual Program Plan through providing transportation to these services.	Individuals with a disability that began before their 18th birthday	DDS
Transportation - – Additional Component	Transportation – Additional Component	A regional center community-based day program vendor who provides transportation services to regional center clients.	Individuals with a disability that began before their 18th birthday	DDS
Transportation - – Family Member (option for participant-directed)	Transportation – Family Member (option for participant-directed)	A family member or adult consumer who provides or secures an individual to provide the transportation services authorized in a regional center client's Individual Program Plan. The regional center may issue vouchers to cover transportation costs. This service also has a participant-directed option.	Individuals with a disability that began before their 18th birthday	DDS

Program	Service	Description	Eligibility Requirements	Administering Agency
Transportation – Medical	Transportation – Medical	A vendor that provides medical transportation services.	Individuals with a disability that began before their 18th birthday	DDS
Transportation Public Transit Authority, Dial-A-Ride, Rental Car Agency or Taxi	Transportation – Public Transit Authority, Dial-a-Ride, Rental Car Agency or Taxi	A vendor that is licensed to provide public transit authority, dial-a-ride rental car agency or taxi services, The rate charged to the consumer must be the same as that charged to the general public for the same service.	Individuals with a disability that began before their 18th birthday	DDS
Transportation Auto Driver	Transportation Auto Driver	A vendor that provides the transportation to authorized services identified in the consumer's Individual Program Plan.	Individuals with a disability that began before their 18th birthday	DDS
Transportation Companies	Transportation	A vendor is employed by the regional center to transport individuals to and from their community-based day programs or other vended services for the Regional Center.	Individuals with a disability that began before their 18th birthday	DDS
Older Individuals Who Are Blind	Transportation	Grant funding to organizations across California who provide services to this population to assist them live independently and that stimulate independent living, employment, and full inclusion, including transportation.	Individuals who are 55 or older with a visual impairment	DOR

Notes: DOR refers to the California Department of Rehabilitation; DDS refers to the California Department of Developmental Services; CDA refers to the California Department of Aging; CalVet refers to the California Department of Veterans Affairs .

Exhibit L.3 displays the number of Regional Center participants ages 18 and older who used transportation services in the grants, vouchers, and supplemental transportation category in CY 2023. Family member and medical transportation services were the two least used services among Regional Center participants ages 18 and older in CY 2023. Grants, vouchers, and supplemental transportation services provided by Regional Centers are described in greater detail in Chapter 8.

Exhibit L.3. Number of Regional Center participants ages 18 and older who used transportation services, CY2023

Regional Center	Non-Medical	Family Member	Family Member, Participant Directed	Companies	Additional Component	Assistant	Medical	Auto Driver
ACRC	<10	0	52	2,679	1,036	46	<10	<10
CVRC	33	<10	560	538	3,874	431	<10	16
ELARC	29	45	18	223	933	11	0	<10
FDLRC	30	11	34	36	640	0	<10	<10
FNRC	27	0	0	284	1,028	0	0	0
GGRC	15	0	39	131	809	<10	0	0
HRC	46	0	292	889	202	0	0	226
IRC	82	<10	190	3,445	2,724	42	0	14
KRC	50	0	20	380	860	18	0	<10
NBRC	11	0	21	78	1,042	216	0	50
NLACRC	40	0	87	1,454	1,175	176	0	0
RCEB	29	<10	<10	226	1,737	0	<10	85
RCOC	72	0	206	0	2,310	13	0	0
RCRC	18	0	<10	145	600	0	<10	0
SARC	37	0	100	804	2,496	175	0	<10
SCLARC	18	0	42	1,447	795	198	0	0
SDRC	131	0	626	980	2,522	324	0	0
SG/PRC	41	0	<10	412	1,627	<10	0	63
TCRC	15	<10	25	562	389	<10	0	<10
VMRC	17	20	<10	935	520	<10	0	<10
WRC	53	<10	0	435	493	56	0	78

Source: Mathematica analysis of Regional Center data provided by the California Department of Developmental Services. Analysis conducted in May 2024.

Note: Calendar Year (CY) data are from January 1, 2023 to December 31, 2023.

ACRC = Alta California Regional Center; CVRC = Central Valley Regional Center; ELARC = Eastern Los Angeles Regional Center; FDLRC = Frank D. Lanterman Regional Center; FNRC = Far Northern Regional Center; GGRC = Golden Gate Regional Center; HRC = Harbor Regional Center; IRC = Inland Regional Center; KRC = Kern Regional Center; NBRC = North bay Regional Center; NLARC = North Los Angeles County Regional Center; RCRC = Redwood Coast Regional Center; RCOC = Regional Center of Orange County; RCEB = Regional Center of the East Bay; SARC = San Andreas Regional Center; SCLARC = South Central Los Angeles Regional Center; SDRC = San Diego Regional Center; SG/PRC = San Gabriel/Pomona Regional Center; TCRC = Tri-Counties Regional Center; VMRC = Valley Mountain Regional Center; WRC = Westside Regional Center.

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