



Supplemental Report *of the* 2025-26 Budget

*California Department of Aging (CDA)
Report on No Wrong Door (NWD) and
Aging and Disability Resource Connections (ADRCs)*

Overview

In June 2019, Governor Gavin Newsom issued [Executive Order N-14-19](#), calling for the development of California’s Master Plan for Aging (MPA). Governor Newsom *highlighted “the need for policy and other changes, and a recognition that local communities and private sector have a critical role in preparing for future demographic changes by building capacity to support an aging population.”*

The Legislature joined in the statewide commitment to an MPA by passing [Senate Bill 228 – Jackson](#) (Chaptered by Secretary of State. Chapter 742, Statutes of 2019), which declared *“Despite the programs and services administered by a range of state departments, families struggle to weave together services and to finance care in the hopes of helping loved ones remain at home. Individuals and their families do not know where to turn for help or how to pay for services. When help is finally found, many people are left bouncing between programs with little assurance that their needs will be met.”*

By May of 2020, stakeholders produced a key MPA deliverable: the [Long-Term Services and Supports \(LTSS\) Subcommittee Report](#). This foundational MPA report prioritized as Objective #1, building “A system that all Californians can easily navigate.” A 21-member LTSS stakeholder group representing diverse perspectives from the aging, disability and labor movements, called on California to *“have in place an understandable, easy-to-navigate linguistically and culturally responsive LTSS system that includes both home and community-based and residential options. Californians will know how to quickly connect to services they need, no matter where they live or their economic status. People will find what they need wherever they enter -- whether through the health care system, the public benefits system, disability service system, including Regional Centers, or the community-based system.”*

In January 2021, Governor Newsom released California’s groundbreaking [Master Plan for Aging](#), establishing a 10-year blueprint for an age and ability-forward centered on five bold goals:

Goal 1: Housing for All Ages & Stages

Goal 2: Health Reimagined

Goal 3: Inclusion & Equity, Not Isolation

Goal 4: Caregiving That Works

Goal 5: Affording Aging

Over the past five years, MPA stakeholders, the Legislature and the Administration have advanced over [300 initiatives](#) in support of the MPA's five bold goals with nearly \$1 billion invested to-date in a broad array of benefits, programs and services that improve the quality of life for older adults, people with disabilities and family caregivers.

Scope of This Report

It is the intent of the Legislature and the Administration to improve access to information, assistance and referrals for older adults, people with disabilities and family caregivers. As outlined in the 2025-26 state budget, this report details:

1. Background and History
2. Population of Focus
3. Defining Key Terms
4. Statewide Leadership
5. Progress Toward a No Wrong Door (NWD) System
6. Steps Toward a Statewide Aging and Disability Resource Connections (ADRC) Network
7. Promising Solutions

1. Background & History

By 2030, one in four Californians will be over the age of 60. As the population surges over the next several decades, the need for a streamlined, statewide approach to help individuals and families access the care they need across complex delivery systems will be increasingly important.

California's LTSS system includes a broad range of services delivered by paid providers and unpaid family and friend caregivers to people who have limitations in their activities of daily living due to physical, intellectual/developmental disability, mental, cognitive, or chronic health conditions. LTSS services can be provided in a variety of settings including at home, in the community, in residential care, or in institutional settings. These critical hands-on services may be provided to older adults and people with disabilities over a period of days, weeks, months, or years, depending on an individual's level of need.

Currently, individuals requiring LTSS must navigate a disparate system of resources offered by multiple agencies at the local, state and federal levels. Available programs and services are offered by a patchwork of disconnected providers, putting the onus on consumers to conduct exhaustive research to find the help they need. Once an individual has identified the array of programs and services they **may be eligible for**,

they often must contact each one individually to inquire and/or apply. The lack of standardized information and assistance creates a maze of confusion for older adults, people with disabilities, and family caregivers.

Due to these challenges with basic navigation, California ranks 46 out of 50 in the AARP State Scorecard for Long-Term Services and Supports, when evaluating the various states' No Wrong Door (NWD) systems.¹ Additionally, in California's 2023 statewide Consumer Assessment Survey of Older Adults, 72% of the state's 17,700 respondents reported having problems with knowing what services are available in their local community.² In 2025, CDA released the [Non-Medical Home and Community Based Services \(HCBS\) Gap Analysis](#) which found that consumers, providers and family caregivers lack awareness about which services exist and how to access them. Most respondents reported that the network of programs and providers is challenging to navigate, which creates confusion, frustration and delays in accessing needed care. Additionally, across the state, 18 of California's 21 [Local Aging and Disability Action Plans](#), prioritized Information/Communication/Resource Awareness as a primary focus.

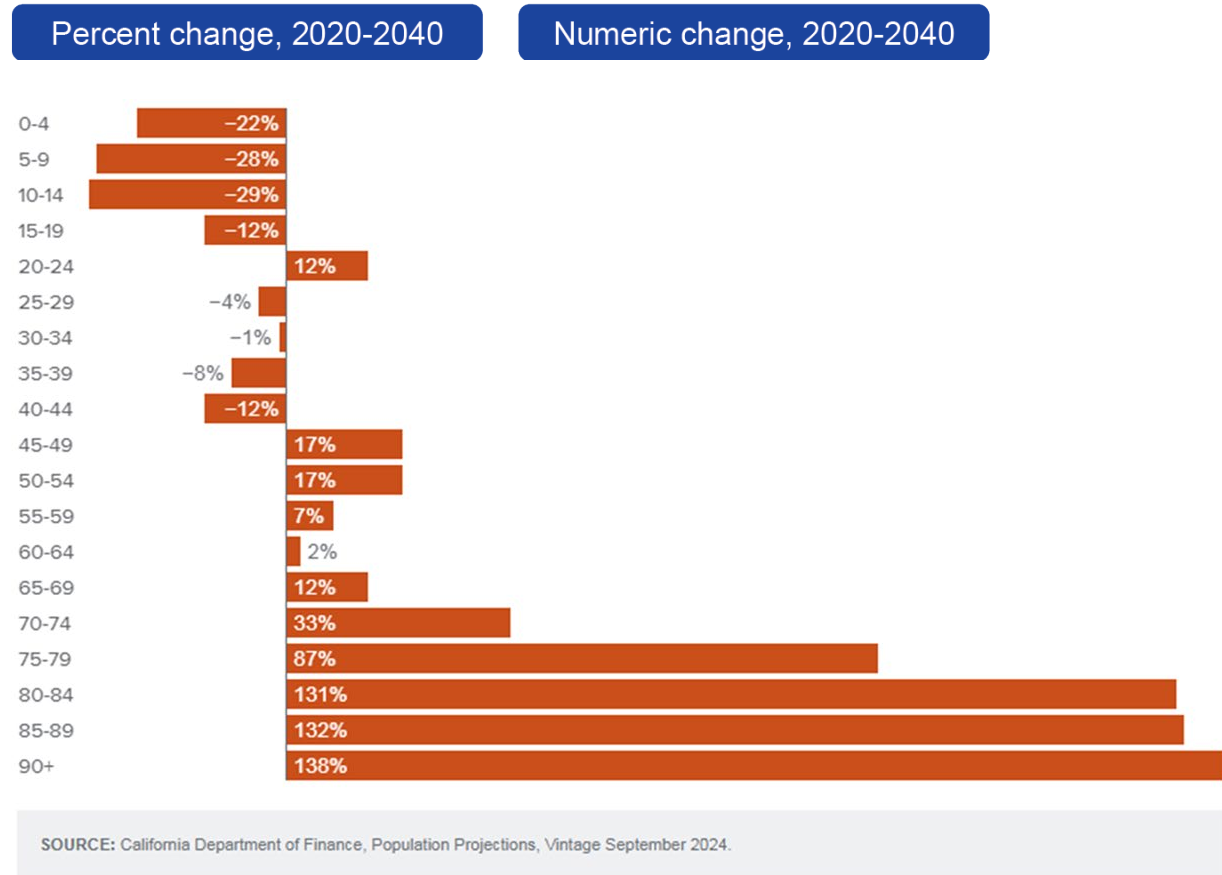
2. Population of Focus

An estimated 19.8 million Californians (approximately half of the state) currently comprise the population defined as "older adults, people with disabilities and family caregivers" though there is considerable intersection between all three groups as many Californians identify in one or more categories.

¹ LTSS 2023 State Scorecard Report: <https://ltsschoices.aarp.org/scorecard-report/2023/states/california>

² <https://www.aging.ca.gov/CA2030/>

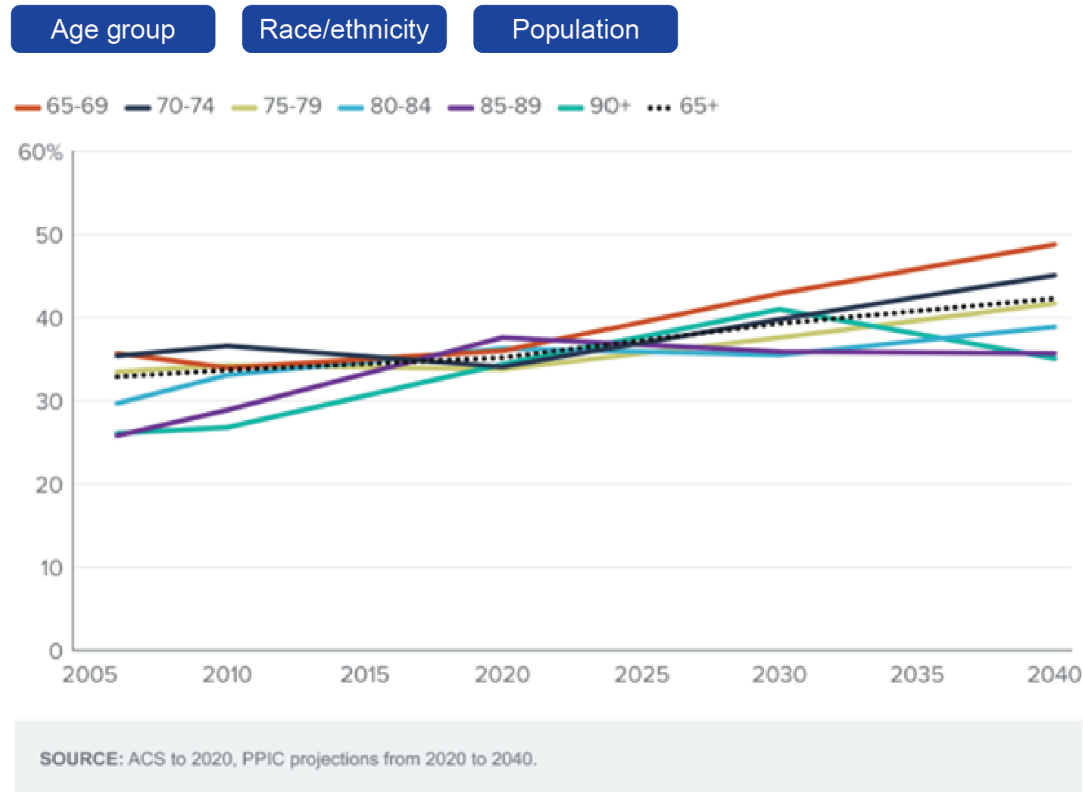
**According to a January 2025 Public Policy Institute of California (PPIC) Report:
Older populations will increase dramatically**



As California contemplates a NWD system, it is critically important to consider – and address – the unique needs of an increasingly diverse population. Any system change initiatives must center on language access and culturally competent navigation services.

Substantial — and growing — shares of older Californian speak a language other than English at home

Percentage speaking a language other than English at home by age group



Given the rapidly changing demographics of the state, any navigation solutions must be statewide and to scale as the aging and disability population is not isolated to any one community or county – the phenomenon of an aging society is impacting rural, urban and suburban parts of the state equally.

3. Defining Key Terms

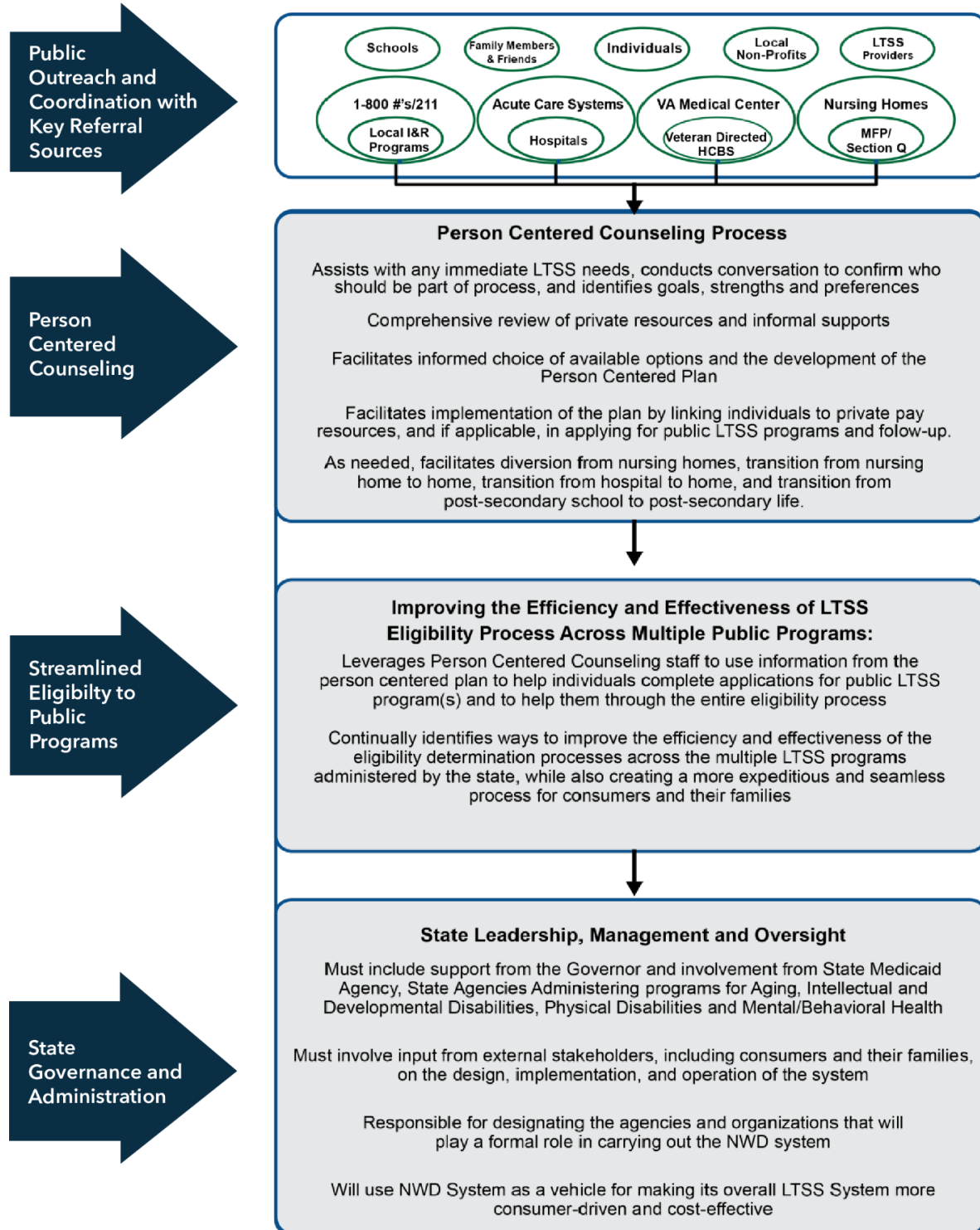
There is not a single, agreed-upon definition for a No Wrong Door system. What follows are working definitions to guide this report.

[What is the definition of “No Wrong Door” or NWD?](#)

Many systems (e.g. education, legal, housing, behavioral health, etc.) use the term NWD to describe a vision, framework, or process to deliver streamlined access to information, assistance or services. For purposes of this population – older adults, people with disabilities and family caregivers – the preeminent authority is the federal

Administration for Community Living (ACL). Absent a clear definition, this graphic best depicts the features of a high performing NWD system.

No Wrong Door Schematic



This schematic reinforces the need for California to move forward on all four fronts: 1) Public Outreach and Coordination, 2) Person-Centered Counseling, 3) Streamlined Eligibility, and 4) State Governance and Administration to achieve the desired result, a No Wrong Door system that works for people of all ages and abilities in all parts of the state.

Distinguishing Aging and Disability Resource Connections from No Wrong Door Systems

There is often confusion when distinguishing Aging and Disability Resource Connections (ADRC) from No Wrong Door systems. It is important to note that ADRCs are important components of a NWD system – but they alone are not a NWD system. To this end, they are part of an array of services that are essential elements of a NWD system along with other community partners and agencies.

What are Long-Term Services and Supports (LTSS)?

As defined by California’s Master Plan for Aging LTSS Subcommittee in May 2020:

Long-Term Services and Supports refer to a broad range of services delivered by paid or unpaid providers that can support people who have limitations in their ability to care for themselves due to physical, cognitive, intellectual/developmental disability or chronic health conditions that are expected to continue for an extended period. Services can be provided in a variety of settings including at home, in the community, in residential care settings, or in institutional settings. Generally, LTSS includes assistance with activities of daily living (personal care needs) such as bathing, dressing, eating or transferring and instrumental activities of daily living (routine care needs) such as meal preparation, money management, house cleaning, medication management, protective supervision and transportation.

What are Area Agencies on Aging (AAAs)?

According to ACL, an Area Agency on Aging (AAA) is a public or private nonprofit agency designated by a state to address the needs and concerns of all older persons at the regional and local levels. AAA is a general term — names of local AAAs may vary.

AAAs are responsible for a geographic area, also known as a Planning and Service Area (PSA), that is either a city, a single county, or a multi-county district. AAAs may be categorized as a county, city, regional planning council or council of governments, private, or nonprofit.

AAAs coordinate and offer services that help older adults remain in their homes, if that is their preference, aided by core services funded by the federal Older Americans Act (OAA) and augmented by the state General Fund, including:

- Nutrition (e.g., congregate meals, home-delivered meals, grab-and-go meals, nutrition education, etc.)
- Health Promotion (e.g., evidence-based programs such as falls prevention, chronic disease self-management, etc.)
- Family Caregiver Support (e.g., caregiver access assistance, respite care, caregiver information services, etc.)
- Supportive Services (e.g., transportation, information and assistance, adult day care, etc.)
- Elder Rights (e.g., long-term care ombudsman, legal assistance, etc.)

California has 33 designated AAAs serving all 58 counties. The current breakdown is:

- 20 are administered by local government (19 county; 1 city)
- 5 are nonprofits serving one or more counties
- 4 are Joint Powers Agreements led by local government
- 4 are Joint Powers Agreements led by nonprofit agencies

The California Department of Aging (CDA) performs oversight of AAAs.

What are Independent Living Centers (ILCs)?

According to ACL, Centers for Independent Living (CILs) – known as Independent Living Centers (ILCs) in California, are designed and operated by individuals with disabilities. CILs provide independent living services for people with disabilities. CILs are at the core of ACL's independent living programs, which work to support community living and independence for people with disabilities across the nation based on the belief that all people can live with dignity, make their own choices, and participate fully in society. These programs provide tools, resources, and support for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect. The eight core, funded functions of an ILC include:

1. Information & Referral
2. Advocacy
3. Independent Living Skills
4. Peer Counseling
5. Transition & Diversion
6. Personal Assistance Services

7. Housing
8. Assistive Technology

California oversees 28 ILCs serving all 58 counties. Every ILC is a nonprofit, independent agency. The California Department of Rehabilitation (DOR) performs oversight of ILCs.

What is an Aging and Disability Resource Connection (ADRC)?

Aging and Disability Resource Connection (ADRC) is a voluntary collaboration between local AAAs and ILCs working together with a community network of public, private, and non-profit agencies to assist individuals in navigating the complex LTSS system. These programs assist individuals of any age, ability, and income level in navigating and accessing the full range of available LTSS options and provide objective and unbiased information, advice, counseling, and assistance.

ADRCs are not direct service providers; they perform four core navigation services to facilitate access to direct services:

1. Enhanced Information and Referral Services
2. Options Counseling
3. Short-term Service Coordination
4. Transition Services

As of February 2026, California has 25 designated ADRCs in 30 of 58 counties. CDA has program oversight of ADRC grants in collaboration with DOR and the Department of Health Care Services (DHCS). At the local level, the fiscal agent for each ADRC varies; some are led by AAAs; some are led by ILCs.

4. Statewide Leadership

The Legislature and Administration have demonstrated continuous leadership in this space, signaling strong intent to move California toward a NWD system.

Legislative History

[AB 1200 \(Cervantes, Chapter 618, Statutes of 2017\)](#) established the ADRC Model in California as a formal partnership between local AAAs and ILCs administered by CDA as the lead department, in collaboration with DOR and DHCS. The legislation underscored that the function of the ADRCs was to deliver the four core services defined by the federal government and to require CDA, in consultation with an ADRC Advisory Committee, to develop best practices in five key areas by 2022.

SB 80 (Committee on Budget and Fiscal Review, Chapter 27, Statutes of 2019) established the ADRC Infrastructure Grants Program for the purpose of implementing an NWD System.

SB 453 (Hurtado, Chapter 850, Statutes of 2019) established the ADRC Advisory Committee, and tasked CDA, in consultation with the ADRC Advisory Committee, with developing a plan for and overseeing statewide implementation of a NWD system that utilizes the ADRC program to assist older adults and people with disabilities to obtain accurate information and timely referrals to appropriate community services and supports. Implementation of this bill was contingent upon appropriation, yet funding was not appropriated upon enactment of the legislation.

AB 135 (Committee on Budget, Chapter 85, Statutes of 2021) made the ADRC Infrastructure Grants Program appropriation under SB 80 (Committee on Budget and Fiscal Review, Chapter 27, Statutes of 2019) permanent.

SB 1249 (Roth, Chapter 337, Statutes of 2024), requires CDA to develop core, statewide services that all AAAs shall be required to provide, along with corresponding performance measures. One of the statewide services under development is Information and Assistance (I&A), which is intended to help consumers navigate the LTSS system so they can make informed decisions about care needs. Upon completion and implementation of CDA's rulemaking package on this topic, I&A will be monitored with qualitative and/or quantitative performance metrics.

Administration Actions

Over the past 20+ years, California has demonstrated its commitment to furthering a NWD concept, seizing upon multiple federal, one-time grant opportunities. Between 2003 and 2010, DHCS played a lead role, in collaboration with other state departments, to secure multiple federal grants to streamline access to local LTSS services and conduct ADRC pilots. These grants included: 2003 federal LTSS grants (California Pathways); 2006 Real Choice Systems Transformation Grant (California Community Choices); 2007 federal Money Follows the Person Rebalancing Demonstration Grant (California Community Transitions); 2009 Real Choice Systems Change program for Person-Centered Hospital Discharge Planning and Enhancing/Expanding Aging and Disability Resource Centers; and in 2010, the State Independent Living Council (SILC) received federal funding for ADRC options counseling and transition services.

In 2022, CDA was awarded and, in 2024, successfully completed a federal NWD system change grant: Administration for Community Living Center for Innovation and Partnership No Wrong Door System Governance: Improving Access to LTSS for Individuals and Family Caregivers [HHS-2022-ACL-CIP-NWGV-0067]. Currently, CDA has one active federal NWD grant:

- Cal Community Connect
 - Grantor: Federal Administration for Community Living
 - Grant type: No Wrong Door System Change Grant
 - Overview: In 3 Area Agencies on Aging, pilots Community Health Workers (CHWs) as NWD navigators, while also developing a business case for replication throughout the aging network using Medi-Cal and/or Medicare funding streams.
 - Funding Amount: \$450,000
 - Grant Period: 6/1/2025- 5/31/2027

Progress Toward a No Wrong Door (NWD) system

“The beauty of a no wrong door is it’s aligning the systems that already exist. And we want that on the state level, we want that on the local level, all the way down to that very individual seeking services.” – Stakeholder participant

Even with strong legislative intent and Administration leadership, California is still in the conceptual stage of a NWD system. CDA-led research, in collaboration with other key state departments and stakeholders, revealed the depth and breadth of planning – and investment – needed to design, develop and implement a NWD system. This report encourages further discussion and action to solidify California’s vision by considering the three questions below:

A. As California contemplates next steps, a decision needs to be made as to whether it is a mandated NWD “system” or a voluntary NWD “approach?”

Developing a true NWD system requires far more than goodwill and coordination. To move forward on large-scale system change, California will need to address the critical requirements of an effective NWD system, with each additional requirement potentially bringing new state and local costs.

For example, high-performing NWD systems in other states require state and local shared governance/oversight, decision making, budgeting, funding, staffing, assessment, training, data reporting, branding and marketing, and exchange of client-level data, among other standardized legal and contractual agreements. If the direction is more of a voluntary NWD approach, the goal would be to influence systems with incentives to cooperate and coordinate where feasible given differing financing mechanism, rules, requirements, and populations.

Successful models in other states integrate key functions to streamline the process for the consumer. In California, multiple “macro systems” and networks are not structurally aligned and do not interface. For example, Medicaid eligibility determinations and many Medicaid Home and Community-Based Services (HCBS) enrollment decisions, including In-Home Supportive Services (IHSS), are made at the county-level by county employees, not by community agencies like AAAs, ILCs or ADRCs.

Further, as a managed care state, many consumers access LTSS via their health plan, with referrals to CalAIM Enhanced Care Management (ECM), CalAIM Community Supports (CS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Home and Community-Based Alternatives (HCBA) waiver and the Assisted Living Waiver (ALW) originating with the health plan or a physician referral. The complexity of California’s ecosystem includes 58-county health and social services agencies as well as numerous Medi-Cal, Medicare Advantage, and Duals Special Needs Plans (DSNP) plans overlaying parallel aging and disability networks with differing geographic boundaries, e.g. 33 AAAs, 28 ILCs, 21 Regional Centers, 11 Caregiver Resource Centers (CRCs), and thousands of other community-based entities (hospitals, health systems, physician groups, and health plans) playing a central role in information, assistance, and referral.

B. Is the NWD intended to be a centralized point of entry, “one-stop” shop where a wide range of consumers and providers can access all their information needs in one place, or is information intended to be distributed among multiple, reliable community partners and platforms to encourage consumer choice and ease of access?

California’s LTSS system is inherently siloed due to statute, regulation, and categorical funding that defines program eligibility based on age, income, functional ability, condition, geography and other factors. Establishing a single point of entry on top of well-established entry points (e.g. county eligibility offices, AAAs, ILCs, CRCs, Regional Centers) adds additional infrastructure, administration, and personnel costs to an LTSS system that struggles to meet growing demand with limited local, state and federal resources. Ideally, a cadre of well trained “community navigators” would exist in a

variety of settings offering similar information, assistance and referral services – meeting consumers where they are. CDA is currently using a time-limited federal grant to pilot a Community Health Worker (CHW) approach to do just this as the role is now eligible for Medi-Cal reimbursement.

C. Who is the NWD system designed to support?

California, through the Master Plan for Aging, proudly aligns aging and disability and is a model of inclusion to other states and the nation. To advance NWD concepts, clarification is needed on who this system is being designed to serve in order to meet end-user expectations. Is this system intended for use by ages zero to 100+, all income and asset levels, and, if so, the vast resource needs of such a broad and diverse population would need to be understood by everyone who offers information, assistance and referral. Further, is this system designed for consumers-only, or is it intended for use by health care, social service, and other providers? Human-centered design principles require first identifying the target audience and actively and continuously seeking their direct input and preferences through every stage of development. CDA has engaged stakeholders throughout this process, gaining invaluable insights to inform future planning.

Clarity on the three questions above will drive future NWD decisions and guide resource allocation to other efforts, including any actions on the ADRC grant program.

Based on research led by CDA, it is premature to refer to California's NWD planning as a system. As illustrated below, California is still developing its framework and has yet to fully operationalize the elements of a NWD system.

The creation of the Aging and Disability No Wrong Door System must start with the design of the framework.



Elements of the Aging and Disability No Wrong Door System Framework	
Governance Structure	Collaborators / Stakeholders
Technology / Data	Continuum of Programs and Services
Processes / Navigation	Funding
Person-Centered Standards	Other Infrastructure
Equity / Accessibility (ADA, Language, Populations)	Branding / Communications / Outreach

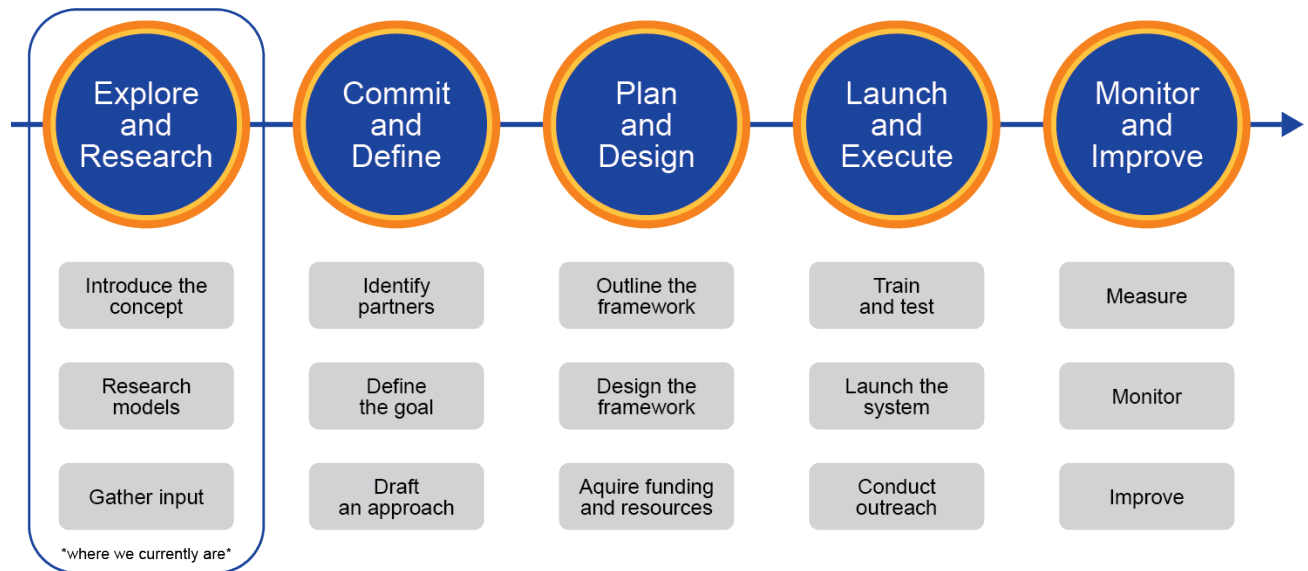
Collaborative Consulting

CDA’s recent federal NWD grant allowed the department to explore and research in collaboration with the Departments of Developmental Services (DDS), Health Care Services (DHCS), Rehabilitation (DOR), and Social Services (CDSS), the steps necessary to define, develop and implement a NWD system. With federal funding from ACL, CDA was able to lead a 22-month, multi-department engagement with Collaborative Consulting. The project scope included:

- **Phase I** - Establish Project Fundamentals and Ongoing Backbone Support (Key Deliverables: Project Plan, and California NWD System Introduction to Stakeholders Presentation)
- **Phase II** - Assess NWD Governance Opportunities and Explore State Leadership Council Development (Key Deliverables: LTSS Primer, Governance Research Primer, Person-Centered Practices Research Primer, Performance-Monitoring and Evaluation Research Primer, and Select State Profiles, State Government Partner Interviews)
- **Phase III** – Design, Plan and Launch the NWD State Leadership Council (Deliverables: NWD System Vision and Principles, NWD System Design Phases, and NWD System Governance Structure and Roles)

- **Phase IV** – Develop Tools to Support (Deliverables: NWD System Design Guide, IT Vendor Questions and Assessment Template, Local Model Inventory Template, Business Case Summary, and Programs Repository Recommendations)

This federal grant enabled California to form a time-limited State Leadership Council to **explore and research** the concept of a NWD system (see below). After successful completion of the grant project, California is now poised to move forward on the next phase of work: **commit and define**. This phase requires clarity on the size, scope, scale and budget implications of a future NWD system, acknowledging the resource needs of any state and/or local partners who participate in such a system.



In collaboration, the State Leadership Council agreed to a shared vision and principles:

Vision – Californians can readily access and navigate information and resources through the Aging & Disability No Wrong Door System to make informed decisions based on their needs and desires.

Principles – An ideal NWD system is:

- Person-Centered
- Accessible
- Equitable
- Navigable
- Accountable
- Collaborative

- Effective

Extensive research and core partner interviews conducted as part of the NWD governance project identified potential impediments to adoption of an ideal NWD system in California as follows:

System Enhancements – Explicit, prescribed use of local, state and federal funds impede the ability to redirect resources toward development of and continuous investment in a NWD system. Aging and disability programs receive limited administrative dollars and there is no direct funding for technology improvements.

Multiple Modalities – The COVID-19 pandemic transformed how consumers access information with increased demand for remote access, online resources and technology-enabled navigation assistance. Future planning requires exploration of in person and online modalities to scale navigation statewide.

Business Acumen – Local community partners may not have the legal, contracting or financial expertise or bandwidth to provide direct billing to Medi-Cal, Medicare, Veteran’s Administration or health plans. “Blending and braiding” funding, including Medicaid Administrative Claiming (MAC), is core to sustaining a NWD system.

Technology – For the most part, the aging and disability network still depends on antiquated data collection and reporting tools, and very few agencies have the capacity to perform secure data exchange with health care partners. Many of the resources available to consumers locally today are hard copy or static, in that there are web links but no interactive process, no Artificial Intelligence (AI) or chat features.

Data Security – Older adults, people with disabilities and family caregivers in need of LTSS often have complex needs with extensive health care, social service, financial, housing and demographic data. Consumers must provide consent for use of data, and only authorized agents can review and transmit data to ensure Health Insurance Portability and Protection Act (HIPPA) compliance. Too often, this results in “cold” referrals or “warm” hand-offs at best. Rarely can an entity work behind the scenes to facilitate eligibility or enrollment for a consumer due to HIPPA constraints. This drives repetitive and redundant intake processes at each entry point. **Note:** these are populations at high-risk of abuse, neglect, exploitation, and fraud, necessitating heightened data protection.

Oversight Entities – California’s collaborative approach to a NWD includes, at minimum, five departments within the California Health and Human Services (CalHHS) Agency (California Department of Aging, California Department of Developmental Services, California Department of Social Services, Department of Health Care Services, and

Department of Rehabilitation) in addition to other state agencies including Housing, Transportation, and Labor as well as federal entities such as Centers for Medicare and Medicaid Services, Housing and Urban Development, Veteran's Administration or Department of Labor. Other states with high-performing NWD systems have more centralized functions and fewer programs to oversee, the result of significantly smaller populations or consolidated structures.

Discrete Funding – Planning for a NWD system has been driven by the goodwill and good intentions among state partners and stakeholders with limited resources to support permanent staffing. Investments have primarily been short-term, one-time, federal planning grants or capped General Fund investments.

Marketing/Branding/Outreach – Community partners report being unknown or “invisible” and consumers report being overwhelmed by confusing acronyms and differing names for agencies. Core partners in this work: AAAs, ADRCs, CRCs, ILCs and Regional Centers each adopt their own logos and brands, as partially illustrated below. There is clear opportunity to simplify and streamline naming conventions; this is critically important as there are not sufficient resources to promote all entities simultaneously, nor is that what consumers want. The state can play a role in curating information and assistance at all levels, building towards a recognizable brand in the vein of First Five or Covered California.

The Diversity of AAA Branding in California



Moderate Consistency of Existing ADRC Branding in California



CDA, as the lead state department responsible for facilitating implementation of the Master Plan for Aging, prioritizes stakeholder engagement and creates opportunities for people with lived experience to express their opinions directly through listening sessions, focus groups, and the department’s Aging and Disability Lived Experience Advisory Board. In Fall 2025, six engagement sessions were conducted with middle-income adults over age 50, people with disabilities, and caregivers of middle-income adults, engaging a total of 33 people. Sessions were held in English, Spanish, and Cantonese. According to one participant, *“the most difficult part of aging in place is navigating the health care system.”* Navigating care was identified as a top priority, with consumers outlining their needs in this way:

Solutions Options | Navigation Care

Option #1 Online Directory	Option #2 Toll-Free Phone Help Line	Option #3 In-Person Resource Center	Option #4 24/7 Virtual Assistant
A website with up-to-date information about local programs, services, care, providers and costs, and tips for choosing care.	A number to call for help from a trained professional who can answer questions and connect people to local programs, services, and care providers.	Community places (e.g., senior centers or libraries) where older adults and families can meet with staff for help navigating local programs, services, care providers.	An online or phone-based tool available to answer questions, suggest resources, and help connect to local programs, services, and care provider

“Just thinking about isolation and loneliness as being factors that deteriorate the health of older adults. If they get an opportunity to be in front of somebody, that’s probably to their benefit, health-wise.”

“The only thing that I have an issue with is that some people have no way to go to the place where they actually have to be in person.”

“There are a lot of [people] who don’t leave their homes, who cannot leave their homes. They prefer the phone.”

“The toll-free hotline is great. I’d use it.”

Cost Considerations

California recently concluded Phase I of a multi-phased approach to designing, developing and implementing an NWD system. Future steps will determine the full scope and scale of the approach, and with greater specificity will come timelines and cost estimates.

Phase I: Explore and Research

Phase II: Commit and Define

Phase III: Plan and Design

Phase IV: Launch and Execute

Phase V: Monitor and Improve

In Phase II, partners would be identified, goals would be defined, and an approach would be drafted. During this phase the process for establishing Memorandums of Understanding (MOUs) with various government agencies that may participate in the NWD system would begin. Preliminary conversations with state partners across distinct program areas have been overwhelmingly positive as there is universal consensus on the need for streamlined access to information and a person-centered approach to navigation. Although an MOU is non-binding, drafting and executing MOUs will require extensive program, fiscal and legal review from each participating department, as well as approval by control agencies.

Utilizing Data for Action: A CalHHS Agency Guiding Principle

CDA implemented an initial data repository to support aging program data and the NWD approach in California. There is a need to centralize data for aging programs under CDA's purview and to build towards data sharing with programs that serve older adults. The data repository aims to help CDA: (1) better understand the services older adults receive throughout California within CDA's scope of influence; (2) develop data dashboards to illustrate program impact, quality and effectiveness across the state; (3) identify service gaps among CDA-administered programs; (4) elevate best practices that can be replicated statewide.

The data repository is a critical data management foundation for California's NWD approach by establishing the essential data capabilities to advance CDA's data practices. Further, it enables CDA to shift towards a more proactive data-driven approach. This will help CDA identify a sub-set of the needs of California's older adults, people with disabilities and family caregivers, and to develop strategies to address those needs.

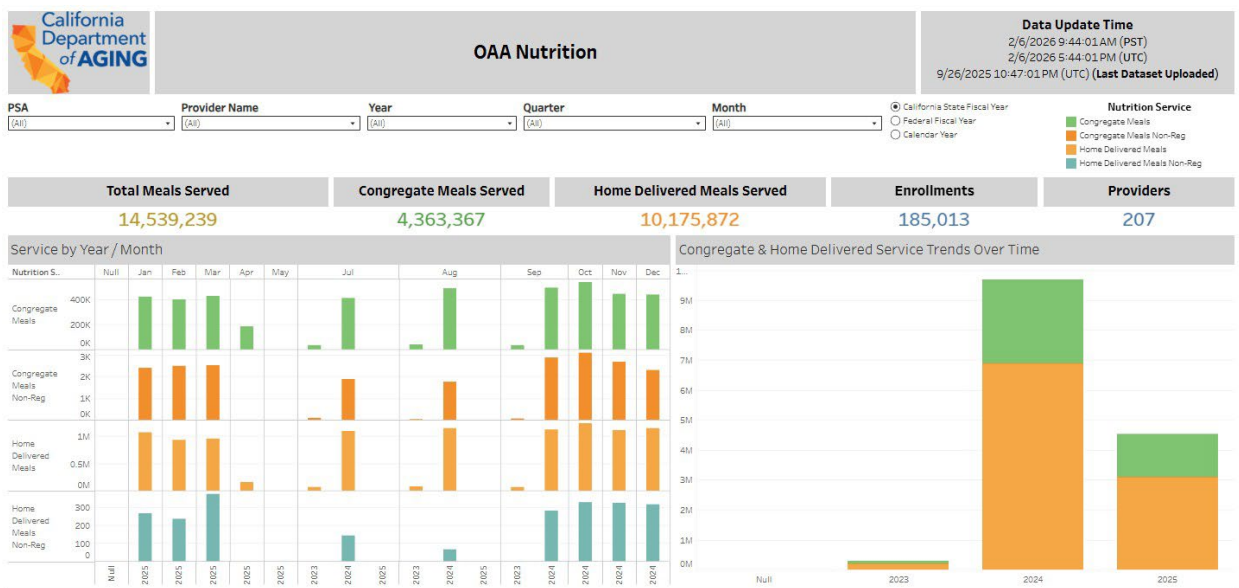
CDA leveraged \$5.9 million in federal HCBS funding for NWD/ADRC to implement the initial data repository and a proof of concept. In 2023, CDA contracted with a vendor to plan and develop the data repository. Phase 1 delivered: (1) a foundational data repository; (2) Long-Term Care Ombudsman (LTCO) Office data within the repository; and (3) new data governance practices.

In 2024, CDA used \$1.4 million of federal American Rescue Plan Act (ARPA) Funds for a vendor contract to strengthen the data repository foundation, CDA data governance, and data management capabilities. Phase II delivered new program data within the data repository including Older Americans Act (OAA) and the Office of the Patient

Representative (OPR) program data. This data was used to create new data dashboards and program insights for the LTCO, OPR, and OAA programs.

Current data repository resources and expertise are limited. CDA can only maintain the data repository as-is with no changes/updates. If resources become available, CDA will load additional data into the repository for other programs including Health Insurance Counseling and Advocacy (HICAP), Community Based Adult Services (CBAS), and the Multipurpose Senior Services Program (MSSP). This will enable integrated data reporting and greater data insights across CDA programs that underpin the state’s NWD system. Of note, CDA’s data dashboard has limited utility and does not include other departments’ programs.

Image below shows a view of the Older American’s Act Nutrition dashboard



Steps Toward a Statewide Aging and Disability Resource Connections (ADRC) Network

“We need clarity about what’s different within an ADRC and NWD than what communities are already doing. And then if it’s decided that the vision really should be more and better than what everyone’s doing, funding to help get there and funding to sustain it.”

– Stakeholder participant

While proven highly effective in a handful of other states (e.g. [Wisconsin](#)), the ADRC program has struggled to take hold in California because aging and disability agencies, unlike in other states, are not co-located or co-managed at the local, county or state level, nor is the network uniformly aligned with Medicaid to benefit from federal financial participation. California's aspirational vision has not yet translated into meaningful system change as the ADRC grant program is not available statewide due, in part, to limited General Fund (GF) investment and the voluntary nature of the program.

Starting in the early 2000's, federal government partners – led first by the Administration on Aging (AoA) and subsequently the Administration for Community Living (ACL), the Centers for Medicare and Medicaid Services (CMS) and the Veteran's Administration (VA), encouraged states to adopt the ADRC concept. This concept seeks to avoid unnecessary institutionalization and costly facility care by providing information on LTSS to help individuals remain in their communities. Federal partners describe the ADRC concept as "...address(ing) the frustrations many older adults, people with disabilities, and family members experience when trying to learn about and access long-term services and supports."

In advancing the ADRC concept, federal government partners encouraged states to raise visibility about the full range of available LTSS options; provide objective information, advice, options counseling and assistance; empower people to make informed decisions about their individual long-term services and supports; and help people access public and private programs. As the ADRC concept evolved over time, it centered on four services:

1. [Enhanced Information and Referral Services](#) - Comprehensive resource information and referrals via "warm handoffs" and follow-ups.
2. [Options Counseling](#) - Assist in identifying goals and needs through person-centered counseling and coordinating access to public and privately funded LTSS in the community.
3. [Short-Term Service Coordination](#) - Access to LTSS for individuals at risk of institutionalization, generally for 90 days or less, until a longer-term plan is in place.
4. [Transition Services](#) - For people who are currently in a hospital, nursing facility, or other institution and wish to receive LTSS at home or in a community-based setting.

The CDA, in collaboration with DOR and in partnership with DHCS, currently leads a network of designated and emerging ADRCs. To date, 30 out of 58 counties in California have a designated ADRC supporting their local communities. Currently, two counties

have an emerging ADRC positioned for designation upon funding availability. A full listing is provided at the end of the report.

With existing funding (\$10M General Fund, annually), just over half of all California counties have a designated ADRC program. California's statute established ADRC as an elective grant program subject to voluntary application and periodic contract renewal and thus, there is not a consistent statewide grant program given the level of investment supporting the program.

"States with successful ADRCs and NWD systems, those generally were created under mandates from the governor or the Legislature saying, 'You're going to do this now.' Whereas if it is voluntary or a grassroots effort, some will do it well, others will not."
– Stakeholder participant

Advocates in recent years have sought augmentation for the ADRC program. The California Association for Area Agencies on Aging (C4A), in their 2025-26 budget letter stated "C4A knows that a fully funded statewide ADRC "NWD system" would require \$62M GF annually."

"You can't grow a statewide network with a finite amount of money so that every time you add a part of the network, you reduce the money across the board. That won't sell the model."
– Stakeholder participant

CDA is fortunate to have had access to philanthropic and federal funding to support extensive research and stakeholder engagement to advance the ADRC program in California, as follows:

- ADRC/NWD SWOT Assessment

Funding Source: MPA Foundation Partners (Archstone Foundation, Metta Fund, Rosalinde and Arthur Gilbert Foundation, The SCAN Foundation, May and Stanley Smith Charitable Trust)

Funding Amount: \$126,225

Awardee: Collaborative Consulting

This SWOT assessment consists of three parts. The first involves a summary of stakeholder and focus group interviews with key stakeholders of the ADRC program. The second involves a summary of promising practices of other states' ADRC and NWD programs, initiatives, and systems. The third part involves a gap analysis of California's ADRC program, a desk review of the California ADRC program (e.g., policies, practices, data, etc.), and the synthesis of the research from parts one and two above.

Stakeholder Summary - In interviews with 37 AAA, ILC, ADRC, and ADRC advisory committee members, the following themes emerged:

1. There is broad belief in and support for the ADRC model.
2. Formal relationships are critical for the program's expansion and success.
3. Some AAAs and ILCs lack readiness to pursue or sustain ADRCs.
4. The budget and funding scheme must expand and improve.
5. Designation criteria, requirements, and support may need to change.
6. More state-level stakeholders and champions are needed.
7. There are conflicting views on ADRC branding and marketing.
8. A statewide NWD system is desirable but currently hard to imagine.

"I don't think the consumer really cares whether it's ADRC or No Wrong Door or Hubs and Spokes or AAA, whatever you want to call it. They don't care. They just want to be served in the easiest way possible." – Stakeholder participant

Promising Practices – the SWOT analysis focused on six areas where other states showed promising practices:

1. Governance & oversight
2. Partnerships
3. Funding
4. Capacity building & support
5. Information systems
6. Communications

While California's evolving ADRC model has strengths in each of these promising areas, it was clear that improvement could be made across the board, namely: enhanced data collection, site compliance, training standards and accreditation, statewide website and consumer portal, centralized resource directory, and revenue diversification and generation.

- ADRC Business Plan

Funding Source: Federal HCBS funds

Funding Amount: \$460,000

Building off the SWOT analysis, CDA retained Manatt Health to conduct a Business Plan. This work relied on:

- Extensive engagement with currently designated and emerging ADRCs
- Participation from AAAs and ILCs
- Input from consumers and stakeholders
- Research on best practices in other states

Building off the insights from the SWOT analysis, the Business Plan outlined:

- A. Overall Priorities - quantification on investment needs; stakeholder engagement for new designation criteria, infrastructure grant methodology, and training standards; agreed-upon data needs, performance metrics and IT requirements.
- B. Governance and Administration - strengthening the visibility of DOR; cross-training or dual-learning series; regional strategies and rural coverage.
- C. Partnerships - refining inventory of organizations that serve ADRC consumers to expand consumer entry points and explore intersection with health plans/CalAIM.
- D. Funding - new funding methodology to ensure principles of fairness, equity and sustainability; conduct a pilot Return on Investment study; broaden participation in MAC activities.
- E. Capacity Building - redesigning ADRC designation criteria; host annual Technical Assistance conference; develop FAQ and repository of best practices.
- F. Information Systems - comprehensive performance monitoring strategy; reports/dashboards that translate into benchmarks; establish statewide common intake process.
- G. Communications – marketing templates and associated branding guide; track consumer experience data; conduct focus groups on user experience.

- No Wrong Door State Governance Grant/California NWD State Leadership Council (SLC)

Funding Source: Administration for Community Living Center for Innovation and Partnership No Wrong Door System Governance

Funding Amount: \$450,000

As noted previously, through the NWD State Governance Grant, CDA worked with Collaborative Consulting to advance two objectives: (1) the planning and formalization of the NWD SLC and its oversight structure and (2) guide the direction of the State's

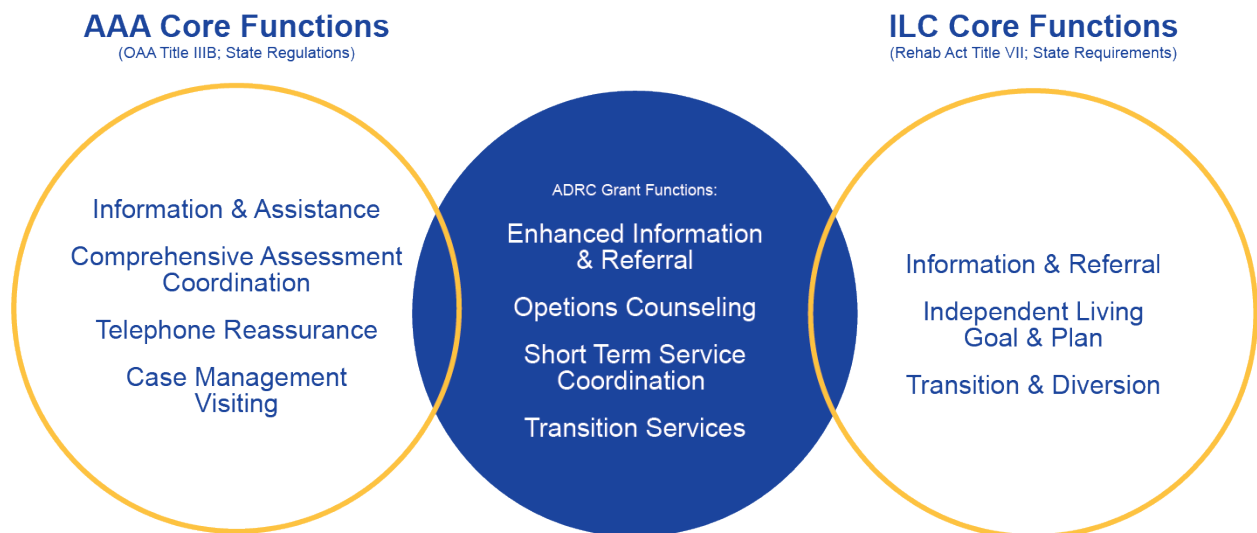
NWD system to build connections and pathways that support older adults, people with disabilities, and caregivers to successfully access LTSS in California.

In Conclusion

Through research and stakeholder engagement, it has become clear that the ADRC's four core navigation functions are most important to strengthen and sustain. With calls from consumers for more streamlined services and providers seeking relief from administrative burdens, California may find augmenting AAA and ILC structures with enhanced ADRC core functions to be the most equitable and sustainable way to accelerate expansion of ADRC core services statewide. This "incremental" change could maximize existing AAA and ILC administrative structures, office locations and personnel, as well as leverage program oversight already provided by CDA and DOR.

"People say creating an ADRC is like building a whole new organization. I don't want to build a whole new organization. I just want to enhance what we have already going on."
– Stakeholder participant

In examining the role of the ADRC program in the context of existing aging and disability infrastructure, this visual illustrates the interrelationship between AAAs, ADRCs, and ILCs.



Recent AAA transitions in San Luis Obispo, Santa Barbara, and Ventura counties have uncovered inherent flaws with the current ADRC grant program. Over time, the ADRC designation process has created a high barrier to entry – in part to maximize resources, but also to impose formal partnerships on AAAs and ILCs. The due diligence to become an Emerging or Designated ADRC is burdensome while oversight and accountability post-grant award continues to be improved. CDA and DOR are revisiting the original intent of the grant program – to build infrastructure and local capacity where none exists. Program integrity is paramount, and CDA and DOR will explore with ADRC programs and community partners how best to equitably fund and sustain the grant program statewide. Options may include:

- Reevaluate base funding for emerging and designated ADRCs to maximize potential opportunities for new ADRCs in the 28 counties without an ADRC.
- Adopt a person-centered, data-driven ADRC funding formula that aligns with equity goals.
- Issue new grant renewal criteria for designated ADRCs.
- Consider an allocation methodology to allow every AAA and ILC in the state to participate in the program if they commit to integrate core ADRC functions.
- Reallocate unspent designated ADRC dollars toward emerging or new ADRCs.
- Improve data collection at each ADRC core partner site to demonstrate program reach and effectiveness.

Promising Solutions

In alignment with California’s progress toward a NWD system and steps toward a statewide ADRC network, CDA has prioritized raising public awareness and promoting access to resources.

In 2025, CDA:

- Distributed 414,414 Aging Resource Guides in 7 languages
- Distributed 64,490 Emergency Preparedness Guides, a partnership with DOR and OES, also available in 7 languages
- Saw 127% increase in website views at aging.ca.gov
- Received almost 90,000 calls to the California Aging and Adult Information Line (CAAIL)
- Participated in three televised town halls with ABC-Disney in San Mateo, Fresno and Glendale reaching 34,000 viewers as of August 2025.

- Joined AARP for a statewide Tele Town Hall on emergency preparedness reaching over 3500 California older adults and caregivers

This year, CDA plans to redesign a more user-friendly aging.ca.gov with a clearer focus on providing aging- related information in a way that is easier for the public to find and understand. Feedback from focus groups held across the state in multiple languages showed that many older adults, people with disabilities, and caregivers have difficulty navigating websites and understanding complex or technical language. Based on that input, CDA is updating its website to be more user-friendly, with simpler language and clearer organization of information about aging programs and services. [Aging.ca.gov](http://aging.ca.gov) will remain CDA's primary public website and is intended to support Californians looking for reliable aging information, alongside other statewide resources such as the CA Adult Aging Information Line (1-800-510-2020), AAAs and CRCs, and ADRCs in some communities.

CDA is also proud to promote the Administration's own "No Wrong Door" approach for the public through [California's Community Resource Guide](#) which features extensive information on statewide aging and disability services. In addition, as many local partners contract with 211 for information and assistance, CDA is a partner in promoting [211 California](#) as an accessible tool for older adults, people with disabilities and caregivers.

Goal #3 in the Governor's Master Plan for Aging calls on all of us to promote Inclusion and Equity, Not Isolation. Improving LTSS system navigation brings California closer to achieving this goal for all ages and abilities.