



**Fiscal Year 2021-22 Enacted Budget:**  
**Investments at the California Department of Aging (CDA)**  
***Updated July 2021 with the Governor's Enacted Budget***

The 2021-22 Enacted Budget includes significant new investments to build an age and ability-friendly California and support the growing and diversifying population of older adults, people with disabilities, and family caregivers. California's more than 8.6 million adults 60 and over and their families faced serious risks and devastating losses during COVID-19. The Enacted Budget:

- Responds to the urgent needs of older adults, adults with disabilities, and caregivers for recovery from the pandemic
- Supports the resilience of California's older and disabled adults, who are helping lead our communities, families, and State in building a California for all ages.
- Invests in California's networks of aging and disability services to build back better, with greater alignment and coordination of person-centered, equity-focused, and data-driven services.

The Enacted Budget has comprehensive investments to advance the goals of the [Master Plan for Aging](#) (released on January 6, 2021), to build a California for all Ages by 2030. The Plan was informed by valuable input from the public, stakeholders, the Legislature, the Cabinet Work Group, and the Governor's Task Force on Alzheimer's Disease Prevention and Preparedness. The Master Plan sets forth five bold goals for 2030 with 23 strategies and outlines over 100 specific initiatives for 2021-22 – all to advance housing for all ages and stages; health care reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging. The final budget includes major investments on housing, health, and climate, among other priorities, that will benefit Californians of all ages; there are also , targeted new, and continuing investments in older adults across multiple departments in the Cabinet and the California Health and Human Services Agency. See those Agencies and Departments for their respective budget summaries, and a MPA Budget Summary will be released in coming weeks

The Enacted Budget also includes a range of catalytic investments at the Department of Aging as part of the Administration's comprehensive approach to advance a California for All ages. This document summarizes the Fiscal Year (FY) 2021-22 Enacted Budget investments at CDA. It includes elements proposed to be funded as part of the DHCS-led Home and Community Based Services Spending Plan, submitted to the federal government for approval on July 12.

Critically, the federal government continues to support state and local aging programs during

the COVID crisis with significant stimulus and relief funding included in the 2021 Consolidated Appropriations Act (H.R.133), which includes vaccine funding for the Area Agencies on Aging; the 2021 Coronavirus Response and Relief Supplemental Appropriations Act which includes vaccine funding for the Aging and Disability Resource Connections and Elder Justice; and the 2021 American Rescue Plan (H.R.1319 T). These federal investments are summarized at the end of the document.

## **1. PUBLIC INFO AND ASSISTANCE WITH AGING AND DISABILITY FOR ADULTS AND FAMILIES Aging and Disability Resource Connection (ADRC)/No Wrong Door**

**(Local Assistance: \$7.5 million General Fund in 2021-22 and \$10 million General Fund ongoing, State Operations: \$2 million General Fund ongoing)**

The Enacted Budget removes ADRC program suspensions to provide local assistance funding of \$7.5 million in 2021-22 and \$10 million ongoing for The ADRC Infrastructure Grants program. Additionally, the Budget includes \$2 million ongoing to support 13.0 permanent positions to support the ADRC program. The ADRC Infrastructure Grants program supports efforts by local Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) to set up a statewide network of ADRCs. The ADRC program, also known as “No Wrong Door,” was a key recommendation of both the Master Plan for Aging Stakeholder Advisory Committee and the Task Force on Alzheimer’s. The ADRC program is the State’s only coordinated “one-stop” telephone and online access that enables a single point of entry for older adults and people with disabilities, regardless of age, income, or disability, to navigate their local systems of long-term services and supports. ADRC programs provide warm hand-off information and referral/assistance services, person-centered options counseling, short-term service coordination during times of crisis, and transition services from hospitals to home and from skilled nursing facilities back into the community. There are currently six designated and 11 emerging ADRC programs in the State, and this funding will enable the establishment of ADRC programs throughout the State.

The permanent staffing resources will allow CDA to support the administration of the grant program and to provide the ADRC network with statewide oversight, coordination, training, and technical assistance. CDA will develop centralized services and resources to prevent duplication of efforts by local ADRCs such as a statewide website and phone line. CDA will also work to establish the administrative capacity for the ADRC program to draw down federal funding through Medicaid Administrative Claiming.

In addition, the Older Adults’ Recovery and Resilience investment funding (see below) includes a \$9.4 million General Fund one-time for ADRC.

**Aging and Disability Resource Connections (ADRC)/No Wrong Door (\$5M enhanced federal funding One-time)**

California is establishing a statewide “No Wrong Door” system (or Aging and Disability Resource Connections), so the public can easily find information, person-centered planning,

and care management for older adults and adults with disabilities across the range of home and community services provided by health plans (i.e., CalAIM “In Lieu of Services”) community-based organizations (CBOs), and counties. This investment supports the *interoperability* between the proposed ADRC technology and data systems with CBOs, health plans, and counties, in line with the CalAIM goals for statewide Managed Long-Term Services and Supports for all Californians participating in Medi-Cal and with the proposed Office of Medicare Innovation and Integration. This will further the various aging proposals included in the Enacted Budget and further deliver the vision of the Master Plan for Aging, which calls for California communities to build a California for All Ages where people of all ages and abilities are engaged, valued, and afforded equitable opportunities to thrive as we age.

In addition, one-time funding for ADRC/No Wrong Door to support *customer-facing technology* statewide is included in the Older Adult Recovery and Resilience, discussed below.

- **Health Insurance Counseling and Advocacy Program Modernization (HICAP)**  
**(\$2 million HICAP Fund annually in 2021-22 and 2022-23)**

HICAP provides free, confidential one-on-one counseling, education, and assistance to individuals and their families on Medicare, Long-Term Care insurance, other health-insurance related issues, and planning for Long-Term Care needs. HICAP also provides legal assistance or legal referrals in dealing with Medicare or Long-Term Care insurance-related needs. The total baseline funding for HICAP is \$13.6 million. In 2019-20, the program served 63,255 older adults.

The Enacted Budget provides two-year limited-term resources to modernize HICAP and address the growing older adult population. These resources include 3.0 state positions to develop, implement, and lead HICAP modernization efforts and local assistance funding to allow local HICAPs to hire 1.0 fulltime Volunteer Coordinator.

## **2. HOME AND COMMUNITY LIVING OPTIONS AS WE AGE**

- **Older Adults’ Recovery and Resilience**  
**(\$106 million General Fund one-time))**

The Enacted Budget provides a one-time General Fund investment of \$106 million, available over three years, to strengthen older adults’ recovery and resiliency from the severe isolation and health impacts from staying at home for over a year due to the Coronavirus pandemic. This investment will facilitate older adults’ reengagement with in-person community activities and services through the network of aging and disability services provided locally by Area Agencies on Aging. The investments include \$2.1 million one-time for the Behavioral Health Warmline; \$17 million one-time for Digital Connections; \$1 million one-time for Elder and Disability Abuse Prevention; \$20 million one-time for Legal Services; \$17 million one-time for Employment Opportunities; \$20.7 million one-time for Home-Delivered and Community Center Meals; \$10 million one-time for Fall Prevention and Home Modification; \$2.8 million one-time for Family Caregiving; \$9.4 million one-time for Aging and Disability Resource Connections; and \$6 million one-time for State and Local Leadership and Oversight.

- **Senior Nutrition: Home and Community Meals**  
**(\$31.8 million General Fund in FY 21-22 and \$52.5 million ongoing)**

Total baseline funding for Senior Nutrition programs is \$117.8 million (\$26.1 million GF). Senior Nutrition programs provide 19,325,463 meals to 222,448 unduplicated participants in 2019-20. With additional federal Families First Coronavirus Response Act (FFCRA) and Coronavirus Aid, Relief, and Economic Security (CARES) Act funds, the AAAs were able to provide an additional 2,825,981 meals to older adults in 2019-20.

The Enacted Budget removes Senior Nutrition program suspensions to provide local assistance funding of \$52.5 million ongoing. The Senior Nutrition Program provides both home-delivered and congregate meals at community and seniorcenters and nutrition education and nutrition-risk screening to individuals aged 60 or older. During the COVID-19 pandemic, a record number of meals have been delivered to older adults athome due to increased federal, state, and local funds.

In addition, the Older Adults' Recovery and Resilience investment funding (see above) includes a \$20.7 million General Fund one-time for the Senior Nutrition Program.

- **Senior Nutrition: Capacity**  
**(\$40 million General Fund one-time)**

The legislature has provided CDA with \$40 million to fund capacity and infrastructure improvement grants for senior nutrition programs under the Mello-Granlund Older Californians Act until June 30, 2024. The grants shall prioritize purchasing, upgrading, or refurbishing infrastructure for the production and distribution of congregate or home-delivered meals, including, but not limited to, any of the following: Production-scale commercial kitchens; warming, refrigeration, or freezer capacity and equipment; food delivery vehicles; improvements and equipment to expand capacity for providers of meals; and technological or data system infrastructure for monitoring client health outcomes. Grants will be awarded through Area Agencies on Aging. All contracted meal-providers must work with their local Area Agency on Aging to develop a coordinated and consolidated request for proposal on behalf of each Planning and Service Area to obtain funding through this grant program.

- **Supportive Services & Family Caregiving**

Total baseline funding for Supportive Services & Family Caregiving is \$61.5 million. These servicesenable individuals to access the support necessary for them to remain independent in their communities, continue in their caregiving role, and/or receive long-term care services appropriate to their needs. These programs provide services in the community to adults 60 yearsof age or older and their family caregivers.

In addition, many supportive services for home and community living received additional funding from Older Adults Recovery and Resilience, discussed above, and in specific General

Fund investments, detailed below for falls prevention and access to technology.

- **Fall Prevention / Home Modifications**  
**(\$5 million GF from 2019-20, Reappropriated through 06/30/2022)**

The Dignity at Home Fall Prevention Program was established in 2019-20 with a one-time \$5 million GF appropriation to provide grants to the local AAAs for information and education on injury prevention; referrals to related resources and services; and home environmental assessments and assessments of individual injury prevention needs, including instructions on behavioral, physical, and environmental aspects of injury prevention. The program originally had a sunset date of 06/30/21. CDA has been granted a reappropriation until 06/30/2022, which allows AAAs to expend and liquidate funds through 06/30/22.

The Master Plan for Aging Implementation investment funding (see above) also includes 1.0 limited-term staff position to continue oversight of the program.

In addition, the Older Adults' Recovery and Resilience investment funding (see above) includes a \$10 million General Fund one-time for Fall Prevention and Home Modification.

- **Access to Technology for Older Adults**  
**(\$50M General Fund One-time)**

The legislature has provided CDA with \$50 million to fund the Access to Technology Program for Older Adults and Adults with Disabilities pilot program until June 30, 2024. The purpose of this program is to provide grants directly to county human services agencies that opt-in to participate in the pilot program, to increase access to technology for older adults and adults with disabilities to help reduce isolation, increase connections, and enhance self-confidence.

- **Alzheimer's Day Care and Resource Centers**  
**(\$5M enhanced federal funding One-time)**

The COVID-19 pandemic has masked and accelerated cognitive decline in older adults and increased the isolation and stress of older adults and caregivers living with dementia. More than 690,000 older adults and 1.62 million family caregivers in California live with dementia, with women and people of color disproportionately susceptible to the disease and overwhelmingly providing the care. Dementia-capable services at licensed Adult Day and Adult Day Health centers provide services in the community vital to the health and well-being of diverse older adults and families, prevent institutionalization, and advance health equity. This furthers the recommendations for the Governor's Task Force on Alzheimer's Prevention and Preparedness.

- **Community-Based Adult Services (CBAS) Certification Workload**  
**(\$1.9 million [\$773,000 General Fund] in 2021-22 and \$2.4 million [\$946,000 General Fund] ongoing)**

The CBAS program, also known as Adult Day Health, is an alternative to skilled nursing facilities for those individuals who are capable of living at home with the aid of appropriate health, rehabilitative, personal care, and social services. In 2019-20, the Community-Based Adult Services program served 35,044 individuals at the 257 Community-Based Adult Service centers. The Enacted Budget provides an increase of 10.0 permanent positions to allow CDA to keep up with increased certification workload in the program and to lead innovative efforts to improve the provider certification process. It is estimated that the CBAS network will continue to increase by 12 or more new centers annually. This staffing investment will allow CDA to process the applications in a timely manner and maintain the bi-annual recertifications to ensure the well-being and safety of older adults that rely upon these centers.

- **Multipurpose Senior Services (MSSP)**

The MSSP provides both social and health care coordination services to assist frail individuals aged 65 or older to remain in their own homes and communities. Historically, the MSSP serves approximately 11,370 participants a year in 9,232 slots across 38 sites. Total baseline funding for MSSP in FY 2020-21 was \$23.6 million (\$21.8 million General Fund).

The Enacted Budget provides increased funding of \$6.3million in FY 21-22 and \$11.7million ongoing to increase slots by 2,497 and make the temporary supplemental rate increase from the Budget Act of 2019 permanent. The MSSP is a vital resource to ensuring that frail older adults can avoid unnecessary long-term care institutionalization.

- **Adult Family Homes Pilot for Older Adults  
(\$9.1M enhanced federal funding, \$2.6M Ongoing)**

Adult Family Homes offer the opportunity for up to two adult individuals to reside with a family and share in the interaction and responsibilities of being part of a family unit, while the family receives a stipend and support from a local Family Home Agency (FHA) for caregiving for the adult individual(s). California will pilot Adult Family Homes for older adults in one county, with the Department of Developmental Services (DDS) assisting the Department of Aging (CDA) in developing and operating the program. This pilot is based on the successful program serving adults with developmental disabilities currently run by the DDS. Interested family homes are assessed and receive background clearances from a non-profit FHA under contract with a Regional Center. DDS performs oversight over the Regional Center and the FHA. CDA will mirror this model with a pilot in one Area Agency on Aging and one of the existing non-profit FHAs. Moreover, this furthers the vision and recommendations of the Master Plan for Aging.

- **Baseline Administrative Funding for Area Agencies on Aging (33)  
(\$3.3 million ongoing)**

The Enacted Budget includes increased baseline funding for the AAAs to use in the

administration of their programs, recognizing the networks' increasing responsibilities for serving people, achieving outcomes, and leading partnerships.

### **3. RESIDENTS' WELL-BEING IN LONG-TERM CARE FACILITIES**

- **Office of the State Long-Term Care Ombudsman**

The Long-term Care Ombudsman serves as advocates for residents of long-term care facilities. The State Long-Term Care Ombudsman and the local Ombudsman representatives seek resolution of residential facility complaints to ensure residents' rights, dignity, quality of care, and quality of life. Statewide, approximately 723 state-certified Ombudsman volunteers and paid local Long-Term Care Ombudsman Program staff to identify, investigate, and resolve complaints and concerns in over 1,200 skilled nursing facilities and approximately 7,300 residential care facilities for the elderly. Total baseline funding for the program is \$17.4 million (\$9.2 million General Fund).

- **Office of the Long-Term Care Patient Representative  
(\$4 million Licensing & Certification Fund ongoing)**

The FY 2021-22 Enacted Budget includes 6.0 permanent positions and local assistance funding to support local patient representative programs contracted by CDA. The Office will provide representation on skilled nursing facilities' (SNF) and intermediate care facilities' (ICF) medical decision-making interdisciplinary teams to patients who lack the capacity to make their own health care decisions, who do not have a legally authorized decision-maker, and who do not have family member or friend who can act as a patient representative.

### **4. DIRECT CARE WORKFORCE**

- **Direct Care Workforce (non-IHSS) Training and Stipends  
(\$150M enhanced federal funding One-time)**

Direct care jobs are central to the economy: they are the largest (696,000) and fastest-growing occupation in the State. Direct care is also essential to aging and disabled adults maintaining health and well-being while living at home – especially during the pandemic, direct care workers have provided critical care for adults staying home and staying safe from COVID-19. However, these care economy jobs often have limited training, compensation, and career paths and, as a result, inequitably burden the women, immigrants, and people of color who largely perform this work. These sector challenges also can lead to HCBS program providers and care recipients experiencing high turnover and staffing shortages.

A new statewide Direct Care Workforce Training and Stipends Program leveraging on-line learning innovations, rooted in adult learner principles, and delivered in multiple languages

with cultural competency will be provided to direct care workers caring for adults in HCBS (non-IHSS) programs. A statewide Training and Stipend Program provides the foundation for and drives many positive outcomes in HCBS: for the care worker, these benefits include increased skills, satisfaction, and retention, as well as opportunities to advance on career and wage ladders; for the older and or disabled adult, the benefits include increased health and well-being from high-quality care and the prevention of unnecessary institutionalization. This investment furthers the Governor's goal to incentivize, support and fund career pathways for non-IHSS direct care HCBS providers, to build on their experience to obtain a higher-level job in the home care and or health care industry.

## 5. MASTER PLAN FOR AGING IMPLEMENTATION

- **Master Plan for Aging Implementation (Phase I)**  
**(\$3.3 million General Fund ongoing)**

The Enacted Budget includes \$3.3 million General Fund ongoing to fund 20.0 permanent positions that will support the Master Plan for Aging (MPA) implementation. These positions will provide MPA support through policy, technology, data, project management, and technical assistance. This investment is first step in developing a CDA infrastructure that can inform and advance the work of the five MPA goals across the Administration and with all stakeholders and partners:

1. Housing for all ages.
2. Health reimagined.
3. Inclusion and equity, not isolation.
4. Caregiving that works.
5. Affording aging.

The work of the MPA is being tracked through the Data Dashboard for Aging, the stakeholder oversight committee (IMPACT) announced and convened in July 2021, and the periodic report process. The first progress report was released July 2021.

---



### **Federal Stimulus Funds and New COVID Relief Funds Included in the Federal 2021 Budget**

The federal stimulus funds passed to date provided needed funding for aging programs for older adults so that they had access to services while they are under stay-at-home orders.

- The Families First Coronavirus Response Act (FFCRA) provided California \$25 million for Senior Nutrition programs.
- The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided California \$50 million for Senior Nutrition programs, \$31 million for Supportive Services and Family Caregiving, \$3 million for ADRCs, and \$2 million for LTC Ombudsman programs.
- The Consolidated Appropriations Act 2021 provided California \$17.5 million for the Senior Nutrition programs, and \$5.2 million for Expanding Access to COVID-19 Vaccines via the Aging Network .
- The Coronavirus Response and Relief Supplemental Appropriations Act (CRSSA) 2021 provided \$417,000 to LTC Ombudsman for Elder Justice activities and \$1.6 million (ADRCs) for expanding COVID-19 vaccine access for older adults and adults with disabilities
- The American Rescue Plan will provide California with \$47.7 million for Supportive Services (Title III-B), \$77.8 million for Senior Nutrition programs (Title III-C1/C2), \$4.6 million for OAA Preventative Health programs (Title III-D), \$14.9 million for Family Caregivers (Title III-E) and \$1.0 million for LTC Ombudsman (Title VII).

2021-22 Enacted Budget including HCBS Spending Plan at CDA Investments for Aging

July 1, 2021 Enacted Budget					
Program	Enacted Budget FY 2021-22	Spring Finance Letters	Legislative Investments	FY 2021-22	FY 2022-23
Supportive Services	\$ 61,584,000	\$ 52,570,000	\$ 53,500,000	\$ 167,654,000	\$ 68,725,617
Congregate Meals	\$ 60,401,000	\$ 6,754,000		\$ 67,155,000	\$ 62,523,000
Home-Delivered Meals	\$ 57,360,000	\$ 16,163,000	\$ 54,300,000	\$127,823,000	\$ 92,778,000
Preventative Health				\$	\$
Family Caregiver				\$	\$
Ombudsman	\$ 18,376,000	\$ 9,000		\$ 19,385,000	\$17,400,000
Elder Justice	\$	\$1,000,000		\$	\$
Office of the Long-Term Care Patient Representative	\$	\$2,506,000		\$2,506,000	\$ 3,994,000
ADRC	\$ 5,000,000	\$ 14,336,000		\$ 19,336,000	\$ 12,510,000
Master Plan for Aging		\$ 1,687,000		\$ 1,687,000	\$ 1,947,000
Policy & Planning		\$ 1,412,000		\$ 1,412,000	\$ 1,382,000
Health Insurance Advocacy and Counseling Program	\$ 13,625,000	\$ 2,059,000		\$15,684,000	\$ 15,666,000
Medicare Improvements for Patients and Providers Act	\$ 2,241,000			\$ 2,241,000	\$ 2,241,000
Senior Community Employment Service Program (Title V)	\$ 7,944,000	\$ 17,167,000		\$ 25,111,000	\$ 8,360,000
Community-Based Adult Services	\$ 5,845,000	\$ 1,895,000		\$ 7,740,000	\$ 8,263,000
Multipurpose Senior Services Program	\$ 23,568,000		\$ 6,300,000	\$ 29,868,000	\$ 35,268,000
Alzheimer's Grant	\$ 311,000			\$ 311,000	\$ 311,000
<b>TOTAL</b>	<b>\$ 256,255,000</b>	<b>\$ 117,558,000</b>	<b>\$ 114,100,000</b>	<b>\$ 487,913,000</b>	<b>\$ 331,368,617</b>

2021-22 Enacted Budget including HCBS Spending Plan at CDA Investments for Aging

Federal Stimulus Funds						
Program	Families First Coronavirus Response Act*	Coronavirus Aid, Relief, and Economic Security Act*	Consolidated Appropriations Act & CRRSA	American Rescue Plan	Vaccines	Federal COVID- 19 Funding Total
Supportive Services		\$ 20,905,320		\$ 47,733,534	\$ 5,214,498	\$ 73,853,352
Congregate Meals	\$ 8,362,127			\$ 31,130,568		\$ 39,492,695
Home-Delivered Meals	\$ 16,724,254	\$ 50,172,762	\$ 17,520,750	\$ 46,695,851		\$ 131,113,617
Preventative Health				\$ 4,565,817		\$ 4,565,817
Family Caregiver		\$ 10,331,215		\$ 14,893,335		\$ 25,224,550
Ombudsman		\$ 2,090,531		\$ 1,037,686		\$ 3,128,217
Elder Justice			\$ 417,159			\$ 417,159
Office of the LTC Patient Representative						\$ -
Aging & Disability Resource Connection		\$ 3,005,000			\$ 1,562,836	\$ 4,567,836
<b>TOTAL</b>	<b>\$ 25,086,381</b>	<b>\$ 86,504,828</b>	<b>\$ 17,937,909</b>	<b>\$ 146,056,791</b>	<b>\$ 6,777,334</b>	<b>\$ 282,363,243</b>