

# 2026-27 Strategic Focus

### Sustaining California's Care Infrastructure: Ensuring Stability, Access, and Affordability for the Future

California's population is changing, with more residents living longer and experiencing evolving health and care needs. By 2040, the number of Californians aged 80 and older will more than double – growing from roughly 1.3 million to nearly 2.8 million – making it the state's fastest-growing age group. At the same time, one in four Californians lives with a disability. While many in the aging population are also part of the disability community, this diverse group includes individuals of all ages, backgrounds, and cultures who experience physical, mental health, or developmental disabilities.

Thanks to the state's commitment to long-term services and supports (LTSS) and advances in healthcare, Californians with disabilities and those growing older are living longer, healthier, and more independent lives. This shift reflects decades of medical and technological progress and underscores the need for California's health, housing, and care systems to evolve alongside the people they serve.

In response, the California Collaborative for Long-Term Services and Supports (CCLTSS) is advocating for three priorities to protect and sustain California's care infrastructure and prepare for the future.

- Protect Access to Health Care and HCBS for California's Older Adults and People with Disabilities
- 2 Support Caregivers as the Lifeline of California's Care System
- 3 Ensure Accessible & Affordable Housing so Californians Can Age in Place with the Supports They Need



## Protect Access to Health Care and HCBS for California's Older Adults and People with Disabilities

Protecting access to coordinated health care and HCBS is essential to maintaining continuity across the state's care systems and maximizing the impact of public investments. When people receive the right care at the right time – through primary care, community-based programs, or in-home support – outcomes improve, hospitalizations decline, and costly institutionalization can often be prevented. The state has made significant investments across its health and long-term care ecosystems, strengthening access, coordination, and quality across programs. Protecting these gains is critical to preserving fiscal efficiency and preventing the erosion of a coordinated system that is already delivering measurable returns for residents and the state.

For the 12 Community Supports services studied under CalAIM, nine already demonstrate net cost reductions in inpatient, emergency, or long-term care use – including Housing Deposits (31.6%), Personal Care & Homemaker Services (58.4%), and Respite Services (61.3%).

A 10% reduction in Medi-Cal HCBS would shift roughly 3% of participants into nursing facilities – raising net state expenditures by \$57 million in the first year and \$1.17 billion over five years.

Yet even a strong system must continue to evolve to meet changing needs and economic realities. Expanding affordability is the next frontier in sustaining access and opportunity for all Californians. Many older and disabled adults – particularly those in the low- to middle-income range – fall into a widening gap: earning too much to qualify for Medi-Cal yet unable to afford private-pay long-term care or rising out-of-pocket costs. The "middle" is slipping into financial insecurity as health, housing, and caregiving expenses outpace income growth. Addressing this challenge requires a dual approach: preserving the progress that has expanded access for low-income populations while advancing new, affordable coverage and financing solutions for middle-income Californians. Strengthening the state's public care infrastructure and keeping HCBS affordable ensures that those who rely on these services can access the support they need without risking financial instability – building a more resilient system for the future.

By 2033, California will have ~1.6 million middle-income older adults (age 75+) and nearly 90% of them will not be able to afford assisted-living rent without selling their homes.

Supporting Californians who need care is an investment in families and communities. A strong continuum of affordable, coordinated health care and community-based services supports a stable workforce and keeps public dollars circulating in local economies. Protecting these investments safeguards the state's long-term fiscal health and ensures that California's care infrastructure remains resilient, efficient, and responsive to changing needs.

#### **Strategic Focus**

- **Protect and maintain Medi-Cal investments** that expand coordinated health access, including Enhanced Care Management (ECM) and CalAIM Community Supports, to improve outcomes and reduce costly hospitalizations.
- Preserve and strengthen Home- and Community-Based Services (HCBS) funding to prevent higher downstream institutional and hospital costs and ensure continuity of care across settings.
- **Develop affordable LTSS financing options** for middle-income Californians who do not qualify for Medi-Cal but cannot afford private care.



#### Support Caregivers as the Lifeline of California's Care System

Caregivers, both paid and unpaid, are the lifeline of California's care system, enabling older adults and people with disabilities to live with dignity, independence, and connection. This network includes family members, friends, neighbors, and professionals who provide daily assistance, advocacy, and emotional support. Yet caregivers often face physical, emotional, and financial strain with limited access to training, respite, or fair compensation. Maintaining and strengthening caregiver support is essential to sustaining access to care and protecting the investments California has already made in its aging and disability systems.

The average hourly wage for In-Home Supportive Services (IHSS) providers in California was estimated at \$17.95 as of January 2024.

Caregivers are also a major source of cost savings for the state. Paid and unpaid caregivers help prevent unnecessary hospitalizations and institutional placements, reducing reliance on high-cost programs and facilities. When caregivers experience burnout or lose support, individuals are more likely to require placement in costlier settings – driving up state expenditures and eroding progress in community living. Ensuring adequate direct care service hours and prioritizing respite for unpaid caregivers are essential to maintaining system stability and preventing higher downstream costs.

<u>Unpaid family caregivers in California are often managing 20 hours per week of care while also working outside the home</u> — the toll on their own health, finances and time is substantial.

Investing in caregivers strengthens both the workforce and California's fiscal health. Fair wages, benefits, and stable funding for paid caregivers improve reliability and quality of care, while respite and other supports for family and friend caregivers help prevent burnout and reduce financial strain. Together, these investments sustain the workforce that powers California's care system and reinforce the stability of families and communities statewide. By valuing and supporting those who make care possible, California ensures that people of all ages and abilities can live with dignity, connection, and purpose – strengthening the social fabric of the state as a whole.

#### Strategic Focus

- **Expand access to respite care** increase availability, flexibility, and funding to reduce burnout and help unpaid family caregivers sustain their ability to provide care.
- Stabilize and strengthen the direct care workforce through living wages, benefits, and training to prevent turnover and ensure a reliable workforce to meet growing care needs.
- **Build career pipelines** to recruit, train, and retain new caregivers, creating a sustainable and skilled workforce prepared to serve California's aging and disability populations.

## Ensure Accessible & Affordable Housing so Californians Can Age in Place with the Supports They Need

Ensuring that Californians have housing that meets their needs is not only a social imperative but a cornerstone of the state's long-term health and economic resilience. Affordable, accessible housing – designed with universal design principles to be inclusive of people with physical, cognitive, and developmental disabilities – is fundamental to health, independence, and stability. Yet rising housing costs, limited accessible units, and long waitlists are driving growing housing insecurity among older adults and people with disabilities – leaving many in homes that no longer meet their needs and increasing the risk of displacement, institutionalization, or homelessness. These trends drive higher public costs and worsen health and life outcomes.

In California, 48% of single homeless adults are age 50+, and 41% of older adults first became homeless after age 50. Older homeless adults have high acute-care use and are at high risk of preventable nursing-home visits.

California has already made significant investments to expand affordable and supportive housing options for older adults and people with disabilities through programs such as APS Home Safe, Housing and Disability Advocacy Program (HDAP), and the Community Care Expansion (CCE) program. These efforts complement broader housing reforms and investments that continue to increase the supply of affordable housing units statewide. Building on this progress is critical to ensuring that the state's growing population of older adults and people with disabilities can remain safely housed in their communities – avoiding costly institutionalization and crisis intervention services. Coordinated strategies that align aging, disability, housing, and health systems can streamline resources, remove barriers for renters with fixed incomes, and promote developments that integrate accessibility and universal design from the start.

Nearly 75 percent of California's housing stock was built before 1990 - before modern accessibility standards - meaning the majority of homes are effectively inaccessible to people with disabilities.

Stable, affordable housing strengthens families, supports caregivers, and fuels local economies through construction, caregiving, and service-sector jobs. It keeps people connected, promotes workforce participation, and allows individuals to live meaningful lives on their own terms. By continuing to protect and build on recent housing investments, California safeguards the economic and human returns of decades of progress in health and long-term care – ensuring a more resilient and inclusive future for all.

#### **Strategic Focus**

- Preserve and expand housing programs that specifically serve older adults and people with disabilities, recognizing that these populations comprise a growing share of California's homeless population and face heightened risks of housing instability and institutionalization.
- Align housing development with California's changing demographic needs by ensuring new and preserved housing incorporates accessibility, universal design, and supportive features that allow older adults and people with disabilities to live safely in their communities.
- Advance integrated housing-and-care models that co-locate services, embed care teams, and bring supports directly into affordable housing for older adults and people with disabilities enabling them to live safely in the community with the services they need at home.

#### **Why This Matters**

Together, these priorities form a comprehensive strategy to sustain California's care infrastructure and prepare for the future. They uphold the Olmstead decision's promise that people with disabilities have the right to live and receive services in the most integrated settings possible, and advance the goals of the Older Americans Act (OAA) to promote independence, dignity, and community living as people age. By expanding access to affordable health care and home- and community-based services (HCBS), ensuring stable and accessible housing, and supporting both family and professional caregivers, California can strengthen its health and long-term care systems. These investments reduce pressure on hospitals and long-term care facilities, help unpaid caregivers remain in the workforce, sustain a skilled care workforce, and keep public dollars circulating in local economies - all while ensuring that people with disabilities and those growing older can live safely, purposefully, and with dignity in the communities they call home.

#### **About CCLTSS**

CCLTSS is a coalition of statewide and local advocates, service providers, and community organizations working to advance an integrated, person-centered system of care for older adults, people with disabilities, and caregivers.

Our membership is comprised of over 50 organizations, including 18 Regional Coalitions\* representing local aging and disability networks that span over 40 of California's 58 counties.

AARP California

Age Forward Coalition of San Mateo County\*

Aging Services Collaborative of Santa Clara County\* Alzheimer's Association

Association of Regional Center Agencies Bay Area Senior Health Policy Coalition\*

CA Assisted Living Association

CA Association for Adult Day Services

CA Association of Area Agencies on Aging

CA Association of Caregiver Resource Centers

CA Association of Health Plans

CA Association of Public Authorities

CA Commission on Aging

CA Council of the Blind

**CA Disability Services Association** 

CA Elder Justice Coalition

CA Foundation for Independent Living Centers

CA Health Advocates

**CA Hospital Association** 

CA IHSS Consumer Alliance

CA Long-Term Care Ombudsman Association

CA Senior Legislature

Californians for Disability Rights

CalPACE

Central Valley LTSS Coalition\*

Coalition for Compassionate Care of CA

Community Living Implementation Council of Nevada Co.\*

Contra Costa Advisory Council on Aging\*

County Welfare Directors Association of CA

Disability Rights CA

Diversability Advocacy Network\*

Family Caregiver Alliance

Homebridge

Inland LTSS Coalition\*

Justice in Aging LeadingAge CA

Los Angeles Aging Advocacy Coalition\*

Monterey Bay Aging & Disability Resource Coalition\*

MSSP Site Association

Orange County Aging Services Collaborative\*

Placer County ADRC Coalition\*

San Diego Senior Alliance

Santa Barbara County Adult & Aging Network\*

Senior Coalition of Stanislaus County\*

Senior Services Coalition of Alameda County\*

**United Domestic Workers** 

Ventura County Hospital to Home Alliance\*

Village Movement California

Anthem Health Plan Marin County Coalition\*

Yolo Healthy Aging Alliance\*