

SUBCOMMITTEE #3: Health & Human Services

Chair, Senator Holly J. Mitchell

**Senator Jeff Stone, Pharm. D.
Senator William W. Monning**



**April 23, 2015
9:30 a.m. or Upon Adjournment of Session
Room 4203**

PART B

Consultant: Samantha Lui

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PLEASE NOTE: Only items contained in the agenda will be discussed at this hearing. Please see the Senate Daily File for dates and times of subsequent hearings. Issues will be discussed in the order as noted in the Agenda, unless otherwise directed by the Chair. Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Senate Committee hearing, or in connection with other Senate services, may request assistance at the Senate Rules Committee, 1020 N Street, Suite 255, or by calling (916) 651-1505. Requests should be made one week in advance whenever possible.

5180 Department of Social Services**1. BCP #9: Coordinated Care Initiative Limited -Term Positions Extension**

Budget Issue. The Administration requests a two-year extension of nine existing limited-term positions. The positions will certify managed care agencies; implement and manage contract provisions between a managed care health plan and agencies; develop provider training curriculum; and revise existing social worker training modules to comply with new managed care requirements.

Background. The 2012 budget authorized the Coordinated Care Initiative¹ (CCI), which expanded the number of Medi-Cal enrollees who must enroll in Medi-Cal managed care to receive their benefits. The CCI is being implemented in seven counties² (Los Angeles, Orange³, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara). The purpose and goal of CCI are to promote the coordination of health, behavioral health, and social care for Medi-Cal consumers and to create fiscal incentives for health plans to make decisions that keep their members healthy and out of institutions (given that hospital and nursing home care are more expensive than home and community-based care). See table below for enrollment summary information.

CCI established a county maintenance-of-effort funding formula for the In-Home Supportive Services (IHSS) program. Additionally, CCI established a Statewide Authority for purposes of collective bargaining with respect to the wages and benefits for IHSS providers in the CCI counties. The Statewide Authority for collective bargaining begins in a CCI county when enrollment into CCI is completed in the county. San Mateo transitioned to the Statewide Authority in February 2015, and will be followed by Los Angeles, Riverside, San Bernardino and San Diego in July 2015. Santa Clara is anticipated to transition January 2016 and finally Orange in August 2016.

Justification. According to the department, “failure to provide the requested resources to ensure oversight of CCI financial funds could result in millions of dollars lost and delayed payments to IHSS providers.” Examples of job activities for the request positions include:

- Create all county letters, all county information notices, and county fiscal letters to communicate policy and regulations;
- Maintain knowledge of statutory and regulatory rules;
- Develop a referral process for appeals, related to the additional plan benefits;
- Establish fee structure for the monitoring of qualified agencies to assure compliance; and,
- Develop IHSS training curricula.

Staff Comment and Recommendation. **Approve.** The Governor’s budget warns that if certain issues are not resolved, all parts of CCI would cease to operate. Approving the existing limited-term positions for an additional two years appears (a) consistent with the pace of CCI implementation, and (b) prudent,

¹ Enacted in July 2012 through SB 1008 (Committee on Budget and Fiscal Review), Chapter 33, Statutes of 2012, and SB 1036 (Committee on Budget and Fiscal Review), Chapter 45, Statutes of 2012, and amended by SB 94 (Committee on Budget and Fiscal Review), Chapter 37, Statutes of 2013.

² Alameda County was initially part of CCI but given fiscal solvency issues with one of its plans, it will not participate in CCI.

³ It is projected that Orange County will begin CCI no sooner than July 2015.

given the Administration's monitoring of CCI. For more staff comment related to CCI, please see pages 34-36 on Part A of the agenda.

Questions

1. To DSS: Please summarize the proposal and need for the extension of existing positions.
2. To DSS/DOF: If CCI ceases to operate, will these positions be eliminated?

4170 Department of Aging

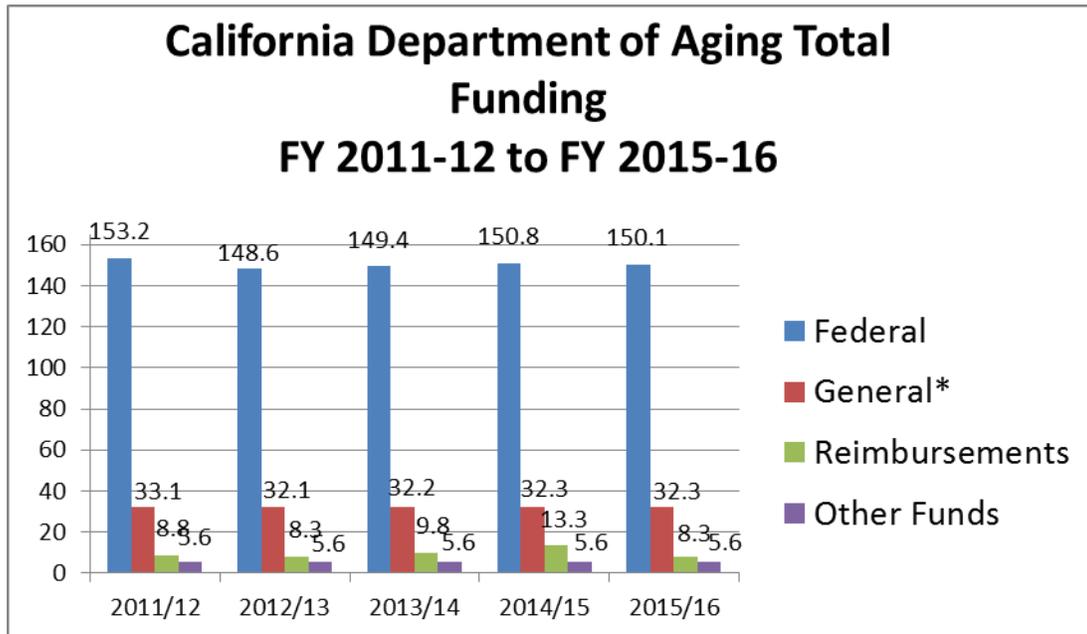
1. Overview

With a proposed 2014-15 budget of \$194.45 million (\$30.5 million General Fund) and 115 positions, the California Department of Aging (CDA) administers community-based programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the State. The department is the federally designated State Unit on Aging, and administers funds allocated under the federal Older Americans Act, the Older Californians Act, and through the Medi-Cal program.

Area Agencies on Aging. CDA contracts with a statewide network of 33 Area Agencies on Aging (AAAs), which directly manage federal and state-funded services to help older adults find employment, support older adults and individuals with disabilities to live as independently as possible in the community, promote healthy aging and community involvement, and assist family members in their caregiving. Each AAA provides services in one of the 33 designated Planning and Service Areas (PSAs), which are service regions consisting of one or more counties and the City of Los Angeles. Examples of AAA services include: supportive and care management services; in-home services; congregate and home delivered meals; legal services; Long Term Care Ombudsman services; and elder abuse prevention.

CDA also contracts directly with agencies that operate the Multipurpose Senior Services Program (MSSP) through the Medi-Cal home and community-based waiver for the elderly, and certifies Community Based Adult Services (CBAS) centers for the Medi-Cal program.

Funding. The table below shows CDA’s funding history for the last five years, starting in fiscal year (FY) 2010-11 to the budget year.



Between July 2007 and June 2012, the CDA budget was reduced by approximately \$30.1 million in GF. This includes the elimination of state funding for Community-Based Services, Supportive Services, Ombudsman and Elder Abuse Prevention, Senior Community Employment, and a reduction in MSSP funding. Below is a historical recap of budget changes:

- Senior Community Employment. All General Fund for the Senior Community Employment Program (SCSEP) was eliminated in FY 2008-09. Since that time the program has been funded solely by the federal government. In FY 2011-12, SCSEP suffered a 25 percent cut in its Department of Labor baseline funding, representing a loss of approximately \$2.6 million.
- Sequestration - Federal Fiscal Year (FFY) 2013 and ongoing. CDA lost approximately \$9.8 million in federal funding in FFY 2013 for its senior programs due to the federal sequestration. The Nutrition sequestration reduction was partially offset in FY 2013-14 and FY 2014-15 with \$2.7 million received from the Assembly Speaker's Office. In 2014, Nutrition federal funding was restored to the 2012 funding levels. Sequestration cuts have continued for Supportive Services, Preventive Health, Family Caregiver, Ombudsman, and Elder Abuse Prevention in the FFYs 2014 and 2015.
- Ombudsman Funding Changes. All General Fund local assistance funding for the Ombudsman program was eliminated during FY 2008-09. Between FY 2009-10 and FY 2011-12, several one-time appropriations and funding solutions were utilized to partially backfill lost General Fund and federal Citation Penalties Account monies. In 2012-13 and 2013-14, the implementation of federal sequestration reduced federal Ombudsman funding by about \$0.2 million. Local Assistance funding for Ombudsman, currently amounts \$6.3 million includes federal and state funds from the Skilled Nursing Facility Quality Assurance Fund and the state Citation Penalties Account funds. According to the department, this is \$2.3 million lower than the 2008-09 funding level.
- General Fund. Between FY 2007-08 and FY 2011-12, the department's budget was reduced by approximately \$30.1 million General Fund. This includes reduced state local assistance funding for Community Based Services, Supportive Services, Ombudsman and Elder Abuse Prevention, Senior Community Employment, and a reduction in MSSP funding. Please see the chart on the following page.

General Fund Reduction History

Program	Fiscal Year				Total Reduction	General Fund 2015/16
	2008/09	2009/10	2010/11	2011/12		
Nutrition	-569,000				-569,000	8,306,000
Community Based Services Program (CBSP)	-1,189,000	-10,374,000	-3,458,000		-15,021,000	0
Senior Legal Hotline	-250,000				-250,000	0
Supportive Services	-1,707,000				-1,707,000	0
Ombudsman and Elder Abuse Prevention	-3,846,000				-3,846,000	0
Senior Community Employment	-3,290,000				-3,290,000	0
State Operations	-206,000	-106,000	-104,000		-416,000	956,000
Multipurpose Senior Services Program (MSSP)*	-2,526,000			-2,500,000	-5,026,000	20,232,000*
State Operations					0	2,844,000
Grand Totals	-13,583,000	-10,480,000	-3,562,000	-2,500,000	-30,125,000	12,106,000

* The \$20,232,000 is displayed in CDAs budget. However, upon enactment of the budget the funds are transferred to DHCS for the funding of the MSSP program

Current Competitive Federal Demonstration Grants. CDA has been awarded several competitive federal demonstration grants, including:

- Administration on Aging, Chronic Disease Self-Management Education Grant**
 In 2012, CDA was awarded a \$1.5 million, three year (September 1, 2012 to August 31, 2015) Chronic Disease Self-Management Education (CDSME) Grant from the Administration on Aging. CDA is collaborating with CDPH and Partners in Care Foundation (the grant technical assistance center), to make of the Chronic Disease Self-Management Program available to older and younger adults with chronic health conditions. Funded counties include Los Angeles, Orange, Napa, San Diego, and Solano. This six-week evidence based workshop empowers participants to make important behavioral changes to improve their health and well-being. Although this grant does not end for six months, California has met and exceeded its performance goals with 7,600 workshop completers to date and is the highest performing state among the 21 grantees.

Staff Comment & Recommendation. This is an informational item, and no action is required.

Questions

1. To CDA: Please provide an overview of the department’s programs and services.

2. Oversight: Expanding Capacity to Service Persons with Dementia in Managed Care Plans Grant

Budget Issue. Last year, CDA received \$820,000 in budget authority (\$153,000 in FY 2013-14; \$276,000 for FY 2014-15; \$311,000 for FY 2015-16; and \$80,000 for FY 2016-17) for a three-year (October 1, 2013, to September 30, 2016) grant from the federal Administration on Community Living.⁴ The grant funding focuses on building a dementia-capable integrated system of care for patients with Alzheimer's disease, or related disorders, enrolled in California's Cal Medi-Connect. Specifically, the grant educates care managers to provide person-centered services; and, provides care coordination to individuals and family caregivers, including referrals to services and community support.

Background. In April 2013, the Administration on Aging released a competitive funding opportunity for State Units, and CDA was awarded \$820,000 for its proposal to work with local Alzheimer's Association Chapters to target patients, family caregivers, and care managers associated with health plans in the pilot counties involved. CDA partners with Department of Health Care Services, Alzheimer's Association Chapters, and participating managed care plans to provide training and technical assistance to Cal Medi-Connect care managers focused on increasing their ability to successfully identify and serve plan members with dementia and refer these individuals and family caregivers to community based services. Local Alzheimer's Association Chapters cover the match requirement.

According to the department, the Northern and Southern California Alzheimer's Association chapters have trained 143 Cal MediConnect care managers from HealthNet, Anthem, Care 1st, Health Plan of San Mateo, and Santa Clara Family Health Plan. A more intensive level of training is being developed for the dementia care specialists within each of these health plans that will occur this summer. Reference materials, a dementia specialist toolkit, monthly case consultation, and a referral process to the Alzheimer's Association and other community based organizations has also been developed.

Staff Comment & Recommendation. No action needed. The item is included for oversight purposes.

Question

1. To CDA: Please provide an update on the grant. Has the department received positive feedback from care managers regarding the training and tools?

⁴ The Administration on Community Living bring together the efforts of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports

3. Oversight: Model Approaches to Statewide Legal Assistance Systems - Phase II Grant

Budget Issue. Last year, CDA received \$536,000 in federal local assistance expenditure authority (\$179,000 for FY 2013-14 through Section 28 process; \$179,000 for FY 2014-15; and, \$179,000 for FY 2015-16) over three state fiscal years (August 1, 2013, to July 31, 2016) for the Model Approaches Phase II grant.

Background. In 2009, CDA, in partnership with the LSNC and Legal Aid Association of California, applied for and were awarded a four-year federal Model Approaches to Statewide Legal Assistance Systems Phase I grant. With the Phase I grant, CDA and its partners developed a model of delivering coordinated, cost-effective legal services, responsive to the needs of seniors, particularly those who are low-income or have limited English proficiency.

In May 2013, the Administration of Community Living released a competitive three-year funding opportunity to implement a Phase II grant. CDA was awarded the Phase II grant, which seeks to deliver and increase the availability of high quality, low cost legal assistance to vulnerable California seniors; provide training and make accessible online self- help legal educational materials; and improve cohesiveness of the statewide network of partners. CDA currently partners with Legal Services of Northern California (LSNC) and the Legal Aid Association of California to implement the grant.

According to the department, during the reporting period, the funding has supported the following:

- Provision of direct legal services, such as estate planning, to more than 150 seniors in three rural communities;
- More than 10 free trainings and webinars to legal advocates on elder abuse prevention and OAA priority legal issues;
- Expansion of the LawHelpCA.org and AyudaLegalCA.org, which are free online self-help resource accessible to seniors and legal advocates, available in English and Spanish;
- A survey on the capacity of OAA legal programs to serve older Californians facing elder abuse, neglect, and financial exploitation. This survey will be a useful tool to develop recommendations on addressing priority legal issues, including those specifically related to elder abuse, neglect, and financial exploitation.
- Updating the California Statewide Guidelines for Legal Services, a tool that defines the elements of a high-quality, high-impact, cost-efficient legal services delivery system to effectively target limited resources to those elders in greatest need.

Staff Comment and Recommendation. Without additional federal or state funds, it may be unlikely that services provided by this grant can or will be sustained. Information is included for oversight and discussion; no action at this time.

Question

1. To CDA: Please provide an update on how the grant funding is supporting activities that assist seniors.

4. April Letter - BCP #1: Medicare Improvements for Patients and Providers Act 2014 Grant

Budget Issue. The budget request includes two components.

First, the Department of Aging (CDA) Health Insurance Counseling and Advocacy Program (HICAP) requests \$2.9 million in federal budget authority over four state fiscal years, as follows:

- \$975,000 (\$878,000 in local assistance and the remainder in state operations) for the budget year;
- \$1 million (\$900,000 in local assistance and \$100,000 in state operations) for 2016-17; and,
- \$300,000 (\$270,000 in local assistance and \$30,000 in state operations) for 2017-18.

Current year authority (\$641,000) is being requesting through the Section 28 letter process. Once CDA receives the second- and third-year grant awards, local assistance funding will be allocated to the Area Agencies on Aging (AAA). The table below details the federal budget authority request, by fiscal year.

	2014-15*	2015-16	2016-17	2017-18	Total
State Operations	63,000	97,000	100,000	30,000	290,000
Local Assistance	578,000	878,000	900,000	270,000	2,626,000
Total	641,000	975,000	1,000,000	300,000	2,916,000

CDA will distribute Medicare Improvements for Patients and Providers Act (MIPPA) grant funds to the 33 AAAs, which will subcontract a portion of, or all of, their funds to HICAP and Aging and Disability Resource Centers (ADRCs). These contracts will use funds to provide outreach and assistance to the individuals, including those who live in rural areas, as well as beneficiaries who may be eligible for low-income subsidy program (LIS), Medicare Savings Program, and Medicare Prescription Drug Coverage. No state match is required for this grant. No new positions are being requested.

Second, the department also requests provisional budget bill language to allow carryover of unspent prior year local assistance funds into the following state fiscal year for the grant duration.⁵ According to the department, since there will be variation in the challenges faced by various entities in accessing hard-to-reach individuals, and there are inherent differences between the state and federal fiscal years, the ability to carryover funds will ensure that CDA can maximize the use of all available grant funding.

Background. In 2008, Congress enacted MIPPA, which includes provisions to strengthen Medicare access for low-income beneficiaries, reduce racial/ethnic disparities, and increase accountability measures for Medicare Advantage programs. Since 2008, MIPPA grants have helped millions of low-income people on Medicare in paying for their prescriptions and health care.

CDA has received three MIPPA grants (2009 - \$1.3 million for a two-year project; 2010 - \$2.2 million for a two-year project; and 2013- \$901,746 for a one-year project) to help Medicare beneficiaries learn about and apply for LIS, MSP, and Part D; and to help beneficiaries learn about Medicare's health and wellness benefits. During MIPPA 2013, hundreds of project-related outreach and enrollment activities took place in senior centers, food banks, Social Security offices, pharmacies, Independent Living Centers,

⁵ As of April 22, 2015, the department estimates around \$578,000 in local assistance funds would be eligible for carryover.

churches, low-income housing complexes, farmers markets, and grocery stores. Approximately two million consumers were reached during the one-year project, generating around 5,311 LIS/MSP applications, and exceeding by 840 applications the federally established goal of 4,471 applications.

In June 2014, the U.S. Department of Health and Human Services, Administration for Community Living (ACL) released a new MIPPA formula funding opportunity open to state entities that administer the state SHIPs for a new three-year MIPPA project. Funding is being awarded one year at a time, with \$20 million available nationwide for the project’s first year. CDA was awarded \$915,145 for the first year (September 30, 2014, through September 29, 2015) to help Medicare beneficiaries learn about and apply for LIS, MSP, and Part D. The funds will also help to support outreach aimed at preventing disease and promoting wellness. CDA anticipates receiving a similar amount for each of the remaining two federal fiscal years, for a total of \$2.9 million over the project period. The grant period extends from September 30, 2014, to September 29, 2017.

Justification. MIPPA has helped California support enhanced outreach and enrollment assistance related to LIS, MSP, Medicare Part D, and Medicare disease prevention and wellness benefits. This current request will allow CDA to continue these efforts through the participating AAAs and their subcontractors. With this grant, AAAs will focus particularly on reaching low-income beneficiaries and those who live in rural areas. These funds will also help to support outreach aimed at preventing disease and promoting wellness. CDA proposes the following allocation timetable for the MIPPA 2014 grant.

MIPPA	(Section 28) FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	Total
AAA	244,566	372,214	382,000	114,600	1,113,380
ADRC	253,488	385,138	395,000	118,500	1,152,126
SHIP	142,546	217,193	223,000	66,900	649,639
Total	640,600	974,545	1,000,000	300,000	2,915,145

Staff Comment and Recommendation. Approve. Staff recommends approving the request for federal expenditure authority as well as adopting placeholder provisional budget bill language to allow carryover of prior year local assistance funds. No concerns have been raised.

Questions

1. To CDA: Please provide an overview of the proposal.

5. April Letter – BCP #3; Aging and Disability Resource Connection Program Extension

Budget Issue. The department requests an extension of the Aging and Disability Resource Connection (ADRC) program in CDA for the next five years, including an extension for 2.5 five-year limited-term positions and reimbursement authority. CDA reimbursement authority will be required to collect federal funds from Department of Health Care Services (DHCS) and State Independent Living Council (SILC) through reimbursement through interagency agreements. The SILC portion of the funding is only for budget year and will be used for ADRC activities that target veterans. This request will not result in a General Fund increase. The table below outlines the budget authority request by fiscal year:

Funding Request	BY 2015-16	2016-17& Ongoing
CDA (Non-Add Authority)	143,000	143,000
Reimbursement Fund	330,000	337,000
Total	473,000	480,000

Given that CDA, DHCS, SILC, and the ADRC program have correlated missions and goals, the ADRC program will be funded jointly by CDA, DHCS, and SILC during FY 2015-16, and by CDA and DHCS from FY 2016-17 through FY 2019-20. DHCS will use its MFP demonstration (\$248,000) federal grant funds to provide partial funding for ADRC Program activities via an interagency agreement with CDA. CDA also will enter into an interagency agreement with SILC, in order for CDA to use SILC’s ACL funding (\$82,000) to continue to enhance the ADRC program infrastructure as it relates to serving veterans. Likewise, CDA will use existing ACL federal administrative funds (\$143,000) for the remainder of the program. Below is a table of workload delineated by funding source:

Funding Source	2015-16	2016-17 & Ongoing
CDA (Non-Add Authority)	143,000	143,000
DHCS	248,000	337,000
SILC	82,000	-
Total	473,000	480,000

Specifically, by funding source:

- From 2015-16 through 2019-20, CDA’s federal administration funds will support department staff to maintain, update, and deliver no fewer than six ADRC Options Counseling training for ADRC partners and others, as well as supporting up to six new ADRCs annually.
- From 2015-16 through 2019-20, DHCS Money-Follow-the-Person (MFP) federal grant⁶ funds will support staff to coordinate with assisted living representatives to implement strategies to

⁶ In January 2007, the California Department of Health Care Services (DHCS) was awarded a federal grant, a Money Follows the Person Rebalancing Demonstration, known as “California Community Transitions” (CCT). CCT demonstration services are available through September 30, 2016. DHCS works with lead organizations to identify eligible Medi-Cal beneficiaries, who have continuously resided in state-licensed health care facilities for a period of 90 consecutive days or longer. Facility stays for short-term rehabilitation services reimbursed by Medicare are not counted toward the 90-day required period. Lead

increase availability of assisted living units to MFP participants in need to housing; develop a procedure manual and training materials; and, collaborate with DHCS to work with skilled nursing facility providers to increase successful nursing-facility to community transitions for MFP participants.

- For the budget year, ADRC staff will collaborate with regional Veterans Affairs (VA) medical centers, so that the Veteran-Directed Home and Community Based Services Program becomes a core of ADRC functions. The Veteran-Directed HCBS program provides veterans the opportunity to self-direct their long-term supports and services and continue to live independently at home. Eligible veterans manage their own flexible budgets, decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers.

Background about ADRCs. Historically, older adults and individuals with disabilities received long-term supports and services (LTSS) in institutions, such as nursing homes, more often than in the community. Over the past 25 years, a number of key events have promoted shifting the balance toward community living. In 1990, Congress passed the Americans with Disabilities Act (ADA), which prohibited discrimination based on disability. In addition, the 1999 U.S. Supreme Court's Olmstead decision affirmed that the ADA applied to individuals with all disabilities, and it underscored a person's right to receive community-based LTSS in the most integrated setting possible. As a result, in 2003, the Administration on Aging, now called the Administration for Community Living (ACL) joined with the Centers for Medicare and Medicaid Services (CMS) to promote and fund the ADRCs in California. The ADRC model is a voluntary local initiative, built on the existing networks and funding of Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) to provide information and assistance and services to support community living. The object is also to improve access to existing services rather than create yet another parallel system of services.

ADRCs are intended to be a highly visible resource in the community where people can turn for information on the full range of LTSS options and a single (or coordinated) entry point for public LTSS and benefits. These centers are a resource for both public and private pay individuals and they serve older adults, younger adults with disabilities, and family caregivers, as well as persons preparing for future LTSS needs. Many of the individuals who contact the regional ADRCs are looking for Home and Community-Based Services resources; but, many are also trying to understand the different types of out-of-home care options, including residential (assisted living) and skilled nursing care.

Currently, six ADRC partnerships serve six counties (i.e., Alameda, Nevada, Orange, Riverside, San Diego, and San Francisco). A seventh, formerly designated partnership serving Butte, Colusa, Glenn, Plumas, and Tehama counties, is pending re-designation. There are also additional partnerships in the developing stages in Contra Costa, Marin, Monterey, San Benito, Santa Cruz, Ventura, and Yolo counties.

Staff Comment and Recommendation. Approve. Staff recommends approving the proposal to ensure that the department can continue its collaboration with various departments and partners to simplify access to long-term supportive services. In addition, the ADRC program can enhance the capacity of

organizations employ or contract with transition coordinators who work directly with willing and eligible individuals, support networks, and providers to facilitate and monitor their transition from facilities to community settings.

Money-Follows-the-Person organizations to conduct effective nursing facility transitions, and to work closely with Veterans Affairs Medical Centers and programs.

Questions

1. To CDA: Please briefly summarize the proposal, including how the department will continue to collaborate with DHCS Long-Term Care Division Staff and with SILC.
2. To CDA: Since the interagency agreement for funding with SILC is only for the budget year, how will the department ensure that ADRCs, in the future years, will continue to strengthen their partnership with veteran organizations?

6. April Letter – BCP #4: Supplemental Nutrition Assistance Program – Education Program Extension

Budget Issue. The Spring Finance Letter includes two parts:

First, the department requests expenditure authority for \$3.75 million in federal reimbursement funds, over four state fiscal years, to continue the Supplemental Nutrition Assistance Program-Education Program (SNAP-Ed) grant. CDA will receive these funds through an interagency agreement with the Department of Social Services (DSS).

CDA will administer grant activities and distribute funding to 19⁷ local Area Agencies on Aging (AAAs) that will provide SNAP-Ed interventions to low-income older adults either directly or through subcontracts with local providers.

Second, the department requests the extension of two limited-term positions (one Aging Program Analyst II and one Associate Governmental Program Analyst), in addition to funding authority (non-add position) for the Public Health Nutrition Consultant, who will provide oversight of the SNAP-Ed program for the duration of the grant period for four state fiscal years (three federal fiscal years - October 1, 2015 through September 30, 2018). The total cost will be \$1,087,000 in State Operations and \$2,663,000 in Local Assistance across four state fiscal years.

Reimbursement Authority Request by Fiscal Year

	2015-16*	2016-17	2017-18	2018-19	Total
State Operations	302,000	361,000	367,000	89,000	1,087,000
Local Assistance	648,000	889,000	883,000	211,000	2,663,000
Total	950,000	1,250,000	1,250,000	300,000	3,750,000

Background. The SNAP-Ed Program provides nutrition education and obesity prevention activities for low-income adults aged 60 and older, who are eligible for, or receiving, benefits from the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California. The SNAP-Ed grant is 100 percent federally funded from the United States Department of Agriculture’s, Food and Nutrition Service (USDA, FNS), with no required state contribution or match. CDA currently is the only State Unit on Aging in the country providing SNAP-Ed evidence-based nutrition education and obesity prevention programs targeted to older adults. CDA became an official SNAP-Ed State Implementing Agency (SIA) on December 18, 2013, via its interagency agreement with CDSS.

⁷ The 19 participants include: California State University, Chico Research Foundation for PSA 2; CSU, Chico Research Foundation; Area 4 Agency on Aging; City and County of San Francisco, Department of Aging and Adult Services; Contra Costa County Employment and Human Services Department Area Agency on Aging; Alameda County; Ventura County AAA; Los Angeles County, Community and Senior Services; Riverside County; San Diego County; Imperial County, AAA; City of Los Angeles; AAA PSA 26; Sonoma County, AAA; AAA – Serving Napa and Solano counties; Stanislaus County, Department of Aging and Veteran Services; Merced County, AAA; Monterey County; and Kern County.

There are five SNAP-Ed SIA's that provide SNAP-Ed services to California's eligible population: CDSS, California Department of Public Health, Nutrition Education and Obesity Prevention Branch (NEOPB), University of California CalFresh Nutrition Education (UC CalFresh), CDA, and Catholic Charities of California (CCC). Starting on July 1, 2014, AAAs (either directly or through subcontractors) began providing SNAP-Ed services to older adults at eligible congregate nutrition sites and through other venues, such as low-income senior housing sites, farmers' markets, community centers, Title IIIIC home-delivered meal programs and other sites where SNAP-Ed eligible older adults congregate. The Department of Social Services allocated \$2.5 million to CDA in state fiscal year 2013-14 and 2014-15 to provide SNAP-Ed services through participating AAAs.

SNAP-Ed interventions are based on USDA, Food and Nutrition Service-approved evidence-based nutrition education and obesity prevention programs. These interventions are designed to increase the older adult participants' knowledge and foster behavioral changes so that older adult participants will make healthier food choices within their limited budgets and increase their physical activity. SNAP-Ed programs also provide indirect education, including distribution of materials such as cookbooks, recipes and nutrition fact sheets.

Local assistance funding is distributed to the participating local AAAs through subvention contracts. Each AAA receives \$20,000 as a base allocation. The remainder of the allocation is based on the number of Medi-Cal eligible individuals in the service area, a count of the unduplicated Older Americans Act Nutrition Program participants and a factor for geographic isolation (based on the geographic distribution of older individuals in the state) to develop an equitable method of distributing funds to the AAAs. The Medi-Cal eligible factor provides an estimate of the number of low-income individuals in the service area and aligns to SNAP-Ed's primary target populations. The unduplicated OAA Nutrition Program client count provides information on the total client reach of the service provider. The geographic isolation factor is included to provide sufficient funding in order to deliver services in hard to reach rural locations.

Justification. When compared to other age cohorts, older adults are at greater risk of having multiple chronic diseases. SNAP-Ed interventions will address two of the four modifiable health risk behaviors: physical activity and nutrition. Nutrition and physical activity interventions with older adults may reduce or delay the onset of many chronic diseases, decrease risk of falls, and reduce age-related loss of skeletal muscle mass. If CDA did not receive approval to continue SNAP-Ed services, thousands of low-income older adults would be unable to receive and benefit from SNAP-Ed interventions.

According to the department, "Delivering SNAP-Ed through the OAA Title IIIIC Nutrition Program and at other eligible sites is an efficient use of resources as the services provided to older adults in venues that already serve the exact target audience. The Nutrition Program offers the environmental supports necessary to facilitate the adoption of nutrition and physical activity choices conducive to the proper health and well-being of low-income and rural living older adults."

Some of the projected outcomes include:

Projected Outcomes

Workload Measure	2015-16 BY	2016-17 BY+1	2017-18 BY+2	2018-19 BY+3
Number of SNAP-Ed direct education activities (e.g.: classroom instruction/lessons, planned one-on-one nutrition education, grocery store or farmers' market tours, and cooking demonstrations)	5,480	7,560	7,480	1,800
Number of SNAP-Ed indirect education activities (e.g.: mass communications, public events and materials distribution that are not part of direct education efforts).	8,220	11,340	11,220	2,700

Staff Comment and Recommendation. Approve. Staff recommends approving the expenditure of federal reimbursement funds to continue supporting the SNAP-Ed program, as well as the extension of two limited-term positions across four state fiscal years.

Question

1. To CDA: Please briefly summarize the proposal.

7. Advocate Proposals

The subcommittee received the following requests for investment.

7A. California Association on Area Agencies on Aging

Budget request. The California Association of Area Agencies on Aging (C4A) is requesting consideration of a cumulative proposal of \$37 million General Fund for various programs:

- \$14 million for access to and coordination of services;
- \$6 million for senior nutrition to provide additional meals and nutrition support through the Brown Bag program (\$1 million) and Home-Delivered Meals (\$5 million);
- \$7.5 million for caregiving and family support for three programs that support caregivers: \$5 million for Alzheimer's Day Care, \$900,000 for Respite Purchase of Services, and \$1.6 million for Senior Companion.; and,
- \$9.5 million for protection against elder abuse This amount includes \$5 million for Adult Protective Services (APS) and \$4.5 million for the California Long-Term Care Ombudsman Program..

7B. Long-Term Care Ombudsman

Budget request. Long-Term Care Ombudsman requests:

- \$2.8 million for quarterly monitoring visits to all long-term care facilities in California through the addition of 45 positions.
- \$351,000 to supervise and train volunteers; and,
- \$1.1 million to investigate around 6,000 more complaints per year, through the addition of 18 positions.

Background. Total allocated local assistance funding for the program in 2015 stands at \$6.7 million compared to \$11.2 million in 2007-08.

Staff Comment and Recommendation. Staff recommends holding the above items open for further consideration.