VOICES FROM CALIFORNIA'S OVERLOOKED MIDDLE: CHALLENGES AND OPPORTUNITIES IN LONG-TERM CARE

Findings from Consumer Engagement Sessions on Solution Options

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INTRODUCTION

The California Department of Aging's (CDA) Long-Term Services and Supports (LTSS) Financing and Affordability Initiative aims to identify strategies to enhance the financing and affordability of LTSS for older adults and people with disabilities who do not qualify for Medi-Cal. As part of this initiative, CDA partnered with Collaborative Consulting and Community Catalyst to conduct engagement sessions. The primary focus was to engage adults aged 50 and older in the "Overlooked Middle"—those who do not qualify for Medi-Cal and risk being unable to afford basic living expenses if they have long-term needs.

An initial round of engagement sessions, conducted in Spring 2025, explored participants' key challenges, needs, concerns, and priorities regarding LTSS affordability and access. This report shares the findings from a second round of engagement sessions, conducted to gather feedback on solutions that could address the priority challenges identified in the first round.

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.

METHODOLOGY

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. Details on session locations, host organizations, and participant demographics are provided in Appendices A and B.

The engagement sessions gathered feedback on solution options to address the needs and concerns raised in the Spring 2025 sessions. The sessions focused on three priority areas: **Paying for Care, Aging in Place,** and **Navigating Care**. For each area, four solution options were presented for feedback.

The solution options were selected by triangulating three sources: ideas from participants in the first round of engagement sessions, suggestions from a statewide survey conducted through the LTSS F&A Initiative, and solutions identified through a landscape analysis of programs targeting this population and operating in other states. The solution options were sent to participants in advance of the sessions. The session questions and solution options are included in Appendix C.

All themes presented below are drawn solely from participants' perspectives, priorities, ideas, and experiences shared during the engagement sessions. The engagement session data were synthesized and organized into the following framework:

THEMATIC SUMMARY

Before presenting detailed feedback on individual solution options, this section summarizes key insights for each priority area: Paying for Care, Aging in Place, and Navigating Care.

Across all priority areas, participants preferred options that offer financial support and universal access. Solutions that are easier to implement and build on existing infrastructure were also preferred. When considering their own needs, participants focused on immediate help, while discussions about younger adults highlighted a need for proactive solutions to prepare younger generations for future needs.

PRIORITY AREA #1 | PAYING FOR CARE

Expanding Medicare coverage and financial planning were the preferred options across most groups. The appeal of Medicare expansion stemmed from its universality and the unaffordability of long-term supports and services (LTSS) for most older adults. Financial planning was particularly valued when participants considered options from a younger adult perspective. Multiple groups emphasized the importance of helping younger generations access financial planning and fraud-prevention education now so that they will be better prepared.

> *"Long-term care is expensive. We need to find a way to limit the cost of long-term care so that more people can afford the coverage. Right now, costs are rising with no cost controls."*

The cost of LTSS and how to pay for it emerged as a top concern. Out-of-pocket home care costs are rising, with participants citing monthly costs ranging from $6,000 to $15,000. Medications and durable medical equipment were also cited as prohibitively expensive. Concerns centered on access and reach, particularly for people not part of the formal full-time workforce, such as caregivers, contract workers, and people with disabilities who are underemployed. Savings and financial planning programs may be less effective for individuals over 60, and additional barriers include immigration status and limited technological capacity.

PRIORITY AREA #2 | AGING IN PLACE

Help with home repairs, safety upgrades, and utility costs were the most preferred options. Utilities are essential expenses that many older adults struggle to afford, and virtually all adults will require help with home repairs or modifications to age in place safely. These solutions could immediately benefit a broad range of older adults.

Concerns were raised about the feasibility, safety, and limited applicability of some options. Roommate matching programs faced skepticism due to safety concerns, trust issues, and the reality that many older adults do not want to live with strangers. Accessible Dwelling Units (ADUs) have potential for intergenerational living but face implementation barriers, including high costs, restrictive zoning laws, increased property taxes, and limited applicability to renters. Participants emphasized the importance of eligibility criteria that reach middle-income older adults, vendor vetting and fraud protection, and ensuring utility programs provide meaningful financial relief rather than covering only a small percentage of costs.

PRIORITY AREA #3 | NAVIGATING CARE

Solutions that include human support were strongly preferred, specifically toll-free phone help and in-person resource centers. Most participants preferred human interaction for determining eligibility, identifying appropriate resources, and completing paperwork. Live agents, either in-person or by phone, would help make "warm referrals" to ensure individuals are connected to the resources they need. However, transportation, technology, and mobility were cited as potential barriers.

> *"The most complicated part of aging in place is navigating the health care system."*

Technology-based solutions faced skepticism due to multiple concerns, including language access. The least preferred solution was a 24/7 virtual assistant. However, participants noted that the best solution would vary based on individual circumstances and preferences. Technology capacity and internet access were identified as factors impacting desirability and accessibility. Building trust and rapport is also more difficult through online and phone-based services. While some participants were comfortable with virtual navigation options, others expressed skepticism about the reliability and accuracy of information provided by virtual assistants.

PRIORITY AREA #1 | PAYING FOR CARE

Solutions Options | Paying for Care			
Option #1 | Expanded Medicare Coverage	**Option #2 | Workplace Benefits for Long-term Care**	**Option #3 | Financial Planning & Protection**	**Option #4 | State Retirement Savings Plan**
Expanding Medicare to cover LTSS in the home for daily living help.	An employer benefit, similar to health insurance or retirement savings, to help workers pay for their or their family's care.	Free or low-cost classes, workshops, or counseling to help plan for care, manage money, and protect against fraud and scams.	A voluntary retirement plan that would allow people to save money for future care, especially for workers without an employer plan.

Option #1 | Expanded Medicare Coverage

Expanding Medicare to cover long-term care in the home for daily living help.

Expanding Medicare resonated across multiple sessions. Older adults want financial support to help pay for LTSS due to the high costs. Expanding Medicare was seen as a way to reach a broader population without relying on income eligibility thresholds that often fail to reflect the real-world financial strain caused by the gap between earnings and rising daily living costs. Caregivers saw potential relief in having their home care hours covered, allowing them time to attend to other responsibilities.

Despite the large appeal of Medicare expansion, its feasibility was questioned. A recurring concern was whether federal rules would permit an expansion. Skepticism was also expressed about solutions dependent on federal funding, with concerns that the government could cut or eliminate the program in the future. The anticipated cost of implementing this solution was also noted as a substantial barrier.

"Unfortunately, the Medicare option is probably the most expensive and would have the greatest problem getting approval at a federal level."

Suggested Enhancements

- Allow Medicare to pay trusted family members who provide at-home caregiving.
- Structure the benefit as a flat rate so everyone receives the same level of support.
- Use Medicare funds to cover a set number of daily home care service hours.

Suggested Alternative Approaches

- Develop a state-funded home care program tied to a stable revenue source (e.g., state park fees).
- Develop a program in which care workers visit homes to provide necessary assistance using a task-based model (e.g., the Meals on Wheels model).

Option #2 | Workplace Benefits for Long-term Care

An employer benefit, similar to health insurance or retirement savings, to help workers pay for their or their family's care.

The overwhelming feedback from participants was that many people would be excluded from benefiting from this solution. While participants saw value in this option for younger adults (ages 20-50s) to plan and save for future care needs, multiple groups would be excluded. For example, this option would not support those not in full-time employment with benefits (e.g., part-time workers, contract workers, and the self-employed); people with disabilities who are underemployed or unemployed; people denied private insurance coverage after medical record reviews; and those without expendable income to save.

"If I look at younger folks today, so many are underemployed and unemployed. I don't see how individuals are going to be able to choose to fund their long-term needs."

Concern was expressed about the instability of workplace-tied benefits, noting that people could lose or change jobs. Questions arose about the reliability of benefits companies, including how well the funds would be managed, whether they would still be available when LTSS is needed, and whether the companies would still exist in the future. Several groups emphasized that many people cannot afford to contribute to such a benefit, given the cost of living.

Suggested Enhancements

- Add employer contributions and incentives to help offset monthly rates.
- Include a benefit that locks in today's care costs when participants begin paying into the plan.
- Allow aging parents to be beneficiaries of the benefit.

"If you could offer a plan where you start paying in and that solidifies the rates for care at today's costs, that might help offset the disparity between the increase in the cost and the wage increases."

Suggested Alternative Approaches

- Develop universal LTSS benefits attached to individuals rather than employment.
- Create a flexible spending account for long-term services and supports.

Option #3 | Financial Planning & Protection

Free or low-cost classes, workshops, or counseling to help plan for care, manage money, and protect against fraud and scams.

Financial education can motivate individuals to save and plan for their financial future. Financial education, information about options, and early planning for LTSS were considered essential to affording LTSS. Multiple groups emphasized that planning should begin early, ideally before age 50. Fraud-prevention classes were also identified as necessary, given the increasing prevalence of fraud and scams targeting older adults.

"Financial planning is so important… That's where you've got to start."

The value of financial planning among older adults is mixed. Considering the long-term outlook of financial planning, it would primarily benefit younger adults. Several educational resources already exist (e.g., through AARP and local police departments). Participants were hesitant to support duplicating existing resources. Another concern raised was that financial planning does not help those with immediate needs afford daily living expenses.

"Planning is good... not only when we are 50 years old, but from the time we are young."

Suggested Enhancements

- Offer classes and supports that help people manage and keep their assets, addressing concerns about paying property taxes and keeping their homes. Education topics to include:
  - What LTSS is, what it costs, why it is important, and how to plan and save for it.
  - What Medicare and Medi-Cal cover for LTSS, and whether family caregivers can be paid for their caregiving.
  - The pros and cons of different retirement savings plans, including interest/return rates, how earnings are taxed, and investment strategies.
  - How and why to start saving for retirement at an early age.

Option #4 | State Retirement Savings Plan

A voluntary retirement plan that would allow people to save money for future care, especially for workers without an employer plan.

Participants were not supportive of the state retirement savings plan option. This option largely functioned as a gauge of interest in CalSavers, a state-sponsored retirement savings program. However, it did not resonate with the groups, as no positive feedback was offered. Participants emphasized that financially stretched individuals won't have extra money to save in a retirement plan.

"That's why we've had such a slow and erratic program with CalSavers. People don't want to put that money in when they're having trouble making their house payment."

Another concern was that the amount of money saved would likely not be enough to cover LTSS costs. Rather than a state plan, a preference was expressed for individual savings plans (such as Roth IRAs or 401(k)s). Questions were raised about potential limitations of a state plan, what happens if someone moves out of state, the possibility of extra bureaucracy around how funds are saved and used, and the benefits this option would offer compared to personal retirement savings.

Suggested Enhancements

- Provide incentives to encourage participation in the plan, such as tax incentives.
- Have the state match participant contributions to the fund.

"There would need to be some kind of tax incentive there for people to do it."

PRIORITY AREA #2 | AGING IN PLACE

Solutions Options | Aging in Place			
Option #1 | Help with Home Repairs & Upgrades	**Option #2 | Home-Sharing or Co-Housing**	**Option #3 | Accessible Dwelling Units (ADUs)**	**Option #4 | Help with Utility Costs**
Low- or no-interest loans, grants, or tax credits for home repairs like plumbing or roofs, and for safety features like ramps or grab bars.	Matching older adults with vetted roommates who pay rent and help around the house.	Creating small, affordable living spaces (like a converted garage, basement apartment, or backyard cottage) for older adults.	Programs that reduce the cost of electricity, water, heating, or internet so adults can afford to stay safely and comfortably in their homes.

Option #1 | Help with Home Repairs & Upgrades

Low- or no-interest loans, grants, or tax credits for home repairs like plumbing or roofs, and for safety features like ramps or grab bars.

Participants felt that assistance with home repairs and safety upgrades would benefit a wide range of older adults. At some point, most older adults need help with home repairs or safety upgrades. Additionally, older adult caregivers often lack the time for maintenance tasks, and some home repair activities pose physical risks (e.g., climbing ladders). Many older adults live in homes they have occupied for a long time, which often require significant maintenance work.

Concerns included program capacity, the cost of home repairs, and vendor safety. There were concerns about long waitlists and whether funding would be sufficient to meet demand. The cost of home safety upgrades and handy-person services is high. For example, one participant was quoted $20,000 to install a stair lift. There were also concerns about knowing whom to trust in the home, which can lead to fraud and scams or deter people from seeking needed repairs in the first place.

"It is very important to help with home repairs [so that people have] what they need to live with dignity and in safe spaces."

Suggested Enhancements

- Provide tax credits, grants, or cash assistance only (as opposed to loans).
- Incentivize home repair, plumbing, and trades companies to provide discounts to seniors through tax credits for the company.
- Create and/or promote programs that involve volunteers performing monthly home maintenance, repairs, and handyman tasks for older adults (e.g., The Villages model).
- Create a list of vetted vendors capable of performing the maintenance.
- Add a benefit through Medicare to cover home maintenance and safety upgrades as a form of preventive care.

Option #2 | Home-Sharing or Co-Housing

Matching older adults with vetted roommates who pay rent and help around the house.

Participants felt that home-sharing and co-housing arrangements could be beneficial for some older adults when paired with trustworthy roommates. Several potential benefits were identified, including sharing utility and rent costs, receiving help with household tasks, and gaining companionship to reduce social isolation.

> *"It would be very helpful to have a roommate to share costs with. That's a good idea."*

Safety and trust emerged as the primary concerns. Participants were unsure that a vetting process could truly verify trustworthiness, as people can misrepresent themselves. Additional concerns included liability in the event of a roommate being injured in the home and the difficulty of maintaining safety monitoring. Individuals who have lived alone for extended periods may struggle to adjust to shared living arrangements, and older adults' established routines may clash with those of their roommate. Finally, questions were raised about whether having a roommate could disqualify individuals from certain assistance programs they currently receive.

> *"I'm just not comfortable, I guess, with someone coming to live with me unless I know them personally."*

Suggested Enhancements

- Provide counseling, regular check-ins, and transitional support to help people adjust to living with roommates, including vetting processes with reference checks and written agreements.
- Explore benefit-sharing arrangements that allow roommates to pool certain benefits (such as subsidized utilities, electricity, internet service, or home care services) without either person losing eligibility due to changed living circumstances.

Suggested Alternative Approaches

- Consider models like Naturally Occurring Retirement Communities (NORCs), where services are brought to buildings where many older adults live, rather than requiring individuals to take on roommates.

Option #3 | Accessible Dwelling Units (ADUs)

Creating small, affordable living spaces (like a converted garage, basement apartment, or backyard cottage) for older adults.

Participants found the concept of intergenerational living appealing, whether through ADUs or other options. This solution could help reduce social isolation while maintaining independent space. The idea that mortgage investments would remain within the family and help build generational wealth was well received.

"Aging in place is incredibly lonely."

Despite some noted benefits, barriers to implementing ADUs were also discussed. Local zoning laws and policies may hinder or complicate ADU construction, and some communities have actively opposed ADU development. Many properties lack the yard space to accommodate these units. Additionally, this solution would only benefit homeowners with adequate property, excluding renters and those without suitable yards. The high cost of building an ADU was cited as prohibitive for most families, and the likelihood that ADUs would increase property taxes, adding to ongoing expenses.

Suggested Enhancements

- Require clear boundaries and financial safeguards to protect older adults' assets when living in an ADU.
- Offer tax credits or grants to help offset the upfront costs of ADU construction.

Option #4 | Help with Utility Costs

Programs that reduce the cost of electricity, water, heating, or internet so adults can afford to stay safely and comfortably in their homes.

Help with utilities would have a positive impact on enabling older adults to age in place. Utility costs are high and often make it difficult for older adults to afford to stay in their homes, forcing some to limit their use of essential services, such as heating and air conditioning. Participants felt that this solution would benefit many people, as most individuals require assistance with utility costs at some point in their lives. This approach could help people who fall just above the income eligibility thresholds of existing low-income utility assistance programs (e.g., Low Income Home Energy Assistance Program). Utility assistance would also have an immediate impact on people's daily lives.

"We're working within a very limited system, and even though these are great ideas, unless you really have the manpower and the finances to back it, in my experience at least, it fizzles out. Funding is always a challenge."

Concerns included questions about implementation and how the state would secure participation from utility companies. Utility assistance programs cover only a small percentage of costs and don't provide sufficient relief. Concerns about utility affordability highlighted that expensive electricity bills force older adults to ration their use of essential utilities and that income eligibility requirements are restrictive, thereby excluding many who need help.

"Help with utility costs would be really nice. I've looked into moving to a smaller home, thinking it would be lower cost, but the property taxes would be a lot more than what we pay here, so the bottom line is it really isn't."

Suggested Enhancements

- Ensure broad income and age eligibility for utility assistance benefits to reach middle-income older adults who fall outside existing program parameters.

PRIORITY AREA #3 | NAVIGATING CARE

Solutions Options | Navigating Care			
Option #1 | Online Directory	**Option #2 | Toll-Free Phone Help Line**	**Option #3 | In-Person Resource Centers**	**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.

Option #1 | Online Directory

A website with up-to-date information about local programs, services, care providers and costs, and tips for choosing care.

Participants felt that an online directory would be invaluable for finding care and resources. Such a tool could be helpful for technologically savvy individuals in navigating care options. This solution should be low-cost, easy to implement, and widely accessible. Service organizations could also use the directory to help their clients navigate services.

> *"I do prefer to do my own research."*

Concerns about technology capacity and accessibility were raised. Participants emphasized that technology becomes challenging for many people as they age, as advances occur so rapidly that older adults struggle to keep up. There would be generational gaps between users' abilities, with different needs for older adults who are still working and those who are retired. Additionally, people with disabilities may face barriers to using an online directory, and not everyone has access to a computer.

> *"My dad, who was 81, has never used a computer or a smartphone ever. That would be very foreign to him. He is very in the mindset of books, newspapers, resource books, and flyers."*

Suggested Enhancements

- Integrate a chatbot or 24/7 virtual assistant to enhance the directory's helpfulness and interactivity.
- Accommodate different audiences with varying technology skills, ensuring accessibility for both older adults who are less tech-savvy and those who are comfortable with technology advances.

Option #2 | Toll-Free Phone Help Line

A number to call for help from a trained professional who can answer questions and connect people to local programs, services, and care providers.

Participants felt that toll-free phone help lines would be a good option for people who want human support but cannot or do not want to access an in-person center. This solution would be beneficial for individuals facing transportation barriers to accessing in-person resource centers, as well as for those with other access barriers who still want to work with a human. It is helpful to have human support when asking questions, as older adults prefer speaking to people, and phone assistance is valuable for those who lack confidence navigating technology. The success of this approach depends on the knowledge and support capabilities of the staff providing phone assistance.

"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."

"I don't know whether or not people are really good at articulating what it is that they really need, and whether or not the people on the other side of the phone can understand what it is that they need."

Despite the benefits expressed, participants had several concerns. Similar services already exist, such as 211 and 800 numbers run by county departments of aging, raising questions about duplication. Skepticism about virtual services was expressed, including concerns over fraud, fake help lines, and hackers who could compromise phone numbers. Questions arose about whether phone staff would be aware of all available services and able to address the wide range of needs callers might have. Implementation concerns included potential staffing challenges, ensuring sufficient staff to meet demand, and keeping staff informed about available resources.

Suggested Enhancements

- Ensure the toll-free phone line has service hours that extend beyond 8:00 a.m. to 5:00 p.m. to accommodate different schedules and work hours.
- Ensure the toll-free phone line is available and accessible in multiple languages.
- Look to the Veterans Affairs Resource Navigator as a model in virtual resource navigation.

Option #3 | In-Person Resource Centers

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.

Participants saw many benefits of in-person service navigation support. Some people have a strong preference for in-person communication, which allows staff to see if someone is engaged or confused. Human interaction enables staff to identify and suggest additional services that someone may need beyond what they initially requested. In-person engagement may have the supplemental benefit of addressing isolation and loneliness. In-person services could also allow for warm referrals, ensuring the loop is closed, and people receive the services to which they are referred.

"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."

Participants noted several access barriers to in-person services. These include a lack of transportation and high transportation costs, resource centers located too far away (especially in rural areas), limited hours of operation, and concerns about accessing government-linked services in the current political environment. Some people cannot easily leave their homes due to mobility limitations, and older adult caregivers may not be able to leave the person they care for to access an in-person center. Additional concerns included delays in receiving help due to staffing challenges, long wait times, and the need to schedule appointments rather than receive help on demand.

"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."

Suggested Enhancements

- Include transportation services to help people get to in-person resource centers.
- Ensure the resource centers are trusted community organizations (e.g., senior centers, caregiver resource centers, churches, advocacy non-profits, etc.).
- Build upon existing infrastructure and systems to implement initiatives, such as Aging and Disability Resource Centers (ADRCs) and independent living centers.
- Have resource centers offer both appointments and drop-in slots, allowing people to schedule visits to avoid waits while also getting emergency questions answered as needed.

Option #4 | 24/7 Virtual Assistant

An online or phone-based tool available to answer questions, suggest resources, and help connect to local programs, services, and care provider.

Some participants were comfortable with new technology resources. Virtual assistants can help get started with resource searches and determine which questions to ask. Additionally, participants appreciated the potential accessibility benefits, including language capabilities and the availability of 24/7 help. This solution could be easy to implement, inexpensive, and help address staffing shortages. This solution would be more suitable for individuals in their 50s and younger, who may be more comfortable with technology.

"It's frustrating as we age, people are expecting us to have the ability to deal with the computers, and not that I'm not willing, it's just I have no clue."

Technology can be challenging for older adults, with comfort and trust being barriers. Participants reported that virtual help is often frustrating and confusing, frequently failing to answer the question asked or being unable to handle more complex ones. Questions have to be phrased "just right" to get the needed information, and selecting from automated menus or answering automated questions can be confusing. It is frustrating to wait to speak with a live person when the virtual assistant is unable to help. Concerns about reliability and safety included worries that AI-assisted help could provide false information, misdirect people, or be compromised by scams or fake assistants.

"We also want to keep people from getting scammed because you don't want to give sensitive information or banking information to AI. And these are things that we need to educate our people about."

Suggested Enhancements

- Ensure translation services are available or provide multilingual virtual assistants.
- Ensure users can easily reach a human when needed.
- Ensure that information shared is valid, accurate, and reliable through quality control measures.

CONCLUSION

The consumer engagement sessions highlighted the priorities and concerns of older adults, people with disabilities, and caregivers as California looks to improve its long-term services and supports system. Across all three groups, consistent themes emerged that can inform the development of policies and programs.

The strongest support was expressed for solutions offering financial relief, universal access, and a human-centered approach. Medicare expansion for long-term services and supports resonated most because it would provide increased coverage and reach the broadest population, including middle-income adults who risk being unable to afford basic living expenses if they have long-term needs. For aging in place, utility cost reduction and home repair assistance appealed because they address immediate, essential needs. For navigating care, in-person resource centers and toll-free phone help were preferred over technology-based solutions, reflecting a preference for human interaction when dealing with complex care decisions.

A concern across all discussions was access and reach; solutions tied to formal employment may exclude many who need help now or do not have an employment history. Participants felt that programs requiring financial contributions would be unrealistic when people are struggling with daily living costs. The income eligibility thresholds that are too restrictive may leave out middle-income older adults who need support but don't qualify for assistance. Technology-based solutions create barriers for those lacking access or skills, while transportation and mobility limitations restrict access to in-person services.

In conclusion, participants felt that the most effective solutions are those that provide financial relief and broad access, while also incorporating human support alongside technology, building on trusted existing infrastructure, and maintaining long-term sustainability.



Appendix A. Details of Engagement Sessions

Host Organization	Location	Audience	Number of Participants	Session Date
Self-Help for the Elderly	Virtual	Cantonese-speaking Overlooked Middle adults	10	10/14/25
Collaborative Consulting	Virtual	Overlooked Middle adults and adults with disabilities	4	10/21/25
Valley Caregiver Resource Center	Virtual	Caregivers for Overlooked Middle adults	5	10/27/25
Sourcewise	Virtual	Spanish-speaking Overlooked Middle adults	4	10/29/25
Collaborative Consulting	Virtual	Overlooked Middle adults and adults with disabilities	5	11/14/25
Collaborative Consulting	Virtual	Overlooked Middle adults and adults with disabilities	5	11/17/25

Appendix B. Consumer Demographics[1]

	Number	Percentage
Age		
< 50	1	3%
50-59	3	9%
60-69	8	24%
70-79	18	55%
80-89	3	9%
Insurance		
Medi-Cal	0	0%
Medicare	26	79%
Private Health Insurance	23	70%
Medicare Advantage	1	3%

Demographics were collected for all sessions involving older adults, caregivers, and adults with disabilities (N = 33). Medi-Cal coverage and being younger than 50 were not exclusion criteria for adults with disabilities.

Appendix C. Session Questions and Solution Options

Questions asked for each of the three priority areas' solution options, listed below:

1. What is your initial reaction to these solutions?
2. Which of these solutions would have an impact on your daily life, and how?
3. What concerns do you have about any of the solutions?
4. If you had to pick one solution to implement, what would it be and why?

The following solution options were sent to participants in advance of the engagement sessions and defined during the sessions.

Priority Area #1 | Paying for Care

- Expanded Medicare Coverage: Expanding Medicare to cover LTSS in the home for daily living help.
- Workplace Benefits for Long-Term Care: An employer benefit, similar to health insurance or retirement savings, to help workers pay for their or their family's care.
- Financial Planning and Protection: Free or low-cost classes, workshops, or one-on-one counseling to help plan for care, manage money, and protect against fraud and scams.
- State Retirement Savings Plan: A voluntary retirement program that would allow people to save money for future care, especially for workers who don't have an employer plan.

Priority Area #2 | Aging in Place

- Help with Repairs and Upgrades: Low- or no-interest loans, grants, or tax credits for home repairs like plumbing or roofs, and for safety features like ramps or grab bars.
- Home-Sharing or Co-Housing: Matching older adults with vetted roommates who pay rent and help around the house.
- Accessible Dwelling Units: Creating small, affordable living spaces (like a converted garage, basement apartment, or backyard cottage) for older adults.
- Help with Utility Costs: Programs that reduce the cost of electricity, water, heating, or internet so adults can afford to stay safely and comfortably in their homes.

Priority Area #3 | Navigating Care

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