Evaluating the Needs, Preferences, and Potential Avenues of Care Support for California's Overlooked Middle:

Final Report for California's Long-Term Services and Supports Financing and Affordability Initiative

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TABLE OF CONTENTS

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Executive Summary

California is a state of many regions and geographies—from the coast to the mountains and the desert to the central valley—where people seek to grow old and remain in their communities, even in the presence or emergence of long-term services and support (LTSS) needs. Californians who need LTSS generally have two pathways to cover the cost of care: 1) pay for services through their own finances and/or private long-term care insurance coverage, or 2) in the absence of these personal resources, qualify for LTSS coverage through Medi-Cal (California's Medicaid). Many also rely on family and friends for such care, which creates its own challenges. An understudied and significant group of aging adults are those who do not qualify for Medi-Cal, yet in the presence of even a moderate level of ongoing LTSS care, could not afford to pay for it without compromising basic living standards, that is, paying for primary living expenses. Understanding the needs of older adults and people with disabilities that comprise this group of "***Overlooked Middle***" is of key importance to local, state, and federal policymakers given the potential impact of such needs on the population and on current and future care systems.

In 2024, the California Department of Aging (CDA), through the state's Master Plan for Aging (MPA), partnered with Community Catalyst, the LeadingAge LTSS Center @UMass Boston and several experts in the field to better understand California's Overlooked Middle population through the Long-Term Services and Supports (LTSS) Financing and Affordability Initiative. This effort, supported by the Budget Act of 2022 AB 179 (Ting), focused on three population and policy relevant areas of inquiry. Below are the research questions guiding the LTSS Initiative and high-level findings.

Research Question #1: Who are the older adults and people with disabilities in California's "Overlooked Middle" population now and how will their socio-demographic and health outlook change in the next 25 years?

Highlights of the Overlooked Middle Definition, Current Population Trends in California, and Projections for 2050

- The Overlooked Middle are a diverse group of people ages 50 and older with incomes between 139% to 500% of the Federal Poverty Level (FPL).
- Roughly half of California's Overlooked Middle cannot afford basic living needs in the presence of moderate LTSS expenditures. Affordability is even worse for women, Black and Hispanic older adults, and those between 139% and 250% FPL. It is therefore not surprising that so many rely on family caregivers to support their needs.
- In 2024, there were 5.5 million people ages 50 and older in California's Overlooked Middle, and this group will grow to 6.9 million by 2050. The number of people ages 75 and older in this group will nearly double in this same period, increasing from 1.2 million to 2.3 million.

- Among the Overlooked Middle, 571,000 people were living with LTSS needs in 2024; by 2050, this number is expected to increase to 1.08 million.

Highlights of the Population Trends Across California's 58 Counties

- California's population dynamics by county among those ages 50 and older across all income groups will change substantially in the next 25 years. Between 2023 and 2050, counties will experience:
    - Growth of those ages 50 and older, ranging from -3% to 78%;
    - Growth of those ages 50 and older with LTSS needs, ranging from 24% to 147%; and
    - Growth of those with LTSS needs in California's Overlooked Middle, ranging from 18% to 148%.
- In 2023, across all income groups, 27 counties had populations with LTSS needs below 10% in the age 50 and older population; by 2050, only one county will have fewer than 10% in this same group.
- In 2023, two counties had an Overlooked Middle LTSS population comprising more than 13% of its total population age 50 and older; by 2050, all but one county will have Overlooked Middle LTSS populations comprising 13% or more in this same group.

Spotlight on Homeownership and Home Equity Analytics in California's Overlooked Middle

- About two-thirds of California's Overlooked Middle households are homeowners.
- Over half carry housing debt, including nearly 40% of those ages 75 and older.
- The median amount of usable home equity for California's Overlooked Middle who want to remain living in their home is $350,000. This amount of usable home equity varies among key socio-demographic characteristics.

Defining the Overlooked Middle

The Overlooked Middle:

1. Are community-dwelling individuals who can afford basic living needs (food, housing, medical care, transportation, etc.) as measured by the Elder Economic Security Index;
2. Would have to meaningfully reduce expenditures on basic living necessities in the presence of a moderate amount of paid home- and community-based services; and,
3. Do not qualify for Medicaid before or directly after the onset of an LTSS need.

Using this operational definition, individuals who broadly meet these three criteria have incomes between 139% to 500% of the Federal Poverty Level (FPL).

Research Question #2: What do California's Overlooked Middle say about their own needs, values, and preferences for accessing and financing ongoing care and support?

Highlights of Consumer Engagement

- California's Overlooked Middle are not thinking about their future risk for LTSS needs, are unclear about the likelihood of having LTSS needs, and are unaware of how these services are covered.
- They desire to live well in their own community as they age. Yet they feel constrained to meet near-term basic living needs and prioritize planning for current basic living needs over potential future LTSS needs.
- They favor programs and services that help protect their financial security. They also seek options that support:
    - Access to services in a way that maintains choice and control;
    - Assistance with navigating systems of care to address needs in a way that supports health and social connectedness in community; and
    - Intergenerational transfers through maintaining homeownership.

Spotlight on Consumer Perspectives Regarding Homeownership and Home Equity

- Homeowners in California's Overlooked Middle consider their home as a potential source of financing only if they have no other alternatives to cover LTSS needs.
- Many are willing and able to make home modifications to help ensure that they can age in community, and a good number have used equity in their home to finance such modifications.
- They express concern that accessing home equity will reduce resources and therefore close off other housing options that might be preferred in the future, such as assisted living or continuing care communities.

Research Question #3: What are policies and programs that exist across the nation to serve these individuals, and how might these examples be valuable to meet the unique and changing needs of California's Overlooked Middle?

Highlights on Policy and Program Analyses

- Community-based programs and policies across the nation that are targeted to the Overlooked Middle often address basic living needs, which have a high connectivity to future LTSS need.
- Many programs deliver direct support to individuals with needs as well as caregiver assistance, support, and training.

- Programs focused on helping people address a future LTSS need, such as home modifications for accessibility and safety, can also help mitigate personal and financial shocks.
- When serving those who have an LTSS need, many programs are designed to delay rapid spend down of one's financial resources, reducing the need to access a state's Medicaid program.

Highlights of a Medicare Home and Community Based Care (HCBS) Benefit Concept

Key features in developing a home- and community-based care benefit inside of Medicare focused on improving care while generating projected claims cost savings at a level sufficient to offset program costs. The concept features include:

- A well-targeted program that delivers service navigation and a focused community care benefit while coordinating closely with health care providers on medical and functional supports.
- Inclusion of Medicare beneficiaries who are already eligible for Medicaid in addition to Medicare-only beneficiaries.
- Inclusion of moderately or severely frail beneficiaries in addition to those with mild frailty.

Reflections on LTSS Initiative Findings

- Major information gaps often increase worry and stifle planning among California's Overlooked Middle.
- California's Overlooked Middle have an extensive view of longevity assets—a broad portfolio of tangible and intangible resources that they believe are needed to age well, including:
  - Sufficiency of financial wealth;
  - Ability to maintain personal health including access to health services;
  - Housing stability;
  - Meaningful social support and connections over time with family and others; and
  - Living in a community with a broad array of programs and services.
- Pathways to bolster longevity assets among California's Overlooked Middle as they seek to maximize three key objectives include:
  - Control and autonomy of care choices;
  - Ownership of all longevity assets; and
  - Meaningful participation.
- Targeted system-level changes could improve the overall journey for California's Overlooked Middle who are currently living with disabilities as well as those aging into LTSS needs in later life.

Overview of the LTSS Financing and Affordability Initiative

Introduction

Older adults today are the most heterogeneous in our country's history. They demonstrate a breadth of human experiences and have actively dismantled outdated stereotypes of growing older. They are living and working longer while participating in more engaged and purposeful lives than ever before. Older adults largely care for themselves and are often care partners for loved ones, neighbors, and young and old in their communities. Overall, today's older adults live in the community—outside of institutions—in the place they call home.

While many are thriving, large numbers of older adults across the country, including those aging with and into disability, face formidable challenges across all aspects of their daily life. For example, nearly one-quarter of those living in the community report having fair or poor health.[1] At least 10% of older adults nationwide will experience some form of elder abuse each year.[2] Furthermore, they can experience difficult aspects of aging, including chronic illnesses, cognitive impairment, decreased mobility, and increased loneliness and social isolation.

Similar to national statistics, California's older adult population is more diverse and growing faster than most other age groups. By 2030, nearly 10 million Californians will be age 60 and older, representing nearly 25% of the state's population. Over half of Californians age 60 and older identify as non-white, almost one-third are at least 75 years old, and 18% live alone.[3]

Within that growing population will be those who have lived with disabilities for most of their lives. They too represent a heterogenous group and maintain a strong desire to live outside of institutional settings. Many are able to do so in part due to the tremendous contributions of both family and paid caregivers. As they move into older adulthood, along with those experiencing LTSS needs at older ages, they will face new challenges accessing and paying for needed supports and services.

California's Master Plan for Aging and State Legislative Authority

Recognizing this significant demographic shift and the need for a cohesive service delivery and financing infrastructure to respond effectively to the needs of this population, Governor Gavin Newsom issued Executive Order N-14-19 in June 2019, calling for the development of a state Master Plan for Aging (MPA). Over the subsequent 18 months, California state leadership engaged a wide range of private and public sector stakeholders and advocates to create California's first ever MPA.

Released in January 2021, California's MPA is a comprehensive 10-year blueprint that reflects the state's vision to support older adults, people with disabilities, and caregivers.

It outlines planning and action efforts for state and local governments, the private sector, community-serving organizations, and philanthropy to ensure California is prepared to meet the needs of its current and future aging population supportive of both dignity and choice. The California Department of Aging (CDA) facilitates implementation leadership for the MPA, in collaboration with the California Health & Human Services (CalHHS) Agency, multiple state departments within and beyond CalHHS, and six stakeholder advisory committees.

The MPA focuses on Five Bold Goals to help build a California for all ages and abilities by 2030.

1. Housing for All Ages and Stages: Ensuring access to affordable and supportive housing options, including transportation alternatives and age-and-disability friendly communities.
2. Health Reimagined: Improving and streamlining health care and long-term services and supports (LTSS) access and quality for older adults and people with disabilities.
3. Inclusion and Equity, Not Isolation: Promoting social engagement and reducing isolation among older adults.
4. Caregiving That Works: Supporting unpaid family caregivers and paid direct care workers through training and resources.
5. Affording Aging: Addressing the financial aspects of aging, including LTSS costs.

CDA, in partnership with CalHHS, provides the state Legislature with annual reports on the MPA's progress, and releases prioritized initiatives to pursue over the next reporting period. The 2023-24 MPA Initiatives Report, *Delivering Results for Older Adults, People with Disabilities, and Caregivers,* identified a need for California-centric research, data collection, and analysis of LTSS financing for older adults and people with disabilities (MPA Initiative #18).

Passed and signed by the Governor on September 6, 2022, the Budget Act of 2022 allocated $5 million to CDA to fulfill MPA Initiative #18. CDA leveraged this investment in March 2024 by developing a contractual agreement with Community Catalyst and its lead subcontractor, LeadingAge LTSS Center @UMass Boston, to launch the LTSS Financing and Affordability Initiative (LTSS Initiative).

LTSS Initiative Objectives

The LTSS Initiative seeks to better understand California-specific information about one of the most fundamental unplanned personal and financial shocks that can affect all individuals and families without warning: a substantial change in physical and/or cognitive functioning that requires use of LTSS. While the need for LTSS can occur among Californians across all income and age levels, those most at risk for this shock are middle-income older adults who do not qualify for LTSS coverage by Medi-Cal (California's Medicaid) and do not have enough of their own resources to cover the costs of care, and pay for basic living needs. Described as the *Overlooked Middle*, this group is the main population of interest for the LTSS Initiative.

Below are the four objectives for the initiative:

- ***Research and Data:*** Outline the current and projected needs of California's older adults and people with disabilities who are in the Overlooked Middle.
- ***Consumer and Stakeholder Perspectives:*** Deepen the understanding of needs and preferences of California's Overlooked Middle on getting and paying for care.
- ***Policy Research:*** Conduct policy analysis with options to consider for addressing the needs of California's Overlooked Middle.
- ***Medicare Home- and Community-Based Services (HCBS) Pilot Proposal:*** Develop a pilot proposal for a Medicare Home and Community-Based Care Benefit.

What Are Long-Term Services and Supports?

Long-term services and supports (LTSS) includes a broad range of services delivered by paid or unpaid providers that can support people who have limitations in their ability to care for themselves due to physical, cognitive, intellectual/developmental disability or chronic health conditions that are expected to continue for an extended period. LTSS can be provided in a variety of settings including at home, in the community, in residential care settings, or in institutional settings.

LTSS generally includes assistance with activities of daily living (personal care needs) such as bathing, dressing, eating or transferring and instrumental activities of daily living (routine care needs) such as meal preparation, money management, house cleaning, medication management, protective supervision, and transportation.

Challenges Facing Middle-Income Older Adults

Many adults as they grow older face changes in their health and daily functional abilities that can compromise their ability to live well and safely with full independence. Sometimes this change happens quickly after a major health event (e.g., stroke, a severe fall), or it can emerge through a more progressive, degenerative condition such as Parkinson's or Alzheimer's disease. Either way, the aging individual who lives with complex health and daily living needs enters a new reality of needing care and support to meet their unique situation. Such support often involves family members and other loved ones as care advocates as well as hands-on providers.

When certain health and daily living needs extend beyond the capacity of family and other loved ones, individuals seek out or are connected to LTSS providers (e.g., home health aides, companions, personal care assistants) in the private market. Support can range from a one-time

home modification (e.g., adding front entry ramp) to ongoing daily personal care at home to moving into a residential care setting (e.g., assisted living, nursing facility). The range of LTSS costs to pay for care is decisively wide, contingent on what services are needed, how often, for how long, and where it is provided.

LTSS are paid for by several private and public sources, depending on an individual's access to and eligibility for each type.[4, 5] Private financing sources include an individual's personal wealth and long-term care insurance—if a policy was purchased and maintained prior to the event sparking the LTSS need. Among public sources, Medicaid is the largest purchaser of care for those meeting income thresholds and level of care need criteria.* Other public sources include Medicare for time-limited post-acute care or hospice, Veterans Health Administration for qualified veterans, among others.

Of all these LTSS financing pathways, the most flexible, yet challenging to utilize well and efficiently, is an individual's personal wealth, inclusive of income, savings, retirement accounts, and home equity if one is a homeowner. Described below are the various person- and system-level challenges that middle-income individuals and their families face in the presence of LTSS needs that require paid care.

Person-Level Challenges

There is a growing group of financially vulnerable older adults with modest incomes who—in the presence of an LTSS need—are unlikely to meet financial eligibility requirements for Medicaid and are unlikely to have purchased long-term care insurance due to relatively high premiums, which make policies financially out of reach. They are particularly at risk of not being able to afford basic living expenses if they have even a moderate ongoing LTSS need requiring paid care. Surprisingly, many are unaware of the risk they face and may not realize that ultimately they may have to rely exclusively on family caregivers for support. In many cases, even moderate LTSS need may exceed the capacity of family caregivers to address the need, which presents challenges not only to the individual with need, but family caregivers themselves who may experience emotional, financial, and physical strain.

Currently there is no dedicated, readily available funding stream to cover paid LTSS care for this group. As such, middle-income older adults face an "infinite deductible" for LTSS costs until they reach Medicaid eligibility requirements in their state. They can only access Medicare's post-acute care benefit to provide short-term LTSS if the overall care episode is approved and focused on rehabilitation for a skilled care need. Medicare does provide a greater level of personal care and caregiver support for individuals who are eligible for and choose hospice care at the end of life.

*For those in the lower income range of the Overlooked Middle, Medicaid will cover a portion of skilled nursing care as these individuals must also pay a share of these costs.

Regardless of the payer mix outside of Medicaid, middle-income individuals also have no visible or discernable system-oriented care management support through an LTSS-trained advocate who can help with LTSS planning and choice making efforts, such as:

- Completing assessments of individuals and their family caregivers to identify relevant LTSS needs;
- Discovering the range of care options available to meet identified needs; and
- Helping them consider/choose a package of services that is matched with the most valuable set of providers based on person-centered principles and the best use of their limited resources.

Finally, individuals and families paying directly for LTSS hold no market power to influence care costs and cannot benefit from economies of scale in service provision. The key implication for middle-income older adults is this: In the presence of LTSS need, their ability to cover daily living costs in retirement is severely threatened due to modest financial resources to pay for ongoing care, few care delivery navigators or protections, and no attachment to a larger LTSS system infrastructure that can enable meaningful access, predictable affordability, and transparent quality standards.

System-Level Challenges

Intersecting with the person-level experience described above are several system-level challenges that additionally complicate efficient and effective LTSS care delivery for middle-income older adults. First, the lack of service integration between health care and LTSS systems compromises clear communication across multiple providers and dilutes lines of professional accountability. This well-known challenge is a major culprit undermining outcome-oriented success relative to the individuals' total needs and expressed care goals. Adjacent to poor service integration is the lack of systemic mechanisms to assure LTSS rate stability, reasonable quality of care, basic geographic access, and processes for addressing grievances for those getting care outside of Medicaid or a long-term care insurance claim. This is compounded by the absence of a centralized registry of trained and qualified LTSS providers that individuals and families can find and access directly. All of this points to little marketplace oversight in home-based care delivery for those purchasing services on their own.

Key implications for these system-level challenges are twofold:

- The lack of system oversight for this individually driven care experience can create increased risk for unfair treatment of LTSS users; and
- The lack of marketplace responsibility to harmonize LTSS access and financing can decrease availability of home- and community-based care choices, leading to an over-reliance on potentially avoidable high-cost health care services (e.g., emergency department, hospital, post-acute care) of which Medicare covers, as well as increased pressure on health systems that do coordinate care and increased nursing home admissions.

Research Questions and Key Findings

Three Core Research Questions for the LTSS Initiative

Drawing from this general context, the LTSS Initiative sought to answer three core research questions:

1. Who are the older adults and people with disabilities in California's "Overlooked Middle" population now and how will their socio-demographic and health outlook change in the next 25 years?
2. What do California's Overlooked Middle say about their own needs, values, and preferences for accessing and financing ongoing care and support?
3. What are policies and programs that exist across the nation to serve these individuals, and how might these examples be valuable to meet the unique and changing needs of California's Overlooked Middle?

This report highlights the various bodies of work that addressed each research question, including information about organizations involved and data sources utilized for the analyses. Key summary findings for each research question, with supporting evidence from each associated analysis, are provided. Also, links to the individual bodies of work are embedded in the text so that the full reports are available for further review.

Summary Findings for Research Question #1

Who are the older adults and people with disabilities in California's "Overlooked Middle" now and how will their socio-demographic and health outlook change in the next 25 years?

Partners and Data Sources
Several partners provided conceptual framing to better understand the Overlooked Middle population overall, and data analyses that quantified this group in California and estimated population projections for 2050.

- **LeadingAge LTSS Center @UMass Boston** & **Wolf Eagle Enterprises, LLC** developed the operational definition of the Overlooked Middle that provided the population frame for the LTSS Initiative.[6]
- **Urban Institute** used its Dynamic Simulation of Income Model (DYNASIM) with the Overlooked Middle definition to identify California's current and future population of adults 50 and older with LTSS needs.[7]
- Using population estimates from the **Urban Institute**, **LeadingAge LTSS Center @UMass Boston** mapped the size and projected growth of the Overlooked Middle across California's 58 counties.[8]
- **Joint Center for Housing Studies of Harvard University** used the American Community Survey and Health and Retirement Study to analyze homeownership and home equity trends.[9]

Key Findings

Defining the Overlooked Middle and Estimating Current and Future Trends for California's Older Adults

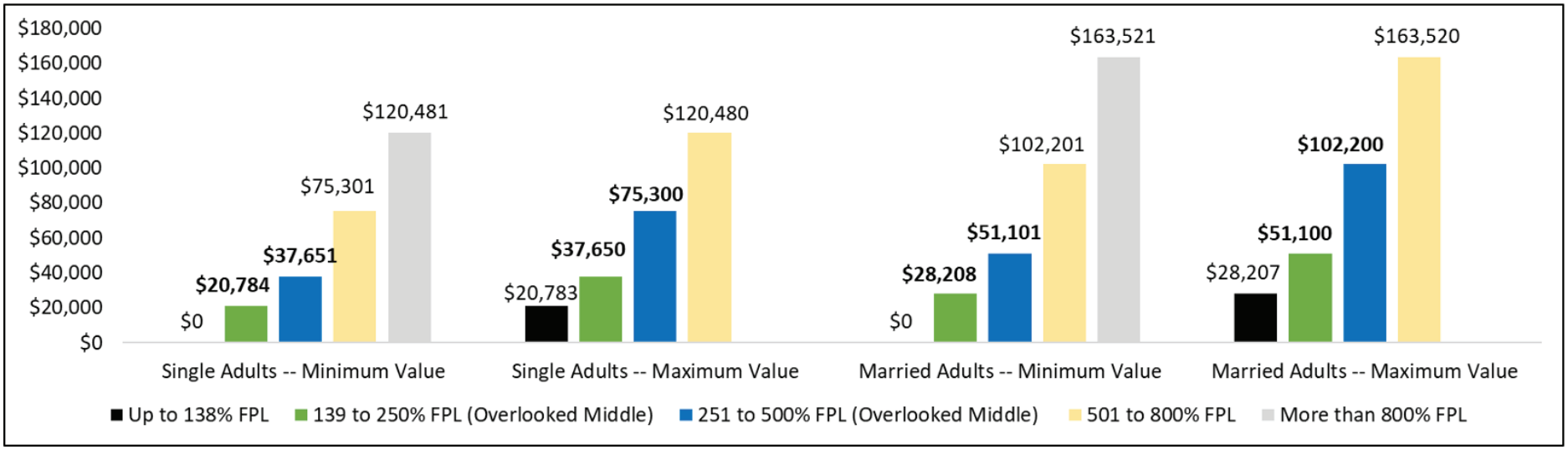
The Overlooked Middle are defined as those individuals ages 50 and over who meet these three criteria:

1. Community-dwelling individuals who can afford basic living needs (food, housing, medical care, transportation, etc.) as measured by the Elder Economic Security Index;
2. Would have to meaningfully reduce expenditures on basic living necessities in the presence of a moderate amount of paid LTSS; and
3. Do not qualify for Medicaid before or directly after the onset of an LTSS need.

Using this operational definition of the Overlooked Middle, individuals who broadly meet these three criteria have incomes between 139% to 500% of the Federal Poverty Level (FPL).

Figure 1 shows the minimum and maximum dollar values associated with FPL ranges for single and married adults ages 50 and older in 2024. It shows that the minimum annual income for single adults in the Overlooked Middle is nearly $21,000 and maximum income is just over $75,000. For married adults in the Overlooked Middle, these amounts are just over $28,000 and $102,000, respectively.

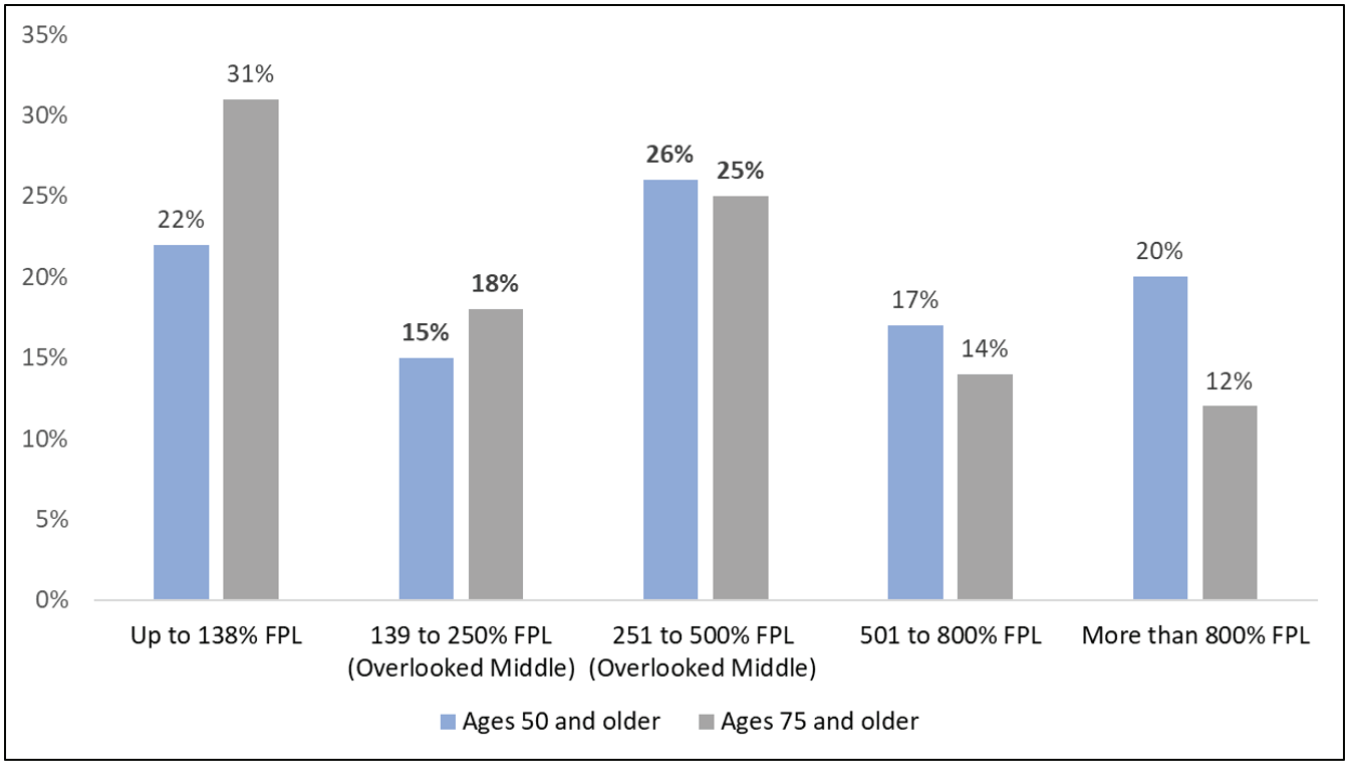
Figure 1: Minimum and Maximum Annual Income Values Relative to the Federal Poverty Level (FPL) by Marital Status, 2024



Note: For "More than 800% FPL", there is no maximum value.
Source: Johnson & Cosic, 2026

Figure 2 shows the income distribution for Californians by age relative to the FPL in 2024. In total, California's Overlooked Middle represents 41% of the ages 50 and older population. For those ages 75 and older, a greater percentage have incomes below 250% FPL compared to those age 50 and older (49% vs. 37%).

Figure 2: Income Distribution Relative to the FPL for Older Californians by Age, 2024



Source: Johnson & Cosic, 2026

Table 1 shows that the ability to afford basic living needs varies across older Californians by age, income, and annuitized wealth—even within the Overlooked Middle. Over 90% of those in the Overlooked Middle between 251% to 500% FPL can cover their basic living needs with income alone, whereas only 18% of those between 139% to 250% FPL, can do so.

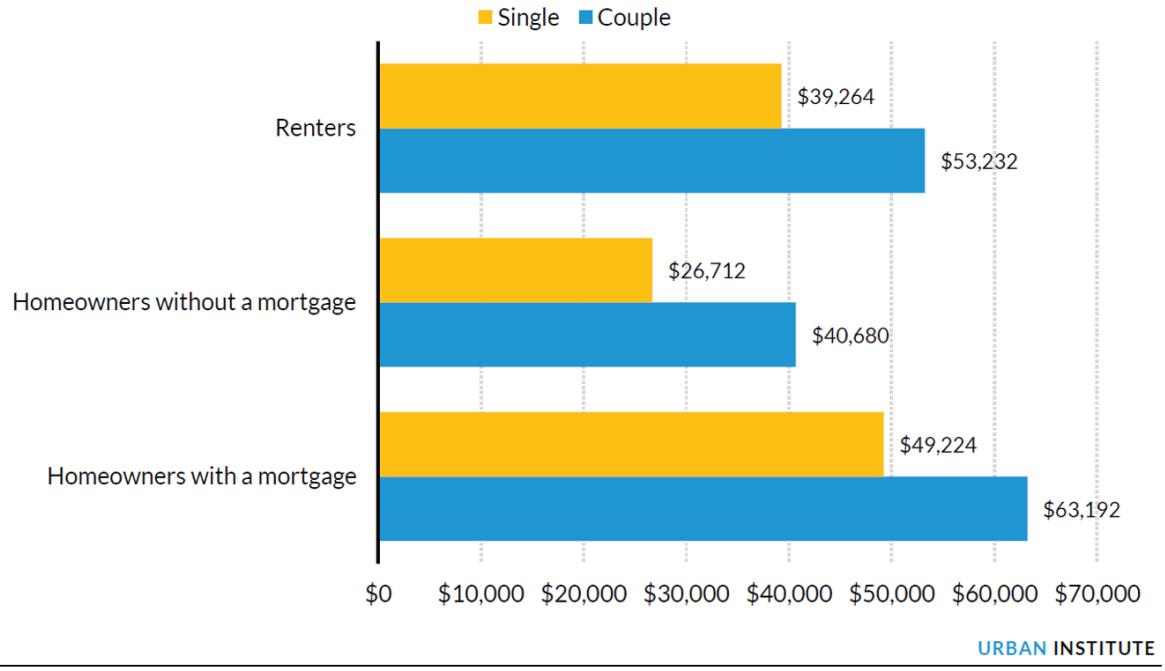
Table 1: Percentage of Older Californians Who Could Cover their Annual Basic Spending Needs with Their Financial Resources, by Age and Income Relative to FPL, 2024

	Income Relative to the FPL				
		Overlooked Middle			
	Up to 138%	139 to 250%	251 to 500%	501 to 800%	More than 800%
Ages 50 and older					
- With income only	0	18	91	100	100
- With income and annuitized financial wealth	5	39	96	100	100
Ages 75 and older					
--With income only	0	28	91	100	100
--With income and annuitized financial wealth	5	52	97	100	100

Source: Johnson & Cosic, 2026

Among those in California's Overlooked Middle, average basic spending needs inclusive of food, transportation, health care, housing, and other daily living expenses vary depending on whether the individual or couple rents their home, owns their home without a mortgage, or owns their home with a mortgage. Figure 3 shows that the difference in average basic spending needs range nearly $27,000 for single homeowners without a mortgage (the lowest) to just above $63,000 for couples with a mortgage (the highest).

Figure 3: Annual Basic Spending Needs for Older Californians by Marital Status and Housing Tenure, 2024



Source: Johnson & Cosic, 2026

Population Analytics and Projections of California's Overlooked Middle

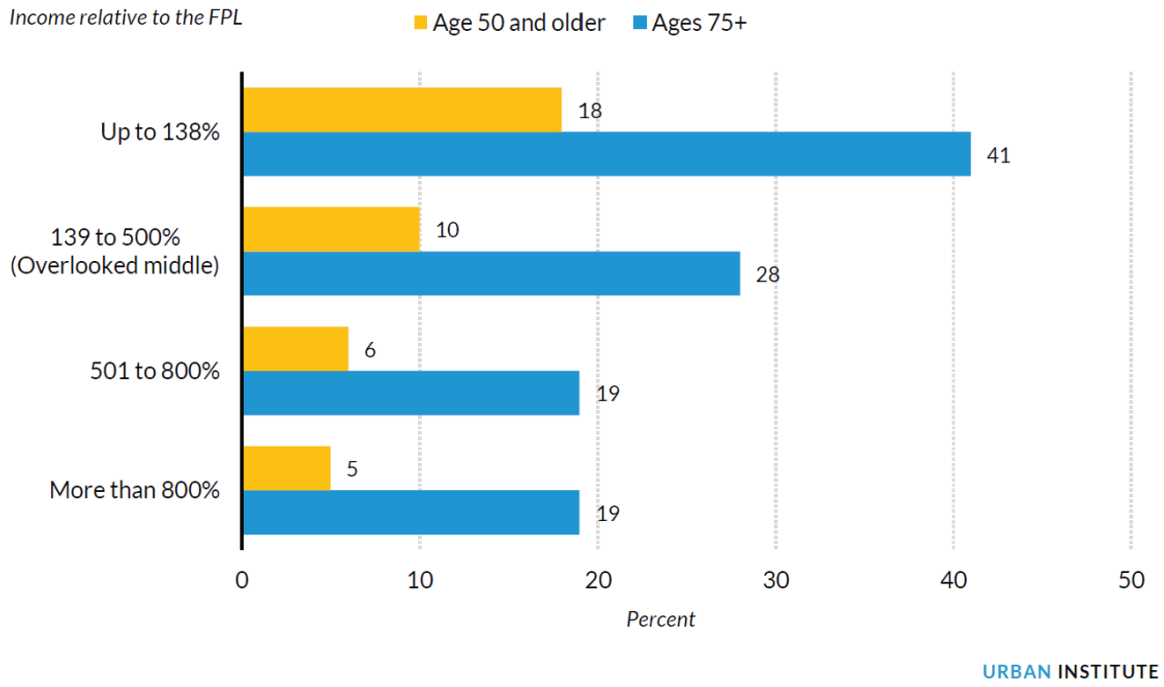
Building from these analytics of basic living affordability to determine the share of Californians who are in the Overlooked Middle, the Urban Institute identified those with LTSS needs, their distribution in the Overlooked Middle in 2024, and how this group is projected to change in 2050. LTSS need is defined as requiring help with two or more ADLs, such as eating, dressing, and getting in and out of bed, or if an individual has severe cognitive impairment.

Below are key findings:

- California has a substantial population with LTSS needs: About 10% of those ages 50 and older (1.4 million), and 30% of those ages 75 and older (800,000).
- Roughly 40% of those with LTSS needs are in the Overlooked Middle.
- While Californians with LTSS needs exist across all income levels, they are more heavily concentrated among lower-income older adults including the Overlooked Middle.
- Women, unmarried adults, and Black adults in the Overlooked Middle are also more likely than other groups to have LTSS needs as they age.
- By 2050, the number of Californians with LTSS needs will roughly double due to population aging, equaling 1.1 million in the Overlooked Middle age 50 and above.

Figure 4 shows that older Californians with lower incomes, regardless of age, are more likely to have LTSS needs than those at higher incomes.

Figure 4: Percentage of Older Californians with LTSS Needs by Income and Age, 2024



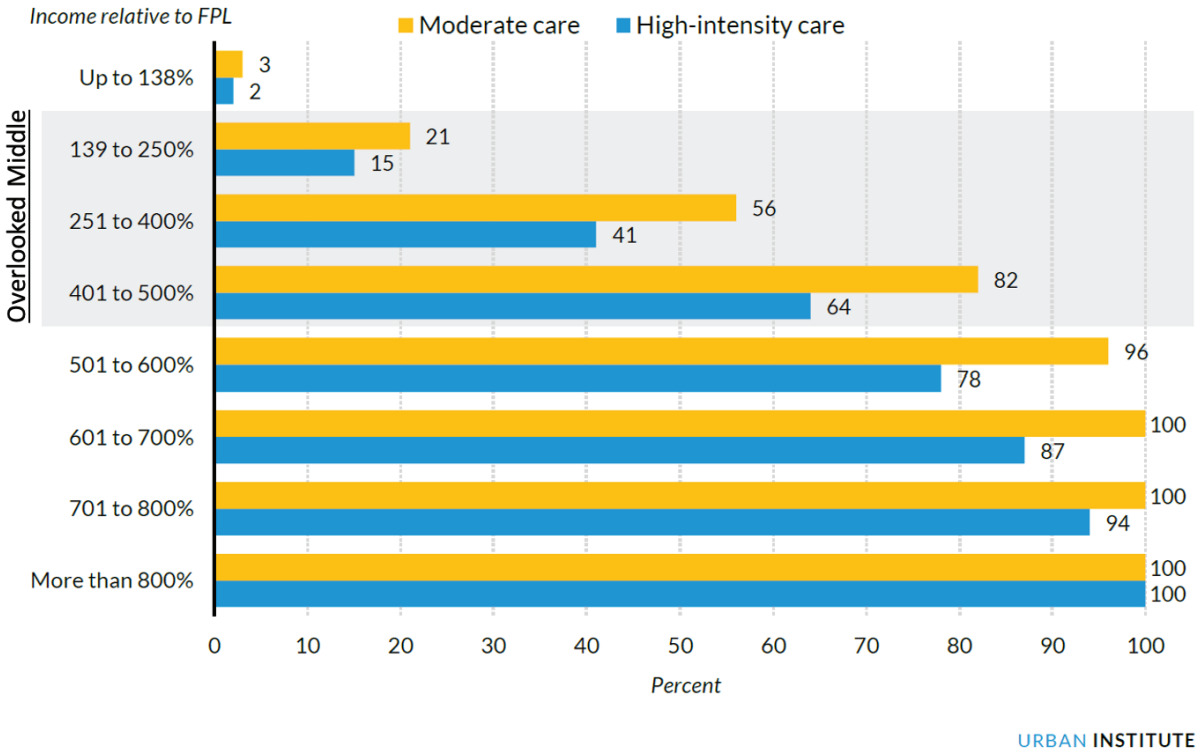
Source: Johnson & Cosic, 2026

In this analysis, LTSS affordability was defined by two categories: the ability for an individual to financially cover moderate amounts of care evaluated at $50,000 annually or a high-intensity amount of care at $100,000 annually (2024 dollars). Below are main findings regarding LTSS affordability among California's Overlooked Middle, including whether care is needed by both members of a couple.

- Nearly 50% have enough financial resources to cover basic spending (living) needs and moderate amount of paid LTSS for two years ($50,000 per year).
- When higher-intensity LTSS is needed, about 37% could afford paid care for two years ($100,000 per year).
- Affordability percentages drop substantially if paid LTSS is also needed for a spouse, or if care is needed for more than two years.
- In 2050, covering paid LTSS will remain challenging. Only 47% could cover basic living expenses and two years of moderate LTSS for themselves only, leaving large gaps for individuals as well as families.

To illustrate, Figure 5 shows the wide variation among California's Overlooked Middle in affording moderate ($50,000) to high-intensity ($100,000) levels of LTSS for two years, ranging between 15% and 82%.

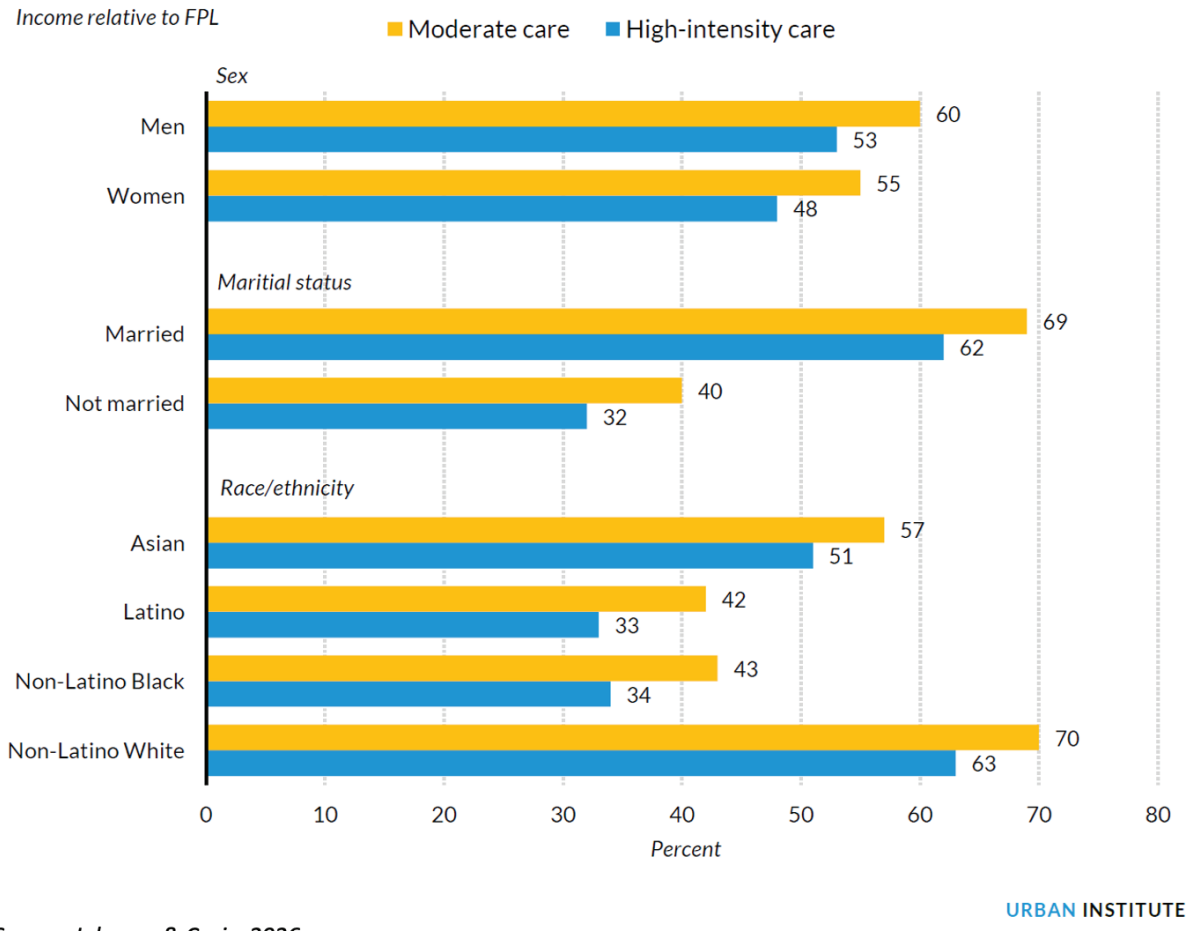
Figure 5: Percentage of Californians Ages 50 and Older Who Could Cover Basic Spending Needs and Two Years of Paid LTSS for Themselves Only with Their Income and Financial Wealth, by Intensity of Care, 2024



Source: Johnson & Cosic, 2026

Figure 6 shows the affordability of LTSS across all income groups as it varies by demographic characteristics. Considering two years of moderate care (i.e., $50,000 annually in 2024 dollars) for oneself only, LTSS affordability rates are higher for men, married adults, and non-Latino white adults than their counterparts. Patterns were similar when considering two years of high-intensity care (i.e., $100,000 annually in 2024 dollars).

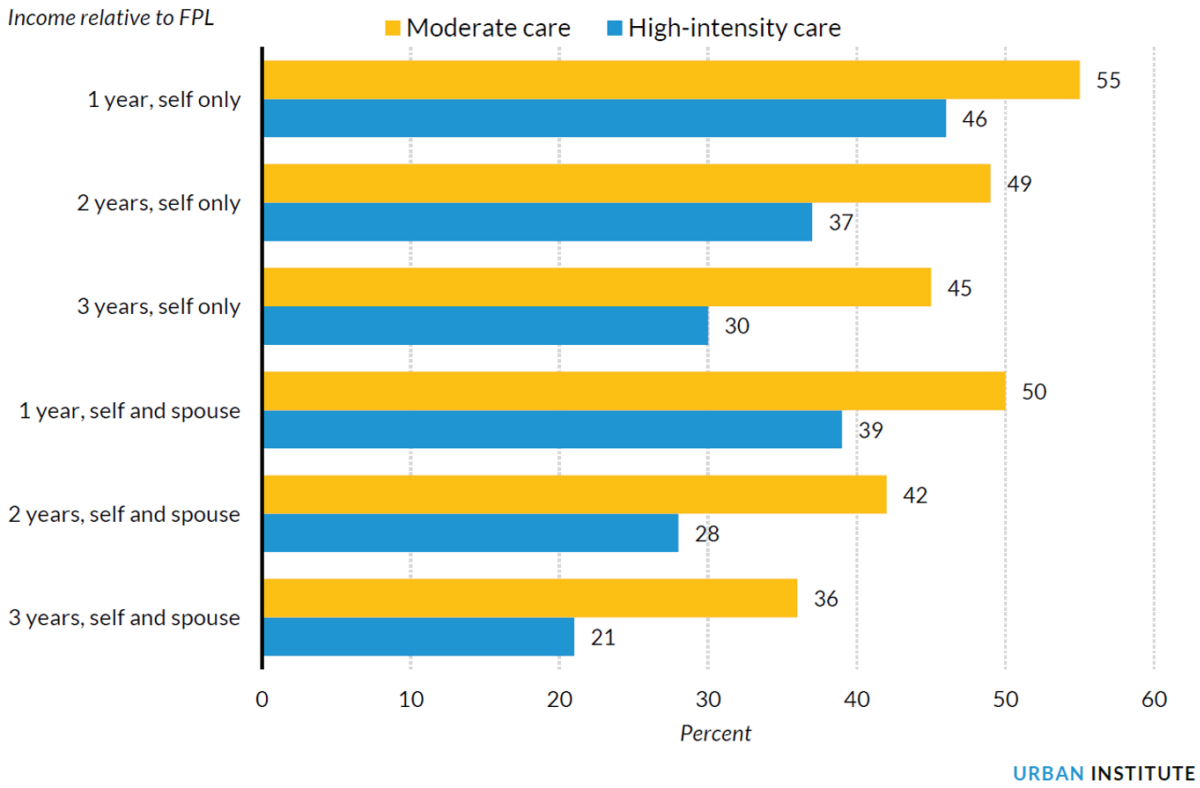
Figure 6: Percentage of Californians Ages 50 and Older Who Could Cover Basic Spending Needs and Two Years of Paid LTSS for Themselves Only with Their Income and Financial Wealth, by Demographic Characteristic and Intensity of Care, 2024



Source: Johnson & Cosic, 2026

From one-fifth to just over one-half of California's Overlooked Middle can afford LTSS expenses without compromising spending on basic needs, given intensity and duration of need and whether both the individual and a spouse needs to cover care costs (Figure 7).

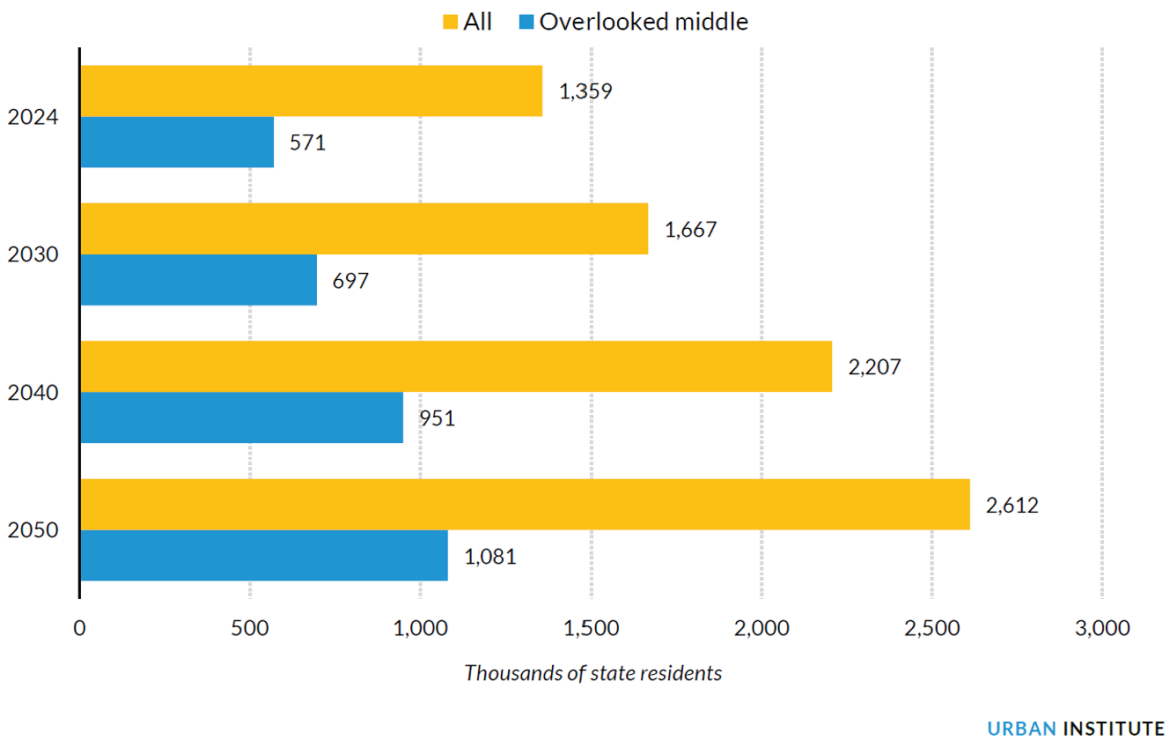
Figure 7: Percentage of Californians Ages 50 and Older in the Overlooked Middle Who Could Cover Basic Spending Needs and Paid LTSS with Their Income and Financial Wealth, by Intensity and Duration of Care, 2024



Source: Johnson & Cosic, 2026

Looking into the future, the Urban Institute projects that Californians ages 50 and older will grow by 34% by 2050, and those ages 75 and older will grow by 114%. This translates roughly into 18.1 million among those ages 50 and older, including the 5.8 million who are ages 75 and older. For Californians in the Overlooked Middle who have LTSS needs, this group is projected to grow from 571,000 to 1.08 million by 2050—an 89% growth rate (Figure 8).

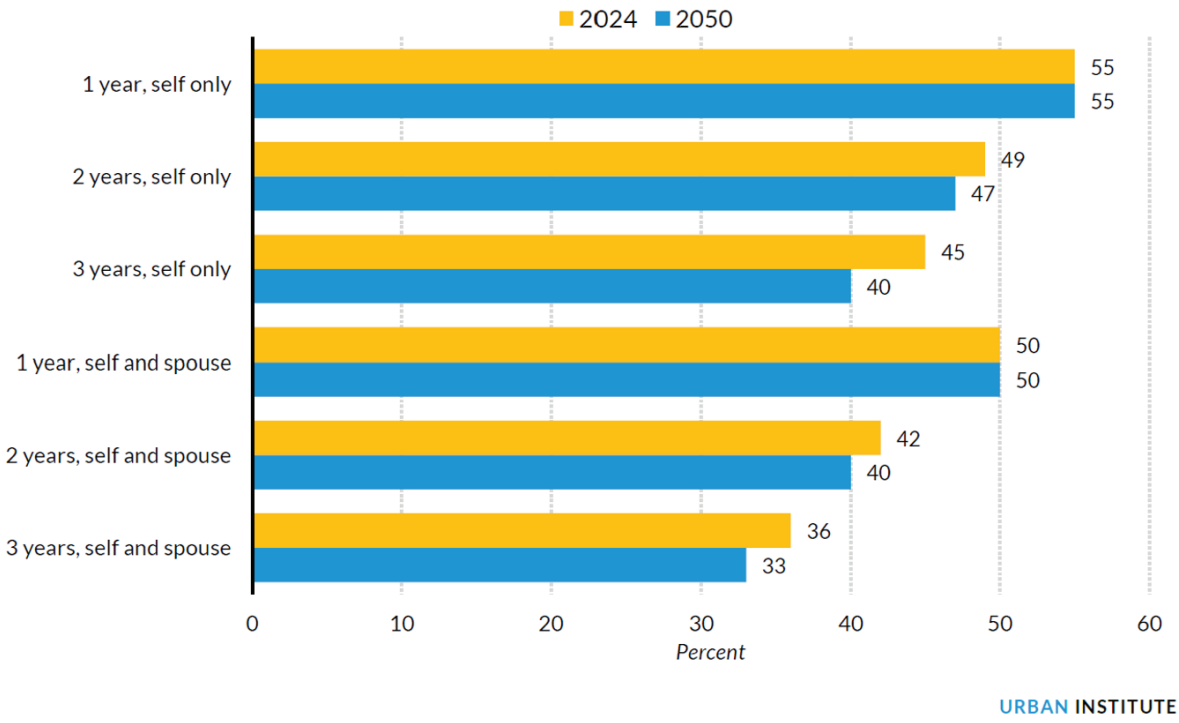
Figure 8: Projected Number of Californians Ages 50 and Older with LTSS Needs, by Year and Income, 2024–2050



Source: Johnson & Cosic, 2026

However, even as the Overlooked Middle is expected to have significant population growth between 2024 and 2050, Figure 9 shows this group's ability to afford moderate levels of LTSS remains fairly stable over time, indicating that relative financial assets and expenses are projected to increase at roughly the same rate over the period.

Figure 9: Percentage of Californians Ages 50 and Older in the Overlooked Middle Who Could Cover Basic Spending Needs and Moderate LTSS with Their Income and Financial Wealth, by Duration of Care and Prevalence of LTSS Needs, 2024–2050



Source: Johnson & Cosic, 2026

Spotlight on County-Based Population Estimates of California's Overlooked Middle

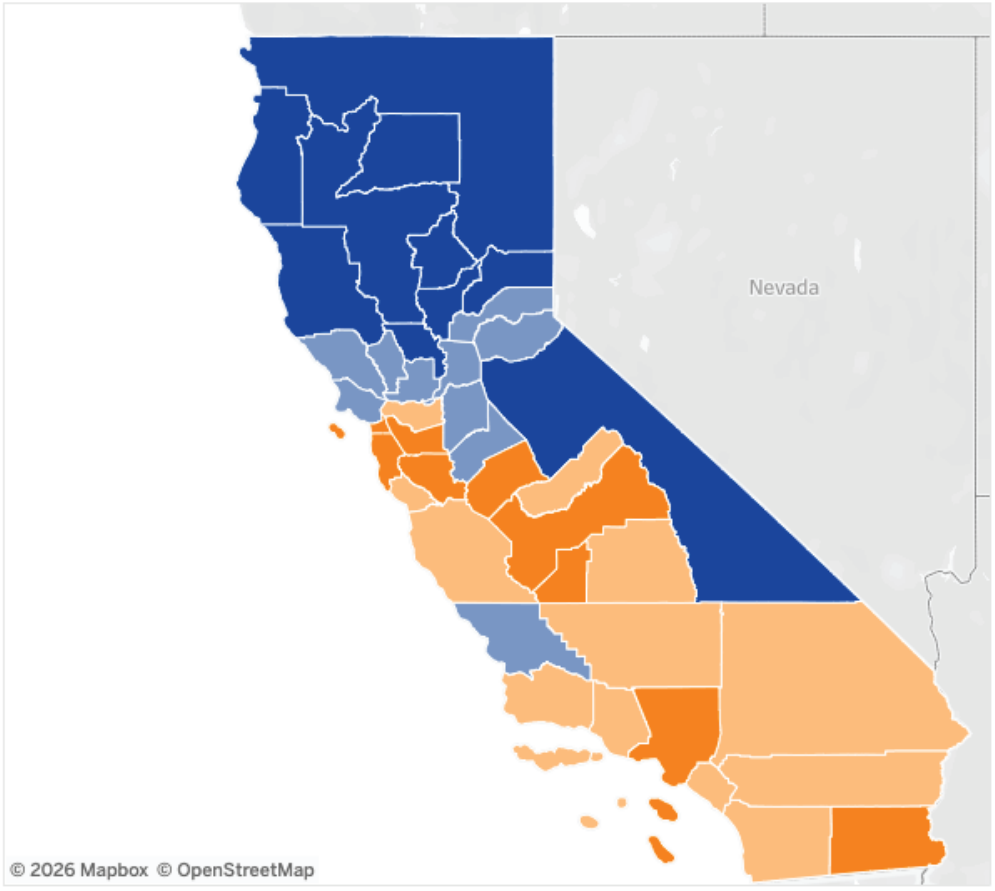
California is a state of many regions and geographies—from the coast to the mountains and the desert to the central valley—where people seek to grow old and remain in their communities, even in the presence or emergence of LTSS needs. To do so, many will need to rely on their families to help them, will spend their resources and become eligible for Medi-Cal, or simply pay for services through their own finances or private long-term care

insurance (if they purchased previously). As the statewide analyses show, the need for LTSS is expected to grow and change across California as its population ages. To show this change, county-by-county projections were developed that estimate:

- The overall population age 50 and over;
- The age 50 and over population with LTSS needs; and
- Those in the Overlooked Middle.

Figure 10 shows that over the next 25 years, California's counties will experience highly variable growth of the age 50 and older population and that the growth rates across counties vary between -3% to 78%.

Figure 10: Percentage Growth in Californians Ages 50 and Older by County Group, 2023–2050



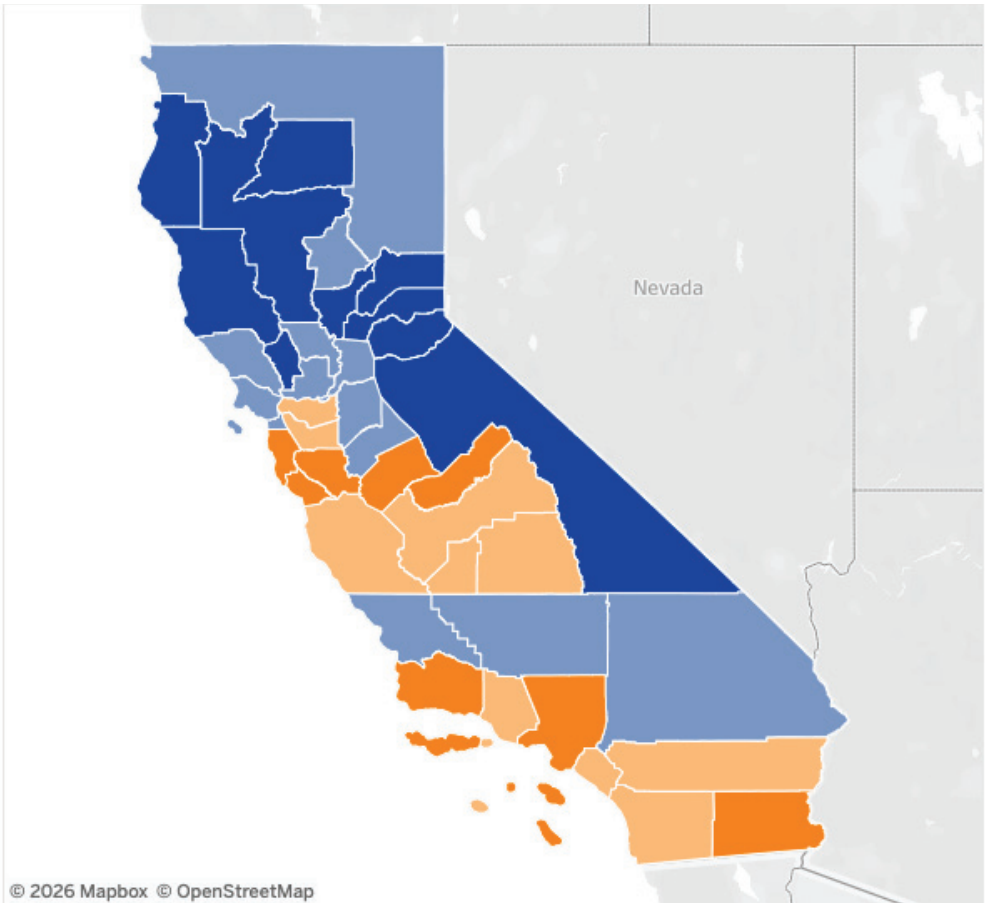
Source: Wickersham et al., 2026

Quartiles

- Highest quartile (top 25%)
- Upper-middle quartile (50th-75th percentile)
- Lower-middle quartile (25th-50th percentile)
- Lowerest quartile (bottom 25%)

By 2050, the percentage of those age 50 and older living with LTSS needs will also increase. The estimated range of growth is between 24% to 147% (Figure 11).

Figure 11: Percentage Growth in Californians Ages 50 and Older with LTSS Needs by County Group, 2023–2050



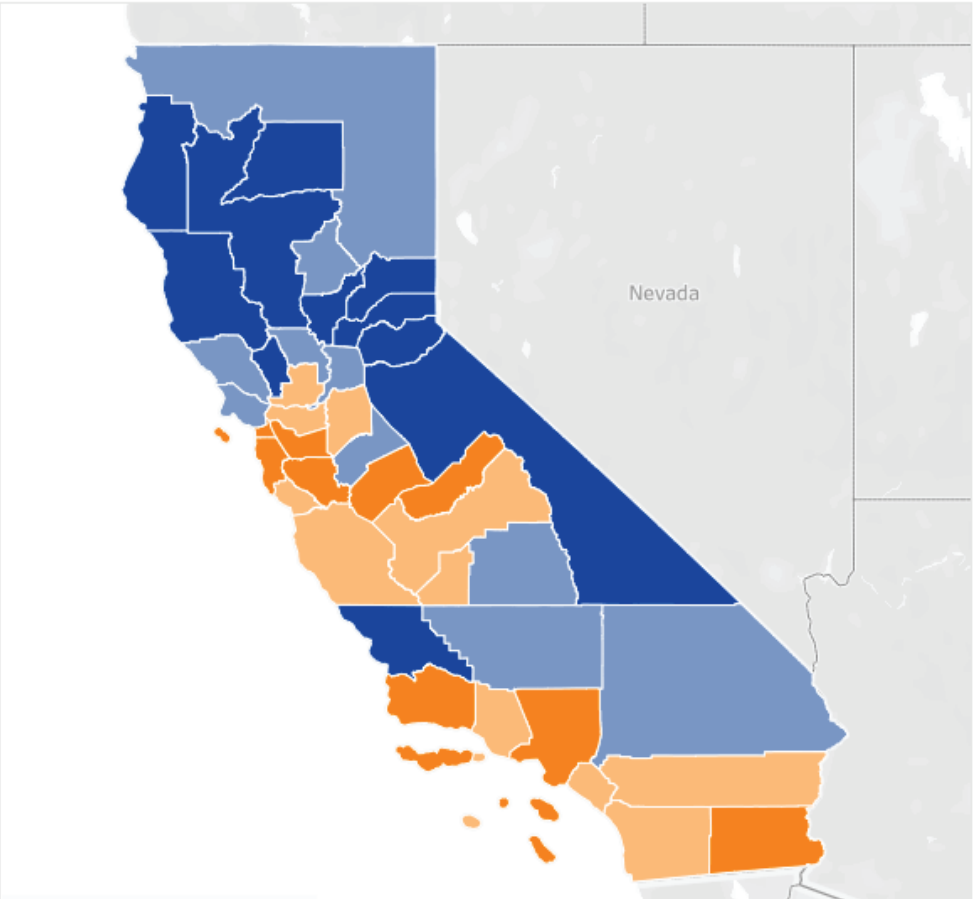
Source: Wickersham et al., 2026

Quartiles

- Highest quartile (105%+)
- Upper-middle quartile (92% - 104%)
- Lower-middle quartile (63% - 91%)
- Lowerest quartile (≤62%)

Building further, the growth of the Overlooked Middle population living with LTSS needs will also increase, ranging from between 18% to 148% (Figure 12).

Figure 12: Percentage Growth in Older Californians in the Overlooked Middle with LTSS Needs by County Group, 2023–2050



Source: Wickersham et al., 2026

Quartiles

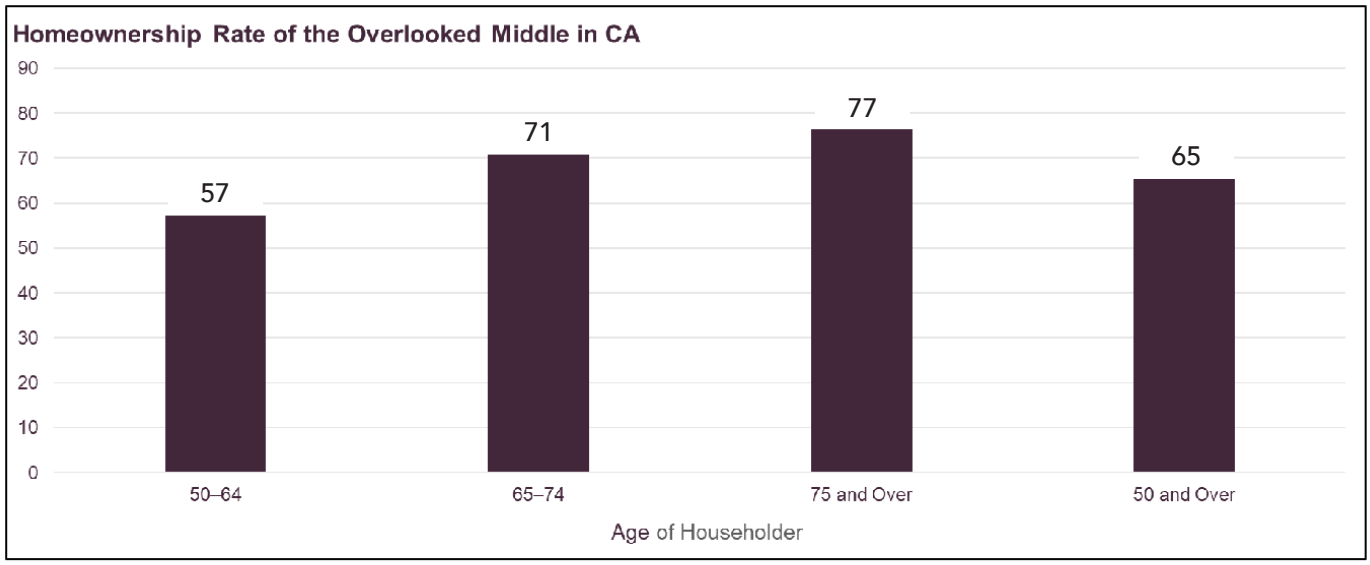
- Highest quartile (108%+)
- Upper-middle quartile (89% - 108%)
- Lower-middle quartile (57% - 88%)
- Lowerest quartile (≤56%)

Spotlight on Homeownership and Home Equity among California's Overlooked Middle Households

Homeownership presents a unique asset to older adults as part of their longevity planning. It serves as both a place to live (with or without an LTSS need) and represents a resource that could be leveraged to help pay for LTSS needs in the home or in another residential environment. Using the definition of the Overlooked Middle, the Joint Center for Housing Studies of Harvard University analyzed California's housing stock to better understand homeownership rates, home equity trends, and their variation by demographic characteristics in this understudied group of older adults.

In 2023, about two-thirds of households in California's Overlooked Middle owned a home with nearly all residing in metropolitan areas (Figure 13). Rates of homeownership ranged from 57% among households ages 50-64 to 77% for households age 75 and older.

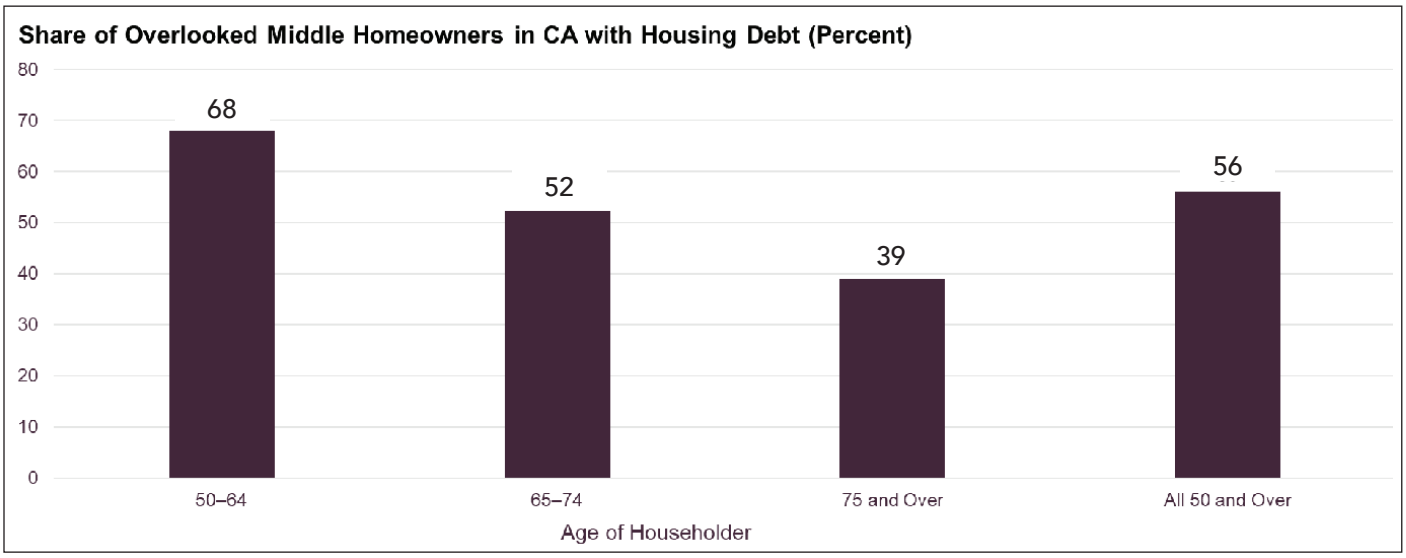
Figure 13: Percentage of Homeownership Rates of California's Overlooked Middle, 2023



Source: Molinsky et al., 2026

Over half of Overlooked Middle homeowners carry housing debt, including nearly 40% of those ages 75 and over (Figure 14).

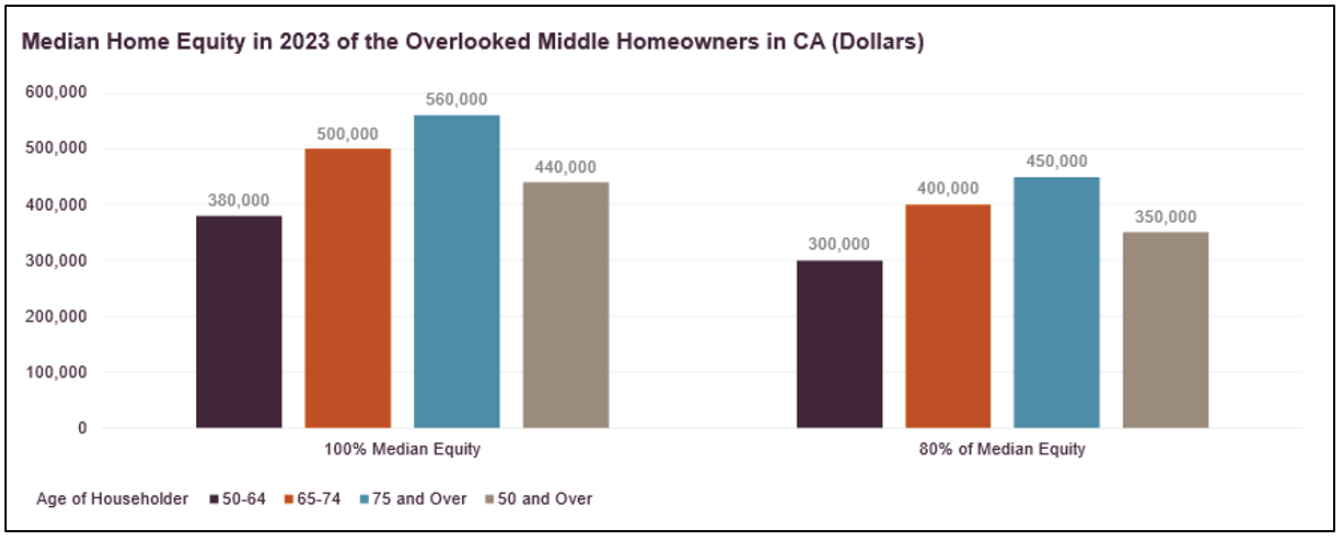
Figure 14: Percentage of California's Overlooked Middle Homeowners with Housing Debt, 2023



Source: Molinsky et al., 2026

Given the fluctuations in the housing market across geographies, home equity estimates are obtained from homeowners themselves, through self-reports. Other than selling one's home to garner its real time value, the usable amount of equity that can typically be leveraged for loans on property is estimated at 80% of equity value. Figure 15 shows that California's Overlooked Middle households report about $350,000 in usable home equity.

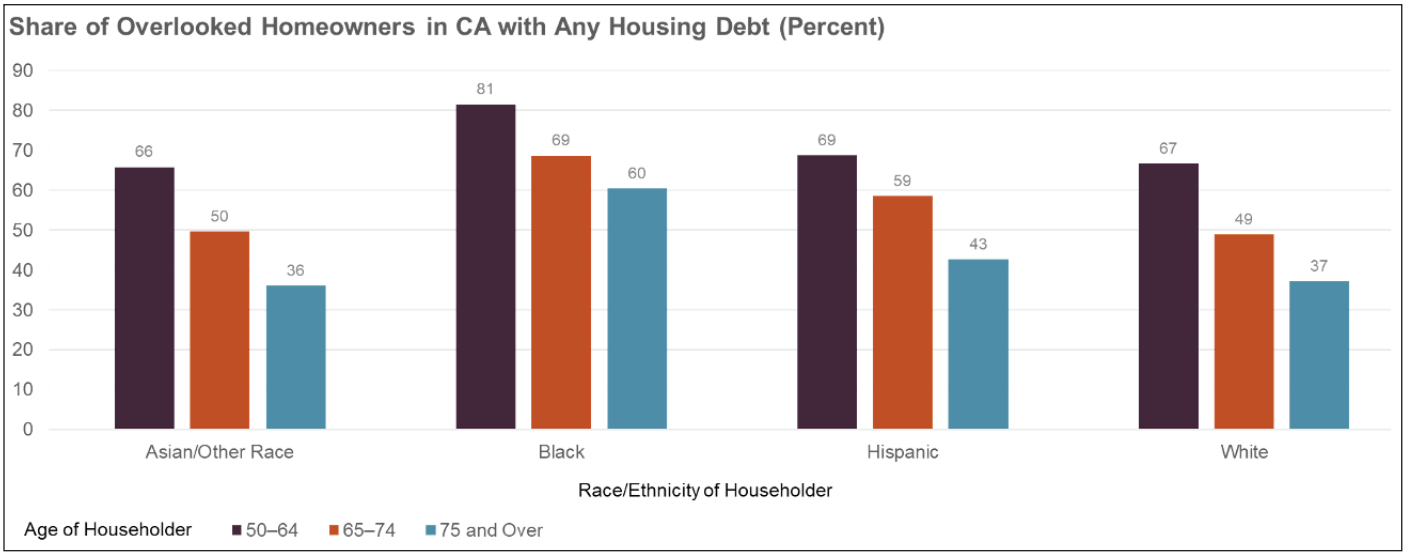
Figure 15: Median Home Equity Reported by Overlooked Middle Households, 2023



Source: Molinsky et al., 2026

Housing debt and available home equity vary by demographic characteristics. Black and Hispanic households report less home equity and more mortgage debt than their White and Asian counterparts (Figure 16). Single person households report less home equity than couples.

Figure 16: Share of California's Overlooked Middle Households with Any Housing Debt by Age and Race/Ethnicity, 2023



Source: Molinsky et al., 2026

Summary Findings for Research Question #2

What do California's Overlooked Middle say about their own needs, values, and preferences for accessing and financing ongoing care and support?

Partners and Data Sources

Through a series of focus groups, listening sessions and statewide surveys, older Californians with incomes above 138% FPL were asked about current LTSS needs and concerns and their views about ways to meet future needs for those without Medi-Cal.

- **Collaborative Consulting** and **Community Catalyst** hosted LTSS-specific focus groups and listening sessions in California with 90 older adults, people with disabilities, family caregivers, and providers representing diversity in gender, race/ethnicity, and primary language.[10, 11, 12]
- **NORC at the University of Chicago** reached nearly 1,300 Californians age 50 and above through two representative surveys that address perceived risk for LTSS and desired solution options to address LTSS needs.[13, 14]
- **Joint Center for Housing Studies of Harvard University** hosted focus groups with 28 older adult homeowners in California on potential use of their home equity to potentially address future LTSS needs.[15]

Key Findings

Perspectives on LTSS Needs and Challenges

Through a series of focus group and listening session engagements centered on the needs and challenges that California's Overlooked Middle might face, participants provided the following perspectives:

- California's Overlooked Middle seek to maintain independent living for as long as possible while desiring greater financial security, including housing security.
- Many expressed concern about affording, accessing, and the quality of LTSS now and in the future, particularly for in-home care and for services in rural areas.
- They described facing challenges with navigating complexity of both the health care and LTSS systems, separately and together.
- Many placed a special emphasis on ensuring access to mental health treatment and transportation to combat social isolation.
- In general, participants prefer in-person interaction when seeking LTSS information.
- Several reported a desire to leave some financial wealth to younger generations.

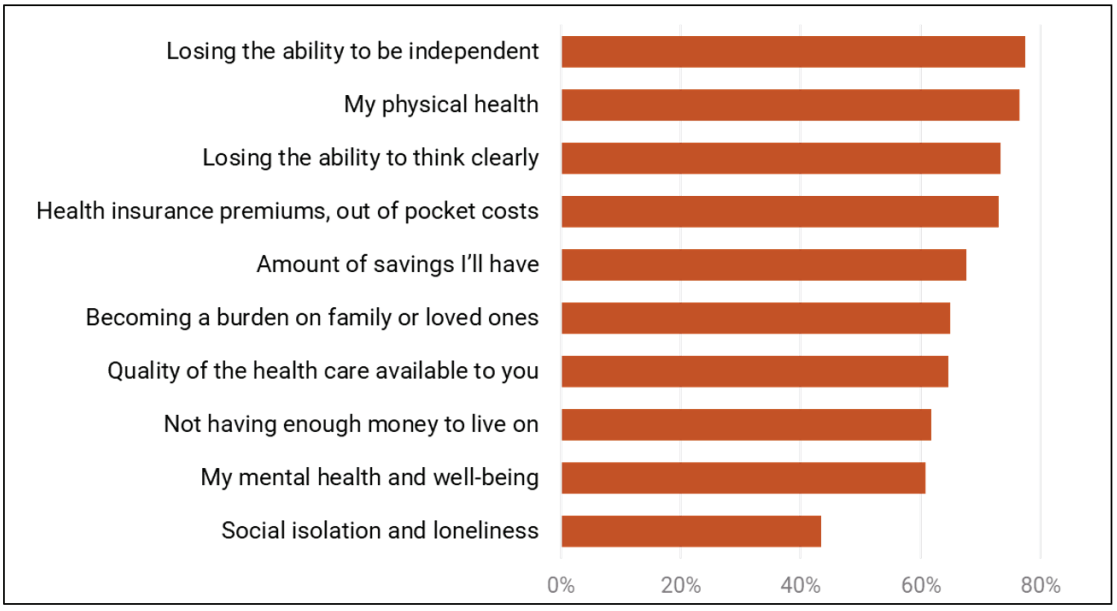
Perspectives on LTSS Needs and Challenges Among Participants in a Representative Survey

Through a statewide survey focused on individuals' LTSS needs and challenges, Californians ages 50 and older reported similar themes as those in focus groups and listening sessions. Below are some of their most pressing concerns and challenges.

- Most respondents had limited awareness of their future likelihood of LTSS needs and how care is paid for.
- If LTSS care is needed, most respondents want to be able to control:
  - How and where care is provided;
  - Ways to get in-person help with navigating health and LTSS; and
  - Getting financial help to cover in-home care and home modifications that foster independent living.
- Nearly 85% of survey respondents reported worrying about using up their financial resources to pay for care, and less than 20% said they have set aside resources specifically for LTSS.
- Many expressed low confidence in finding high-quality care.
- Those who reported being aware of personal LTSS risks and costs were more likely to report pre-planning for this care experience.

Survey respondents expressed deep concerns about health and well-being as they age, and those aware of LTSS expressed greater concern (Figure 17). Those in the Overlooked Middle said they are more concerned about the amount of savings they will have as they age compared to those with higher incomes.

Figure 17: Percentage of Californians Ages 50 and Older Who Are Concerned/Very Concerned about the Following Health and Well-Being Issues, 2026



Source: Shugarman & Hefferon, 2026

Table 2 shows that most of the survey respondents expressed concern about how they can find and access LTSS that ensures coverage and quality while maintaining personal autonomy in the process.

Table 2: Percentage of Californians Ages 50 and Older Who are Concerned/Very Concerned with Finding and Accessing LTSS, 2026

77%	Finding high quality care
76%	Being able to control where/how they get care
75%	Having caregivers who treat them with dignity and respect
68%	Feeling safe around caregivers
66%	Having help finding the best care providers
65%	Understanding what services and providers are best for their needs
62%	Getting the information they need to choose suitable care providers

Source: Shugarman & Hefferon, 2026

Perspectives on Preferred LTSS Solution Options Among Focus Groups / Listening Sessions Participants

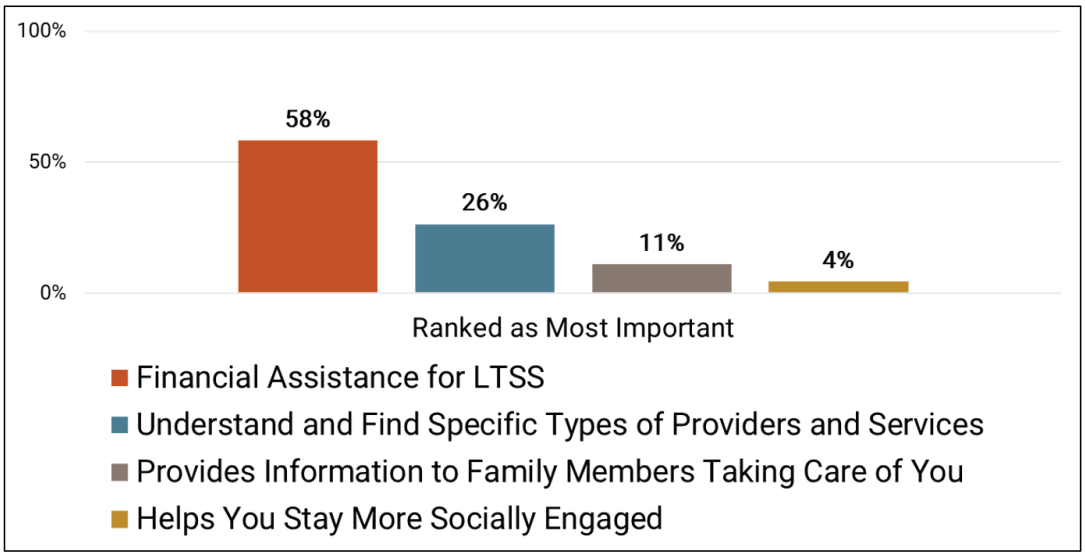
Drawing from the LTSS needs and concerns expressed in the first round of consumer and stakeholder engagements, a second set of focus groups and listening sessions along with a second statewide survey were completed. The focus of these efforts was on assessing how certain LTSS solution options were viewed by the Overlooked Middle. Three broad solution-set approaches were elevated in this second round of consumer engagement: paying for care, aging in place, and navigating care. Below are the main findings regarding views of focus group and listening session participants on these solution sets:

- **Paying for care:** Participants preferred expanding Medicare to cover LTSS. They did not prioritize creating an employer-based benefit to help workers pay for their or their family's care.
- **Aging in place:** Participants preferred low-to-no interest loans or grants to help with home repairs and/or safety features (e.g., grab bars, ramps). There was little appetite for shared/co-housing services to match older adults with vetted roommates who pay rent and help around the house.

- **Navigating care:** Participants prefer both a website with key information about local LTSS in their area, and a number to call for live help from a trained professional to get relevant LTSS information and connection to services.

Among respondents in the second statewide survey, nearly 6 in 10 indicated that a program offering financial assistance for home- or community-based LTSS was most important to them (Figure 18).

Figure 18: Percentage of Most Important Ranking by Californians Ages 50 and Older Among Programs that Help LTSS, 2026



Source: Shugarman & Sawyer, 2026

All options for financial support to cover the costs of LTSS were identified as helpful by most respondents and the most popular mechanism for doing so was expanding Medicare to cover LTSS. When asked to select a single top choice, 68% of Californians ages 50 and older selected expanding Medicare as most important, whereby only 14% prioritized accessing Medi-Cal to cover LTSS needs. These findings were similar among the Overlooked Middle (Table 3).

Table 3: Percentage of Californians Ages 50 and Older Who Prefer Medicare or Medi-Cal to Cover LTSS Needs by Characteristics, 2026

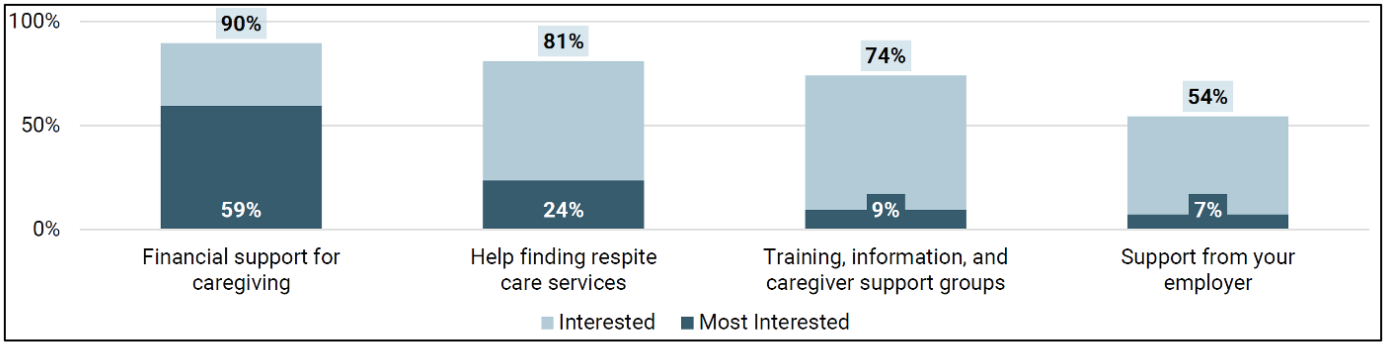
If you needed help paying for long-term care, how helpful would each of the following programs be to you?	% Helpful (Full Survey)	% Most Important (Full Survey)	% Most Important (Overlooked Middle)
Expand Medicare to cover long-term care costs in the home for daily living help	95%	68%	66%
Being able to access the current Medi-Cal program	80%	14%	16%
Provide workplace benefits for long-term care similar to health insurance or retirement savings, to help workers pay for their own or their family's care	75%	10%	10%
Classes, workshops, or one-on-one counseling to help people plan for care, manage money, and protect against frauds and scams	74%	4%	4%
A voluntary state-facilitated retirement savings program that would allow people to save money for future care	70%	4%	5%

Source: Shugarman & Sawyer, 2026

Californians ranked all the presented options for information-based programs highly, with a web-based resource for LTSS programs, services, and providers ranking highest. When asked to select their top choice, 43% of respondents chose in-person options for getting support to understand LTSS options, with the second choice being web-based resources (35%). Those who prefer an in-person center were more likely to be current or prior caregivers and more likely to consider themselves "planners."

Interest in caregiver-related programs was high among current and previous caregivers. Most demonstrated interest in receiving financial support for caregiving, followed by getting help finding respite care services. When asked to select a single top program, the majority selected financial support (59%; Figure 19).

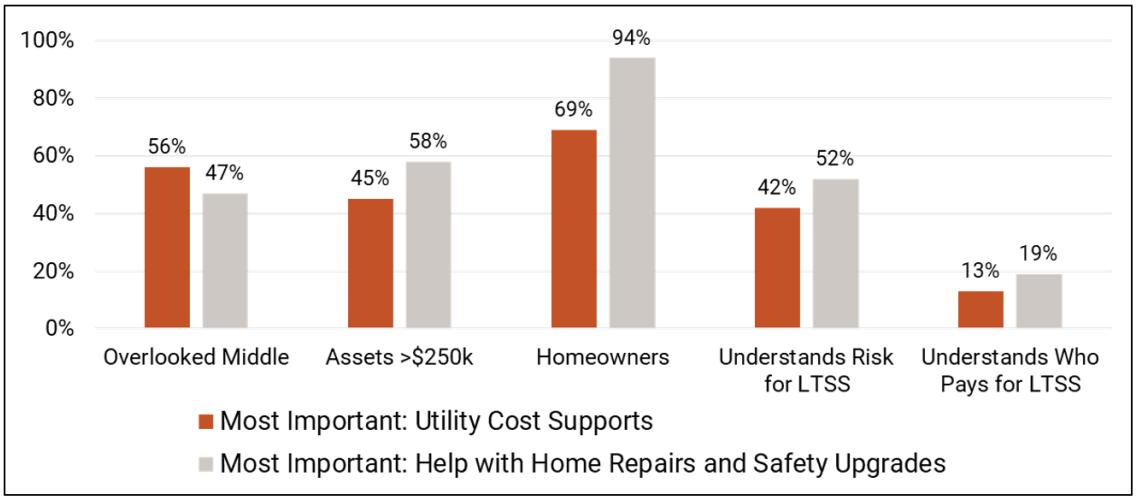
Figure 19: Percentage of California Caregivers Ages 50 and Older Who Expressed Interest in Caregiver Programs, 2026



Source: Shugarman & Sawyer, 2026

The two highest preferred options regarding programs/initiatives to support aging in place were utility cost supports and financial help with home repairs and safety upgrades. Those who preferred utility cost supports were more likely to be in the Overlooked Middle (compared to higher income/asset individuals), where those who preferred help with home repairs and safety upgrades were more likely to have higher incomes/assets, be homeowners, and understand their risk for LTSS and who pays (Figure 20).

Figure 20: Percentage of Californians Ages 50 and Older Who Preferred Support with Utility Costs vs. Home Repairs and Safety Programs by Characteristics, 2026



Source: Shugarman & Sawyer, 2026

Perspectives on Homeownership and Use of Home Equity to Pay for LTSS Needs Among California's Overlooked Middle

A final set of focus groups were conducted with California homeowners in the Overlooked Middle to better understand how they perceived the value of their home to support them in the event of future LTSS needs. Below are the main perspectives that emerged.

- Nearly all did not want to tap into equity, nor believed they would need to, even in the face of future LTSS needs.
- Most considered home equity as an asset they would tap into only if they spent through other investments, yet few believed this would happen.
- They saw housing wealth as a unique asset and hoped to pass it on to future heirs.
- Some had willingly extracted equity in the past by downsizing their homes or by doing cash-out refinancing, home equity loans, and home equity lines of credit (HELOCs), but nearly all rejected the idea of using a reverse mortgage for any reason.
- Some expressed concern that tapping into equity would reduce housing wealth, leaving them with fewer options for moving to another home in the future.

Summary Findings for Research Question #3

What are policies and programs that exist across the nation to serve these individuals, and how might these examples be valuable to meet the unique and changing needs of California's Overlooked Middle?

Partners and Data Sources

Several partners analyzed the existing LTSS program and policy landscape and put forth new ideas on ways to address home-based care needs for California's Overlooked Middle.

- **LeadingAge LTSS Center @UMass Boston** reviewed Medicaid LTSS authorities used by other states to consider solutions for meeting the needs of California's Overlooked Middle.[16, 17]
- **ATI Advisory** identified care models and policies across the nation focused on varied LTSS areas that could be considered for California's Overlooked Middle.[18]
- **ATI Advisory** and **Milliman** drafted a pilot concept describing a possible way to include home- and community-based care in Medicare for targeted populations.[19, 20]

Key Findings

Medicaid Policy Analysis Offers Examples for Meeting LTSS Needs of the Overlooked Middle

Beyond California, several states use existing Medicaid authorities to increase home-and community-based LTSS access for those who are eligible for the program. While the

Overlooked Middle are generally not eligible for these programs, the analysis revealed several creative examples of both program design and use of statutory authority that could help inform pathways for meeting the LTSS needs of California's Overlooked Middle. Below are specific state examples by Medicaid statutory authority:

- 1115 demonstration: Oregon serves older adults above traditional income limits, whereby Washington State provides limited home- and community-based services (HCBS) to those at risk, but not yet nursing home level eligible.
- 1915(c) HCBS waiver: Minnesota offers HCBS to middle-income adults who are at risk of institutionalization, with self-directed service option.
- 1915(i): Nevada provides targeted services to those with intellectual/developmental disabilities, mental health needs, physical disabilities, and/or older adults.
- 1115/State Plan Amendment: New York allows for a Medicaid Buy-In program focused on those near Medicaid + Medicare eligibility, those with LTSS needs but not Medicaid eligible, and working adults with disabilities.

Program and Policy Landscape Analysis Identifies Ways to Support the Overlooked Middle Outside of Medicaid

Based on the population analytics above, many of California's Overlooked Middle with future LTSS needs are unlikely to become eligible for Medi-Cal and yet lack access to affordable, accessible services to remain in the place they call home. However, an analytic review conducted in 2025 identified over 200 innovative state and local programs and policies across the nation that could help those in the Overlooked Middle remain in their communities, even in the presence of LTSS need.

There were thirteen major program categories that encompassed the wide menu of options and strategies to help people with LTSS need remain in their home and community. Examples of major categories include the following:

- Basic living affordability.
- Caregiver supports.
- Employment supports.
- Housing supports and community-based housing models.
- Nutrition.
- Service navigation.
- Social inclusion.
- Technology.
- Transportation.

Three programs were reviewed in depth as examples that show person-centeredness, population-centered creativity, specific operational structure for success, and the practicality

of local efforts. State and local policymakers could learn from and consider such options. These program examples include the following:

- Massachusetts' Home Modification Loan Program.
- Pennsylvania's Elder Cottage Housing Opportunity (ECHO) program.
- Washington State's Tailored Supports for Older Adults (TSOA).

Drafting a Pilot Concept for Medicare to Provide Targeted HCBS

The final body of work for the LTSS Initiative focused on an exploration of whether a Medicare-based model could deliver targeted HCBS to the Overlooked Middle, while improving outcomes and reducing and/or not increasing Medicare costs over time. The reason for considering the role of Medicare is twofold. First as shown in Table 3 above, consumer engagement research including focus groups, listening sessions, and the statewide survey demonstrates that the Overlooked Middle view Medicare as a potential framework for innovative program design. Second, the Overlooked Middle includes Medicare beneficiaries who are at an increased risk for:

- Hospitalization;
- Caregiver strain due to a lack of support options;
- Financial strain; and
- Institutionalization.

As part of the LTSS Initiative, the California Department of Aging and the Department of Health Care Services partnered with ATI Advisory and Milliman to develop a concept called the Medicare Advancing Home and Community Care (MAHCC) model. The concept development focused on three key research questions:

- Can Medicare serve as a financing platform for a targeted set of HCBS for the Overlooked Middle?
- How could HCBS be structured, targeted, and delivered within Medicare?
- Is there a pathway to offer HCBS within the Medicare program that does not increase or reduces overall Medicare spending?

Key model components for success of this concept include the following:

- Service navigation and supports through a targeted HCBS benefit.
- Inclusion of the evidence-based Community Aging in Place-Advancing Better Living for Elders (CAPABLE) program.
- Close coordination with Medicare providers to align acute care services and services designed to support function in the community.

- Services delivered through administering agencies that would assess Medicare beneficiaries for eligibility and coordinate services.
- Population: Community-dwelling Medicare Fee-for-Service beneficiaries with specified frailty screening results to assure proper targeting of benefits.

Table 4 shows the results of the actuarial modeling based on model components defined in the pilot design. As shown, the program parameters described above are projected to generate a level of positive net savings when both Dual Eligible (eligible for both Medicare and Medi-Cal) and Non-Dual Eligible populations are included in the program and when those with moderate to severe disability are the intended program recipients.

Table 4: Baseline Scenario of 10-Year Financial Modeling Results for MAHCC Pilot Concept, 2025

Dual Status	Frailty Level	Unique Enrollees	Total Program Cost ($M)	Total Gross Savings ($M)	Total Net Savings ($M)
Non-dual	Mildly Frail	130,086	$1,202	$728	($474)
	Moderately-to-Severely Frail	48,644	$525	$828	$303
	Total	**178,730**	**$1,727**	**$1,556**	**($171)**
Dual	Mildly Frail	114,558	$302	$466	$164
	Moderately-to-Severely Frail	67,962	$227	$762	$535
	Total	**182,520**	**$529**	**$1,228**	**$699**
All	Mildly Frail	244,645	$1,504	$1,194	($310)
	Moderately-to-Severely Frail	116,605	$752	$1,590	$838
	Total	**361,250**	**$2,256**	**$2,784**	**$528**

Source: Wingfield et al., 2025

The resulting MAHCC model concept demonstrates the feasibility of designing a targeted, community-based Medicare intervention that can support individuals' functional needs in a cost-effective way. Through this initiative, the MAHCC model is a publicly available resource to address research gaps and it contributes to informed future planning as the aging population continues to grow.

Reflections on LTSS Initiative Findings

Through the varied reports providing data analytics, consumer feedback, and program and policy landscape studies, the LTSS Initiative presents a robust picture of California's Overlooked Middle today and over the next 25 years. Four major themes emerged through this research effort, as described below.

1. Major Information Gaps Often Increase Worry and Stifle Planning Among California's Overlooked Middle

As Californians in the Overlooked Middle experience significant LTSS needs, their ability to meet daily living expenses while paying for LTSS will be compromised. Older women, Black and Hispanic older adults, those living alone, and those with incomes just above the Medi-Cal eligibility threshold are most vulnerable to financial shocks due to LTSS costs. On balance, California's Overlooked Middle lack understanding of their risk for needing LTSS and who might pay for care. As such, they worry about keeping up with rising daily living costs for basic needs, let alone potential future LTSS costs. When pressed, they will admit to needing some help as they age, and are adamant about wanting to get LTSS care without giving up choice and personal ownership while maintaining stability in their current financial position. Ultimately, they find it hard to conceptualize a future where they will have an LTSS need and are required to cover that cost.

2. California's Overlooked Middle Have a Broad View of Longevity Assets That They Believe They Need to Age Well

Californians in the Overlooked Middle view their readiness to age well as a function of accessing "longevity assets" at their disposal. Longevity assets are the broad portfolio of tangible and intangible resources that individuals utilize as they grow older to support healthy aging and address needs as physical and/or cognitive functioning changes. Main examples of longevity assets include:

- Financial wealth, such as income, retirement savings, investments, and the monetized equity in a durable asset (e.g., home equity).
- Health wealth, meaning the ability to maintain personal health at one's highest level and having access to appropriate health services for one's person-centered needs.
- Housing stability, meaning a residence that can both accommodate one's physical and/or cognitive changes as well as provide affordable, comfortable shelter over time.
- Social connectedness, such as having meaningful social support through family, friends, and community and faith connections over time.
- Community resiliency, meaning one can connect to social services, health services, other programs and services—as well as arts, music, sports, and a broad array of cultural activities.

The views on aging in community and future LTSS needs among California's Overlooked Middle were often shaped by the presence and depth of these longevity assets in their personal lives. Much of the feedback in the consumer engagement session focused on ways to protect and maximize these longevity assets in the present so that if a future LTSS need arises, they can maintain living standards, mitigate threats to aging in place, and be able to get needed care.

3. Pathways to Bolster Longevity Assets among California's Overlooked Middle

California's Overlooked Middle often pursue maximizing three key objectives that they believe will bolster and preserve their longevity assets

- **Control and Autonomy of Care Choices:** On aggregate, most reported that they prefer obtaining needed LTSS through a program like Medicare because they perceive it as allowing for greater control and autonomy over service use, setting of care, and provider options. They expressed an affinity with Medicare as a preferred LTSS financing platform, stating that they have "paid into the coverage" and therefore essentially believe that the Medicare benefit is more under their control than other payment systems.

- **Ownership of All Longevity Assets:** They seek ways to maintain ownership over their full portfolio of longevity assets—regardless of how many longevity assets they have. This is particularly true for those who are homeowners. Most viewed their property as a unique, high-value asset that is protective against future financial shocks, including unexpected LTSS care needs. Many stated they are willing to tap into home equity to make repairs and purchase services and would consider using this asset to help age in place so long as they do not lose ownership status.

- **Meaningful Participation:** Contrary to recent reports about social isolation among older adults, few in the Overlooked Middle reported feeling lonely or isolated. Most did express a desire for greater social connectedness and opportunities for meaningful engagement. They perceive meaningful participation to also include when, how, and for what reasons they choose to draw on their longevity assets for aging well by being an active voice in LTSS decision making and service utilization.

4. Targeted System-Level Changes Could Improve the Overall Aging Journey for California's Overlooked Middle

Findings from the LTSS Initiative offer several community and system-level options to improve person-level experiences for both current and future LTSS needs. These options could be realized through action in the private, public, and philanthropic sectors.

- Create smoother pathways and connections between the health care and LTSS systems for older adults and family caregivers that reduce operational complexity, improve relevant care system efficiencies, and maintain alignment with person-centered goals and preferences.
- Develop new and/or adopt existing program and policy examples that bolster and leverage current longevity assets to help address future LTSS needs.
- Incorporate technology solutions in serving the Overlooked Middle that strengthen information and assistance pathways, care navigation support, and meaningful connections to family caregivers and providers.

Appendix A: List of 17 Products Developed for the LTSS Initiative by Subcontractor

LeadingAge LTSS Center @UMass Boston & Wolf Eagle Enterprises, LLC

Evaluating the Needs, Preferences, and Potential Avenues of Care Support for California's Overlooked Middle: Final Report for California's Long-Term Services and Supports Financing and Affordability Initiative

Too Much to Qualify for Help, Yet Too Little to Afford Care: Defining Older Adults in the Overlooked Middle

LeadingAge LTSS Center @UMass Boston

County-by-County Analysis of Population Growth and LTSS Needs in California, 2024-2050

Insights from State Medicaid Innovations to Enhance LTSS Access: Compendium of Long-Term Services and Supports (LTSS) Related Medicaid Waivers

Insights from State Medicaid Innovations to Enhance LTSS Access: Compendium of Long-Term Services and Supports (LTSS) Related Medicaid Waivers (Excel)

Meeting the Long-Term Services and Supports (LTSS) Needs of California's Overlooked Middle: Implications for Policy and Programs – A Synthesis of Stakeholder Engagement and Policy Research

Compendium of LTSS Survey Questions to Assess the LTSS System

ATI Advisory

Advancing Solutions for the Overlooked Middle: A Concept for Accessing Home and Community-Based Care in Medicare

Beyond Medicaid: Innovative Approaches to Support Aging in the Community for the Overlooked Middle

Beyond Medicaid: Innovative Approaches to Support Aging in the Community for the Overlooked Middle – Compendium of Opportunities to Support Aging in the Community (Excel)

Collaborative Consulting & Community Catalyst

Voices from California's Overlooked Middle: Challenges and Opportunities in Long-Term Care. Findings from Consumer and Stakeholder Engagement Sessions on Aging and LTSS

Voices from California's Overlooked Middle: Challenges and Opportunities in Long-Term Care. Findings from Consumer Engagement Sessions on Solution Options

Joint Center for Housing Studies of Harvard University

Housing Wealth and In-Home Care: Opportunities and Obstacles to the Use of Home Equity for LTSS in California's Overlooked Middle

Milliman

Cost and Savings Analysis for Proposed Medicare Advancing Home and Community Care Model

NORC at the University of Chicago

The Concerns and Financial Readiness of California's 50+ Population: Considerations for Long-Term Services and Supports Financing

The Program and Policy Preferences of California's 50+ Population: Considerations for Long-Term Services and Supports Financing

Urban Institute

Long-Term Services and Supports in California's Overlooked Middle: Assessing Needs and Affordability

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