Meeting the Long-Term Services and Supports Needs of California's Overlooked Middle: Implications for Policy and Programs

A Synthesis of Stakeholder Engagement and Policy Research

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Research bridging policy and practice

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Executive Summary

Meeting the Aging and Care Needs and Preferences of California's Overlooked Middle

California's long-term services and supports (LTSS) system leaves a large and growing segment of residents financially vulnerable. Older adults and people with disabilities in the "Overlooked Middle," that is, households with incomes between 139% and 500% of the Federal Poverty Level, typically do not qualify for Medi-Cal, yet lack the resources to pay for extended care out of pocket without reducing living standards. Even a relatively modest level of paid care ($50,000 per year over two years) can destabilize their financial security. At the same time, many underestimate their likelihood of needing LTSS and misunderstand how such services are financed.

This research brief synthesizes findings from both qualitative and quantitative consumer research.

This research brief synthesizes findings from both qualitative and quantitative consumer research, including the following:[1]

- Two statewide surveys of more than 1,200 people each;
- Six multilingual focus groups with 61 consumers;
- Two listening sessions with 15 community care providers; and
- Four focus groups with 28 California homeowners.

Across information-gathering methods, consistent themes emerge regarding views on affordability, system navigation, caregiver strain, housing insecurity, and a reluctance to use home equity to pay for LTSS. The research was designed to provide actionable insights in two critical areas:

Part I. Identifying the LTSS-related needs, concerns, and preferences of Californians in the Overlooked Middle and

Part II. Consumer Preferences; for Policy and Program Solutions.

Key Findings: Part I. Consumer Needs, Concerns and Preferences

- **Affordability of LTSS is the dominant concern.**
  Nearly two-thirds (63%) of survey respondents lack confidence that they could afford two years of LTSS at an estimated cost of $110,000. Eighty-four percent worry about exhausting income or savings to pay for care, and 79% fear not having enough money to cover needed services. Affordability concerns are particularly pronounced among

[1] Findings from the focus groups and listening sessions (qualitative research) are based in part on Collaborative Consulting & Community Catalyst. (2025 and 2026). Findings from the two waves of statewide surveys, fielded by NORC at the University of Chicago, are based on original data analysis conducted by LTSS Center @UMass Boston. Synthesis of findings regarding consumer interest in using home equity are based in part on Molinsky, J.H., Scheckler, S. & Fang, J. (2026). Analysis of policy and program solutions is based in part on inventories prepared by ATI Advisory. (2025).

those in the Overlooked Middle, non-homeowners, women, individuals in fair or poor health, and those with lower educational attainment. Despite these risks, only about 20% report engaging in planning for future care needs.

- **Knowledge gaps about LTSS risks and financing are widespread.**
  Only a small minority of respondents correctly understand both their risk of needing LTSS and that most services are paid for out of pocket. Misconceptions persist that Medicare or private health insurance will cover LTSS costs. Limited awareness undermines early planning and increases financial vulnerability.

- **Navigating care is confusing and fragmented.**
  Respondents express deep concerns about finding high-quality care (77%), feeling safe, maintaining control over care decisions, and accessing culturally and linguistically appropriate services. Many lack confidence in their ability to obtain nursing home care, respite services, or adult day programs. There is a clear and pronounced demand for trusted, human-centered navigation support.

- **Family caregivers experience strain and inadequate support.**
  Over half (52%) of respondents report caregiving experience. Caregivers describe financial stress, difficulty balancing employment and caregiving responsibilities, and limited access to respite. Financial relief and help locating respite care were the most valued caregiver-focused solutions.

- **Aging in place is preferred, but housing presents barriers.**
  Seventy-six percent expect to remain in their current homes, yet many lack full accessibility features. Housing affordability, maintenance costs, and safety modifications are major concerns. Financial assistance for home repairs, utility costs, and safety upgrades ranked highly among preferred solutions.

- **Home equity is viewed as a last resort.**
  Although a substantial share of homeowners express interest in learning more about using home equity to finance LTSS, focus group participants were strongly reluctant to tap into housing wealth, as it is viewed as a very unique asset. Home equity is widely perceived as a "security blanket" or legacy asset intended for heirs. Even in the face of potential care needs, most participants did not anticipate leveraging reverse mortgages or similar products.

Key Findings. Part II. Consumer Preferences for Policy Solutions

Across stakeholder engagement and survey research, affordability-driven solutions consistently ranked highest.

Top priorities include:

- Expanding coverage for home-based LTSS services, particularly through Medicare or similar broad-based mechanisms.
- Providing direct financial support to family caregivers (e.g., tax credits, financial relief).
- Investing in live care navigators and in-person resource centers rather than relying primarily on AI-based tools.
- Supporting aging in place through grants, loans, tax credits, or utility assistance for home repairs and safety upgrades.

Lower levels of support were observed for voluntary retirement savings vehicles and standalone financial education programs, particularly among financially stretched households. Findings suggest several strategic directions that California policymakers might explore:

- **Reduce out-of-pocket LTSS costs for moderate-income households.**
  Explore state-level strategies and federal advocacy to expand coverage for home-based services and limit financial exposure.
- **Strengthen human-centered care navigation infrastructure.**
  Invest in live assistance models that simplify access to fragmented LTSS systems.
- **Expand support for family caregivers.**
  Provide targeted financial relief, respite assistance, training, and employer-based accommodations.
- **Support aging in place through housing investments.**
  Scale programs that fund accessibility modifications, repairs, and utility assistance to prevent avoidable institutionalization.
- **Improve public education about LTSS risk and financing.**
  Address misconceptions through coordinated public messaging and financial counseling initiatives.
- **Increase consumer understanding of safe home equity options.**
  Despite resistance to leveraging equity, targeted education could address misconceptions and clarify protections embedded in modern products.

The Overlooked Middle represents a substantial and growing segment of California's aging population. Targeted policy innovations should consider how to plan for and address the challenges facing these households -- including escalating financial insecurity, delayed care, and increased strain on family caregivers as well as on public programs. The consistency of findings across surveys, stakeholder sessions, and focus groups strengthens confidence in the priorities and potential solution sets that consumers feel would improve their ability to age in place even in the presence of the LTSS needs that may arise. Obtaining information about consumer concerns, needs, and preferred solutions provides policymakers a basis from which to determine the potential policy and program opportunities to meet the population's needs.

Part I. Identifying The Aging and Care-Related Needs, Concerns, and Preferences of Californians of the Overlooked Middle

Throughout this report, we summarize findings from both qualitative and quantitative research to better understand the care needs and solution preferences of the Overlooked Middle. We use the operational definition of Overlooked Middle, which includes households with annual income between 139% and 500% of the Federal Poverty Level (FPL). **This translates to roughly $21,000 to $102,000, depending on household size.** An in-depth analysis of the concept and definition of the Overlooked Middle can be found in the related issue brief, "Too Much to Qualify for Help, Yet Too Little to Afford Care: Defining Older Adults in the Overlooked Middle."

Unique Needs Of the Overlooked Middle

Most older adults do not acknowledge that they might need long-term services and supports (LTSS) at some point in their lives. They also do not understand that, when care is needed, it will most likely be paid for out of their own savings and income. Depending on the extent and duration of care needs, older adults, people with disabilities, and their families can quickly spend thousands of dollars on care at home, and even more if they need care in a facility. For example, one year of care at home (based on median costs in California for 25 hours a week of paid care) can cost up to $50,000, and nursing home care in California now exceeds $140,000 for a semi-private room, with annual cost increases often outpacing inflation. The median cost for a year in an assisted living facility is $88,000.

Currently, older adults who need ongoing care and support through paid arrangements (or whose care needs exceed what family can provide) have three ways of covering their costs: (1) use their own financial resources, (2) rely on private long-term care insurance they have previously purchased, or (3) for those with limited income and assets, qualify for Medicaid LTSS coverage.

The LTSS financing system greatly disadvantages individuals in what we are calling the "Overlooked Middle."

The LTSS financing system greatly disadvantages individuals in what we are calling the "Overlooked Middle." This includes those who are too wealthy to qualify for Medicaid but cannot afford LTSS costs without jeopardizing their ability to cover daily living expenses and worsening living standards. Buying private long-term care insurance is generally out of reach for these individuals due to high premiums (and marketing that generally favors more affluent buyers).

Developing solutions to meet the unique needs of the Overlooked Middle population is critically important, especially given the impact this population has on current and future care and payment systems, such as Medicare and Medicaid financing, as well as on family caregivers.

For this project, the Overlooked Middle is defined as households that can generally afford basic living expenses but, with a certain level of need for paid LTSS, would not be able to pay for care without compromising basic needs. Most of these households, however, would not qualify for Medi-Cal even with an LTSS need. As a result, they would face growing health and financial risks due to the costs of their care needs.[2]

Priority Concerns

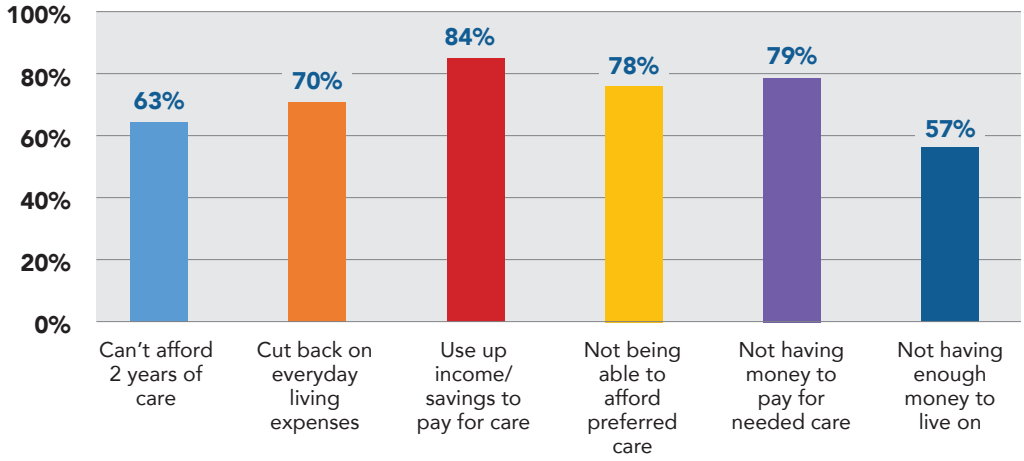
Paying for LTSS.

Several themes emerged from the research, highlighting challenges faced by older adults, people with disabilities, and caregivers. These interconnected challenges reveal a system that fails to adequately serve the Overlooked Middle. The themes underscore the need for policy solutions to address financing, affordability, and the infrastructure that enables aging in place.

Paramount among these concerns are financial security in retirement, the ability to afford health care and LTSS, and meeting basic living expenses (Figure 1). Rising living costs, inadequate fixed incomes, and the high cost of LTSS create financial insecurity among the Overlooked Middle.

Close to two-thirds of those surveyed (59%) are not confident they would be able to afford LTSS for a period of two years, at a cost of about $110,000. Other affordability concerns resonate strongly with respondents. In order of importance, they worry about using up income or savings to pay for care (84%), not having enough money to pay for care (79%), not being able to afford the care they prefer (78%), and needing to cut back on everyday expenses to pay for care (70%). Over half worry they won't have enough money to live on if they were to need to pay for LTSS (57%).

Figure 1: Financial Impacts if LTSS is Needed



If you needed long-term care, how concerned would you be about: cutting back on everyday expenses; using up your income or savings to pay for care; not being able to afford the care you prefer; not having enough money to live on; not having money to pay for needed care. If you needed long-term care in the form of daily assistance with personal needs…for a period of 2 years at a cost of about $110,000, how confident are you that you would have the financial resources to pay for that care?

[2] The baseline level of need used in this analysis to determine when a household's finances are inadequate is $50,000 per year over the course of two years. In the context of lifetime LTSS expenditures, this is a modest amount.

"I might live longer than I can afford to."

"As needs go up, it becomes cost-prohibitive to have long-term care if you're private pay."

Among survey respondents, there are significant differences in concerns about affording LTSS within population segments. Specifically, people in the Overlooked Middle were more likely to report a lack of confidence to pay for LTSS than those with higher incomes (74% vs. 51%). Those who are not homeowners were more likely than homeowners to say they lack the confidence to pay for LTSS (79% vs. 59%). Other characteristics significantly associated with a lack of confidence in the ability to afford to pay for LTSS for more than 2 years are: being older, female, Hispanic, having less than a college degree, and having fair or poor health status. Despite the magnitude of these affordability concerns and how they could impact one's future, few of the survey respondents (20%) have done any future planning around aging in place or planning for the expenses of future care needs.

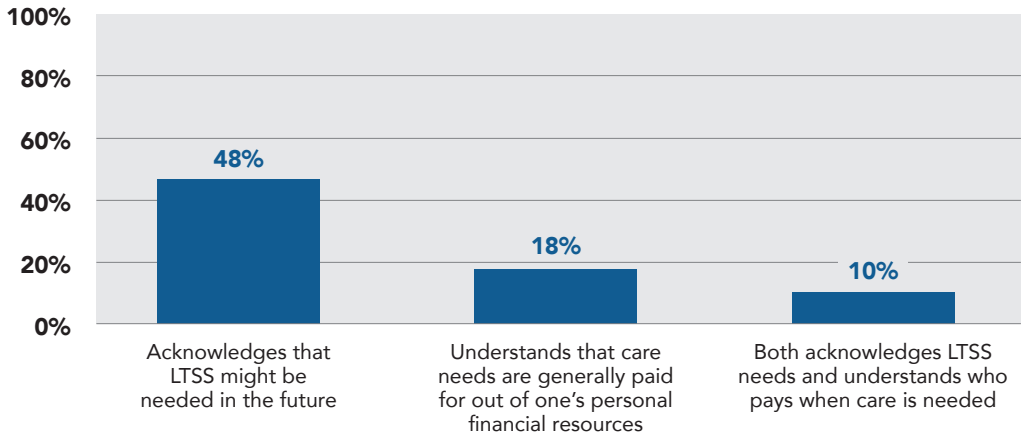
Worries about affording future LTSS also emerged in the consumer engagement sessions. Because their income does not cover all expenses, some older adults reported that they continue to work part-time or full-time, even when they prefer to retire. Adults with disabilities report being disqualified from applying for jobs because of the limitations of their disability. Adults living on fixed incomes struggle to meet their basic needs, which puts affording LTSS well beyond their means.

"We are not accustomed to think about finances in the future."

Need for Education about LTSS Risks and Costs.
Our findings reinforce what other research has shown; few individuals acknowledge that they might ever need LTSS and that, for most, those costs are paid for out-of-pocket from their income, assets, and savings. Without this basic understanding, it is not entirely surprising that adults fail to plan for LTSS needs.

Less than half of respondents (48%) believe they will need LTSS, and many think Medicare or a supplemental plan will pay for LTSS (43%) or that their private health insurance will pay (11%). Only 18% correctly understand that LTSS is mostly paid for by individuals out of their own income and savings. Only 10% of respondents understand both the risk of needing LTSS and who pays for care. This gap in awareness is more pronounced among the Overlooked Middle than among those with higher incomes. Awareness is higher among those with higher education, income and assets, and those with experience as a family caregiver.

Figure 2: Population with Accurate Knowledge about LTSS Risks and Who Pays for Care



How likely do you think it is that you may ever need care at home, in an assisted living facility, or in a nursing home, for more than 90 days?; If you needed long-term care…which of the following ways to pay for it do you expect would cover most of the care costs: Medicare; Medi-Cal; Medicare supplemental or Medicare Advantage Plan; Other health insurance; Personal income, savings or assets; My children or family; Other; Don't know.

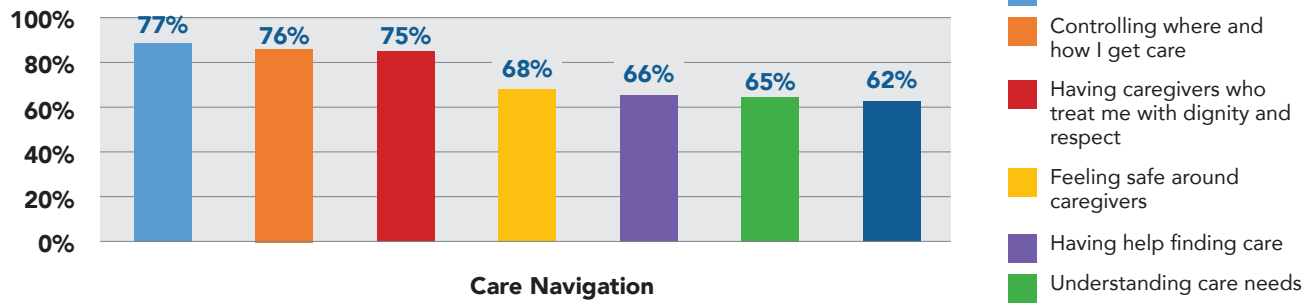
Finding and Managing Care.

Many older adults and caregivers find California's aging and disability service systems confusing, time-consuming, and fragmented. Mistrust and stigma create additional concerns; information is confusing, inaccessible, or hard to act on (Figure 3).

> *"It's impossible to find out what happens in California. It's a big secret."*

Survey respondents expressed similar concerns about finding and managing the care they might need from paid professionals and service organizations. At the top of the list of concerns was "finding high-quality care" – a concern cited by 77% of respondents. They also worry about being able to control where and how they get care, feeling safe, and having caregivers treat them with respect, and having help identifying care needs and finding suitable care.

Figure 3: Concerns with Navigating Care Needs



Thinking about how people find and manage their needs for care from paid professionals or service organizations, which of the following are you concerned about?

Among those concerned about getting the information they need to choose suitable care providers, the Overlooked Middle are slightly more concerned than those with higher incomes. Younger age, lower household assets, poorer health, and being female were associated with greater concern about both finding high-quality care and controlling where and how they receive care.

Gaps exist in accessibility and cultural alignment. While only 20% of survey respondents said they are not confident they could find care that respects their cultural and language preference, respondents who are non-White, younger, lower income, lower assets, and those with poor/fair health status, and those who speak a language other than English at home are least confident about their ability to receive care that respects their cultural and language preferences for LTSS.

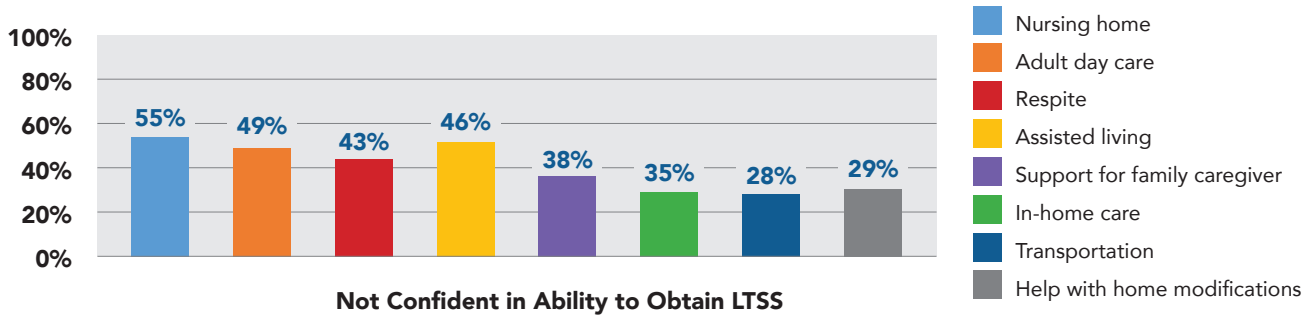
> *"Our plates are full. We don't have time for the research or to leave a message. Then, when the person returns the call, you're not able to pick up the phone because you're caregiving. It's a vicious cycle."*

Many respondents lack confidence in their ability to find the specific services they might need (Figure 4). Specifically, more than half (55%) are not confident they could obtain nursing home care if needed, and just under half are unsure they could access adult day care, respite care, or an assisted living facility. Once again, adults in the Overlooked Middle were significantly more likely to lack confidence in their ability to access all these services, except transportation.

Even when respite programs exist, they are difficult to use, and some programs have rigid hours or other requirements that limit access. Just under half of the respondents surveyed said they did not feel confident in their ability to obtain respite care when needed.

Respondents were more likely to express confidence in their ability to find in-home care, transportation to and from care, and help making changes to their home so they can safely remain there despite limitations or disability. Access concerns emerged in the qualitative research regarding these services as well.

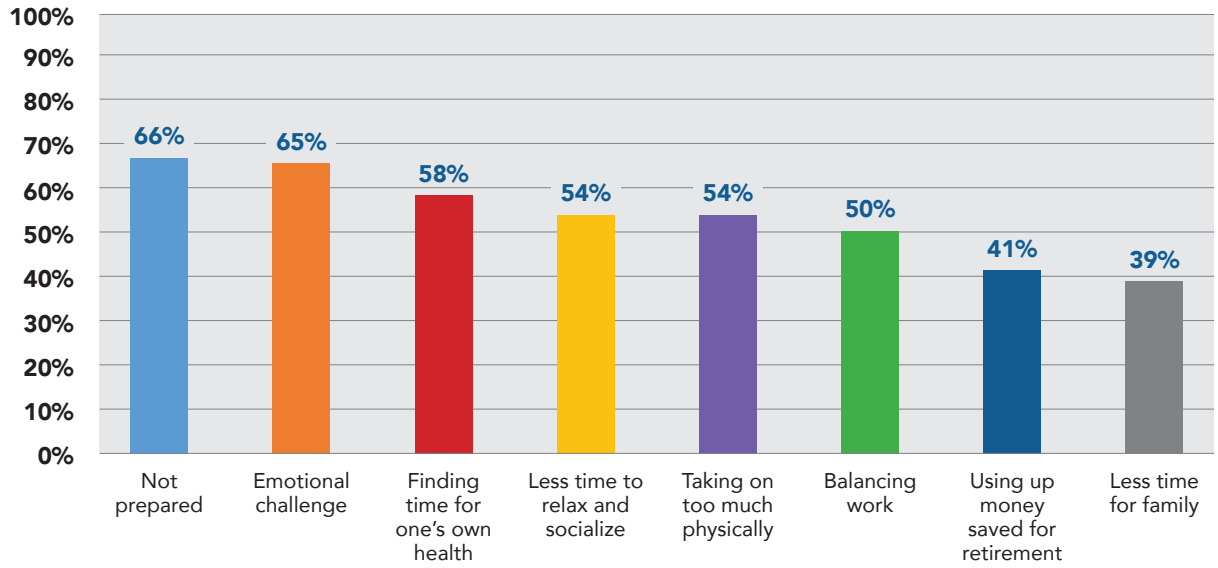
Figure 4: Not Confident in Ability to Obtain these LTSS



These are some of the specific services people need when they are unable to care for themselves when they need long-term care. How confident do you feel about your ability to obtain each of the following services to fulfill your needs?

Caregiver Support.
Family caregivers provide essential care across California, but often without the recognition, resources, or relief they need. Despite a strong commitment to caregiving, many struggle with inadequate respite options, confusing systems, and a lack of training or support for complex caregiving needs. Listening session participants described chronic stress, guilt, and worry, especially as they balance caregiving with aging, health, or family responsibilities. The physical demands of caregiving can also be overwhelming, and yet taking time to care for oneself is often sacrificed to caregiving responsibilities (Figure 5).

Figure 5: Family Caregiver Concerns



Some caregivers report challenges to their health, well-being, and work or family life. In your role as a family caregiver, which of the following challenges have you experienced?

Over half (52%) of the survey respondents have experience as family caregivers and spoke to the challenges they face. Paramount among them is having to balance, work, family, and the responsibility for caregiving, cited as the top concern for 66% of them. Family caregivers identified the challenges they experience that affect their health, well-being, and work or family life. Among those, they identified the most challenging concern. Caregivers also do not feel adequately prepared to handle the care needs of their loved ones, have difficulty taking care of their own physical and mental health, and worry about the financial impact of caregiving.

Respondents who are more likely to say they do not feel adequately prepared for their role as caregivers include those in fair or poor health themselves and those aware of the risks of needing LTSS. Also, those from the North and North Coast, Bay Area, and Inland Deserts are more likely to be concerned about this, compared to those from the South Coast and Central regions of California[3].

[3] California counties are organized into regions as follows: Northern Region (Del Norte, Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, and Trinity); North Central (Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Lake, Nevada, Placer, Plumas, Sacramento, Sierra, Sutter, Yolo, and Yuba); Bay Area (Alameda, Contra Costa, Marin, Napa, San Mateo, Santa Clara, Santa Cruz, San Francisco, Solano, and Sonoma); Central (Fresno, Kern, Kings, Madera, Mariposa, Merced, Monterey, San Benito, San Luis Obispo, San Joaquin, Stanislaus, Tulare, and Tuolumne); Inland Deserts (Imperial, Inyo, Mono, Riverside, and San Bernardino); South Coast (Los Angeles, Orange, Santa Barbara, and Ventura)

Aging in Place and Housing

Stable, affordable, and accessible housing is foundational to aging in place. Across the research, participants raised concerns about rising home-related costs and physical environments that do not accommodate aging or disability-related needs. They also raised concerns about maintaining the home as they age. Home upkeep, such as cleaning, yard work, and repairs, can become both physically and financially demanding.

> *"I am discovering I am petrified about finances that would enable me to afford safe and accessible housing."*
>
> *"A lot of people own their own homes, but because they're on a fixed income, they can't afford the maintenance of the home."*

Many homes and neighborhoods are not built with aging or disability in mind. Accessible housing is rare and expensive, making it difficult for people with mobility limitations or other disabilities to find suitable homes. Modifications like walk-in showers, bathroom bars, or wheelchair ramps are costly. The built environment, both inside and outside the house, is a significant barrier to independent living.

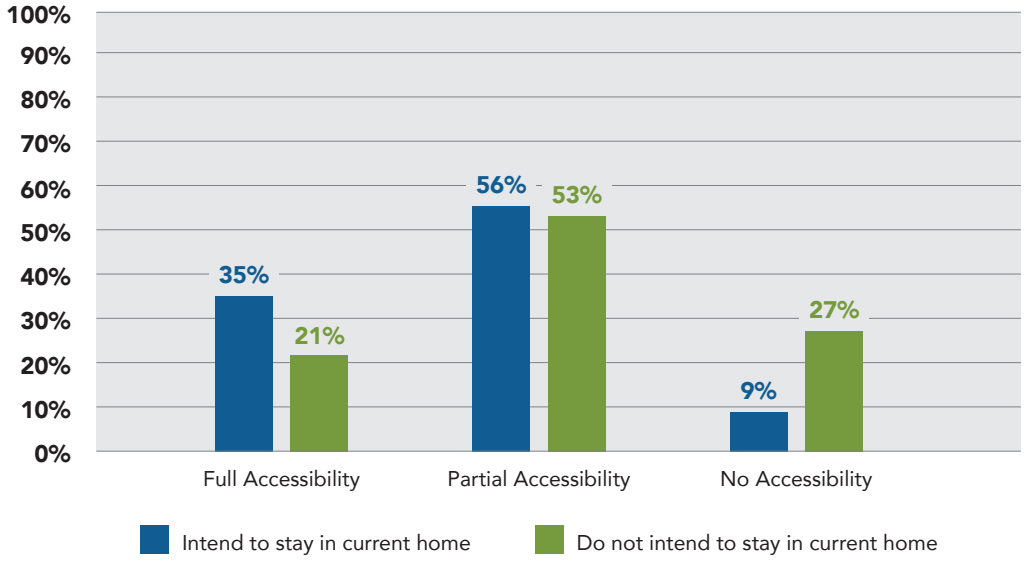
Compared with other everyday living expenses (e.g., health care, transportation, food, etc.), being able to afford housing and home maintenance was the greatest concern, expressed by 56% of respondents.

Most respondents (76%) say they want to remain in their current home as they age. For those who do, it is important that their homes have features typically needed to support accessibility, such as a full bathroom and bedroom on the first floor, an entry into the home without stairs, and doorways and halls wide enough for a walker or wheelchair. Figure 6 compares the extent to which the current residence has "age in place" accessibility features among respondents who plan to remain in their current home versus those who do not. Among homeowners, 32% report that their homes are fully accessible, 56% report having some accessibility features but not all, and 12% report having no accessibility features. However, it is important to look at how well-suited the homes are for aging in place for those who plan to remain in their current residence

Indeed, those planning to remain in their current homes are more likely (35%) to have a fully accessible home (according to our survey definition) than those who do not plan to remain where they currently live (21%). At the other end, a higher percentage of those not planning to age in place (27%) report having no accessibility features in their current home, compared with 9% of those planning to age in place.

What we don't know, however, is whether respondents living in a more suitable home, who also intend to remain there, might have purposefully chosen an age-in-place-friendly home, either by moving into one or by making home modifications to accommodate their future needs. Similarly, we do not know whether and how the suitability of the home may be influencing the preference not to age in place for those who say they do not intend to stay in their current home.

Figure 6: Accessibility Features vs. Intent to Stay in Current Home



How likely is it that you will remain in your current home as you age? Does your current home have any of the following: bedroom on the first floor; full bathroom on first floor; entry to the home from the street without stairs; doorways and hallways wide enough for wheelchair access; none of the above?

Social Engagement and Community

Meaningful social engagement is essential to well-being. It is important for older adults and people with disabilities to have welcoming community spaces and social hubs, accessible programs, and transportation and technology within their communities. In the listening sessions, concerns about social isolation were raised. Participants shared concerns about being unable to reach someone in an emergency (e.g., after a fall) and not being able to access community events because they cannot accommodate people with physical disabilities.

"I live alone, and I don't have any children.
What's going to happen to me when I can't take care of myself?"

Most respondents (89%) are satisfied with how often they socialize with family, friends, and people in their community. Women, Asian and Pacific Islander respondents, those with higher educational attainment, those in fair/poor health, those who speak a language other than English at home, those without family nearby, and those who understand the risks of LTSS are more likely to be concerned about social isolation. Among those who express dissatisfaction, the predominant reason is not having family or friends nearby. Factors such as affordability, lack of transportation, or physical limitations were cited by fewer than one-fourth of the dissatisfied respondents.

Part II. Consumer Preferences for Policy and Program Solutions

Assessing Consumer Interest In Solution Sets

Both the stakeholder engagement sessions and the survey research gathered feedback on a small sample of solution sets that could address the needs and concerns raised in the first round of research.

Defining Solution Sets for the Research. The California Department of Aging (CDA) identified priority domains and specific solution sets to be explored in detail with stakeholders and older adults in the Overlooked Middle, using both qualitative methods (e.g., focus groups and listening sessions) and quantitative research (e.g., surveys). These were chosen from the very extensive inventory of program models developed from a comprehensive analysis of programs currently operating in other locations in the U.S. Additional input came from consumer and stakeholder feedback on needs and concerns about aging in place, especially in the presence of LTSS needs.

The domains and program concepts on which consumer input was solicited include the following:

PRIORITY AREA 1: PAYING FOR CARE

- Medicare home care benefit: Expanded coverage for selected LTSS needs.
- Employer-based LTSS benefits. Workplace benefits to help cover LTSS costs for employees or families.
- Education and Counseling: Financial planning, LTSS education, and fraud prevention workshops.
- State-facilitated retirement savings: Programs to support saving for retirement and future care.
- Medi-Cal Buy In: *(Asked only in the quantitative research.)* Access to Medi-Cal LTSS through income-based premiums. Premium even if one's income is above the current eligibility threshold.

PRIORITY AREA 2: AGING IN PLACE

- Affordable home maintenance and modifications.
- Home-sharing or co-housing.
- Expanded Adoption of Accessory Dwelling Units (ADUs).
- Utility cost assistance.

PRIORITY AREA 3: NAVIGATING CARE

- Online resource directories.
- Live care navigator (call center).
- In-person resource centers.
- Use of AI-supported tools.

We also tested the desirability of initiatives for supporting caregivers including:

- Financial support for caregiving (e.g., tax relief or financial assistance to reduce the out-of-pocket costs associated with being a family caregiver such as costs of supplies, care aides, transportation, respite care, etc.).
- Support from an employer, such as extra time-off or support groups organized by an employer specifically for employees who are also family caregivers for an aging or disabled loved one.
- Training, information, and caregiver support groups in the community.
- Help finding respite care – services that match a family caregiver with people who can step in so family caregivers can take a short-term break from directly providing care.

The quantitative research also explored interest in solutions that focus on addressing social isolation and community engagement, and in using home equity to pay for LTSS. The language used to describe the solution sets for consumer testing was standardized across both the qualitative and quantitative research.

A closer look at how the full constellation of program prototypes maps with the needs, concerns and preferences of the Overlooked Middle is discussed in the section on Implications for Policy and Programs.

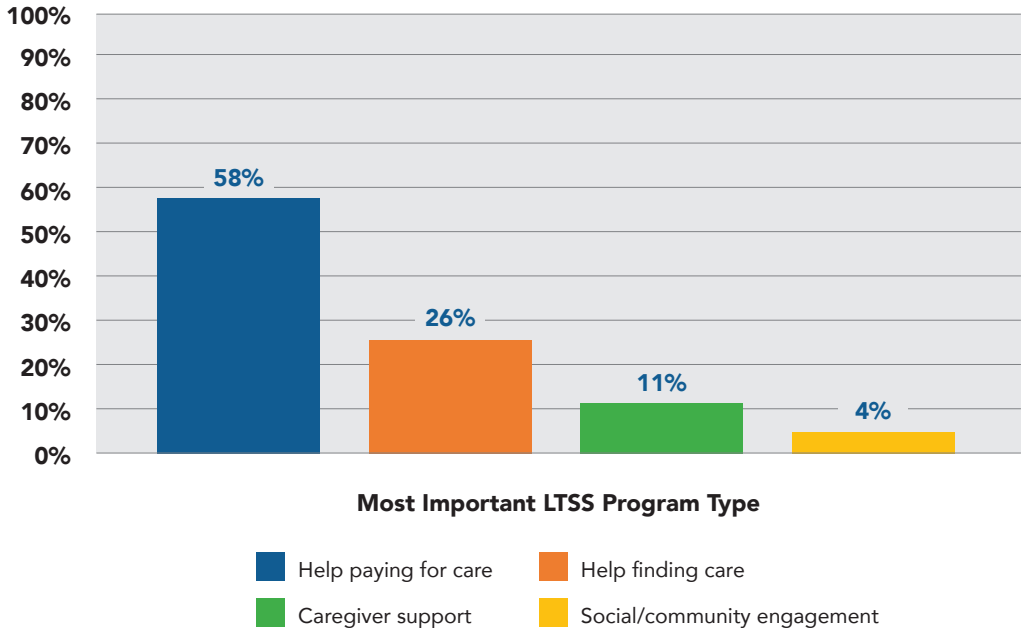
Identifying Priorities. Overall, there was great consistency in the findings across both the qualitative and quantitative research (Figure 7). For example, solutions to help people pay for LTSS emerged as the top priority across both research components. And within that, expanding Medicare to include a home-care benefit was the preferred program option. At the same time, however, we expect differences depending on the mode of information gathering. For example, the listening sessions provide a framework for deeper exploration of specific proposals and why consumers like or dislike a given approach. In contrast, the survey only allows us to learn how consumers feel, not why.

Across the research, the most prevalent concerns related to service affordability, health and wellness, and the ability to access high-quality care. When asked to prioritize programs to address these concerns, those that offer **financial assistance to help pay for LTSS** ranked highest (cited by 54%). Those in the Overlooked Middle, with fewer assets, and younger respondents were more likely to select this as their number one option. The next most desired domain for LTSS-related solutions is **help with care navigation**. Those with more assets and higher incomes (greater than 500% of FPL) and those who are not yet caregivers but anticipate becoming one in the future were more likely to rate this type of care guidance as their top priority. This likely stems from their greater ability to pay for care and from less familiarity with care resources, since they have not yet been family caregivers.

Similarly, focus group participants prioritized options that offer financial support over other options.

> *"Long-term care is expensive. We need to find a way to limit the cost…so that more people can afford [it]. Right now, costs are rising with no cost control."*

Figure 7: Most Important Program Priority

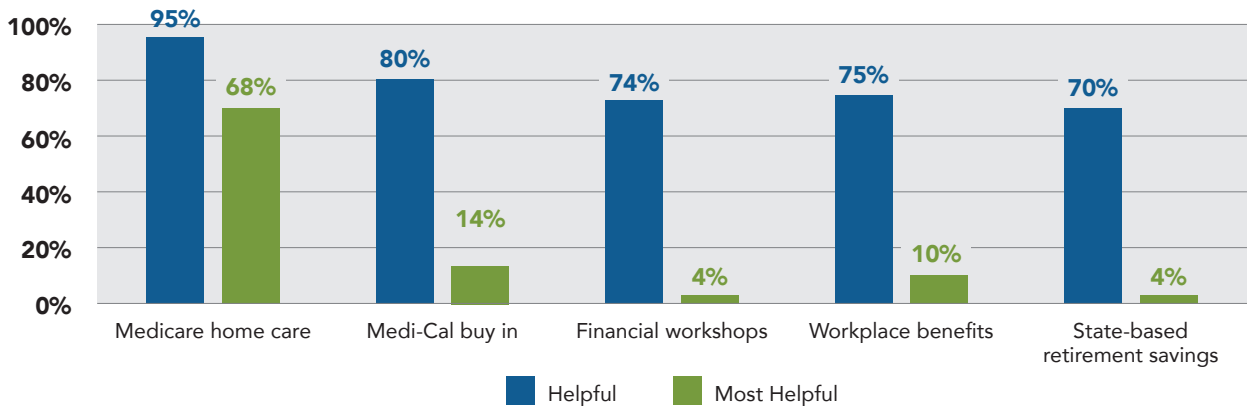


People have different concerns when they need long-term care. States offer various types of programs to help individuals and their families with long-term care. Thinking about a time when you might need care, please rank order these different types of state programs in order from most to least important to you.

Help Paying for Care

As mentioned, across both the survey and focus groups, adding a home care benefit to Medicare was the preferred program solution, selected by 63% of survey respondents (Figure 8). It was the top choice among the options presented to help people finance LTSS. Respondents who preferred the home care add-on to Medicare were more likely to be ages 65-74, have a postgraduate degree, and be retired. A Medi-Cal buy-in option was preferred by younger respondents (ages 50 to 64) and African American respondents. The preferences shown in Figure 8 below are consistent with findings from the stakeholder engagement sessions.

Figure 8: Preferred Solution to Pay for LTSS



If you needed help paying for long-term care, how helpful would each of the following programs be? Which would be the most helpful?

A Medi-Cal buy-in with income-based premiums was cited as helpful by 80% of respondents, with 12% choosing it as the most helpful option. The inclusion of long-term care insurance or worksite savings options was cited as a preferred option by 10%. Concern was expressed about the instability of workplace-tied benefits that people could lose or change jobs. The feedback from focus group participants was that many people would be excluded from worksite programs. There was little interest (5%) in either financial literacy classes or access to a voluntary, state-supported retirement savings plan (e.g., CalSavers).

Similarly, focus group participants expressed concerns that financially stretched individuals would not have the funds to participate in the retirement savings plan, and that, in general, people preferred individual savings plans to a state-administered vehicle.

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

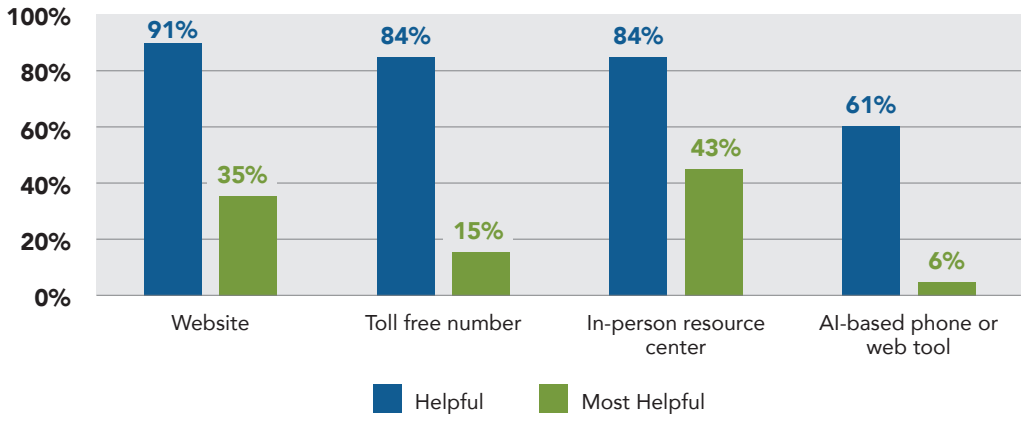
"People don't want to put that money in when they're having trouble making house payments. That's why we've had such a slow and erratic program with CalSavers."

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

Navigating Care Needs

Respondents were interested in care navigation services, with the option for individualized contact with a trained professional – either in person or online – preferred over AI-based interfaces (Figure 9). More than two-thirds of respondents expressed interest in one or more of the solution sets presented. Interest was greatest for an in-person resource center (43% rating it as their first choice), with the least interest in solutions that highlighted AI tools over trained staff. Respondents who preferred in-person resources were more likely to be current or former caregivers.

Figure 9: Preferred Solution for Navigating Care Needs



States offer various types of programs to help individuals and their families make long-term care choices. Thinking about a time when you might need long-term care, please indicate how helpful you would find each of the following services. Which would be most helpful?

Similarly, in the listening sessions, solutions that included human support were strongly preferred, specifically toll-free phone help and in-person resource centers. Technology-based solutions faced skepticism due to multiple concerns. People worried that technology can be challenging as people age and that people with disabilities may face barriers to using an online directory. They liked the idea of website or phone-based resources with human help for people with mobility or transportation barriers, while many felt that having human support is valuable for those lacking confidence navigating technology or with detailed questions to ask.

> *"There are a lot of people who don't leave their homes…They prefer the phone."*
>
> *"My dad, who was 81, never used a computer or a smartphone. That would be very foreign to him. He is very in the mindset of books, newspapers, resources, books, and flyers."*

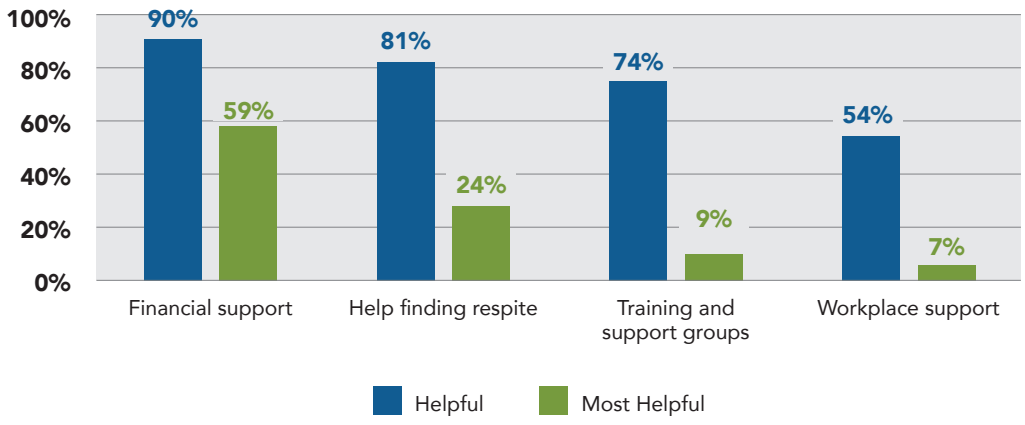
Social Isolation and Connecting with Community

Overall, few respondents (11%) raised concerns with community engagement or social isolation. However, about one-third of the survey sample expressed interest in community center programs around fitness, social, or cultural events, and some were interested in art, theatre, and music programs within their community.

Supporting Family Caregivers

Among the 60% of respondents with experience as family caregivers, having financial support in the form of tax relief or other types of support was the most valued of the solution sets presented, with 90% of them interested in this and 59% rating this as the highest priority across the options presented (Figure 10). Help finding respite care was also highly valued (81%) and the next-most-popular solution set. There was also strong interest in caregiver training and support groups, as well as support for policies at the worksite that better support family caregivers.

Figure 10: Preferred Solution for Caregiver Supports

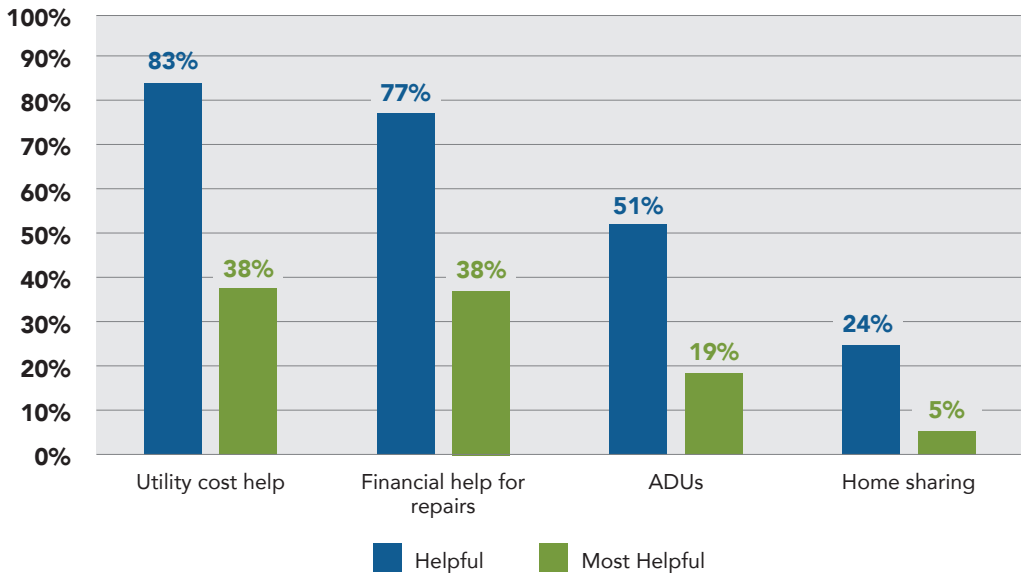


We'd like your opinions on various types of programs that help support family caregivers. Thinking about yourself as a caregiver, or your loved ones who might be helpful to care for you at some point, how helpful would you find each of the following? Which would be most helpful to you?

Aging in Place

Underlying the interest in specific solutions to support aging-in-place were concerns about costs rather than issues related to companionship or in-home help (Figure 11). Respondents preferred financial assistance with utility costs, home repair, and safety upgrades over other options presented. Similarly, participants in the listening session favored low- or no-interest loans, grants, or tax credits for home repairs or safety features as top priorities. They cited the cost barriers, physical risks, and expertise required to undertake these important home upgrades as reasons for their interest in that option. They felt that programs that help reduce utility costs can help older adults afford to stay safely and comfortably in their homes as they age.

Figure 11: Preferred Solution for Aging in Place



How helpful would you find the following programs or services to help ensure your home is a safe and suitable place for you to remain in as you age? Which would be most helpful?

Help with home repairs, safety upgrades, and utility costs were the most preferred options among participants in the stakeholder engagement sessions. Concerns were raised about the feasibility, safety, and limited applicability of some of the other 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. ADUs have the potential to support intergenerational living but face implementation barriers, including high costs, restrictive zoning laws, and higher property taxes. Those in the Overlooked Middle were more likely to prefer a program that provided utility cost supports.

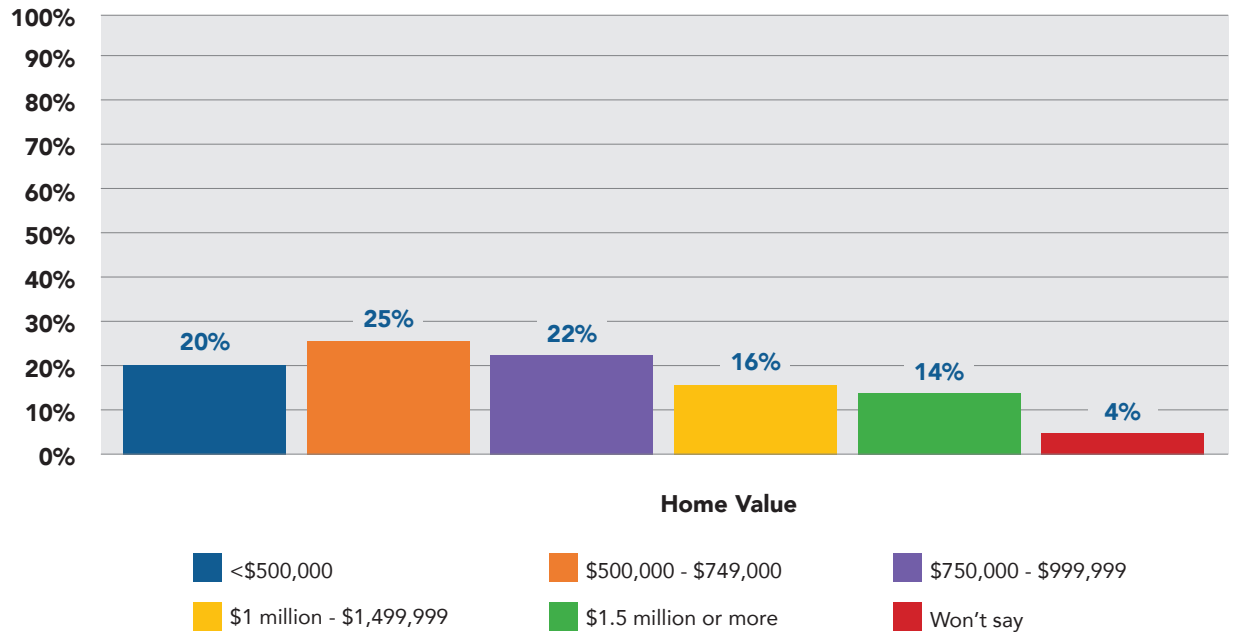
"It is very important to help with home repairs [so people have] what they need to live with dignity and in safe spaces."

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

"I'm just not comfortable with someone coming in to live with me unless I know them personally."

Using Home Equity.
Interest in using home equity was explored among the 77% of respondents who are current homeowners. Of these, 47% report having a mortgage and 30% report having no mortgage. Of those with a mortgage, 20% have half or more of it outstanding, while 39% live mortgage-free. The rest have less than half or only a small amount remaining. The distribution of self-reported mortgage values is shown below (Figure 12).

Figure 12: Current Value of Home

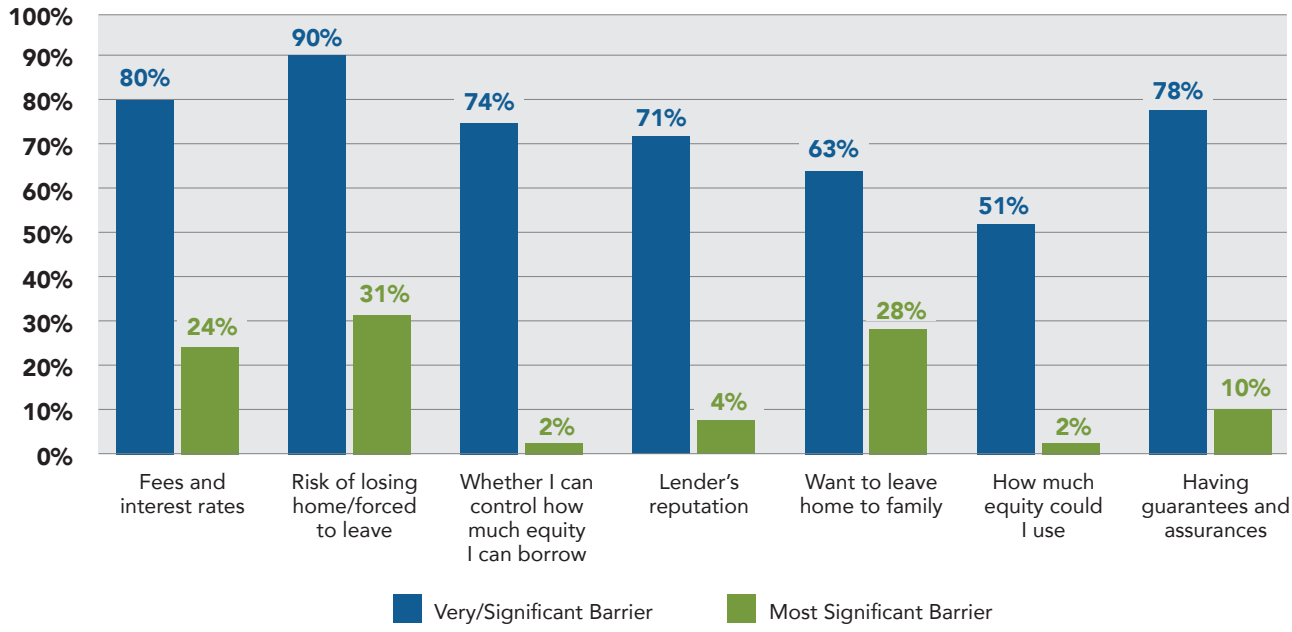


Which of the following best describes the approximate current value of your home?

Using home equity as a resource to pay for LTSS would be a new experience, since over half (58%) of homeowners have never leveraged their home equity to generate cash for other purposes. This includes taking out a second mortgage, using a reverse mortgage, a home equity line of credit (HELOC), or Home Equity Loan. Roughly 44% of homeowners are interested in learning more about how they can continue to live at home while using some of their home equity to help pay for LTSS. Those who had previously accessed home equity for other expenses were more likely to be interested in learning more about this option for LTSS. Those who indicated interest were more likely to be younger, Black or Hispanic, in fair/poor health, not married, and have fewer assets.

Of course, they also raise concerns that might prevent them from doing so. Greatest among them are the fees and interest rates to be paid to leverage home equity, and the fear of losing one's home or having to move out. Also important is the desire cited by some to leave the home to other family or heirs (Figure 13).

Figure 13: Barriers to Using Home Equity



People often have questions or concerns before deciding whether to use home equity to help cover future long-term care costs. For each of the following, please indicate how significant a barrier it would be for you when considering using your home equity to pay for care. Which of these is the most significant barrier?

Homeowners with prior experience using home equity for other expenses were more likely to identify these barriers. The Overlooked Middle were also more likely to identify these issues as barriers, except for whether they would have guarantees with the program and the lending entity's reputation.

To further explore interest in using home equity to help pay for LTSS, focus groups were convened with California homeowners representing the Overlooked Middle Market. Specifically, four groups were formed, with separate groups for those ages 65 to 74 and those ages 75 and over, to test the hypothesis that the two groups might have slightly different experiences with LTSS need and equity extraction. In total, 28 participants were included in the focus groups. The overall median age of participants was 73, with a range from 65 to 85, and the sample was roughly split between people living alone, with one other person, or with two or more people.

Focus group participants seemed to acknowledge the possibility of needing LTSS in the future more so than did survey respondents. Many acknowledged that their future health and healthcare costs are uncertain. A few had LTC insurance, which they hoped would cover their care at home while protecting their assets, but most had vaguer plans: potentially moving to a continuing care retirement community, though affordability was a major concern, or moving nearer to family. Just one, someone with a chronic condition, spoke about using a reverse mortgage to pay for care in the future. Several people without partners/spouses or children appeared to have given a bit more thought to future care and its cost or expressed more anxiety about it.

Even so, across the four focus groups, nearly all participants agreed they did not want to tap equity, nor did they think they would need to, even in the face of LTSS needs. Consistent with other research, Overlooked Middle homeowners in California tended to see housing wealth as a unique asset. For the most part, participants planned to gift their home or the wealth in it to heirs and intended to do so through estate planning, including wills and trusts. The motivation to leave property or housing wealth came up frequently, even among participants who said their children, nieces, and nephews were financially secure. Several remarked upon the importance of bequeathing that property unencumbered by debt.

Many participants also saw home equity as an asset they would tap only if they spent through their other investments and accounts. Participants consistently spoke of home equity as a "last resort," a "security blanket," and a "backup" available in an emergency. Overall, focus group participants expressed confidence in their financial stability, including their ability to weather large LTSS expenses without tapping into home equity in the future.

Several participants discussed extracting equity in the past by downsizing their homes or through financial mechanisms like cash-out refinancing, home equity loans, and home equity lines of credit (HELOCs). Some even mentioned holding onto existing mortgage debt they could afford to pay off because its interest rates were lower than the rates they were receiving on investments. However, with the exception of some who were interested in reverse mortgages or had one already, no one saw themselves refinancing or using other tools to extract equity in the future. These sentiments may well be influenced by the current interest rate environment, but it is difficult to say how much lower interest rates would change participants' opinions, given their aversion to debt. Indeed, some saw tapping into equity as limiting their future choices: by reducing their housing wealth, they would have fewer options for moving to another home in the future, should they need a continuing care community or a different type of home.

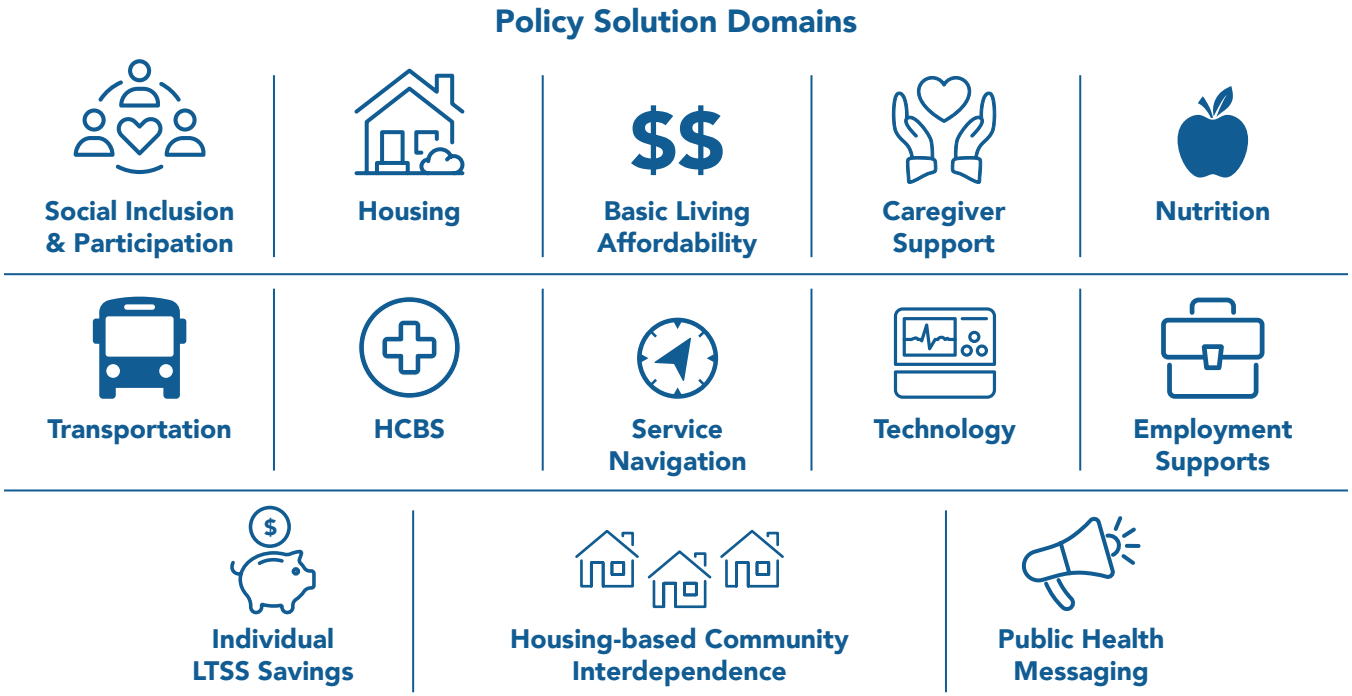
Most participants had experienced strong housing price appreciation and expected it to continue, despite increased wildfire-related risks to equity and the challenges of property insurance costs and accessibility. Nearly all felt they had a good sense of the current value of their homes, though they also recognized these values were "on paper only," which may again distinguish housing from other assets like a retirement account or pension whose amounts are more easily known.

Implications for Policy And Programs

Program inventory. Central to this project has been the identification of innovative solutions that can help adults in the Overlooked Middle remain in the community as they age. The development of these solutions was completed through exploratory conversations, surveys, and structured listening sessions with experts and stakeholders, desktop research, and case study analyses of featured programs.

The project team identified and refined a solution set of over 200 programs, based on existing model programs across the United States. The research team analyzed and refined the options viewed as most relevant for California's Overlooked Middle and the policy and program environment in California. Over 200 programs and policy examples were reviewed, cutting across a wide range of domains likely to concern older adults as they age. These

included: Basic living affordability; Caregiver Supports; Employer Supports; Home and Community-based care; Housing and community independence; Independent LTSS savings; Nutrition; Paying for LTSS; Public health messaging; Service navigation; Social inclusion and participation; Technology; and Transportation.



Mindset of the Overlooked Middle. Consistent across all the research is the priority that the Overlooked Middle places on being able to afford basic living and housing needs in the presence of care needs, finding help with care, and supporting family members who are providing care. The research also illustrates that this population is generally not feeling the burden of social isolation or loneliness, although they are interested in opportunities for community connections of a recreational or educational nature. They also do not report being technologically challenged to any great extent. The majority of those who hope to remain in their current homes appear to live in residences that have at least some of the accessibility features needed for safe aging in place.

While they are concerned about affordability and paying for LTSS needs, these are seen as issues for the future and possibly won't affect them. Some of this may be driven by a lack of awareness of the true risks and costs of LTSS, as well as how those services are paid for. Those in the Overlooked Middle are more concerned in the short term with help with everyday living expenses that allow them to safely age in place and preserve their home equity and other resources should they need LTSS in the future. They also acknowledge the potential need for help paying for and finding care if and when they need LTSS.

Promising Program Models. Programs and policies designed to address long-term services and supports (LTSS) needs often attempt to solve four interrelated challenges:

- Lack of tailored programs and care navigation support
- Unaffordable services and high out-of-pocket exposure
- Shortage of family (unpaid) and paid caregivers
- High and rising costs for health care, housing, and basic living expenses

This last point is important. Managing the challenges of everyday living is a first order priority for the Overlooked Middle. In that context, it is very difficult for individuals to develop a future-oriented approach that anticipates and plans for LTSS needs.

The research also makes clear that the Overlooked Middle is not seeking a single solution, but rather a coordinated set of policies and programs that address these structural gaps simultaneously. Across surveys, focus groups, and stakeholder engagement sessions, affordability, navigation support, caregiver assistance, and housing stability consistently emerged as interconnected priorities.

From the inventory of more than 200 programs reviewed nationally, several models stand out as especially relevant to California's Overlooked Middle. These programs are promising not only because they are operational in other states, but because they directly align with the needs and preferences expressed by California consumers in this research.

Community-based programs targeted to middle-income older adults frequently address basic living needs, such as housing repairs, accessibility, caregiver relief, and service coordination, which are closely linked to future LTSS risk. By stabilizing housing, caregiving, and early supports, these programs help mitigate financial shocks and delay rapid asset depletion that can otherwise lead to Medicaid spend-down.

Many of the programs reviewed provide direct support to individuals with care needs, while also strengthening family caregivers through training, respite, financial assistance, or coordinated navigation. Importantly, programs designed to help individuals prepare for or manage future LTSS needs also reduce pressure on basic living expenses, preventing cascading financial crises.

When serving individuals who already have LTSS needs, the most effective programs are those that provide financial support or other approaches structured to delay or prevent rapid spend-down of financial resources. By doing so, they help moderate-income households remain financially stable longer and reduce premature reliance on the social safety net.

Mapping Solution Sets to Consumers Needs and Preferences and Concerns.
The tables that follow illustrate how consumer needs, preferences and concerns can be mapped to the innovative program solutions identified through this project.

Cross-Cutting Design Principles Emerging from the Research

Across promising models, several consistent design features align with the preferences expressed by California's Overlooked Middle:

- **Affordability first.** Programs that directly reduce out-of-pocket costs are prioritized over other approaches.
- **Human-centered access.** Live assistance and trusted navigators are preferred over AI-only or automated systems.
- **Prevention-oriented design.** Early supports in housing, caregiving, and community-based care reduce avoidable institutionalization.
- **Middle-income eligibility flexibility.** Programs must extend beyond traditional Medicaid thresholds to reach those at risk of spend-down.
- **Integration with existing infrastructure.** Leveraging Area Agencies on Aging, Caregiver Resource Centers, and other community-based organizations increases feasibility and scalability.

Taken together, the evidence suggests that the most promising strategies for California are those that address multiple risk domains simultaneously, combining financial relief, navigation assistance, caregiver support, and housing stability within a coordinated framework. The tables below – Mapping Solution Sets to Consumer Needs, Concerns, and Preferences - identifies several of the most promising program models that address the needs, concerns and preferences of the Overlooked Middle within each of the 13 major categories that the project team identified as critical domains for supporting aging in the community. Promising program models are selected based on the criteria discussed in this section.

DOMAIN: Caregiver Supports

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
Caregivers value financial supports such as direct pay for care, and tax credits or deductions for caregiving expenses.	Missouri's Shared Care Tax Credit	The state provides a tax credit of up to the lower of $500 or the individual's Missouri tax liability to help families offset the costs of caring for someone 60+. *State funded*
	Montana Elderly Care Credit	Tax credit for expenses paid on behalf of an older family member, including home health services, licensed personal-care attendant services, care in a licensed long-term care facility, homemaker services, adult day care, respite care, health care equipment/ supplies, premiums paid for long-term care insurance coverage. Maximum credit is $5,000 for a single family member or $10,000 for two or more. *State funded*
	New MexiCare Caregiver Health Model	Provides financial aid and training to family caregivers who are not Medicaid eligible but meet income and asset limits specified by the program. They can receive up to $1400/month for up to 12 months. Training is required. *State general funds*
Preferred solutions are those that help families find respite care and that offer training for family caregivers (81% and 74% respectively)	Powerful Tools for Caregivers	An evidence-based educational program providing caregivers with the skills and confidence to care for themselves and their loved ones. Includes six 90 minute or 2-1/2 hour classes by trained facilitators. It teaches caregivers how to use community resources, manage stress, communicate with friends, family, and healthcare providers, and care for them-selves. Classes are online or in-person. *Combination of public financing (State and County) and private funds.*
About 54% of working caregivers, favor having workplace supports to help them balance caregiving and work responsibilities.	City of Philadelphia Backup Care Program	Provides up to eight backup care days annually for city employees caring for dependent children or adult loved ones. Employees choose from care options, including in-center childcare, community-based programs, in-home care, or utilizing a personal network with partial reimbursement. Costs are covered, except for $15 copay per day. Employees have a user-friendly platform for easy scheduling care services. *Funded by City of Philadelphia*
Financial support for caregiving emerged as a top solution with 59% of citing this as the single most important policy solution. Help finding respite care was the second most important option, cited by 22% of the respondents to our consumer survey.	Utah Caregiver Support Program	This program provides caregiver supports (case management, respite, personal care aides, adult day care, overnight respite, information and referral, caregiver support groups) for up to 12 months or maximum of $1,500 in services. *Funded by private donations.*
Because many caregivers feel unprepared to handle care needs of their loved one and are also unsure about the emotional challenge of caregiving, caregiver training, along with counseling and support, were highly valued.	Massachusetts Family Caregiver Support Program	The FCSP connects you with a Caregiver Specialist who provides free information, tips and resources, and caregiver support. Support includes a customized care plan, service referrals, and respite. *[Also supports Care Navigation] Funded by grant programs through the Older Americans Act*

DOMAIN: Housing

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
Over 80% of survey respondents expect to remain in their current homes, only 31% have a fully accessible home. Housing affordability, maintenance costs, and safety modifications are major concerns. Financial assistance for home repairs, utility costs, and safety upgrades ranked highly among solutions.	Illinois Emergency Senior Services	This program helps seniors with limited resources handle unexpected expenses and emergencies and enables seniors to continue to reside in their homes and communities. Grant funds may be used for home repairs, maintenance, modifications, and other expenses (i.e., non-covered medical and dental expenses, real estate assessments). Individuals receive up to $500 per fiscal year, with higher amounts for urgent needs such as eviction prevention, housing for the homeless, and certain medical, transportation, and modification expenses. *Funded through a combination of state and federal funds.*
	Maryland Accessible Homes for Seniors	Provides home improvements to older adults including grab bars, railings, ramps, widening doorways etc. The loan pro-gram provides zero percent interest, deferred loans for 30 years or grants to finance accessibility improvements. *Funded through state resources managed by the Maryland Department of Housing and Community Development.*
Survey respondents planning to remain in their own home expressed interest in ADUs (50%) and home-sharing or co-housing (23%).	NY Foundation for Senior Citizens Home Sharing	This is a free matching service that pairs "hosts" with extra private spaces in their homes to share with responsible, compatible "guests" seeking suitable housing. Professional Social Work staff carefully screen all host and guest applicants, using QUICK-MATCH, a proprietary database, to help determine compatible matches based on lifestyle objectives. The service offers a written agreement to help hosts and guests feel a level of confidence and sense of security in their shared living arrangements. *Funded by State sources.*
	Elder Cottage ADU	The ECHO program provides affordable housing for older adults in the form of small, separate, manufactured residences. They are temporarily placed in the side or backyard of a host family – relatives or close friends of the older adult. The older adult leases the cottage for 30% of gross income. *Funding includes HUD federal block grants.*
	LA ADUC Accelerator Program	This Program pairs older adults with homeowners willing to provide a stable home by offering ADUs as rentals to older adults facing housing insecurity. Homeowners receive benefits such as qualified tenant referrals, landlord support, and stable rental payments. Participants are guaranteed housing for five years. Tenants pay 30% of income towards rent and have assistance from a service provider and case manager. *[Also provides Service Navigation]. Funded by grants and city resources.*

DOMAIN: Service Navigation

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
About 75% of survey respondents are concerned with finding high quality care and want to be able to control where and how they receive care. Over 65% want help understanding what services and providers are best for their needs, and help finding that care. Consumers are least confident about finding respite, adult day, and in-home care.	California Caregiver Resource Centers	California Caregiver Resource Centers are a network of 11 centers serving family caregivers providing support for someone affected by chronic and debilitating health conditions, including dementia, Parkinson's, or a traumatic brain injury. The Center provides free support for families and caregivers, including specialized information, caregiver assessment, family consultation and care navigation, respite care, short-term counseling, support groups, caregiver training, legal and financial consultation and education. *Financed by CDA and Older Americans Act funds, private foundations, donations and local business partners.*
Both in the survey and consumer engagement sessions, there was a strong preference for in-person information and navigation solutions. Providing caregiver sup-port, caregiver training, financial education, and care navigation in an in-person center is highly preferred.	UVA's Dementia Care Coordination program	This program, in partnership with the UVA Memory and Aging Care Clinic, offers support to persons with dementia and their care partners through a dedicated Clinical Care Coordinator (CCC). This free program provides education, care planning, and resources to improve quality of life, reduce stress, and address the needs of care partners. *Funded by grants and private philanthropy.*
	Wisconsin Dementia Care Specialist Program	The Dementia Care Specialist Program provides free information, memory screenings, and support to individuals with dementia and their caregivers. Dementia specialists promote independence, connect people to social and community activities, assist with care planning, and provide inclusive spaces like memory cafés and support groups. *Funded by state appropriations.*
	Senior Reach	Senior Reach is a community program offering free assistance to Livingston County, Michigan residents who are 60+. Senior Reach trains community members to identify needs in older adults, then provides a call line to report needs. The follow up services support older adults through education, behavioral health, and connection to community resources. [Also addresses Social Isolation & Loneliness] *Funded by government and foundation grants, donations, and volunteers*
	Upside	Upside provides an alternative to traditional senior living. Through partnerships with property managers, healthcare providers, and local service organizations, Upside integrates housing, health, and social services using a concierge model. Upside supports members by assessing housing needs, helping navigate options, creating housing plans, and coordinating housing and healthcare services. Upside also offers in-home services to members. Digital tools monitor well-being, coordinate care, and access services. [Also supports Housing] *Medicare Advantage plans, Medicaid, participant fees*

DOMAIN: Social Inclusion & Participation

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
When asked in the consumer survey focused on interest in particular programs, one-third of the sample expressed interest in community center programs around fitness, social or cultural events, and some were interested in art, theatre, and music pro-grams within their community.	Jefferson Area Board on Aging (JABA) Pathway to Enrichment Program	This provides enrichment, socialization and lunches at no cost through a free membership at community centers. Staff are trained to recognize changing care needs. If health declines, they transition to JABA's Respite & Enrichment Centers (JRECs). JRECs charge $82 a day for care, but accepts Medicaid and may provide financial aid/scholarships for families unable to afford care. [Also addresses nutrition]. *Funded by Federal and state grants and private philanthropy.*
	On Lok 30th Street Senior Center	Seniors come to have lunch, nurture creativity, exercise, volunteer, and socialize. All services are available in English and Spanish. *Funded by the City of San Francisco, and private foundations and donations.*
	Rath Senior Con/ NEXT/ions Center	The center hosts Senior Scholars classes twice a year for the community to engage with one another and learn about various topics. *Funded by public grants, private philanthropies and individual fees.*
	Rapp at Home	Provides services that help seniors stay socially connected and live with confidence in their homes. Services provided include transportation, aging in place planning, technology support, home repairs, house and yard work, help with groceries and prescription pick up. Rapp at Home is a pioneer in creating a senior village in a rural setting. Rapp at Home provides essential transportation support in a rural community through vetted volunteer drivers and wheelchair-accessible vans, partnering with the Regional Transportation Collaborative to offer over 500 rides in 2023, along with grocery and prescription delivery. [Also addresses transportation, nutrition and housing] *Grants and donations.*
	St. John's United	In 2019, St. John's United, a member of the Rural Aging Action Network, introduced At Home services for older adults living independently in and around Billings, Montana. The monthly subscription program, offered on an income-based sliding scale, provides services such as transportation, home maintenance, medication management, social engagement, and access to resources (e.g., complementary gym member-ships). St. John's United partners with other organizations and hospitals to meet needs. *Funded by grants*
	Silver Sage Housing Program	Silver Sage Village in Colorado is a senior cohousing community with 18 households designed for older adults to age in community. The system fosters a close-knit, cooperative lifestyle emphasizing shared resources, social connection, and mutual support while allowing residents to maintain private homes within a community setting. *A self-funded homeowners association.*

DOMAIN: Employer Supports

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
	City of Philadelphia Backup Care Program	The City of Philadelphia offers Wellthy's Backup Care Program to its employees. The benefit provides up to eight back-up care days annually for employees caring for dependent children or adult loved ones. Employees choose from various care options, including in-center childcare, community-based programs, in-home care, or utilizing a personal network with partial reimbursement. Costs are covered, except for $15 co-pay per day. Employees have a user-friendly platform for easy scheduling of care services. *Funded by the City of Philadelphia*
	Working While Caring	Through the WWC Innovation Lab, the Rosalynn Carter Institute (RCI) works with employers to develop and implement pilot interventions so employers are better prepared to support their caregiving employees. WWC program design includes care navigation, with navigators specializing in eligibility and having a deep understanding of local resources and supports for caregivers. *Supported by grant funds.*
	Care for Business.com	Provides employers with flexible care benefits tailored to meet the needs of their employees, including options such as backup care, care memberships, and access to care specialists. Over 775 employers leverage this program including Proctor and Gamble (P&G) Gillette, Vertex Pharmaceuticals, and Best Buy. *Funded by employer payments on a per employee per month basis*

DOMAIN: HCBS

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
Over half (59%) of respondents lack confidence that they could afford two years of care at home, at an estimated cost of $110,000. For the Overlooked Middle, 73% say they could not afford care.	Hawaii's Kupuna Care Program	Offers targeted HCBS to individuals age 60+ who do not qualify for Medicaid. The services an individual receives are determined on a case-by-case basis and may include adult day care, case management, chore services, attendant care, homemaker services, meal delivery, respite care, and help activities of daily living. *Funded by state appropriations to Hawaii's Executive Office on Aging*
	Alzheimer's Family and Caregiver Support Program	Supports families caring for individuals with dementia, including Alzheimer's. The program provides financial assistance and resources to help caregivers maintain their loved ones in the community. Spending is capped at $4,000 per person annually, though this amount varies depending on county priorities and available resources. Covered services may include adult day care, in-home assistance, respite care, transportation, and caregiver support. It also funds items such as chair lifts, home-delivered meals, nutrition supplements, security systems, and specialized clothing. *Wisconsin Bureau of Aging and Disability state appropriations.*
	Minnesota's Alternative Care (AC) Program	The program provides HCBS to people who meet nursing home level care living. It provides many of the same services as the Elderly Waiver program and is for people with low income and assets who are not yet eligible for Medical Assistance. *Funded by state appropriations.*
Of greatest interest to consumers, across both the qualitative and quantitative research, are programs that help pay for care and enable individuals to receive care at home or in the community. That is because 84% worry about exhausting income or savings to pay for care, and 79% fear not having enough money to cover needed services.	Washington TSOA	This program is part of the state's Section 1115 Medicaid demonstration waiver, known as the Medicaid Transformation Project (MTP). It serves older adults who are not eligible for Medicaid. Services include caregiver assistance, training, education, medical equipment, supplies, health maintenance, therapy, and personal assistant services. *Federal funds under S 115 waiver.*
	Alaska Senior In-Home Services Grant Program	Helps nursing home-eligible, low-income individuals (not eligible for Medicaid) age 60 or older who need LTSS help with respite care, chore services, care management, and other supplemental services. Administered by Department of Health and Social Services, Division of Seniors and Disabled. *Funded through State appropriations*
	Support@Home	The Institute on Aging administers a home care voucher program for adults with disabilities and older adults above Medi-Cal limits but below area median income. Voucher amounts are determined by functional and financial need and may be utilized via an independent provider or agency home care. *Funded by City of San Francisco*

DOMAIN: Transportation & Technology

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
Concerns with transportation emerged in the consumer engagement sessions. Participants felt that transportation services are unreliable, inflexible, and difficult to navigate. Cost was also cited as a barrier to using alternative transportation such as Uber/ Lyft.	Peninsula Volunteers Inc	Empowers older individuals to continue to live their best, independent lives through various programming including a Meals on Wheels program, Got Groceries, and multiple wellness, connection and support services such as on-demand transportation services for non-driving older adults (RIDE EPVI), a concierge service for family caregivers, and adult day services [Also addresses Nutrition and Social Isolation]. *Funded with Federal grants and philanthropy*
People with disabilities face unique challenges in accessing adaptive transportation.	Accessibili-D Program	The Accessibili-D program, in collaboration with May Mobility and the Michigan Mobility Collaborative, offers free Automated Driving Systems (ADS) autonomous shuttle services, enhancing mobility for Detroit's seniors and residents with disabilities. This service is a part of Detroit's public transit and operates on-demand. Accessibili-D is pre-programmed to pick up and drop off riders at specific locations that have been vetted and deemed safe. The City launched this autonomous vehicle service to ensure residents have access to vital destinations like medical appointments, grocery stores, and social gatherings. *Funded through a combination of federal grants, local matching funds, and philanthropic partners*
Participants would like to see subsidized rideshare options, expanded delivery services, and tax credits/deductions for transportation expenses to support aging in community.	Angel Wheels, a program of Mercy Medical Angels	Provides non-emergency, long-distance ground transportation to financially disadvantaged, ambulatory patients who are traveling for treatment. Gas cards and commercial bus or Amtrak tickets can be provided to eligible low-income patients. Patients must be ambulatory and require no medical monitoring or care en route. A typical trip supported by Angel Wheels does not exceed 300 miles (one-way) and does not normally include trips within a local area or community. Including all of Mercy Medical Angels' affiliated organizations, more than 53,000 patient trips are made annually. *Funded by donations*
Consumer engagement participants expressed interest in expanding telehealth and support for using technology.	PC for People	Provides low-cost computers and internet to individuals, families, and nonprofits with low income. By recycling and refurbishing computers, PCs for People keeps computers out of landfills and repurposes them to advance digital inclusion. It also offers affordable internet and free digital skills training through classes and workshops to customers in the St. Paul and Denver locations, as well as virtually across the country. *Funded by grants, private donations, and partnerships with local non-profits.*

DOMAIN: Basic Living Affordability

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
Overall, over half of surveyed population was concerned about their ability to afford basic living needs as they age. As well, across all the research is the priority that the Over-looked Middle places on paying for care and being able to afford basic living and housing needs	Senior Citizen Rent Increase Exemption	SCRIE helps eligible senior citizens 62 and older stay in affordable housing by freezing their rent. DRIE helps people with disabilities. Tenants can keep paying what they were paying even if their landlord increases the rent. The landlord gets a property tax credit that covers the difference between the new and original rent amount. *Supported by property tax abatement to landlord. Administered by NYC Department of Finance and Department of Housing Preservation and Development.*
Those in the 50+ Overlooked Middle are more concerned in the short term with help with everyday living expenses that allow them to safely age in place and preserve their home equity and other resources should they need LTSS in the future.	Miami's Senior Rental Assistance Program	Provides up to $500 in rental assistance, based on need, to qualifying low-income seniors applicants who are renters in the City of Miami. If an applicant is approved, the assistance amount is issued directly to the applicant's landlord on a monthly basis, for a 12-month period. Cur-rent Section 8 clients or individuals residing in Public Housing or in a Sec. 202 project, are ineligible for this program. *Funded by City and Federal (ARPA) funds*
	Senior Citizen Property Tax Rebate Program (Pennsylvania)	Allows for Abington Township or Borough of Rockledge (PA) homeowners over age 65, who have an annual gross household income of $35,000 or less, to receive a rebate of up to 40% ($260), if they have applied and qualified for the Pennsylvania Property Tax Rebate. *Funded by state appropriations*
Health care was cited as an affordability concern by over 60% of the survey respondents; affording housing and home maintenance was next (56%), and being able to afford other regular living expenses was cited by just over half (52%). Specifically, the cost of health care premiums and out of pocket expenses were cited by 73% as a concern.	Rhode Island State Pharmacy Assistance Program (RIPAE)	The RIPAE Program pays a portion of the cost of RI-PAE-approved medications purchased during the Deductible stage of a Part D plan. There are four levels to this program; levels 1-3 are for adults age 65+ and older, and level 4 is for adults 55-64 who are disabled. Annual in-come(s) determine into which level of the program individuals are enrolled. *Supported by State funding and annual fees*

DOMAIN: Public Health Messaging

What Consumers Told Us About Their Concerns, Needs, and Preferences	Solution Sets Most Closely Aligned to Concerns, Needs, and Preferences	Program Description and Funding Source
The consumer engagement research provides a stark picture of the need for education and messaging on LTSS. Only 10% of respondents acknowledge both the possibility of needing LTSS and that, if care is needed, that care costs are paid for out-of-pocket from income, assets, and savings. Without this basic understanding, it is not entirely surprising that adults fail to plan for LTSS needs. This gap in awareness is more pronounced among the Overlooked Middle than among	Minnesota's Own Your Future campaign (Modeled after the national Own Your Future Campaign)	Own Your Future is a public awareness initiative to raise illustrate the importance of planning now to identify personal and financial options to meet their future long-term needs. It offers an array of planning options to meet various stages and preferences. It has been successfully implemented in over 26 states, each customizing the program to its unique population needs, LTSS resources, and care options. State appropriations. Collaboration of Minnesota Department of Human Services, Board on Aging, and Department of Commerce. *National OYF campaign funded with Federal appropriation.*
A large percent of survey respondents (74%) expressed interest in classes, workshops or individual counseling to help them plan for care and manage finances as a way of helping them pay for LTSS.	NY City's Financial Empowerment Centers	Provides free one-on-one professional financial counseling and coaching to support individuals in reaching their financial goals. *Funded by NYC taxpayer funds*

Conclusion and Recommendations

Aging Californians face substantial risk of LTSS financing challenges. Older adults and people with disabilities in the Overlooked Middle face a convergence of challenges: high and rising LTSS costs, limited understanding of LTSS risks and financing, fragmented and difficult-to-navigate service systems, housing that is often ill-suited to aging or disability, and heavy reliance on family caregivers who themselves lack adequate support. Together, these factors create financial insecurity, delay needed care and increase strain on families and public systems.

Findings from this research are clear about what consumers worry about and want. Affordability of LTSS emerged as the dominant concern, followed closely by the need for trustworthy, human-centered assistance in navigating care. While participants expressed interest in a wide range of potential solutions, they consistently favored approaches that reduce out-of-pocket costs, provide direct financial relief, and simplify access to services.

Policy Directions

Based on the research findings, the following policy and programmatic directions emerge

1. **Support for advancing strategies that reduce the cost of LTSS for the Overlooked Middle.**
   Participants overwhelmingly prioritized solutions that help pay for care. Expanding coverage for home-based services, particularly through Medicare or other broad-based mechanisms, was the most strongly supported option. While federal policy changes may be challenging, California could consider testing state-level options that limit out-of-pocket exposure for moderate-income households.

2. **Strengthening care navigation through trusted, human-centered models.**
   Confusion and fragmentation within the LTSS system were persistent themes. Programs emphasizing live care navigators, in-person resource centers, and integrated service hubs can help individuals and families understand care options and connect to appropriate services more efficiently are preferred by consumers. Technology can support these efforts but not replace human assistance.

3. **Investing in supports that enable aging in place.**
   Most respondents expect to remain in their homes as they age, yet many live-in housing that is not fully accessible or affordable to maintain. Programs that provide grants, low- or no-interest loans, tax credits, or utility assistance for home repairs and safety modifications align closely with consumer preferences and also have the virtue of being able to prevent more costly institutional care.

4. **Finding ways to support family caregivers.**
   Many family caregivers experience financial and health-related strain, as well as difficulty accessing respite care and training. Financial relief, assistance locating respite care, caregiver education, and employer-based supports are valued by consumers.

5. **Improving public understanding of LTSS risks and financing.**
   Widespread misconceptions about who pays for LTSS undermine planning and preparedness. Public education campaigns, financial counseling, and trusted messengers can help individuals better understand their risks and options earlier in life, enabling more informed planning where feasible.

6. **Raising awareness and understanding of how consumers can safely tap home equity to help pay for LTSS.**
   Despite the fact that 40% of homeowners have used the equity in their home to generate cash at some point (e.g., a second mortgage, home equity line of credit, or the like), and that 41% say they are interested in learning more about how they can tap into home equity while still remaining in their current home, strong concerns and objections to doing so were raised in both the survey and focus groups. An important undercurrent expressed in the groups is a desire to maintain control over the home and a distrust of reverse mortgages in particular. Consumers' education should address these concerns by emphasizing the safeguards and guarantees in many of today's home equity products, most notably the HECM reverse mortgage.

Taken together, the preferences of the consumers participating in this research suggest paths emphasizing prevention, affordability, and usability. As such, the options discussed here provide policymakers with a range of choices for addressing the needs of the Overlooked Middle population, which is growing in number and diversity.

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