



# Beyond Healthcare:

Connecting Older Adults and People With Disabilities to the Supports That Make Care Work

April 30, 2026

Cathy Senderling-McDonald

Senior Advisor, California Health Policy Strategies &  
CEO, Catbird Strategies



CALIFORNIA  
HEALTH  
POLICY  
STRATEGIES, LLC.

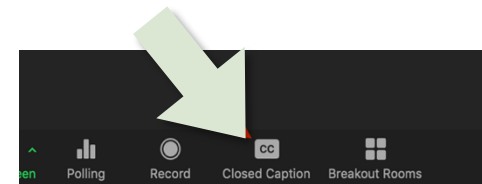
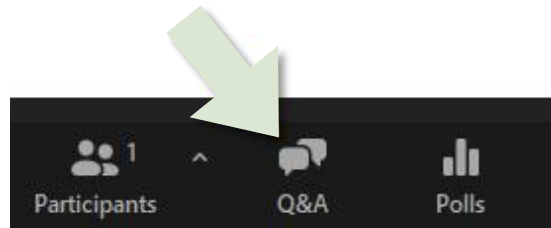


# Mission

To improve health and social care  
for all older adults in California

# Housekeeping

- We are recording
- Closed captioning is on; click the button at the bottom of your screen
- Please use the Q&A button at the bottom of your screen to submit questions



# Today's Presenters



Jasmine DeGuzman Lacsamana  
Program Officer  
Archstone Foundation



Cathy Senderling-McDonald  
Senior Advisor, California Health Policy Strategies  
& CEO, Catbird Strategies



# Presentation Overview

- Why Social Services Matter: A Case Example
  - Commonly Needed Services and Supports
  - Where Things Can Go Wrong
  - How to Overcome Barriers (and Improve Systems Too)
  - Brief Update: H.R. 1 Impacts on Older Californians
  - Questions and Answers
- 
- Appendix: Resource Links

# Why Social Services Matter: A Case Example



# Larry McGee, age 66

- Rural area resident
- Lives with 25-year-old son, who has developmental delays, cannot drive, does not have a job, and has no income
- Receiving monthly Social Security retirement payment
- Dual Medicare/Medi-Cal
- Receiving CalFresh
- Home needs some upkeep – was purchased during pandemic and they keep finding things that need repair, also has several dogs
- Has been in a Rehabilitation Hospital setting for 3 months for care on open leg/heel wounds
- Discovered heart condition recently, while in hospital for leg

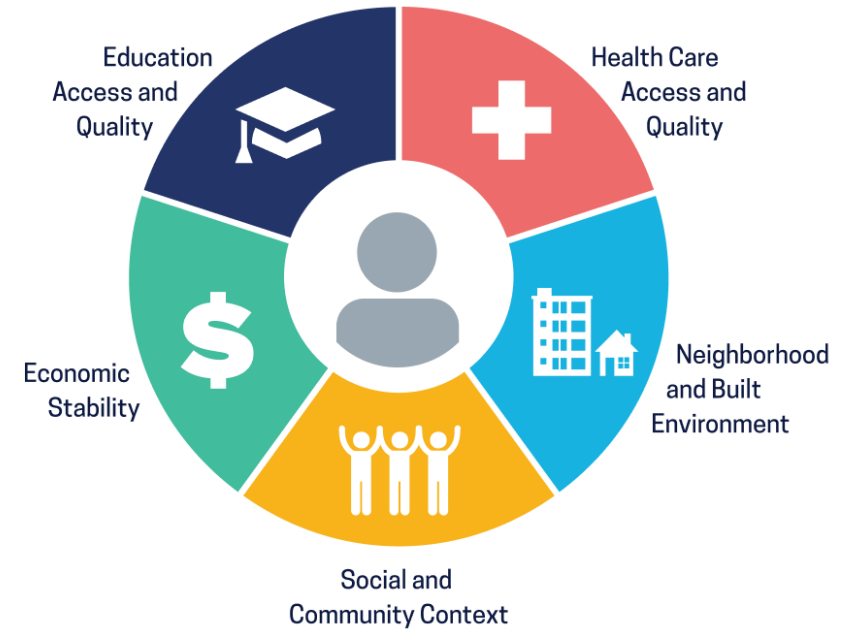
# What Questions Might We Ask?

- Can Larry return home safely? What will he need help with?
  - Can he put weight on the leg that has been healing?
  - What equipment will he be using, and will it fit in his home?
  - What might be needed at his home to ensure his safety?
  - Would a ramp or other modifications help with his mobility?
- How much can Larry's son do to help him?
  - Does someone need to come to the home to help Larry with health care?
  - Does Larry need help with bathing, cooking, and/or cleaning?
- Does Larry's son possibly need some services, too?

# What Are We Talking About Here?

- The areas or domains where Larry might need help are sometimes called *Social Determinants of Health* (SDOH)
- SDOH have a major impact on people's health, well-being, and quality of life
- These domains can also contribute to wide health disparities and inequities

## Social Determinants of Health



Social Determinants of Health  
Copyright-free

Healthy People 2030

Source: *Healthy People 2030*, Office of Disease Prevention and Health Promotion at <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>



# Commonly Needed Services to Improve Social Determinants of Health



# Types of Services Commonly Sought

- **Income support**
- **Housing and safety**
- **Food and nutrition**
- Transportation
- Home and Community Based Services
- Socioemotional health and well-being services and programs
- Behavioral health services
- **Care coordination and navigation**

# Income Support

- Social Security Retirement
- Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
- Social Security Disability Insurance (SSDI)
- Veterans Benefits
- General Assistance/General Relief (GA/GR)
- Utility assistance programs

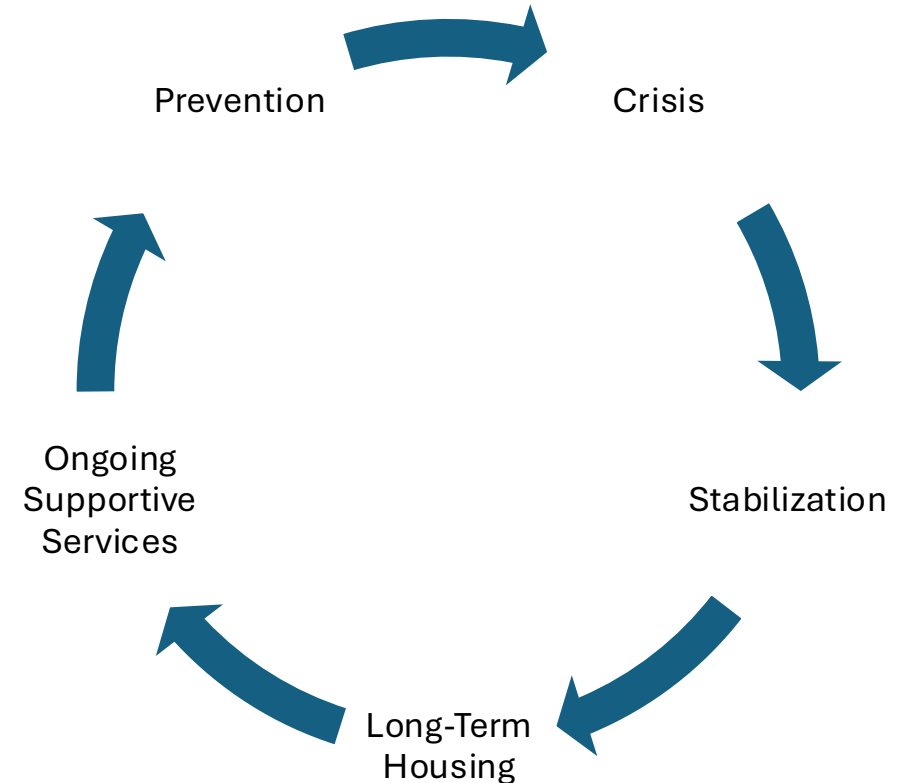
## Programs for Immigrants:

- Cash Assistance Program for Immigrants (CAPI)
- California Food Assistance Program (CFAP)
- Social Security Retirement, SSI and SSDI (not impacted by recent changes under H.R. 1)

# Housing & Safety

- Rental Assistance and Subsidies
- Homelessness Prevention & Rapid Rehousing
- Supportive Housing and Services
- Affordable Housing Development & Supply
- Homeownership & Specialized Programs
- Adult Protective Services & Home Safe
- Veterans: VA has a continuum of services

[Housing California Resource Directory](#)  
[CA Dept of Social Services Programs Listing](#)



# Food & Nutrition

- CalFresh
- Meals on Wheels / Home Delivered Meal Programs
- Medically Tailored Meals
- Meals Provided in Care Settings (Day Programs, Senior Centers, etc)
- Food Banks and Food Pantries
- Emergency Food Programs
  - Commodity Supplemental Food Program
  - Tribal Nutrition Assistance Program
- Senior Farmers Market Nutrition Program

# Care Coordination & Navigation

- Many departments and agencies have case management duties
- Relatively few are comprehensive in nature, however
  - Managed Care Plans for Medi-Cal
    - Includes contractual care management requirements for complex cases
    - Also available: Enhanced Care Management (ECM) for recipients who qualify
  - Department of Veterans Affairs
    - Comprehensive – but limited to those eligible for veterans' services
- Many programs require naming an “Authorized Representative” to speak to another person rather than the client themselves
  - This may need to be done multiple times across different programs

# Where Things Can Go Wrong



# Common Access Barriers

- LTSS “system” is fragmented, despite work to improve it
  - Multiple agencies involved
  - Complex eligibility rules
  - Extra (often manual) processes for aged/disabled applicants
  - Long approval timelines (see: SSI)
- Benefit cliffs & interactions across programs
  - Transitions are often a time when people can fall through cracks
- Lack of awareness and/or lack of self-identification as “eligible”
- Programs often built atop long-standing systemic inequities
- Language and location barriers

# Multiple Administrators & Providers

- Federal Government Agencies
  - California Departments: Social Services, Health Care Services, Aging, Developmental Services, Rehabilitation...
  - County Agencies: Housing, Human Services, Health, Public Health...
  - City Agencies: Housing Authority, Parks & Rec, Library, Transportation...
  - Quasigovernmental Providers and Gatekeepers - Area Agencies on Aging, Regional Centers, 211 system, Veterans Services Offices...
- *Service Providers – contracted with one or more of the above*
- *Individuals who interact with applicants/clients on daily basis*

# System Realities

- Conversations do not always happen when they need to
  - Many of these systems are understaffed and/or underfunded
  - Understanding of SDOH and knowledge of available services is mixed
- Clients assume the people in charge know what's best and they may not ask or share their needs without prompting
  - Language barriers and cultural issues come into play, as well
- Depending on circumstances, fear may also keep individuals from asking about additional services due to current political climate
  - Immigration / Mixed status families
  - LGBTQ+ specific needs, fear of discrimination
  - Crackdown on initiatives seen as “DEI”

# How to Overcome Barriers (and Improve Systems While You're At It)



# How to Help at Individual Level

- “What is the most important thing to address first?” – start there
- Build trust to overcome fear and skepticism
  - Acknowledge questions and concerns, be transparent about data sharing
- Sit with people (literally or virtually) to help fill out applications
  - Use warm handoffs to other assisters
  - Break the work into short sessions to avoid fatigue and frustration
- Simplify jargon
- Help gather key documents and keep them in a safe place
- Normalize follow-up (none of this is “one and done”)

# Broad Information Sources

- 211.org / <https://211ca.org/find-your-local-211/>
  - FCC-designated number for social services information and referrals
  - Responds to more than 13 million requests for help annually nationwide
  - Implemented in more than 200 places, including 43 California counties
- Findhelp.org
  - Partners with more than 800 organizations to connect clients to services
  - Helps health care systems build Social Determinants of Health connections
- SAGE Support: <https://www.sageusa.org/find-support/>
  - LGBTQ+ Focused Service Finder + Support for Individuals and Caregivers
- Local [Area Agency on Aging](#)

# How to Improve at a Systems Level

- Make social needs more visible
  - Routinely screen for housing instability, food insecurity, transportation need
  - Document these needs and institute follow-up processes in clinical flow
- Build local partnerships
  - Go beyond referrals to longer-term relationships with key providers
- Close the loop
  - Track whether referrals result in actual services and document failure points
- Advocate for system enhancements
  - Partner with organizations that help navigate benefits, coordinate care

# Broader Efforts to Influence Policy

- CA Dept of Aging “Master Plan for Aging”
- CA Dept of Health Care Services: CalAIM Initiative Renewal
- AARP: Age-Friendly States and Communities Initiative
  - Seeks out partners to focus on 8 “Domains of Livability”
  - Currently more than 1,000 community partners nationwide (100+ in CA)
- Justice In Aging/Day One Strategies: Future of Aging Policy Project
  - Goal: “Setting out a clear and proactive agenda for policymakers to strengthen older adults’ access to economic security, long-term care, caregiving, and social supports like housing, health care, civil rights & more”



# H.R. 1 Update: Impacts on Older Californians



# H.R. 1 (One Big ... Bill)

- Signed July 2025 – some aspects already in effect, others coming
- Significant Changes to Health and Some Social Services Programs
  - Medicaid (Medi-Cal)
  - Medicare
  - Affordable Care Act Programs (Covered California)
  - SNAP (CalFresh)
- Many changes will affect older Californians – directly or indirectly

# Potential Direct Impacts

- New or Expanded Work Requirements *including 55-64 year olds*
  - Medicaid – New Work Requirements effective January 1, 2027
  - CalFresh – Expanded Work Requirements – CA Implementing June 1, 2026
  - Some exemptions, but *deleted* previous CalFresh exemptions for veterans, homeless individuals, and those with children aged 14 through 18.
- More Frequent Redeterminations for Some Recipients (2x/year)
  - Specifically, individuals covered under Affordable Care Act (ACA) Expansion
- ACA Marketplace Coverage More Expensive + Harder to Keep
  - COVID-era subsidies Expired Jan 1; H.R. 1 also included process changes
  - Many adults in mid-to-late 50s use Covered Cal as bridge to Medicare

# Potential Direct Impacts, Cont.

- Retroactive Coverage Changes
  - Currently 3 months of retroactive coverage may be obtained
  - Under H.R. 1 that drops to 1 month for ACA Expansion cases and 2 months for all others.
- Many persons with disabilities are covered under ACA Expansion
  - Did not declare disability and go through evaluation process – no need to
  - May now need to go through that process to retain coverage
  - Requires additional information in eligibility process – more difficult overall

# Potential Indirect Impacts

- Attention on H.R. 1 may divert staff attention to other recipients
  - H.R. 1 implementation is a huge lift; distraction may result in errors or omissions in eligibility determinations and case management for others
- More push towards catastrophic coverage options
  - Changes in ACA Marketplace rules allow insurers to offer less robust plans
  - Pending rule would increase plan terms to 10 years (now capped at 1 year)
- States will see cost shifts and reduced funding due to H.R. 1
  - In the multi-billions of dollars in California across health and social services
  - May lead to optional benefit cuts – HCBS, Dental, Immigrant coverage
  - Eligibility Rollbacks possible – Aged & Disabled, Medicare Savings Programs

# Dual Eligible H.R. 1 Impacts

- Most Medicaid changes do not apply to dual eligibles
  - People who are dually eligible for Medicaid and Medicare are not subject to work requirements
  - People who are dually eligible are not subject to H.R. 1's more frequent renewal schedule – they will remain on a 12-month renewal period
  - But, will not be exempted from benefit, rate cuts states may enact
  - Will also not be exempted from chaotic effects of so much change at once
- For families, potentially overlapping and concurrent requirements + cuts that may differ based on age and circumstance – confusing!

# Immigrant H.R. 1 Impacts

- Medi-Cal, Medicare, Covered California and SNAP limitations
  - Only Lawfully Permanent Residents + narrow group of legal entrants qualify for coverage and/or Covered California subsidies
  - Will eliminate significant groups of lawfully present immigrants who have always been eligible for these services up to now
  - At this time, Newsom Administration proposes not to backfill
  - California Senate has released a plan that would enable continued coverage for those lawfully present immigrants who are being cut off Medi-Cal
- Affects hundreds of thousands of legal immigrants nationwide
  - Those left uninsured will grow more frail over time – possibly going without preventive care and needed medications; will likely incur medical debt

# Questions & Answers





# Thank You!

Cathy Senderling-McDonald

[catbirdstrategies.com](http://catbirdstrategies.com)

Archstone Foundation

[archstone.org](http://archstone.org)

California Health Policy Strategies

[calhps.com](http://calhps.com)



CALIFORNIA  
HEALTH  
POLICY  
STRATEGIES, LLC.

# Appendix: Resources



# Resource Links

## California Department of Aging

- Master Plan for Aging Landing Page: <https://mpa.aging.ca.gov/>

## AARP

- Age Friendly Communities: <https://www.aarp.org/livable-communities/network-age-friendly-communities>

## Justice in Aging

- Blog Post: The Future of Aging Policy: <https://justiceinaging.org/the-future-of-aging-policy/>
- Issues Black Older Adults Face in Accessing Programs and Services: <https://justiceinaging.org/equity-in-aging-public-benefits-and-the-realities-of-black-older-adults/>

# Resource Links

## Institute for Local Governments

- Aging In Place Toolkit: [https://www.ca-ilg.org/sites/main/files/file-attachments/resources\\_\\_aginginplace.pdf](https://www.ca-ilg.org/sites/main/files/file-attachments/resources__aginginplace.pdf)

## California Health Care Foundation

- Exploring Emerging Medi-Cal Community Care Hubs: <https://www.chcf.org/wp-content/uploads/2024/10/ExploringEmergingMediCalCommunityCareHubs2024.pdf>

