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## Aging Caucus Virtual Meeting

Tuesday, March 11, 2025  
1:00pm-2:00pm (PST)

Agenda and meeting materials will be posted on our website  
at <http://hiv.lacounty.gov/Meetings>

**JOIN BY WEBEX ON YOUR COMPUTER OR SMART PHONE:**

**JOIN VIA WEBEX ON YOUR PHONE:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m5f0fc02b77563dee9d1f5c59b2cc91d7>

DIAL: +213-306-3065 MEETING #/ACCESS CODE: 2539 042 7770

Password: AGING

The Aging Caucus is committed to addressing aging across the lifespan. We welcome your ideas and feedback. If you are unable to attend the meeting, you may still share your thoughts by emailing them to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

Click [HERE](#) for information on the Aging Caucus' Recommendations and Care Framework for PLWH over 50.

# together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



LOS ANGELES COUNTY  
COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748  
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

**VIRTUAL MEETING AGENDA**  
**TUESDAY, MARCH 11, 2025**  
**1:00 PM – 2:00 PM**

**TO JOIN BY WEBEX, CLICK:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m5f0fc02b77563dee9d1f5c59b2cc91d7>

**Password: AGING (Case sensitive/All capital letters)**

**Meeting Number and Access Code: 2539 042 7770**

**Join by phone: +1-213-306-3065 United States Toll (Los Angeles)**

1	<b>Welcome &amp; Introductions</b>	1:00pm-1:10pm
2	<b>Co-Chairs' Report</b> a. Healthy Aging Educational Showcase/Factoids b. January 7, 2025 Meeting Debrief	1:10pm-1:15pm
3	<b>Discussion: 2025 Strategic Priorities Draft Review and Finalize</b>	1:15pm – 1:25pm
4	<b>Discussion: Cross-Caucus Collaborative Event Planning</b>	1:25pm -1:35pm
5	<b>Division of HIV and STD Programs (DHSP) Report</b>	1:35pm – 1:45pm
5	<b>Executive Director/Staff Report</b>	1:45pm – 1:50pm
6	<b>Next Steps and Agenda Development for Next Meeting</b>	1:50pm-1:55pm
7	<b>Public Comments &amp; Announcements</b>	1:55pm-2:00pm
8	<b>Adjournment</b>	2:00pm

**Resources and Reports:**

[January 2025 California Maser Plan for Aging Fourth Annual Report](#)

[Benefits Check-up](#)

[SAGE: Advocacy & Services for LGBTQ+ Elders](#)

[Los Angeles County Housing Resources for Seniors](#)

[Healthy Aging, National Institute on Aging](#)



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### **AGING CAUCUS MEETING RECAP** **TUESDAY, JANUARY 7, 2025** **MEETING PACKET**

#### **Co-Chairs' Report:**

Co-Chair, Dr. Paul Nash welcomed attendees and stated the Aging Caucus seeks to integrate aging issues throughout the work of the Commission and taking a life-span approach to HIV/STD prevention and care, inclusive of all intersections such as age, gender, identity and other demographic and social factors. The Aging Caucus seeks to work with other Commission caucuses to look at similarities and needs – we are all aging. The Commission needs to review a variety of policies and guidelines to make sure that aging is considered, such as the recently released proposed updates to the CDC HIV screening and testing guidelines. Dr. Nash encouraged attendees to view the work of the Aging Caucus as one that is focused on healthy expectancy and optimal aging.

#### **Co-Chair Nominations and Elections**

Kevin Donnelly and Dr. Paul Nash were re-elected as Aging Caucus Co-Chairs.

#### **Meeting Frequency:**

The group decided to meet every other month on the second Tuesday of the month from 1pm to 2pm virtually. Some meetings, depending on content may be 1.5 to 2 hours. Next meeting will be held on March 11 from 1pm to 2:00pm via Webex.

#### **Discussion: 2025 Strategic Priorities Draft Review**

The Caucus reviewed the proposed strategic priorities for 2025. It was suggested that some of the objectives and activities can be combined; cross caucus collaborations can be ongoing educational activity; the Department of Aging plan could also be an educational activity. Dr. Nash asked the attendees to review the document to provide feedback on their top 3 priorities.

**Medicare Basics (Center for Healthcare Rights)**, Rie Fishman, MPH, CHES | Community Education Coordinator | Health Insurance Counseling and Advocacy Program (HICAP)  
Rie Fishman provided a thorough overview of the Medicare program. See meeting packet for details.



## LOS ANGELES COUNTY COMMISSION ON HIV



### **Division of HIV and STD Programs (DHSP) Report**

P. Ogata noted that DHSP has been working diligently on solicitations for medical care coordination, ambulatory outpatient, and patient support services.

### **Executive Director/Staff Report**

Cheryl Barrit went over the Commission's 2025 Workplan which focuses on the core duties of the Commission as defined by the Ryan White CARE Act. She noted that the work of the Caucuses should align with the Commission's 2025 workplan.

### **Next Steps and Agenda Development for Next Meeting**

- Caucus members to review draft 2025 strategic priorities, provide feedback on their top 3 priorities
- Discuss cross-caucus collaborative event for the year (possibly in Sept)
- Identify a speaker on policy issues and considerations under the Trump Administration

### **Public Comments & Announcements**

None

### **Adjournment**

Meeting adjourned at 2:30pm.

## DATA SPECIFICITY

Advocate for specific age breakdowns for older adults to better understand the needs older adults. Secure HIV continuum of care data broken by specific age groups for older adults.

## ENHANCE AND EXPAND SOCIAL SUPPORTS

Leverage all funding sources to expand the network of social support services for older adults living with HIV.

## CA STATE PLAN ON AGING

Participate in the State of CA townhalls and provide feedback on the CA State Plan on Aging (Due July 2025). Highlight the needs of older PLWH.

## CROSS-CAUCUS COLLABORATIONS

Partner with all Commission on HIV Caucuses to address ageism and HIV.

## LOS ANGELES COUNTY COMMISSION ON HIV 2025 AGING CAUCUS KEY STRATEGIES

Goal: Raise awareness of ageism and its impact on older adults living with HIV.

## EXPAND HIV TESTING TO OLDER ADULTS

Provide public comments to the CDC to remove upper age limits for HIV/STI testing. Promote multi-agency, regional and statewide approach to remove upper age limits to HIV/STI testing.

## WHITE PAPER ON AGEISM AND HIV

Develop a white paper on ageism and HIV and its impact on older adults.

Integrate needs assessments and service landscape environmental scan in white paper.

## ONGOING EDUCATION & PARTNERSHIP DEVELOPMENT

Provide educational information on ageism and HIV at COH meetings via the Aging Caucus Co-Chairs' Reports. Assist DHSP in establishing a relationship with the LAC DOA and create a process for referring eligible clients to DOA-funded services.

## FACT SHEET

# Federal Cuts to Medicaid Will Harm Older Californians on Medi-Cal

FEBRUARY 2025



## MEDI-CAL IS A LIFELINE FOR OLDER ADULTS

Nationally, nearly 80 million people depend on Medicaid for health and long-term care, including 13 million seniors and people with disabilities. **In California alone, over 2.3 million older adults and people with disabilities rely on Medi-Cal** (Medicaid in California). [The state receives \\$112 billion](#) in federal funding to administer the program. Without Medi-Cal, most older adults who need help with daily activities would not be able to afford home-based or nursing facility care. Medi-Cal also helps older adults pay their Medicare cost-sharing and covers vital benefits that Medicare does not, such as dental, vision, hearing, and non-emergency medical transportation.

- Medi-Cal is a critical program, [covering nearly 40% of Californians statewide](#), and over 50% of residents in several California counties.
- 2.3 million Medi-Cal recipients are older adults and people with disabilities, including [403,000 older adults \(50+\)](#) enrolled in Medi-Cal through the state-only expansion regardless of immigration status.
- Medi-Cal makes Medicare more affordable for over 1.75 million older adults and people with disabilities by paying for premiums and out-of-pocket costs.
- [Over 900,000 older adults and people with disabilities receive coverage for essential long-term services and supports through Medi-Cal](#), including at-home care and care in institutional settings.
- At [\\$83,000 per year for out of pocket at-home care and \\$147,000 annually for nursing home stays](#), long term care is unaffordable without Medi-Cal.

Medicaid “reform” proposals that aim to take federal funding away from states or restrict eligibility would all lead to the same result: cutting health and long-term care for California’s seniors.

Here’s what is at risk for older adults if policymakers implement these proposals.



**2.3 MILLION  
OLDER ADULTS  
and people with  
disabilities receive  
coverage through  
Medi-Cal.**

# CAP OR CUT FEDERAL MEDICAID FUNDING TO CALIFORNIA

Medicaid is a state-federal partnership that guarantees federal financial support to California to provide essential health and long-term care to older adults and other people with limited income and savings. As the number of older adults who need long-term care grows and Medi-Cal costs increase, **the federal government helps meet those rising costs by matching a percentage of each dollar the state spends.** Here are three ways proposed “reforms” would cut Medi-Cal funding and hurt older adults:

1. **Under block grants or per capita caps**, California would receive a fixed amount of federal Medicaid funding, regardless of actual costs. This means federal funding would no longer keep up with increased costs, shifting those costs to the state. Medi-Cal would shrink over time for all populations, including older adults, and would not be able to adequately respond during emergencies such as pandemics or natural disasters when Medi-Cal has historically been a key resource.
2. **Reducing the federal match (Federal Medical Assistance Percentage or FMAP)**, including removing the minimum 50% FMAP, would shift costs to California, which could force cuts to overall Medi-Cal spending. Ending the enhanced 90% FMAP for Medicaid Expansion, which covers older adults under age 65 as well as paid and unpaid caregivers, would force California to scale back Medi-Cal and the services older adults rely on.
3. **Restricting allowable provider and insurer taxes**, which California uses to help fund all of the Medi-Cal program, would reduce the state budget and force Medi-Cal cuts.

**All of these proposals would starve Medi-Cal, forcing California to reduce spending by cutting programs and services that federal law does not require to be covered. The first target will be the home and community-based services (HCBS), including In-Home Supportive Services, adult day services through the Community-Based Adult Services program, and HCBS waiver programs**, because these programs account for a large share of Medi-Cal spending. Other benefits like dental, vision, and hearing, would also be on the chopping block. California could also scale back eligibility expansions including the increase to 138% of the federal poverty limit for the aged and disabled program and expansion of coverage to older immigrants regardless of status.

**With a reduced Medi-Cal budget, California would also likely cut provider payment rates, reducing provider access and worsening direct care workforce shortages.** As a result, older adults would have a harder time finding HCBS providers and people living in nursing facilities would be at increased risk of poor care.

Cutting Medicaid also amounts to cutting Medicare. Over 1.75 million people with Medicare in California depend on Medi-Cal to afford and access health and long-term care. In some counties, over 30% of residents are dually eligible for Medicare and Medi-Cal, including 44% in Tulare County and 30% in Los Angeles County.

## LIMIT THE NUMBER OF ELIGIBLE INDIVIDUALS WHO ENROLL IN MEDI-CAL

Because Medi-Cal eligibility and enrollment is complicated, many older adults who are already eligible for HCBS, Medicare Savings Programs, and other benefits are not enrolled. Some proposed federal Medicaid “reforms” aim to capitalize on this complexity to prevent enrollment and take away coverage from eligible people.

Here are two ways imposing additional red tape would cut Medi-Cal:

1. **Repealing the recently finalized Streamlining Medicaid Eligibility and Enrollment rules** and other regulations would [threaten federal actions currently underway to help eligible individuals access and maintain Medi-Cal](#).
2. **Adding red tape such as work requirements** would [make it harder for older adults and their caregivers to keep Medi-Cal](#). Experience shows work requirements will take away coverage from older adults and people with disabilities who are already working, are retired or have difficulty finding work, and family caregivers.

The primary aim of these repeals and red tape would be to take away Medi-Cal to cut spending, despite increasing costs to administer needlessly complex eligibility and renewal processes.

## ANY SIZE MEDICAID CUT WILL TAKE CARE AWAY FROM OLDER ADULTS

Regardless of what shape or size these “reforms” take, they are all cuts with the same explicit goal: to reduce Medicaid spending to pay for other priorities such as tax cuts for the wealthy and corporations. The result of every cut is also the same: taking away health care and HCBS from older adults, people with disabilities, and their caregivers.

## JUSTICE IN AGING RESOURCES

- [Work Requirements Would Cut Medicaid for Older Adults](#) (2025)
- [How Medicaid Funding Caps Would Harm Older Adults](#) (2025)
- [Final Rule to Streamline Access to Medicaid](#) (2024)