

CALIFORNIA Health Care Almanac



DECEMBER 2024

Long-Term Care in California 2024 Edition

Executive Summary

Long-term care services provide essential support to seniors and people with chronic illness or disability who require assistance with activities of daily living. As California’s population of seniors and those living with disabilities continues to grow, the need for long-term care services is also likely to increase.

Long-Term Care in California describes the state’s supply, use, and quality of long-term care, including Medi-Cal’s long-term services and supports, nursing facilities, assisted living, and home health care.

KEY FINDINGS INCLUDE:

- Medicaid (Medi-Cal in California) is an important payer for long-term care services and supports, accounting for 44% of national spending on these services in 2021.
- Under CalAIM, California has adopted several initiatives impacting the provision of care delivered to Medi-Cal enrollees who are older and/or have disabilities.
- From 2017 to 2022, the number of Medi-Cal enrollees using long-term services and supports grew by 20%. More than six times as many Medi-Cal enrollees used home and community-based services compared to having long-term care stays in 2022.
- Between 2011 and 2021, the number of skilled nursing facility beds, admissions, and patient days in California declined.
- The average number of deficiencies per nursing home in California (16.0) was nearly double the average nationwide (8.9) in 2023. One in four nursing homes in California and nationwide received a deficiency for actual harm or jeopardy of residents.
- Many California counties have limited or no availability of assisted living facilities. In 2022, only 15 counties had “better availability” of these facilities, defined as less than 800 adults age 65 or older per facility.
- From 2012 to 2022, the number of home health agencies licensed in California increased by 79%. Home health visits increased by 46% across this same period.

A companion Quick Reference Guide, *California’s Older Adults and Adults with Disabilities*, is available.

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Overview of Long-Term Care California

SERVICE	DESCRIPTION
Skilled Nursing Facility	Skilled nursing facilities provide room and board and round-the-clock nursing care and related services. A registered professional nurse must be on duty or on call at all times.
Assisted Living Facility / Residential Care Facility	Residential care facilities, also known as assisted living facilities or board and care facilities, provide residents with room and board, assistance with personal care, and other services including meals, housekeeping, and transportation.
Medicaid Home and Community-Based Services (HCBS)	HCBS are designed to help seniors and people with disabilities and chronic illnesses live independently outside institutions by assisting with daily needs. HCBS can include case management, homemaker services, home health aide services, personal care, adult day health care, habilitation, and respite care.
Home Health Care	Home health care is for people who need a limited amount of personal and home care. It is usually for people who have been just discharged from the hospital after an injury or illness or for people with chronic health conditions, allowing them to remain at home and live as independently as possible. Services range from help with daily activities such as bathing and preparing meals to rehabilitation services to skilled nursing. A home health team could include nurses; physical, occupational, and speech therapists; social workers; and home health aides.

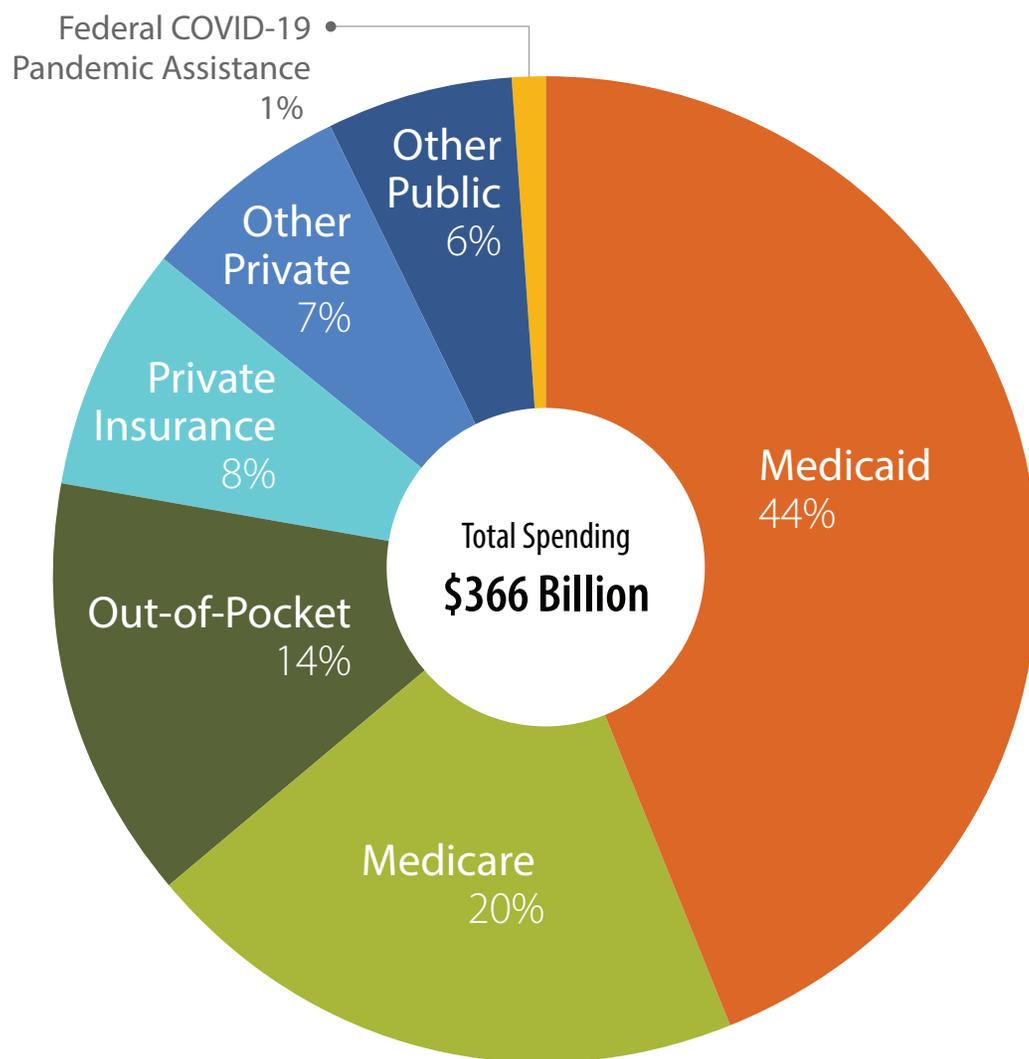
Long-Term Care in California

Overview

Long-term care provides essential support to seniors and people with chronic illness or disability or both who require assistance with essential activities of daily living. Long-term care is provided in institutional settings such as skilled nursing facilities, community-based settings such as assisted living facilities, and in homes.

Sources: "Care Options," California Dept. of Aging, accessed March 12, 2024; "Home and Community-Based Services (HCBS) Final Rule," California Dept. of Developmental Services, accessed March 12, 2024; and "Learn About Your Options," Cal Long Term Care Compare, accessed March 12, 2024.

Long-Term Services and Supports Spending by Payer, United States, 2021



Long-Term Care in California

Overview

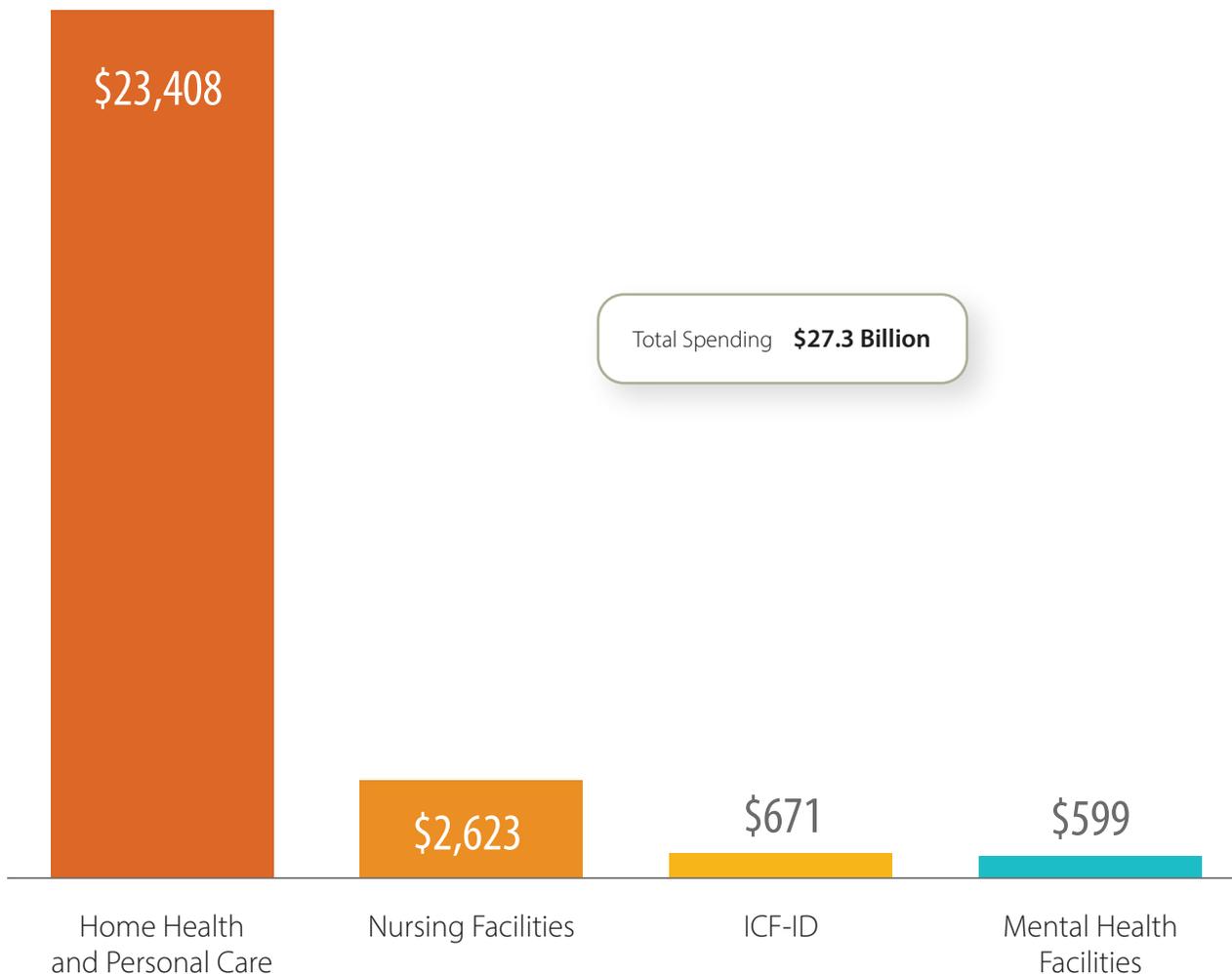
In 2021, public payers accounted for 71% of spending on long-term services and supports nationwide. Medicaid covered 44% of spending, Medicare covered 20%, and other public covered 6%. Out-of-pocket spending accounted for another 14% of spending.

Notes: Long-term services and supports spending includes services in nursing facilities and in residential care facilities for people with intellectual and developmental disabilities, mental health conditions, and substance use issues; services provided in a person's home, such as personal care and homemaker / chore services; and other community-based services (e.g., adult day health care services). Figures may not sum due to rounding.

Source: *Who Pays for Long-Term Services and Supports?* (PDF), Congressional Research Service, last updated September 19, 2023.

Medi-Cal Fee-for-Service Spending on Long-Term Care by Type, California, 2022

IN MILLIONS



Notes: *Home health and personal care* includes standard home health services, personal care, home and community-based care for the functionally disabled elderly, and services provided under home and community-based services waivers. *ICF-ID* is intermediate care facilities for the intellectually disabled. *Mental health facilities* include inpatient psychiatric services for people age 21 or under, and other mental health facilities for people age 65 or older. In 2023, institutional long-term care became a mandatory statewide Medi-Cal managed care benefit under CalAIM.

Source: "State Health Facts: Distribution of Fee-for-Service Medicaid Spending on Long Term Care," KFF, accessed November 6, 2023.

Long-Term Care in California

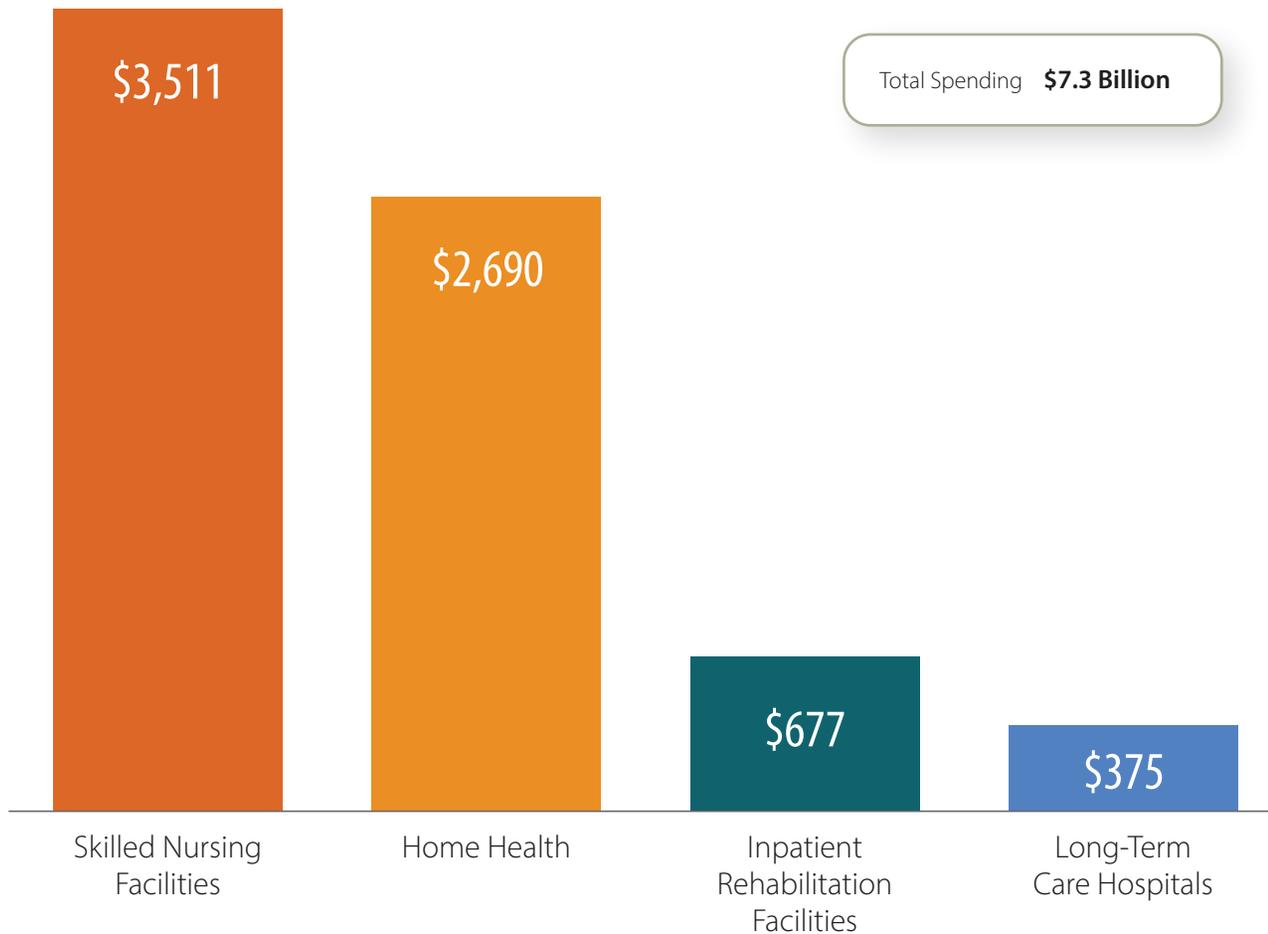
Overview

In 2022, fee-for-service spending on long-term care accounted for 23% of all Medi-Cal spending (not shown). Of the \$27 million spent on fee-for-service long-term care, 86% was on home health and personal care. Total Medi-Cal spending on long-term care is likely much higher, since long-term care services were carved into Medi-Cal managed care in 27 counties in 2022.*

* Center for Health Care Strategies, Decipher Health Strategies, and Chapman Consulting, *CalAIM and Institutional Long-Term Care: Lessons for Medi-Cal Managed Care*, California Health Care Foundation, March 2022.

Medicare Fee-For-Service Spending on Long-Term Care by Type, California, 2021

IN MILLIONS



Notes: Data show the total amount Medicare paid after deductibles and coinsurance were deducted. Spending on hospice care (\$3.5 billion) is not shown.

Source: "Medicare Post-Acute Care and Hospice - by Geography & Provider, 2021," Centers for Medicare & Medicaid Services, last modified November 13, 2023.

Long-Term Care in California

Overview

In 2021, fee-for-service Medicare spending on the long-term care shown totaled \$7.3 billion. Nearly half of that spending was on skilled nursing facilities.

CalAIM and Long-Term Services and Supports California, 2024

Institutional long-term care carve-in. Medi-Cal managed care plans (MCPs) statewide are responsible for institutional long-term care, starting with nursing facilities in January 2023 and other types of facilities in January 2024.

Enhanced Care Management (ECM). ECM is a Medi-Cal benefit designed to address the needs of specific populations with complex needs, including adults living in the community and at risk for long-term care institutionalization and adult nursing facility residents transitioning to the community. ECM provides comprehensive care management from a single lead care manager who coordinates all health and health-related care, including physical, mental, and dental care, and social services.

Community Supports (CS).* CS includes 14 preapproved services designed to address enrollees' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care. CS are optional for MCPs to offer and optional for enrollees to accept.

Integrated care for dually eligible enrollees. Integrated care for those enrolled in both Medicare and Medi-Cal includes Medicare Medi-Cal Plans, Medicare Advantage plans that coordinate Medicare and Medi-Cal benefits; shifting remaining Medi-Cal fee-for-service enrollees into managed care plans; and a matching plan policy in 17 counties, where an enrollee's Medicare plan choice is the lead and the matching Medi-Cal plan follows.

Population Health Management (PHM) program. PHM is designed to proactively assess and address the care needs of enrollees with standardized risk stratification and tailored interventions for prevention and care, including linking members to social services and supports.

* Formerly known as "In Lieu of Services."

Note: CalAIM is California Advancing and Innovating Medi-Cal.

Sources: Athena Chapman and Elizabeth Evenson, *Medi-Cal Managed Care and Long-Term Care Services and Supports: Opportunities and Considerations Under CalAIM*, California Health Care Foundation, March 2023; "CalAIM Initiatives," California Dept. of Health Care Services (DHCS), accessed November 13, 2023; and *Medi-Cal "Matching Plan Policy" for Dual Eligible Beneficiaries*, DHCS, accessed September 23, 2024.

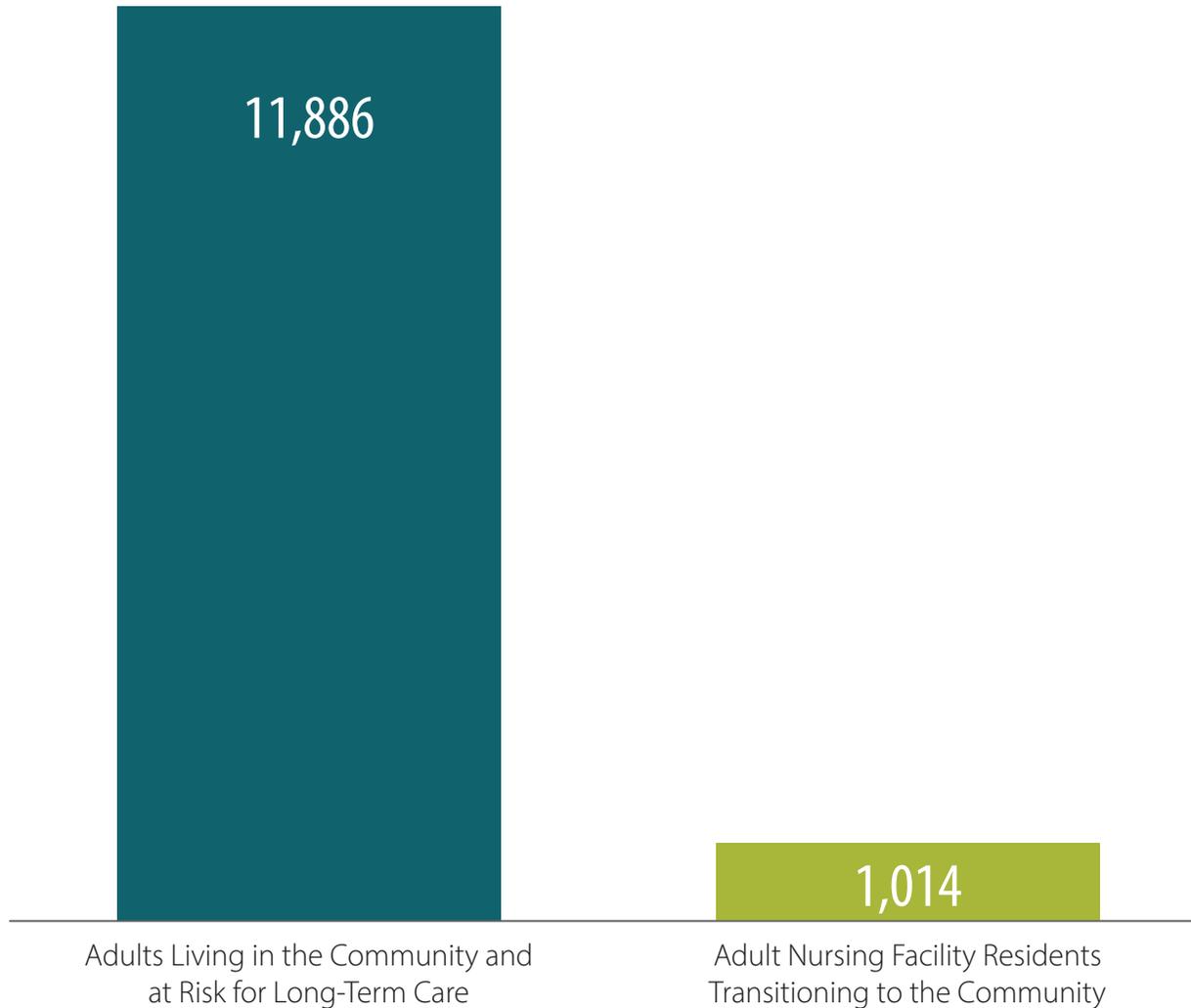
Long-Term Care in California

Medi-Cal and Long-Term Care

Under CalAIM (California Advancing and Innovating Medi-Cal), the state is adopting a number of initiatives impacting the provision of care, including long-term services and supports, to Medi-Cal enrollees who are older adults, have disabilities, or both. Because these initiatives began in 2022 and 2023, limited data exist on the impact of these reforms.

Medi-Cal Enhanced Care Management Enrollment

Selected Populations of Focus, California, 2023



Notes: Data for the calendar year 2023. Enhanced Care Management enrollees may be categorized under multiple populations of focus (POF). The POFs shown went live in January 2023. *CalAIM* is California Advancing and Innovating Medi-Cal.

Source: *ECM and Community Supports Quarterly Implementation Report*, California Dept. of Health Care Services, updated August 2024.

Long-Term Care in California

Medi-Cal and Long-Term Care

As part of CalAIM (California Advancing and Innovating Medi-Cal), Enhanced Care Management (ECM)* launched two long-term care populations of focus (POFs) in January 2023. In the first year, ECM included about 12,000 Medi-Cal managed care plan members in the long-term care POFs.

* ECM is a comprehensive care management program designed to address clinical and nonclinical needs of Medi-Cal managed care plan enrollees.

Medi-Cal Enrollees Who Received Select Community Supports by Service, California, 2023

Medically Tailored Meals

62,673

Personal Care and Homemaker Services

1,780

Environmental Accessibility Adaptations (Home Modifications)

784

Respite Services

566

Nursing Facility Transition / Diversion to Assisted Living Facilities

552

Community Transition Services / Nursing Facility Transition to a Home

241

Long-Term Care in California

Medi-Cal and Long-Term Care

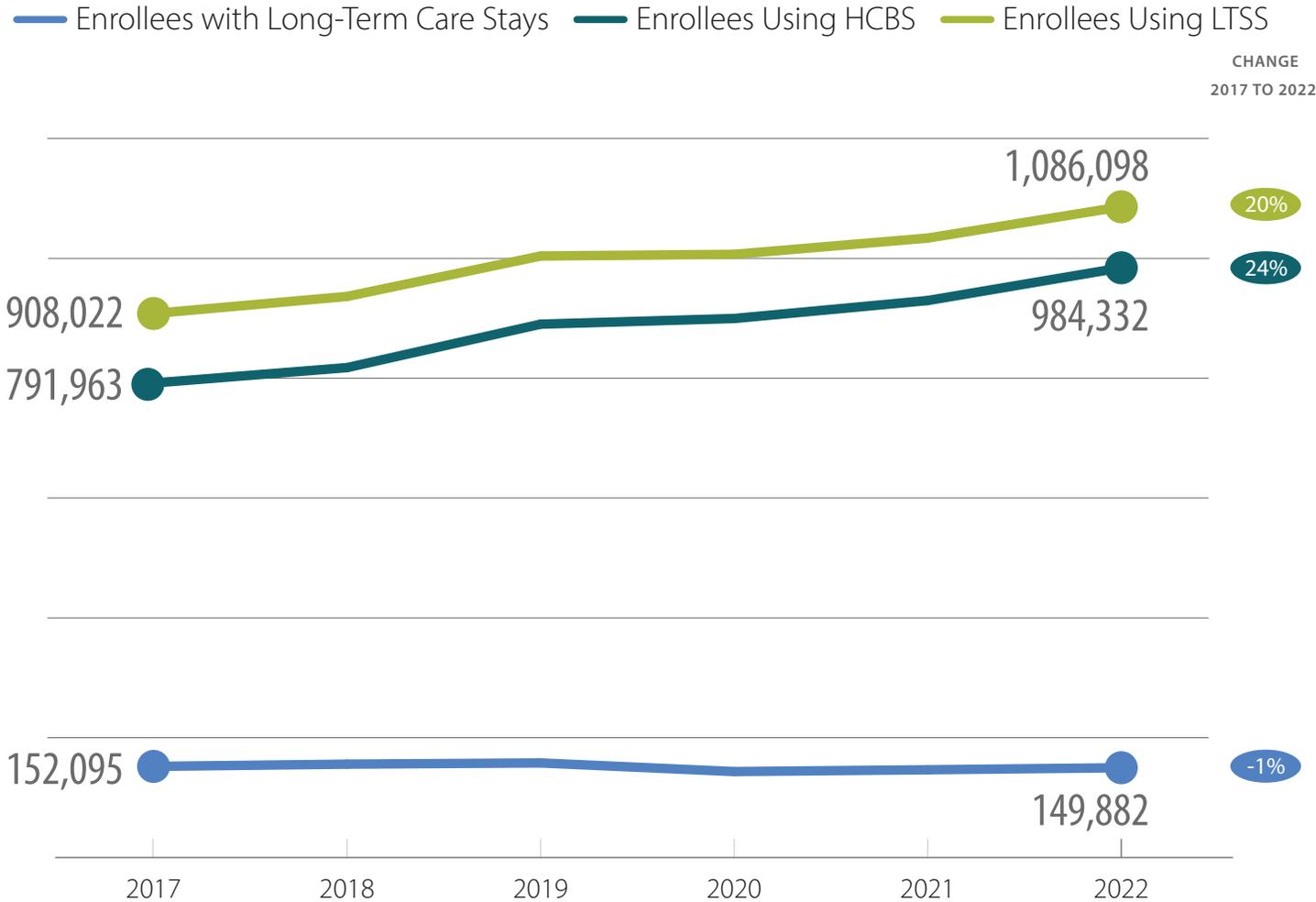
In 2022, as part of CalAIM (California Advancing and Innovating Medi-Cal), Medi-Cal began offering Community Supports, 14 services designed to address enrollees' health-related social needs, help them live healthier lives, and reduce health care costs. Many of these services are important for older enrollees and those with disabilities, including medically tailored meals, personal care and homemaker services, and nursing facility transition / diversion to assisted living facilities.

Notes: Total unique enrollees who used each service in the calendar year 2023. Enrollees may receive multiple Community Supports services. CalAIM is California Advancing and Innovating Medi-Cal.

Source: *ECM and Community Supports Quarterly Implementation Report*, California Dept. of Health Care Services, updated August 2024.

Medi-Cal Enrollees Using Long-Term Services and Supports California, 2017 to 2022

ANNUAL NUMBER OF CERTIFIED ELIGIBLE MEDI-CAL ENROLLEES



Long-Term Care in California

Medi-Cal and Long-Term Care

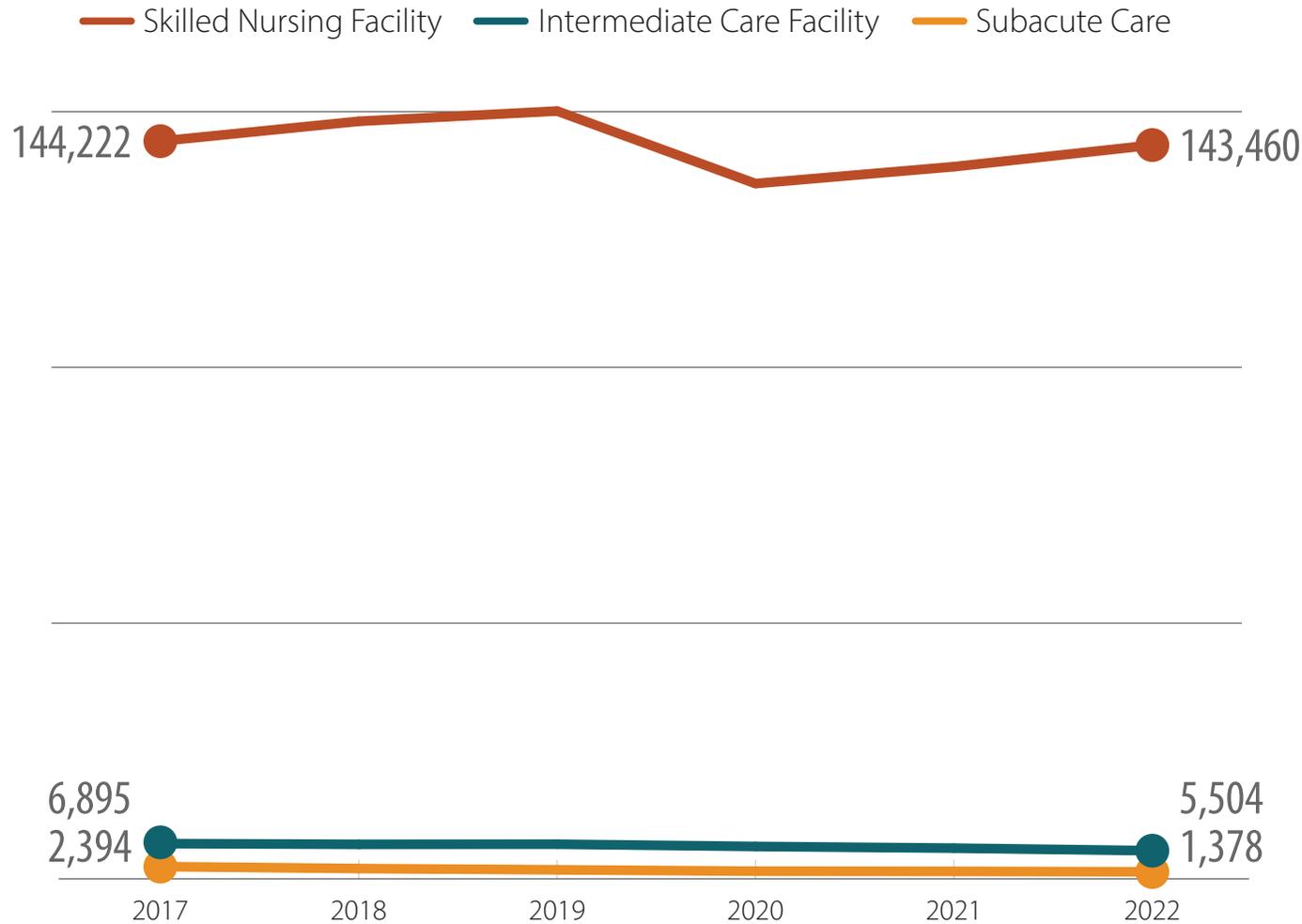
From 2017 to 2022, the number of Medi-Cal enrollees using long-term services and supports grew by 20%. More than six times as many Medi-Cal enrollees used home and community-based services compared to having long-term care stays in 2022.

Notes: Long-term services and supports (LTSS) includes long-term care stays and home and community-based services (HCBS). Long-term care stays are stays in skilled nursing facilities, subacute care facilities, and intermediate care facilities for the developmentally disabled. HCBS are Assisted Living Waiver, Community-Based Adult Services, Home and Community-Based Alternatives, Home and Community-Based Services for the Developmentally Disabled, Home Health, In-Home Supportive Services, Medi-Cal Waiver Program, and Multipurpose Senior Services Program. Some enrollees use both long-term care stays and HCBS.

Source: California Long Term Services and Supports Dashboard: 2023 Data Release Fact Sheet (PDF), California Dept. of Health Care Services, December 12, 2023.

Medi-Cal Enrollees with Long-Term Care Stays by Facility Type, California, 2017 to 2022

ANNUAL NUMBER OF CERTIFIED ELIGIBLE MEDI-CAL ENROLLEES



Note: Annual number of certified eligible Medi-Cal enrollees with one or more long-term care stays.

Sources: *Medi-Cal Long-Term Services and Supports Annual Data*, California Health and Human Services Agency, last updated December 19, 2023; and *Long-Term Services and Supports (LTSS) Dashboard Measure Specifications* (PDF), California Dept. of Health Care Services, last updated December 7, 2022.

Long-Term Care in California

Medi-Cal and Long-Term Care

Since 2017, the number of Medi-Cal enrollees who had a skilled nursing facility (SNF) stay has fluctuated slightly. SNF stays were, by far, the most common type of long-term care facility stays from 2017 to 2022.

Select Medi-Cal Home and Community-Based Services by Authority, California, 2023

Long-Term Care in California

Medi-Cal and Long-Term Care

California provides home and community-based services (HCBS) to Medi-Cal enrollees through a variety of programs authorized through its Medicaid State Plan and several HCBS waivers and demonstrations. The largest HCBS program is In-Home Supportive Services, which provides personal care and other assistance to enrollees who are blind, living with disabilities, or age 65 or older so they can live safely in their homes.

Medicaid State Plan	
Home Health Services	Provides part-time or intermittent nursing services, home health aide services, optional therapy services and medical supplies, equipment, and appliances suitable for use in the home. The only federally required home and community-based services.
In-Home Supportive Services	Provides in-home assistance to eligible aged, blind, and disabled enrollees as an alternative to out-of-home care and enables recipients to remain safely in their own homes.
Select HCBS Waivers	
Assisted Living Waiver	Provides personal care services, care coordination, housekeeping, intermittent skilled nursing care, and care coordination to help enrollees who require nursing facility level of care live in community home-like settings.
Home and Community-Based Alternatives Waiver	Provides care management services through nurse / social worker teams that coordinate waiver and State Plan services for enrollees at risk for nursing home or institutional placement.
Multipurpose Senior Services Program	Provides health care and social services to help people remain in their homes, including case management, counseling, personal care, transportation, meal services, and minor home repair and maintenance services.
Medicaid Demonstrations	
California Community Transitions	Offers long-term services and supports for enrollees who choose to transition out of long-term care institutional settings and back to the community.
Community-Based Adult Services	Offers services (e.g., nursing, therapies, social services, and personal care) to eligible older adults and adults with disabilities to restore or maintain their capacity for self-care and delay or prevent inappropriate or undesirable institutionalization.

Note: See the [appendix](#) for more details about home and community-based services.

Sources: Athena Chapman and Elizabeth Evenson, *Medi-Cal Managed Care and Long-Term Care Services and Supports: Opportunities and Considerations Under CalAIM*, California Health Care Foundation, March 2023; and "Medi-Cal Long-Term Services and Supports Dashboard," California Dept. of Health Care Services.

Medi-Cal Enrollees Using Select Home and Community-Based Services, by Type, California, 2017 to 2022

SERVICE	2017	2018	2019	2020	2021	2022
Assisted Living Waiver	4,561	4,315	5,276	6,198	7,256	9,943
Community-Based Adult Services	37,201	39,021	39,686	43,452	47,931	49,315
Home and Community-Based Alternatives Waiver	3,587	3,595	4,626	6,086	7,214	8,516
Home Health			74,234	77,910	87,292	49,315
In-Home Supportive Services	616,644	639,897	663,754	673,402	697,396	750,650
Multipurpose Senior Services Program	10,604	10,483	10,635	10,300	10,079	10,276

Long-Term Care in California

Medi-Cal and Long-Term Care

In 2022, about 750,000 Medi-Cal enrollees received services through In-Home Supportive Services, the most heavily used home and community-based service (HCBS) in California. From 2017 to 2022, most types of HCBS experienced an increase in the number of enrollees using the service.

Notes: Annual number of certified eligible Medi-Cal enrollees using select home and community-based services (HCBS). Many of these programs likely would have increased more if they didn't have caps on the number of enrollees who could participate. Home health data are not available for 2017 and 2018. The California Department of Health Care Service's annual counts of in-home supportive services and community-based adult services participants (not shown) are higher than the monthly counts from the California Department of Social Services and the California Department of Aging because of data source differences and point-in-time data pulls that fluctuate with new enrollments and attrition.

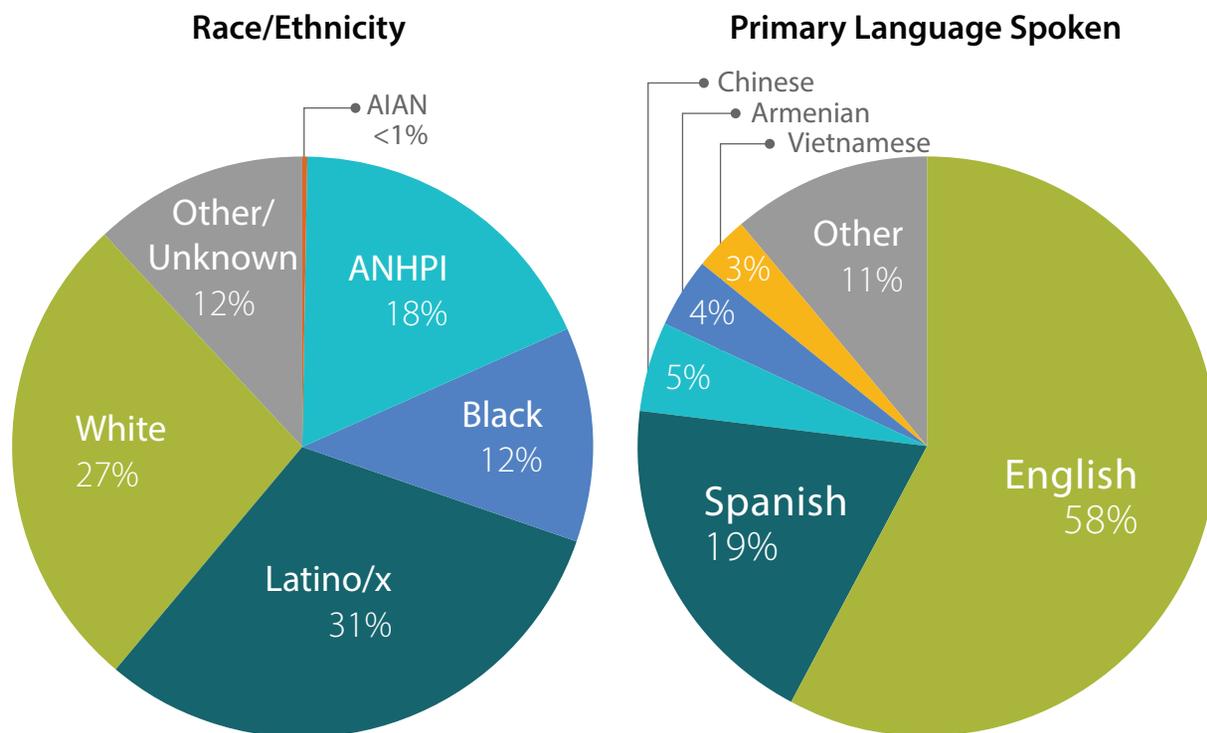
Source: *Medi-Cal Long-Term Services and Supports Annual Data*, California Health and Human Services Agency, last updated December 19, 2023.

Medi-Cal Enrollees Using Home and Community-Based Services, by Race/Ethnicity and Language Spoken, California, 2022

Long-Term Care in California

Medi-Cal and Long-Term Care

Among Medi-Cal enrollees who used home and community-based services (HCBS) in 2022, 31% were Latino/x, 27% were White, and 18% were Asian, Native Hawaiian, and Pacific Islander. English was the primary language spoken for 58% of Medi-Cal HCBS users, while 19% primarily spoke Spanish.

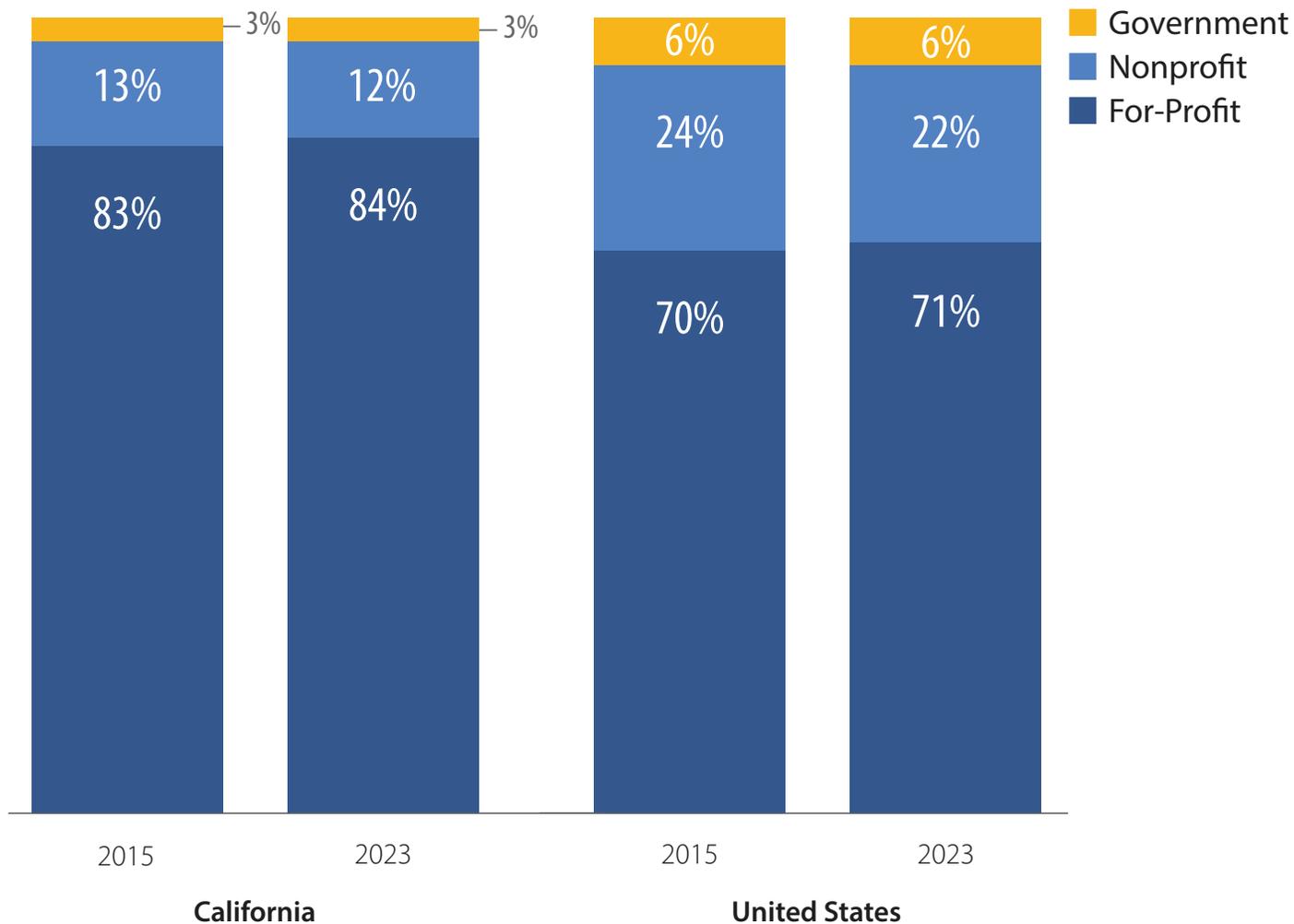


Notes: Includes all Medi-Cal home and community-based services. AIAN is American Indian and Alaska Native. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic* and *Asian/PI*. Figures may not sum due to rounding.

Source: *Medi-Cal Long-Term Services and Supports Data 2022*, California Health and Human Services Agency, last updated December 19, 2023.

Nursing Facilities by Ownership Type

California vs. United States, 2015 and 2023



Long-Term Care in California

Nursing Facilities

In 2023, the vast majority of California's nursing facilities (84%) were for-profit, compared to 71% nationally.

Notes: Data are as of July of the noted year. Data are for certified nursing facilities surveyed in the US. Figures may not sum due to rounding.

Source: "State Health Facts: Distribution of Certified Nursing Facilities by Ownership Type" (2015 and 2023), KFF, accessed November 7, 2023.

Skilled Nursing Facility Beds, Admissions, and Patient Days California, 2011 and 2021

Long-Term Care in California Nursing Facilities

Between 2011 and 2021, the number of skilled nursing facility beds, admissions, and patient days in California declined.

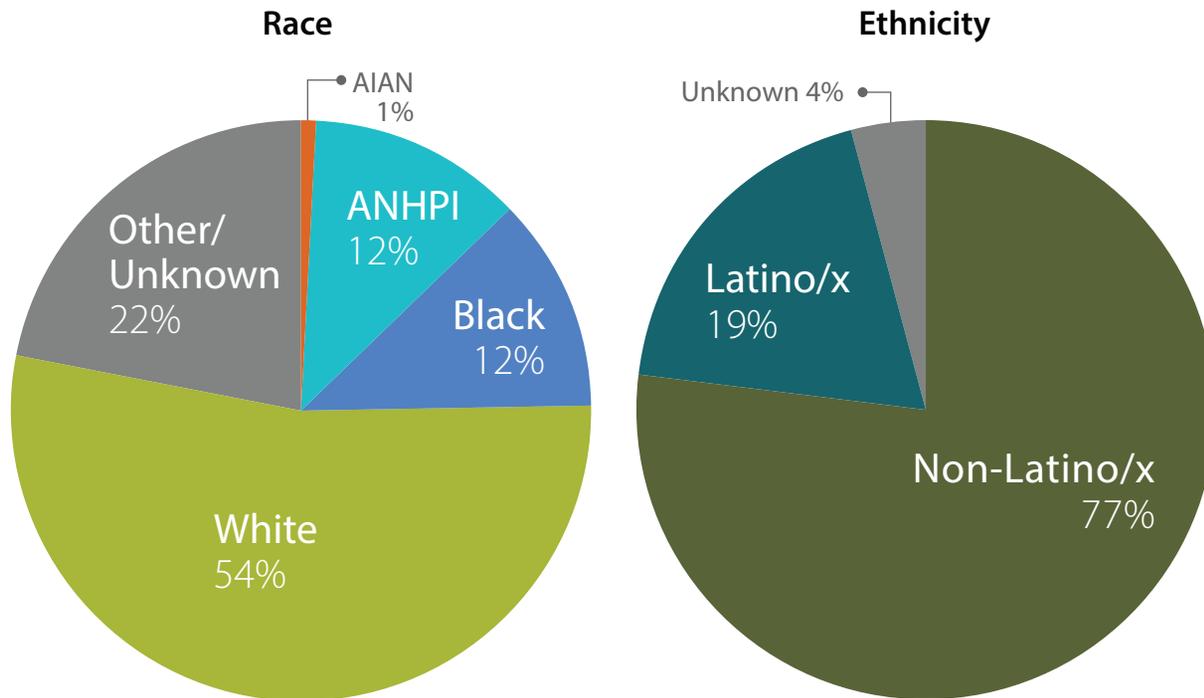
	2011	2021	% CHANGE
Beds	107,464	100,737	-6.3%
Admissions	339,774	302,641	-10.9%
Patient Days	33,771,742	27,962,586	-17.2%

Note: Data limited to facilities licensed as skilled nursing facilities.

Source: *Pivot Table - Long-Term Care Facilities Annual Utilization Data* (2011 and 2021), California Health and Human Services Agency.

Skilled Nursing Facility Patients by Race and Ethnicity, California, 2021

In 2021, more than half of California's skilled nursing facility patients (54%) were White, and more than three in four (77%) were non-Latino/x.

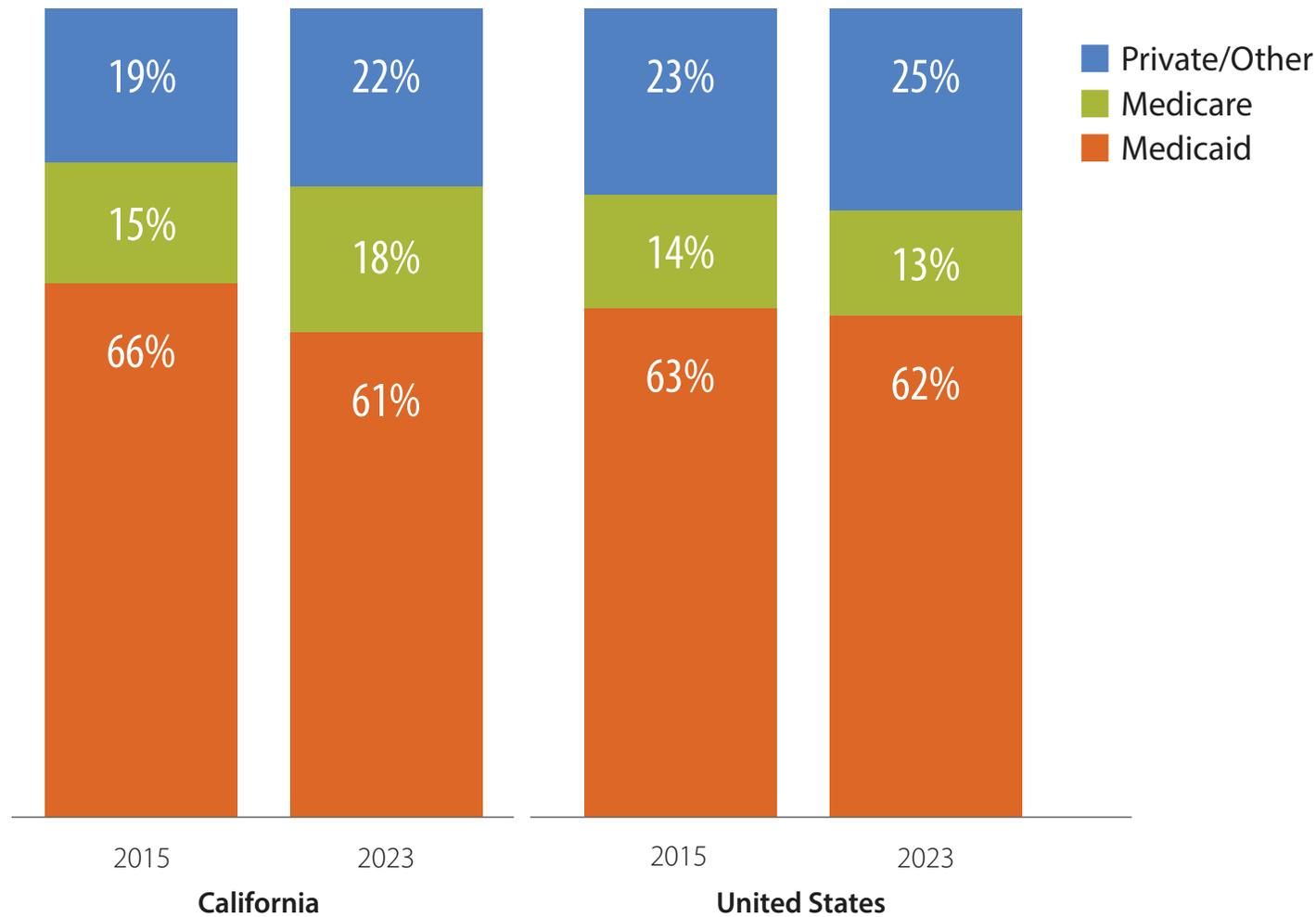


Notes: Data limited to facilities licensed as skilled nursing facilities. AIAN is American Indian and Alaska Native. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Other/unknown is any possible option not covered in the other race categories. Source uses Asian / Pacific Islander, Hispanic, and Native American / AK Native. Figures may not sum due to rounding.

Source: Pivot Table - Long-Term Care Facilities Annual Utilization Data (2021), California Health and Human Services Agency.

Nursing Facility Residents by Primary Payer

California vs. United States, 2015 and 2023



Long-Term Care in California

Nursing Facilities

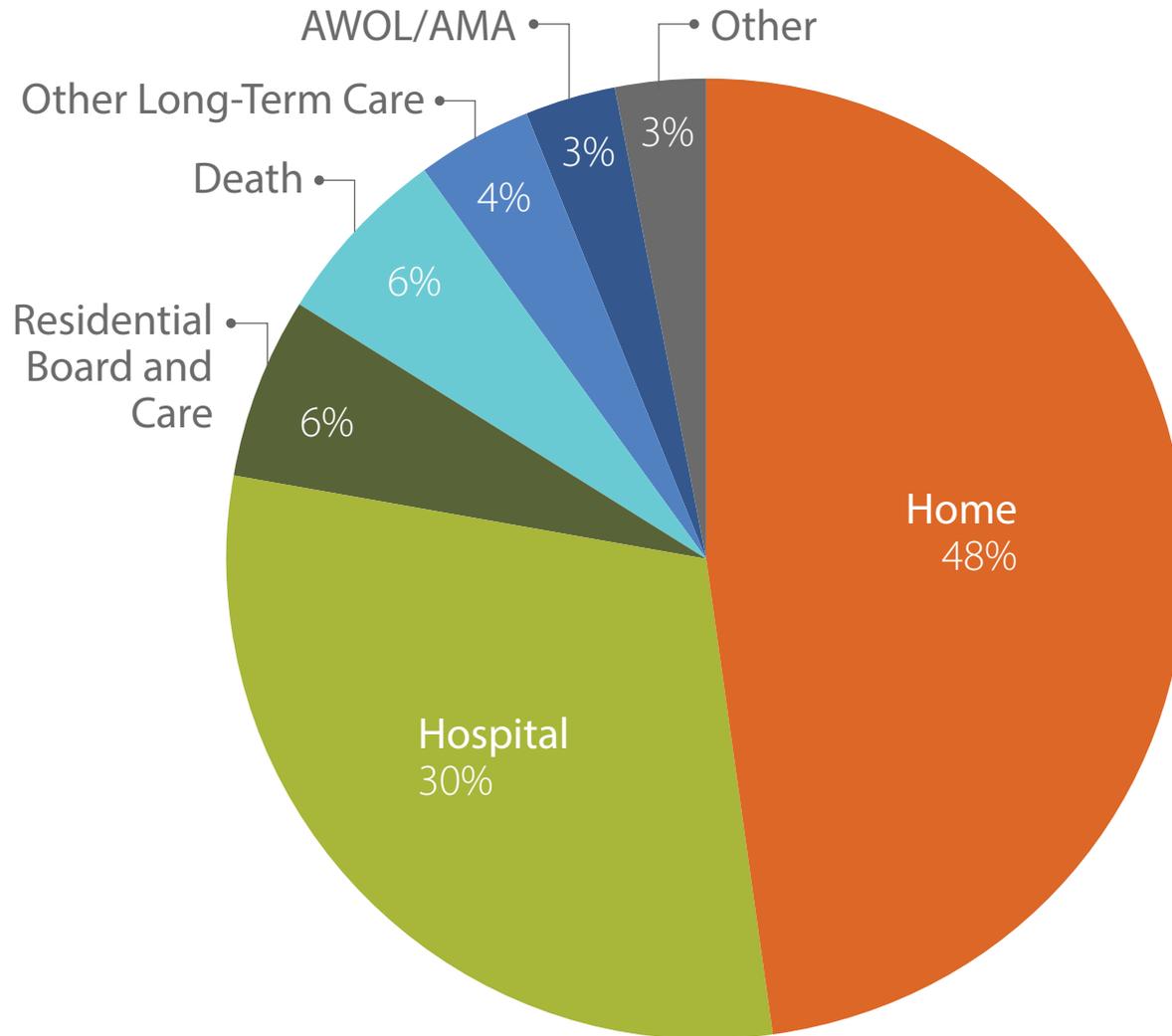
Medicaid was the dominant payer for nursing facility patients in 2015 and 2023 in both California and the United States, covering more than six in 10 nursing facility residents.

Notes: Data are as of July of the noted year. Data are for certified nursing facilities surveyed in the US. Figures may not sum due to rounding.

Source: "State Health Facts: Distribution of Certified Nursing Facility Residents by Primary Payer Source" (2015 and 2023), KFF, accessed November 7, 2023.

Skilled Nursing Facility Discharges by Destination

California, 2021



Long-Term Care in California

Nursing Facilities

In 2021, nearly half of skilled nursing facility patients (48%) were discharged to home, and 30% were discharged to a hospital.

Notes: Data limited to facilities licensed as skilled nursing facilities. *Residential board and care* includes residential care facilities for the elderly, adult care facility, other assisted living facilities, or a secured facility such as an Alzheimer's unit, jail, or prison. *AWOL/AMA* is absent without official leave / against medical advice (the patient left without prior approval of the physician or facility). *Other* includes both other and state hospital. Figures may not sum due to rounding.

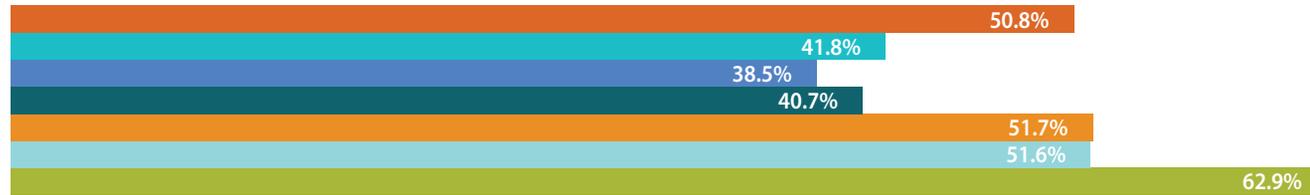
Source: *Pivot Table - Long-Term Care Facilities Annual Utilization Data* (2021), California Health and Human Services Agency, last updated December 1, 2022.

Nursing Home Quality Measures, by Race/Ethnicity

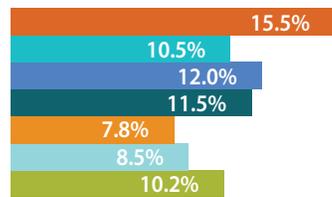
California, 2021

PERCENTAGE OF NURSING HOME RESIDENTS . . .

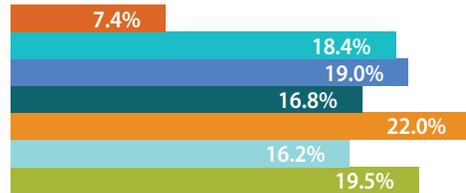
Successfully Discharged to the Community Within 100 Days*



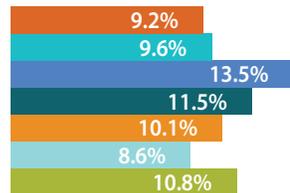
With Low Care Needs



Long-Stay Residents Hospitalized Within a Six-Month Period



With Pressure Sores (High-Risk Residents)



* Higher percentages are better.

Notes: Data are for the 10% of facilities nationally and within each state that have the most admissions among each racial/ethnic group. AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Unless indicated, lower percentages are better.

Source: "LTSS 2023 State Scorecard Report," AARP.

Long-Term Care in California

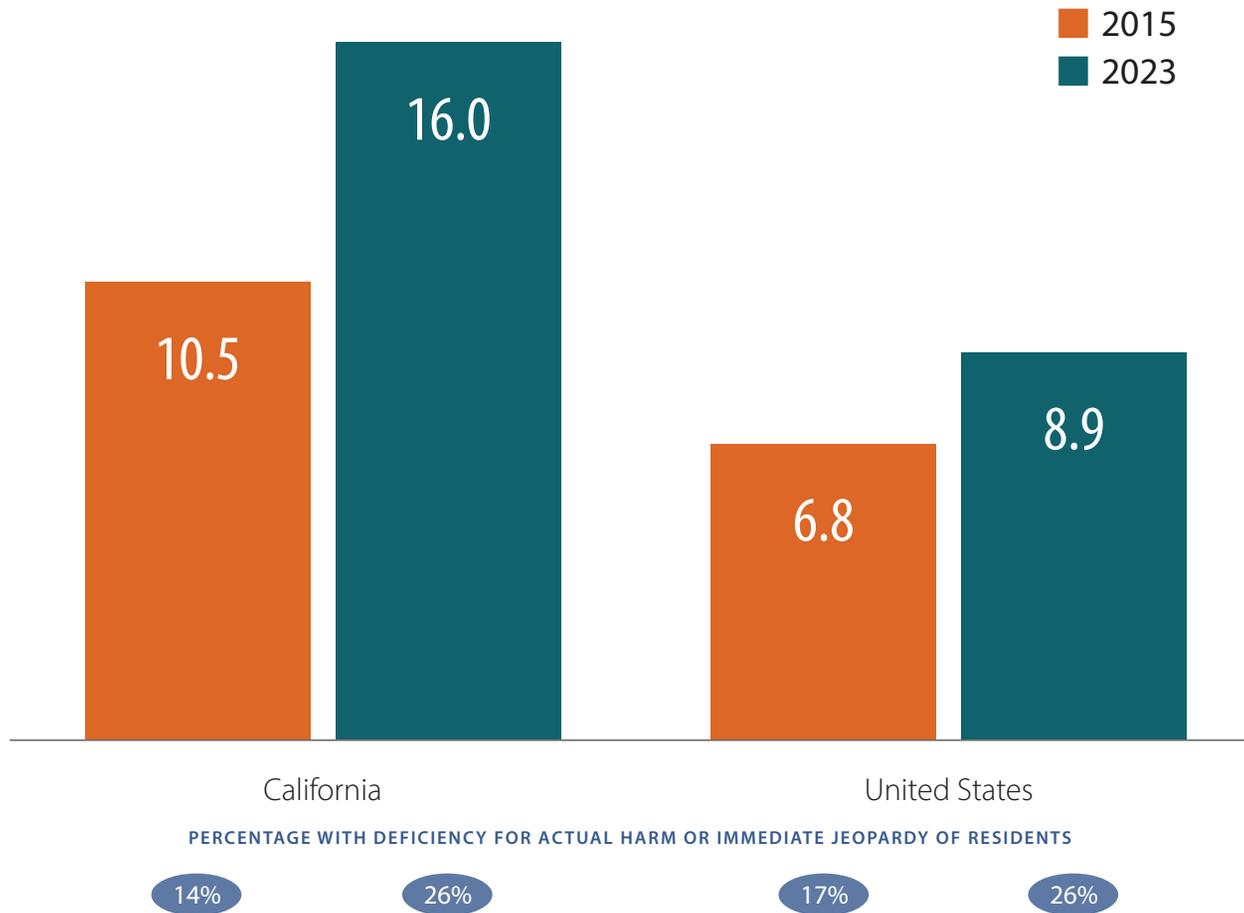
Nursing Facilities

California nursing home performance on a number of quality measures varied by race and ethnicity in 2021, based on data for the 10% of facilities within California that have the most admissions among each racial/ethnic group. Sixty-three percent of White Californians were successfully discharged to the community within 100 days, compared to about half of American Indian and Alaska Native, multiracial, and Native Hawaiian and Pacific Islander Californians and about 40% of Asian, Black, and Latino/x Californians.

Nursing Facility Deficiencies

California vs. United States, 2015 and 2023

AVERAGE NUMBER PER FACILITY



Long-Term Care in California

Nursing Facilities

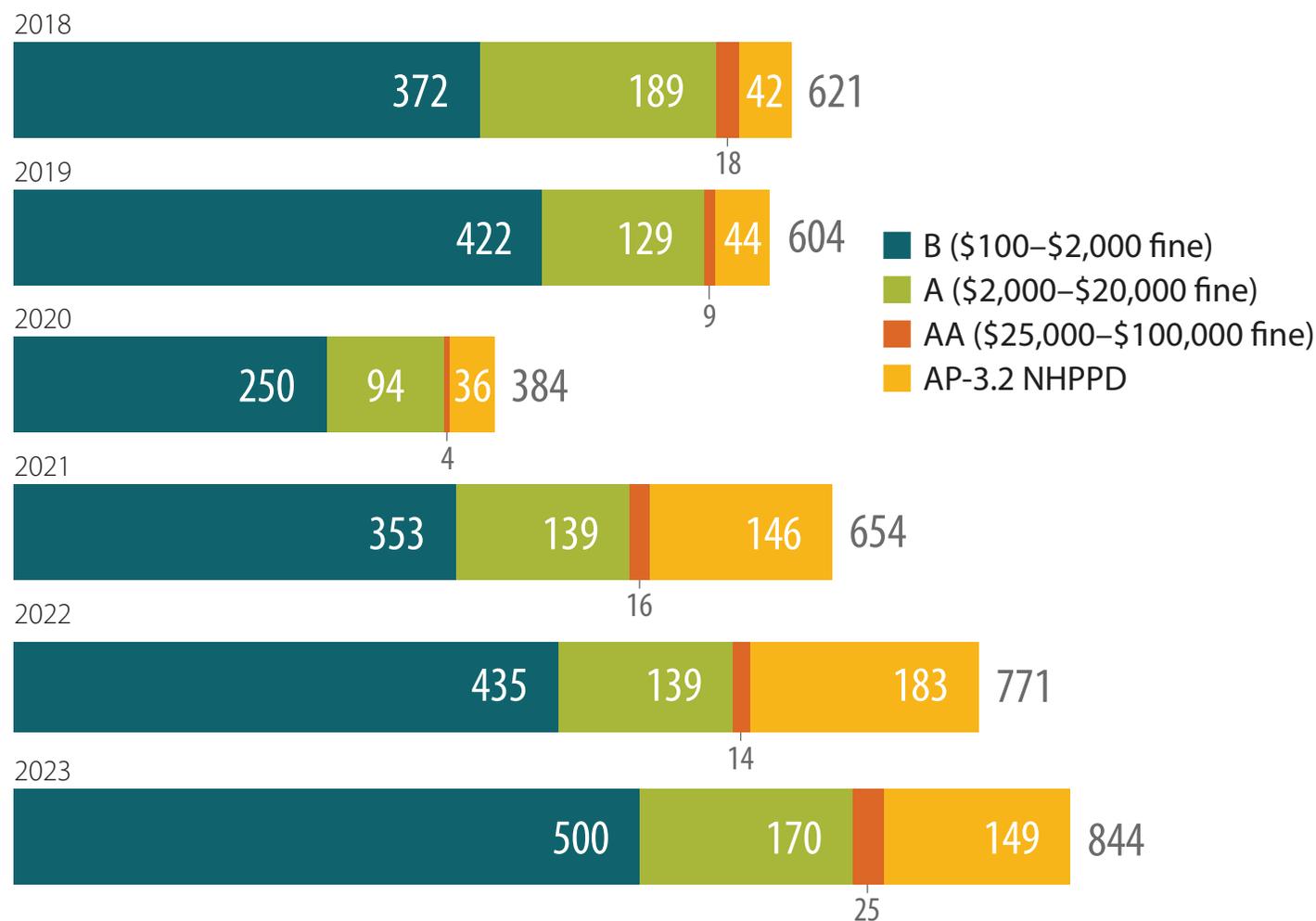
In 2023, the average number of deficiencies per nursing home in California (16.0) was nearly double the average nationwide (8.9). One in four nursing homes in California and nationwide received a deficiency for actual harm or immediate jeopardy of residents.

Notes: Deficiencies are given for problems that can negatively impact the health and safety of residents. The Centers for Medicare & Medicaid Services defines actual harm as a "deficiency that results in a negative outcome that has negatively affected the resident's ability to achieve the individual's highest functional status." Immediate jeopardy is defined as a deficiency that "has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the nursing home." Data are as of July of the noted year.

Sources: "State Health Facts: Average Number of Deficiencies per Certified Nursing Facility" (2015 and 2023), KFF, accessed November 8, 2023; and "State Health Facts: Percent of Certified Nursing Facilities Receiving a Deficiency for Actual Harm or Jeopardy" (2015 and 2023), KFF, accessed November 8, 2023.

Skilled Nursing Facility State Enforcement Actions

California, 2018 to 2023



Notes: Data limited to facility type "skilled nursing facility." *Citation B* violations have a direct or immediate relationship to patient health, safety, or security. *Citation A* violations pose imminent danger of death or serious harm to patients, or a substantial probability of death or serious physical harm to patients. *Citation AA* violations meet the definition of Citation A and are issued when the state determines that a facility's violation was a direct proximate cause of death of a patient or resident. *AP-3.2 Nursing hours per patient day (NHPPD)* citations are violations of staffing (3.2 NHPPD in 2018 and 3.5 NHPPD in subsequent years). In 2023, there were 21 penalties for Willful Material Falsification (not shown), defined as any entry in the health care record that falsely reflects the condition, care, or services provided to the resident.

Sources: "State Enforcement Actions Dashboard," California Dept. of Public Health, last updated January 23, 2024; and "About Health Facilities' State Enforcement Actions," California Health and Human Services Agency, last updated May 22, 2018.

Long-Term Care in California

Nursing Facilities

With the exception of 2020, between 2018 and 2023 California issued more than 600 state enforcement actions annually to skilled nursing facilities for negatively impacting a patient's health, safety, or security. Citations for the most serious violations ranged from a low of 4 in 2020 to a high of 25 in 2023. More than 145 penalties have been issued for violating nursing staffing standards every year since 2021.

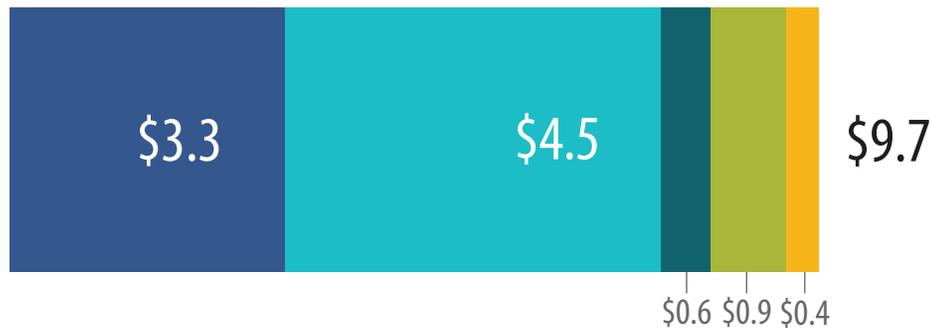
Skilled Nursing Facility Net Patient Revenue, by Payer

California, 2012 and 2022

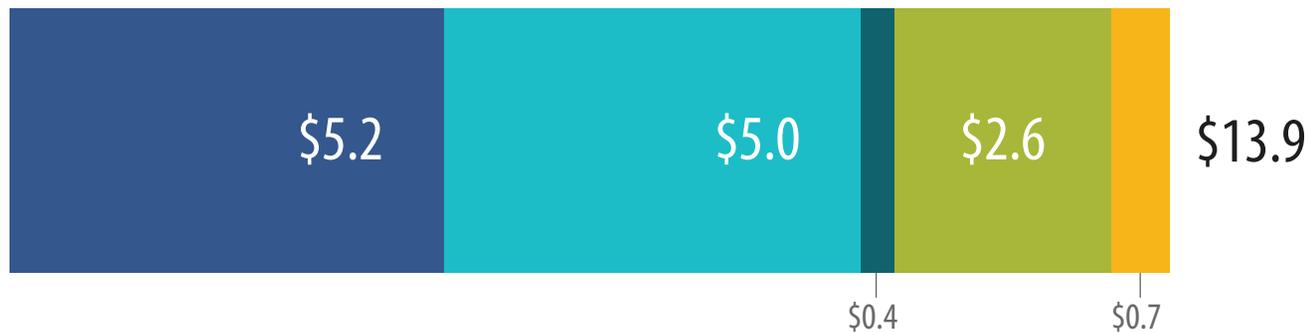
IN BILLIONS

■ Medicare FFS
 ■ Medi-Cal FFS
 ■ Self-Pay
 ■ Managed Care
 ■ Other Payers

2012



2022



Long-Term Care in California

Nursing Facilities

Skilled nursing facilities' net patient revenue increased by 43%, from \$9.7 billion in 2012 to \$13.9 billion in 2022. Medi-Cal fee-for-service (FFS) and Medicare FFS were the largest payers in both years. Managed care revenue more than doubled from 2012 to 2022, likely due to the transition of Medi-Cal enrollees to managed care plans.

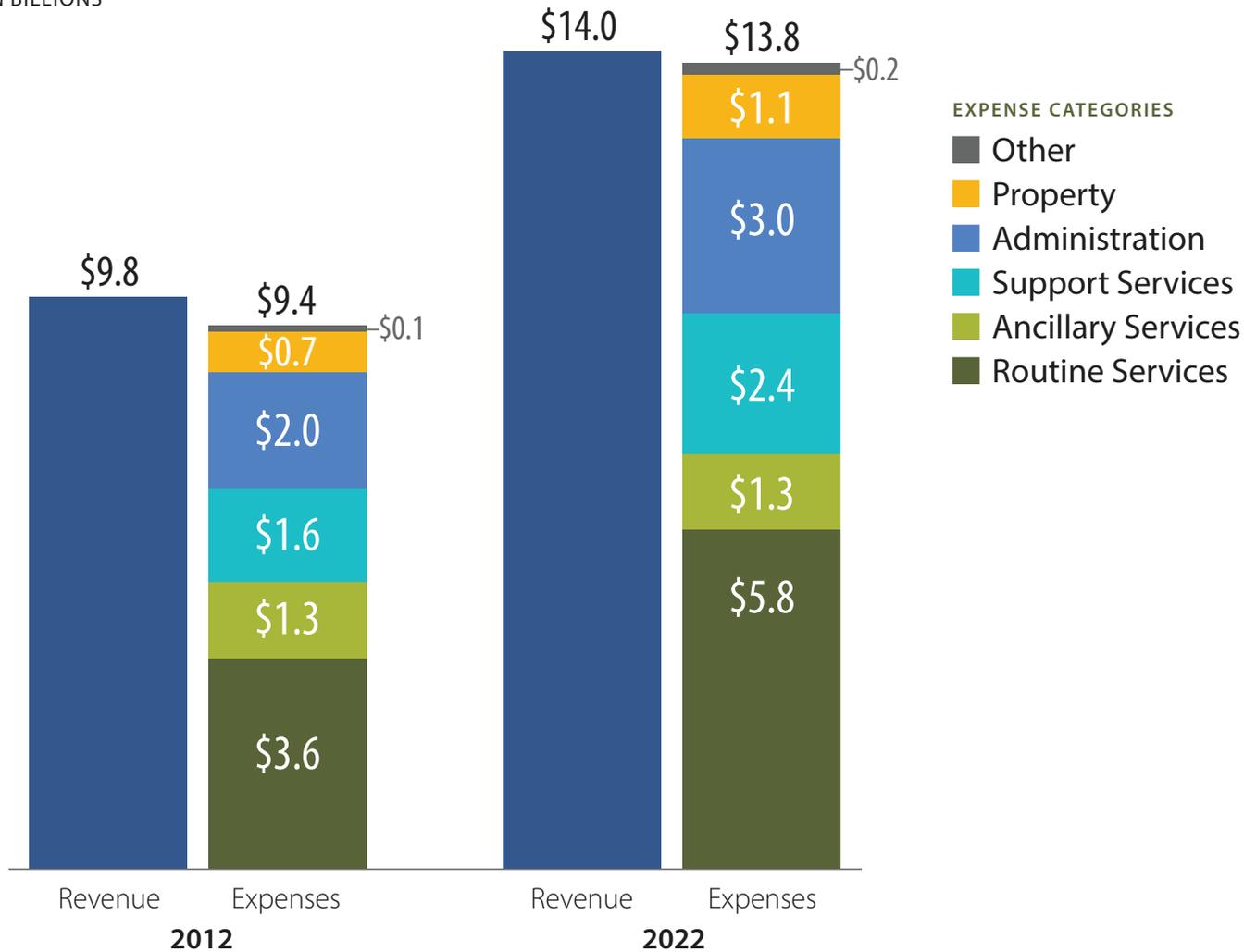
Notes: Data limited to facilities licensed as a skilled nursing facility (SNF) or a SNF/RES, a facility licensed for skilled nursing but an integral part of a residential care facility. FFS is fee-for-service. Managed care includes commercial, Medicare, and Medi-Cal managed care health plans. Net patient revenue is gross revenue minus deductions (e.g., contractual adjustments).

Source: Pivot Profile (As Submitted) - Long-Term Care Annual Financial Data (2012 and 2022), California Health and Human Services Agency.

Skilled Nursing Facility Revenue and Expenses

California, 2012 and 2022

IN BILLIONS



Long-Term Care in California

Nursing Facilities

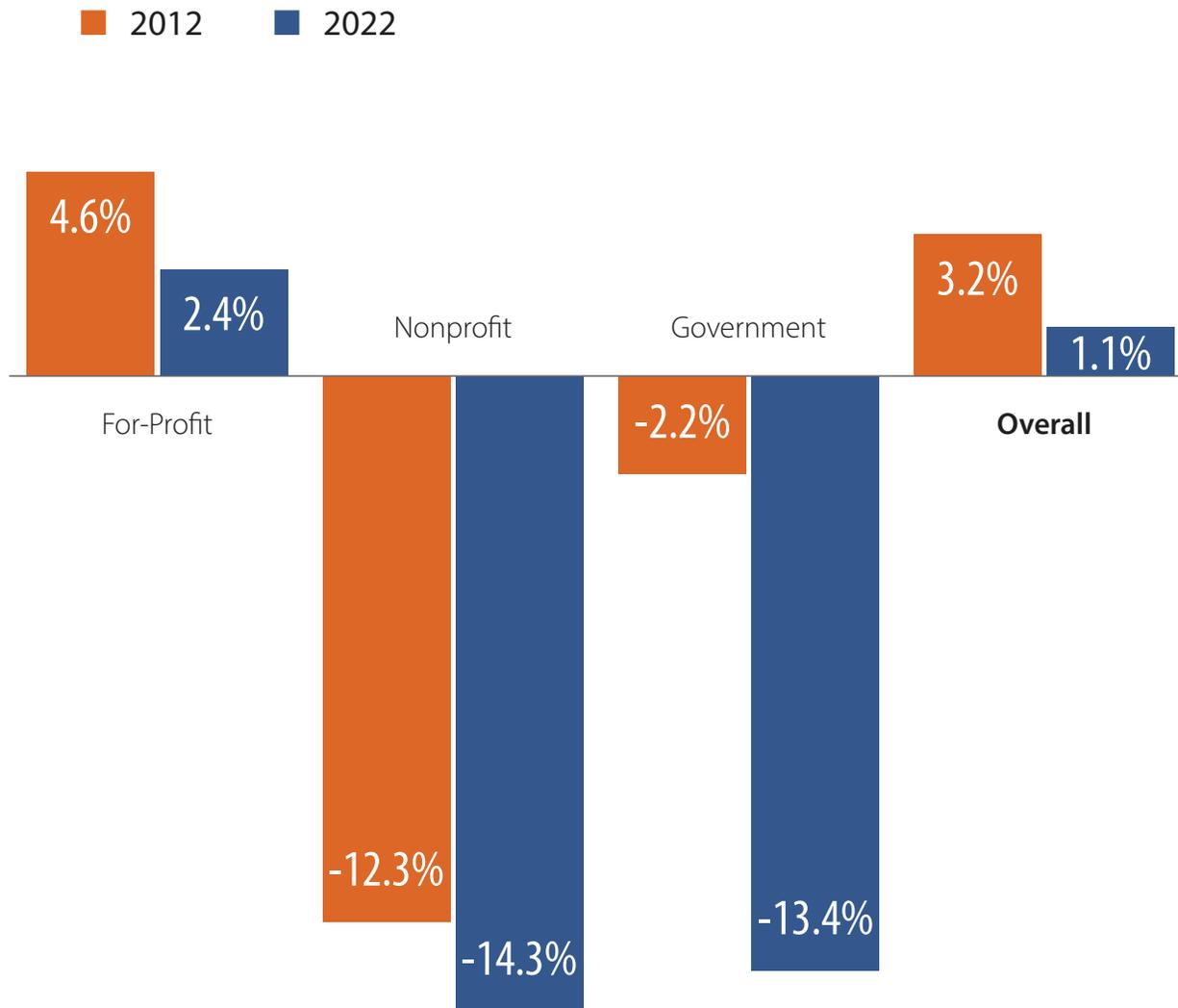
From 2012 to 2022, total expenses for California's skilled nursing facilities increased by 46% while total health care revenues increased by 43%. In 2022, skilled nursing facilities reported total health care revenues of \$14.0 billion and total expenses of \$13.8 billion.

Notes: Data limited to facilities licensed as a skilled nursing facility (SNF) or a SNF/RES, a facility licensed for skilled nursing but an integral part of a residential care facility. Revenue is total health care revenue (net patient revenue plus other operating revenue). Figures may not sum due to rounding.

Source: *Pivot Profile (As Submitted) - Long-Term Care Annual Financial Data* (2012 and 2022), California Health and Human Services Agency.

Skilled Nursing Facility Operating Margin, by Ownership

California, 2012 and 2022



Long-Term Care in California

Nursing Facilities

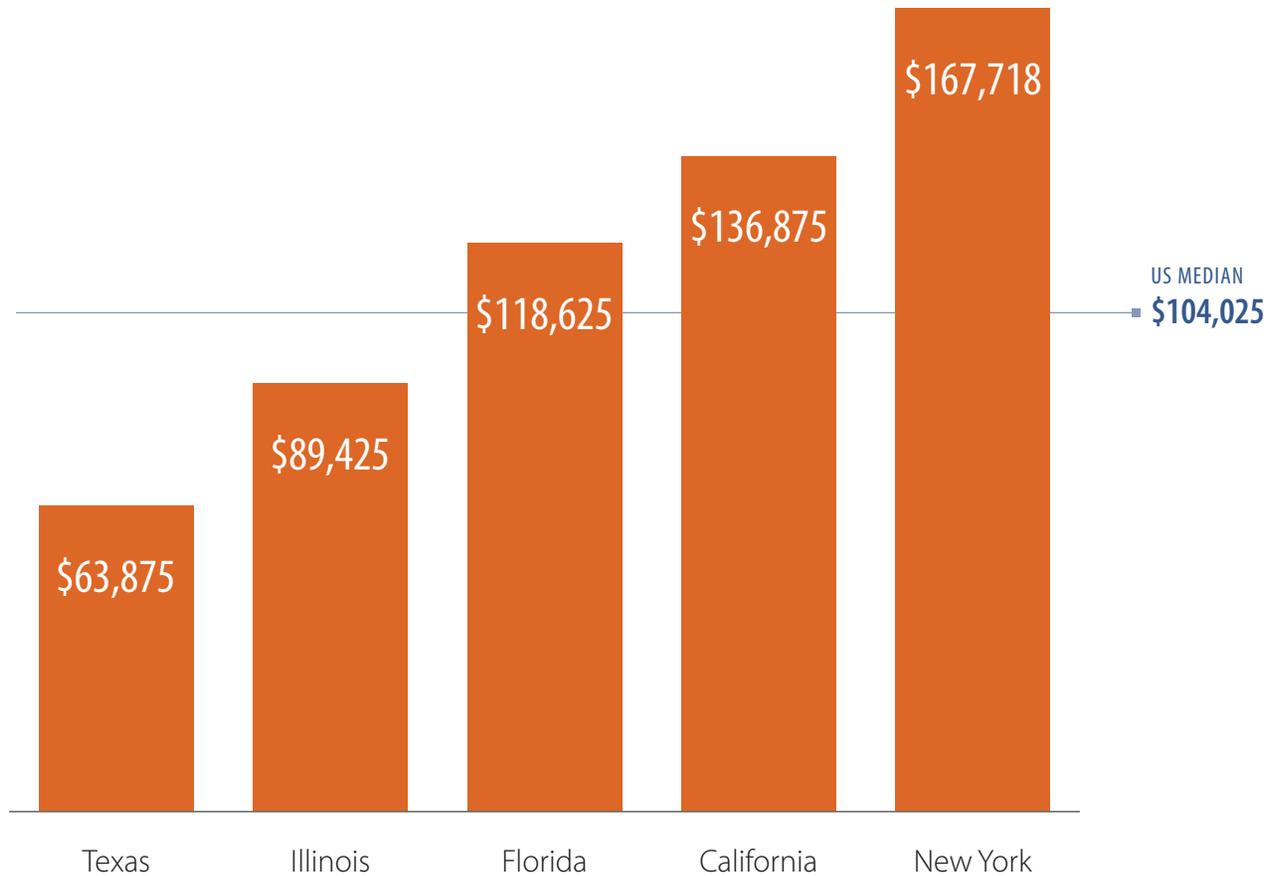
The overall operating margin for California's skilled nursing facilities decreased from 3.2% in 2012 to 1.1% in 2022. While for-profit facilities had a positive 2.4% operating margin in 2022, the margin for nonprofit facilities was negative 14.3%.

Notes: Data limited to facilities licensed as a skilled nursing facility (SNF) or a SNF/RES, a facility licensed for skilled nursing but an integral part of a residential care facility. *Operating margin* indicates the percentage of health care revenue (net patient revenue and other operating revenue) that remains as income after operating expenses have been deducted. *For-profit* is investor-owned in the source.

Source: *Pivot Profile (As Submitted) - Long-Term Care Annual Financial Data* (2012 and 2022), California Health and Human Services Agency.

Nursing Home Facility Cost, Semiprivate Room Selected States, 2023

ANNUAL MEDIAN COST



Note: Based on 365 days of care.

Source: "Cost of Care Survey" (2023), Genworth, February 22, 2024.

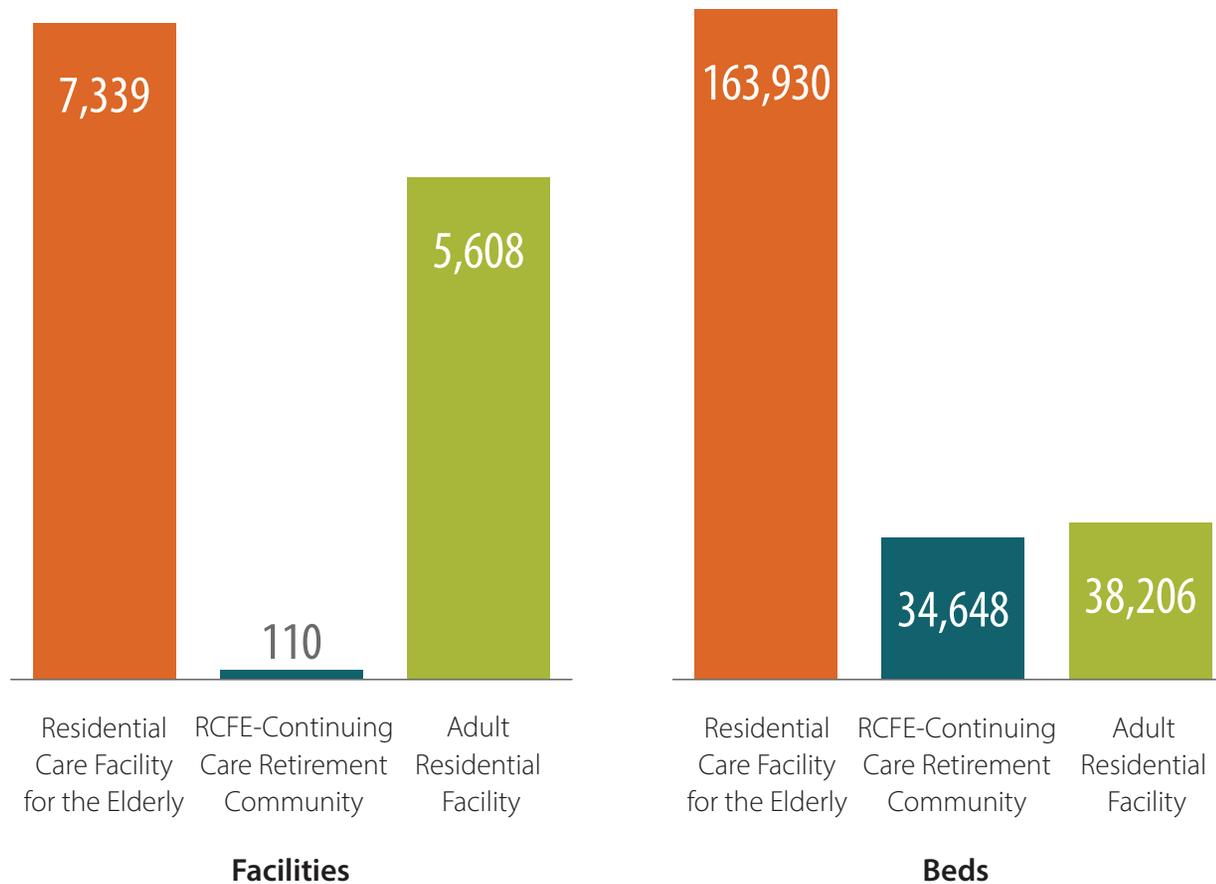
Long-Term Care in California

Nursing Facilities

In 2023, the median cost of a semiprivate room in a nursing home facility in California was \$32,850 more than the US median.

Assisted Living Facilities and Beds, by Type

California, 2022



Long-Term Care in California

Assisted Living

In 2022, California had 7,339 residential care facilities for the elderly (RCFE) with 163,930 beds and 110 RCFE-continuing care retirement community facilities with 34,648 beds. The state also had 5,608 adult residential facilities with 38,206 beds for adults with mental health care needs or with physical or developmental disabilities.

Notes: Data for licensed facilities, including licensed / pending increase; excludes facilities that are closed, pending, or have a probationary or provisional license. A *residential care facility for the elderly* (RCFE) is a facility for adults age 60 or older where varying levels and intensities of care and supervision and personal care are provided; it is also referred to as an assisted living facility. An *RCFE - continuing care retirement community* (CCRC) is a facility that offers a long-term continuing care contract that provides housing, residential care, and nursing care. An *adult residential facility* (ARF) is a facility for adults age 18 to 59 with mental health care needs or who have physical or developmental disabilities. Data for ARF for Persons with Special Health Needs, Residential Care Facility for the Chronically Ill, and Social Rehab Facilities are not shown.

Sources: Author analysis of *Community Care Licensing - Residential Facility Locations and Community Care Licensing Data - Residential Elder Care Facilities*, California Health and Human Services Agency, accessed March 27, 2024; and "Glossary," California Dept. of Social Services.

Assisted Living and Residential Care Units

California vs. United States, 2016 and 2020

NUMBER PER 1,000 POPULATION AGE 75 OR OLDER



Note: Excludes residential care communities licensed to exclusively serve individuals with severe mental illness or intellectual disability/developmental disability and nursing homes.

Source: "LTSS 2023 State Scorecard Report," AARP.

Long-Term Care in California

Assisted Living

The number of assisted living and residential care units per population of adults age 75 or older increased in both California and the United States from 2016 to 2020. California had a larger number of units per population than the nation and ranked 14th of all states (not shown).

Residential Care Facilities for the Elderly, by County

California, 2022

POPULATION AGE 65 OR OLDER PER FACILITY



Notes: Population data are based on the county-specific 2019 census population estimate of adults age 65 or older. Residential care facilities for the elderly are facilities for adults age 60 or older where varying levels and intensities of care and supervision and personal care are provided; they are also referred to as assisted living facilities.

Source: "Data Dashboard for Aging," California Dept. of Aging, accessed November 3, 2023.

Long-Term Care in California

Assisted Living

Many California counties have limited or no availability of assisted living facilities. In 2022, only 15 counties had "better availability" of these facilities, defined as fewer than 800 adults age 65 or older per facility, according to the state's Data Dashboard for Aging.

Assisted Living Facility Cost

Selected States, 2023

ANNUAL MEDIAN COST



Note: Rates are for 12 months of care in a private one-bedroom.
Source: "Cost of Care Survey" (2023), Genworth, February 22, 2024.

Long-Term Care in California

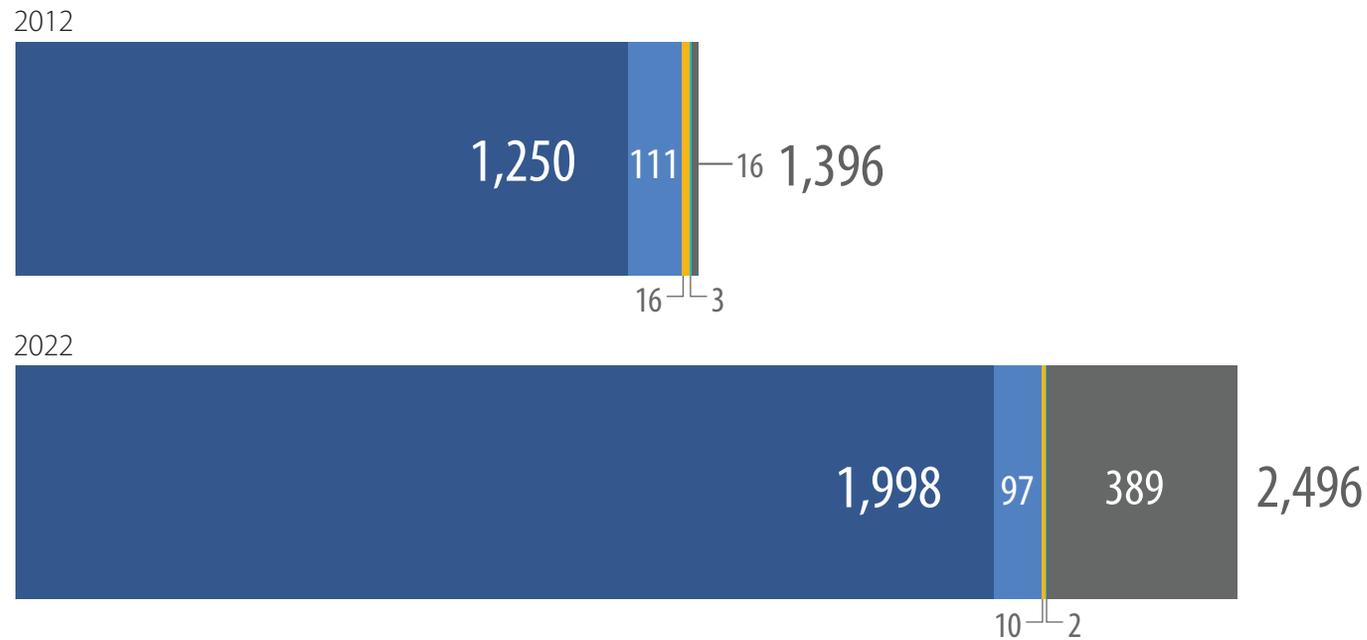
Assisted Living

The median annual cost of care in an assisted living facility was higher in California than in similar states. In 2023, California's median cost was \$10,800 more than the national median.

Home Health Agencies, by Ownership Type

California, 2012 and 2022

■ For-Profit
 ■ Nonprofit
 ■ Government
 ■ University of California
 ■ Nonresponse



Long-Term Care in California

Home Health

From 2012 to 2022, the number of home health agencies licensed in California increased by 79%, from 1,396 to 2,496. In 2022, 80% (1,998) of the state's home health agencies were for-profit. However 16% (389) of the state's agencies did not report ownership type.

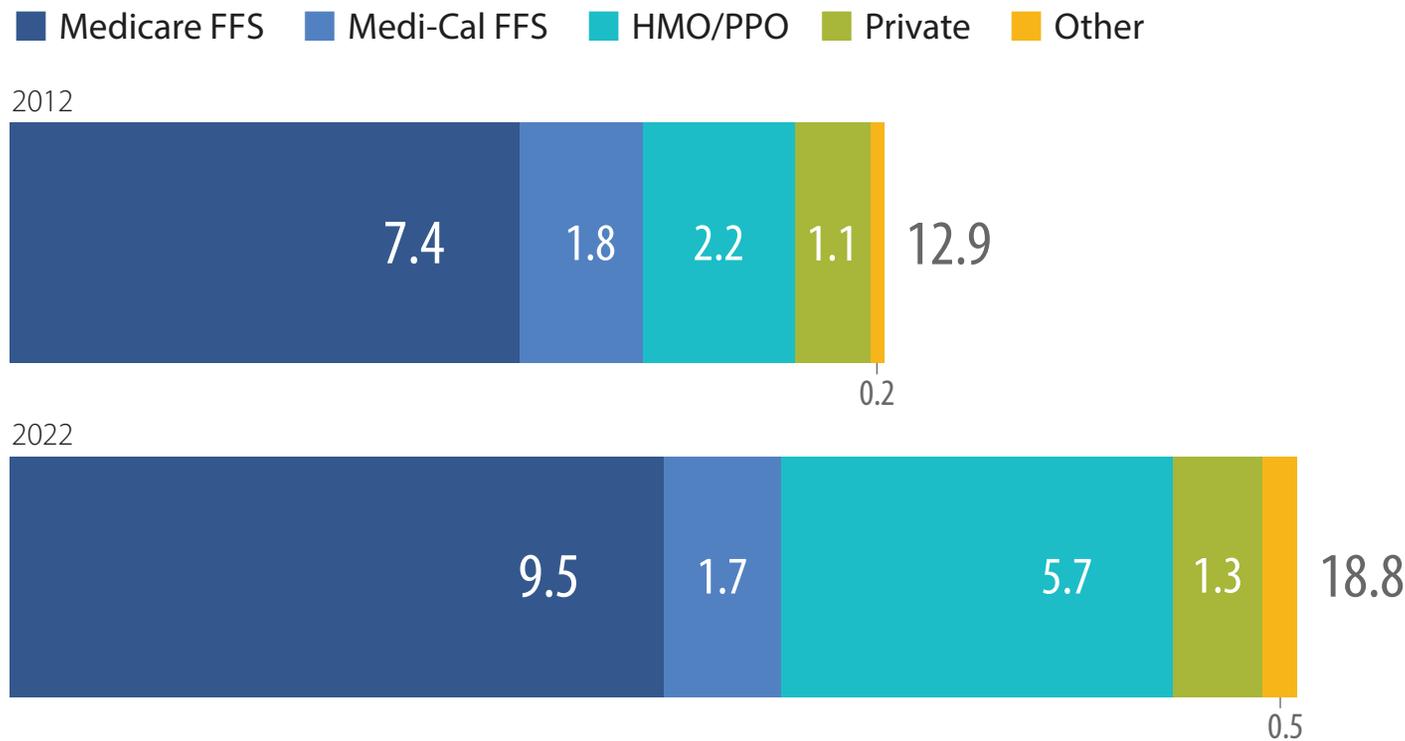
Notes: Data limited to agencies with entity type "Home Health Agency Only." There were an additional 44 agencies in 2012 and 37 agencies in 2022 with entity type "Home Health Agency with Hospice Program." For-profit is investor corporation, investor limited liability company, investor individual, and investor partnership in the source. Government includes city or county, district, and state. Excludes closed agencies and those in suspense.

Source: Author analysis based on *Complete Data Set - Home Health and Hospice* (2012 and 2022), California Health and Human Services Agency.

Home Health Visits, by Payer

California, 2012 and 2022

IN MILLIONS



Long-Term Care in California

Home Health

Home health visits in California increased 46% from 12.9 million in 2012 to 18.8 million in 2022. The majority of the increase is attributable to growth in HMO/PPO and Medicare fee-for-service visits. Over this period, the share of visits paid for by Medicare fee-for-service decreased from 58% to 51% while the share of visits paid for by HMOs/PPOs increased from 17% to 30%.

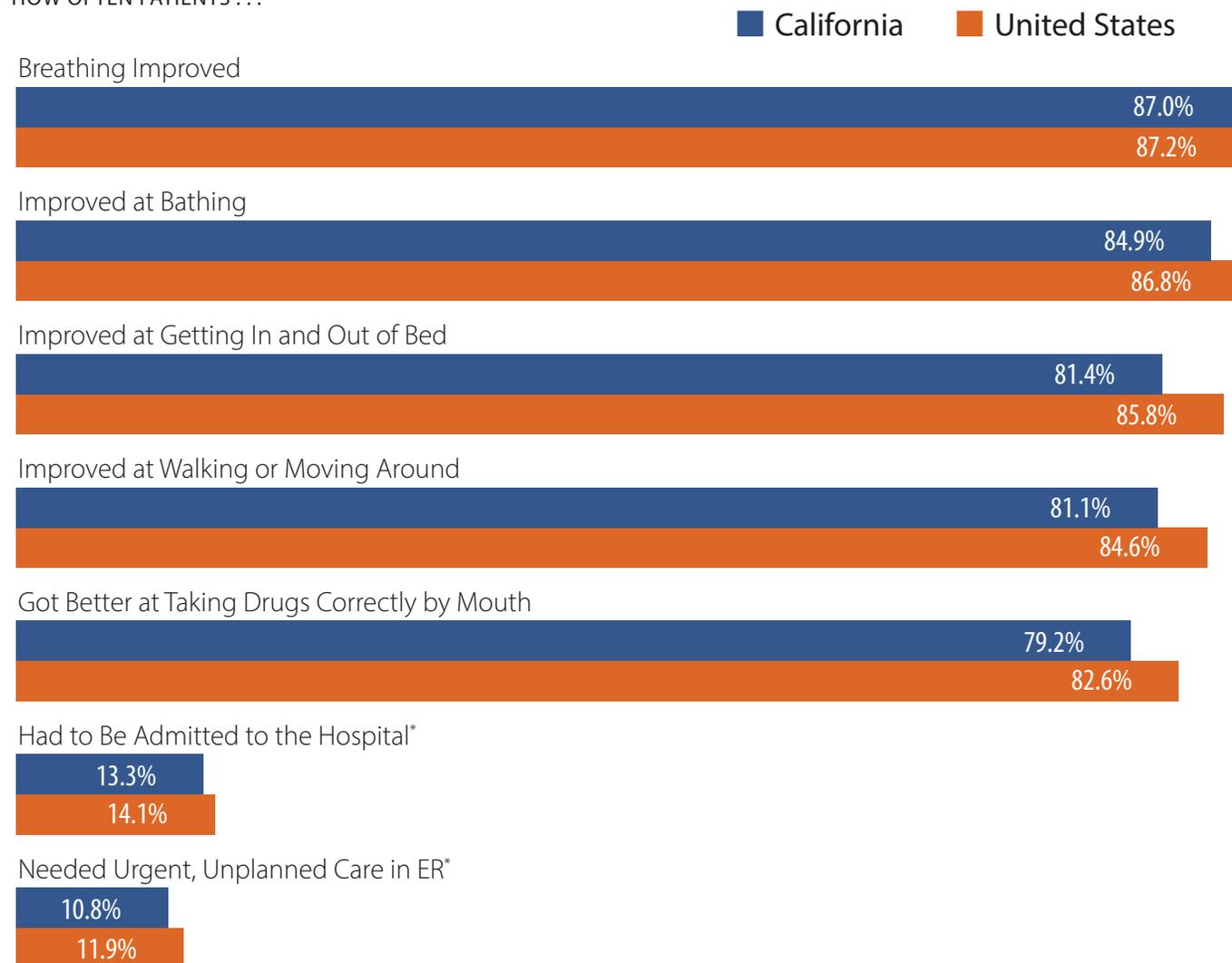
Notes: Data limited to agencies with entity type "Home Health Agency Only" and "Home Health Agency with Hospice" and includes visits for closed agencies and those in suspense. FFS is fee-for-service. HMO/PPO includes Medicare and Medi-Cal HMOs, as well as private HMO and PPO plans. Private includes self-pay and other third-party. Other includes Tricare, no reimbursement, and other. Figures may not sum due to rounding.

Source: Author analysis based on *Complete Data Set - Home Health and Hospice* (2012 and 2022), California Health and Human Services Agency.

Home Health Agency Quality Measures

California vs. United States, 2022

HOW OFTEN PATIENTS . . .



* Lower percentages are better.

Notes: Data are from calendar year 2022. Unless indicated, higher percentages are better.

Source: "Home Health Services Datasets," Centers for Medicare & Medicaid Services, October 25, 2023.

Long-Term Care in California

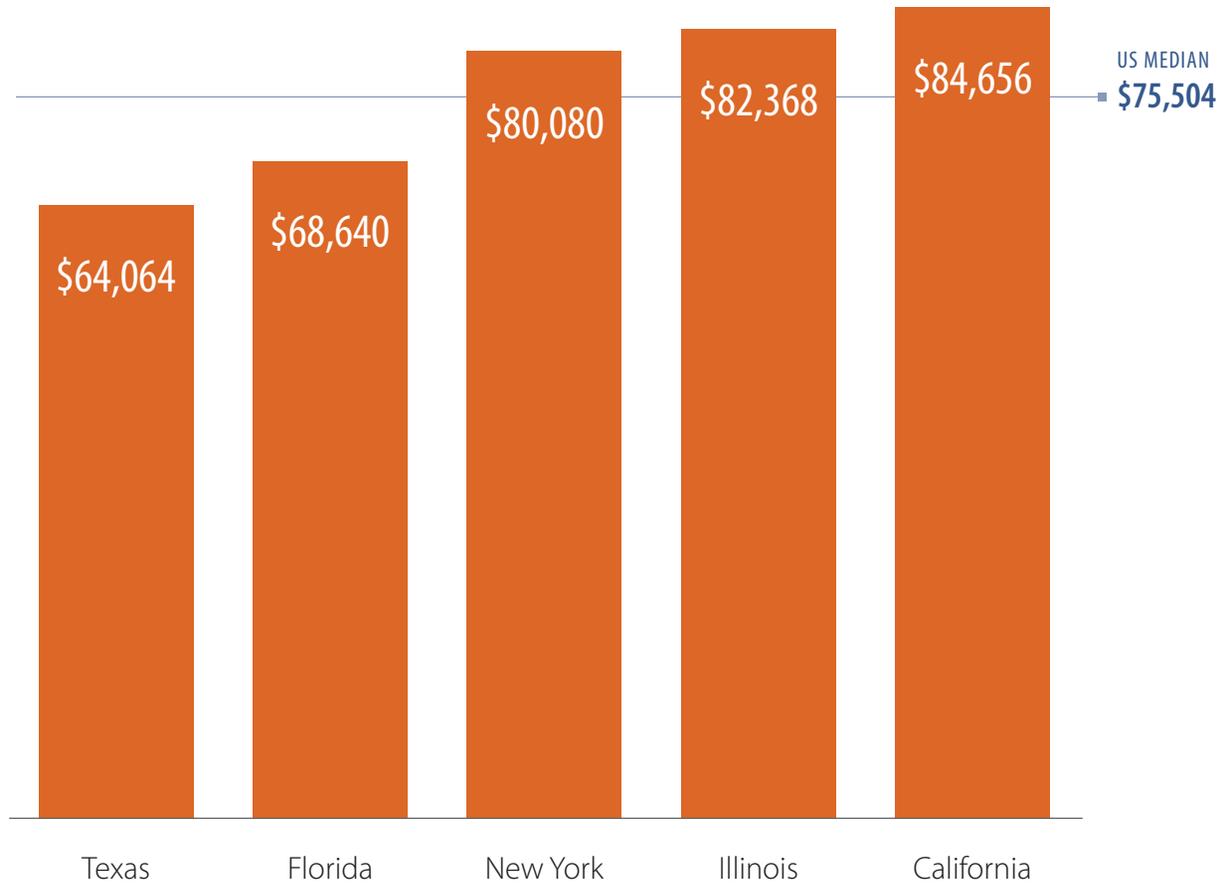
Home Health

California home health agencies, on average, performed similarly or slightly worse in 2022 than the national average on a number of quality measures related to home health care.

Home Health Aide Services

Selected States, 2023

ANNUAL MEDIAN COST



Note: Based on 44 hours per week for 52 weeks.

Source: "Cost of Care Survey" (2023), Genworth, February 22, 2024.

Long-Term Care in California

Home Health

Home health aide services cost more in California than in similar states. In 2023, California's median annual cost was \$9,152 more than the national median.

Long-Term Care in California

ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

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Appendix: Medi-Cal Home and Community-Based Services, California, 2023

AUTHORITY	DESCRIPTION	OVERSIGHT
Medicaid State Plan	<i>Services must be available to all Medi-Cal enrollees who meet eligibility criteria.</i>	
Home Health Services	Provides part-time or intermittent nursing services, home health aide services, optional therapy services, and medical supplies, equipment, and appliances suitable for use in the home. The only federally required HCBS service.	CDSS, DHCS
In-Home Supportive Services	Provides in-home assistance to eligible aged, blind, and disabled enrollees as an alternative to out-of-home care and enables recipients to remain safely in their own homes.	CDSS, DHCS
Home and Community-Based Services Waivers (1915[c])	<i>Alternatives for those who would otherwise require care in a nursing facility or hospital.</i>	
Medi-Cal Waiver Program, formerly known as the AIDS waiver	Provides comprehensive case management and direct care services to people living with HIV/AIDS as an alternative to nursing facility care or hospitalization.	CDPH, DHCS
Assisted Living Waiver	Provides personal care services, care coordination, housekeeping, intermittent skilled nursing care, and care coordination to help enrollees who require a nursing facility level of care to live in community home-like settings.	DHCS, care coordination agencies
Home and Community-Based Alternatives Waiver	Provides care management services through nurse and social worker teams that coordinate waiver and State Plan services for enrollees at risk for nursing home or institutional placement.	DHCS
Home and Community-Based Services for the Developmentally Disabled	Twenty-one regional centers purchase and coordinate services and supports for enrollees with developmental disabilities, making it possible for them to live in the community instead of an intermediate care facility for the developmentally disabled.	CDDS, DHCS
Multipurpose Senior Services Program	Provides health care and social services to help people age 65 or older and disabled to remain in their homes, including case management, counseling, personal care, transportation, meal services, and minor home repair and maintenance services.	CDA, DHCS
Self-Determination Program	Provides people with developmental disabilities who receive regional center services more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their individual program plan.	CDDS
Medicaid Demonstrations	<i>Services operated under a federal demonstration.</i>	
California Community Transitions	Offers long-term services and supports for enrollees who choose to transition out of long-term care institutional settings and back to the community.	DHCS
Community-Based Adult Services	Offers services, including nursing, therapies, social services, and personal care, to eligible older adults and adults with disabilities to restore or maintain their capacity for self-care and to delay or prevent inappropriate or personally undesirable institutionalization.	CDA, DHCS, Medi-Cal MCPs

Notes: CDA is California Department of Aging. CDDS is California Department of Developmental Services. CDPH is California Department of Public Health. DHCS is California Department of Health Care Services. MCP is managed care plan.

Sources: Athena Chapman and Elizabeth Evenson, *Medi-Cal Managed Care and Long-Term Care Services and Supports: Opportunities and Considerations Under CalAIM*, California Health Care Foundation, March 2023; "Long-Term Services and Supports Measures and Dashboard Data," California Health and Human Services Agency, last updated December 15, 2023; and *California Long Term Services and Supports Dashboard: 2023 Data Release Fact Sheet* (PDF), California Dept. of Health Care Services, December 12, 2023.