

# CALIFORNIA HEALTH CARE ALMANAC



## Long Term Care Facts and Figures

NOVEMBER 2009

# Introduction

In 2007, more than a million Californians used long term care (LTC) services, including institutional and home- and community-based services (HCBS). That number is expected to skyrocket as the number of Californians 85 and older and working-age individuals with disabilities increases. Individuals who receive long term care include adults and children with disabilities and the elderly. Alternatives to institution-based care include: residential, home health, hospice, and personal care services programs.

This report highlights the changes taking place within California’s long term care system.

**KEY FINDINGS INCLUDE:**

- Although California spends \$3.8 billion on Medicaid nursing home services, the state’s nursing homes continue to have a large number of federal deficiencies, state citations, and complaints.
- California Medicare beneficiaries use fewer home health and hospice services than the national average.
- The use of Medicaid HCBS in California has increased, while the use of nursing home services remained about the same between 2003 and 2007.
- Institutional care for Medicaid represents 20 percent of all beneficiaries and 50 percent of all spending in California.
- California had a higher percentage of Medicaid long term care beneficiaries receiving home- and community-based care than the national average, 80 percent versus 62 percent.

**C O N T E N T S**

Projections .....	3
Utilization .....	5
Nursing Homes.....	7
Residential Care .....	18
Home Health Care.....	20
Hospices .....	28
Personal Care.....	34
Waivers.....	37
Appendix.....	41
Resources .....	42

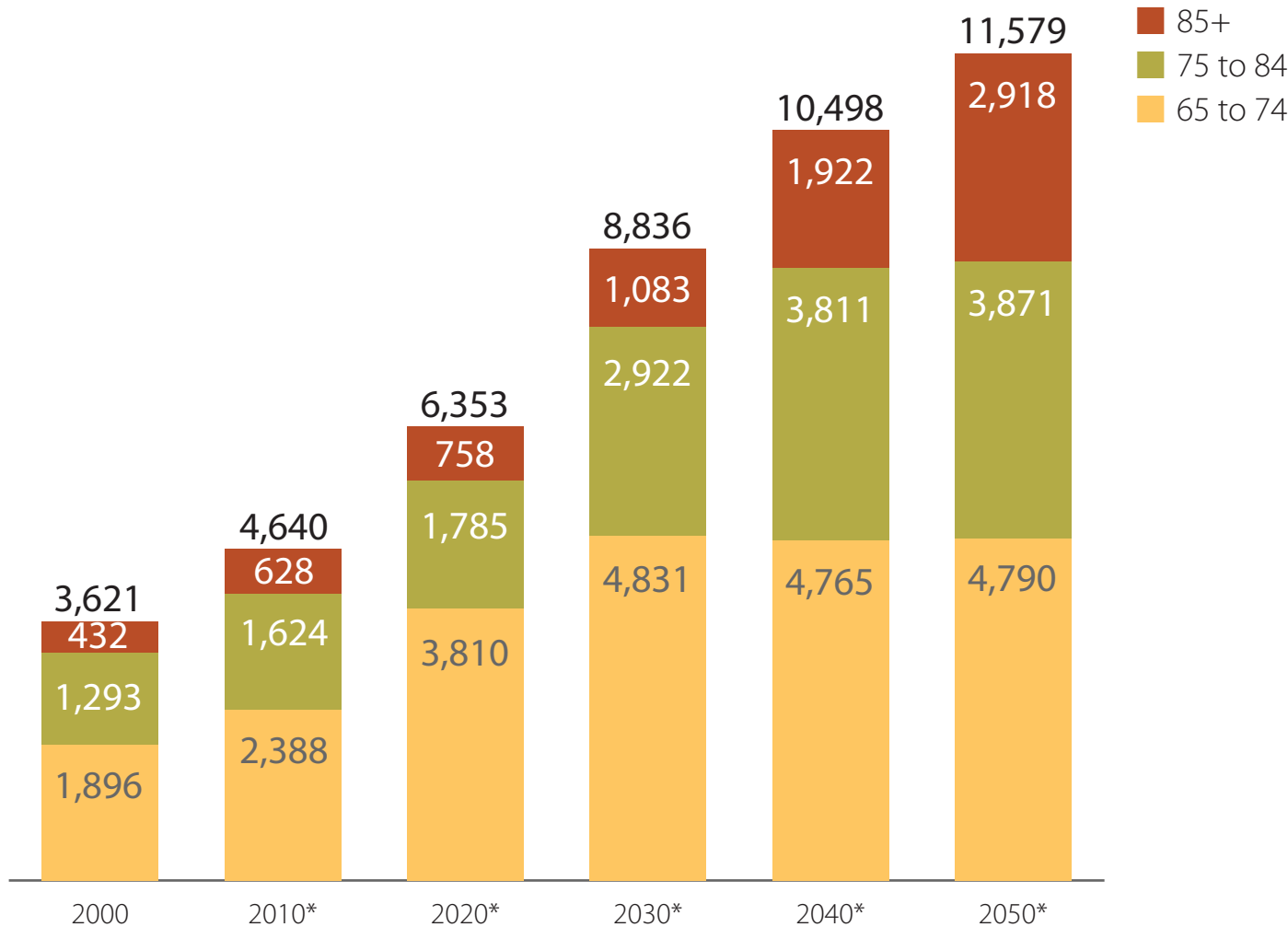
# California's Aging Population, 2000–2050

## Long Term Care Services

### Projections

[<< RETURN TO CONTENTS](#)

PROJECTED NUMBER OF RESIDENTS, AGE 65 AND OLDER (IN THOUSANDS)



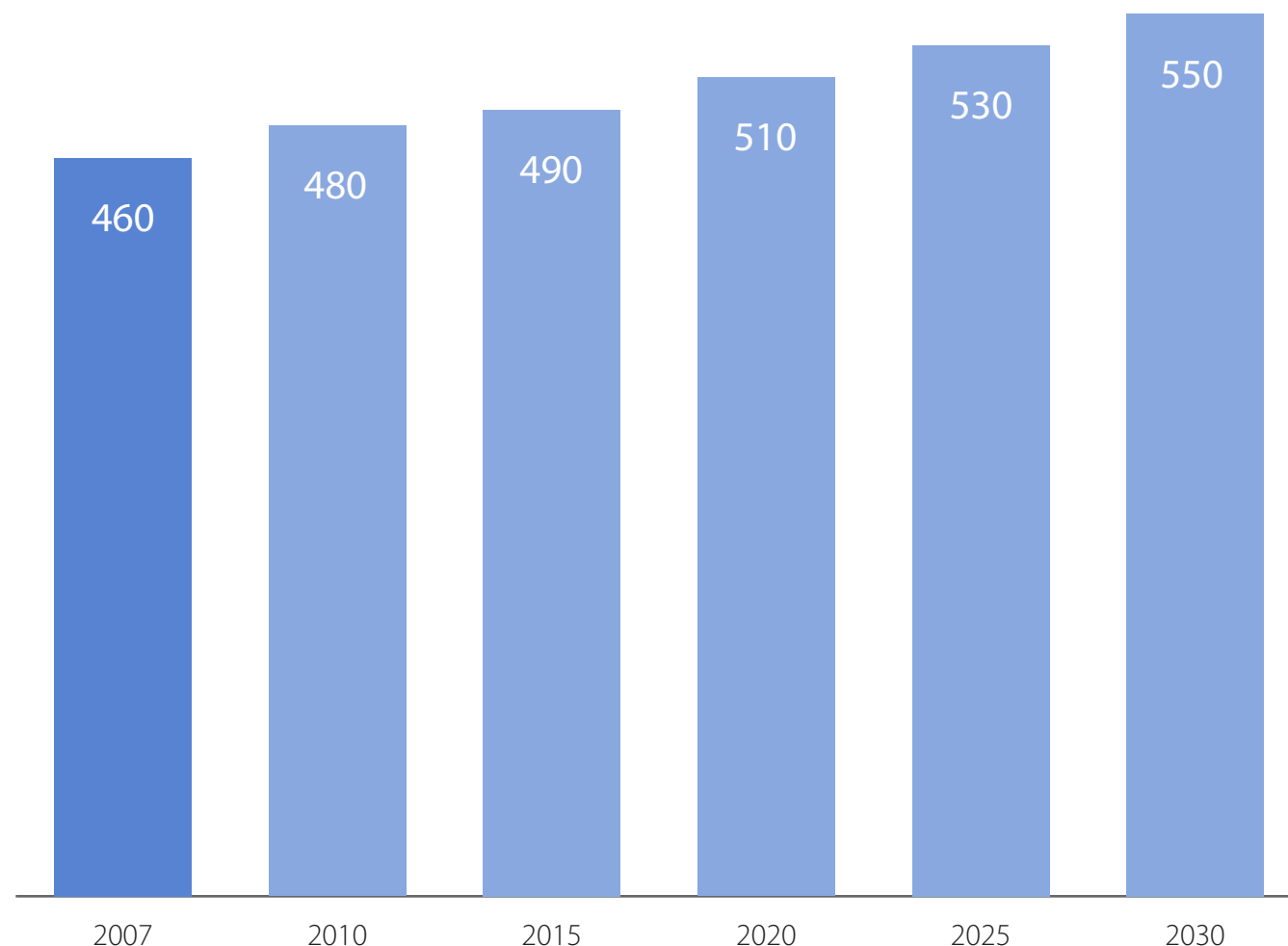
As the population ages, the demand for long term care will likely increase. The number of California residents age 65 and older is projected to triple from 2000 to 2050. The group 85 and over will experience the largest increase.

\*Data for 2010 to 2050 are projections.

Source: State Population Projections and Population Projections Program. Population Division: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, 2007.

# Projected ADL\* Limitations among Working-Age Adults with Disabilities, California, 2007–2030

DISABILITY POPULATION (IN THOUSANDS)



\*ADL is activities of daily living.

Note: Data for 2010 to 2030 are projections.

Source: U.S. Bureau of the Census. American Community Survey Data, 2007 with projections prepared by S. Kaye. San Francisco, CA: University of California.

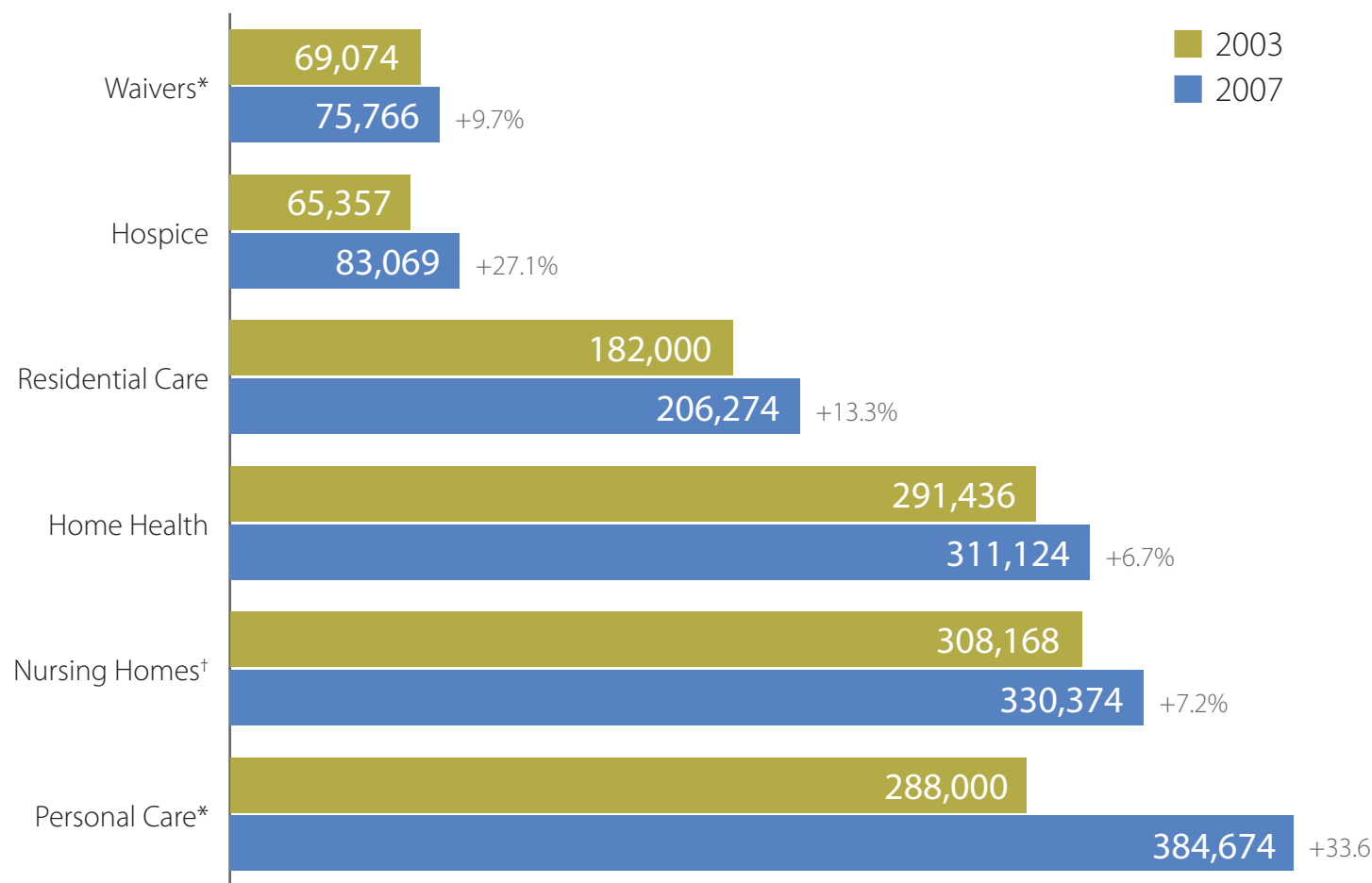
## Long Term Care Services

Projections

[<< RETURN TO CONTENTS](#)

From 2007 to 2030, the number of working-age individuals with disabilities is projected to increase from 460,000 in 2007 to 550,000 in 2030. Those with disabilities often have greater need for long term care services.

# Number of Californians Receiving Long Term Care, 2003 and 2007



Notes: Individuals may be admitted to multiple programs or admitted to the same program more than once. For definitions of waivers and personal care, see appendix.

\*The waivers and personal care categories reflect only those covered by Medicaid.

†Individuals being served by intermediate care are included in the nursing homes category.

Source: Estimates by UCSF, 2009. Based on state reports from the Office of Statewide Health Planning and Development, the California Department of Social Services, and the California Department of Health Services Medi-Cal Program.

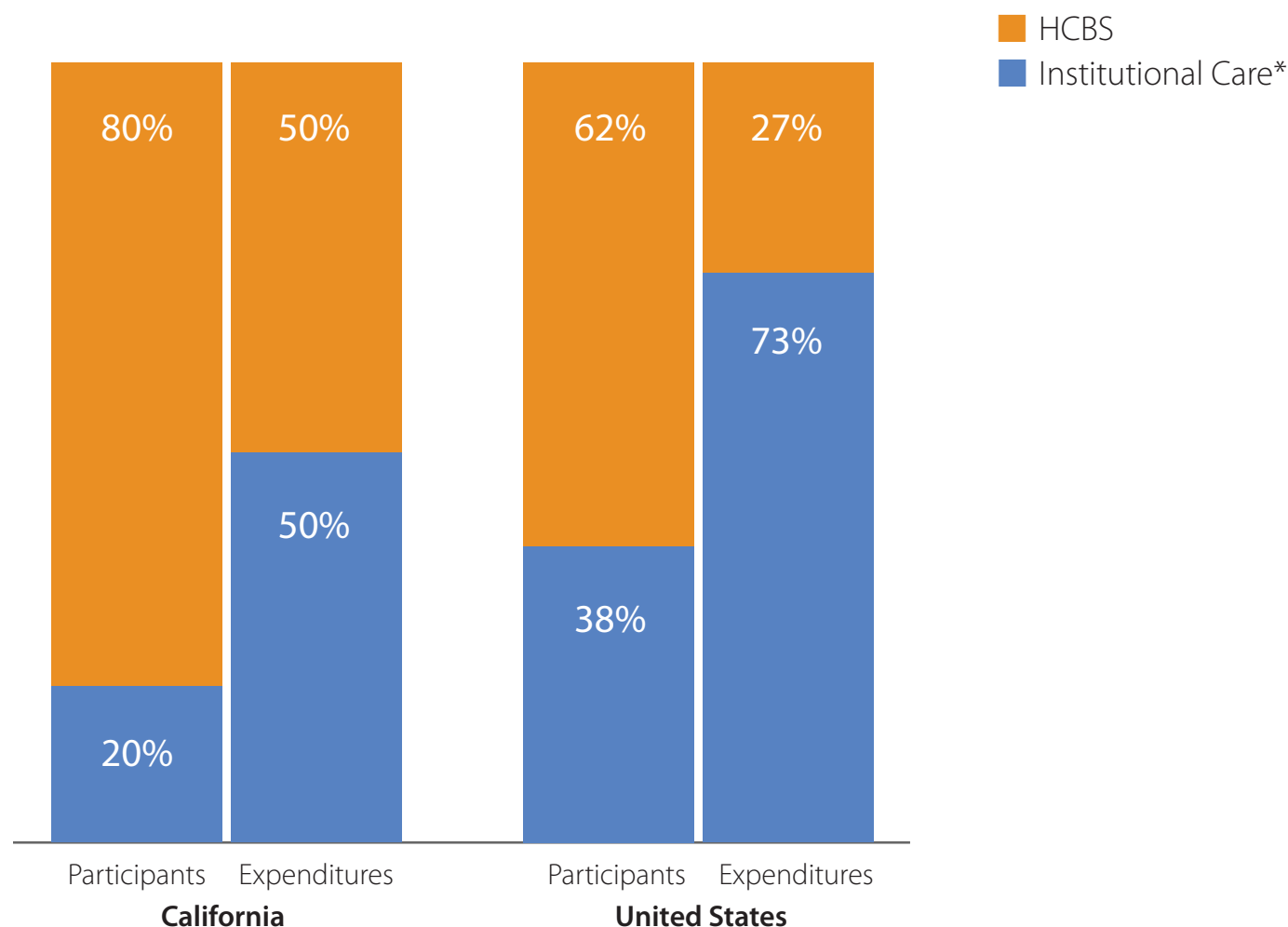
## Long Term Care Services

### Utilization

[<< RETURN TO CONTENTS](#)

The use of personal care services in California increased 33.6 percent from 2003 to 2007, surpassing nursing home admissions to become the most used long term care service in the state. In addition, both residential care and hospice use grew at a faster rate than nursing home care.

# Medicaid Beneficiaries and Expenditures in Institutional Care and HCBS, California vs. the United States, 2005



## Long Term Care Services

### Utilization

[<< RETURN TO CONTENTS](#)

In 2005, California had a higher percentage of total Medicaid long term care beneficiaries receiving HCBS (home health, personal care, and waivers) than the national average. California also had a higher percentage of Medicaid expenditures for HCBS. The U.S. percentage of Medicaid expenditures for institutional care was higher than for California.

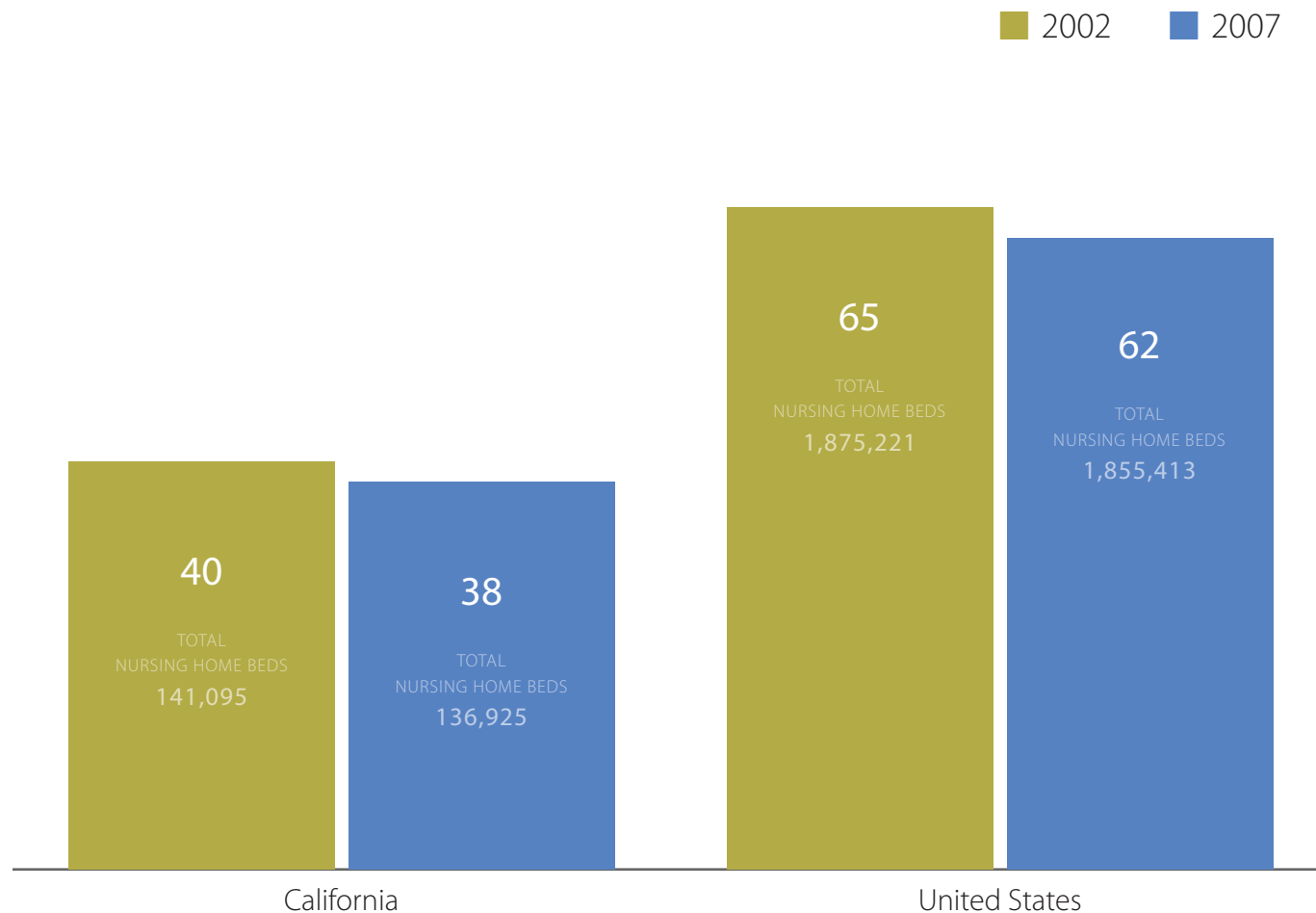
\*Although room and board is included in institutional care expenditures, Home and Community-Based Services (HCBS) waivers can not pay for these expenses by law.

Note: See appendix for definition and a complete explanation of HCBS programs. Institutional care includes short or long term care at freestanding nursing homes (not hospital-based), rehabilitation facilities, and intermediate care facilities for the aged, physically disabled, and developmentally disabled. California hospital-based nursing home expenditures of \$2 billion were included in the institutional expenditures in this report.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. San Francisco, CA: University of California at San Francisco.

# Nursing Home Beds, California vs. the United States, 2002 and 2007

NUMBER PER 10,000 POPULATION



Note: Individuals being served by intermediate care are included in the nursing homes category.

Sources: Harrington, C., S. Chapman, E. Miller, N. Miller, and R. Newcomer. 2005. "Trends in the supply of long term-care facilities and beds in the United States." *The Journal of Applied Gerontology*, 24 (4): 265–282; Harrington, C., B. Granda, H. Carrillo, J. Chang, B. Woleslagle, J.H. Swan, K. Dreyer, et al. 2008. State Data Book on LTC, 2008: Program and Market Characteristics. Report prepared for the U.S. Department of Housing and Urban Development. San Francisco, CA: University of California.

## Long Term Care Services

### Nursing Homes

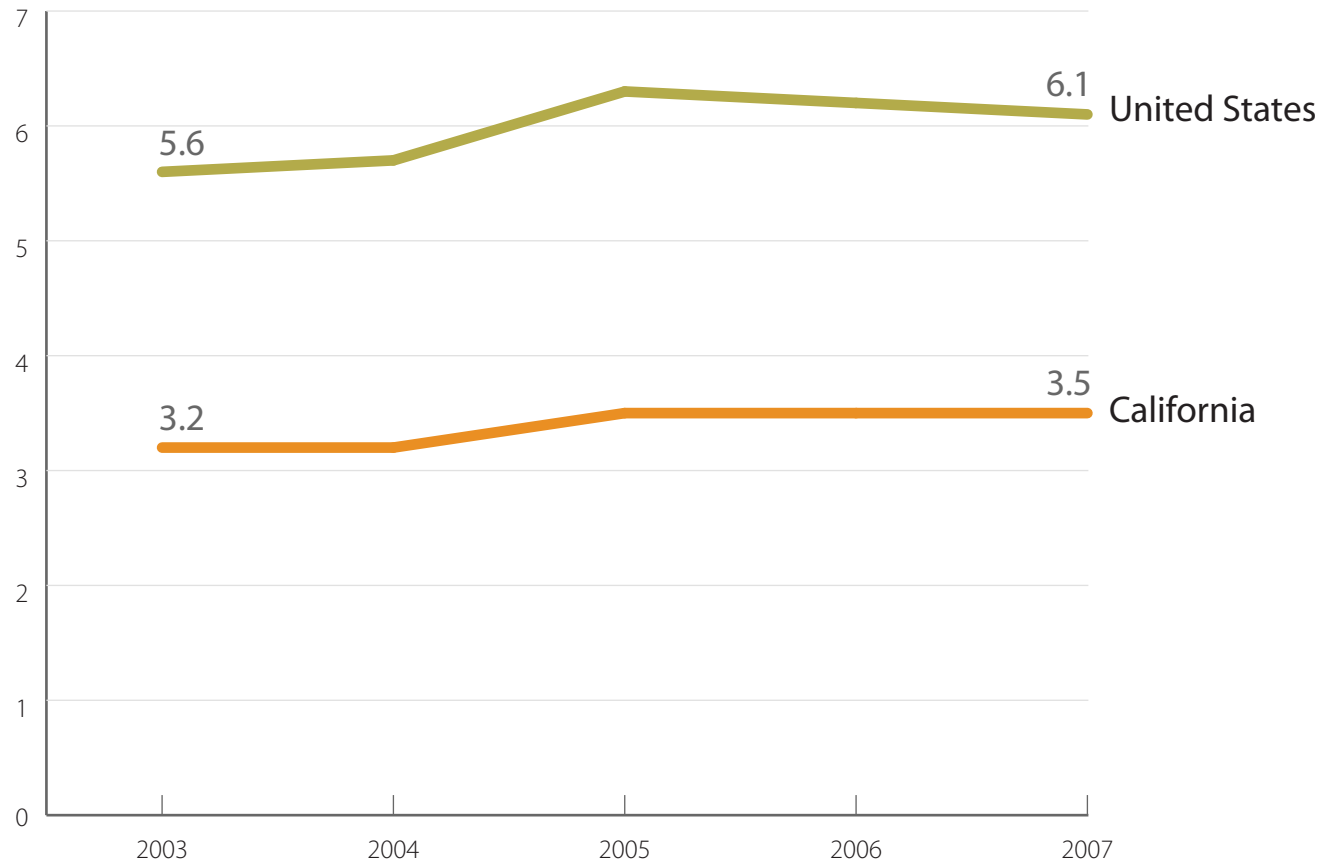
[<< RETURN TO CONTENTS](#)

The supply of nursing home beds per 10,000 population declined between 2002 and 2007 in California and the United States.

# Medicare Beneficiaries Receiving Nursing Home Services

## California vs. the United States, 2003–2007

NUMBER PER 1,000 POPULATION



TOTAL NUMBER OF MEDICARE BENEFICIARIES RECEIVING NURSING HOME SERVICES

1,619,001	1,661,552	1,850,088	1,845,488	1,835,599
114,053	114,480	126,680	126,652	126,037

Source: Centers for Medicaid and Medicare Services. Data Compendium, 2008 Edition. Medicare Skilled Nursing Facility Utilization by State, Calendar Year 2003–07; Medicare Hospice Utilization, Calendar Year 2003–07; Medicare Home Health Agency Utilization, Calendar Year 2003–07, [www.cms.hhs.gov/DataCompendium/16\\_2008\\_Data\\_Compendium.asp#TopOfPage](http://www.cms.hhs.gov/DataCompendium/16_2008_Data_Compendium.asp#TopOfPage).

Long Term Care Services

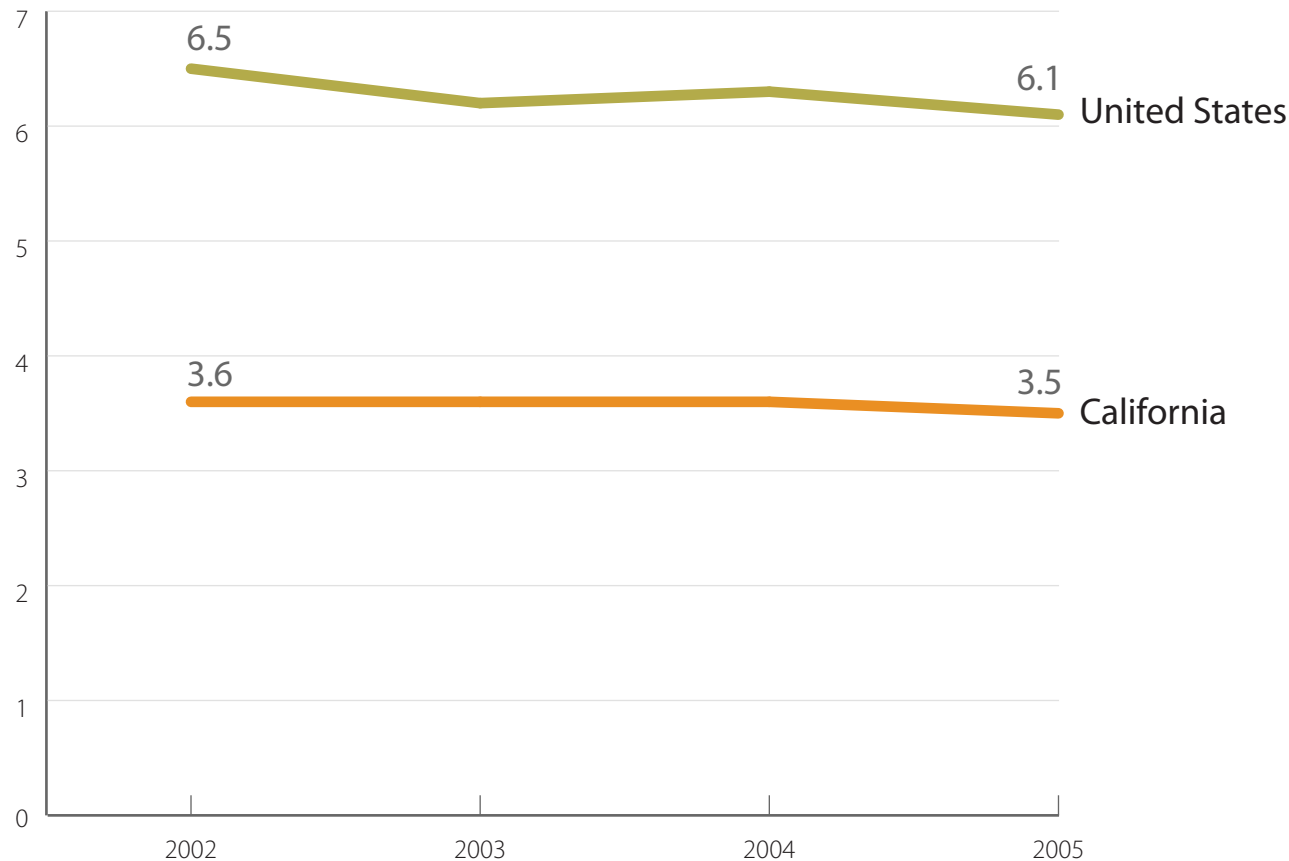
Nursing Homes

[<< RETURN TO CONTENTS](#)

Between 2003 and 2007, fewer Medicare beneficiaries in California received nursing home care than did those across the nation.

# Medicaid Beneficiaries Receiving Nursing Home Services, California vs. the United States, 2002–2005

NUMBER PER 1,000 POPULATION



TOTAL NUMBER OF MEDICAID BENEFICIARIES RECEIVING NURSING HOME SERVICES

1,876,227	1,804,830	1,832,745	1,811,942
126,339	125,892	128,530	127,329

Note: Individuals being served by intermediate care are included in the nursing homes category.

Sources: Ng, T., M. O'Malley, and C. Harrington. Medicaid HCBS Data, 2008. Medicaid Home and Community-Based Service Programs: Data Update. University of California at San Francisco. Centers for Medicare and Medicaid Services. Medicaid Statistical Information System (MSIS), State Summary Datamart, 2002–2005, [msis.cms.hhs.gov](http://msis.cms.hhs.gov).

## Long Term Care Services

### Nursing Homes

[<< RETURN TO CONTENTS](#)

Between 2002 and 2005, California Medicaid (Medi-Cal) beneficiaries were less likely to receive nursing home care than those nationally. While California's rate remained relatively stable, the national rate declined slightly.

# Total Nursing Home Revenue, by Primary Payer Source, California vs. the United States, 2007

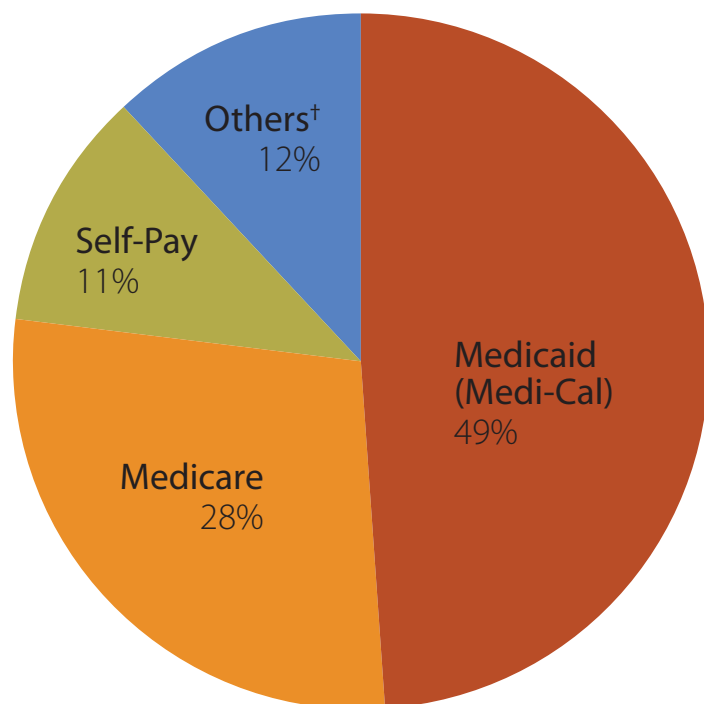
## Long Term Care Services

### Nursing Homes

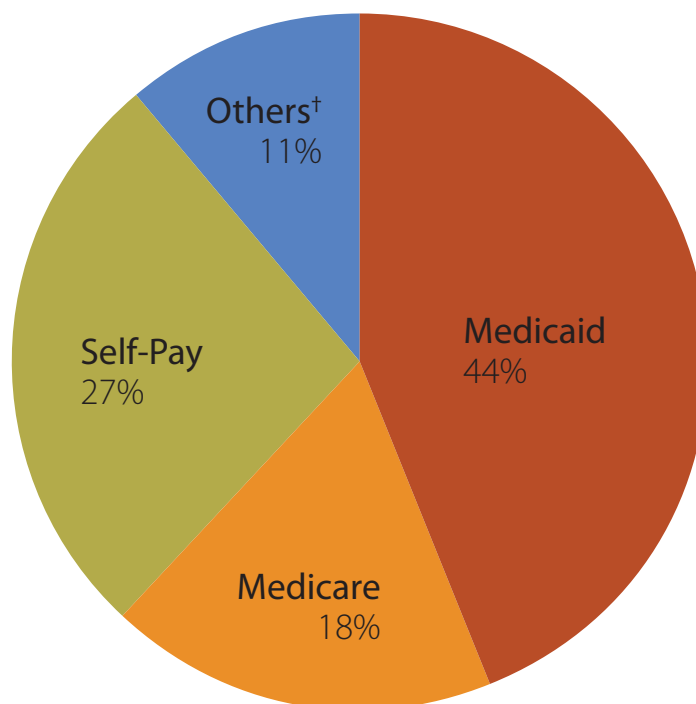
[<< RETURN TO CONTENTS](#)

In California, nursing homes are more dependent upon Medicaid revenues, which represent 49 percent of total revenues compared to 44 percent nationally. Seventy-seven percent of nursing home revenues in California come from public payer sources as opposed to 62 percent nationally.

**CALIFORNIA\***  
TOTAL: \$7.8 BILLION



**UNITED STATES**  
TOTAL: \$131.3 BILLION



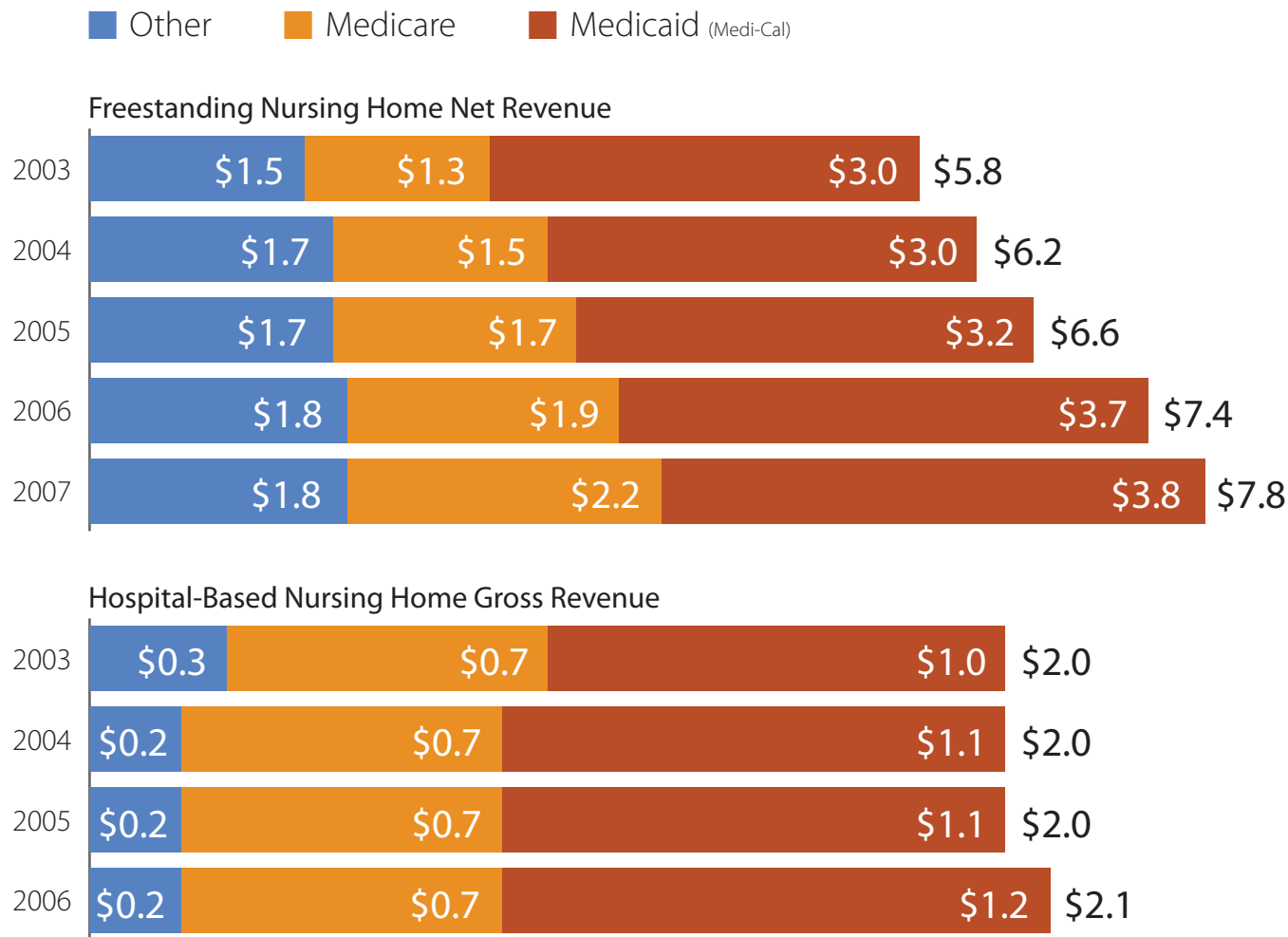
\*California data includes freestanding nursing home *net* revenues and hospital-based nursing home *gross* revenues.

†Includes private insurance, managed care, and other sources such as charity.

Sources: Catlin, A., C. Cowan, M. Hartman, S. Heffler, and the National Health Accounts Team. "National health spending in 2007: Slower drug spending contributes to lowest rate of overall growth since 1998." *Health Affairs* 27 (1): 14-29, 2008; California Office of Statewide Health Planning and Development, long term care annual financial data, 2006, and hospital financial estimates, 2007.

# Nursing Home Revenue, by Payer, California, 2003–2007

REVENUE (IN BILLIONS)



Notes: Data include total net revenues received for freestanding nursing homes and hospital-based nursing homes' gross revenues. (Net was unavailable for hospital-based nursing homes.) Gross revenue data for hospital-based nursing homes were not available for 2007.

Source: Office of Statewide Health Planning and Development. Long term care financial data (2002–2007) and hospital financial data. Sacramento, CA.

## Long Term Care Services

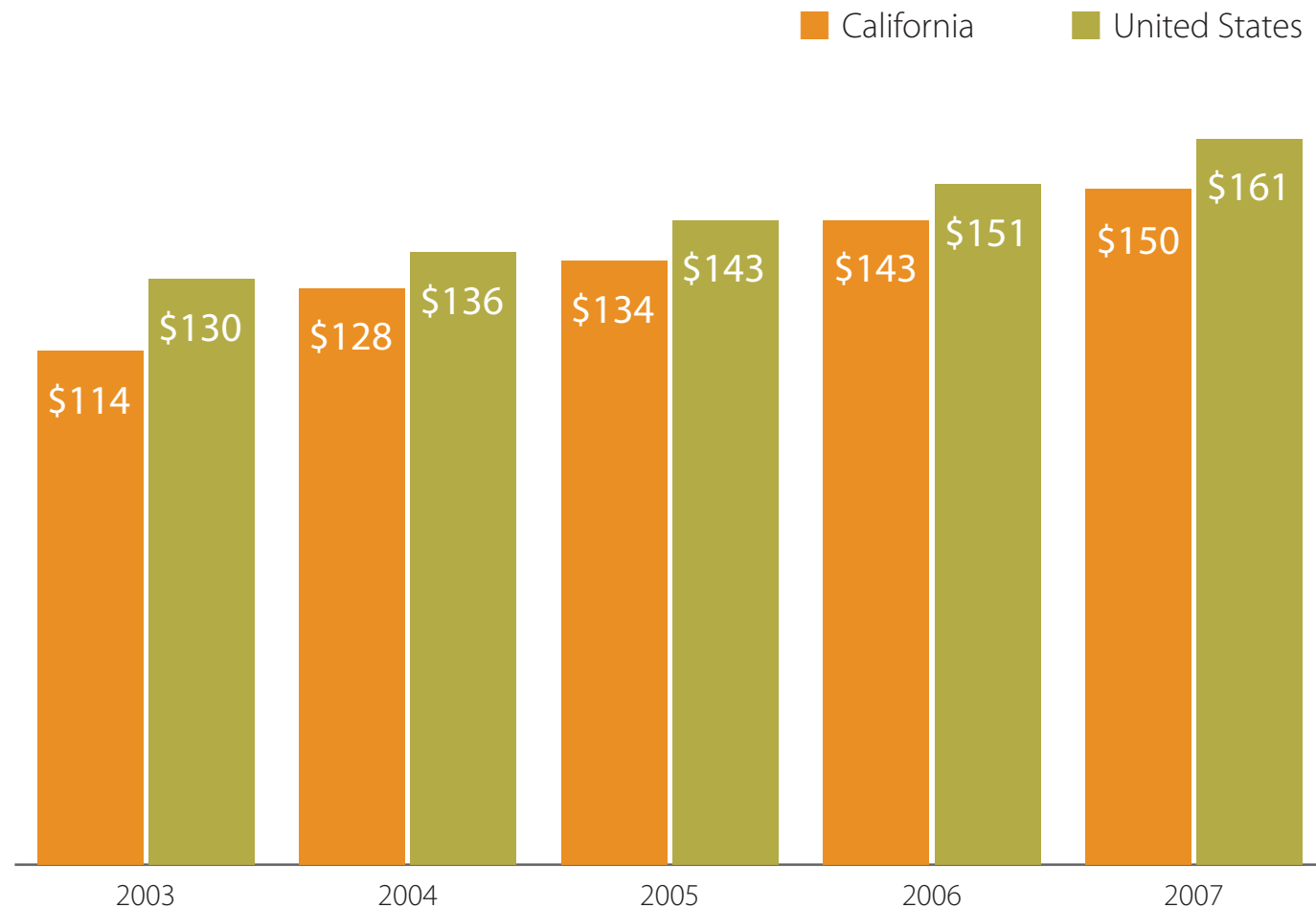
### Nursing Homes

[<< RETURN TO CONTENTS](#)

Revenue in freestanding nursing homes increased by 34 percent from 2003 to 2007. The number of Medicare beneficiaries admitted to nursing homes increased by 11 percent, while freestanding nursing home revenue from Medicare increased by 69 percent.

# Medicaid Nursing Home Reimbursement Rates, California vs. the United States, 2003–2007

## PER DAY REIMBURSEMENT



Note: The number of states participating in the State Medicaid Survey varied by year as follows: in 2003, 50 states participated; in 2004, 41 states participated; in 2005, 40 states participated; in 2006, 43 states participated; and in 2007, 37 states participated. California rate is for freestanding nursing homes and does not include hospital-based nursing homes.

Source: Swan, J. *State Medicaid Survey*. University of North Texas, 2008.

## Long Term Care Services

### Nursing Homes

[<< RETURN TO CONTENTS](#)

From 2003 to 2007, California's Medicaid nursing home reimbursement rate per day increased faster (31.5 percent) than the U.S. average (23.4 percent). Regardless of this increase, California Medicaid reimbursement rates still lag behind the U.S. average rates by \$11 per day.

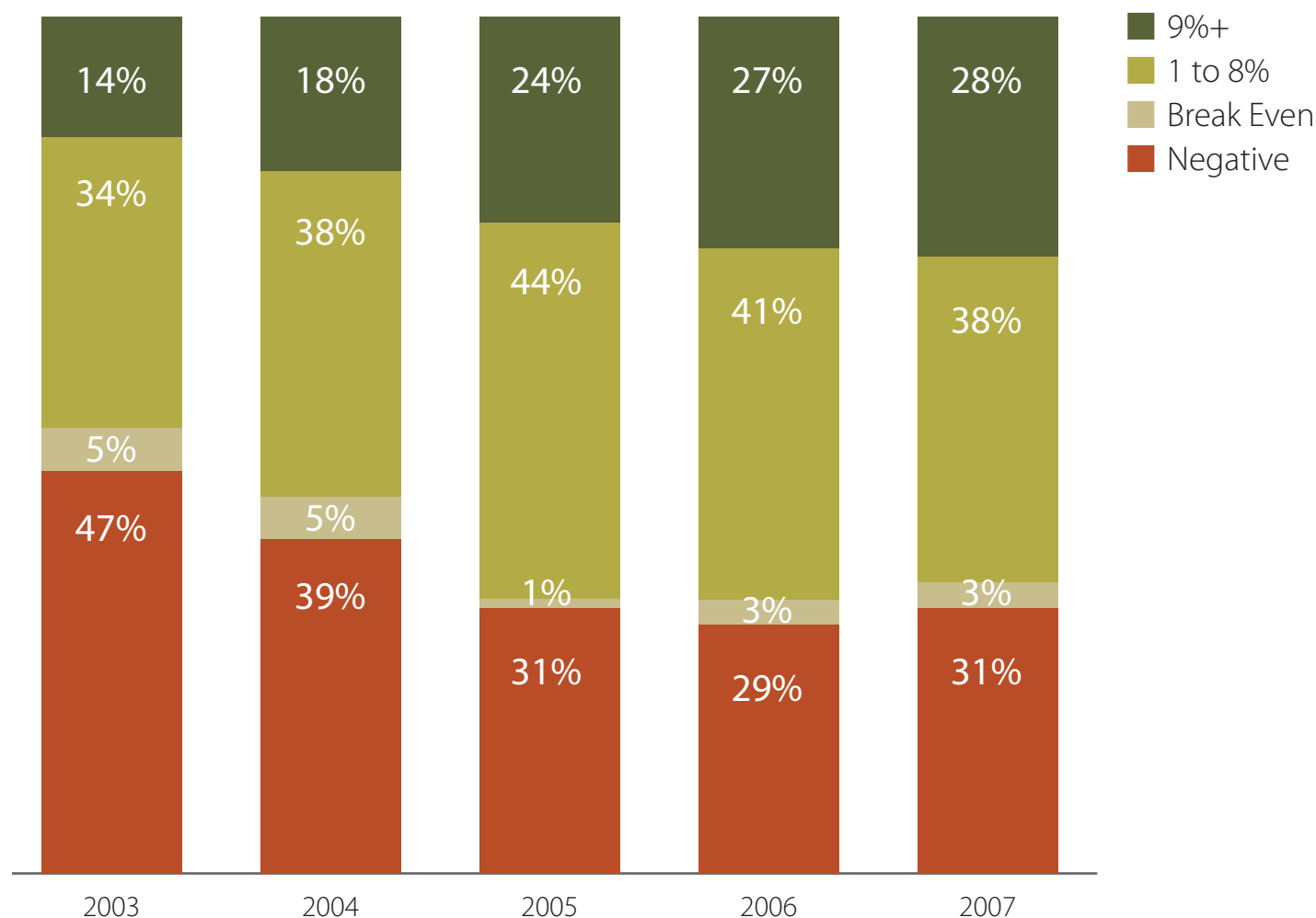
# Financial State of California Nursing Homes, 2003–2007

## Long Term Care Services

### Nursing Homes

[<< RETURN TO CONTENTS](#)

PERCENT OF FREESTANDING NURSING HOMES AT DESIGNATED PROFIT MARGINS



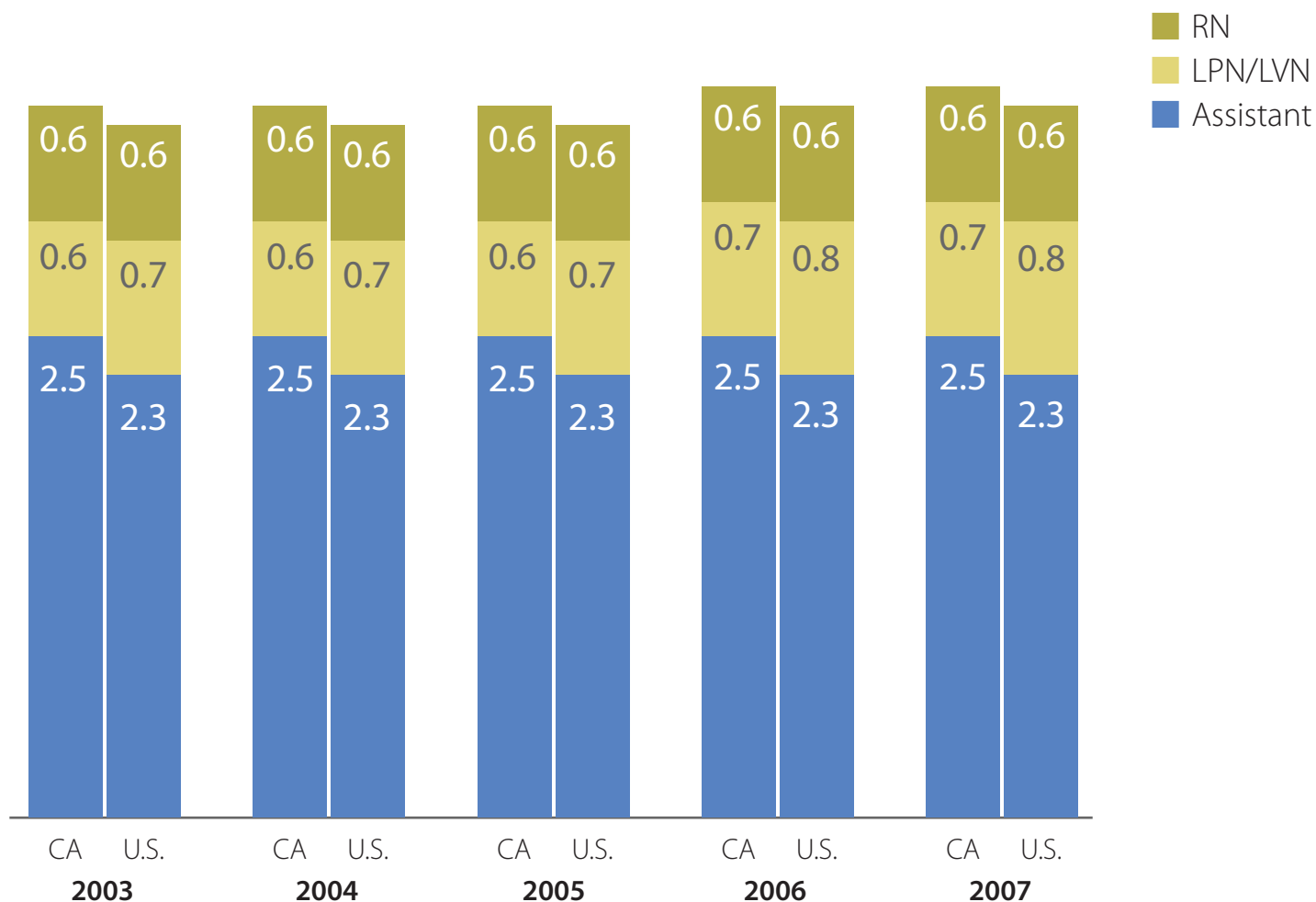
The financial situation of nursing homes improved considerably between 2003 and 2007. During that period, the percentage of California freestanding nursing homes with profit margins of 9 percent or higher increased from 14 percent to 28 percent, and the percentage of freestanding nursing homes that were not profitable decreased from 47 percent to 31 percent.

Note: Profits of 9 percent or higher have been associated with poor quality (C. O'Neill, C. Harrington, M. Kitchener, and D. Salida. "Quality of Care in Nursing Homes: An Analysis of the Relationship Among Profit, Quality, and Ownership." *Medical Care*, 41 (12): 1318–1330.)

Source: Office of Statewide Health Planning and Development. Long term care annual financial data, 2002–2007. Sacramento, CA.

# Distribution of Nursing Home Staff Hours, by Type of Staff, California vs. the United States, 2003–2007

HOURS PER RESIDENT DAY



## Long Term Care Services

### Nursing Homes

[<< RETURN TO CONTENTS](#)

Nursing staffing hours remained relatively constant between 2003 and 2007 in California and the United States.

Source: California Office of Statewide Health Planning and Development, 2007.

# Nursing Home Quality Measures with Poor Performance, California vs. the United States, 2008

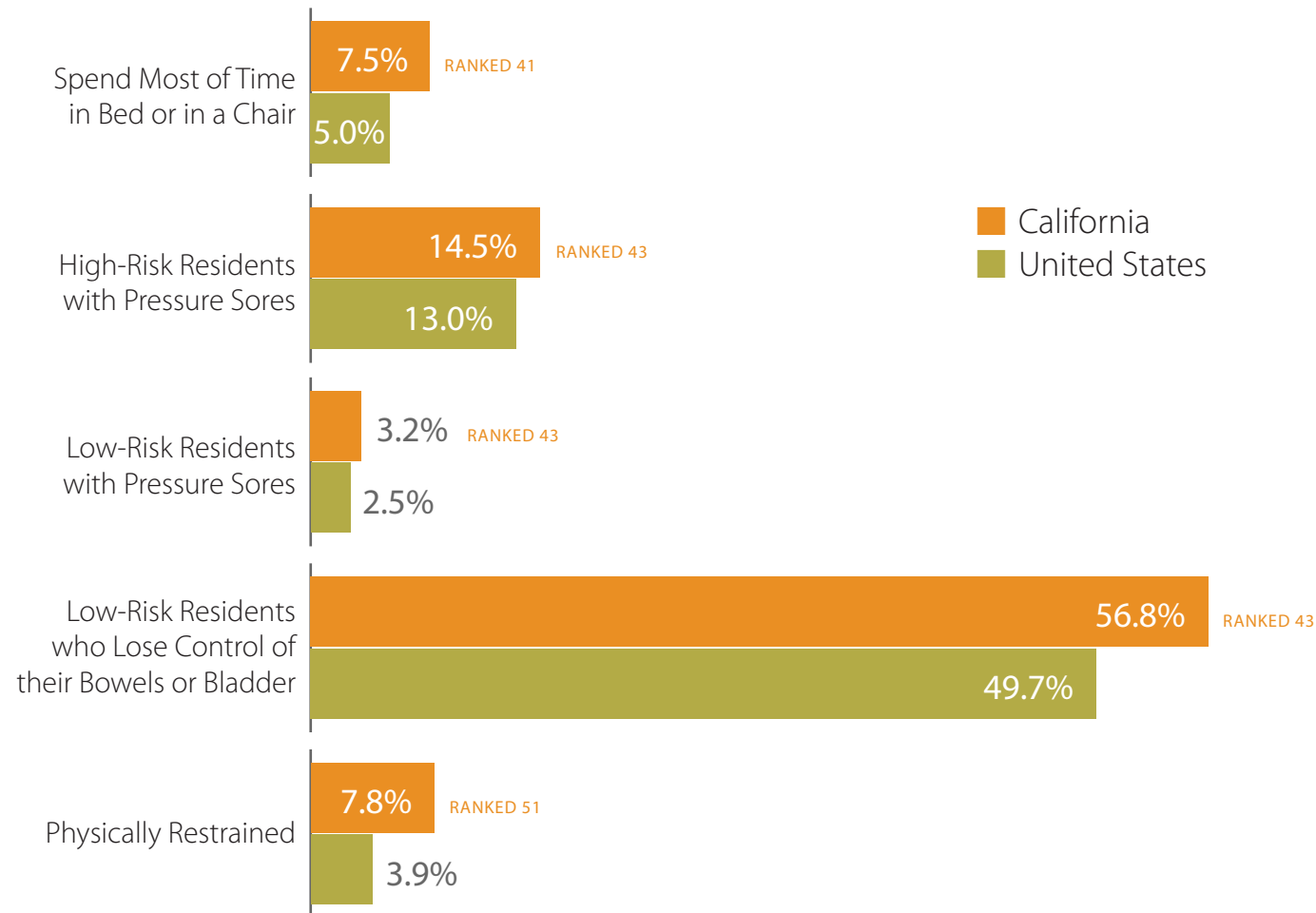
## Long Term Care Services

### Nursing Homes

[<< RETURN TO CONTENTS](#)

California continues to lag the nation on a number of key performance measures. Although there have been improvements in recent years, rates of pressure ulcers and restraint use still lag national benchmarks.

#### PERCENT OF LONG-STAY RESIDENTS

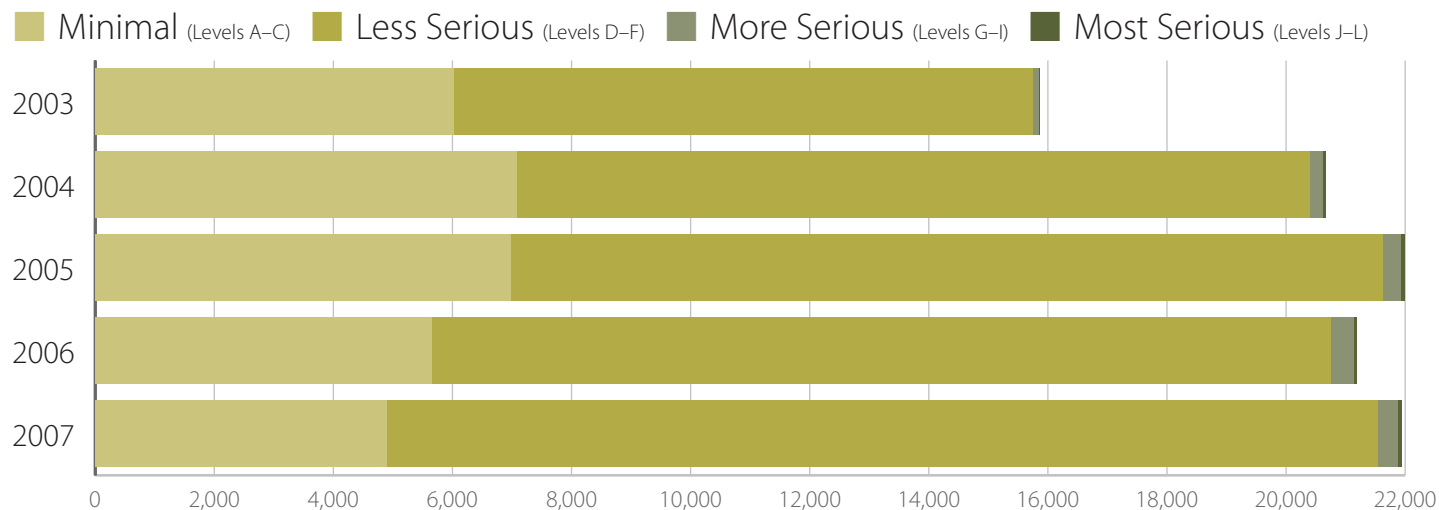


Note: Data from fourth quarter 2008.

Source: Minimum Data Set (MDS) National Quality Indicator System, accessed May 13, 2009.

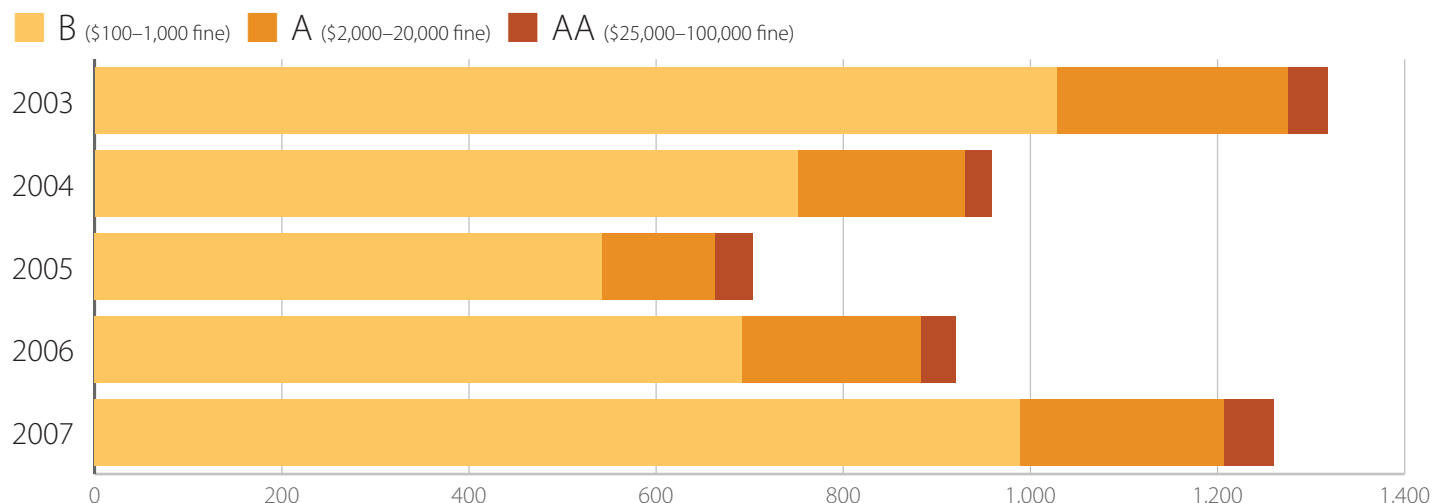
# Nursing Home Deficiencies and Citations, California, 2003–2007

## Federal Deficiencies



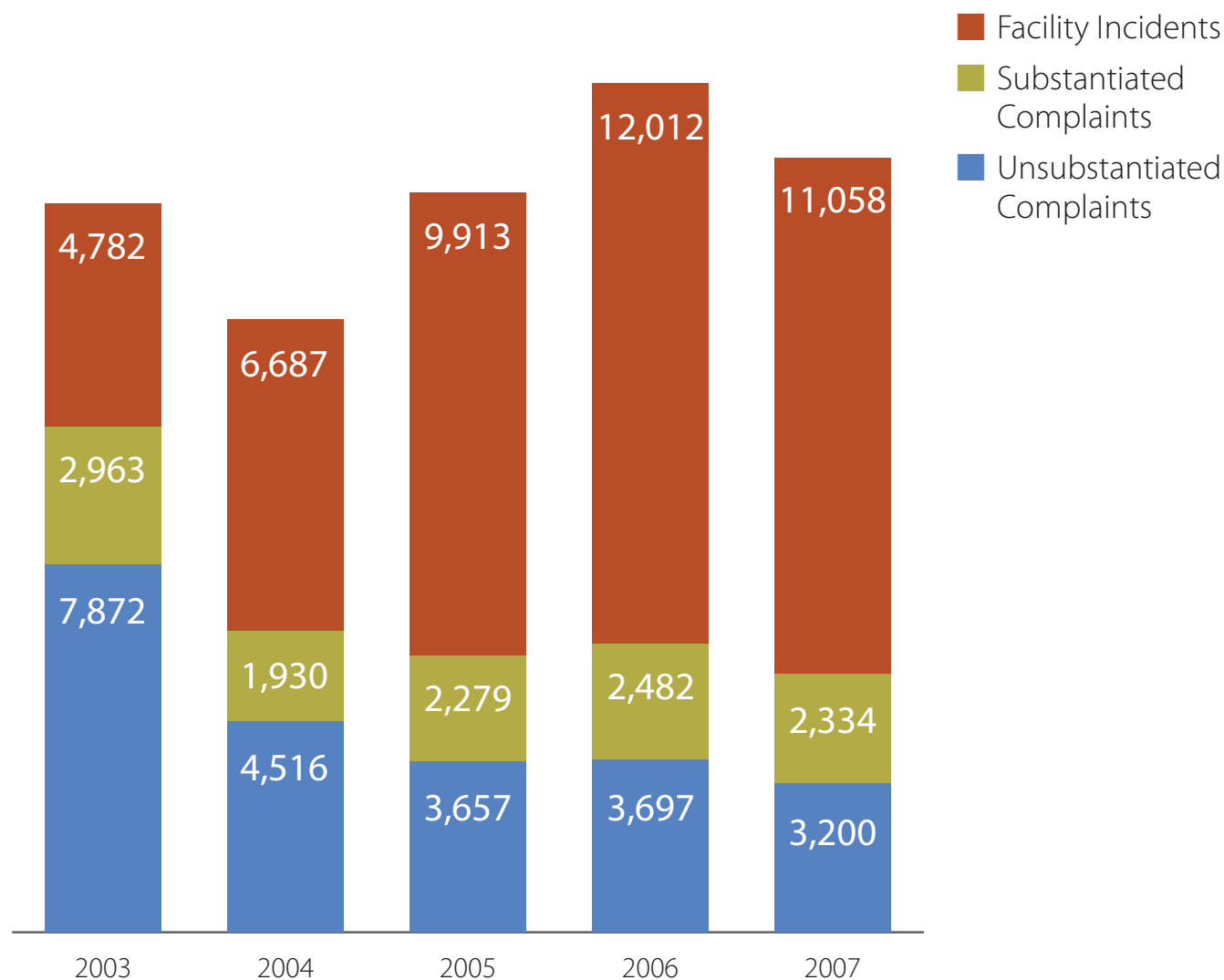
Compared to 2003, federal deficiencies increased in 2007, while state citations were relatively stable.

## State Citations



Sources: State Citations (Citations): Department of Health, Licensing and Certification Program (L&C); Electronic Licensing Management System (ELMS) data, Sacramento, CA. Federal Deficiencies (Deficiencies): California Department of Health, Licensing and Certification Program (L&C); Automated Survey Processing Environment (ASPEN) data, Sacramento, CA.

# Nursing Home Incidents and Complaints, California, 2003–2007



Notes: Total complaints include substantiated and unsubstantiated complaints and facility incidents. Facility incidents are violations self-reported by the facility. Resident complaints are initiated by residents or their families, or advocates. Complaints are formal grievances that are filed with the state Licensing and Certification Program.

Source: California Department of Health, Licensing and Certification Program (L&C). Automated Survey Processing Environment (ASPEN) data. Sacramento, CA.

## Long Term Care Services

### Nursing Homes

[<< RETURN TO CONTENTS](#)

The number of nursing home facility incidents more than doubled, while the number of unsubstantiated complaints declined by more than 50 percent.

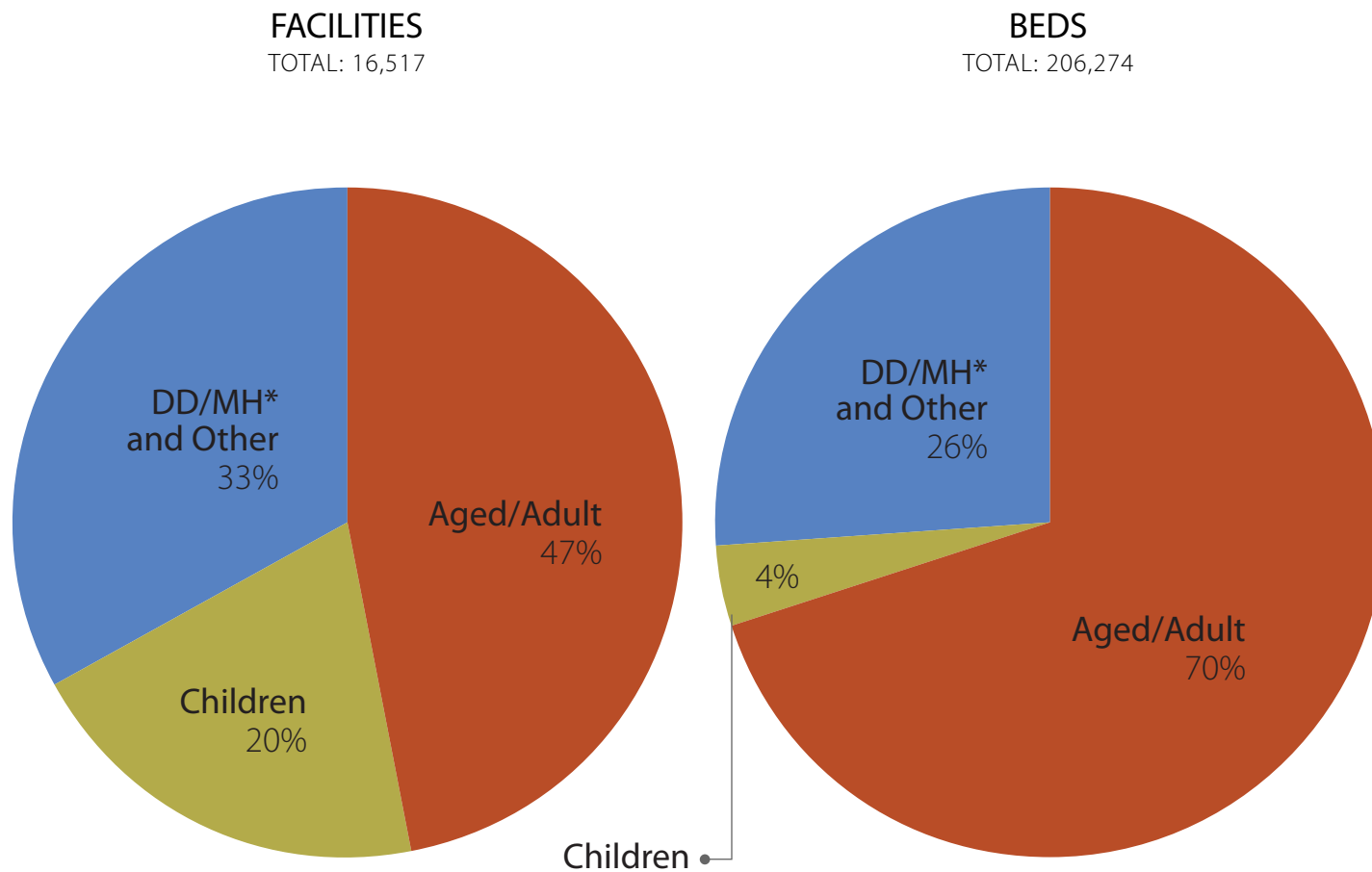
# Residential Care Capacity, by Type of Client, California, 2007

## Long Term Care Services

### Residential Care

[<< RETURN TO CONTENTS](#)

The majority of California's residential facilities and beds were licensed to serve aged and adult clients.

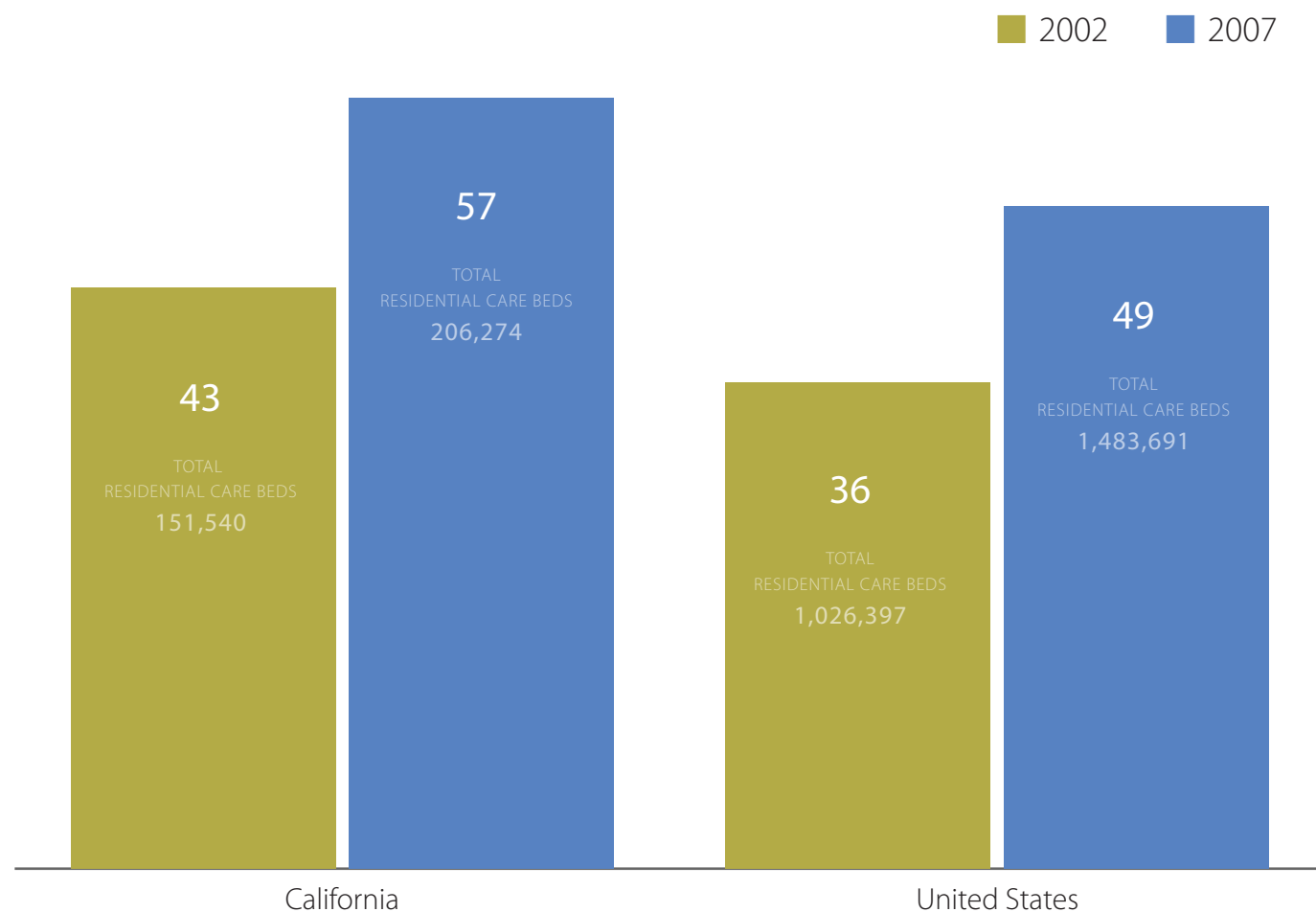


\*Stands for developmentally disabled, mental health.

Source: Harrington, C., B. Granda, H. Carrillo, J. Chang, B. Wolesslagle, J.H. Swan, K. Dreyer, et al. 2008. State Data Book on LTC, 2007: Program and Market Characteristics. Report prepared for the U.S. Department of Housing and Urban Development, San Francisco, CA: University of California.

# Residential Care Facility Beds, California vs. the United States, 2002 and 2007

NUMBER PER 10,000 POPULATION



Note: Residential care includes assisted living.

Sources: Harrington, C., S. Chapman, E. Miller, N. Miller, and R. Newcomer. 2005. "Trends in the supply of long-term-care facilities and beds in the United States." *The Journal of Applied Gerontology*, 24 (4): 265–282; C. Harrington, B. Granda, H. Carrillo, J. Chang, B. Woleslagle, J.H. Swan, K. Dreyer, et al. 2008. State Data Book on LTC, 2008: Program and Market Characteristics. Report prepared for the U.S. Department of Housing and Urban Development. San Francisco, CA: University of California.

## Long Term Care Services

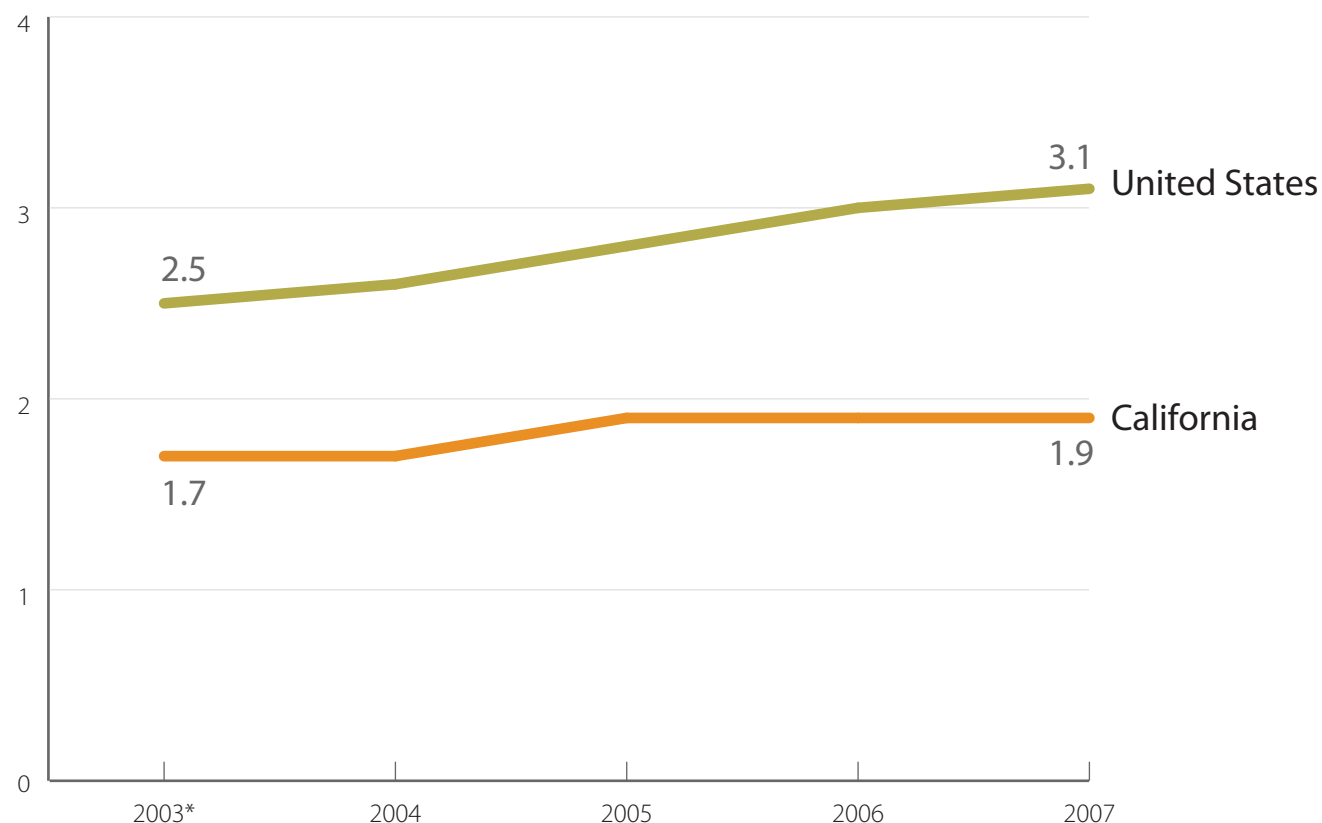
### Residential Care

[<< RETURN TO CONTENTS](#)

Between 2002 and 2007, the supply of residential care (including assisting living) beds grew by nearly 33 percent in California and 36 percent nationally.

# Medicare-Certified Home Health Agencies, California vs. the United States, 2003–2007

NUMBER PER 100,000 POPULATION



TOTAL NUMBER OF MEDICARE-CERTIFIED HOME HEALTH AGENCIES

7,265	7,679	8,224	8,838	9,284
600	623	699	701	707

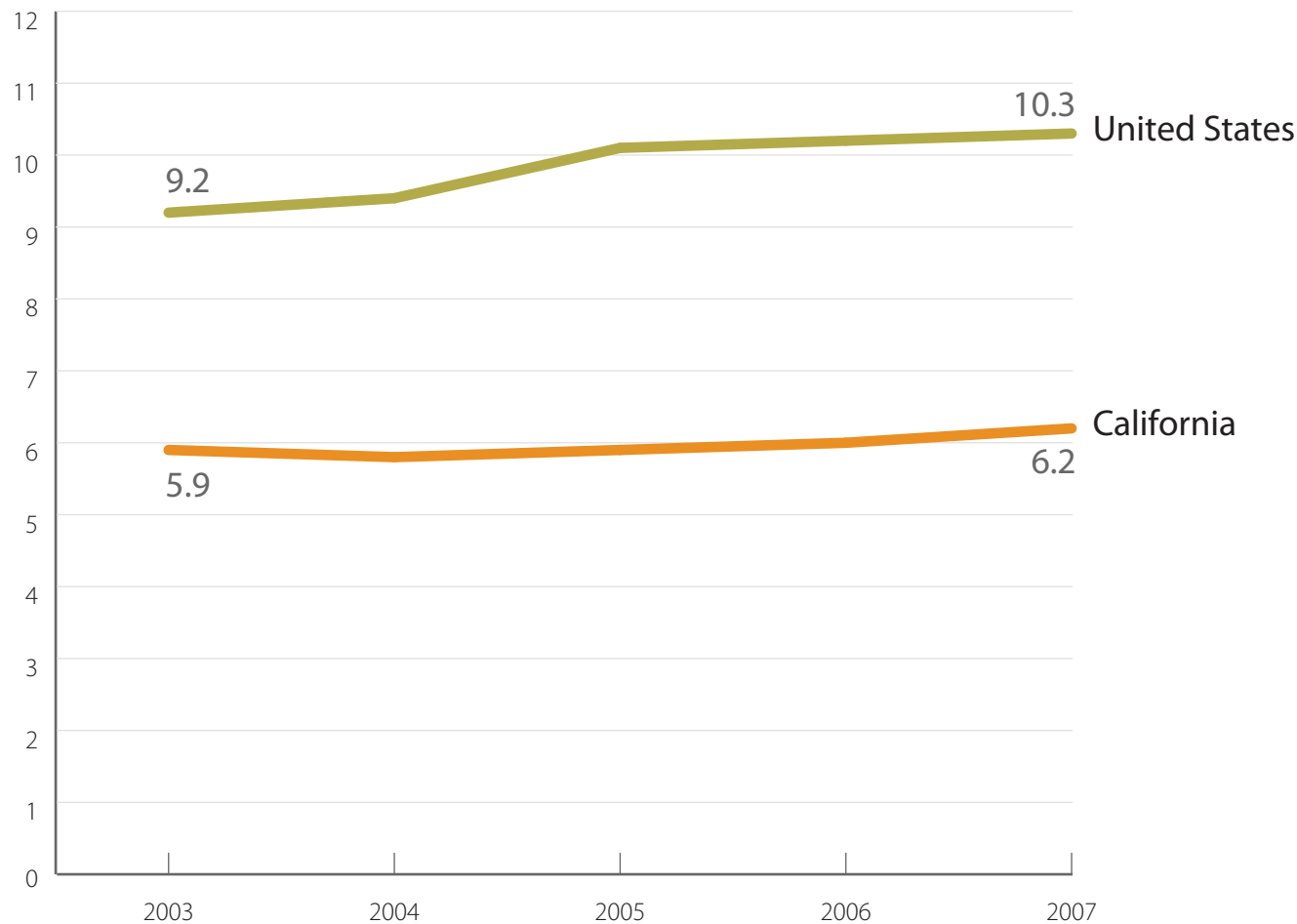
\*Data estimated for 2003.

Sources: Centers for Medicare and Medicaid Services, Online Survey, Certification, and Reporting (OSCAR); National Association for Home Care and Hospice. 2008. Appendix A: tables and Figures, Table 1: Number of Medicare-certified Home Care Agencies, by Auspice, for Selected Years, 1967–2007 (updated 2008), [www.nahc.org/facts/08HC\\_Stats.pdf](http://www.nahc.org/facts/08HC_Stats.pdf) (accessed March 2009), Washington, DC. California Office of Statewide Health Planning and Development (OSHPD), utilization data for home health agencies and hospices.

From 2003 to 2007, the number of Medicare-certified home health agencies increased, though not as fast as the national rate. The number of California home health agencies remained a third lower than the national average.

# Medicare Beneficiaries Receiving Home Health Services, California vs. the United States, 2003–2007

NUMBER PER 1,000 POPULATION



Source: Centers for Medicaid and Medicare Services. Data Compendium, 2008 Edition. Medicare Skilled Nursing Facility Utilization by State, Calendar Year 2003–07; Medicare Hospice Utilization, Calendar Year 2003–07; Medicare Home Health Agency Utilization, Calendar Year 2003–07, [www.cms.hhs.gov/DataCompendium/16\\_2008\\_Data\\_Compendium.asp#TopOfPage](http://www.cms.hhs.gov/DataCompendium/16_2008_Data_Compendium.asp#TopOfPage).

## Long Term Care Services

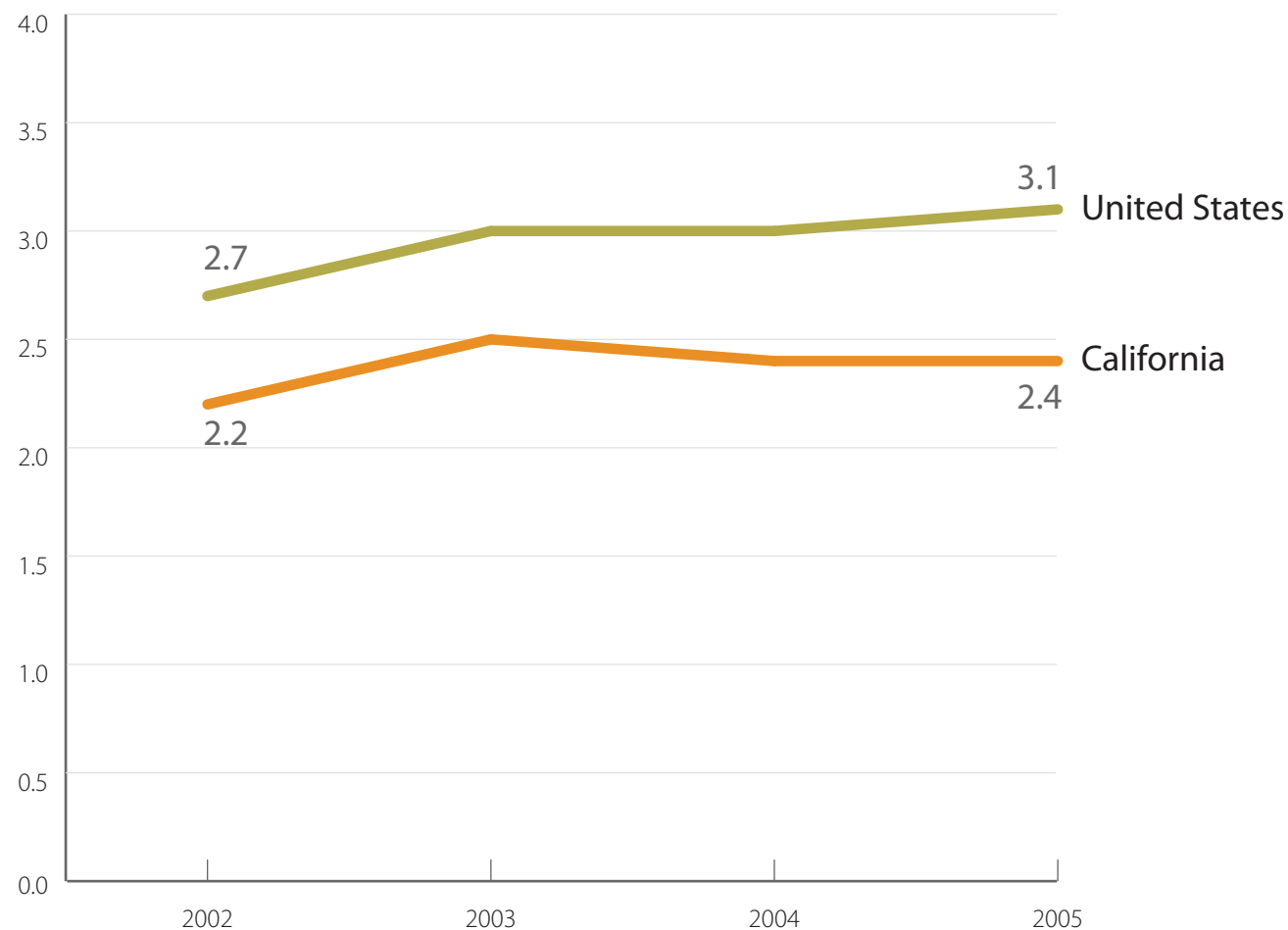
Home Health Care

[<< RETURN TO CONTENTS](#)

California Medicare beneficiaries received home health services at a lower per capita rate than the national average between 2003 and 2007.

# Medicaid Beneficiaries Receiving Home Health Services, California vs. the United States, 2002–2005

NUMBER PER 1,000 POPULATION



Sources: Ng, T., M. O'Malley, and C. Harrington. Medicaid HCBS Data, 2008. Medicaid Home and Community-Based Service Programs: Data Update. University of California at San Francisco. Centers for Medicare and Medicaid Services. Medicaid Statistical Information System (MSIS), State Summary Datamart, 2002–2005, [msis.cms.hhs.gov](http://msis.cms.hhs.gov).

## Long Term Care Services

Home Health Care

[<< RETURN TO CONTENTS](#)

The number of Medicaid beneficiaries per 1,000 in California receiving home health services was also lower than the national average.

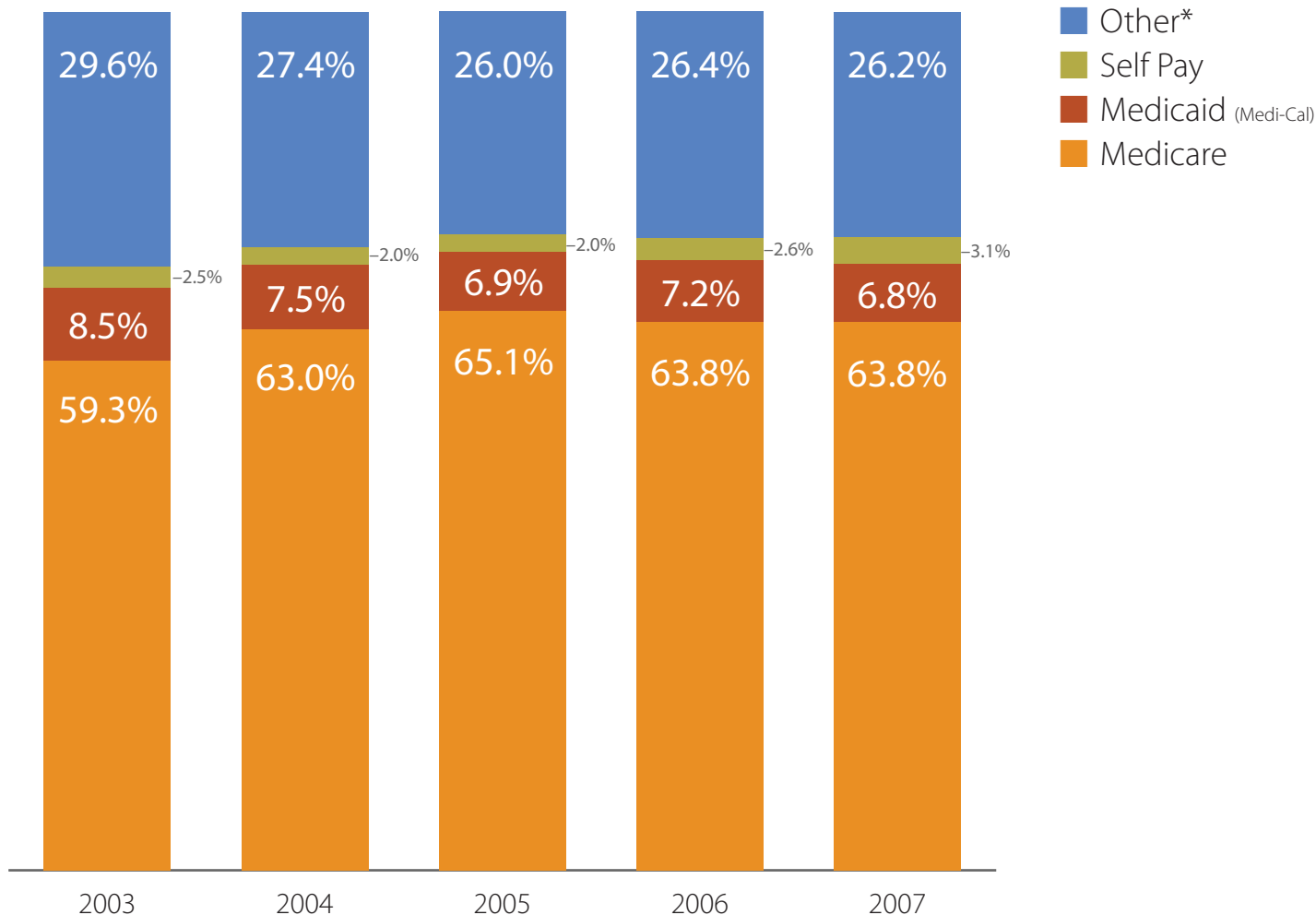
# Home Health Payer Mix, California, 2003–2007

## Long Term Care Services

### Home Health Care

[<< RETURN TO CONTENTS](#)

PERCENT OF HOME HEALTH PAYMENTS, BY PAYER



Medicare is the primary payer of home health care in California; from 2003 to 2007 the share of Medicare's payments for home health increased from 59 percent to 64 percent.

\*Includes private payers.

Source: California Office of Statewide Health Planning and Development (OSHPD), home health and hospice utilization data, 2003–2007.

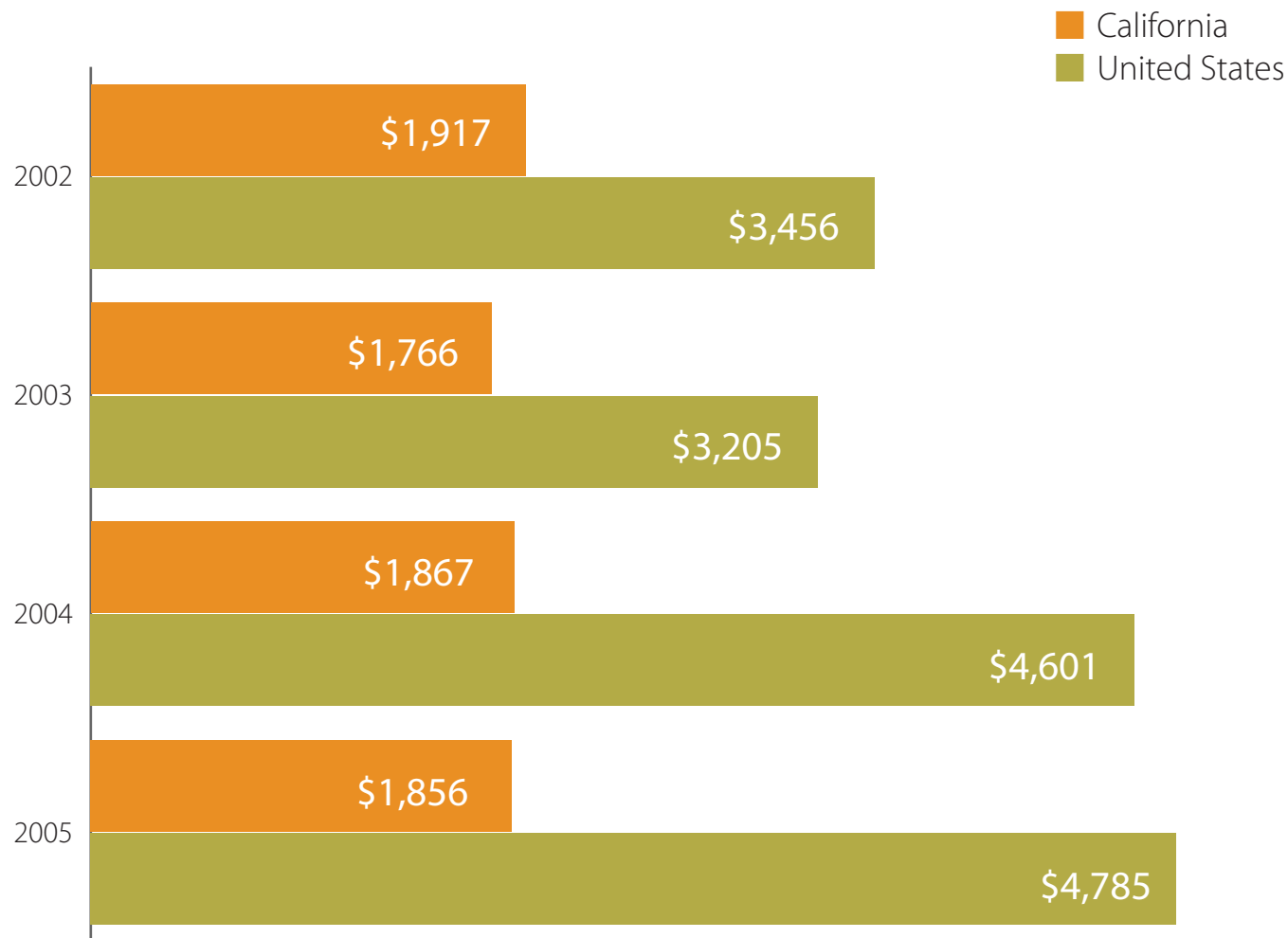
# Expenditures per Capita for Medicaid Home Health, California vs. the United States, 2002–2005



From 2002 to 2005, annual per capita expenditures for Medicaid home health services in California increased by 5 percent, while national expenditures increased 60 percent.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. University of California at San Francisco. B. Burwell, K. Sredl, and S. Eiken. *Medicaid Long-Term Care Expenditures for FY 2007*. Cambridge, MA: Thomson Reuters, September 2008.

# Expenditures per Beneficiary for Medicaid Home Health, California vs. the United States, 2002–2005



## Long Term Care Services

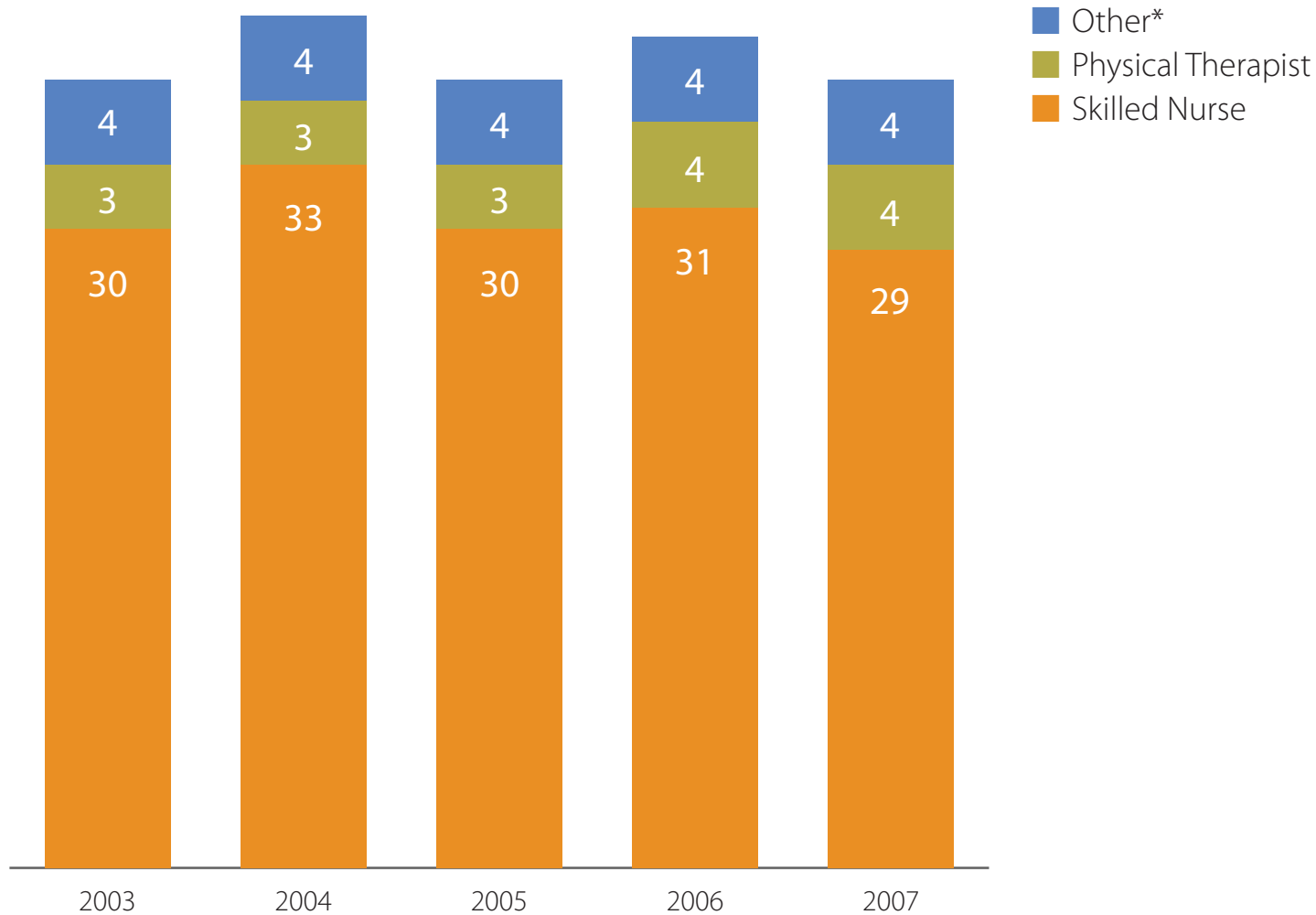
### Home Health Care

[<< RETURN TO CONTENTS](#)

In comparison to the national average, California spent substantially less per participant on Medicaid home health care. The gap widened during the 2002 to 2005 period.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. San Francisco, CA: University of California at San Francisco.

# Home Health Mean Number of Visits, by Provider Type, California, 2003–2007



\*Includes visits by the following providers: home health aide, nutritionist, occupational therapist, other staff, spiritual/pastoral care, physician, social worker, and speech pathologist.

Source: California Office of Statewide Health Planning and Development (OSHPD), home health and hospice utilization data, 2003–2007.

## Long Term Care Services

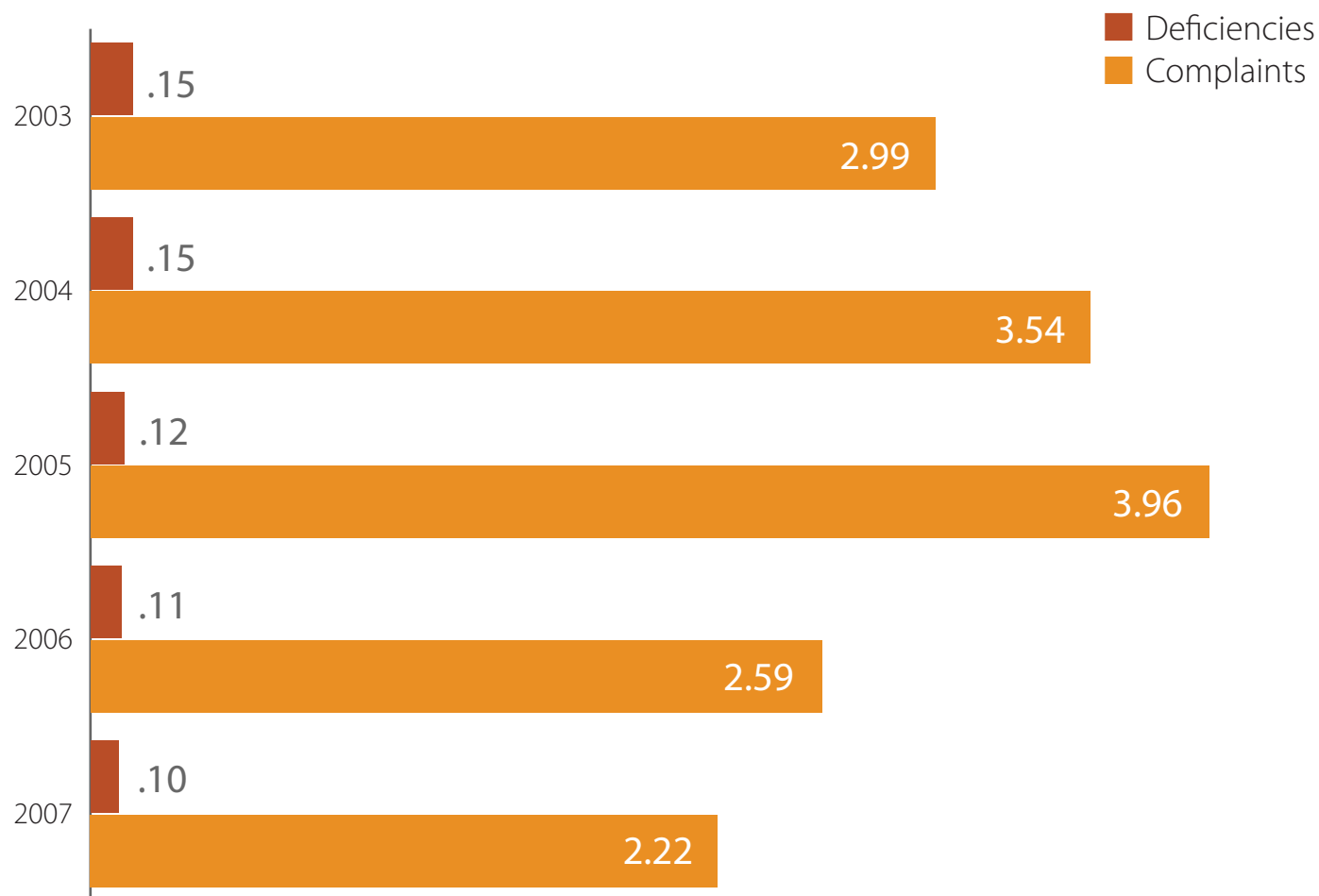
### Home Health Care

[<< RETURN TO CONTENTS](#)

The number of home health visits remained relatively stable from 2003 to 2007 for all provider types in California.

# Home Health Deficiencies and Complaints, California, 2003–2007

## MEAN NUMBER OF FEDERAL DEFICIENCIES AND COMPLAINTS



Source: California Licensing and Certification Program, Automated Survey Processing Environment (ASPEN) data, 2003–2007.

## Long Term Care Services

Home Health Care

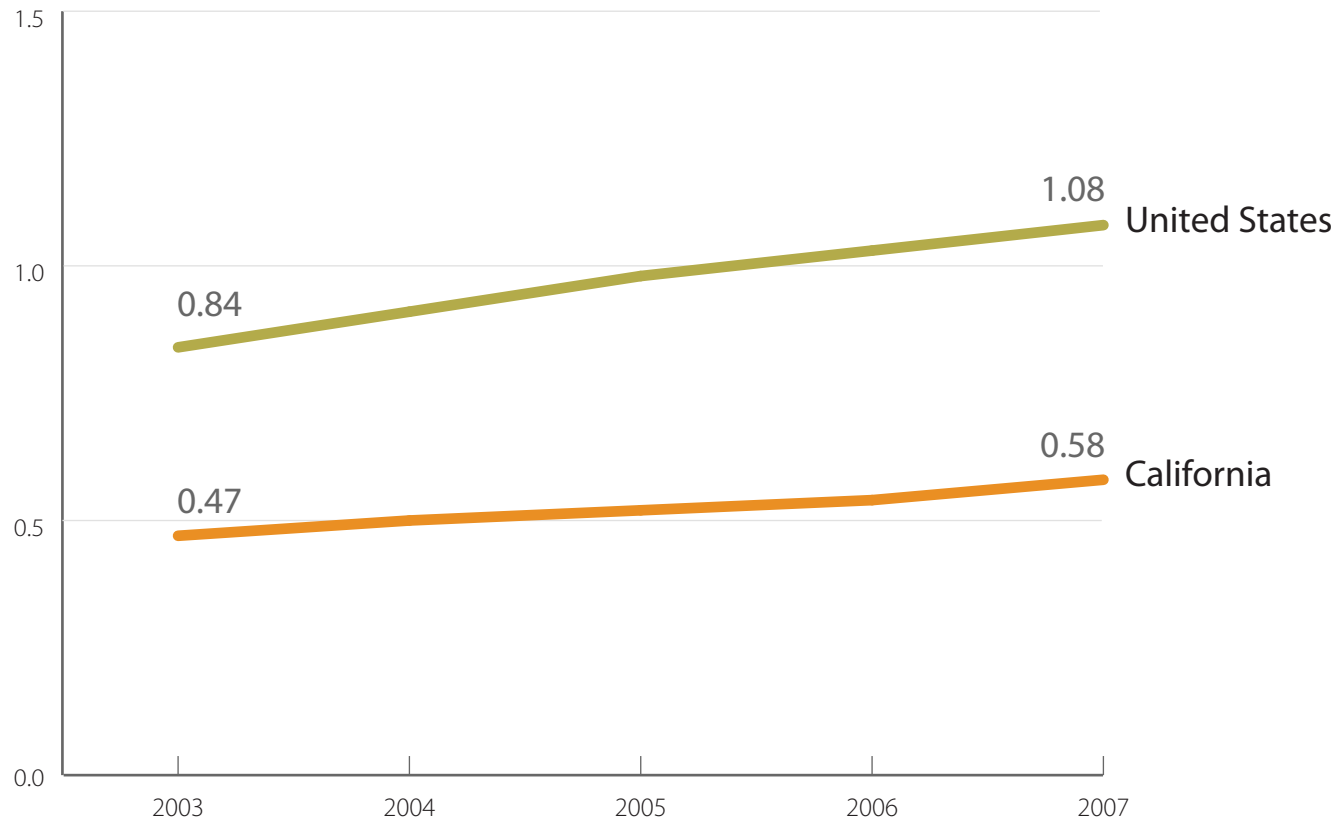
[<< RETURN TO CONTENTS](#)

Between 2003 and 2007, the average number of federal deficiencies and complaints against home health agencies in California decreased. The number of home health agencies surveyed\* also decreased across this time period.

\*Number of surveys:  
2003: 209; 2004: 215; 2005: 213; 2006: 184; and 2007: 178.

# Medicare-Certified Hospices, California vs. the United States, 2003–2007

NUMBER PER 100,000 POPULATION



TOTAL NUMBER OF MEDICARE-CERTIFIED HOSPICES

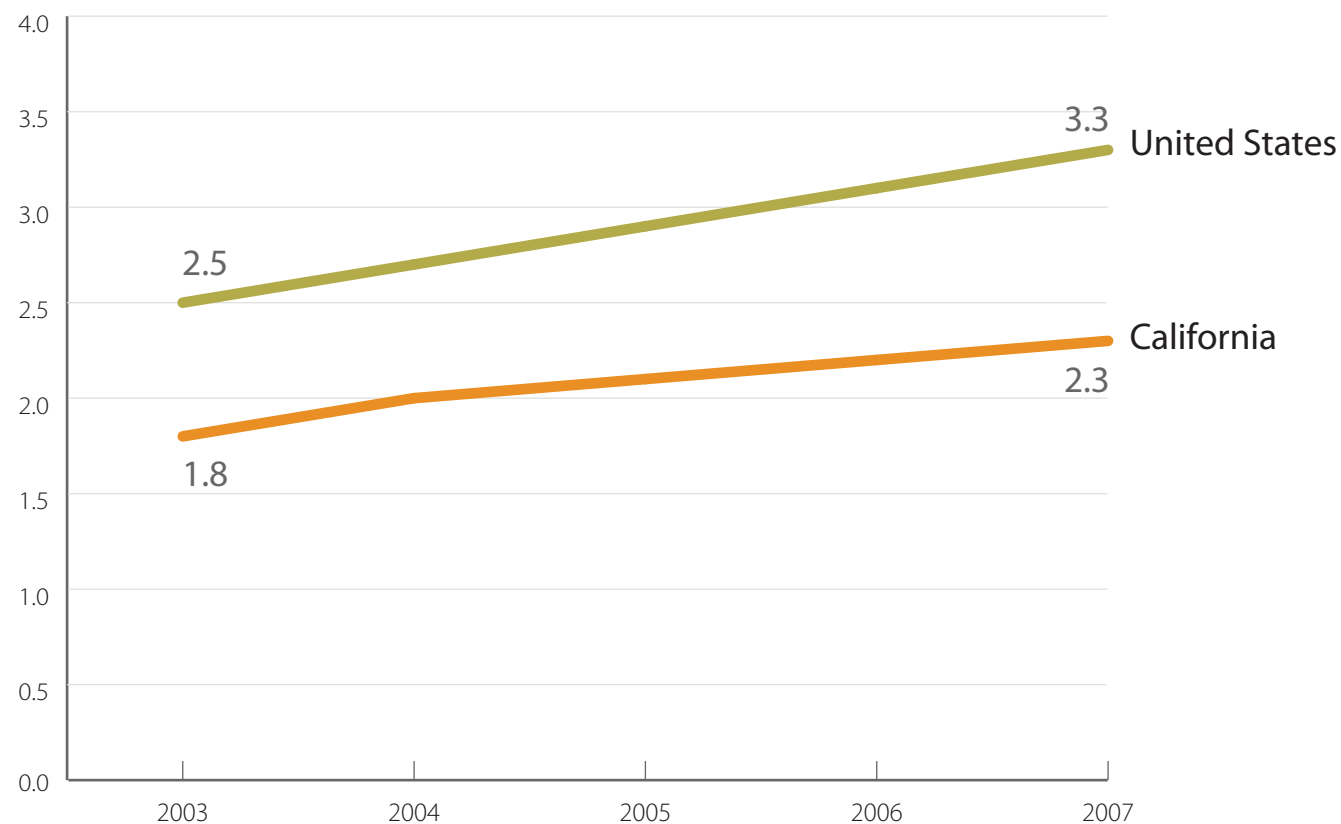
2,444	2,670	2,884	3,078	3,257
167	177	186	196	211

While the number of Medicare-certified hospice programs per capita increased in California and the nation, California had about half the national average in 2007.

Sources: U.S. data from the Hospice Association of America (2008), Table 1: Number of Medicare-certified Hospices, by Auspice, 1984–2007, and Centers for Medicare and Medicaid Services (CMS), Health Standards and Quality Bureau, [www.nahc.org/facts/HospiceStats08.pdf](http://www.nahc.org/facts/HospiceStats08.pdf). California data from the Hospice Association of America, Number of Medicare-certified Hospices and Program Payments, by State, [www.nahc.org/hospicefands.pdf](http://www.nahc.org/hospicefands.pdf), [www.nahc.org/facts/hospicex07.pdf](http://www.nahc.org/facts/hospicex07.pdf), [www.nahc.org/facts/HospiceStats08.pdf](http://www.nahc.org/facts/HospiceStats08.pdf), [www.nahc.org/facts/2007hhas.pdf](http://www.nahc.org/facts/2007hhas.pdf), [www.nahc.org/NAHC/Research/HHAs.pdf](http://www.nahc.org/NAHC/Research/HHAs.pdf), (accessed March 2009).

# Medicare Beneficiaries Receiving Hospice Services, California vs. the United States, 2003–2007

NUMBER PER 1,000 POPULATION



TOTAL NUMBER OF BENEFICIARIES RECEIVING HOSPICE SERVICES

725,159	792,922	866,502	934,190	990,671
65,357	71,674	77,364	81,101	83,732

Fewer Medicare beneficiaries in California received hospice services than the national average.

Source: Centers for Medicaid and Medicare Services. Data Compendium, 2008 Edition. Medicare Skilled Nursing Facility Utilization by State, Calendar Year 2003–07; Medicare Hospice Utilization, Calendar Year 2003–07; Medicare Home Health Agency Utilization, Calendar Year 2003–07, [www.cms.hhs.gov/DataCompendium/16\\_2008\\_Data\\_Compendium.asp#TopOfPage](http://www.cms.hhs.gov/DataCompendium/16_2008_Data_Compendium.asp#TopOfPage).

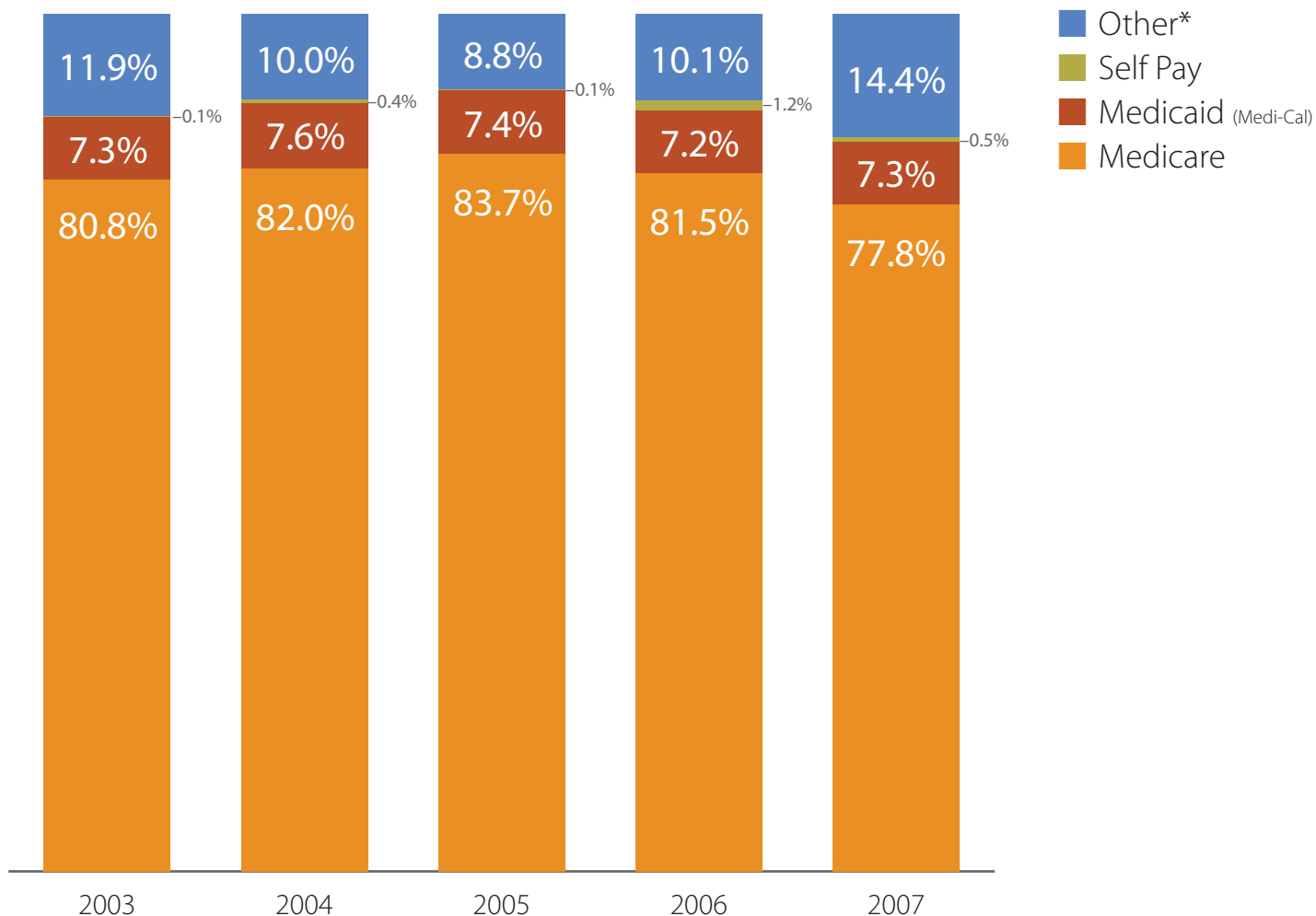
# Hospice Payer Mix, California, 2003–2007

## Long Term Care Services

### Hospice

[<< RETURN TO CONTENTS](#)

PERCENT OF HOSPICE PAYMENTS, BY PAYER



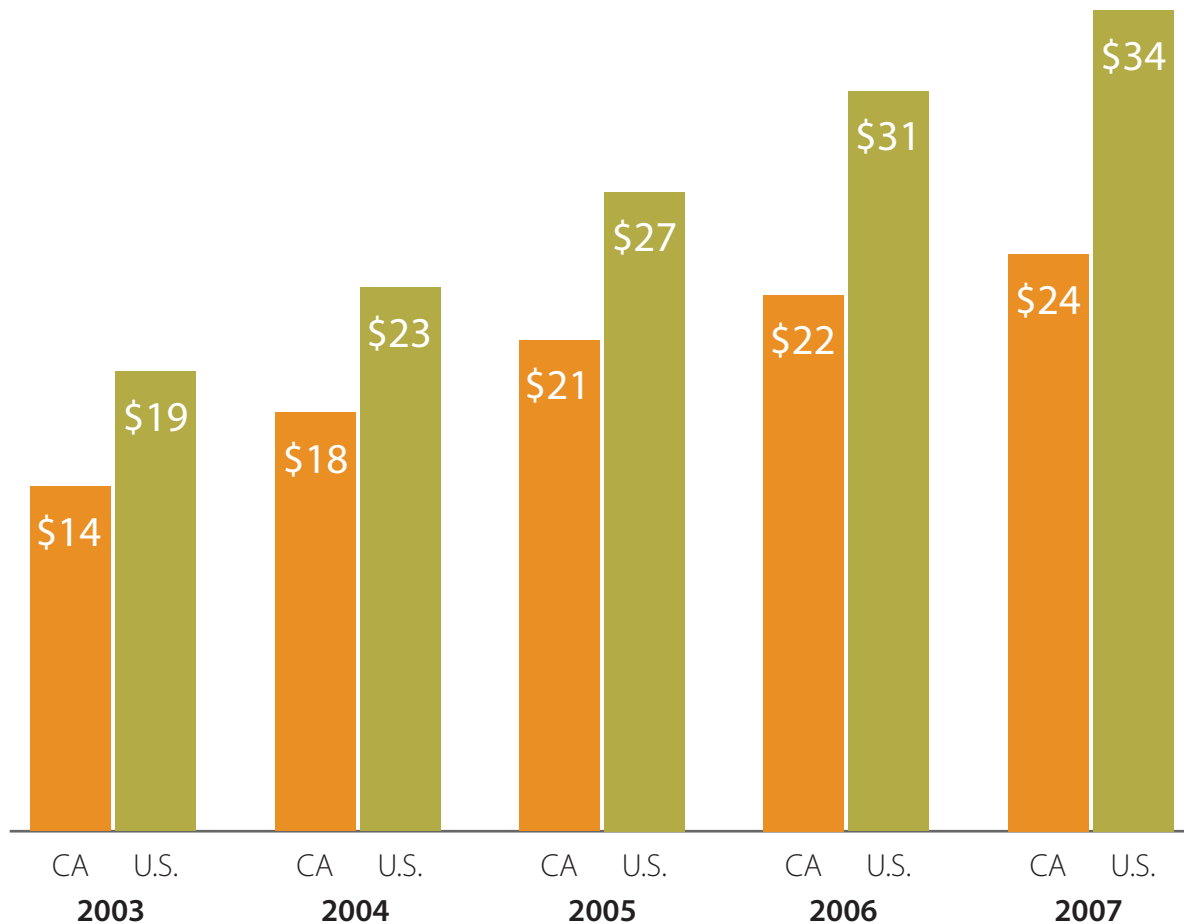
Although Medicare's share of hospice payments declined from 2003 to 2007, it still remains the dominant payer for hospice services in California.

\*Other includes private insurance plans.

Source: California Office of Statewide Health Planning and Development (OSHPD), home health and hospice utilization data, 2003–2007.

# Medicare Hospice Expenditures, California vs. the United States, 2003–2007

SPENDING PER 1,000 POPULATION



Source: Centers for Medicaid and Medicare Services. Data Compendium, 2008 Edition. Medicare Skilled Nursing Facility Utilization by State, Calendar Year 2003–07; Medicare Hospice Utilization, Calendar Year 2003–07; Medicare Home Health Agency Utilization, Calendar Year 2003–07, [www.cms.hhs.gov/DataCompendium/16\\_2008\\_Data\\_Compendium.asp#TopOfPage](http://www.cms.hhs.gov/DataCompendium/16_2008_Data_Compendium.asp#TopOfPage).

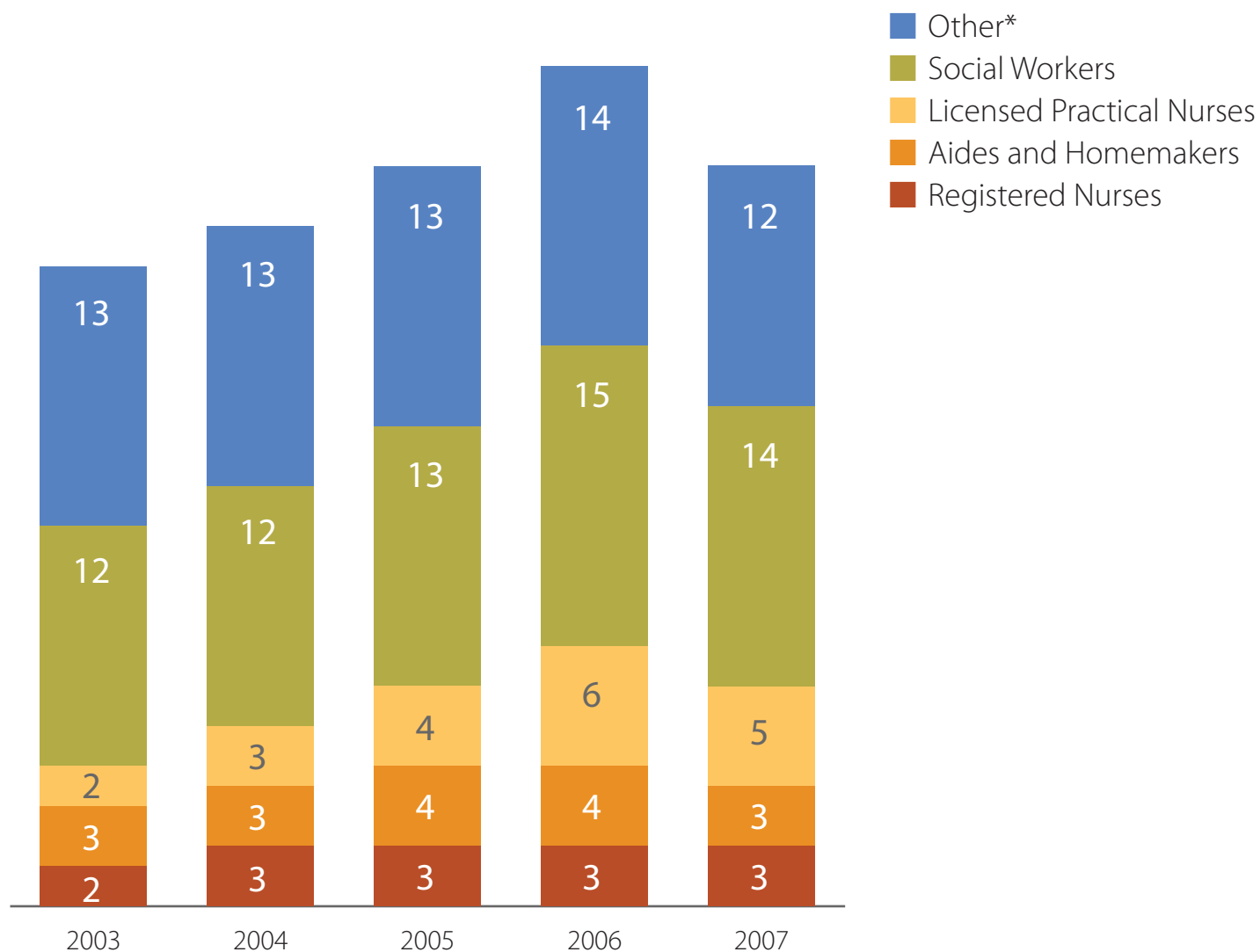
## Long Term Care Services

### Hospice

[<< RETURN TO CONTENTS](#)

Between 2003 and 2007, U.S. Medicare expenditures for hospice care grew by 79 percent while California Medicare hospice expenditures grew at a slower rate (67 percent).

# Hospice Mean Number of Visits, by Provider Type, California, 2003–2007



\*Includes other staff (physical, occupational, and speech therapists; physicians; and spiritual).

Source: California Office of Statewide Health Planning and Development (OSHPD), home health and hospice utilization data, 2003–2007.

## Long Term Care Services

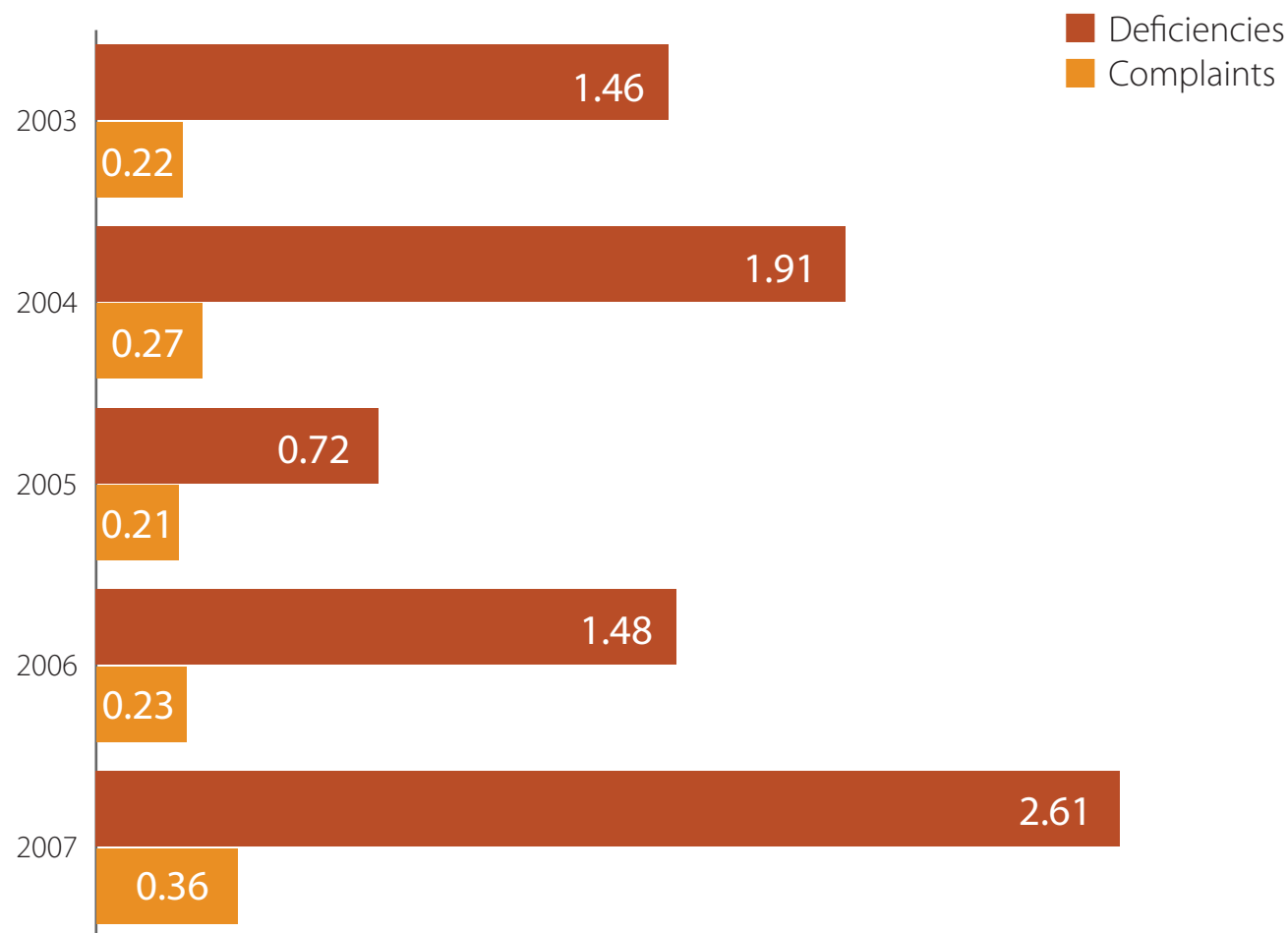
### Hospice

[<< RETURN TO CONTENTS](#)

Overall, the mean number of hospice visits in California increased 15 percent between 2003 and 2007 before dropping back down in 2007.

# Hospice Deficiencies and Complaints, California, 2003–2007

MEAN NUMBER OF FEDERAL DEFICIENCIES AND TOTAL NUMBER OF COMPLAINTS



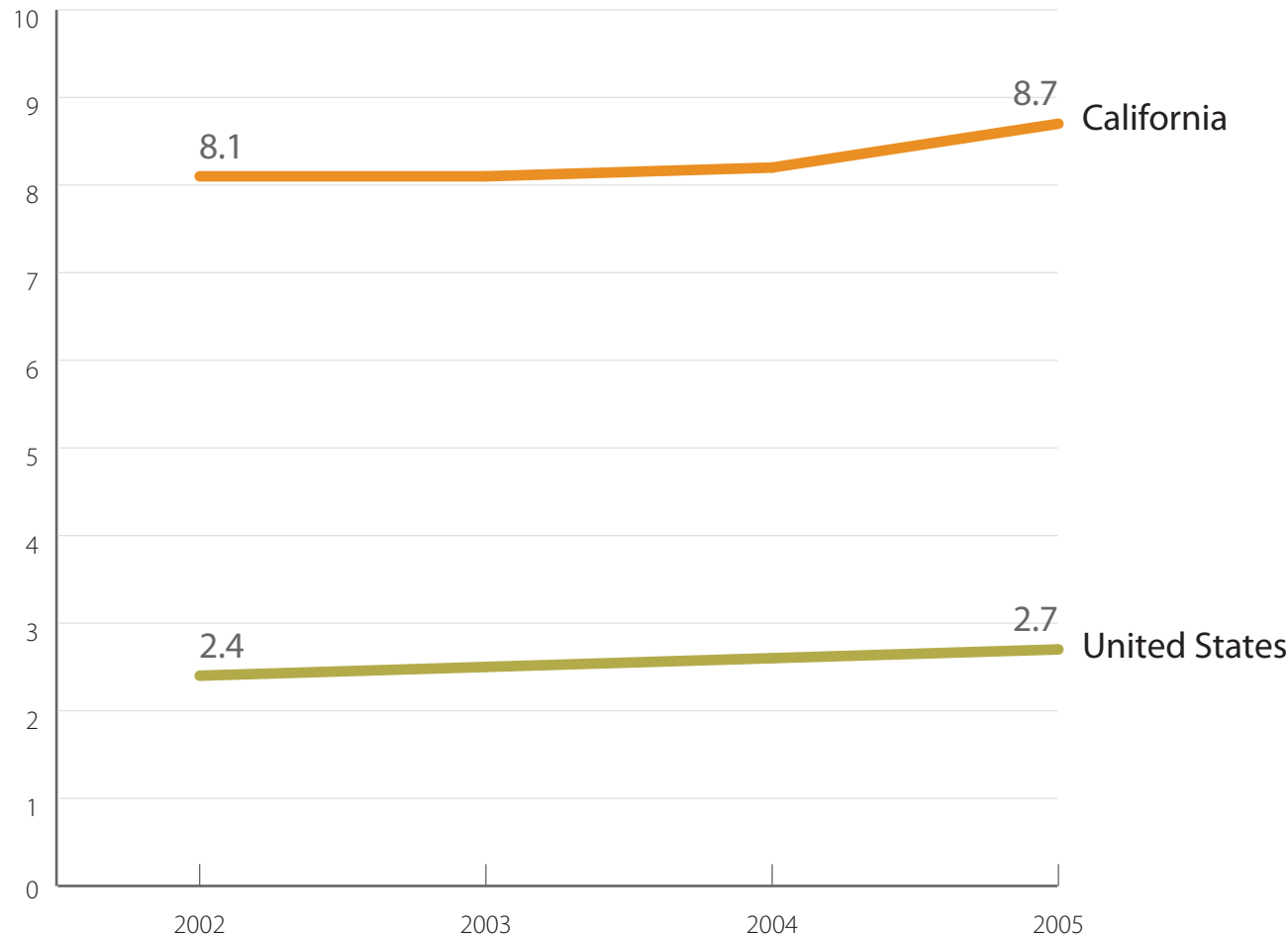
Note: Federal deficiencies are violations of minimum standards of care; complaints are formal grievances filed against a facility that have been investigated and substantiated by the state survey agency.

Source: California Licensing and Certification Program, Automated Survey Processing Environment (ASPEN) data, 2003–2007.

In 2007, California hospices had, on average, 2.6 federal deficiencies and .4 complaints. Both have increased since 2003.

# Medicaid Beneficiaries Receiving Personal Care Services, California vs. the United States, 2002–2005

NUMBER PER 1,000 POPULATION



Note: Personal Care Services is a federal-state health and social services program providing personal care and domestic services for individuals who are aged, blind, or disabled and need such services.

Sources: Ng, T., M. O'Malley, and C. Harrington. Medicaid HCBS Data, 2008. Medicaid Home and Community-Based Service Programs: Data Update. University of California at San Francisco. Centers for Medicare and Medicaid Services. Medicaid Statistical Information System (MSIS), State Summary Datamart, 2002–2005, [msis.cms.hhs.gov](http://msis.cms.hhs.gov).

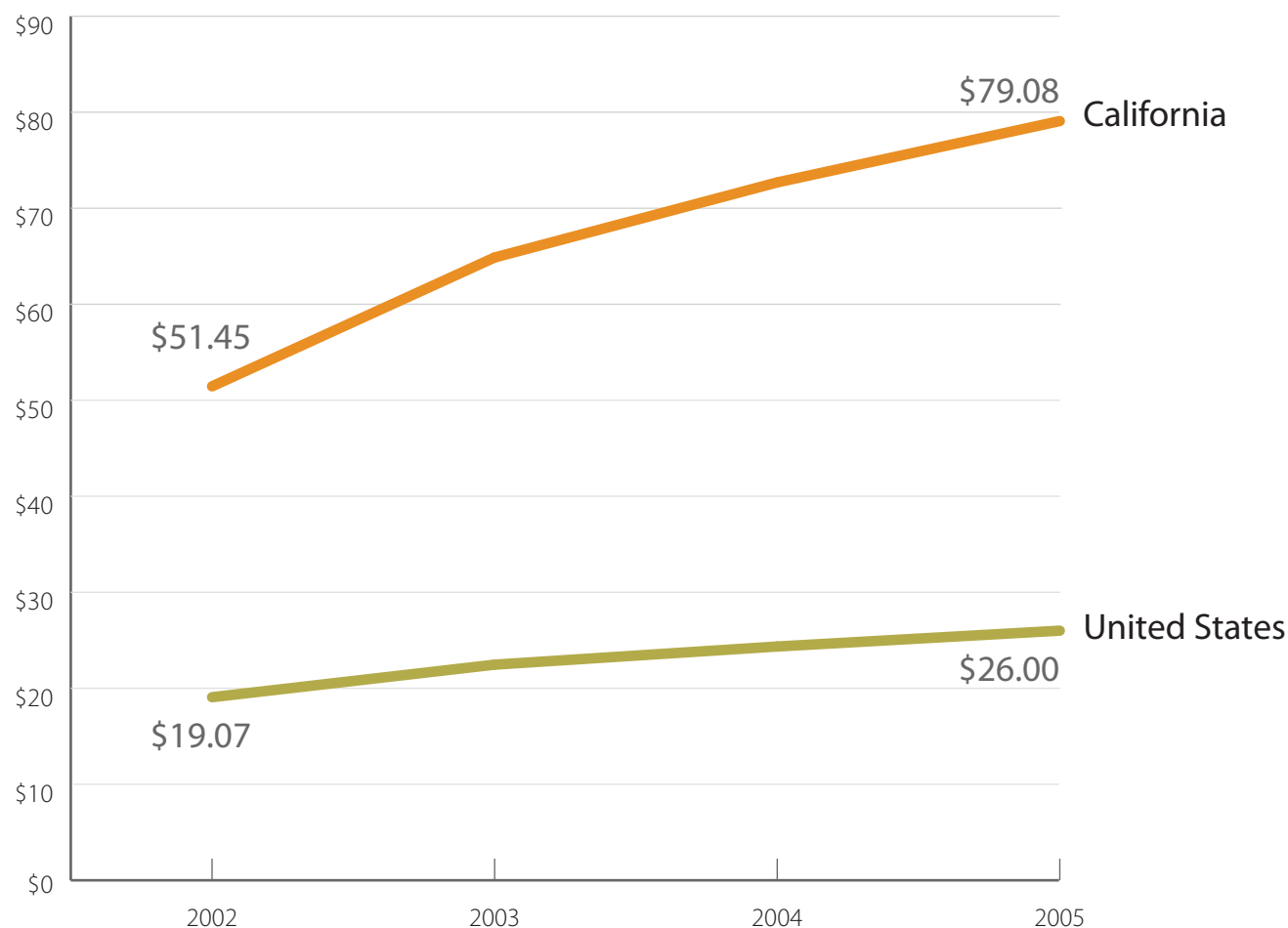
## Long Term Care Services

### Personal Care

[<< RETURN TO CONTENTS](#)

In California, Medicaid beneficiaries use personal care services at a rate three times higher than the U.S. average.

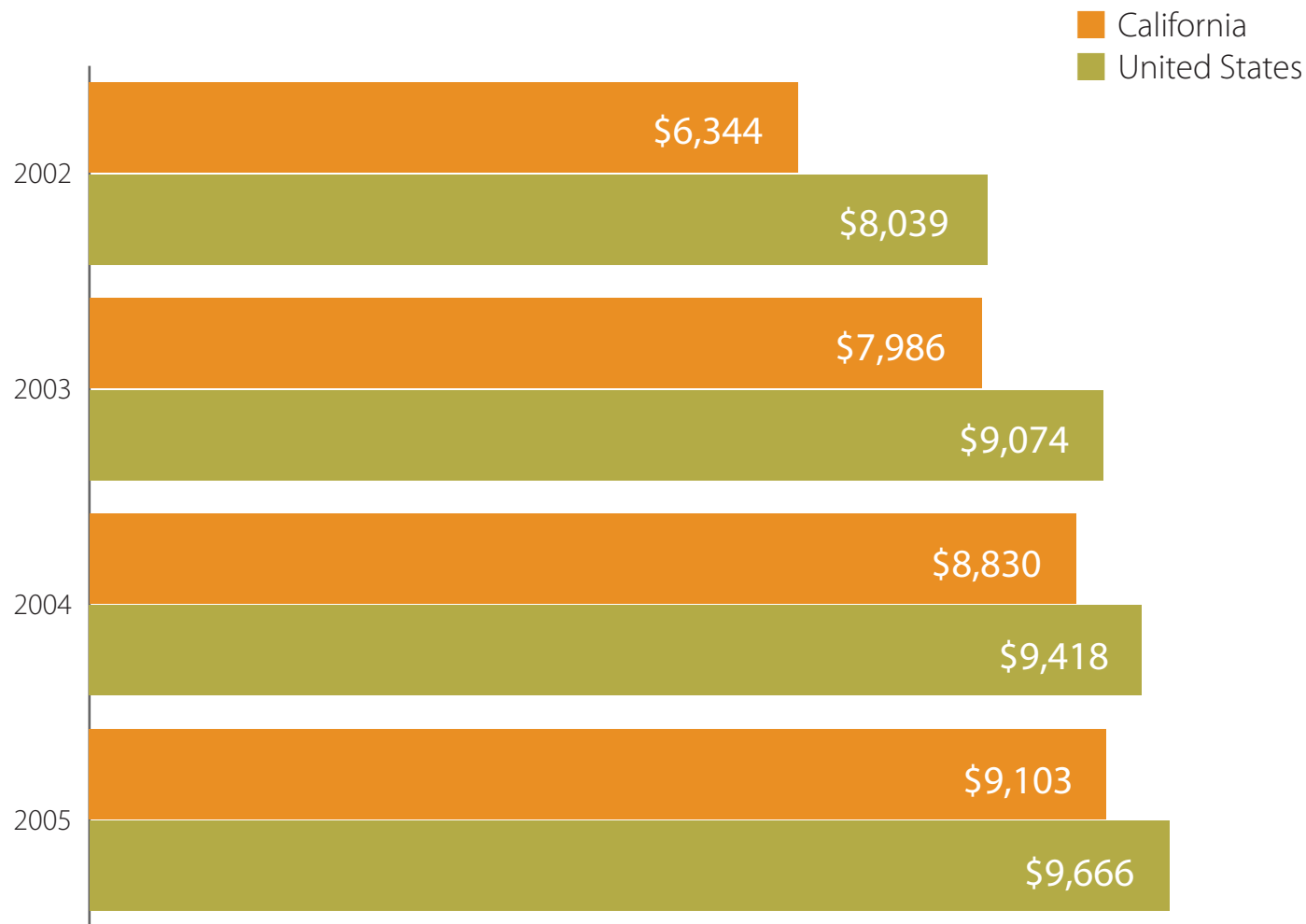
# Expenditures per Capita for Medicaid Personal Care, California vs. the United States, 2002–2005



From 2002 to 2005, annual per capita expenditures for Medicaid personal care services in California increased by 54 percent, compared to a 36 percent increase nationally. In 2007, California spent three times more Medicaid dollars per capita for personal care services than the national average.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. University of California at San Francisco. B. Burwell, K. Sredl, and S. Eiken. *Medicaid Long-Term Care Expenditures for FY 2007*. Cambridge, MA: Thomson Reuters, September 2008.

# Expenditures per Beneficiary for Medicaid Personal Care, California vs. the United States, 2002–2005



## Long Term Care Services

### Personal Care

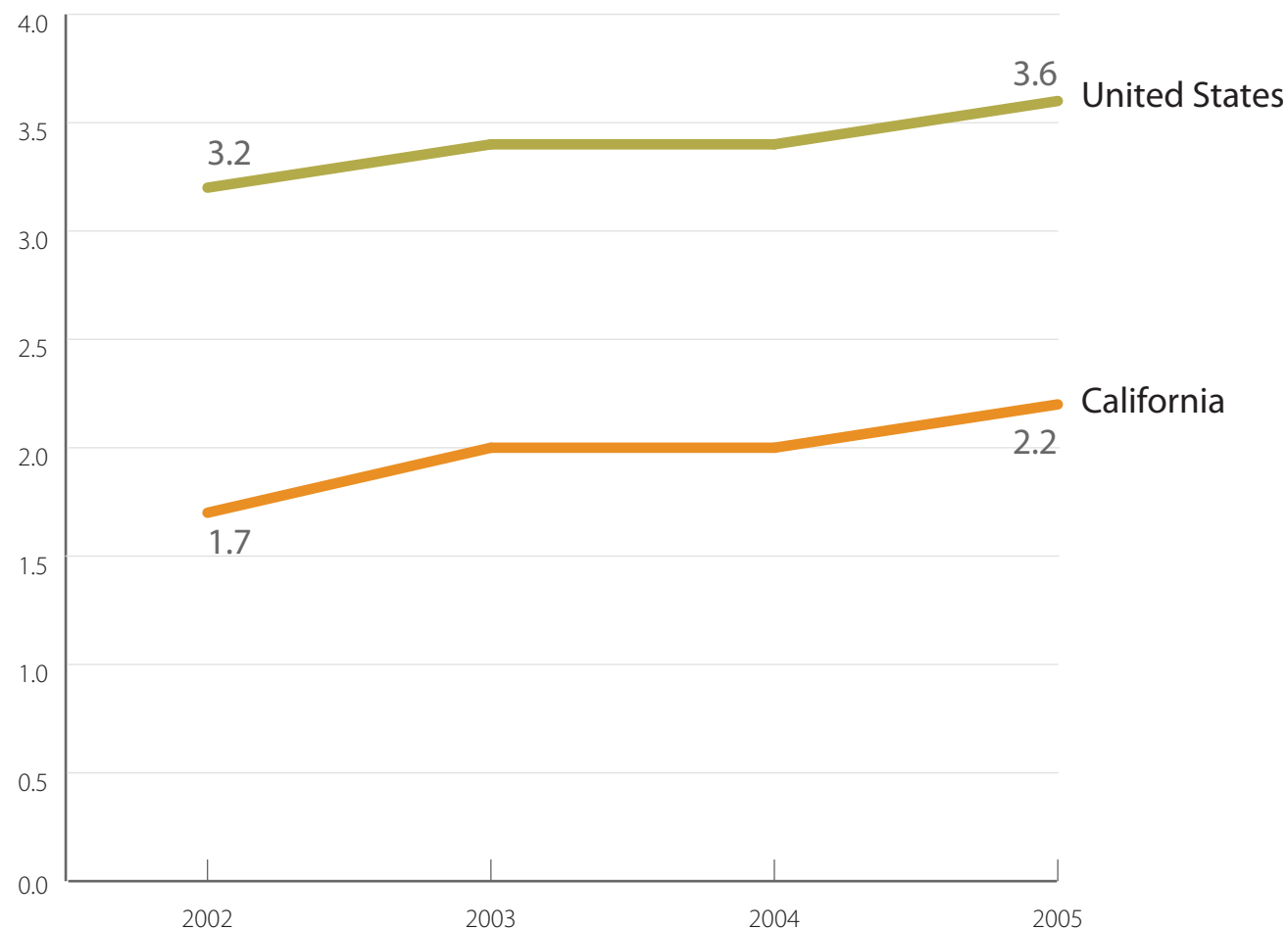
[<< RETURN TO CONTENTS](#)

In comparison to the national average, California spent less per beneficiary on Medicaid personal care during the 2002 to 2005 period.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. San Francisco, CA: University of California at San Francisco.

# Medicaid Beneficiaries Receiving 1915 (c) Waiver Services, California vs. the United States, 2002–2005

NUMBER PER 1,000 POPULATION



Note: "Waiver Services" are home and community-based services for individuals that meet the level of care criteria for institutional services.

Sources: Ng, T., M. O'Malley, and C. Harrington. Medicaid HCBS Data, 2008. Medicaid Home and Community-Based Service Programs: Data Update. University of California at San Francisco. Centers for Medicare and Medicaid Services. Medicaid Statistical Information System (MSIS), State Summary Datamart, 2002–2005, [msis.cms.hhs.gov](http://msis.cms.hhs.gov).

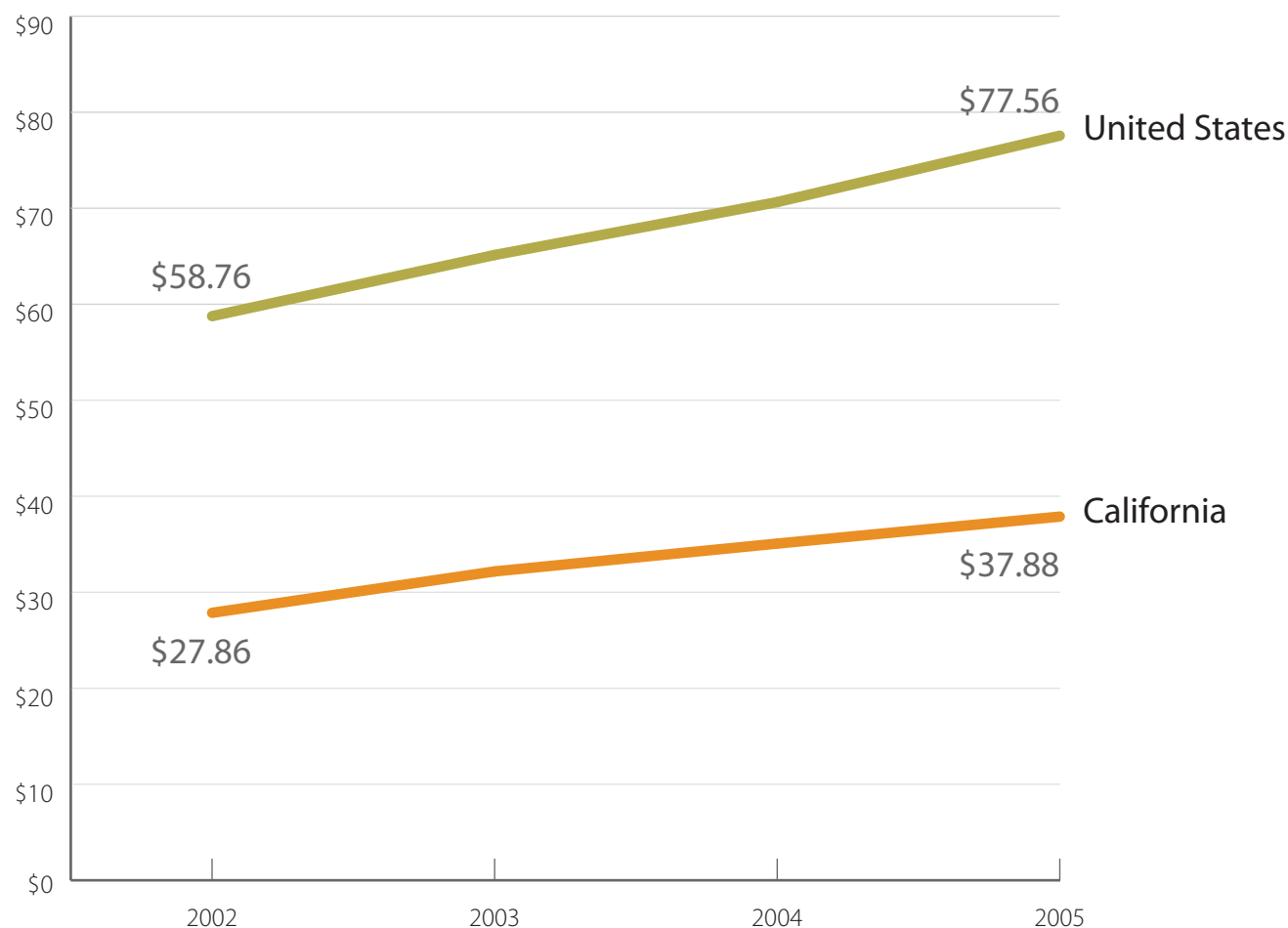
## Long Term Care Services

### Waivers

[<< RETURN TO CONTENTS](#)

Between 2002 and 2005, Medicaid beneficiaries in the 1915 (c) waiver program in California increased by 29 percent compared to a 13 percent increase nationally.

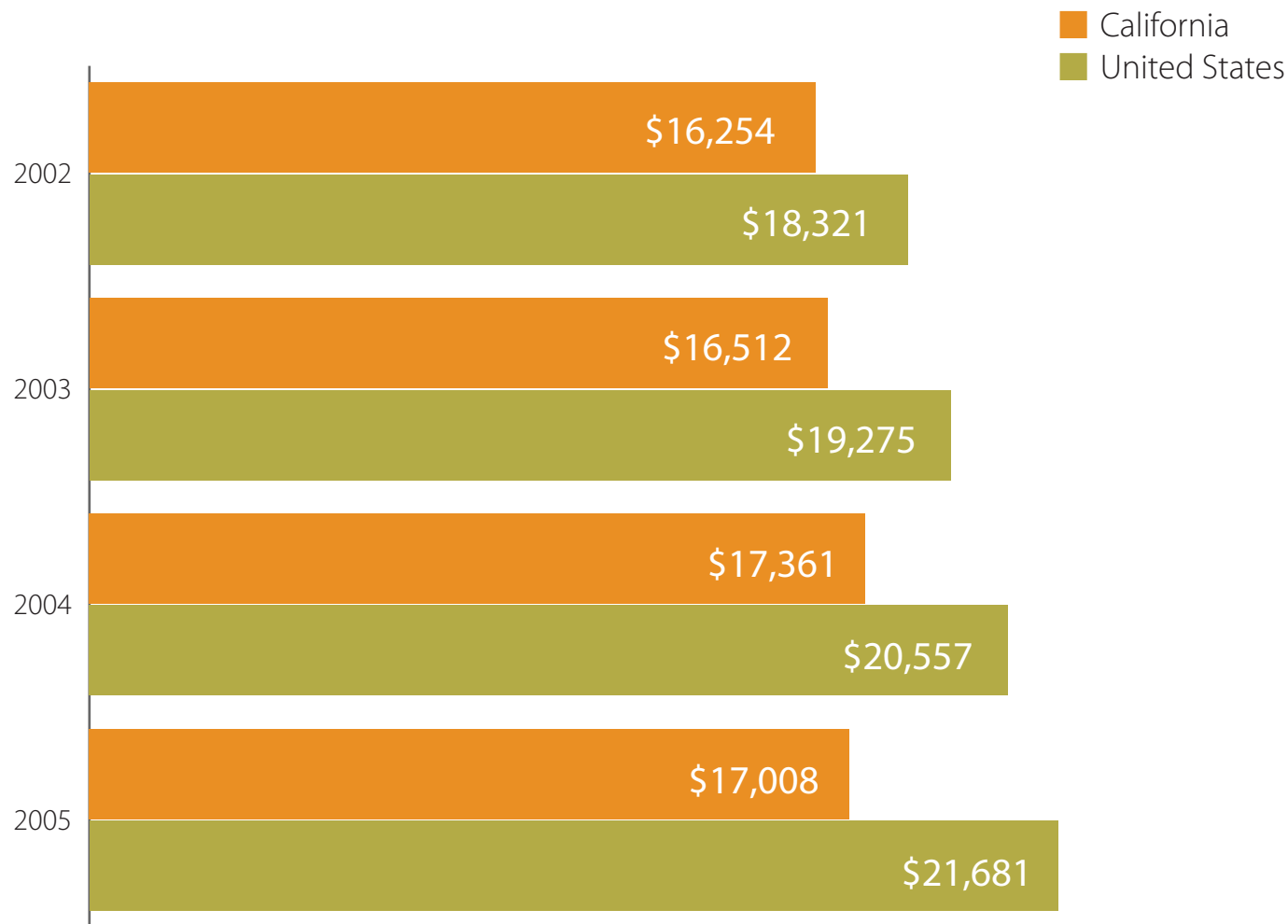
## Expenditures per Capita for 1915 (c) Waiver Services, California vs. the United States, 2002–2005



During this period, annual per capita Medicaid expenditures for 1915 (c) waivers in California also increased. California spends substantially fewer Medicaid dollars on 1915 (c) waivers compared to the national average.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. University of California at San Francisco. B. Burwell, K. Sredl, and S. Eiken. *Medicaid Long-Term Care Expenditures for FY 2007*. Cambridge, MA: Thomson Reuters, September 2008.

# Expenditures per Beneficiary for 1915 (c) Waiver Services, California vs. the United States, 2002–2005



## Long Term Care Services

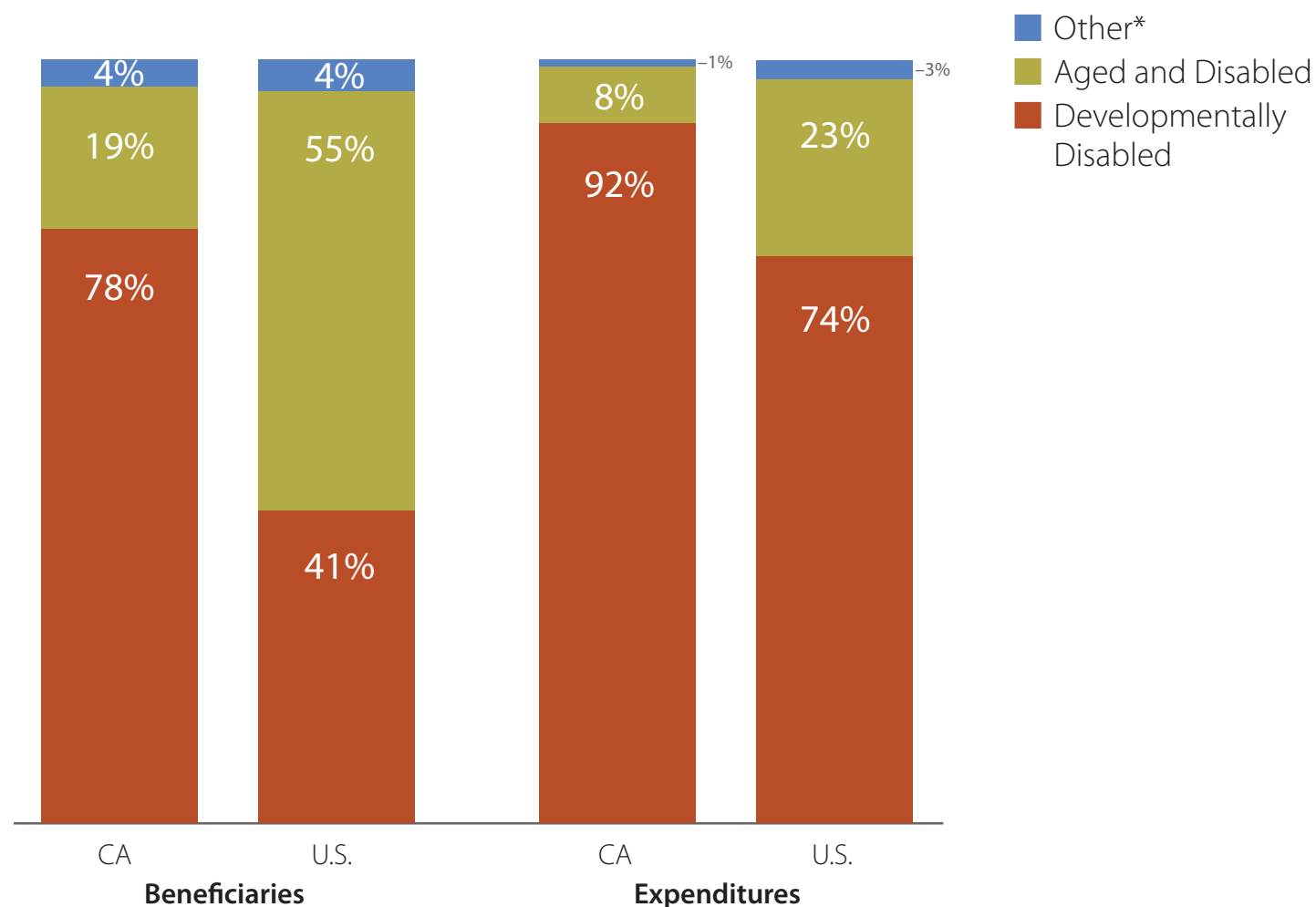
### Waivers

[<< RETURN TO CONTENTS](#)

In comparison to the national average, California spent less per beneficiary in the Medicaid 1915 (c) waiver during the 2002 to 2005 period.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. San Francisco, CA: University of California at San Francisco.

# Medicaid 1915 (c) Waiver Beneficiaries and Expenditures, by Type of Waiver, California vs. the United States, 2005



## Long Term Care Services

### Waivers

[<< RETURN TO CONTENTS](#)

In California, individuals with developmental disabilities accounted for 78 percent of waiver beneficiaries and 92 percent of the waiver expenditures in 2005.

Nationally, 41 percent of 1915 (c) waiver beneficiaries were individuals with developmental disabilities and they received 74 percent of the 1915 (c) waiver expenditures.

\*Includes children, HIV/AIDS, mental health programs, and TBI/SCI.

Source: Ng, T., C. Harrington, and M. O'Malley. 2008. Medicaid Home and Community-Based Service Programs: Data Update, December 2008. San Francisco, CA: University of California at San Francisco.

# Types of Long Term Care Services

## **Skilled Nursing Facilities (SNFs)/Nursing Homes**

Provide skilled and therapeutic nursing care by licensed nurses (RNs and LVN/LPNs) on a continuous basis for an extended period of time.

## **Intermediate Care Facilities (ICFs/DD)**

Serving only the developmentally disabled, ICFs provide less intensive nursing care than skilled nursing, and also provide dietary, pharmacy, personal care, and social and activity services. People entering an ICF may need occasional, but not continuous, nursing care.

## **Residential Care Facilities (RC)**

Also called community care, assisted living, board and care, or independent living facilities. These facilities help people who do not need skilled nursing and are able to live independently with limited assistance.

## **Home- and Community-Based Services (HCBS)**

Innovative long term care programs designed by states to help people with disabilities receive care at home or in their communities so they do not have to rely on institutional care. This overall term refers to home health care, personal care or home care, and 1915 (c) waivers.

## **Home Health Care**

Individuals who need skilled nursing and other professional services may receive home health care from trained workers who visit the home to help with care needs. To be eligible for home health services, an individual must have a doctor's orders for either skilled nursing care or therapy services (such as physical, occupational, or speech therapy). The services are provided by home health agencies licensed by the State of California.

## **Hospice**

An approach to caring for terminally ill clients that stresses palliative care (relief of pain and uncomfortable symptoms). The goal of hospice care is to minimize pain and suffering, not to cure illness. Hospice clients are cared for by a team of professionals and volunteers who specialize in different types of care. Hospice programs provide care in a variety of settings including: the client's home, skilled nursing facilities, special units in hospitals, or stand-alone hospice facilities.

## **Personal Care Services/Home Care**

Used by individuals who require assistance with the activities of everyday living such as dressing, eating, or bathing. Services do not include skilled nursing care, and providers do not need to be certified as home health caregivers.

## **Waivers**

States receive waivers of certain Medicaid requirements under Section 1915 (c) of the Social Security Act to set up the programs, which vary from state to state, and are aimed at helping people with disabilities live independently. The waiver programs provide services to people with disabilities under age 65 (including children with disabilities) and the elderly whose need for long term care has become a financial burden. The waiver programs also allow the state to limit services, eligibility, and spending in ways that are not allowed by the traditional Medi-Cal program.

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## Long Term Care Services

### Resources

[<< RETURN TO CONTENTS](#)

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