

Who Receives Medi-Cal Home and Community-Based Services?

A Look at Demographics

What Are Medi-Cal HCBS and Why Do They Matter?

Medi-Cal home and community-based services (HCBS) provide support to older adults and people with disabilities to allow them to live independently in the community. HCBS may include help with basic day-to-day tasks, like eating and bathing, and more complex tasks, like managing medications, preparing meals, or making medical appointments. They can be provided in homes, in day center settings, and even in assisted living communities.

HCBS programs vary across state Medicaid programs, as states have flexibility to design these programs to provide targeted services to different populations. HCBS programs help people maintain independence, may reduce unnecessary emergency room visits and hospital stays, and prevent or delay the need for nursing facility care.

HCBS Terms to Know

HCBS: Home and community-based services

LTSS: Long-term services and supports, an umbrella term including both HCBS and institutional long-term care, such as nursing facility care

ADLs: Activities of daily living (e.g., eating, bathing, dressing)

IADLs: Instrumental activities of daily living (e.g., managing medications, preparing meals, making medical appointments)

HCBS Programs Included Here

The five Medi-Cal HCBS programs modeled in the companion brief, [*How Could Cuts to Medi-Cal Home and Community-Based Services Impact California?*](#), include the In-Home Supportive Services (IHSS) program, the Home and Community-Based Alternatives (HCBA) Waiver, the Community-Based Adult Services (CBAS) program, the Assisted Living Waiver (ALW), and the Multipurpose Senior Services Program (MSSP). IHSS makes up approximately 92% of total enrollment across these five programs.¹

Most people enrolled in these programs have care needs that qualify them for a “nursing facility level of care” (NFLOC).² This means they generally need comprehensive and continuous nursing care and services to support daily activities.³

Other California HCBS programs not modeled in the companion brief include California Community Transitions, the Self-Determination Program for people with developmental disabilities, and the HCBS for the Developmentally Disabled program.

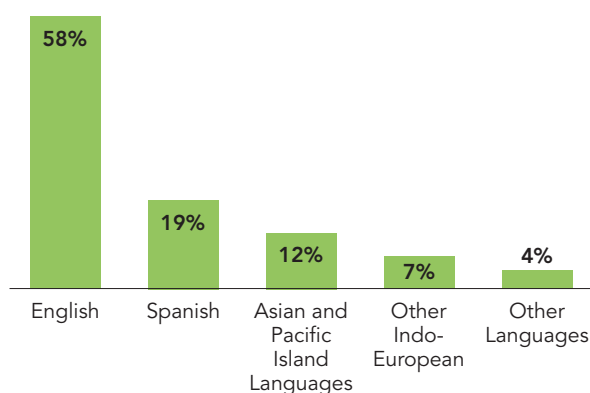
Who Receives Medi-Cal HCBS?

Medi-Cal HCBS recipients are diverse in terms of primary language spoken, age, race, and ethnicity. **Figures 1–3** provide snapshots of the demographics of HCBS recipients in the ALW, CBAS, HCBA, IHSS, and MSSP programs.

Here are some key findings about this group:

- More than half of HCBS recipients in the five HCBS programs speak English as their primary language. Spanish is the second most commonly spoken language among analyzed HCBS program recipients (**Figure 1**).
- HCBS recipients under age 60 make up 44% of recipients, while 42% of recipients are between the ages of 60 and 85 (**Figure 2**).
- Latino/x (31%), White (27%), and Asian/Native Hawaiian/Pacific Islander (18%) recipients cumulatively represent 76% of recipients across the five programs (**Figure 3**).

Figure 1. Primary Languages Spoken by ALW, CBAS, HCBA, IHSS, and MSSP Program Recipients, 2022

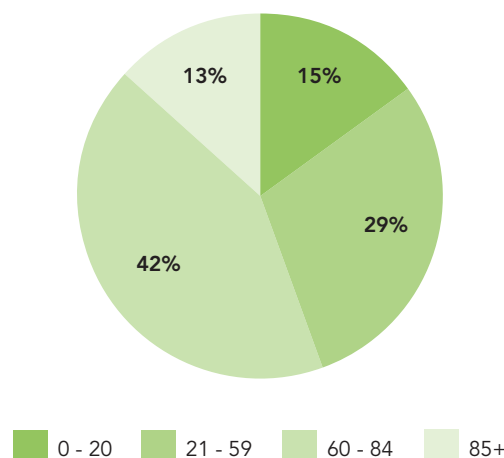


Notes: ALW is Assisted Living Waiver; CBAS is Community-Based Adult Services; HCBA is Home and Community-Based Alternatives Waiver; IHSS is In-Home Supportive Services; MSSP is Multipurpose Senior Services Program.

Source: Author analysis of "Medi-Cal Long-Term Services and Supports Dashboard," California Department of Health Care Services, accessed August 5, 2025.

Many HCBS recipients have LTSS needs that require a nursing facility level of care (NFLOC). The ALW, HCBA, and MSSP programs only include Medi-Cal enrollees who meet a NFLOC. Over half of IHSS program enrollees meet a NFLOC requirement.⁴ Those IHSS and CBAS program enrollees who do not currently have care needs that meet NFLOC requirements still need supports to remain in their homes over time and to reduce their risk of declining functional status and a potential future need for nursing facility care.

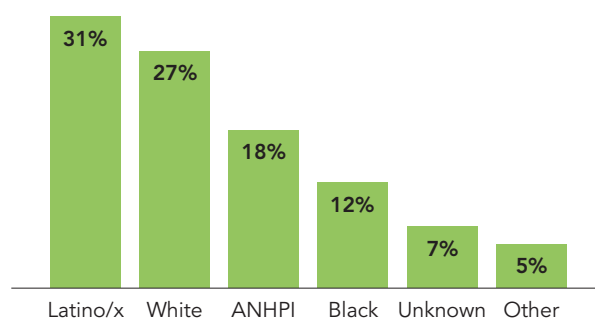
Figure 2. Age Distribution of ALW, CBAS, HCBA, IHSS, and MSSP Program Recipients, 2022



Notes: ALW is Assisted Living Waiver; CBAS is Community-Based Adult Services; HCBA is Home and Community-Based Alternatives Waiver; IHSS is In-Home Supportive Services; MSSP is Multipurpose Senior Services Program. Figures may not sum to 100% due to rounding.

Source: Author analysis of "Medi-Cal Long-Term Services and Supports Dashboard," California Department of Health Care Services, accessed August 5, 2025.

Figure 3. Race/Ethnicity of ALW, CBAS, HCBA, IHSS, and MSSP Program Recipients, 2022



Notes: ALW is Assisted Living Waiver; ANHPI is Asian, Native Hawaiian, and Pacific Islander; CBAS is Community-Based Adult Services; HCBA is Home and Community-Based Alternatives Waiver; IHSS is In-Home Supportive Services; MSSP is Multipurpose Senior Services Program.

Source: Author analysis of "Medi-Cal Long-Term Services and Supports Dashboard," California Department of Health Care Services, accessed August 5, 2025.

How Do Medi-Cal HCBS Support Aging in Place?

California's HCBS programs provide essential services to older adults and people with disabilities, who rely on these programs to remain in their homes and communities. Enrollee needs vary, and California has designed a set of Medi-Cal HCBS programs tailored to various sub-populations. HCBS programs support recipients with coordinating other health care and social services; help them with eating, bathing, and dressing; and offer services to help people transition from nursing facilities to home or home-like community settings in assisted living facilities.

More information on the five HCBS programs featured in the demographic analyses above is available in the following CHCF resources:

- ▶ [*Medi-Cal Home and Community-Based Services: Understanding Overlaps and Gaps*](#)
- ▶ [*In-Home Supportive Services 101: Opportunities and Challenges Under CalAIM*](#)

More information on how potential cuts to HCBS programs could impact the costs of and access to care in California is summarized in the companion brief, [*How Could Cuts to Medi-Cal Home and Community-Based Services Impact California?*](#)

About the Author

[ATI Advisory](#) is a health care research and advisory firm dedicated to system reform that improves health outcomes and makes care better for everyone. ATI guides public and private leaders in solving the most complex problems in health care through objective research, deep expertise, and ideas that can be brought to action.

About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Endnotes

1. *Monthly IHSS Program Data*, California Department of Social Services, May 2025. [CA Assisted Living Waiver \(0431.R04.00\)](#), Centers for Medicare and Medicaid Services, February 16, 2024. [CA Home and Community Based Alternatives Waiver \(0139.R06.00\)](#), Centers for Medicare and Medicaid Services, March 25, 2025. [CA Multipurpose Senior Services Program Waiver \(0141.R07.00\)](#), Centers for Medicare and Medicaid Services, September 26, 2024. [Center Overview \(CDA Monthly Statistical Summary Reports\)](#), California Department of Aging, May 2025.
2. "Monthly IHSS Program Data," CDSS; "CA Assisted Living Waiver," CMS; "CA Home and Community Based Alternatives Waiver," CMS; and "CA Multipurpose Senior Services Waiver," CMS.
3. In California, NFLOC is defined as the level of care needed by Medi-Cal beneficiaries who do not require the full range of health care services provided in a hospital as acute or extended care, but who require the continuous availability of skilled nursing care provided by licensed registered or vocational nurses, or the equivalent.
4. DSS, "Monthly IHSS Program Data." [CBAS Participant Characteristics](#), California Department of Aging, December 2024.