

Recipients of Home- and Community-Based Services in California

This fact sheet presents key findings from the recently-released report entitled, Recipients of Home- and Community-Based Services in California, produced by the California Medicaid Research Institute (CAMRI).

Introduction

Home- and community-based services (HCBS) are a significant and growing area of service delivery in Medicaid. As California faces mounting financial challenges, policymakers are interested in pursuing policies that can support high quality care and contain costs on services. A major barrier to identifying and targeting these policies, as well as planning, monitoring and evaluating HCBS in Medi-Cal (California's Medicaid program), has been the complexity of the available information that is often spread across multiple state and federal data systems. With the assistance of California's Department of Health Care Services and the Centers for Medicare and Medicaid Services, the California Medicaid Research Institute (CAMRI) has taken significant steps to integrate Medi-Cal, Medicare, and other state datasets to better understand who makes up the state's HCBS population and what services they receive.

This fact sheet presents key findings from CAMRI's latest report entitled, ***Recipients of Home- and Community-Based Services in California***. The study population included individuals age 18 and older who were enrolled in Medi-Cal (including those dually eligible for Medicare) and who used at least one of five Medi-Cal HCBS benefits in Calendar Year (CY) 2008: home health (HH), In-Home Supportive Services (IHSS), Adult Day Health Care (ADHC), Targeted Case Management (TCM), and Section 1915(c) HCBS waiver programs (Multi-Purpose Senior Services Program (MSSP), AIDS Waiver, Assisted Living Waiver, In-Home Operations (IHO) Waiver, and Nursing Facility/Acute Hospital (NF/AH) Waiver). A summary of the study can be found at the end of this fact sheet.

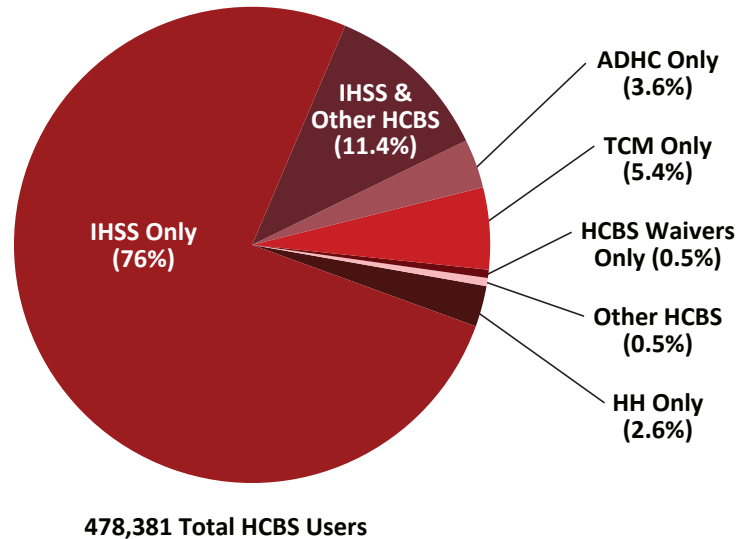
Key Findings

Medi-Cal & Medicare Eligibility and Utilization:

- In CY 2008, 478,381 individuals received Medi-Cal-funded HCBS, which is 24.6 percent of the Medi-Cal aged, blind, and disabled population. Of HCBS users, 75.6 percent were enrolled in both Medi-Cal and Medicare.
- HCBS users had an average Medi-Cal enrollment of 11.4 months, with at least 78 percent of the recipients being categorically eligible for Medi-Cal (e.g., Aged, Blind, Disabled).

- Approximately three-fourths of the HCBS population used IHSS only during the year (see Figure 1). Another 2.6 percent used home health only, 3.6 percent used ADHC only, 5.4 percent used TCM only, and less than one percent used Medi-Cal HCBS waivers only. The remaining 11.8 percent were enrolled in more than one HCBS service during the year with the majority of those (11.4 percent) enrolled in IHSS and one or more other HCBS programs.

FIGURE 1 Recipients by Type of Service, Age 18+, 2008



Demographics:

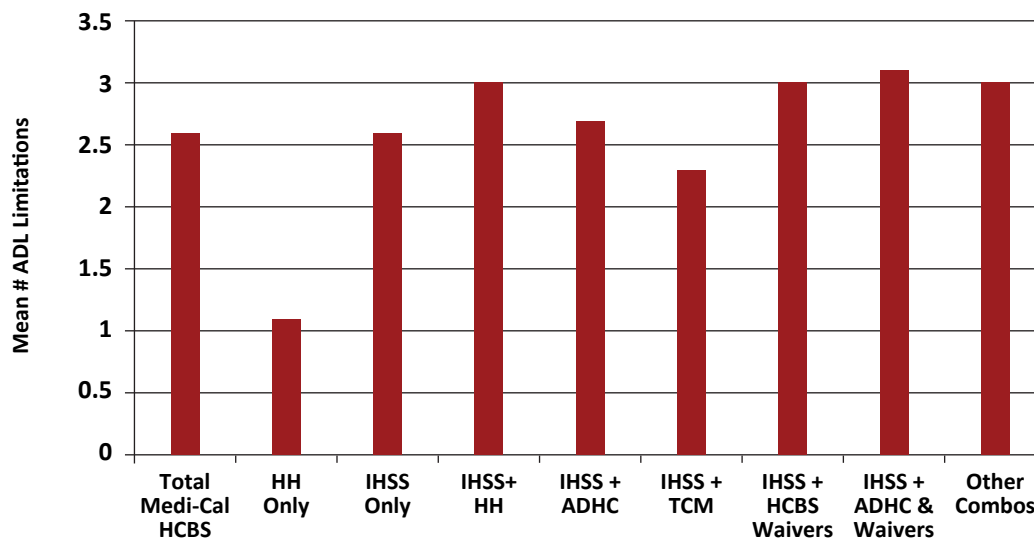
- The majority of HCBS users were White females over age 65.
- Of the five HCBS programs, individuals over age 65 were more predominant users of IHSS, ADHC, and HCBS waivers than younger HCBS users.
- Just over one-third (34 percent) of HCBS users were White, 26.7 percent were Hispanic, 20.1 percent were Asian/Pacific Islander, 15 percent were African-American, and 4.2 percent were other race/ethnicity or had unknown race/ethnicity.

Functional Limitations & Living Arrangements:

- Approximately 85 percent of HCBS users had assessment data available to evaluate functional limitations (based primarily on IHSS participation).
- The mean number of Activities of Daily Living (ADL) limitations (i.e., bathing and grooming; dressing; bowel/bladder/menstrual care; transferring; eating) where at least some direct physical assistance was needed was 2.6 out of 5. The most impaired individuals were those who used IHSS and home health, IHSS and any HCBS waiver, or IHSS, ADHC and any HCBS waiver service (see Figure 2).

- Approximately 37 percent of the HCBS population with functional assessment data had at least some cognitive limitations. The highest prevalence of cognitive impairment was among those enrolled in IHSS along with TCM; IHSS and the HCBS waivers; IHSS, ADHC, and the HCBS waivers; or some other combination of HCBS.
- About 29 percent of the HCBS population with functional assessment data lived alone. Persons living alone tended to have higher participation in TCM in combination with IHSS and higher use of the waivers.

FIGURE 2 Limitations in Activities of Daily Living among HCBS Recipients by Service Use, Age 18+, 2008



Nursing Facility Admissions & Mortality:

- Eight percent of HCBS users were admitted to a nursing facility at least once during CY 2008, including both short-stay skilled nursing and longer stays. Admission rates were highest for those enrolled in HCBS waivers only (19.7 percent) and those enrolled in both IHSS and HCBS waivers (17.8 percent).
- The overall mortality rate for HCBS users in 2008 was 5.4 percent. The highest mortality rate was among those using combinations of services. Persons in IHSS in combination with home health had the highest mortality rate of 13.1 percent.

Discussion

A number of important observations emerge from this analysis:

- Unlike other Medi-Cal beneficiaries who may transition on and off of the program due to changing eligibility status, HCBS users in California tended to be consistently enrolled in Medi-Cal throughout the year.

- The types of HCBS used by an individual tended to vary by race and ethnicity. However, the analysis did not consider geographic variation in the availability of selected HCBS, which may reflect disparities in access to services. Attention should be given to ensuring that high quality delivery of HCBS is distributed equitably based on the needs and preferences of eligible individuals.
- Based on available measures, HCBS users in 2008 had a high level of need. These data demonstrate the important role that HCBS programs play in supporting high-need individuals to remain in the community.
- HCBS users had a 1 in 10 chance of using a nursing facility and more than 5 percent died in 2008. These data suggest that there are some very high-risk individuals within the HCBS population.
- Medi-Cal does not have assessments of functional status and social supports for approximately 15 percent of all HCBS users. This finding reflects a limitation in how data are collected and made available in different HCBS programs. Additional work needs to be done to better organize available information at the state level and to implement a comprehensive and uniform approach to a person-level assessment across HCBS programs.³ Governor Brown's Coordinated Care Initiative proposes the development and implementation of a universal assessment that could support a more complete understanding of the HCBS population as well as the management, coordination, and monitoring of available HCBS benefits.⁴

References

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2. Newcomer R, Harrington C, Stone J, et al. Recipients of Home and Community-Based Services in California. <http://www.thescanfoundation.org/commissioned-supported-work/california-medicare-research-institute-recipients-home-and-community-bas>. Accessed June 11, 2012.
3. Stone J, Newcomer R, Chattopadhyay A, et al. Studying Recipients of Long-Term Services and Supports: A Case Study in Assembling Medicaid and Medicare Claims and Assessment Data in California. 2011; http://www.thescanfoundation.org/sites/scan.lmp03.lucidus.net/files/CaMRI_Data_Case_Study_Report.pdf. Accessed May 1, 2012.
4. The SCAN Foundation. Fact Sheet No. 23 California's Proposed 2012-13 Budget: Impact on California's Seniors and People with Disabilities. 2012; http://www.thescanfoundation.org/sites/scan.lmp03.lucidus.net/files/TSF-Fact-Sheet-23_0.pdf. Accessed June 5, 2012.

Study Methodology

For this project, CAMRI developed an integrated and longitudinal database containing claims and assessment data from Medi-Cal, Medicare, and other state data files from 2005-2008. The study population included individuals age 18 and older who were enrolled in Medi-Cal (including those only enrolled in Medi-Cal and those who were dually enrolled in Medi-Cal and Medicare) and who used at least one of five Medi-Cal HCBS benefits in Calendar Year (CY) 2008. The Medi-Cal HCBS included in this study are: home health (HH), In-Home Supportive Services (IHSS), Adult Day Health Care (ADHC), Targeted Case Management (TCM), and Section 1915(c) HCBS waiver programs (Multi-Purpose Senior Services Program (MSSP); AIDS Waiver; Assisted Living Waiver; In-Home Operations (IHO) Waiver; and Nursing Facility/Acute Hospital (NF/AH) Waiver). For more details about these HCBS programs, please see the program descriptions beginning on page 7 in the *CAMRI report*. Individuals enrolled in the Program for All-Inclusive Care for the Elderly (PACE) as well as those who qualified for Medi-Cal based on a diagnosis of a developmental disability were excluded from the analyses.

This report presents information on the characteristics of the HCBS population stratified into mutually-exclusive groups based on HCBS use. Individuals using only one program type during the study year were evaluated separately from those who used a combination of HCBS during the study year. Individuals receiving support from two or more HCBS programs during the year were combined into the following categories: HH with IHSS, ADHC with IHSS, TCM with IHSS, any waiver program with IHSS, ADHC with any waiver program and IHSS, and all other combinations. Additional analyses focused on the five HCBS waivers. The report presents data on the HCBS population describing: duration of Medi-Cal eligibility, categorical eligibility, demographic characteristics, functional status, social support needs, nursing facility use, and mortality. Functional data were only available for those enrolled in IHSS, with some limited functional data for those who used home health during the year from the Outcomes Assessment and Information Set (OASIS). As a result, the analyses of physical and cognitive functioning and other measures were conducted on a smaller sample. For additional information about CAMRI's process for acquiring, linking and cleaning these data as well as the challenges faced, see Studying *Recipients of Long-Term Services and Supports: A Case Study in Assembling Medicaid and Medicare Claims and Assessment Data in California*.³

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