

Innovation and Opportunity: California's Performance in the 2023 Long-Term Services and Supports State Scorecard

POLICY BRIEF • OCTOBER 2023

California ranked 11th overall on the [2023 Long-Term Services and Supports \(LTSS\) State Scorecard](#), which includes a new framework for ranking state performance with additional indicators. This brief provides a summary of these updates to the 2023 Scorecard, an overview of California's Scorecard performance, and key recommendations for improving the California LTSS system to better serve older adults, people with disabilities, and family caregivers.

California's 2023 LTSS State Scorecard Performance



Affordability
and Access

30th

Choice of Setting
and Provider

1st

Safety
and Quality

4th

Support
for Family
Caregivers

15th

Community
Integration

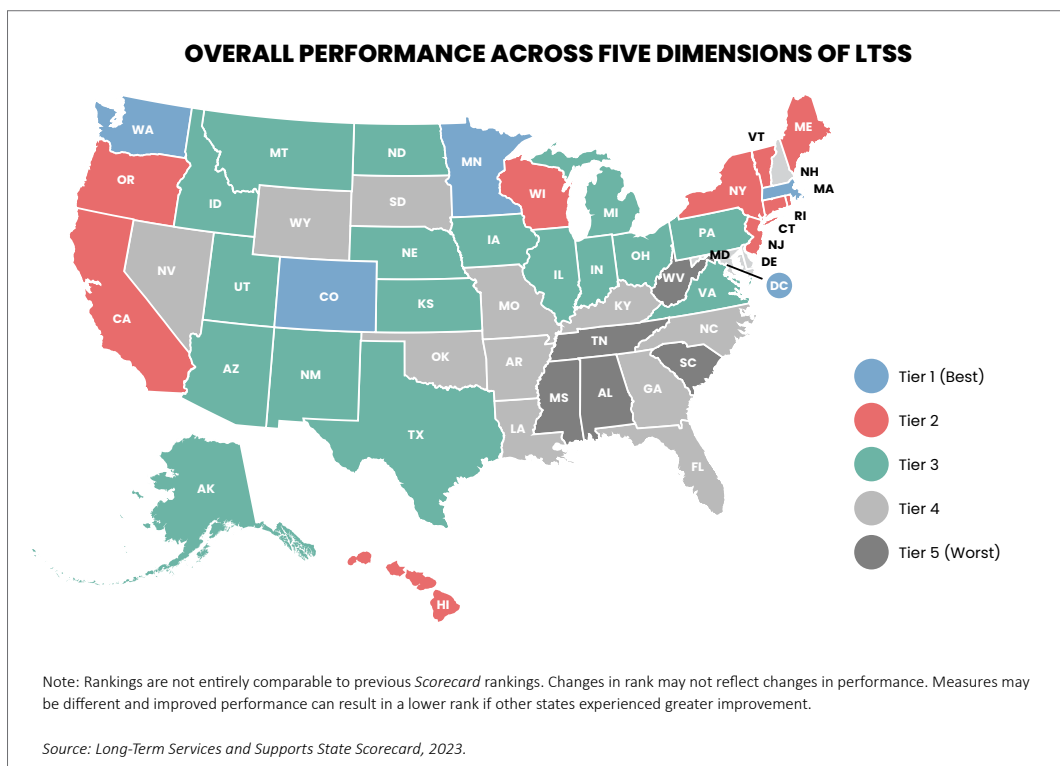
31st

Introduction

In September 2023, the AARP Public Policy Institute released the fifth edition of the [Long-Term Services and Supports \(LTSS\) State Scorecard](#) (Scorecard), supported by The SCAN Foundation, The Commonwealth Fund, and the John A Hartford Foundation. The Scorecard measures states on their movement toward a high-performing system of care for older adults, people with physical disabilities and family caregivers and uses a ranking system to compare states overall and across performance dimensions. California ranked 11th overall. It is worth noting that scores on specific indicators provide more context for performance. Additionally, state rankings were likely impacted by changes introduced in the 2023 edition and other factors, including:

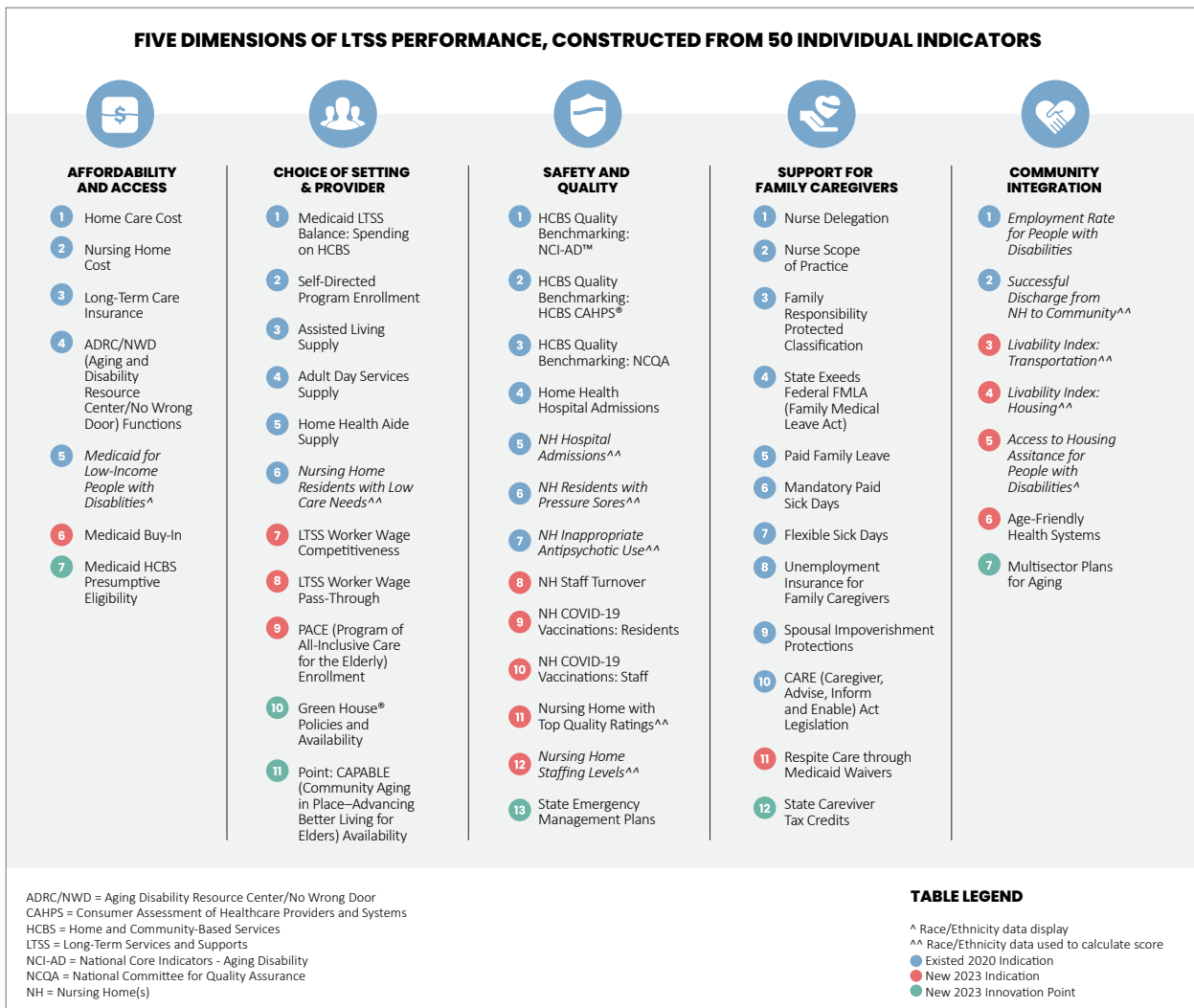
- Updated methodology:** The 2023 Scorecard builds on the methodology of previous iterations with updates to the conceptual framework, a new way of grouping state performance, and inclusion of additional indicators.
- Other states' performance:** Several states experienced significant improvement, which impacted the rankings of overall state performance.
- Timeline of data collection:** Data analyzed for this Scorecard were collected from 2020 through early 2023, illuminating initial impacts of the COVID-19 pandemic on state LTSS systems.

The following graphic displays the overall performance of states grouped into five tiers.



AARP LTSS State Scorecard Overview

First released in 2011 and measured every three years, the Scorecard enables state leaders, policy makers, advocates, and other stakeholders to measure progress and identify key areas of improvement. In 2021, The SCAN Foundation provided support to AARP to revisit and update the Scorecard to reflect the evolving LTSS landscape. The 2023 Scorecard includes measures for long-standing issues exacerbated by the pandemic (e.g., LTSS workforce shortages, emergency preparedness), as well as new solutions states implemented to help address these issues (e.g., Multisector Plan for Aging [MPA] development, an initiative started and led by California). In addition to changes to the framework, the 2023 Scorecard also includes innovation points for certain efforts to improve state LTSS systems. Moreover, AARP, in partnership with the Scorecard National Advisory Panel, focused on ways to thread equity throughout the Scorecard framework. It now incorporates race and ethnicity data, where available, in the analysis of several indicators and a methodology for factoring equity into performance. For more information on the framework and methodology changes, [read the What's New in 2023 section of the report, starting on page 17](#). The following graphic shows the updated conceptual framework that includes the five dimensions of LTSS performance constructed from 50 indicators (including six that are innovation points).



California's Scorecard Performance

California ranks 11th overall, down from 9th in 2020, increasing in rank in two dimensions and decreasing in three. Some of this decline may be attributed to the framework changes mentioned above, as AARP notes that direct comparisons with previous Scorecards cannot be made, given the changes made in each iteration. The state received a total of three innovation points which helped to boost its overall rank: one for implementing an MPA, one for having a state emergency management plan, and one for presumptive eligibility for Medicaid Home and Community-based Services (HCBS). Table 1 shows California's results, followed by a brief explanation within each dimension.

Table 1: California's Rank in Dimensions of a High-Performing LTSS System, 2023, 2020, and 2017

Dimension	Definition	Rank		
		2023	2020	2017
Overall rank:		11	9	9
Affordability and Access	LTSS is easy to find and affordable and safety net LTSS do not create disparities by income, race/ethnicity, or geography.	30	7	19
Choice of Setting and Provider	A person-centered approach allows for consumer choice and control of services, as well as access to culturally competent services. A well-trained and adequately paid workforce is available to provide LTSS.	1	2	3
Safety and Quality	LTSS maximizes positive outcomes while respecting the individual and their personal preferences. Residential facilities and HCBS settings are adequately staffed and are prepared for emergencies.	4	24	21
Support for Family Caregivers	Family caregivers are recognized, and their needs are assessed and addressed through supports that are culturally sensitive and accessible. A robust LTSS workforce limits over-reliance on family caregivers.	15	8	8
Community Integration	Consumers have equitable access to a range of LTSS, including safe and affordable housing, that is facilitated by policies and programming that are age-friendly, including state MPAs.	31	35	22



Affordability and Access (Ranked No. 30): California dropped from seventh to 30th for this dimension. While a significant change, it is most likely caused by increases in rank by other states for this dimension. A deeper look at California’s performance across the individual indicators reveals minimal change from the last Scorecard. And, even though California showed a slight improvement on its Aging and Disability Resource Centers/ No Wrong Door Functions, there is still opportunity for progress, as the state ranked 46th for this indicator. The state also performed poorly on a new indicator measuring the availability of Medicaid buy-in policies, which allow people with disabilities to work and maintain their benefits. California did receive an innovation point for allowing presumptive eligibility for HCBS through the state’s Medicaid program, Medi-Cal. Furthermore, the state has taken recent steps to increase access to care, such as [expansion of Medi-Cal eligibility](#) to 138% Federal Poverty Level for older adults and people with disabilities regardless of immigration status and [eliminating asset limit thresholds](#) for determining eligibility starting January 1, 2024. However, rising costs of home health and nursing facility care continue to present barriers for many Californians, especially those ineligible for Medi-Cal. California Medicare beneficiaries just over income eligibility for Medi-Cal (known as near-duals) have similar health and long-term care needs as Medi-Cal beneficiaries, but are unable to find and pay privately for LTSS. Additionally, people of color are more likely to be near-dual than white Medicare beneficiaries.¹ By 2033, the gap between older adult income and the cost of LTSS will grow even wider, with 89% of older Californians with middle incomes unable to afford LTSS.²



Choice of Setting and Provider (Ranked No. 1): California has consistently ranked among the highest-performing states in this dimension. Since 2020, the state improved HCBS rebalancing efforts and leads the nation in targeting Medi-Cal dollars toward HCBS. Despite these successes, there is still room for improvement. The availability of LTSS depends on the supply of direct care workers to provide these services. While the 2023 Scorecard found the workforce supply has nominally increased, the ratio of available workers to the number of people who need care remains low, and turnover trends increasingly high. As such, the Scorecard introduced a new indicator to this dimension evaluating LTSS workforce wage competitiveness in relation to other entry level jobs. California currently ranks 48th on this indicator, revealing a critical risk to future LTSS availability and an opportunity for improvement.



Safety and Quality (Ranked No. 4): California performed well on new indicators for this dimension (previously titled *Quality of Life and Quality of Care*) measuring nursing home staff turnover, percentages of COVID-19 vaccination for staff and residents, and the average number of direct care hours per resident per day. California also received an innovation point for having a state emergency management plan. Despite these successes, the state continues to make limited movement on implementing standardized HCBS quality measures, which are important for determining whether HCBS are consistent, safe, and effective.



Support for Family Caregivers (Ranked No. 15): Despite a decline from eighth to 15th overall, California has maintained its performance on most of the indicators since the previous Scorecard. The state also received partial credit for a new indicator assessing respite care provided through Medicaid HCBS waivers. Additionally, California [expanded protections under the California Family Rights Act](#) to include friends and unmarried partners in protected leave to care for loved ones, exceeding federal Family and Medical Leave Act (FMLA) requirements. Even so, the state continues to score low on nurse delegation of health maintenance tasks (e.g., respiratory care, medication administration, etc.) to qualified direct service workers, leaving family caregivers to perform these tasks themselves, often with little or no training from medical professionals.³ Similarly, California has yet to grant nurse practitioners full practice authority. This reduces opportunities for patients to receive care from these providers at home, requiring patients and family to travel to medical offices for simple visits.



Community Integration (Ranked No. 31): This dimension, previously titled Effective Transitions, incorporates five new indicators, including the [AARP Livability Index Scores](#) for housing and transportation. California performed fairly well for transportation, ranking 20th overall, but performed worse on housing, ranking at just 41st overall. Similarly, another new indicator reveals only 17 percent of Californians with disabilities eligible for housing assistance are actually enrolled. Coupled together, these findings underscore the intersection of California's high housing costs and lack of housing options, crucial areas for the state to address. However, California received an innovation point for its MPA, which includes, among many others, [key objectives for achieving livability across housing, transportation, and more](#). As a result, it is expected CA will improve in this dimension in the future.

Policy Recommendations

California's consistent performance across the last few Scorecards shows continued commitment to ensuring a high-performing LTSS system. Indeed, California has made significant investments in strategies to improve its LTSS system since the last Scorecard, including the release of the [10-year Master Plan for Aging](#). While early successes of the MPA may not be fully reflected in 2023 Scorecard results due to the timeline of when data were collected, [progress](#) has been made on each of the goals, including those impacting the state's LTSS system. For example, the California Department of Health Care Services (DHCS) launched an [HCBS gap analysis](#) of the state's Medi-Cal managed LTSS system, with plans to release a roadmap in 2024. The California Department of Aging (CDA) is building on DHCS' efforts with a gap analysis of non-Medi-Cal HCBS. The state also established within DHCS the [Office of Medicare Innovation and Integration \(OMII\)](#), charged with providing state leadership on innovative models of care for the state's Medicare-only and dual eligible populations.

These investments in better understanding the availability of LTSS and access to California's LTSS system provide momentum for further transformation. The 2023 Scorecard results highlight critical opportunities for focused improvement. With this in mind, The SCAN Foundation recommends the following actions.

Recommendations to develop affordable LTSS options for all Californians

As noted earlier, many older Californians and people with disabilities cannot access or afford the supports they need to age at home. At particular risk are people in the "forgotten middle" — a population unlikely to qualify for Medi-Cal but unable to find and pay for LTSS. People of color, who are disproportionately lower income and represent a growing portion of the "forgotten middle", are particularly impacted by these disparities due to navigating a lifetime of systemic racism. California can do better to achieve a system that is affordable, accessible, and easy to navigate for all.



Recommendation: Create a broad-based public LTSS benefit. In 2019, [Assembly Bill 567](#) established the Long-Term Care Insurance Task Force to assess the feasibility of developing and implementing a culturally competent statewide LTSS benefit. After reviewing existing frameworks of such programs, the Task Force released a [feasibility study](#) in December 2022. An actuarial report to assess the cost and viability of the recommended program designs will be submitted to the legislature by January 1, 2024.

Drawing from this important work, policymakers must commit to developing a public LTSS benefit that meets the needs and preferences of the diverse older adult and disability populations. Any such efforts should recognize the intersection between equity and the impact of generational poverty, especially as women of color are disproportionately impacted by caregiving responsibilities.



Recommendation: Expand Medi-Cal LTSS eligibility pathways to allow for near-dual enrollment and access to HCBS. California has taken critical steps in expanding access to Medi-Cal LTSS; however, more can be done. Several states have implemented strategies through their Medicaid programs to target HCBS to Medicare beneficiaries at-risk of nursing facility care and just over income eligibility for Medicaid, known as near-duals. Near-dual Californians have similar health and functional needs as those with Medi-Cal but are unable pay for LTSS, which often forces them to “spend down” their income to become eligible for Medi-Cal. States such as Washington and Vermont have utilized 1115 waivers to create limited benefits packages for their near-dual populations as a strategy to prevent future need for higher levels of care and to decrease state LTSS spending.⁴ DHCS should explore the feasibility of implementing a similar program for the nearly 1 million Californians who are near-duals.⁵

Recommendation to streamline access to LTSS information and support

Many older adults, people with disabilities, and family caregivers are unaware of the array of LTSS options and struggle to navigate the complex system of eligibility guidelines. Services are siloed by provider, program, and funding type, often requiring people to work with multiple entities to apply for and piece together services. California has continued to invest in the Aging and Disability Resource Connections (ADRCs) network, which assists people of any age, ability, and income level in navigating and accessing available LTSS options by providing information and referral services. While availability of ADRCs has grown significantly, there are still many communities throughout the state that do not have access to ADRC services to help navigate the complicated LTSS system.



Recommendation: Develop a robust and culturally responsive statewide No Wrong Door (NWD) system. California’s MPA includes initiatives to develop a NWD system that includes a centralized web portal and call center for people across the state to obtain information on available LTSS options, with a warm hand-off to the appropriate local service provider. CDA was recently awarded a grant from the Administration

for Community Living to develop a NWD State Leadership Council to coordinate the development and implementation of the state's NWD system. The Scorecard identifies criteria for developing a fully operational NWD system. California's NWD system should be developed following these criteria to ensure input from potential consumers is included, the system is interoperable across all LTSS programs, the system collects core data to ensure equitable access, and is routinely evaluated to be responsive to the changing environment.

Recommendation for policies that make it easier for family caregivers to provide care

One in four Californians⁶ provide the equivalent of \$81 million⁷ in unpaid care to family members and loved ones, enabling them to age in home and community. However, family caregivers experience challenges in providing care, especially those caring for loved ones with complex health needs that involve frequent medical visits or care tasks such as tube feeding, wound or ostomy care, or monitoring vital signs with test kits or other equipment.⁸



Recommendation: Allow nurse practitioners full practice authority and increase the number of health maintenance tasks that nurses can delegate to home health aides.

Even when family caregivers can find and afford paid help, many still perform complex medical and nursing tasks due to state limits on the number and types of health maintenance tasks that registered nurses can delegate to qualified home health aides. Additionally, due to the shortage in primary care and other health care providers, family caregivers may struggle in arranging medical office visits, even for routine care. Permitting advanced practice registered nurses (APRNs) [full practice authority](#) may alleviate these struggles. California only allows three health maintenance tasks from a sample set of 22 tasks⁹ to be delegated by nurses and does not grant APRNs full practice authority. Yet, we know it is possible to do more; 11 states delegate the full set of health maintenance tasks, and 28 states grant APRNs full practice authority. To help reduce family caregiver burden, California Health and Human Services (CHHS) should work with the legislature and other state departments to permit further delegation of tasks to qualified home health aides and to grant APRNs full practice authority.

Recommendations to ensure all Californians are able to live in their community of choice

Affording aging in community has become increasingly challenging with California's rising housing costs and overall costs of living. The lack of affordable housing and accessible HCBS often contributes to prolonged or unnecessary institutionalization of older adults and people with disabilities. Eleven percent of California nursing home residents have low care needs, with people of color overrepresented among this cohort, suggesting that more individuals could be cared for at home. Additionally, only 39 percent of California nursing home residents were successfully discharged back into the community from nursing homes.¹⁰



Recommendation: Expand access to services and models of care that coordinate housing with LTSS solutions Health, housing, and financial wellbeing are inextricably linked, yet the existing supports across these sectors are siloed. Solutions are needed that improve alignment and coordination between housing and social supports for older adults and people with disabilities. CDA, DHCS, and other state departments should prioritize investments in programs and service models that prevent unnecessary institutionalization and ensure successful transitions to the community from institutional settings. Opportunities to consider include: partnering to develop models of care that integrate housing and LTSS (e.g., [Community Aging in Place – Advancing Better Living for Elders \(CAPABLE\)](#), [Support and Services at Home \(SASH\)](#)); ensuring new affordable housing builds incorporate universal design principles to increase stock of accessible units; and rental subsidies and tax credits for older adults and people with disabilities to prevent homelessness.

Recommendations to collect standardized data to support equitable access to high quality LTSS

The 2023 Scorecard continues to highlight the challenges in assessing HCBS equity and quality due to limited use of standardized quality measures. Equity in LTSS is a central tenet of the 2023 Scorecard and will be included in future iterations. A robust, high-performing LTSS system performs well for everyone, and services should be accessible regardless of someone's race/ethnicity, gender identity, sexual orientation, age, disability status, and income. Additionally, measuring the effectiveness and outcomes of LTSS at the individual level is critical for determining quality.



Recommendation: Collecting and regularly reporting race/ethnicity, age, gender, and other demographic descriptors. California has made equity in aging a priority, elevating it as part of MPA development and implementation. To move toward a more equitable LTSS system, transparent and reliable data on access, delivery, and quality of services is essential. To help determine whether LTSS are being delivered in an equitable manner, CHHS should provide a breakdown of utilization of services by race/ethnicity, age, gender, and other demographic descriptors. This breakdown would identify if there are disparities in access to LTSS for certain demographic groups, as well as help promote transparency in service delivery and data collection.



Recommendation: Implement HCBS quality measures. While California has taken steps toward tracking quality of Medi-Cal funded LTSS through [state specific measures](#) and the [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) project, these efforts focus mostly on utilization. DHCS established the LTSS Data Dashboard in 2022 to track demographic, utilization, quality, and cost data. Initial data reflects utilization, with plans for additional measures to be incorporated over time. To monitor managed care LTSS quality and track whether beneficiaries' needs are being met, DHCS should require health plans to seek NCQA accreditation that includes the [LTSS Distinction](#). Additionally, CDA should take the lead on establishing quality measures for non-managed LTSS and explore participation in the [National Core Indicator – Aging and Disability initiative](#), which helps aging and disability-focused state entities measure service outcomes.

Conclusion

The 2023 LTSS Scorecard results highlight California's continued progress toward a high performing LTSS system, while underscoring key opportunities for improvement:

- Developing affordable LTSS options for all Californians
- Streamlining access to LTSS information and support
- Making it easier for family caregivers to provide care
- Ensuring all Californians are able to live in their community of choice
- Collecting standardized data to support equitable access to high quality LTSS

Innovative solutions achieved during the pandemic emphasize California's capacity to improve. To continue building on this momentum, further investment in strategies to improve LTSS access, quality, and choice is needed. With early progress made on the state's MPA, the release of useful data on Medicare beneficiaries, and enhancements to Medi-Cal LTSS, California has the tools needed to achieve genuine progress toward a robust and equitable LTSS system.

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