

# Health Policy Brief

November 2022

## Demand for Aging and Disability Services Is Increasing in California: Can We Meet the Need?

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*“Sizable increases in population growth by age are anticipated, particularly in older adult age groups.”*

**SUMMARY:** As Californians age and more people live longer with multiple chronic and disabling conditions, health and social care program administrators must anticipate and plan delivery of supportive services that respond to the needs of a rapidly growing and diversifying population. This policy brief assesses the use of two home- and community-based Medi-Cal programs that served the aging and disabled populations in California in 2020—the Multipurpose Senior Services Program (MSSP) and Community-Based Adult Services (CBAS)—and projects the future need for these services in 2025, 2030, and 2050. Results show that more than 240,000 people who are potentially eligible for CBAS and more than

100,000 who are potentially eligible for MSSP statewide are not receiving these services. In addition, there are noteworthy demographic and geographic differences between actual and potential users. Projections of future demand for these services indicate that between 2020 and 2050, the number of CBAS participants is expected to grow by 8%, while the number of MSSP participants is estimated to grow by 18%. In combination with other data, such as the number of available providers, this information can be used to plan, promote, and target these home- and community-based services to the people who need them the most and help prevent or delay unwanted, unnecessary, and more costly institutional care.

**M**any older adults and adults with disabilities need long-term services and supports (LTSS) that address a range of chronic care needs and are provided in a variety of locations, both in the community (e.g., in people’s homes, independent living centers, or senior centers) and in institutional settings (e.g., skilled nursing or assisted living facilities). About 14 million adults in the U.S. need LTSS,<sup>1</sup> while the number in California has recently been estimated at close to 1.2 million.<sup>2</sup> When considering the need for LTSS in California, it is important to look at population trends by age, race or ethnicity, and other demographic

characteristics. Sizable increases in population growth by age are anticipated in the coming years, particularly in older adult age groups. For example, an estimated 150% increase is expected among those 75–84 years of age in California by 2040, and a nearly 250% increase is expected in the 85+ population by 2050.<sup>3</sup> The fastest growth will be seen among older adults of color. Between 2012 and 2030, the proportion of Black or African American older adults is expected to increase from 5.2% to 5.4% of the population; Asian and Pacific Islander older adults from 14.1% to 16.4%; and Latinx older adults from 18.3% to 26.3%.<sup>4</sup>

“Many more people are potentially eligible for long-term support services than are receiving these services.”

Access to supportive services at home and in the community is essential to maintaining physical and mental health and independence, as well as to preventing or delaying unnecessary or premature institutionalization. In California, two important programs that provide home- and community-based services to older adults and adults with disabilities are the Multipurpose Senior Services Program (MSSP)<sup>5</sup> and Community-Based Adult Services (CBAS).<sup>6</sup> MSSP provides health and social care management to frail elderly persons who would otherwise require institutional care. Care management includes conducting client assessments, developing care plans, and following up to ensure appropriateness of the services provided. CBAS is a community-based day health program that provides professional services at licensed Adult Day Health Centers (ADHC) to adults 18+ years of age who are at risk of needing institutional care. CBAS centers provide professional nursing services; physical, occupational, and speech therapies; mental health services; social services; personal care; hot meals; and transportation to and from the participant’s residence.

While information about the numbers of people served by these programs is available, little is known about the characteristics of those currently using MSSP and CBAS. Furthermore, no one has assessed the unmet need for these California programs—that is, individuals who are likely to qualify and could benefit from these programs but who are not currently enrolled. Assessing the need for such services is essential for effective planning and program development. Unmet needs for long-term services and supports (LTSS) such as MSSP and CBAS have been associated with poor health and social outcomes, as well as with other adverse consequences.<sup>2</sup> In addition, gaps in access to care may reflect inequities in the distribution of resources across the state. For instance, there may be

certain geographic locations with few or no providers, or certain population subgroups within a particular geographic area who are underserved. Recognizing the need for data to guide program-planning efforts, the California Department of Aging (CDA) contracted with the UCLA Center for Health Policy Research (CHPR) to conduct a needs assessment of the MSSP and CBAS programs. More information about data sources and methods can be found in the “Methods” section of this policy brief.

### **More Demand for CBAS and MSSP Services Than Is Currently Being Met**

Results from our needs assessment of the actual use versus potential need for MSSP and CBAS in California in 2020 indicate that statewide, there are many more people potentially eligible for CBAS and MSSP than there are individuals receiving these services. In addition, there are demographic and geographic differences between actual and potential users that are important to note.

*Use versus potential demand for CBAS.* Our estimates indicate that 243,400 Medi-Cal recipients were likely eligible for CBAS in 2020, which is more than six times the number (38,373) of those who were actually served by CBAS in that year (Exhibit 1). A comparison of users versus estimated eligible users of CBAS suggests untapped opportunities to serve a younger population (18–49 years of age), more Black or African American individuals, and more people who identify as biracial or multiracial (Exhibit 1). Slightly more than half (51%) of those over the age of 65 who were eligible received services, while for those ages 18–49, 2% or less were served. While no racial or ethnic group came close to having their estimated need for CBAS met, Black or African American individuals and those who identified as being of two or more races were among the least

likely to be receiving these services, at 4% and 5%, respectively (Exhibit 1).

#### *Use versus potential demand for MSSP.*

Approximately 106,700 older adults were estimated to be eligible for MSSP in 2020, a number more than 10 times higher than that of actual participants (10,324) (Exhibit 2). While all age and racial/ethnic groups fall

well below having their potential need for MSSP met, the percentage differences between actual and estimated eligible users indicate that the “younger old” (those 65–74 years of age), Asian, and Black or African American older adults are among the most underserved population groups, at 5%, 3%, and 9%, respectively (Exhibit 2).

### CBAS Program Users, Those Estimated To Be Eligible, and Percentage of Estimated Eligible Using CBAS in California, by Age and Race or Ethnicity, 2020

Exhibit 1

		Community-Based Adult Services (CBAS)		
		CBAS Users	Estimated Eligible for CBAS	Percentage of Estimated Eligible Using CBAS
<b>Total</b>		<b>38,373</b>	<b>243,400</b> (-/+ 90,800)	<b>16%</b> (11%–25%)
<b>Age</b>	18–34	628	73,200	1%
	35–49	1,124	64,700	2%
	50–64	3,672	41,500	9%
	65+	32,949	64,100	51%
<b>Race or Ethnicity</b>	White	13,775	77,100	18%
	Latinx	5,750	29,900	19%
	Black or African American	1,318	34,600	4%
	Asian	14,232	32,300	44%
	Two or More Races	3,312	69,500	5%

Source: Aggregate Medi-Cal eligibility and claims data from 2020 obtained from DHCS; estimates generated using 2020 California Health Interview Survey (CHIS) data.

### MSSP Users, Those Estimated To Be Eligible, and Percentage of Estimated Eligible Using MSSP in California, by Age and Race or Ethnicity, 2020

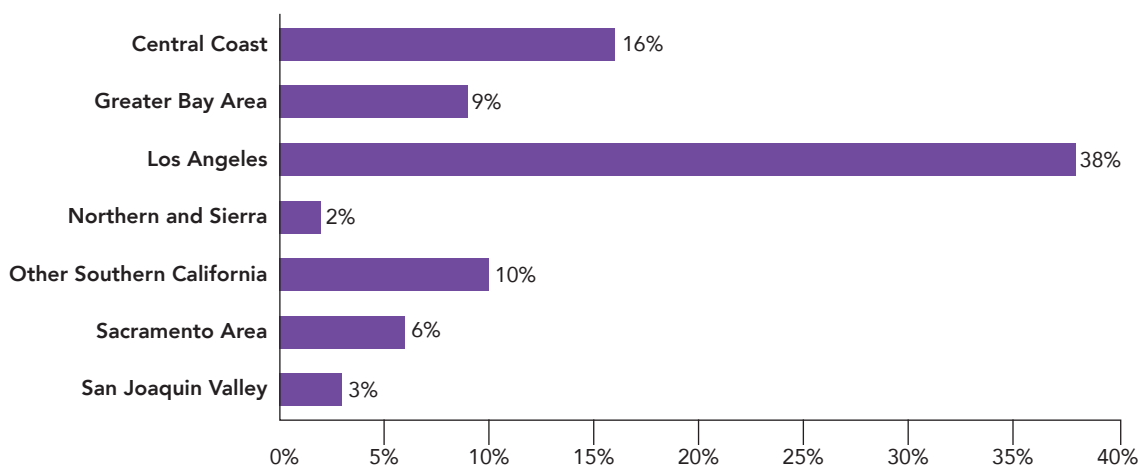
Exhibit 2

		Multipurpose Senior Services Program (MSSP)		
		MSSP Users	Estimated Eligible for MSSP	Percentage of Estimated Eligible Using MSSP
<b>Total</b>		<b>10,324</b>	<b>106,700</b> (-/+ 35,600)	<b>10%</b> (7%–15%)
<b>Age</b>	65–74	2,009	44,600	5%
	75–84	3,966	29,000	14%
	85+	4,349	33,000	13%
<b>Race or Ethnicity</b>	White	3,823	28,200	14%
	Latinx	3,309	15,300	22%
	Black or African American	1,039	11,300	9%
	Asian	1,455	50,400	3%
	Two or More Races	698	1,500	47%

Source: Aggregate Medi-Cal eligibility and claims data from 2020 obtained from DHCS; estimates generated using 2020 California Health Interview Survey (CHIS) data. Age 65+ is an age-eligibility requirement for the MSSP program.

## Exhibit 3

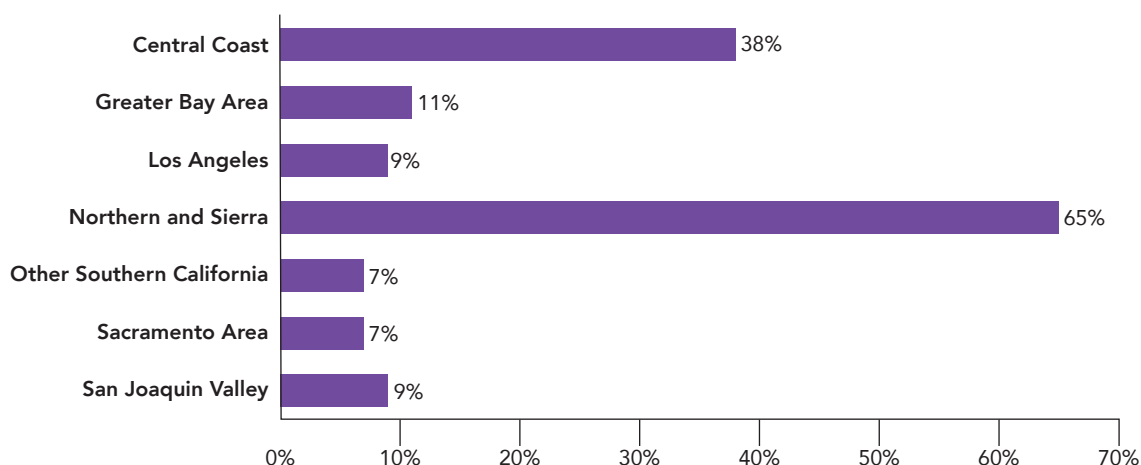
### Percentage of Older Adults and Disabled Adults Estimated Eligible Who Are Using Community-Based Adult Services (CBAS) by Seven California Regions, 2020



Source: Aggregate Medi-Cal eligibility and claims data from 2020 obtained from DHCS; estimates generated using 2020 California Health Interview Survey (CHIS) data.

## Exhibit 4

### Percentage of Older Adults Estimated Eligible Who Are Using Multipurpose Senior Services Program (MSSP) by Seven California Regions, 2020



Source: Aggregate Medi-Cal eligibility and claims data from 2020 obtained from DHCS; estimates generated using 2020 California Health Interview Survey (CHIS) data.

#### Geographic Variation in the Demand for CBAS and MSSP

The CHPR team also examined variation among CBAS and MSSP users and those estimated to be eligible for these programs by California region (exhibits 3 and 4).

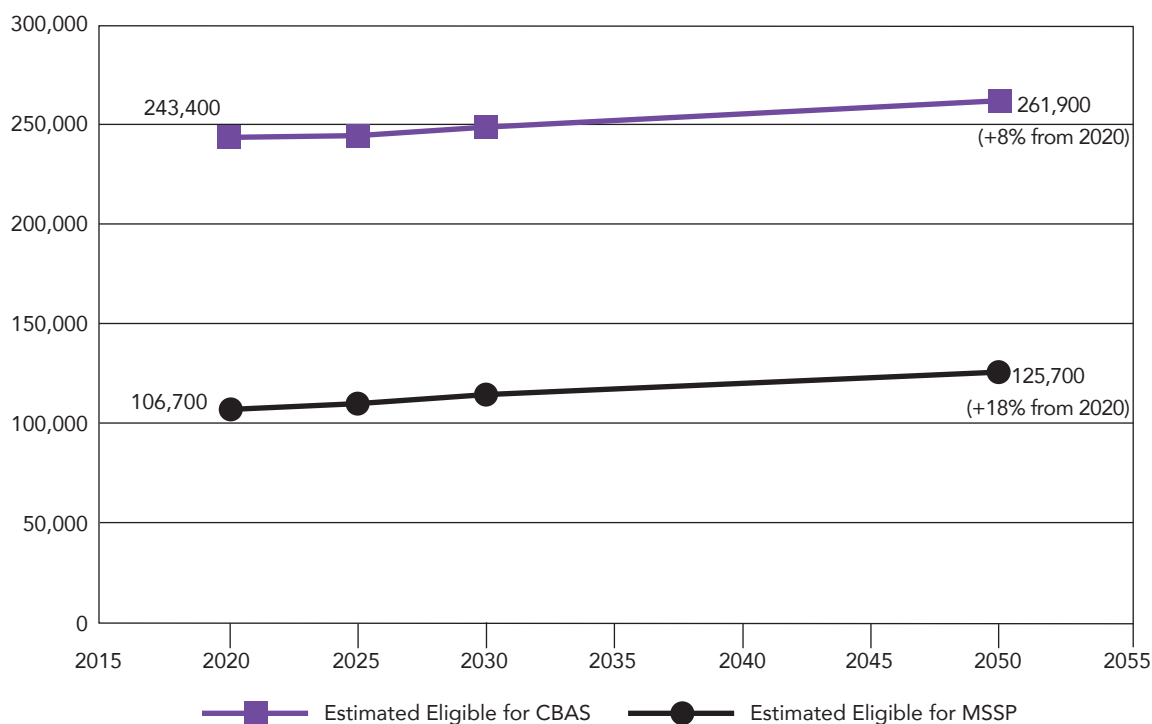
*CBAS users versus potential demand by California region.* For CBAS, we found that while all regions have many more potentially eligible individuals than actual users, some regions have greater gaps than others.

A comparison of regional uptake shows that Los Angeles is serving 38% of the potentially eligible population, followed by the Central Coast and Other Southern California regions, with 16% and 10% being served, respectively. The lowest rates of uptake are seen in the Northern and Sierra (2%) and San Joaquin Valley (3%) regions (Exhibit 3).

*MSSP users versus potential demand by California region.* We found the greatest uptake of MSSP in the Northern and Sierra

**Projected Number of Those Estimated Eligible for CBAS and MSSP in California in 2025, 2030, and 2050**

**Exhibit 5**



Source: Estimates generated using 2020 California Health Interview Survey (CHIS) data and population projections from the California Department of Finance.

(65%) and Central Coast (38%) regions. In the remaining five regions, the percentage of estimated eligible people who were using MSSP ranged from 7% to 11% (Exhibit 4).

**Demand for CBAS and MSSP services will increase in 2025, 2030, and 2050**

We estimated that in 2020, 243,400 Medi-Cal recipients were eligible for CBAS, and 106,700 were eligible for MSSP. Based on projections provided by the California Department of Finance, the population of CBAS program participants is projected to grow by 0.4% from 2020 to 2025, 2% from 2020 to 2030, and 8% from 2020 to 2050. MSSP participant numbers are projected to grow by 3% from 2020 to 2025, 7% from 2020 to 2030, and 18% from 2020 to 2050 (Exhibit 5).

**Policy Implications**

This assessment found significant gaps in access to programs that aim to support the care needs of older adults and adults with disabilities who live at home. This is of concern given recent evidence that points to high levels of unmet need for LTSS and associated adverse consequences.<sup>2</sup> The findings from this needs assessment of the MSSP and CBAS programs in California underscore the importance of improving access to LTSS. As the state of California continues to implement its Master Plan for Aging,<sup>7</sup> it is imperative that potential gaps in access to home- and community-based care are identified and addressed. In particular, it is critically important to direct attention to the anticipated need for programs such as MSSP and CBAS, as well as to formulate effective responses to documented differences in access to these services by geography, age, race or ethnicity, and other demographic characteristics.

*“Potential gaps in access to home- and community-based care must be identified and addressed.”*

*“Supports must be directed to those who are most likely to have unmet needs for assistance and who are among the most vulnerable.”*

The findings further suggest the need to expand the reach of the MSSP and CBAS programs in California and to more equitably distribute available resources to improve access to care. Supports must be directed to those who are most likely to have unmet needs for assistance and who are among the most vulnerable. In particular, we must address the inequities experienced by those who have been challenged by the compounded effects of the lack of opportunity and limited access to resources across the life course. The information provided by this needs assessment can help health and social care program administrators and planners prepare for increased demand, as well as target resources for the development of services that are responsive to the growing racial/ethnic diversity of older adults and adults with disabilities.

Strategies to increase access to care include ensuring that providers are available in all of California’s geographic regions, improving communication about available programs, and easing the pathways to program information and enrollment. At present, many people are unaware of the services available or lack knowledge of how to access them. Streamlining eligibility requirements and simplifying application processes can help. Centers such as the Aging and Disability Resource Connection (ADRC)<sup>8</sup> and others aim to provide a “no wrong door” coordinated system that provides consumers with the information and supports they need to access a wide array of LTSS in the community.

In sum, the identification of current and estimated eligible users of MSSP and CBAS, together with the projected number of future potential MSSP and CBAS eligible individuals

statewide, can be used to plan, promote, and target these services to help prevent or delay unwanted, unnecessary, and more costly institutional care in the long run.

### Methods

The UCLA CHPR team used aggregate Medi-Cal data provided by the Department of Health Care Services (DHCS) to describe the number and demographic characteristics of actual MSSP and CBAS users in California in 2020. The team used data from the 2019 and 2020 California Health Interview Surveys (CHIS) to develop statistical models to estimate the number and demographic characteristics of Californians who were potentially eligible for MSSP and/or CBAS.

We reviewed the criteria for MSSP and CBAS program participation and constructed an eligibility indicator that most closely mirrored program eligibility, based on information available in CHIS. CHIS variables provided insight into certain participant needs that indicated MSSP and CBAS eligibility and that were not available in Medi-Cal data, such as difficulty with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Based on the UCLA Definition of Program Eligibility, individuals were identified in CHIS as potentially eligible for the programs, and their respective survey weighted count was used as a representative sample of the population in California.

From this pool, potentially eligible CBAS and MSSP participants were predicted through a random forest prediction model developed using demographic variables, health indicators, and utilization variables. Finally, the UCLA team used California Department of Finance (DOF) population projections to generate estimates of 5-, 10-, and 30-year levels of MSSP and CBAS need in California (i.e., for 2025, 2030, and 2050), including projections for the state and the seven regions, as well as separately for Orange and San Diego counties. While not presented here, select Los Angeles County and Los Angeles Service Planning Area level data, as well as additional demographic data, are included in our final report to the California Department of Aging.<sup>9</sup>

## Author Information

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## Funder Information

This policy brief was funded by the California Department of Aging (Grant Agreement CT-2122-07). The content is solely the responsibility of the authors and does not necessarily represent the official views of the California Department of Aging.

## Acknowledgments

We extend our sincere thanks to Shawntel Bush, Jennifer Jaeger, and Katie Schmidt of the California Department of Aging and to Susan Babey and Lei Chen of the UCLA CHPR for providing such thoughtful reviews of this brief.

## Suggested Citation

Kietzman KG, Haile M, Chen X, Pourat N. 2022. *Demand for Aging and Disability Services Is Increasing in California: Can We Meet the Need?* Los Angeles, CA: UCLA Center for Health Policy Research.

## Endnotes

- 1 Colello KJ. 2021. Overview of Long-term Services and Supports. "In Focus" series. Washington, DC: Library of Congress, Congressional Research Service. <https://crsreports.congress.gov/product/pdf/IF/IF10427>
- 2 Kietzman KG, Chen L. 2022. *Unmet Needs for Help at Home: How Older Adults and Adults With Disabilities Are Faring in California*. Los Angeles, CA: UCLA Center for Health Policy Research.
- 3 Houser AN, Fox-Grage W, Ujvari K. 2018. *Across the States: Profiles of Long-Term Services and Supports*. Washington, DC: AARP Public Policy Institute.
- 4 Beck L, Johnson H. *Planning for California's Growing Senior Population*. 2015. San Francisco, CA: Public Policy Institute of California.
- 5 The Multipurpose Senior Services Program (MSSP) operates under the Home- and Community-Based Waiver authority of Title XIX of the Social Security Act. This 1915(c) Home- and Community-Based Services Waiver is effective July 1, 2019, through June 30, 2024. The MSSP Waiver provides Home- and Community-Based Services (HCBS) as an alternative to nursing facility placement for Medi-Cal eligible individuals who are 65 years or older and disabled. <https://www.dbcs.ca.gov/services/medi-cal/Pages/MSSPMedi-CalWaiver.aspx#eligibility>
- 6 Community-Based Adult Services (CBAS) is a Medi-Cal Managed Care benefit available to eligible Medi-Cal beneficiaries enrolled in Medi-Cal Managed Care. Eligibility to participate in CBAS is determined by the beneficiary's Medi-Cal Managed Care Plan. CBAS was included in California's Section 1115(a) Medicaid Waiver, entitled Medi-Cal 2020. Currently, the 1115(a) waiver, CalAIM, is renewed for an additional five-year term, effective December 29, 2021, through December 31, 2026. [https://aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/Forms\\_and\\_Instructions/Eligibility\\_and\\_Service\\_Authorization/](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Eligibility_and_Service_Authorization/)
- 7 Under a 2019 executive order issued by Governor Gavin Newsom, California is currently implementing a Master Plan for Aging. This 10-year "blueprint" for state government, local government, the private sector, and philanthropy aims to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity.
- 8 Aging and Disability Resource Connection: [https://aging.ca.gov/Providers\\_and\\_Partners/Aging\\_and\\_Disability\\_Resource\\_Connection/ADRC\\_Program\\_Overview/](https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/ADRC_Program_Overview/)
- 9 Kietzman KG, Haile M, Chen X, Pourat N. 2022. *Multipurpose Senior Services Program (MSSP) and Community-Based Adult Services (CBAS) Needs Assessment Final Report: Deliverable #5*. Los Angeles, CA: UCLA Center for Health Policy Research. <https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2345>

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**PB2022-3**

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Editor-in-Chief: Ninez A. Ponce, PhD

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