California Health Care Foundation

Overview of Medi-Cal Home and Community-Based Services

August 12, 2026

Context and Challenges

California's population is aging

- 10.3 million Californians are expected to be age 60 or older by 2030 – about 25% of the state's population

People can get "stuck" in facilities

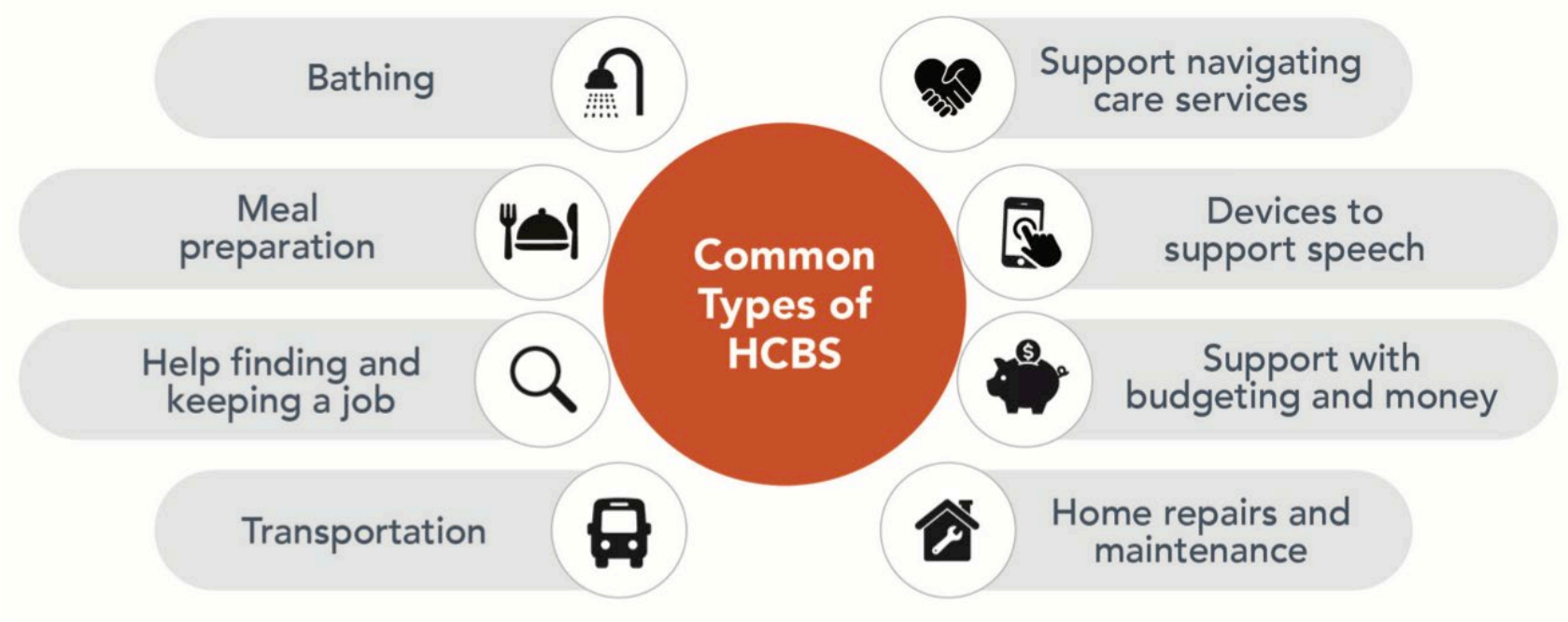
- ~10% of California nursing facility residents could live in the community with supports

Lack of support can lead to decline

- Without adequate support at home, high-cost health care use (ED, hospitals, nursing facilities) increases

Sources: California Master Plan for Aging Data Dashboard; AARP LTSS Scorecard 2023; Caldwell, J. et al., (2026, April). Home and community-based services improve outcomes while reducing costs [Research Brief]. Community Living Policy Center, Lurie Institute for Disability Policy, Brandeis University.

Medi-Cal HCBS can help people age in place



Medi-Cal HCBS programs

1915(c) waiver | State plan option | Demonstration

PROGRAM	STATE AGENCY	ENROLLMENT	WAITLIST	AVAILABILITY
HCBS-DD Waiver	DDS	154,558 (2023)	No	Statewide
Assisted Living Waiver (ALW)	DHCS	14,847 (Dec 2025)	Yes	15 counties
HCB Alternatives (HCBA) Waiver	DHCS	10,760 (Dec 2025)	Yes	Statewide
Multipurpose Senior Services Program (MSSP)	CDA	10,290 (FY 2023–24)	Yes	Statewide*
Self-Determination Program (SDP) Waiver	DDS	2,727 (2023)	Yes	Statewide
Medi-Cal Waiver Program (MCWP)	CDPH	1,250 (2025)	No	26 counties
In-Home Supportive Services (IHSS)	DSS	900,243 (Feb 2026)	No	Statewide
1915(i) State Plan Option (I/DD)	DDS	Not found	No	Statewide
Community-Based Adult Services (CBAS)	DHCS	45,749 (Feb 2026)	No†	28 counties
Select Community Supports	DHCS	26,139 (FY 2024–25)	No	MCP discretion
California Community Transitions (CCT)	DHCS	2,010 (2023)	No	56 counties

*The 2024 MSSP waiver renewal included authorization for a statewide expansion, but that change may have not been fully implemented while the state is coordinating with MSSP providers on the expansion.
†While there is no central state waitlist for CBAS placement, individual CBAS centers have capacity limits and may maintain site-specific waitlists.
Note: CBAS and Select Community Supports are delivered by managed care and all others are fee-for-service.
Source: Overview of Medi-Cal Home and Community-Based Services Programs, CHCF, June 2026.

Many Californians face challenges getting HCBS

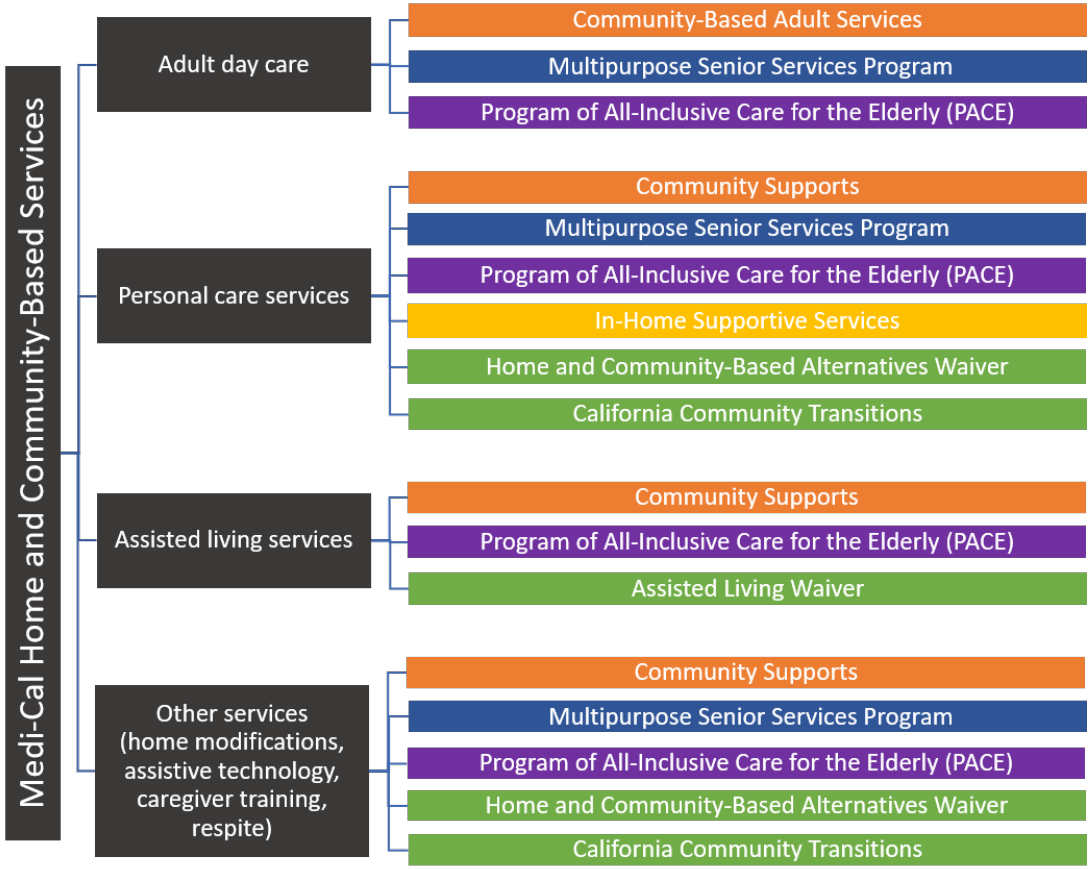
Access

- HCBS delivery system is fragmented, complex, and hard to navigate
- People in need of HCBS often lack a clear understanding of available supports in their community
- Complicated eligibility rules and different criteria across programs cause confusion

Availability

- HCBS provider capacity and workforce shortages can result in unmet need
- Waitlist management occurs at the state/waiver level; some providers maintain their own waitlists to manage caseloads
- Rural areas have limited HCBS program coverage and are facing higher rates of growth of those ages 65+

Patchwork adds complexity, without reliable access



Administering entity

- Medi-Cal managed care plans, with oversight from CA Dept. of Health Care Services
- CA Dept. of Aging contracted entities
- PACE provider organizations
- Counties, with oversight from CA Dept. of Social Services
- CA Dept. of Health Care Services contracted agencies

Illustrative only; not comprehensive of all Medi-Cal HCBS

Built piece by piece: why Medi-Cal HCBS is complex

Optional benefit, patchwork result
Institutional care is a mandatory Medicaid benefit under federal law, while HCBS are optional. California built HCBS one authority at a time, producing a patchwork of programs rather than a single unified system.

Waivers vs. state plan benefits
1915(c) waivers (ALW, HCBA, MSSP) can cap enrollment and target populations or regions, resulting in waitlists. State plan benefits like IHSS must serve all eligible members statewide, with no slot limits.

Coverage varies by county
Most HCBS programs do not operate in all 58 counties (e.g., ALW covers 15, CBAS 28). Rural counties have the thinnest coverage, so where a person lives shapes which services exist for them.

Split across state agencies
Different HCBS programs are administered by various California state agencies: Departments of Aging, Health Care Services, Social Services, Public Health, and Developmental Services. Each have different policies, assessments, and data systems.

Barriers vary by region & demographics; needs will grow

- **Rural gaps:** In rural counties, where HCBS program coverage is more limited, Medi-Cal members use long-term services and supports (LTSS) at rates that are on average half the rates in urban counties.
- **Demographic differences:** Particular programs vary with over- or under-representation among specific racial/ethnic groups compared to LTSS population as a whole.
- **Future needs:** Medi-Cal LTSS need among California adults is projected to grow substantially.

	2020	2025	2030	2040
Population with any ADL limitation plus Medi-Cal enrollment	1,293,985	1,433,751	1,594,561	1,936,925

ADL is activity of daily living

Source: California Home and Community-Based Services Gap Analysis Report, Mathematica, January 2025.

State’s gap analysis highlights key needs

- Population is aging rapidly, particularly in rural areas where current access to HCBS is limited.
- To meet the needs, more providers are needed.
- Fragmented system of HCBS program with different eligibility requirements and enrollment processes makes access challenging.
- Highly decentralized HCBS programs makes monitoring access, unmet need, and quality difficult.
- Filling the gaps will require substantial and sustained investment.

Source: California Home and Community-Based Services Gap Analysis Report, Mathematica, January 2025.

Medi-Cal HCBS Resources

- HCBS 101 Fact Sheet series
  - Intro to Medi-Cal HCBS
  - Overview of Medi-Cal HCBS Programs
  - HCBS Access and Enrollment
  - HCBS Providers
- HCBS Demographics: Who receives HCBS
- Policy Explainers: Medi-Cal HCBS and Community Supports
- Issue Brief: How Cuts to Medi-Cal HCBS Could Impact California