



## Questions and Answers

### Who do skilled nursing facilities (SNF) care for?

- **Low-Income and Medically Vulnerable Patients:** Nearly 70% of SNF patients are seniors, people with disabilities, or low-income patients who rely on the state's Medi-Cal program.
- **Seniors and Aging Adults:** About 80% of the state's long-term care patients are age 65 or older. California has nearly 9 million people over the age of 60, a number that will increase to 11.4 million by 2040. Skilled Nursing Facilities play a critical role in ensuring every Californian can age with dignity, safety, and high-quality care.
- **Patients Recovering from Surgery or Illness:** SNFs provide short-term medical care including rehabilitation for patients recovering from surgery, stroke, or chronic illness.

### What medical services do skilled nursing facilities provide?

- **Long-Term and Short-Term Medical Care:** 24-hour medical care from licensed nurses and medical staff for patients with chronic or complex medical needs, and for those recovering from surgery, stroke, or injury.
- **Rehabilitation Services:** Physical, occupational, and speech therapy to help patients regain strength and mobility.
- **Medication Management:** Oversight of prescriptions and pharmacy services to ensure safe, effective medication use.
- **Nutrition and Dietary Care:** Personalized meal planning and dietary support.
- **End-of-Life and Palliative Care:** Compassionate end-of-life medical care focused on comfort, dignity, and quality of life.
- **Behavioral Healthcare and Mental Health Services**
- **Transitional Care for Patients Leaving the Hospital** to rehabilitate patients so they can return home.

### How do skilled nursing facilities help reduce hospital and emergency room overcrowding?

- SNFs help patients safely transition and discharge out of hospitals and emergency rooms to appropriate post-acute care settings, reducing overcrowding and saving the healthcare system billions of dollars.

### Are skilled nursing facilities the same as nursing homes or assisted living facilities?

- No. California's more than 1,000 SNFs provide essential 24-hour skilled nursing and **medical** care to over 445,000 of the state's most vulnerable patients, helping them recover, manage chronic conditions, and age with dignity, safety, and high-quality medical care.
- SNFs provide medical care and are required to always have one or more physicians on call, and sufficient nurses and certified nursing assistants on duty at all times, including at least one registered nurse, to meet patient needs.
- In contrast, nursing homes and assisted living facilities provide long-term custodial care for individuals who need daily living assistance but do not require 24-hour medical supervision and care.

## **Do skilled nursing facilities have oversight and accountability regulations?**

- California's SNFs operate under some of the most rigorous oversights in healthcare.
- They are licensed by the California Department of Public Health (CDPH), which conducts regular, often unannounced, audits to verify SNF staffing levels, workforce preparedness, and compliance with quality-of-care rules.

## **How do skilled nursing facilities receive funding?**

- California's SNFs are primarily funded by Medi-Cal (70%) and Medicare (17%) with some funding from managed care and private payment.
- Most long-term SNF patients rely on Medi-Cal and often do not have other viable care options. Yet chronic underfunding threatens the sustainability of SNF care.
- In 2026, the State of California is conducting a 3-year rate setting process for SNF Medi-Cal patients. It is vital that the state set a fair and full Medi-Cal funding rate that will ensure patients continue to be able to access high quality care at SNFs.
- The current Medi-Cal rate is dangerously insufficient and jeopardizes access to staffing, facilities, and care options for hundreds of thousands of patients.

## **What is the Workforce and Quality Incentive Program (WQIP) funding?**

- WQIP is an incentivization program to improve workforce and quality metrics for Medi-Cal patients in SNFs.
- Previously, WQIP provided \$300 million annually for SNFs to make investments in quality care improvement and workforce development and retention.
- The state's decision to eliminate WQIP is not just numbers on a budget; they will strip SNFs of key resources, risking staffing shortages, reduced care capacity, and even potential facility closures.

## **How will the elimination of WQIP affect patients?**

- Eliminating WQIP would slash at least \$280 million annually from already underfunded skilled nursing facilities, forcing cuts to staff, reducing quality of care and limiting access for elderly and disabled patients who rely on SNFs the most.
- Reduced SNF capacity will back up the entire healthcare system. Hospitals will struggle to discharge patients, rural and independent facilities will be pushed to the brink and Medi-Cal beneficiaries may be displaced far from their families and communities.

## **How do skilled nursing facilities support not only patients but patients' families?**

- SNFs are a lifeline for families with aging loved ones or family members recovering from surgery or serious illnesses that require 24-hour medical care.
- Families should not have to choose between caring for their loved ones and paying their bills. SNFs provide specialized, around the clock medical care that families often cannot provide at home, or that would be prohibitively expensive through in-home medical care services.