

Medi-Cal Beneficiaries Who Use Long Term Services and Supports: Profiles of Utilization and Spending in Eight Dual Eligible Integration Counties, 2008

Prepared for
The SCAN Foundation
and
The California Department of Health Care Services

February 5, 2013

Sei J. Lee, M.D.
Chi Kao, Ph.D.
Denis Hulett, M.S.
Taewoon Kang, Ph.D.
Philip Chu, M.A.
Robert J. Newcomer, Ph.D.
Charlene Harrington, RN, Ph.D.
Arpita Chattopadhyay, Ph.D.
Andrew B. Bindman, M.D.

TABLE OF CONTENTS

Glossary	i
Background	1
Methods	1
ALAMEDA COUNTY	
Table A-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Alameda County	A1
Table A-2	
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Alameda County Table A-3	A2
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in Alameda County	A3
Table A-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008	
in Alameda County	A4
Table A-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008 in Alameda County	A5
Table A-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in Alameda County	A6
Table A-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in Alameda County	A7
Table A-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in Alameda County	A8
Table A-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	4.0
in Alameda County	A9
Y OG ANGEN EG GOVENWY	
LOS ANGELES COUNTY To blo D.1	
Table B-1 Eligibility Characteristics of Medi Call TSS Hears Age 18 L CV 2008 in Les Angeles County	D 1
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Los Angeles County Table B-2	DI
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in Los Angeles County	B2
Table B-3	
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in Los Angeles County	B3
Table B-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008	
in Los Angeles County	B4

Table B-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008	
in Los Angeles CountyB	35
Table B-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in Los Angeles CountyB	66
Table B-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in Los Angeles CountyB	37
Table B-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in Los Angeles CountyB	88
Table B-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	
in Los Angeles CountyB	19
ORANGE COUNTY	
Table C-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Orange County	' 1
Table C-2	, 1
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Orange CountyC	12
Table C-3	-2
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in Orange County	13
Table C-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008	
in Orange County	<u>'</u> 4
Table C-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008	
in Orange County	25
Table C-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in Orange County	6
Table C-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in Orange County	27
Table C-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in Orange County	28
Table C-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	10
in Orange County	.9

RIVERSIDE COUNTY

Table D-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Riverside County	D1
Table D-2	
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Riverside County.	D2
Table D-3	
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in	Į
Riverside County	D3
Table D-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, 2008 in	
Riverside County	D4
Table D-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008 in	
Riverside County	D5
Table D-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in Riverside County	D6
TableD-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in Riverside County	D7
Table D-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in Riverside County	D8
Table D-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	
in Riverside County	D9
SAN BERNARDINO COUNTY	
Table E-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in San Bernardino	
County	E1
Table E-2	
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in San Bernardino	
County	E2
Table E-3	
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in San Bernardino County	E3
Table E-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008	
in San Bernardino County	E4
Table E-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Bernardino County	E5
Table E-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in San Bernardino County	E6
Table E-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in San Bernardino County	E7

Table E-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Bernardino CountyE	£8
Table E-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Bernardino CountyE	2 9
SAN DIEGO COUNTY	
Table F-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in San Diego County F Table F-2	71
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in San Diego County F Table F-3	₹2
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in San Diego County	7 3
Table F-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008	
in San Diego CountyF	7 4
Table F-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Diego CountyF	₹5
Table F-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in San Diego CountyF	7 6
Table F-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in San Diego CountyF	₹7
Table F-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	70
in San Diego CountyF	₹8
Table F-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	70
in San Diego CountyF	19
SAN MATEO COUNTY	
Table G-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in San Mateo CountyG	1 1
Table G-2	, 1
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in San Mateo County	1 2
Table G-3	_
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in San Mateo CountyG	33
Table G-4	
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008 in	
San Mateo CountyG	յ 4

Table G-5	
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Mateo County	G5
Table G-6	
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in San Mateo County	G6
Table G-7	
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in San Mateo County	G7
Table G-8	
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Mateo County	G8
Table G-9	
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	
in San Mateo County	G9
SANTA CLARA COUNTY	
Table H-1	
Eligibility Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008 in Santa Clara County	Н1
Table H-2	111
Demographic Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in Santa Clara County	н2
Table H-3	112
Cognitive, Functional and Social Characteristics of Medi-Cal LTSS Users Age 18+, CY 2008	
in Santa Clara County	нз
Table H-4	113
Mortality and Nursing Facility Admissions of Medi-Cal LTSS Users Age 18+, CY 2008	
in Santa Clara County	НΛ
Table H-5	117
Demographic Characteristics of Medi-Cal Fee-for-Service LTSS Users Age 18+, CY 2008	
in Santa Clara County	Н5
Table H-6	113
Medi-Cal and Medicare Spending on Fee-for-Service LTSS Users Age 18+,	
CY 2008 in Santa Clara County	Н6
Table H-7	110
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS User,	
Age 18+, CY 2008 in Santa Clara County	Н7
Table H-8	11/
Post-Acute Care Spending on Fee-for-Service LTSS Users Age 18+, CY 2008	
in Santa Clara County	Н8
Table H-9	110
Medi-Cal Spending by Program for Fee-for-Service LTSS Users Age 18+, CY 2008	
in Santa Clara County	НО
In Suna Clara County	11/

GLOSSARY

ADHC Adult Day Health Care
ADL Activity of Daily Living

AH Acute Hospital

DD Developmentally Disabled

CMIPS Case Management Information Payrolling System

FFS Fee-for-Service

HCBS Home and Community Based Services

HH Home Health

IADL Instrumental Activity of Daily Living

IHO In-Home Operations

IHSS In-Home Supportive Services
IRF Inpatient Rehabilitation Facility

LTCH Long-Term Care Hospital

LTSS Long-Term Services and Supports

MDS Minimum Data Set

MME Medicare-Medicaid Enrollee

MSSP Multipurpose Senior Services Program

NF Nursing Facility

OASIS Outcomes Assessment and Information Set

OT Occupational Therapy
PT Physical Therapy

SNF Skilled Nursing Facility

ST Speech Therapy

TCM Targeted Case Management

Background

California is one of fifteen states that received a \$1 million design contract from the Centers for Medicare and Medicaid Services (CMS) to develop plans to better integrate the financing and services of Medi-Cal (California's Medicaid program) and Medicare for those dually eligible for both programs (often referred to as dual eligibles or Medicare-Medicaid enrollees, MMEs). The state's efforts resulted in the passage of the Coordinated Care Initiative (CCI), authorizing a three-year demonstration beginning in 2013, pending approval of a Memorandum of Understanding between CMS and the state. Eight counties were selected as the demonstration sites: Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

As part of a partnership between the University of California and the California Department of Health Care Services (DHCS), the California Medicaid Research Institute (CAMRI) developed an integrated and longitudinal database containing Medi-Cal and Medicare claims and assessment data of LTSS recipients in California in 2008. CAMRI's integrated database provides opportunities to look at program spending across the entire care continuum of beneficiaries with LTSS needs within Medi-Cal and, for MMEs, across Medicare and Medi-Cal.² In this report, we present county-level data for the eight counties participating in the CCI, replicating the analyses previously published in two reports produced by CAMRI using the same integrated database.³

Methods

The analyses presented in this report describe the characteristics, needs, service use and costs for persons ages 18 or over who were Medi-Cal LTSS users during calendar year 2008. The LTSS user population is not defined by an eligibility category, but instead by service use. For this study, the services defining LTSS include Medi-Cal reimbursed nursing facility services, home health (HH), In-Home Supportive Services (IHSS), Adult Day Health Care (ADHC), Targeted Case Management (TCM), and any of the Medi-Cal HCBS waiver programs (Section 1915(c) of the Social Security Act).

We identified the study population by using Medi-Cal's enrollment and claims files as well as the state's Case Management Information Payrolling System (CMIPS). CMIPS includes recipients of IHSS, the most common HCBS service, some of whom are not reflected in the individual claims files.

-

¹ Senate Bill 1008 (Chapter 33, Statutes of 2012) and Senate Bill 1036 (Chapter 45, Statutes of 2012).

² For additional information about CAMRI's process for acquiring, linking and cleaning these data, see "Studying Recipients of Long-Term Services and Supports: A Case Study in Assembling Medicaid and Medicare Claims and Assessment Data in California," available at: http://www.thescanfoundation.org/california-medicaid-research-institute-studying-recipients-long-term-care-services-and-supports-case

³ The two reports are: Recipients of Home and Community-Based Services in California, available at: http://www.thescanfoundation.org/california-medicaid-research-institute-recipients-home-and-community-based-services-california and Medicaid and Medicaid Spending on Acute, Post-Acute and Long-Term Services and Supports in California, available at: http://www.thescanfoundation.org/california-medicaid-research-institute-medicaid-and-medicaid-acute-post-acute-and-long-term

We excluded from our analysis two groups of Medi-Cal LTSS users for whom we do not have individual claims records. These are 1,386 participants in the Program for All-Inclusive Care for the Elderly (PACE), for whom there are no individual claims data and 115,596 individuals who qualify for Medi-Cal based on a diagnosis of a developmental disability since both groups lacked individual claims records. For the 2.4% of Medi-Cal LTSS recipients who resided in more than one county in 2008, we assigned them to the county where they spent the majority of Medi-Cal eligible months. To safeguard the privacy of Medi-Cal beneficiaries and comply with Health Insurance Portability and Accountability Act (HIPAA), we have masked all cells with fewer than 10 persons.

For each county, we present information on the characteristics of the Medi-Cal LTSS user population in CY 2008 in mutually exclusive categories of nursing facility only care or HCBS based on our sorting of the Medi-Cal claims. Individuals were determined to have had a nursing facility stay by either having an assessment within the Minimum Data Set (MDS) or a claim for a nursing facility from Medicare or Medicaid. Individuals who received only one type of HCBS are in categories labeled HH, IHSS, ADHC, TCM, or any use of a section 1915(c) waiver (hereafter referred to as "Waivers"). Individuals who received more than one type of HCBS were categorized as either HH with IHSS, ADHC with IHSS, TCM with IHSS, Waivers with IHSS, ADHC with Waivers and IHSS, and all others.

For the analysis on costs we used social security numbers to link the Medi-Cal LTSS population with Medicare's enrollment file to identify those Medi-Cal recipients who were also enrolled in Medicare during any month of the study year. Those participating in both Medicare and Medi-Cal for at least one month in 2008 are considered MME in our analysis. Since complete costs are not available for those beneficiaries who received services through Medi-Cal managed care, the cost estimates included in the tables reflect only those Medi-Cal beneficiaries who were LTSS users in fee for service care delivery. The majority of beneficiaries received services through fee-for-service in six of the study counties; however, in Orange and San Mateo county the application of the County Organized Health System model resulted in only a small proportion of beneficiaries in those counties receiving fee-for-service care. The cost estimates in Orange and San Mateo counties derived from the fee-for-service population may be less representative of the overall population of Medi-Cal beneficiaries in those counties than in the other study counties.

We report on three broad categories of health care expenditures using Medi-Cal and Medicare claims data linked to our study population. These health care expenditures are for acute and other medical care services, post-acute care, and LTSS for Medi-Cal funded state plan and HCBS waiver services. Because we did not have comprehensive data for prescription drug expenditures, we did not include them in our analyses.

There are nine tables for each of the eight demonstration counties. The first four tables (Tables 1-4) replicate the analyses presented in CAMRI's report entitled *Recipients of Home and Community-Based Services in California.* The next five tables (Tables 5-9) replicate the

⁴ Available at: http://www.thescanfoundation.org/california-medicaid-research-institute-recipients-home-and-community-based-services-california

analyses presented in CAMRI's report entitled *Medicaid and Medicare Spending on Acute, Post-Acute and Long-Term Services and Supports in California.*⁵

Table 1 displays the eligibility characteristics of Medi-Cal LTSS users. The table includes the counts of beneficiaries who resided in a nursing facility and had no HCBS use during the year, those who received HCBS (with or without also residing in a nursing facility during the year), and the counts of beneficiaries in each subgroup of HCBS.

Table 2 displays the demographic characteristics of Medi-Cal LTSS users by beneficiaries' age, gender and racial/ethnic characteristics.

Table 3 displays the cognitive, functional and social characteristics of Medi-Cal LTSS users. Function was measured as the number of limitations in activities of daily living (higher numbers correspond to a greater number of limitations). Information on household size and marital status from CMIPS was used to characterize aspects of beneficiaries' availability of caregiver support.

Table 4 displays mortality rates and nursing facility admission rates for Medi-Cal LTSS users. For Medi-Cal HCBS recipients, nursing facility admissions during the year could have occurred before (less often) or after (more often) receiving HCBS services. Deaths in a calendar year were identified either through the linkage with state vital statistics records or from information available in the Medicare enrollment file.

Table 5 displays the demographic characteristics of the fee-for-service Medi-Cal LTSS users in a county. This table differs from Table 2 in that it does not include beneficiaries who were ever in Medi-Cal or Medicare managed care in 2008.

Table 6 displays the total Medi-Cal and total Medicare spending for acute, post-acute and LTSS for fee-for-service Medi-Cal LTSS users overall and stratified by whether the beneficiary was only in Medi-Cal or an MME beneficiary.

Table 7 displays the total Medi-Cal and total Medicare spending within specific sub-categories of acute care for fee-for-service Medi-Cal LTSS users overall and stratified by whether the beneficiary was only in Medi-Cal or an MME beneficiary.

Table 8 displays the total Medi-Cal and total Medicare spending within specific sub-categories of post-actue care for fee-for-service Medi-Cal LTSS users stratified by whether the beneficiary was only in Medi-Cal or an MME beneficiary.

Table 9 displays the total Medi-Cal and total Medicare spending within specific sub-categories of LTSS for fee-for-service Medi-Cal LTSS users overall and stratified by whether the beneficiary was only in Medi-Cal or an MME beneficiary.

⁵ Available at: http://www.thescanfoundation.org/california-medicaid-research-institute-medicaid-and-medicare-spending-acute-post-acute-and-long-term

ALAMEDA COUNTY

Table A-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Alameda County

					In-Home	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	4,239	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
Users per 10,000 Beneficiaries ^c	270	1,225	16	977	11	41	24	27	7	11	97	3	11
Mean Months of Eligibility in Year	10.0	11.4	10.0	11.4	11.5	11.8	11.7	11.3	11.6	11.7	10.5	11.0	11.6
Program Eligibility													
1. Public Assistance - Aged	11%	31%	0%	33%	2%	63%	20%	36%	47%	58%	5%	14%	4%
2. Public Assistance - Blind	1%	2%	0%	2%	1%	2%	3%	3%	1%	1%	0%	0%	1%
3. Public Assistance - Disabled	15%	43%	25%	47%	84%	22%	52%	36%	26%	19%	17%	51%	70%
4. Family	0%	2%	5%	0%	0%	0%	0%	0%	0%	0%	24%	0%	2%
5. Medically Needy	16%	20%	47%	18%	14%	14%	25%	24%	24%	22%	44%	31%	19%
6. Other * LTSS Hear - Heas one or m	56%	2%	23%	1%	0%	0%	0%	0%	2%	1%	9%	4%	4%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table A-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Alameda County

				In-Home	Supportiv	e Services a	and Other S	Services ^b					
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	4,239	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
Users per 10,000 Beneficiaries ^c	270	1,225	16	977	11	41	24	27	7	11	97	3	11
Age													
Mean Age	76	64	40	67	56	78	63	77	82	74	35	60	51
18-64	21%	44%	89%	40%	84%	10%	55%	11%	0%	11%	89%	59%	86%
65+	79%	56%	11%	60%	16%	90%	45%	89%	100%	89%	11%	41%	14%
Female	62%	68%	80%	67%	60%	72%	67%	74%	82%	65%	81%	37%	55%
Race/Ethnicity													
White	40%	15%	11%	16%	17%	12%	21%	14%	7%	13%	13%	35%	8%
Hispanic	9%	10%	36%	8%	5%	3%	9%	10%	6%	5%	33%	14%	11%
African American	25%	36%	21%	37%	58%	16%	54%	53%	57%	13%	31%	35%	65%
Asian/Pacific Islanders	12%	32%	21%	34%	15%	63%	11%	18%	30%	57%	14%	4%	9%
Alaskan/Native American	0%	0%	1%	0%	0%	0%	1%	0%	0%	1%	0%	0%	1%
Other/Combinations	14%	6%	7%	5%	5%	5%	5%	5%	1%	11%	9%	8%	5%
Unknown * LTSS User = Uses one or m	1%	0%	3%	0%	0%	0%	0%	0%	0%	0%	1%	4%	1%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table A-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Alameda County

				In-Hor	ne Supportiv	ve Services a	nd Other Se	rvices ^b				
	Total Medi-Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
Users per 10,000 Beneficiaries ^c	1,225	16	977	11	41	24	27	7	11	97	3	11
Users with Assessment Data	16,062	26 ^d	14,285	160	630	362	417	106	n/a	n/a	n/a	102
Cognitive & Physical 1	Limitations											
Mean # ADL Limitations, 0-5	2.5	1.9 ^d	2.5	3.2	2.6	2.4	3.3	3.3	n/a	n/a	n/a	2.6
Mean # IADL Limitations, 0-5	4.5	0.0 ^d	4.6	4.5	4.6	4.6	4.8	4.8	n/a	n/a	n/a	4.5
Cognitive Limitation	49%	27% ^d	49%	51%	61%	45%	48%	62%	n/a	n/a	n/a	68%
Breathing Limitation	6%	n/a ^d	6%	13%	1%	7%	12%	1%	n/a	n/a	n/a	12%
Mean Functional Index Score, 1-5	3.0	n/a	3.0	3.4	3.0	2.9	3.3	3.4	n/a	n/a	n/a	3.1
Living Arrangements												
Lives Alone	31%	n/a	30%	25%	36%	48%	49%	52%	n/a	n/a	n/a	43%
Lives with Spouse Able to Help	6%	n/a	6%	9%	6%	3%	3%	3%	n/a	n/a	n/a	3%
Lives with Spouse Not Able to Help	3%	n/a	3%	4%	2%	2%	3%	1%	n/a	n/a	n/a	1%
Lives with Spouse who is IHSS User	14%	n/a	15%	6%	18%	7%	10%	10%	n/a	n/a	n/a	0%
Not Living Alone but No Spouse * LTSS User = Uses one of	46%	n/a	47%	57%	37%	40%	35%	34%	n/a	n/a	n/a	53%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table A-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in Alameda County

					In-Hom	e Supportiv	e Services a	and Other S	ervices ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
	4.220	10.044	250	15.250	1.7.7	644	27.5	410	106	1.55	1.500	40	151
Users	4,239	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
Users per 10,000 Beneficiaries ^c	270	1,225	16	977	11	41	24	27	7	11	97	3	11
Users' Outcomes Dur	Users' Outcomes During the Year												
% Died in year	22%	5%	6%	5%	12%	4%	4%	11%	6%	0%	1%	10%	3%
Percent Admitted													
to a Nursing Facility ^d	100%	8%	4%	8%	9%	9%	8%	17%	13%	12%	1%	14%	6%
Percent with MDS Assessment in a													
Nursing Facility	94%	7%	3%	7%	8%	9%	8%	16%	12%	12%	1%	12%	5%
Percent with a Medicaid claim for													
a Nursing Facility	99%	6%	3%	6%	8%	7%	7%	12%	8%	8%	1%	8%	5%
Percent with a Medicare claim for													

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table A-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in Alameda County

	M	IME Beneficiarie	es	Medi-	Cal Only Benefic	ciaries	All LTSS B	eneficiaries
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population
County Total	13,532	100%	75%	4,417	100%	25%	17,949	100%
Users per 10,000 Beneficiaries***	2,818			405			1,142	
Mean Age	74			50			68	
Female	8,961	66%	77%	2,636	59%	23%	11,597	65%
Race/Ethnicity								
White	2,744	20%	81%	663	15%	19%	3,407	19%
Hispanic	1,109	8%	64%	614	14%	36%	1,723	10%
African American	3,624	27%	62%	2,227	50%	38%	5,851	33%
Asian/Pacific Islanders	4,969	37%	89%	639	14%	11%	5,608	31%
Alaskan/Native American	28	<1%	67%	14	<1%	33%	42	<1%
Other/Combinations	1,051	8%	83%	209	5%	17%	1,260	7%
Unknown	**	**	**	**	**	**	58	<1%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the number of users of the designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table A-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Alameda County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services
		MME Beneficiaries N	= 13,532		
Total Medicare and Medi-Cal Spending	546,533,000	62,656,000	257,216,000	866,405,000	30%
Average Spending Per MME	40,293	4,630	18,963	64,026	n.a.
Total Medicare Spending	509,489,000	62,651,000	n.a.	572,140,000	n.a.
Average Medicare Spending Per MME	37,562	4,630	n.a.	42,281	n.a.
Total Medi-Cal Spending	37,044,000	4,952	257,216,000	294,265,000	87%
Average Medi-Cal Spending Per MME	2,731	<1	18,963	21,746	n.a.
		Medi-Cal Only Beneficiar	ries N = 4,417		
Total Medi-Cal Spending	76,443,000	14,000	70,093,000	146,550,000	48%
Average Spending Per Medi-Cal Only Beneficiary	17,205	3	15,776	32,984	n.a.
		All Beneficiaries N =	17,949		
Total Medicare and Medi-Cal Spending	622,976,000	62,670,000	327,309,000	1,012,955,000	32%
Average Spending Per Beneficiary	34,596	3,492	18,236	56,435	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year. Note: Amounts are rounded to the nearest thousand.

n.a. = not applicable.

Table A-7.

Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Alameda County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)			
	Hospital (φ)	Care (\$)				DIVIE (\$)	Testing (#)	Other (v)	Spending (\$)			
MME Beneficiaries N = 13,532 Total Medicara and												
Total Medicare and Medi-Cal Spending	150,692,000	245,836,000	12,648,000	6,621,000	76,000	12,149,000	86,373,000	32,137,000	546,532,000			
Average Spending per MME	11,110	18,124	932	488	6	896	6,368	2,369	40,293			
Total Medicare Spending	132,035,000	240,441,000	12,585,000	4,188,000	74,000	11,626,000	86,342,000	22,198,000	509,489,000			
Average Medicare Spending per MME	9,734	17,726	928	309	5	857	6,366	1,637	37,562			
Total Medi-Cal Spending	18,657,000	5,395,000	63,000	2,433,000	2,000	523,000	31,000	9,939,000	37,043,000			
Average Medi-Cal Spending per MME	1,379	399	5	180	0	39	2	734	2,738			
			Medi-Cal	Only Beneficia	ries N = 4,417							
Total Medi-Cal Spending	52,459,000	12,271,000	1,603,000	1,339,000	5,000	1,419,000	513,000	6,833,000	76,442,000			
Average Spending per Medi-Cal only Beneficiary	11,807	2,762	361	301	1	319	115	1,538	17,205			
			All 1	Beneficiaries N :	= 17,949							
Total Medicare and Medi-Cal Spending	203,151,000	258,107,000	14,251,000	7,960,000	81,000	13,568,000	86,886,000	38,970,000	622,976,000			
Average Spending per Beneficiary	11,282	14,334	791	442	4	753	4,825	2,164	34,596			

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

a = While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table A-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Alameda County

	MME Ber	neficiaries	Medi-Cal Only	y Beneficiaries	All Bene	ficiaries
	N = 1:	3,532	N = 4		N = 1	7,949
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
Medicare HH	11,019,000	814	n.a.	n.a.	11,019,000	614
Medicare SNF	46,466,000	3,434	n.a.	n.a.	46,466,000	2,589
Medicare IRF	0	0	n.a.	n.a.	0	0
Medicare LTCH	5,166,000	382	n.a.	n.a.	5,166,000	288
Medicare Sub Total	62,651,000	4,630	n.a.	n.a.	62,651,000	3,491
Medi-Cal IRF	5,000	0	14,000	3	19,000	1
Total Medicare and Medi-Cal Spending	62,656,000	4,630	n.a.	n.a.	62,670,000	3,492

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table A-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Alameda County

	MME Ber N = 1		Medi-Cal Only N = 4		All Beno N = 1	eficiaries 7,949
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	132,316,000	9,780	35,317,000	7,996	167,633,000	9,339
HCBS State Plan Services						
IHSS	114,024,000	8,426	31,914,000	7,225	145,938,000	8,131
ADHC	6,828,000	505	741,000	168	7,569,000	422
TCM	1,493,000	110	1,134,000	257	2,627,000	146
НН	17,000	1	330,000	75	346,000	19
Sub Total	122,362,000	9,042	34,119,000	7,724	156,480,000	8,718
HCBS Waivers						
AIDS Waiver	305,000	23	281,000	64	587,000	33
Assisted Living Waiver	0	0	0	0	0	0
MSSP Waiver	1,450,000	107	24,000	5	1,475,000	82
Other Waivers ^a	782,000	58	351,000	80	1,133,000	63
Sub Total	2,537,000	187	656,000	149	3,195,000	178
Total HCBS (State Plan + Waivers)	124,899,000	9,230	34,775,000	7,873	159,675,000	8,896
Total LTSS (NF + HCBS)	257,215,000	19,008	70,092,000	15,869	327,308,000	18,235
Percent HCBS of Total LTSS * LTSS Ligar - Ligar one or more Long term See	49%	n.a.	50%	n.a.	49%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Amounts are rounded to the nearest thousand.

Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8.

a = The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

LOS ANGELES COUNTY

Table B-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Los Angeles County

					In-Home	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	31,198	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
Users per 10,000 Beneficiaries ^c	220	1,367	13	1,033	8	161	3	24	6	67	40	7	4
Mean Months of Eligibility in Year	10.1	11.5	10.1	11.5	11.3	11.8	11.4	11.3	11.8	11.7	10.5	11.3	11.6
Program Eligibility													
1. Public Assistance - Aged	13%	37%	1%	35%	4%	64%	7%	41%	60%	45%	2%	30%	15%
2. Public Assistance - Blind	1%	2%	0%	2%	2%	2%	1%	2%	3%	0%	0%	1%	0%
3. Public Assistance - Disabled	14%	43%	23%	47%	77%	24%	78%	33%	21%	31%	34%	32%	63%
4. Family	0%	1%	7%	0%	0%	0%	0%	0%	0%	0%	15%	1%	1%
5. Medically Needy	11%	16%	55%	15%	17%	10%	12%	23%	15%	23%	34%	33%	18%
6. Other * I TSS Hear - Heas one or m	61%	1%	14%	0%	0%	0%	2%	1%	1%	1%	15%	3%	3%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table B-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Los Angeles County

	In-Home Supporti				e Supportiv	e Services a	and Other S	Services ^b					
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	31,198	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
Users per 10,000 Beneficiaries ^c	220	1,367	13	1,033	8	161	3	24	6	67	40	7	4
Age													
Mean Age	75	68	40	68	54	77	51	75	80	69	42	67	56
18-64	23%	33%	90%	35%	86%	7%	80%	13%	1%	26%	86%	39%	66%
65+	77%	67%	10%	65%	14%	93%	20%	87%	99%	74%	14%	61%	34%
Female	59%	65%	78%	65%	57%	67%	42%	71%	76%	58%	50%	54%	47%
Race/Ethnicity													
White	44%	33%	16%	32%	33%	46%	17%	31%	31%	17%	27%	54%	36%
Hispanic	23%	26%	60%	28%	32%	13%	16%	38%	34%	20%	32%	25%	22%
African American	17%	18%	9%	21%	24%	4%	61%	22%	12%	8%	32%	13%	23%
Asian/Pacific Islanders	11%	20%	10%	18%	8%	34%	2%	8%	20%	46%	3%	5%	12%
Alaskan/Native American	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Other/Combinations	4%	3%	1%	2%	2%	3%	3%	2%	3%	8%	3%	3%	4%
Unknown * LTSS User – Uses one or m	1%	0%	4%	0%	0%	0%	0%	0%	0%	1%	2%	1%	3%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table B-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Los Angeles County

				In-Hon	ne Supportiv	ve Services a	and Other Se	ervices ^b				
	Total Medi-Cal HCBS ^a	HH only	IHSS only	нн	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
Users per 10,000 Beneficiaries ^c	1,367	13	1,033	8	161	3	24	6	67	40	7	4
Users with Assessment Data	173,306	578 ^d	144,708	1,046	22,646	453	3,415	897	n/a	n/a	n/a	141
Cognitive & Physical Li	imitations											
Mean # ADL Limitations, 0-5	2.7	1.0 ^d	2.7	3.1	2.8	2.1	3.2	3.1	n/a	n/a	n/a	3.2
Mean # IADL Limitations, 0-5	4.5	2.7 ^d	4.5	4.6	4.5	4.3	4.6	4.6	n/a	n/a	n/a	4.6
Cognitive Limitation	25%	16% ^d	25%	23%	24%	35%	29%	31%	n/a	n/a	n/a	26%
Breathing Limitation	15%	n/a ^d	16%	27%	2%	26%	7%	0%	n/a	n/a	n/a	25%
Mean Functional Index Score, 1-5	3.0	n/a	3.0	3.2	3.0	2.8	3.3	3.2	n/a	n/a	n/a	3.3
Living Arrangements												
Lives Alone	28%	n/a	27%	19%	30%	34%	44%	39%	n/a	n/a	n/a	30%
Lives with Spouse Able to Help	6%	n/a	6%	13%	3%	2%	4%	4%	n/a	n/a	n/a	5%
Lives with Spouse Not Able to Help	1%	n/a	1%	2%	1%	0%	1%	1%	n/a	n/a	n/a	2%
Lives with Spouse who is IHSS User	23%	n/a	21%	10%	32%	2%	13%	21%	n/a	n/a	n/a	9%
Not Living Alone but No Spouse * LTSS User = Uses one or	43%	n/a	44%	57%	33%	61%	38%	35%	n/a	n/a	n/a	54%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table B-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in Los Angeles County

					In-Hom	e Supportiv	e Services a	and Other S	ervices ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
**	21 100	102 (52	1.062	1.46.420	1.065	22.760	465	2.426	000	0.539	5 627	074	500
Users	31,198	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
Users per 10,000 Beneficiaries ^c	220	1,367	13	1,033	8	161	3	24	6	67	40	7	4
Users' Outcomes Dur	ing the Yea	r											
% Died in year	21%	5%	6%	5%	12%	2%	3%	11%	4%	1%	3%	7%	5%
Percent Admitted	2170	370	070	370	12/0	270	370	1170	7/0	1 /0	370	7 70	370
to a Nursing Facility ^d	100%	7%	5%	7%	14%	6%	16%	16%	11%	5%	23%	22%	19%
Percent with MDS Assessment in a Nursing Facility	94%	7%	4%	6%	12%	5%	16%	15%	10%	5%	22%	21%	18%
Percent with a Medicaid claim for	ノ 〒 / 0	170	7/0	0 /0	12/0	5 /0	10/0	13/0	10/0	5 /0	22/0	21/0	10/0
a Nursing Facility	99%	5%	4%	4%	12%	4%	12%	11%	7%	4%	19%	17%	16%
Percent with a													
Medicare claim for													
* LTSS User = Uses one	50%	5%	0%	4%	1%	4%	9%	11%	8%	3%	12%	15%	8%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table B-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in Los Angeles County

	M	IME Beneficiarie	es	Medi-	Cal Only Benefic	ciaries	All LTSS B	eneficiaries
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population
County Total	146,958	100%	79%	39,586	100%	21%	186,544	100%
Users per 10,000 Beneficiaries***	3,823			383			1,316	
Mean Age	74			53			70	
Female	95,527	65%	81%	22,441	57%	19%	117,968	63%
Race/Ethnicity								
White	53,855	37%	80%	13,828	35%	20%	67,683	36%
Hispanic	3,5047	24%	80%	9,007	23%	20%	44,054	24%
African American	18,713	13%	62%	11,332	29%	38%	30,045	16%
Asian/Pacific Islanders	34,255	23%	89%	4,023	10%	11%	38,278	21%
Alaskan/Native American	168	<1%	66%	88	<1%	34%	256	0%
Other/Combinations	4,883	3%	87%	738	2%	13%	5,621	3%
Unknown * LTSS User – Uses one or more	37	<1%	6%	570	1%	94%	607	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table B-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Los Angeles County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services
		MME Beneficiaries N	= 146,958		
Total Medicare and Medi-Cal Spending	5,007,354,000	773,437,000	2,134,566,000	7,915,357,000	27%
Average Spending Per MME	34,073	5,263	14,525	53,861	n.a.
Total Medicare Spending	4,657,140,000	773,426,000	n.a.	5,430,566,000	n.a.
Average Medicare Spending Per MME	31,690	5,263	n.a.	36,953	n.a.
Total Medi-Cal Spending	350,214,000	10,969	2,134,566,000	2,484,791,000	86%
Average Medi-Cal Spending Per MME	2,383	0	14,525	16,908	n.a.
		Medi-Cal Only Beneficiari	ies N = 39,586		
Total Medi-Cal Spending	488,358,000	162,000	486,253,000	974,773,000	50%
Average Spending Per Medi-Cal Only Beneficiary	12,337	4	12,283	24,624	n.a.
		All Beneficiaries N =	186,544		
Total Medicare and Medi-Cal Spending	5,495,712,000	773,599,000	2,620,819,000	8,890,130,000	30%
Average Spending Per Beneficiary	29,461	4,147	14,049	47,657	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.
Note: Amounts are rounded to the nearest thousand.

n.a. = not applicable.

Table B-7.
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Los Angeles County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)			
			MME I	Beneficiaries N =	= 146,958							
Total Medicare and Medi-Cal Spending 1,390,685,000 2,080,337,000 77,094,000 50,036,000 1,795,000 160,733,000 833,544,000 413,130,000 5,007,354,000												
Average Spending per MME	9,463	14,156	525	340	12	1,094	5,672	2,811	34,073			
Total Medicare Spending	1,238,819,000	2,031,781,000	76,449,000	31,669,000	1,789,000	156,011,000	832,265,000	288,357,000	4,657,140,000			
Average Medicare Spending per MME	8,430	13,826	520	215	12	1,062	5,663	1,962	31,690			
Total Medi-Cal Spending	151,866,000	48,556,000	645,000	18,367,000	6,000	4,722,000	1,279,000	124,773,000	350,214,000			
Average Medi-Cal Spending per MME	1,033	330	4	125	0	32	9	849	2,383			
			Medi-Cal C	Only Beneficiari	es N = 39,586							
Total Medi-Cal Spending	268,600,000	109,826,000	10,360,000	10,577,000	14,000	7,498,000	7,008,000	74,475,000	488,358,000			
Average Spending per Medi-Cal only Beneficiary	6,785	2,774	262	267	0	189	177	1,881	12,337			
			All Be	eneficiaries N =	186,544							
Total Medicare and Medi-Cal Spending	1,659,285,000	2,190,163,000	87,454,000	60,613,000	1,809,000	168,231,000	840,552,000	487,605,000	5,495,712,000			
Average Spending per Beneficiary	8,895	11,741	469	325	10	902	4,506	2,614	29,461			

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

a = While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table B-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Los Angeles County

	1000	ov • •	W # G 10 1	D 00 1 1	AND	
	MME Ber	neficiaries	Medi-Cal Only	y Beneficiaries	All Bene	eficiaries
	N = 14	16,958	N = 3	9,586	N = 18	86,544
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
Medicare HH	228,517,000	1,555	n.a.	n.a.	228,517,000	1,225
Medicare SNF	402,714,000	2,740	n.a.	n.a.	402,714,000	2,159
Medicare IRF	2,976,000	20	n.a.	n.a.	2,976,000	16
Medicare LTCH	139,219,000	947	n.a.	n.a.	139,219,000	746
Medicare Sub Total	773,426,000	5,263	n.a.	n.a.	773,426,000	4,146
Medi-Cal IRF	11,000	<1	162,000	4	173,000	1
Total Medicare and Medi-Cal Spending	773,437,000	5,263	162,000	4	773,599,000	4,147

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table B-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Los Angeles County

	MME Bei N = 14		Medi-Cal Only N = 3		All Ben N = 18	eficiaries 86,544
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	870,637,000	5,924	240,532,000	6,076	1,111,169,000	5,959
HCBS State Plan Services						
IHSS	1,016,956,000	6,920	207,218,000	5,235	1,224,174,000	6,562
ADHC	213,567,000	1,453	25,148,000	635	238,715,000	1,280
TCM	2,386,000	16	2,629,000	66	5,015,000	27
нн	250,000	2	1,650,000	42	1,899,000	10
Sub Total	1,233,159,000	8,391	236,645,000	5,967	1,469,803,000	7,879
HCBS Waivers						
AIDS Waiver	2,004,000	14	943,000	24	2,947,000	16
Assisted Living Waiver	6,993,000	48	280,000	7	7,273,000	39
MSSP Waiver	11,972,000	81	145,000	4	12,117,000	65
Other Waivers ^a	9,802,000	67	7,707,000	195	17,509,000	94
Sub Total	30,771,000	209	9,075,000	229	39,846,000	214
Total HCBS (State Plan + Waivers)	1,263,930,000	8,601	244,185,000	6,168	1,509,649,000	8,093
Total LTSS (NF + HCBS)	2,134,567,000	14,525	486,253,000	12,260	2,620,818,000	14,031
Percent HCBS of Total LTSS * LTSS User – User one or more Long term See	59%	n.a.	50%	n.a.	58%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Amounts are rounded to the nearest thousand.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

ORANGE COUNTY

Table C-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Orange County

					In-Home	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	1,282	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
Users per 10,000 Beneficiaries ^c	55	919	38	573	1	49	4	23	3	64	154	3	6
Mean Months of Eligibility in Year	7.8	11.1	9.5	11.5	11.4	11.8	11.5	11.3	11.9	11.7	9.8	10.4	10.7
Program Eligibility													
1. Public Assistance - Aged	7%	40%	0%	49%	29%	68%	38%	54%	72%	57%	2%	29%	9%
2. Public Assistance - Blind	0%	2%	0%	3%	0%	1%	2%	3%	1%	0%	0%	2%	1%
3. Public Assistance - Disabled	25%	26%	1%	35%	57%	20%	41%	27%	21%	20%	7%	39%	17%
4. Family	37%	2%	3%	0%	0%	0%	0%	0%	0%	0%	11%	0%	4%
5. Medically Needy	7%	24%	67%	13%	14%	9%	18%	15%	6%	22%	61%	29%	49%
6. Other * I TSS Hear - Hear one or m	25%	5%	29%	1%	0%	1%	1%	1%	0%	2%	19%	2%	21%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table C-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Orange County

					In-Home	Supportiv	e Services a	and Other S					
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	1,282	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
Users per 10,000 Beneficiaries ^c	11	189	8	118	0	10	1	5	1	13	32	1	1
Age													
Mean Age	49	64	27	72	54	77	69	78	79	73	30	67	37
18-64	77%	37%	100%	23%	71%	8%	32%	8%	1%	15%	96%	42%	84%
65+	23%	63%	0%	77%	29%	92%	68%	92%	99%	85%	4%	58%	16%
Female	47%	72%	98%	66%	50%	66%	63%	73%	68%	61%	94%	52%	85%
Race/Ethnicity													
White	48%	25%	2%	30%	21%	22%	36%	34%	14%	14%	14%	50%	20%
Hispanic	25%	29%	93%	17%	50%	10%	24%	20%	23%	9%	72%	19%	69%
African American	4%	2%	0%	2%	7%	1%	3%	4%	1%	0%	1%	6%	0%
Asian/Pacific Islanders	14%	38%	1%	44%	21%	58%	29%	38%	53%	64%	8%	13%	8%
Alaskan/Native American	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other/Combinations	8%	6%	1%	7%	0%	8%	8%	4%	9%	12%	3%	11%	1%
Unknown	2%	0%	3%	0%	0%	0%	0%	0%	0%	0%	1%	0%	2%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table C-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Orange County

				In-Home Supportive Services and Other Services ^b								
	Total Medi-Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
Users per 10,000 Beneficiaries ^c	189	8	118	0	10	1	5	1	13	32	1	1
Users with Assessment Data	15,199	9 ^d	13,310	12	1,140	103	536	78	n/a	n/a	n/a	20
Cognitive & Physical 1	Limitations											
Mean # ADL Limitations, 0-5	2.4	2.0 ^d	2.4	4.0	2.2	1.6	2.9	2.9	n/a	n/a	n/a	2.2
Mean # IADL Limitations, 0-5	4.4	3.3 ^d	4.4	4.6	4.4	4.2	4.5	4.5	n/a	n/a	n/a	4.4
Cognitive Limitation	47%	22% ^d	46%	50%	50%	37%	51%	60%	n/a	n/a	n/a	30%
Breathing Limitation	7%	n/a ^d	7%	42%	4%	4%	13%	8%	n/a	n/a	n/a	20%
Mean Functional Index Score, 1-5	2.7	n/a	2.7	3.7	2.6	2.4	2.9	2.9	n/a	n/a	n/a	2.8
Living Arrangements												
Lives Alone	21%	n/a	19%	8%	25%	41%	39%	31%	n/a	n/a	n/a	40%
Lives with Spouse Able to Help	8%	n/a	8%	17%	7%	4%	5%	6%	n/a	n/a	n/a	10%
Lives with Spouse Not Able to Help	2%	n/a	2%	0%	2%	1%	1%	1%	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS User	23%	n/a	23%	17%	26%	16%	15%	26%	n/a	n/a	n/a	0%
Not Living Alone but No Spouse	47%	n/a	48%	58%	40%	39%	39%	36%	n/a	n/a	n/a	50%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table C-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in Orange County

		In-Hom	e Supportiv	e Services a	and Other S								
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	1,282	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
	1,202	21,370	074	13,403	14	1,134	103	330	/ 0	1,514	3,010	02	144
Users per 10,000 Beneficiaries ^c	55	919	38	573	1	49	4	23	3	64	154	3	6
Users' Outcomes Dur	Users' Outcomes During the Year												
% Died in year	7%	5%	0%	6%	0%	3%	6%	11%	3%	2%	1%	21%	0%
Percent Admitted	1 70	370	070	070	070	370	070	1170	370	270	1 70	2170	070
to a Nursing Facility d	100%	9%	0%	10%	21%	11%	21%	18%	14%	10%	5%	10%	3%
Percent with MDS Assessment in a													
Nursing Facility	88%	9%	0%	10%	21%	11%	21%	17%	13%	9%	5%	10%	3%
Percent with a Medicaid claim for													
a Nursing Facility	100%	1%	0%	1%	7%	1%	6%	0%	0%	1%	3%	2%	1%
Percent with a	•												
Medicare claim for													
a Nursing Facility	18%	5%	0%	6%	7%	8%	12%	14%	13%	6%	1%	5%	1%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table C-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in Orange County

	M	IME Beneficiarie	es .	Medi-	Cal Only Benefic	All LTSS Beneficiaries		
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population
County Total	247	100%	9%	2,637	100%	91%	2,884	100%
Users per 10,000 Beneficiaries***	34			162			123	
Mean Age	73			27			31	
Female	163	65%	6%	2,595	98%	94%	2,758	96%
Race/Ethnicity								
White	96	39%	62%	60	2%	38%	156	5%
Hispanic	49	20%	2%	2,449	93%	98%	2,498	87%
African American	**	**	**	**	**	**	18	1%
Asian/Pacific Islanders	75	30%	57%	56	2%	43%	131	5%
Alaskan/Native American	**	**	**	**	**	**	**	<1%
Other/Combinations	18	7%	53%	16	1%	47%	34	1%
Unknown	0	0%	0%	45	2%	100%	45	2%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table C-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Orange County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services
		MME Beneficiaries	N = 247		
Total Medicare and Medi-Cal Spending	8,402,000	2,014,000	5,476,000	15,892,000	35%
Average Spending Per MME	34,012	8,154	22,170	64,336	n.a.
Total Medicare Spending	7,733,000	2,014,000	n.a.	9,747,000	n.a.
Average Medicare Spending Per MME	31,308	8,154	n.a.	39,462	n.a.
Total Medi-Cal Spending	669,000	0	5,476,000	6,145,000	89%
Average Medi-Cal Spending Per MME	2,708	0	22,171	24,879	n.a.
		Medi-Cal Only Beneficiar	ries N = 2,637		
Total Medi-Cal Spending	20,365,000	2,000	3,133,000	23,500,000	13%
Average Spending Per Medi-Cal Only Beneficiary	7,723	1	1,188	8,912	n.a.
		All Beneficiaries N	= 2,884		
Total Medicare and Medi-Cal Spending	28,766,000	2,016,000	8,609,000	39,391,000	22%
Average Spending Per Beneficiary * LTSS User – Uses one or more Long-term	9,974	699	2,985	13,658	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

n.a. = not applicable.

Table C-7.
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Orange County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)	
			MM	IE Beneficiaries	N = 247					
Total Medicare and Medi-Cal Spending	3,248,000	2,939,000	130,000	87,000	3,000	249,000	1,240,000	505,000	8,402,000	
Average Spending per MME	13,150	11,899	526	352	12	1,008	5,020	2,045	34,016	
Total Medicare Spending	2,757,000	2,896,000	130,000	55,000	3,000	243,000	1,240,000	409,000	7,733,000	
Average Medicare Spending per MME	11,162	11,725	526	223	12	984	5,020	1,656	31,308	
Total Medi-Cal Spending	490,728	43,358	336	32,402	0	6,214	308	95,558	669,000	
Average Medi-Cal Spending per MME	1,987	176	1	131	0	25	1	387	2,709	
			Medi-Cal	Only Beneficia	ries N = 2,637					
Total Medi-Cal Spending	14,943,000	4,795,000	199,000	2,000	0	5,000	194,000	227,000	20,365,000	
Average Spending per Medi-Cal only	5.660	1,816	75	1	0	2	74	86	7 722	
Beneficiary 5,660 1,816 75 1 0 2 74 86 7,723 All Beneficiaries N = 2,884										
Total Medicare and	10.101.555								20.7	
Medi-Cal Spending Average Spending per Beneficiary	18,191,000 6,308	7,734,000 2,682	329,000	89,000 31	3,000	254,000 88	1,434,000 497	732,000 254	28,766,000 9,974	

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^a While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table C-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Orange County

	MME Bei	neficiaries	Medi-Cal Only	y Beneficiaries	All Bend	eficiaries
	N =	247	N = 2	2,637	N = 2	2,884
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
Medicare HH	236,000	904	n.a.	n.a.	236,000	81
Medicare SNF	1,302,000	4,989	n.a.	n.a.	1,302,000	449
Medicare IRF	0	0	n.a.	n.a.	0	0
Medicare LTCH	476,000	1,824	n.a.	n.a.	476,000	164
Medicare Sub Total	2,014,000	7,716	n.a.	n.a.	2,014,000	694
Medi-Cal IRF	0	0	2,000	1	2,000	1
Total Medicare and Medi-Cal Spending	2,014,000	8,154	2,000	1	2,016,000	695

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table C-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Orange County

	MME Bei N =		Medi-Cal Only		All Beneficia	ries N = 2,884
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	4,160,000	16,842	1,255,000	476	5,415,000	1,878
HCBS State Plan Services						
IHSS	1,045,000	4,232	158,000	60	1,203,000	417
ADHC	196,000	792	0	0	196,000	68
TCM	5,000	18	1,605,000	609	1,609,000	558
НН	155	<1	115,000	44	115,000	40
Sub Total	1,246,000	5,045	1,878,000	712	3,123,000	1,083
HCBS Waivers						
AIDS Waiver	58,000	234	0	0	58,000	20
Assisted Living Waiver	0	0	0	0	0	0
MSSP Waiver	13,000	52	0	0	13,000	5
Other Waivers ^a	0	0	0	0	0	0
Sub Total	71,000	287	0	0	71,000	25
Total HCBS (State Plan + Waivers)	1,317,000	5,332	1,878,000	712	3,194,000	1,107
Total LTSS (NF + HCBS)	5,477,000	22,174	3,133,000	1,188	8,609,000	2,985
Percent HCBS of Total LTSS * LTSS User = Uses one or more Long term Ser	24%	n.a.	60%	n.a.	37%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

RIVERSIDE COUNTY

Table D-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Riverside County

					In-Home Supportive Services and Other Services ^b								
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	3,942	16,809	375	14,104	172	194	126	391	**	443	868	86	42
Users per 10,000 Beneficiaries ^c	281	906	20	761	9	10	7	21	0	24	47	5	2
Mean Months of Eligibility in Year	9.5	11.2	9.4	11.3	11.3	11.8	11.5	11.4	12.0	11.6	9.7	11.0	11.7
Program Eligibility													
1. Public Assistance - Aged	8%	25%	0%	28%	1%	43%	9%	36%	**	23%	2%	10%	10%
2. Public Assistance - Blind	0%	3%	0%	3%	3%	2%	5%	2%	**	1%	0%	0%	0%
3. Public Assistance - Disabled	13%	48%	27%	49%	83%	34%	63%	37%	**	63%	19%	53%	71%
4. Family	1%	1%	5%	0%	1%	0%	0%	0%	**	0%	15%	0%	0%
5. Medically Needy	12%	21%	42%	20%	13%	20%	23%	24%	**	13%	41%	35%	19%
6. Other * LTSS User - Uses one or m	66%	2%	27%	1%	0%	1%	0%	2%	**	1%	23%	1%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table D-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Riverside County

					In-Home Supportive Services and Other Services ^b			Services ^b					
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	3,942	16,809	375	14,104	172	194	126	391	**	443	868	86	42
Users per 10,000 Beneficiaries ^c	177	906	20	761	9	10	7	21	0	24	47	5	2
Age													
Mean Age	76	63	41	66	52	72	56	75	80	57	36	57	52
18-64	20%	47%	91%	42%	92%	24%	80%	15%	0%	60%	91%	67%	81%
65+	80%	53%	9%	58%	8%	76%	20%	85%	**	40%	9%	33%	19%
Female	64%	67%	75%	66%	63%	73%	67%	70%	**	51%	79%	28%	51%
Race/Ethnicity													
White	66%	37%	23%	37%	43%	21%	53%	56%	**	49%	28%	77%	55%
Hispanic	21%	37%	59%	37%	23%	39%	24%	27%	**	16%	54%	9%	29%
African American	7%	16%	7%	16%	30%	15%	19%	13%	**	6%	11%	5%	14%
Asian/Pacific Islanders	3%	7%	5%	7%	3%	19%	2%	3%	**	19%	2%	6%	0%
Alaskan/Native American	0%	0%	0%	0%	1%	1%	0%	1%	**	0%	1%	0%	0%
Other/Combinations	2%	2%	2%	2%	1%	5%	2%	1%	**	5%	1%	1%	2%
Unknown * LTSS User – Uses one or m	1%	0%	4%	0%	0%	1%	0%	0%	**	4%	3%	2%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table D-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Riverside County

				In-Home Supportive Services and Other Services ^b			ervices ^b					
	Total Medi-Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	16,809	375	14,104	172	194	126	391	8	443	868	86	42
Users per 10,000 Beneficiaries °	906	20	761	9	10	7	21	0	24	47	5	2
Users with Assessment Data	14,608	173 ^d	13,707	166	191	123	389	8	n/a	n/a	n/a	24
Cognitive & Physical 1	Limitations											
Mean # ADL Limitations, 0-5	2.4	1.1 ^d	2.4	2.9	2.5	2.4	2.6	**	n/a	n/a	n/a	2.9
Mean # IADL Limitations, 0-5	4.5	3.2 ^d	4.5	4.7	4.5	4.5	4.7	**	n/a	n/a	n/a	3.0
Cognitive Limitation	31%	12% ^d	31%	25%	54%	26%	32%	**	n/a	n/a	n/a	33%
Breathing Limitation	10%	n/a ^d	10%	15%	4%	8%	14%	**	n/a	n/a	n/a	25%
Mean Functional Index Score, 1-5	3.0	n/a	3.0	3.4	3.0	2.9	3.3	**	n/a	n/a	n/a	3.1
Living Arrangements												
Lives Alone	28%	n/a	28%	25%	21%	34%	52%	**	n/a	n/a	n/a	29%
Lives with Spouse Able to Help	7%	n/a	7%	8%	5%	6%	6%	**	n/a	n/a	n/a	17%
Lives with Spouse Not Able to Help	2%	n/a	2%	3%	1%	2%	1%	**	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS User	9%	n/a	10%	5%	9%	1%	8%	**	n/a	n/a	n/a	4%
Not Living Alone but No Spouse * LTSS User = Uses one of	53%	n/a	53%	58%	64%	57%	33%	**	n/a	n/a	n/a	50%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table D-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in Riverside County

					In-Home Supportive Services and Other Services ^b				Services ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	3,942	16,809	375	14,104	172	194	126	391	**	443	868	86	42
Users per 10,000 Beneficiaries ^c	177	906	20	761	9	10	7	21	0	24	47	5	2
Users' Outcomes Dur					10.								
% Died in year	25%	6%	6%	7%	10%	3%	6%	8%	**	2%	3%	7%	5%
Percent Admitted to a Nursing Facility ^d	100%	11%	5%	10%	14%	14%	17%	19%	**	13%	16%	15%	19%
Percent with MDS Assessment in a Nursing Facility	95%	10%	5%	10%	14%	14%	17%	18%	**	12%	15%	14%	19%
Percent with a Medicaid claim for													
a Nursing Facility	99%	6%	5%	6%	11%	10%	11%	12%	**	8%	10%	10%	14%
Percent with a Medicare claim for													
* LTSS User - Uses one	44%	6%	0%	6%	1%	6%	7%	12%	**	5%	4%	7%	5%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table D-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in Riverside County

	M	IME Beneficiarie	es	Medi-	Cal Only Benefic	ciaries	All LTSS B	eneficiaries
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population
County Total	11,815	100%	77%	3,575	100%	23%	15,390	100%
Users per 10,000 Beneficiaries***	2,251			269			830	
Mean Age	71			48			66	
Female	7,748	66%	78%	2,230	62%	22%	9,978	65%
Race/Ethnicity								
White	5,106	43%	80%	1,278	36%	20%	6,384	41%
Hispanic	4,178	35%	78%	1,201	34%	22%	5,379	35%
African American	1,325	11%	65%	728	20%	35%	2,053	13%
Asian/Pacific Islanders	880	7%	82%	190	5%	18%	1,070	7%
Alaskan/Native American	36	<1%	73%	13	<1%	27%	49	<1%
Other/Combinations	284	2%	80%	72	2%	20%	356	2%
Unknown	**	**	<1%	93	3%	**	**	1%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table D-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Riverside County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services
		MME Beneficiaries N	= 11,815		
Total Medicare and Medi-Cal Spending	425,625,000	60,954,000	179,651,000	666,230,000	27%
Average Spending Per MME	36,024	5,159	15,205	56,388	n.a.
Total Medicare Spending	393,920,000	60,950,000	n.a.	454,870,000	n.a.
Average Medicare Spending Per MME	33,341	949	n.a.	38,499	n.a.
Total Medi-Cal Spending	31,705,000	4,000	179,651,000	211,360,000	85%
Average Medi-Cal Spending Per MME	2,683	0	15,205	17,889	n.a.
		Medi-Cal Only Beneficiar	ries N = 3,575		
Total Medi-Cal Spending	50,765,000	55,000	42,225,000	93,045,000	45%
Average Spending Per Medi-Cal Only Beneficiary	14,200	15	11,811	26,027	n.a.
		All Beneficiaries N =	: 15,390		
Total Medicare and Medi-Cal Spending	476,390,000	61,009,000	221,876,000	759,275,000	29%
Average Spending Per Beneficiary	30,955	3,964	14,417	46,104	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year. Note: Amounts are rounded to the nearest thousand.

n.a. = not applicable.

Table D-7.
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Riverside County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)				
	Ποσριταί (ψ)	Care (\psi)				D (Ψ)	Testing (\psi)	Οτικί (ψ)	Spending (\psi)				
	MME Beneficiaries N = 11,815												
Total Medicare and Medi-Cal Spending	113,652,000	181,721,000	10,351,000	12,964,000	91,000	16,832,000	60,716,000	29,298,000	425,625,000				
Average Spending per MME	9,619	15,381	876	1,097	8	1,425	5,139	2,480	36,024				
Total Medicare Spending	100,698,000	178,218,000	10,250,000	8,103,000	91,000	16,169,000	60,673,000	19,718,000	393,920,000				
Average Medicare Spending per MME	8,523	15,084	868	686	8	1,369	5,135	1,669	33,341				
Total Medi-Cal Spending	12,954,000	3,503,000	101,000	4,861,000	357	663,000	43,000	9,580,000	31,705,000				
Average Medi-Cal Spending per MME	1,096	296	9	411	0	56	4	811	2,683				
			Medi-Cal	Only Beneficia	ries N = 3,575								
Total Medi-Cal Spending	31,960,460	9,034,120	1,359,386	1,830,891	0	1,281,059	445,927	4,853,002	50,765,000				
Average Spending per Medi-Cal only Beneficiary	8,940	2,527	380	512	0	358	125	1,357	14,200				
·			All B	eneficiaries N	= 15,390								
Total Medicare and Medi-Cal Spending	145,612,000	190,755,000	11,710,000	14,795,000	91,000	18,113,000	61,162,000	34,151,000	476,390,000				
Average Spending per Beneficiary	9,461	12,395	761	961	6	1,177	3,974	2,219	30,954				

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table D-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Riverside County

	MME Bene	ficiaries	Medi-Ca	l Only Beneficiaries	All	Beneficiaries	
	N = 11,	815		N = 3,575	N = 15,390		
	Average Spending Per Total Spending (\$) MME (\$)		Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)	
Medicare HH	12,771,000	1,085	n.a.	n.a.	12,771,000	833	
Medicare SNF	36,364,000	3,089	n.a.	n.a.	36,364,000	2,373	
Medicare IRF	601,000	51	n.a.	n.a.	601,000	39	
Medicare LTCH	11,214,000	953	n.a.	n.a.	11,214,000	732	
Medicare Sub Total	60,950,000	5,178	n.a.	n.a.	60,950,000	3,977	
Medi-Cal IRF	4,000	0	55,000	15	59,000	4	
Total Medicare and Medi- Cal Spending	60,954,000	5,178	55,000	15	61,009,000	3,980	

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table D-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Riverside County

	MME Bei N = 1		Medi-Cal Only N = 3		All Bend N = 1	eficiaries 5,390
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	92,457,000	7,825	17,571,000	4,915	110,029,000	7,149
HCBS State Plan Services						
IHSS	80,206,000	6,788	20,588,000	5,759	100,794,000	6,549
ADHC	3,417,000	289	1,116,000	314	4,533,000	295
TCM	314,000	27	588,000	164	901,000	59
НН	27,000	2	620,037	173	647,000	42
Sub Total	83,964,000	7,107	22,407,000	6,303	108,127,000	6,944
HCBS Waivers						
AIDS Waiver	404,000	34	95,000	27	499,000	32
Assisted Living Waiver	0	0	2,000	1	2,000	0
MSSP Waiver	936,000	79	8,000	2	944,000	61
Other Waivers ^a	1,890,000	160	1,637,000	458	3,527,000	229
Sub Total	3,230,000	273	1,742,000	487	4,972,000	323
Total HCBS (State Plan + Waivers)	87,194,000	7,380	24,654,037	6,896	111,847,000	7,268
Total LTSS (NF + HCBS)	179,651,000	15,205	42,225,000	11,811	221,876,000	14,417
Percent HCBS of Total LTSS * I TSS User – Uses one or more Long-term Ser	49%	n.a.	58%	n.a.	50%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Amounts are rounded to the nearest thousand.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

SAN BERNARDINO COUNTY

Table E-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Bernardino County

					In-Home	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
*In	4.226	10.750	1 001	16.061	217	262	5.1	442	12	400	162	20	1.5
Users	4,326	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
Users per 10,000 Beneficiaries ^c	189	862	44	740	14	11	2	19	1	22	7	1	1
Mean Months of Eligibility in Year	9.6	11.2	9.4	11.3	11.3	11.7	11.6	11.3	11.8	11.8	10.4	11.1	11.6
Program Eligibility													
1. Public Assistance - Aged	8%	24%	0%	25%	1%	54%	7%	41%	50%	22%	2%	27%	0%
2. Public Assistance - Blind	0%	3%	0%	3%	3%	2%	2%	3%	0%	1%	0%	0%	0%
3. Public Assistance - Disabled	16%	50%	19%	52%	87%	23%	54%	31%	33%	57%	36%	40%	73%
4. Family	1%	1%	10%	0%	0%	0%	0%	0%	0%	0%	23%	0%	0%
5. Medically Needy	11%	21%	50%	19%	9%	19%	37%	24%	17%	20%	36%	33%	27%
5. Medically Necuy	1 1 70	2170	3070	19/0	2/0	19/0	3170	∠+70	1 / /0	2070	3070	3370	21/0
6. Other * LTSS User – Uses one or m	64%	2%	20%	1%	0%	1%	0%	1%	0%	0%	2%	0%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table E-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Bernardino County

					In-Home	Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	4,326	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
Users per 10,000 Beneficiaries ^c	189	862	44	740	14	11	2	19	1	22	7	1	1
Age													
Mean Age	74	63	34	65	51	74	59	77	80	59	34	70	51
18-64	25%	49%	95%	46%	93%	19%	69%	9%	0%	55%	95%	37%	93%
65+	75%	51%	5%	54%	7%	81%	31%	91%	100%	45%	5%	63%	7%
Female	61%	67%	85%	67%	58%	70%	67%	76%	92%	53%	61%	48%	60%
Race/Ethnicity													
White	61%	32%	18%	33%	38%	16%	31%	42%	8%	35%	22%	53%	47%
Hispanic	21%	36%	66%	35%	30%	24%	24%	36%	50%	14%	34%	23%	7%
African American	11%	21%	7%	22%	25%	13%	39%	18%	25%	9%	37%	13%	33%
Asian/Pacific Islanders	3%	8%	4%	8%	4%	42%	2%	3%	17%	34%	4%	7%	7%
Alaskan/Native American	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%
Other/Combinations	2%	2%	1%	2%	3%	5%	4%	1%	0%	5%	1%	3%	0%
Unknown * LTSS User = Uses one or m	1%	0%	3%	0%	0%	0%	0%	0%	0%	3%	1%	0%	7%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table E-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Bernardino County

				In-Hor	ne Supportiv	ve Services a	nd Other Se	rvices ^b				
	Total Medi-Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
Users per 10,000 Beneficiaries ^c	862	44	740	14	11	2	19	1	22	7	1	1
Users with Assessment Data	17,590	256 ^d	16,522	303	253	53	438	12	n/a	n/a	n/a	9
Cognitive & Physical	Limitations											
Mean # ADL Limitations, 0-5	2.8	0.9 ^d	2.8	3.4	2.6	3.0	3.2	3.3	n/a	n/a	n/a	**
Mean # IADL Limitations, 0-5	4.5	2.4 ^d	4.5	4.6	4.4	4.5	4.6	4.7	n/a	n/a	n/a	**
Cognitive Limitation	39%	20% ^d	39%	35%	49%	49%	42%	67%	n/a	n/a	n/a	**
Breathing Limitation	12%	n/a d	12%	18%	3%	21%	16%	0%	n/a	n/a	n/a	**
Mean Functional Index Score, 1-5	2.8	n/a	2.8	3.2	2.8	3.1	3.1	3.0	n/a	n/a	n/a	**
Living Arrangements												
Lives Alone	27%	n/a	26%	18%	14%	36%	51%	50%	n/a	n/a	n/a	**
Lives with Spouse Able to Help	9%	n/a	9%	12%	4%	15%	3%	0%	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	2%	n/a	2%	3%	2%	0%	2%	0%	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	8%	n/a	8%	3%	19%	6%	6%	8%	n/a	n/a	n/a	**
Not Living Alone but No Spouse * LTSS User = Uses one	54%	n/a	55%	64%	61%	43%	39%	42%	n/a	n/a	n/a	**

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table E-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Bernardino County

					In-Hom	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	4,326	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
Users per 10,000 Beneficiaries ^c	189	862	44	740	14	11	2	19	1	22	7	1	1
Users' Outcomes Dur	ring the Year												
% Died in year	24%	7%	4%	7%	15%	4%	6%	12%	8%	1%	0%	10%	13%
Percent Admitted													
to a Nursing Facility ^d	100%	9%	4%	8%	18%	11%	11%	17%	8%	9%	10%	20%	20%
Percent with MDS Assessment in a													
Nursing Facility	95%	8%	4%	8%	17%	11%	11%	16%	8%	7%	10%	20%	13%
Percent with a				-									
Medicaid claim for													
a Nursing Facility	99%	5%	3%	5%	16%	9%	6%	12%	8%	5%	5%	13%	20%
Percent with a		•					•						
Medicare claim for													
* LTSS User - Uses one	41%	4%	0%	4%	0%	6%	6%	9%	8%	2%	0%	10%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table E-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Bernardino County

	M	ME Beneficiarie	es	Medi-	Cal Only Benefic	ciaries	All LTSS B	eneficiaries
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population
County Total	13,258	100%	72%	5,166	100%	28%	18,424	100%
Users per 10,000 Beneficiaries***	2,376			298			803	
Mean Age	71			47			64	
Female	8,773	66%	73%	3,210	62%	27%	11,983	65%
Race/Ethnicity								
White	5,124	39%	76%	1,617	31%	24%	6,741	37%
Hispanic	4,350	33%	72%	1,671	32%	28%	6,021	33%
African American	2,076	16%	61%	1,336	26%	39%	3,412	19%
Asian/Pacific Islanders	1,303	10%	81%	309	6%	19%	1,612	9%
Alaskan/Native American	41	<1%	63%	24	<1%	37%	65	<1%
Other/Combinations	361	3%	77%	107	2%	23%	468	3%
Unknown	**	**	**	**	**	**	105	1%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table E-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Bernardino County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services
		MME Beneficiaries N	= 13,258		
Total Medicare and Medi-Cal Spending	525,388,000	83,408,000	196,296,000	805,092,000	24%
Average Spending Per MME	39,628	6,291	14,806	60,725	n.a.
Total Medicare Spending	487,842,000	83,398,000	n.a.	571,240,000	n.a.
Average Medicare Spending Per MME	36,796	6,290	n.a.	43,086	n.a.
Total Medi-Cal Spending	37,546,000	10,000	196,296,000	233,852,000	84%
Average Medi-Cal Spending Per MME	2,832	1	14,806	17,639	n.a.
		Medi-Cal Only Beneficiar	ries N = 5,166		
Total Medi-Cal Spending	76,273,000	86,000	64,067,000	140,426,000	46%
Average Spending Per Medi-Cal Only Beneficiary	14,764	17	12,402	27,183	n.a.
		All Beneficiaries N =	: 18,424		
Total Medicare and Medi-Cal Spending	601,661,000	83,494,000	260,363,000	945,518,000	28%
Average Spending Per Beneficiary	32,656	4,532	14,132	51,320	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n.a. = not applicable.

Table E-7.
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Bernardino County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
	1105β1τα1 (ψ)	- τατε (ψ)				DIVIL (ψ)	resting (ψ)	στικί (ψ)	Spending (ψ)
			MME	Beneficiaries N	= 13,258	T			
Total Medicare and Medi-Cal Spending	143,332,000	230,910,000	11,408,000	11,786,000	158,000	19,664,000	76,261,000	31,869,000	525,388,000
Average Spending per MME	10,811	17,417	860	889	12	1,483	5,752	2,404	39,628
Total Medicare Spending	125,564,000	226,718,000	11,292,000	7,726,000	156,000	18,748,000	76,208,000	21,430,000	487,842,000
Average Medicare Spending per MME	9,471	17,100	852	583	12	1,414	5,748	1,616	36,796
Total Medi-Cal Spending	17,768,156	4,191,755	115,544	4,060,161	1,866	916,341	52,947	10,438,993	37,546,000
Average Medi-Cal Spending per MME	1,340	316	9	306	0	69	4	787	2,832
			Medi-Cal	Only Beneficiar	ies N = 5,166				
Total Medi-Cal	40 110 000	12 720 000	2 0 40 000	1 022 000	20.000	2 122 000	(21,000	7.762.000	5 (35 3 3 3 3 3
Spending	49,119,000	12,738,000	2,049,000	1,822,000	29,000	2,133,000	621,000	7,762,000	76,273,000
Average Spending per Medi-Cal only									
Beneficiary	9,508	2,466	397	353	6	413	120	1,503	14,764
			All B	eneficiaries N =	: 18,424				
Total Medicare and									
Medi-Cal Spending	192,451,000	243,648,000	13,457,000	13,608,000	187,000	21,797,000	76,882,000	39,631,000	601,661,000
Average Spending per Beneficiary	10,446	13,224	730	739	10	1,183	4,173	2,151	32,656

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table E-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Bernardino County

	MME Ber	neficiaries	Medi-Cal Onl	y Beneficiaries	All Bene	ficiaries
	N = 1	3,258	N = 5	5,166	N = 1	8,424
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
Medicare HH	17,730,000	1,347	n.a.	n.a.	17,730,000	971
Medicare SNF	36,029,000	2,738	n.a.	n.a.	36,029,000	1,973
Medicare IRF	4,014,000	305	n.a.	n.a.	4,014,000	220
Medicare LTCH	25,625,000	1,947	n.a.	n.a.	25,625,000	1,403
Medicare Sub Total	83,398,000	6,338	n.a.	n.a.	83,398,000	4,567
Medi-Cal IRF	10,000	1	86,000	17	96,000	5
Total Medicare and Medi-Cal Spending	83,408,000	6,339	86,000	17	83,494,000	4,572

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table E-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Bernardino County

	MME Bei N = 1		Medi-Cal Only N = 5		All Beno N = 1	eficiaries 8,424
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	103,554,000	7,811	33,259,000	6,438	136,812,000	7,426
HCBS State Plan Services						
IHSS	87,160,000	6,574	28,344,000	5,487	115,504,000	6,269
ADHC	3,587,000	271	1,398,000	271	4,985,000	271
TCM	57,000	4	76,000	15	134,000	7
НН	39,000	3	584,000	113	623,000	34
Sub Total	90,843,000	6,852	30,402,000	5,885	121,246,000	6,581
HCBS Waivers						
AIDS Waiver	137,000	10	67,000	13	204,000	11
Assisted Living Waiver	40,000	3	0	0	40,000	2
MSSP Waiver	1,015,000	77	4,000	1	1,019,000	55
Other Waivers ^a	708,000	53	335,000	65	1,043,000	57
Sub Total	1,900,000	143	406,000	79	2,306,000	125
Total HCBS (State Plan + Waivers)	92,743,000	6,995	30,808,000	5,964	123,552,000	6,706
Total LTSS (NF + HCBS)	196,296,000	14,806	64,067,000	12,402	260,364,000	14,132
Percent HCBS of Total LTSS * LTSS User – Uses one or more Long term See	47%	n.a.	48%	n.a.	47%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

SAN DIEGO COUNTY

Table F-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Diego County

					In-Home	Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	7,470	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
Users per 10,000 Beneficiaries ^c	335	1,257	72	895	20	82	6	38	3	56	75	5	5
Mean Months of Eligibility in Year	9.7	11.2	9.4	11.4	11.2	11.8	11.7	11.3	11.3	11.5	10.0	10.9	11.0
Program Eligibility													
1. Public Assistance - Aged	9%	31%	0%	34%	2%	60%	8%	33%	53%	37%	1%	10%	3%
2. Public Assistance - Blind	0%	2%	0%	3%	2%	2%	3%	3%	8%	0%	0%	1%	1%
3. Public Assistance - Disabled	15%	41%	22%	46%	82%	25%	56%	37%	21%	42%	11%	61%	56%
4. Family	1%	2%	3%	0%	0%	0%	0%	0%	0%	0%	25%	2%	4%
5. Medically Needy	10%	20%	35%	17%	13%	12%	32%	26%	15%	18%	45%	25%	24%
6. Other * I TSS User – Uses one or m	65%	4%	39%	1%	0%	0%	1%	1%	3%	2%	17%	1%	13%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table F-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Diego County

					In-Home	Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	7,470	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
Users per 10,000 Beneficiaries ^c	335	1,257	72	895	20	82	6	38	3	56	75	5	5
Age													
Mean Age	74	64	36	68	54	76	59	74	81	67	30	53	44
18-64	25%	42%	95%	36%	86%	11%	67%	20%	0%	38%	97%	79%	88%
65+	75%	58%	5%	64%	14%	89%	33%	80%	100%	62%	3%	21%	12%
Female	60%	69%	84%	67%	63%	70%	75%	69%	78%	64%	91%	28%	75%
Race/Ethnicity													
White	63%	31%	19%	31%	36%	32%	44%	54%	39%	37%	20%	58%	37%
Hispanic	17%	33%	68%	31%	31%	21%	27%	24%	26%	16%	55%	19%	37%
African American	6%	11%	4%	12%	16%	5%	17%	14%	18%	5%	11%	10%	14%
Asian/Pacific Islanders	5%	19%	4%	20%	11%	31%	9%	5%	15%	23%	7%	3%	6%
Alaskan/Native American	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other/Combinations	8%	6%	3%	5%	5%	10%	4%	2%	2%	14%	6%	8%	4%
Unknown	1%	0%	2%	0%	0%	0%	0%	0%	0%	4%	1%	1%	2%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table F-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Diego County

				In-Hor	ne Supportiv	ve Services a	nd Other Se	ervices ^b				
	Total Medi-Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
Users per 10,000 Beneficiaries ^c	246	14	175	4	16	1	7	1	11	15	1	1
Users with Assessment Data	22,798	443 ^d	19,498	424	1,789	131	838	65	n/a	n/a	n/a	53
Cognitive & Physical 1	Limitations											
Mean # ADL Limitations, 0-5	2.6	0.9 ^d	2.6	2.9	2.6	2.3	2.9	3.1	n/a	n/a	n/a	3.3
Mean # IADL Limitations, 0-5	4.4	2.7 ^d	4.4	4.5	4.4	4.3	4.4	4.5	n/a	n/a	n/a	4.4
Cognitive Limitation	41%	19% ^d	40%	33%	45%	42%	45%	43%	n/a	n/a	n/a	49%
Breathing Limitation	6%	n/a ^d	6%	12%	4%	6%	12%	8%	n/a	n/a	n/a	8%
Mean Functional Index Score, 1-5	2.7	n/a	2.7	2.9	2.7	2.5	2.8	2.9	n/a	n/a	n/a	3.0
Living Arrangements												
Lives Alone	29%	n/a	29%	23%	25%	40%	54%	52%	n/a	n/a	n/a	21%
Lives with Spouse Able to Help	7%	n/a	7%	9%	6%	5%	3%	3%	n/a	n/a	n/a	11%
Lives with Spouse Not Able to Help	3%	n/a	3%	2%	4%	0%	1%	5%	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS User	12%	n/a	12%	5%	21%	7%	7%	3%	n/a	n/a	n/a	4%
Not Living Alone but No Spouse	48%	n/a	49%	60%	44%	48%	35%	37%	n/a	n/a	n/a	64%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table F-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Diego County

					In-Hom	e Supportiv	e Services a	and Other S	bervices ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	7,470	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
Users per 10,000 Beneficiaries ^c	335	1,257	72	895	20	82	6	38	3	56	75	5	5
Users' Outcomes Dur	ring the Year												
0/ Diodin man	22%	6%	3%	6%	12%	3%	3%	11%	14%	3%	0%	10%	2%
% Died in year	22%	0%	3%	0%	12%	3%	3%	11%	14%	3%	0%	10%	2%
Percent Admitted to a Nursing Facility ^d	100%	10%	6%	10%	22%	11%	11%	19%	24%	11%	1%	4%	10%
Percent with MDS Assessment in a Nursing Facility	97%	10%	6%	10%	19%	10%	11%	18%	24%	11%	1%	4%	10%
Percent with a	9170	1070	0 /0	10 /0	1970	10 /0	1170	1070	∠+70	1170	1 70	+ 70	1070
Medicaid claim for a Nursing Facility	99%	4%	2%	4%	12%	1%	2%	6%	2%	2%	0%	3%	3%
Percent with a	2270	170	270	170	12/0	170	270	370	270	270	0.70	370	370
Medicare claim for													
* LTSS User = Uses one	44%	6%	0%	6%	1%	6%	8%	14%	17%	7%	1%	3%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table F-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Diego County

	M	IME Beneficiarie	es	Medi-	Cal Only Benefic	ciaries	All LTSS Beneficiaries		
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population	
County Total	21,346	100%	75%	7,009	100%	25%	28,355	100%	
Users per 10,000 Beneficiaries***	2,785			479			1,272		
Mean Age	73			47			66		
Female	13,940	65%	75%	4,684	67%	25%	18,624	66%	
Race/Ethnicity									
White	8,182	38%	79%	2,183	31%	21%	10,365	37%	
Hispanic	5,734	27%	69%	2,564	37%	31%	8,298	29%	
African American	1,739	8%	64%	981	14%	36%	2,720	10%	
Asian/Pacific Islanders	4,204	20%	85%	748	11%	15%	4,952	17%	
Alaskan/Native American	46	<1%	62%	28	<1%	38%	74	<1%	
Other/Combinations	1,429	7%	80%	356	5%	20%	1,785	6%	
Unknown	12	<1%	7%	149	2%	93%	161	1%	

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table F-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Diego County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services							
MME Beneficiaries N = 21,346												
Total Medicare and Medi-Cal Spending	751,314,000	101,625,000	321,792,000	1,174,731,000	27%							
Average Spending Per MME	35,197	4,761	15,075	55,033	n.a.							
Total Medicare Spending	696,622,000	101,612,000	n.a.	798,234,000	n.a.							
Average Medicare Spending Per MME	32,635	4,760	n.a.	37,395	n.a.							
Total Medi-Cal Spending	54,692,000	13,000	321,792,000	376,497,000	86%							
Average Medi-Cal Spending Per MME	2,562	1	15,075	17,638	n.a.							
		Medi-Cal Only Benefician	ries N =7,009									
Total Medi-Cal Spending	93,428,000	119,000	80,250,000	173,795,000	46%							
Average Spending Per Medi-Cal Only Beneficiary	13,329	17	11,450	24,796	n.a.							
		All Beneficiaries N =	: 28,355									
Total Medicare and Medi-Cal												
Spending	844,741,000	101,744,000	402,042,000	1,348,526,000	30%							
Average Spending Per Beneficiary * LTSS User – User one or more Long term	29,792	3,588	14,179	47,559	n.a.							

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n.a. = not applicable.

Table F-7.
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Diego County

		Ambulatory		1 3 (b)	Therapies (PT, OT, ST)	DIG (b)	Diagnostic		Total		
	Hospital (\$)	Care (\$)	ED Visits (\$)	Hospice ^a (\$)	(\$)	DME (\$)	Testing (\$)	Other (\$)	Spending (\$)		
MME Beneficiaries N = 21,346											
Total Medicare and Medi-Cal Spending	203,035,000	311,677,000	15,952,000	19,990,000	137,000	24,364,000	120,551,000	55,607,000	751,313,000		
Average Spending per MME	9,512	14,601	747	936	6	1,141	5,647	2,605	35,197		
Total Medicare Spending	181,350,000	303,407,000	15,801,000	12,526,000	135,000	23,428,000	120,486,000	39,489,000	696,622,000		
Average Medicare Spending per MME	8,511	14,240	742	588	6	1,100	5,655	1,853	32,695		
Total Medi-Cal Spending	21,685,000	8,270,000	151,000	7,464,000	2,000	936,000	65,000	16,118,000	54,691,000		
Average Medi-Cal Spending per MME	1,016	387	7	350	0	44	3	755	2,562		
			Medi-Cal	Only Beneficia	ries N = 7,009						
Total Medi-Cal Spending	53,656,000	22,070,000	2,568,000	2,732,000	13,000	1,711,000	744,000	9,934,000	93,428,000		
Average Spending per Medi-Cal only Beneficiary	7,655	3,149	366	390	2	244	106	1,417	13,330		
Belieficiary	7,000	3,147		Beneficiaries N :		277	100	1,717	13,330		
Total Medicare and Medi-Cal Spending	256,691,000	333,747,000	18,520,000	22,722,000	150,000	26,075,000	121,295,000	65,541,000	844,741,000		
Average Spending per Beneficiary	9,053	11,770	653	801	5	920	4,278	2,311	29,792		

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table F-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Diego County

	MME Ber	neficiaries	Medi-Cal Onl	y Beneficiaries	All Beneficiaries			
	N =22	1,346	N = 7	7,009	N = 28,355			
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)		
Medicare HH	44,000	2	n.a.	n.a.	44,000	2		
Medicare SNF	73,721,000	3,460	n.a.	n.a.	73,721,000	2,603		
Medicare IRF	94,000	4	n.a.	n.a.	94,000	3		
Medicare LTCH	27,753,000	1,303	n.a.	n.a.	27,753,000	980		
Medicare Sub Total	101,612,000	4,769	n.a.	n.a.	101,612,000	3,588		
Medi-Cal IRF	13,000	1	119,000	17	132,000	5		
Total Medicare and Medi-Cal Spending	101,625,000	4,770	119,000	17	101,744,000	3,592		

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table F-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Diego County

	MME Bei N =2		Medi-Cal Only N = 7		All Beno N = 2	eficiaries 8,355
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	185,334,000	8,682	46,282,000	6,603	231,616,000	8,168
HCBS State Plan Services						
IHSS	116,843,000	5,474	27,888,000	3,979	144,731,000	5,104
ADHC	14,544,000	681	2,787,000	398	17,330,000	611
TCM	282,000	13	507,000	72	789,000	28
НН	79,000	4	1,516,000	216	1,595,000	56
Sub Total	131,748,000	6,172	32,698,000	4,665	164,445,000	5,800
HCBS Waivers						
AIDS Waiver	810,000	38	402,000	57	1,212,000	43
Assisted Living Waiver	0	0	0	0	0	0
MSSP Waiver	2,244,000	105	22,000	3	2,266,000	80
Other Waivers ^a	1,655,000	78	847,000	121	2,502,000	88
Sub Total	4,709,000	221	1,271,000	181	5,980,000	211
Total HCBS (State Plan + Waivers)	136,457,000	6,393	33,969,000	4,846	170,425,000	6,010
Total LTSS (NF + HCBS)	321,791,000	15,075	80,251,000	11,450	402,041,000	14,179
Percent HCBS of Total LTSS * LTSS User = Uses one or more Long term Ser	42%	n.a.	42%	n.a.	42%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

SAN MATEO COUNTY

Table G-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Mateo County

					In-Home Supportive Services and Other Services ^b								
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
•	1 700	2.022	**	2.492	**	00	4.6	202	21	5 0	001	15	11
Users	1,708	3,922	**	2,482	**	98	46	202	21	58	981	15	11
Users per 10,000 Beneficiaries ^c	362	832	1	527	0	21	10	43	4	12	208	3	2
Mean Months of Eligibility in Year	10.1	10.9	8.7	11.3	11.0	11.9	10.7	11.4	11.8	11.0	9.8	11.2	11.9
Program Eligibility													
1. Public Assistance - Aged	13%	34%	**	45%	**	61%	7%	51%	52%	50%	1%	13%	0%
2. Public Assistance - Blind	0%	2%	**	3%	**	1%	2%	3%	0%	0%	0%	0%	0%
3. Public Assistance - Disabled	11%	21%	**	27%	**	18%	41%	21%	14%	14%	3%	67%	36%
4. Family	1%	2%	**	0%	**	0%	0%	0%	0%	0%	9%	0%	0%
5. Medically Needy	12%	35%	**	24%	**	19%	48%	23%	24%	33%	67%	7%	64%
6. Other * LTSS User – Uses one or m	63%	6%	**	1%	**	0%	2%	1%	10%	3%	19%	13%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table G-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Mateo County

					In-Home	Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	1,708	3,922	**	2,482	**	98	46	202	21	58	981	15	11
Users per 10,000 Beneficiaries ^c	362	832	1	527	0	21	10	43	4	12	208	3	2
Age													
Mean Age	75	63	27	74	51	78	60	81	80	77	30	67	67
18-64	22%	40%	**	22%	100%	7%	67%	5%	0%	14%	97%	40%	27%
65+	78%	60%	**	78%	**	93%	33%	95%	100%	86%	3%	60%	73%
Female	63%	78%	**	72%	**	73%	70%	78%	75%	64%	94%	60%	73%
Race/Ethnicity													
White	48%	23%	**	27%	**	55%	43%	27%	14%	33%	9%	60%	55%
Hispanic	14%	34%	**	21%	**	7%	20%	20%	24%	7%	75%	13%	0%
African American	7%	9%	**	11%	**	5%	15%	15%	10%	9%	4%	7%	9%
Asian/Pacific Islanders	16%	26%	**	34%	**	28%	15%	31%	33%	29%	7%	7%	27%
Alaskan/Native American	14%	0%	**	0%	**	0%	0%	0%	0%	0%	0%	0%	0%
Other/Combinations	1%	7%	**	7%	**	5%	7%	6%	19%	21%	4%	13%	9%
Unknown * LTSS User – User one or m	2%	0%	**	0%	**	0%	0%	0%	0%	2%	1%	0%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table G-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Mateo County

				In-Hor	ne Supportiv	ve Services a	nd Other Se	rvices ^b				
	Total Medi-Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	3,922	6	2,482	2	98	46	202	21	58	981	15	11
Users per 10,000 Beneficiaries ^c	34	0	22	0	1	0	2	0	1	9	0	0
Users with Assessment Data	2,763	0 ^d	2,391	2	97	45	201	21	n/a	n/a	n/a	6
Cognitive & Physical I	Limitations											
Mean # ADL Limitations, 0-5	3.0	n/a ^d	2.9	2.5	2.8	2.6	3.8	3.5	n/a	n/a	n/a	**
Mean # IADL Limitations, 0-5	4.6	n/a ^d	4.6	4.5	4.6	4.6	4.8	4.8	n/a	n/a	n/a	**
Cognitive Limitation	48%	n/a ^d	46%	50%	53%	44%	68%	57%	n/a	n/a	n/a	**
Breathing Limitation	7%	n/a ^d	7%	0%	3%	11%	4%	0%	n/a	n/a	n/a	**
Mean Functional Index Score, 1-5	3.2	n/a	3.2	2.7	3.0	3.1	3.6	3.4	n/a	n/a	n/a	**
Living Arrangements												
Lives Alone	25%	n/a	23%	0%	27%	42%	31%	48%	n/a	n/a	n/a	**
Lives with Spouse Able to Help	8%	n/a	8%	50%	7%	13%	8%	19%	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	4%	n/a	3%	0%	6%	2%	6%	0%	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	11%	n/a	11%	0%	20%	4%	9%	0%	n/a	n/a	n/a	**
Not Living Alone but No Spouse * LTSS User = Uses one of	52%	n/a	54%	50%	40%	38%	46%	33%	n/a	n/a	n/a	**

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

n/a = not available.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Table G-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in San Mateo County

					In-Hom	e Supportiv	e Services 2	and Other S	Services ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	АДНС	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
T Inous	1,708	2 022	**	2 492	**	98	16	202	21	58	981	15	11
Users	1,708	3,922	77.77	2,482	44	98	46	202	21	38	981	15	11
Users per 10,000 Beneficiaries ^c	362	832	1	527	0	21	10	43	4	12	208	3	2
Users' Outcomes Dur	ring the Year												
% Died in year	20%	6%	**	8%	**	3%	9%	12%	5%	10%	0%	13%	0%
Percent Admitted to a Nursing Facility ^d	100%	11%	**	14%	**	13%	26%	21%	38%	19%	2%	40%	18%
Percent with MDS Assessment in a			**		**								
Nursing Facility	95%	11%	**	13%	**	11%	26%	20%	38%	19%	2%	40%	18%
Percent with a Medicaid claim for										40			1000
a Nursing Facility	99%	6%	**	7%	**	9%	17%	9%	24%	10%	1%	33%	18%
Percent with a Medicare claim for													
* LTSS User - Uses one	29%	3%	**	4%	**	6%	7%	5%	5%	2%	0%	0%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table G-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Mateo County

	N	IME Beneficiarie	es	Medi-	Cal Only Benefic	ciaries	All LTSS B	eneficiaries
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population
County Total	72	100%	10%	650	100%	90%	722	100%
Users per 10,000 Beneficiaries****	43			213			153	
Mean Age	76			29			33	n.a.
Female	53	74%	8%	628	96%	92%	681	94%
Race/Ethnicity								
White	22	31%	63%	13	2%	37%	35	5%
Hispanic	**	**	**	588	90%	99%	592	82%
African American	**	**	**	**	**	**	15	2%
Asian/Pacific Islanders	31	43%	56%	24	4%	44%	55	8%
Alaskan/Native American	**	**	**	**	**	**	**	**
Other/Combinations	**	**	**	**	**	**	18	2%
Unknown	**	**	**	**	**	**	**	**

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table G-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Mateo County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services
		MME Beneficiaries	N = 72		
Total Medicare and Medi-Cal Spending	4,420,000	368,000	3,310,000	8,099,000	41%
Average Spending Per MME	61,389	5,111	45,972	112,486	n.a.
Total Medicare Spending	4,023,000	368,272	n.a.	4,391,000	n.a.
Average Medicare Spending Per MME	55,875	5,115	n.a.	60,986	n.a.
Total Medi-Cal Spending	398,000	0	3,310,000	3,708,000	89%
Average Medi-Cal Spending Per MME	5,528	0	45,972	51,500	n.a.
		Medi-Cal Only Beneficia	ries N = 650		
Total Medi-Cal Spending	5,626,000	0	2,046,000	7,672,000	27%
Average Spending Per Medi-Cal Only Beneficiary	8,655	0	3,147	11,803	n.a.
		All Beneficiaries N	= 722		
Total Medicare and Medi-Cal	40.045.000	262.222		4	
Spending Average Spending Per	10,047,000	368,000	5,356,000	15,771,000	34%
Beneficiary	13,916	510	7,418	21,843	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

n.a. = not applicable

Table G-7.
Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Mateo County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)			
	Ποσριταί (ψ)	Care (ψ)				DIVIE (\$\psi\$)	Testing (\psi)	Other (\psi)	Spending (\$)			
			IVIIV	ME Beneficiaries	SIN = IZ							
Total Medicare and Medi-Cal Spending	1,067,000	1,693,000	106,000	46,000	0	48,000	1,327,000	133,000	4,420,000			
Average Spending	1,007,000	1,022,000	100,000	10,000	· ·	-10,000	1,527,000	122,000	1,120,000			
per MME	13,857	21,987	1,377	597	0	623	17,234	1,727	57,403			
Total Medicare Spending	720,000	1,676,000	106,000	35,000	0	48,000	1,327,000	111,000	4,023,000			
Average Medicare												
Spending per MME	9,351	21,766	1,377	455	0	623	17,234	1,442	52,247			
Total Medi-Cal Spending	347,000	17,000	0	11,000	0	0	0	22,000	397,000			
Average Medi-Cal								-0.1				
Spending per MME	4,506	221	0	143	0	0	0	286	5,156			
			Medi-Ca	al Only Beneficia	ries N = 650							
Total Medi-Cal												
Spending	3,492,000	1,722,000	65,000	61,000	0	2,000	43,000	242,000	5,626,000			
Average Spending per Medi-Cal only												
Beneficiary	5,406	2,666	101	94	0	3	67	375	8,711			
			Al	l Beneficiaries N	I = 722							
Total Medicare and												
Medi-Cal Spending	4,559,000	3,415,000	171,000	107,000	0	50,000	1,370,000	375,000	10,047,000			
Average Spending per Beneficiary	6,306	4,723	237	148	0	69	1,895	519	13,896			

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

a = While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table G-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Mateo County

	MME Ber	neficiaries	Medi-Cal Onl	y Beneficiaries	All Bene	ficiaries
	N =	:72	N =	650	N =	722
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
Medicare HH	44,088	612	n.a.	n.a.	44,000	61
Medicare SNF	324,000	4,500	n.a.	n.a.	324,000	449
Medicare IRF	0	0	n.a.	n.a.	0	0
Medicare LTCH	0	0	n.a.	n.a.	0	0
Medicare Sub Total	368,000	5,111	n.a.	n.a.	368,000	510
Medi-Cal IRF	0	0	0	0	0	0
Total Medicare and Medi-Cal Spending	368,000	5,111	0	0	368,000	510

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table G-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in San Mateo County

	MME Ber N =		Medi-Cal Only N =	y Beneficiaries 650	All Bene N =	eficiaries 722
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	2,803,000	38,929	1,312,000	2,018	4,115,000	5,699
HCBS State Plan Services						
IHSS	471,000	6,546	76,000	118	548,000	758
ADHC	8,000	111	0	0	8,000	11
TCM	6,000	83	656,000	1,009	662,000	917
НН	0	0	2,000	2	2,000	2
Sub Total	485,000	6,736	734,000	1,129	1,220,000	1,687
HCBS Waivers						
AIDS Waiver	0	0	0	0	0	0
Assisted Living Waiver	0	0	0	0	0	0
MSSP Waiver	22,000	302	0	0	22,000	30
Other Waivers ^a	0	0	0	0	0	0
Sub Total	22,000	302	0	0	22,000	30
Total HCBS (State Plan + Waivers)	507,000	7,042	734,000	1,129	1,242,000	1,718
Total LTSS (NF + HCBS)	3,310,000	45,972	2,046,000	3,148	5,357,000	7,409
Percent HCBS of Total LTSS * LTSS User - Uses one or more Long term Ser	15%	n.a.	36%	n.a.	23%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Amounts are rounded to the nearest thousand.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.

SANTA CLARA COUNTY

Table H-1. Eligibility Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Santa Clara County

					In-Home	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
	2020	4.7.0 6.7	0.5	12 501	.	502	0.4	400	0.0	225	200	2.4	
Users	3,950	15,865	86	13,791	73	693	91	480	80	235	280	34	22
Users per 10,000 Beneficiaries ^c	238	956	5	831	4	42	5	29	5	14	17	2	1
Mean Months of Eligibility in Year	10.1	11.5	10.8	11.5	11.1	11.8	11.4	11.3	11.7	11.7	10.2	10.4	11.1
Program Eligibility													
1. Public Assistance - Aged	16%	53%	0%	53%	3%	76%	21%	56%	71%	64%	3%	12%	18%
2. Public Assistance - Blind	0%	2%	2%	2%	1%	2%	2%	2%	3%	0%	0%	0%	0%
3. Public Assistance - Disabled	10%	28%	47%	29%	62%	12%	49%	21%	11%	14%	8%	71%	41%
4. Family	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	11%	0%	0%
5. Medically Needy	9%	16%	45%	15%	34%	9%	27%	19%	15%	21%	62%	18%	41%
6. Other * LTSS User – Uses one or m	65%	1%	3%	1%	0%	0%	0%	1%	0%	0%	16%	0%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table H-2. Demographic Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Santa Clara County

					In-Home	Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility Only	Total Medi- Cal HCBS ^a	HH only	IHSS only	нн	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	3,950	15,865	86	13,791	73	693	91	480	80	235	280	34	22
Users per 10,000 Beneficiaries ^c	238	956	5	831	4	42	5	29	5	14	17	2	1
Age													
Mean Age	78	73	54	73	58	79	67	78	83	75	36	55	63
18-64	17%	21%	79%	21%	74%	3%	51%	8%	0%	7%	89%	65%	45%
65+	83%	79%	21%	79%	26%	97%	49%	92%	100%	93%	11%	35%	55%
Female	65%	67%	57%	66%	55%	67%	70%	74%	73%	66%	87%	38%	67%
Race/Ethnicity													
White	54%	23%	31%	21%	21%	55%	36%	40%	59%	20%	10%	50%	36%
Hispanic	15%	17%	37%	16%	25%	7%	31%	21%	23%	8%	63%	18%	41%
African American	3%	4%	2%	4%	10%	1%	11%	5%	1%	0%	7%	12%	9%
Asian/Pacific Islanders	19%	50%	21%	53%	41%	28%	20%	29%	13%	60%	18%	6%	9%
Alaskan/Native American	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Other/Combinations	8%	5%	7%	5%	4%	9%	2%	4%	4%	10%	2%	12%	5%
Unknown * LTSS User = Uses one or m	1%	0%	1%	0%	0%	0%	0%	0%	0%	1%	1%	3%	0%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD).

Table H-3. Cognitive, Functional and Social Characteristics of Medi-Cal LTSS* Users Age 18+, CY 2008 in Santa Clara County

				In-Hor	ne Sunnartis	ve Services a	nd Other Se	rvices ^b				
	Total Medi-Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	15,865	86	13,791	73	693	91	480	80	235	280	34	22
Users per 10,000 Beneficiaries ^c	956	5	831	4	42	5	29	5	14	17	2	1
Users with Assessment Data	14,898	43 ^d	13,478	70	683	89	478	80	n/a	n/a	n/a	20
Cognitive & Physical 1	Limitations											
Mean # ADL Limitations, 0-5	2.2	1.1 ^d	2.2	3.3	2.0	2.3	2.8	2.9	n/a	n/a	n/a	2.5
Mean # IADL Limitations, 0-5	4.3	2.8 ^d	4.3	4.7	4.2	4.2	4.4	4.4	n/a	n/a	n/a	4.2
Cognitive Limitation	52%	26% ^d	53%	49%	48%	39%	57%	56%	n/a	n/a	n/a	45%
Breathing Limitation	5%	n/a ^d	4%	16%	2%	12%	9%	9%	n/a	n/a	n/a	5%
Mean Functional Index Score, 1-5	2.8	n/a	2.7	3.2	2.7	2.8	3.0	3.0	n/a	n/a	n/a	2.8
Living Arrangements												
Lives Alone	22%	n/a	21%	13%	34%	54%	48%	44%	n/a	n/a	n/a	40%
Lives with Spouse Able to Help	6%	n/a	6%	14%	3%	3%	3%	4%	n/a	n/a	n/a	15%
Lives with Spouse Not Able to Help	2%	n/a	2%	4%	2%	0%	1%	0%	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS												
Recipient	26%	n/a	26%	4%	32%	4%	16%	19%	n/a	n/a	n/a	20%
Not Living Alone but No Spouse	44%	n/a	45%	64%	29%	38%	32%	34%	n/a	n/a	n/a	25%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers. c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Had an OASIS HH assessment. All other assessment data are from the IHSS CMIPS data.

Note: Percentages may not total to 100% due to rounding.

Table H-4. Mortality and Nursing Facility Admissions of Medi-Cal LTSS* Users Age 18+, CY 2008 in Santa Clara County

					In-Hom	e Supportiv	e Services a	and Other S	Services ^b				
	Nursing Facility only	Total Medi- Cal HCBS ^a	HH only	IHSS only	НН	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
Users	3,950	15,865	86	13,791	73	693	91	480	80	235	280	34	22
Users per 10,000 Beneficiaries ^c	238	956	5	831	4	42	5	29	5	14	17	2	1
Users' Outcomes Dur	ring the Year												
% Died in year	20%	5%	9%	5%	11%	3%	5%	12%	6%	2%	0%	15%	14%
Percent Admitted to a Nursing Facility ^d	100%	8%	17%	7%	18%	8%	10%	18%	14%	3%	2%	9%	18%
Percent with MDS Assessment in a Nursing Facility	96%	7%	17%	7%	14%	7%	10%	17%	10%	3%	2%	6%	14%
Percent with a	2070	. 70	1.70	. 70	1.70	. 70	1070	1,70	1070	270	270	370	1.70
Medicaid claim for													
a Nursing Facility	99%	5%	17%	5%	18%	5%	5%	13%	10%	2%	1%	6%	9%
Percent with a Medicare claim for													
* LTSS User - Uses one	42%	5%	0%	5%	0%	5%	7%	10%	10%	2%	1%	0%	14%

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

a = All Medi-Cal recipients living at home or in the community; b = Used a combination of IHSS with either HH, ADHC, TCM, waivers, or ADHC and waivers; c = The numerators for the users per 10K beneficiaries are the numbers of users of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). d = Unduplicated total admitted to a nursing facility during the year.

Table H-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS* Users Age 18+, CY 2008 in Santa Clara County

	MME Beneficiaries			Medi-Cal Only Beneficiaries			All LTSS Beneficiaries		
	Number	% of MME	% of Row	Number	% of Medi- Cal Only	% of Row	Number	% of Population	
County Total	13,945	100%	88%	1,930	100%	12%	15,875	100%	
Users per 10,000 Beneficiaries***	2,720			168			956		
Mean Age	78			53			75		
Female	9,311	67%	89%	1,167	60%	11%	10,478	66%	
Race/Ethnicity									
White	3,811	27%	88%	527	27%	12%	4,338	27%	
Hispanic	1,819	13%	78%	503	26%	22%	2,322	15%	
African American	327	2%	71%	132	7%	29%	459	3%	
Asian/Pacific Islanders	7,103	51%	92%	632	33%	8%	7,735	49%	
Alaskan/Native American	18	<1%	67%	88	<1%	33%	27	<1%	
Other/Combinations	861	6%	89%	107	6%	11%	968	6%	
Unknown * LTSS User – Uses one or more	**	**	**	**	**	**	26	<1%	

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

^{**} The privacy laws of the Health Insurance Portability and Accountability Act (HIPAA) prohibit the publishing of aggregate data cell sizes of 10 or less.

^{***} The numerators for the users per 10K beneficiaries are the numbers of a designated service. The denominator is the number of certified eligible Medi-Cal beneficiaries in the county age 18+, excluding PACE enrollees and users of services for the developmentally disabled (DD). Medi-Cal/Medicare (MME) beneficiaries are eligible for full scope Medi-Cal and either Part A or B Medicare. Note this differs from published counts of the Coordinated Care Initiative population in which beneficiaries must be enrolled in Medicare parts A, B, and D.

Table H-6. Medi-Cal and Medicare Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Santa Clara County

	Acute and Other Medical Spending (\$)	Post-Acute Care Spending (\$)	LTSS Spending (\$)	Total Spending (\$)	LTSS as % of Total Spending on All Services					
MME Beneficiaries N = 13,945										
Total Medicare and Medi-Cal										
Spending	459,507,000	51,534,000	238,009,000	749,050,000	32%					
Average Spending Per MME	32,951	3,696	17,068	53,715	n.a.					
Total Medicare Spending	429,507,000	51,522,000	n.a.	481,029,000	n.a.					
Average Medicare Spending Per MME	30,800	3,695	n.a.	34,495	n.a.					
Total Medi-Cal Spending	29,999,909	12,000	238,009,188	268,021,000	89%					
Average Medi-Cal Spending Per MME	2,151	1	17,068	19,220	n.a.					
Medi-Cal Only Beneficiaries N = 1,930										
Total Medi-Cal Spending	31,944,004	81,950	31,107,000	63,133,000	49%					
Average Spending Per Medi-Cal Only Beneficiary	16,551	42	16,118	32,711	n.a.					
All Beneficiaries N = 15,875										
Total Medicare and Medi-Cal										
Spending	491,451,000	51,616,000	269,116,000	812,183,000	33%					
Average Spending Per Beneficiary	30,958	3,251	16,952	51,161	n.a.					

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year. Note: Amounts are rounded to the nearest thousand.

n.a. = not applicable

Table H-7.

Acute and Other Medical Care Spending on Services for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Santa Clara County

	Hospital (\$)	Ambulatory Care (\$)	ED Visits (\$)	Hospice ^a (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
	1105β1111 (ψ)	σων (ψ)			, ,	DIVIL (V)	Testing (ψ)	σιιοί (ψ)	Spending (y)
MME Beneficiaries N = 13,945									
Total Medicare and Medi-Cal Spending	116,480,000	184,976,000	13,325,000	7,870,000	88,000	10,618,000	97,904,000	28,246,000	459,507,000
Average Spending	, ,	, ,		,			, ,	,,-	, ,
per MME	8,353	13,265	956	564	6	761	7,021	2,026	32,951
Total Medicare Spending	103,309,000	181,203,000	13,279,000	4,845,000	88,000	10,130,000	97,885,000	18,768,000	429,507,000
Average Medicare									
Spending per MME	7,408	12,994	952	347	6	726	7,019	1,346	30,800
Total Medi-Cal Spending	13,171,000	3,773,000	46,000	3,025,000	0	488,000	19,000	9,478,000	30,000,000
Average Medi-Cal									
Spending per MME	944	271	3	217	0	35	1	680	2,151
			Medi-Cal	Only Beneficiar	ries N = 1,930				
Total Medi-Cal									
Spending	20,172,000	5,764,000	546,000	1,059,000	0	778,000	134,000	3,490,000	31,943,000
Average Spending per Medi-Cal only									
Beneficiary	10,452	2,987	283	549	0	403	69	1,808	16,551
All Beneficiaries N = 15.875									
Total Medicare and									
Medi-Cal Spending	136,652,000	190,740,000	13,871,000	8,929,000	88,000	11,396,000	98,038,000	31,736,000	491,450,000
Average Spending per Beneficiary	8,608	12,015	874	562	6	718	6,176	1,999	30,957

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

^a While Medicare is the primary payer for the hospice benefit for MME, Medi-Cal covers expenses for medication co-payments, respite care, and most significantly for assisted living residential care for those who become eligible for the hospice benefit.

Table H-8. Post-Acute Care Spending on Fee-for-Service LTSS* Users Age 18+, CY 2008 in Santa Clara County

	MME Ber	neficiaries	Medi-Cal Onl	y Beneficiaries	All Beneficiaries N = 15,875		
	N = 1	3,945	N = 1	1,930			
	Average Spending Total Spending (\$) Per MME (\$)		Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)	
Medicare HH	10,026,000	721	n.a.	n.a.	10,026,000	632	
Medicare SNF	40,413,000	2,905	n.a.	n.a.	40,413,000	2,548	
Medicare IRF	22,000	2	n.a.	n.a.	22,000	1	
Medicare LTCH	1,061,000	76	n.a.	n.a.	1,061,000	67	
Medicare Sub Total	51,522,000	3,703	n.a.	n.a.	51,522,000	3,249	
Medi-Cal IRF	12,000	1	82,000	42	94,000	6	
Total Medicare and Medi-Cal Spending	51,534,000	3,704	82,000	42	51,616,000	3,254	

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Note: Amounts are rounded to the nearest thousand.

Average \$ in tables uses total beneficiary counts as the denominator.

n.a. = not applicable.

Table H-9. Medi-Cal Spending by Program for Fee-for-Service LTSS* Users Age 18+, CY 2008 in Santa Clara County

	MME Ber N = 1:		Medi-Cal Only N = 1		All Beneficiaries N = 15,875	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
Institutional Care: Nursing Facility	122,696,000	1,153	16,081,000	63,573	138,776,000	8,742
HCBS State Plan Services						
IHSS	106,913,000	979	13,647,000	55,395	120,560,000	7,594
ADHC	5,500,000	20	282,000	2,850	5,782,000	364
TCM	107,000	23	317,000	55	424,000	27
НН	31,000	19	266,000	16	297,000	19
Sub Total	112,551,000	1,041	14,512,000	58,317	127,063,000	8,004
HCBS Waivers						
AIDS Waiver	119,000	5	71,000	62	190,000	12
Assisted Living Waiver	0	1	19,000	0	19,000	1
MSSP Waiver	1,388,000	3	42,000	719	1,430,000	90
Other Waiversa	1,255,000	27	382,000	650	1,638,000	103
Sub Total	2,762,000	37	514,000	1,431	3,277,000	206
Total HCBS (State Plan + Waivers)	115,313,000	1,078	15,026,000	59,748	130,340,000	8,210
Total LTSS (NF + HCBS)	238,009,000	2,231	31,107,000	123,321	269,116,000	16,952
Percent HCBS of Total LTSS * LTSS User – Uses one or more Long term Set	48%	n.a.	48%	n.a.	48%	n.a.

^{*} LTSS User = Uses one or more Long-term Services and Supports during the year.

Amounts are rounded to the nearest thousand.

a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8. The IHO and NF/AH waivers are combined into the category, 'Other Waivers.' The Medi-Cal claims system records these waiver payments under the same vendor code. Additionally, these two waivers have small enrollments. Note: a = Most waiver recipients also receive IHSS and/or other services. Spending for these services is counted within these state plan benefits. n.a. = not applicable.