



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

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The SCAN Foundation  
and  
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## **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.<sup>1</sup> 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 utilization and spending across the entire care continuum of beneficiaries with LTSS needs within Medi-Cal and, for MMEs, across Medicare and Medi-Cal.<sup>2</sup> 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.<sup>3</sup>

## May Update

CAMRI released an earlier version of this report through The SCAN Foundation website on February 5, 2013. The current report includes two sets of changes over the earlier report. First, the current report includes new figures that compare the characteristics, needs, service use, costs, and outcomes of the LTSS population across the 8 CCI counties. Second, this updated report includes corrections in the detailed county-specific tables. Throughout the tables there are many values that now reflect an improved rounding strategy. Tables that contain values for *Users per 10,000 Beneficiaries* may now be minimally different due to changes in the method by which the denominators for these measures were calculated.

Corrections are:

- The *Users per 10,000 Beneficiaries* in tables C-2, C-3, D-1, D-2, D-4, F-3, and G-3;
- The *ADL* and *IADL* values in the Home Health only columns in Table 3 for Alameda, Orange, Riverside, San Bernardino and San Mateo Counties;

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

<sup>2</sup> 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-medicare-research-institute-studying-recipients-long-term-care-services-and-supports-case>

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

- Percent with Breathing Limitations for Los Angeles County;
- The *Medicare Post-Acute Spending therefore Total Spending* in Table 6 and the *Medicare Home Health Spending for MME and therefore for All Beneficiaries* in Table 8 for San Diego County;
- Many of the *Average Spending* calculations Tables 6 through 9 for all counties have been nominally changed; and
- The *Average Spending* calculations for MME and Medi-Cal only beneficiaries in Table 9 for Santa Clara County.

## 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.

We excluded from our analysis two groups of Medi-Cal LTSS users for whom we do not have individual claims records. These are participants in the Program for All-Inclusive Care for the Elderly (PACE, for whom there are no individual claims data) and 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 (determined by either having an assessment within the Minimum Data Set (MDS) or a claim from Medicare or Medicaid) or HCBS based on our sorting of the Medi-Cal claims. 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 counties 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*.<sup>4</sup> The next five tables (Tables 5-9) replicate the analyses presented in CAMRI's report entitled *Medicaid and Medicare Spending on Acute, Post-Acute and Long-Term Services and Supports in California*.<sup>5</sup>

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

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

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

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-acute 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.

There are 13 bar graphs comparing the LTSS population in the eight demonstration counties in 2008. Each bar graph is arranged with the county with the highest value on a measure at the top and the county with the lowest value on the measure at the bottom. The bar graphs also include the number of defined users for each county for a measure.

Figure 1 compares the number of HCBS users per 10,000 Medi-Cal beneficiaries. Among eight demonstration counties, Los Angeles had the greatest per beneficiary use of HCBS and San Mateo had the least.

Figure 2 compares the number of Medi-Cal beneficiaries who used nursing facility care but did not use HCBS. Among eight demonstration counties, San Mateo had the greatest per beneficiary use of nursing facilities without HCBS and Orange County had the least.

Figure 3 compares the percentage of Medi-Cal HCBS users who are 65 years or older. Among the eight demonstration counties, Santa Clara had the highest percentage of elderly HCBS users and San Bernardino had the lowest.

Figure 4 compares the percentage of Medi-Cal HCBS users who are non-white. Among the eight demonstration counties, Alameda had the highest percentage of non-white HCBS users and Riverside had the lowest.

Figure 5 compares the mean number of Activity of Daily Living (ADL) limitations among Medi-Cal HCBS users. Among the eight demonstration counties, San Mateo had the highest mean number of ADL limitations among HCBS users and Santa Clara had the lowest.

Figure 6 compares the percent of HCBS Users with cognitive limitations. Among the eight demonstration counties, Santa Clara had the highest percentage with cognitive limitations and Los Angeles had the lowest.

Figure 7 compares the mean total of annual Medi-Cal spending per LTSS user. Among the eight demonstration counties, Alameda had the highest annual spending per LTSS user and Orange County had the lowest.

Figure 8 compares the mean total of annual Medi-Cal spending per beneficiary who required nursing facility care but did not use HCBS. Among the eight demonstration counties, Los Angeles had the highest annual spending on nursing facility only beneficiaries and San Mateo had the lowest.

Figure 9 compares the mean total of annual Medi-Cal and Medicare spending per LTSS users. Among the eight demonstration counties, Alameda had the highest annual Medi-Cal and Medicare spending per LTSS user and Orange County had the lowest.

Figure 10 compares the mean total of annual Medi-Cal and Medicare spending among those who used nursing facility care but did not use HCBS. Among the eight demonstration counties, Los Angeles had the highest annual spending for nursing facility only beneficiaries and San Mateo had the lowest.

Figure 11 compares the percentage of total Medi-Cal spending that went toward LTSS. Among the eight demonstration counties, Santa Clara had the highest percentage of its total Medi-Cal spent on LTSS and Orange County had the lowest percentage spent on LTSS.

Figure 12 compares the annual mortality rate among HCBS users. Among the eight demonstration counties, San Bernardino had the highest mortality rate and Orange County the lowest.

Figure 13 compares the annual nursing facility admission rates for Medi-Cal HCBS users. Among the eight demonstration counties, San Mateo had the highest nursing facility admission rate and Los Angeles the lowest.

**ALAMEDA COUNTY**

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	4,239	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	269	1,221	16	974	11	41	24	27	7	11	97	3	11
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	10	11.4	10	11.4	11.5	11.8	11.7	11.3	11.6	11.7	10.5	11	11.6
<b>Public Assistance - Aged<sup>d</sup></b>	11%	31%	**	33%	**	63%	20%	36%	47%	58%	**	**	**
<b>Public Assistance - Blind<sup>d</sup></b>	1%	2%	**	2%	**	**	**	3%	**	**	**	0%	**
<b>Public Assistance - Disabled<sup>d</sup></b>	15%	43%	25%	47%	84%	22%	52%	36%	26%	19%	17%	51%	70%
<b>Family<sup>e</sup></b>	0%	2%	5%	0%	0%	**	0%	0%	0%	0%	24%	0%	**
<b>Medically Needy<sup>f</sup></b>	16%	20%	47%	18%	14%	14%	25%	24%	24%	22%	44%	31%	19%
<b>Other</b>	56%	2%	23%	1%	0%	0%	**	0%	**	**	9%	**	**

\* 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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	4,239	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	269	1,221	16	974	11	41	24	27	7	11	97	3	11
<b>Age</b>													
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%
<b>Female</b>	62%	68%	81%	67%	62%	72%	67%	74%	82%	64%	81%	39%	56%
<b>Race/Ethnicity</b>													
White	40%	15%	11%	16%	17%	12%	21%	14%	**	13%	13%	35%	8%
Hispanic	9%	10%	36%	8%	**	3%	9%	10%	**	**	33%	**	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%	**	9%
Alaskan/Native American	**	0%	**	0%	0%	**	**	**	0%	**	**	0%	**
Other/Combinations	14%	6%	7%	5%	**	5%	5%	5%	**	11%	9%	**	**
Unknown	**	0%	**	0%	0%	**	**	**	0%	0%	**	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).

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



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

				In-Home Supportive Services and Other Services <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	1,221	16	974	11	41	24	27	7	11	97	3	11
<b>Users with Assessment Data</b>	16,062	26 <sup>d</sup>	14,285	160	630	362	417	106	n/a	n/a	n/a	102
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.5	2.0 <sup>d</sup>	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	3.2 <sup>d</sup>	4.5	4.7	4.5	4.5	4.7	4.7	n/a	n/a	n/a	4.5
Cognitive Limitation	49%	** <sup>d</sup>	49%	51%	61%	45%	48%	62%	n/a	n/a	n/a	68%
Breathing Limitation	6%	n/a	6%	13%	**	7%	12%	**	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
<b>Living Arrangements</b>												
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%	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	3%	n/a	3%	**	2%	**	3%	**	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	14%	n/a	15%	**	18%	7%	10%	10%	n/a	n/a	n/a	0%
Not Living Alone but No Spouse	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.

\*\* 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.

n/a = not available.

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	4,239	19,244	258	15,350	177	644	375	419	106	166	1,529	49	171
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	269	1,221	16	974	11	41	24	27	7	11	97	3	11
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	22%	5%	6%	5%	12%	4%	4%	11%	**	0%	1%	**	**
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	8%	**	8%	9%	9%	8%	17%	13%	12%	1%	**	**
<b>Percent with MDS Assessment in a Nursing Facility</b>	94%	7%	**	7%	8%	9%	8%	16%	12%	12%	1%	**	**
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	6%	**	6%	8%	7%	7%	12%	**	8%	1%	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	44%	5%	**	5%	0%	6%	6%	13%	**	7%	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 and related cells that may make it possible to deduce a small cell's value.

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.

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

**Table A-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in Alameda 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
<b>County Total</b>	13,532	100%	75%	4,417	100%	25%	17,949	100%
<b>Users per 10,000 Beneficiaries***</b>	2,794			405			1,139	
<b>Mean Age</b>	74			50			68	
<b>Female</b>	8,961	66%	77%	2,636	60%	23%	11,597	65%
<b>Race/Ethnicity</b>								
<b>White</b>	2,744	20%	81%	663	15%	19%	3,407	19%
<b>Hispanic</b>	1,109	8%	64%	614	14%	36%	1,723	10%
<b>African American</b>	3,624	27%	62%	2,227	50%	38%	5,851	33%
<b>Asian/Pacific Islanders</b>	4,969	37%	89%	639	14%	11%	5,608	31%
<b>Alaskan/Native American</b>	28	0%	67%	14	0%	33%	42	0%
<b>Other/Combinations</b>	1,051	8%	83%	209	5%	17%	1,260	7%
<b>Unknown</b>	7	0%	12%	51	1%	88%	58	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 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.

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

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 13,532</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>546,532,000</b>	<b>62,656,000</b>	<b>257,216,000</b>	<b>866,404,000</b>	<b>30%</b>
Average Spending Per MME	40,388	4,630	19,008	64,026	n.a.
Total Medicare Spending	509,488,000	62,651,000	n.a.	572,139,000	n.a.
Average Medicare Spending Per MME	37,651	4,630	n.a.	42,280	n.a.
Total Medi-Cal Spending	37,044,000	5,000	257,216,000	294,265,000	87%
Average Medi-Cal Spending Per MME	2,738	0	19,008	21,746	n.a.
<b>Medi-Cal Only Beneficiaries N = 4,417</b>					
<b>Total Medi-Cal Spending</b>	<b>76,443,000</b>	<b>14,000</b>	<b>70,093,000</b>	<b>146,550,000</b>	<b>48%</b>
Average Spending Per Medi-Cal Only Beneficiary	17,307	3	15,869	33,179	n.a.
<b>All Beneficiaries N = 17,949</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>622,975,000</b>	<b>62,670,000</b>	<b>327,308,000</b>	<b>1,012,954,000</b>	<b>32%</b>
Average Spending Per Beneficiary	34,708	3,492	18,235	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. Note: Percentages may not total to 100% due to rounding.

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 <sup>a</sup> (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
<b>MME Beneficiaries N = 13,532</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>150,692,000</b>	<b>245,837,000</b>	<b>12,648,000</b>	<b>6,621,000</b>	<b>76,000</b>	<b>12,148,000</b>	<b>86,373,000</b>	<b>32,137,000</b>	<b>546,532,000</b>
Average Spending per MME	11,136	18,167	935	489	6	898	6,383	2,375	40,388
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	509,488,000
Average Medicare Spending per MME	9,757	17,768	930	309	5	859	6,381	1,640	37,651
Total Medi-Cal Spending	18,657,000	5,395,000	63,000	2,433,000	2,000	523,000	31,000	9,939,000	37,044,000
Average Medi-Cal Spending per MME	1,379	399	5	180	0	39	2	734	2,738
<b>Medi-Cal Only Beneficiaries N = 4,417</b>									
<b>Total Medi-Cal Spending</b>	<b>52,459,000</b>	<b>12,271,000</b>	<b>1,603,000</b>	<b>1,339,000</b>	<b>5,000</b>	<b>1,419,000</b>	<b>513,000</b>	<b>6,833,000</b>	<b>76,443,000</b>
Average Spending per Medi-Cal only Beneficiary	11,877	2,778	363	303	1	321	116	1,547	17,307
<b>All Beneficiaries N = 17,949</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>203,151,000</b>	<b>258,108,000</b>	<b>14,251,000</b>	<b>7,960,000</b>	<b>81,000</b>	<b>13,567,000</b>	<b>86,886,000</b>	<b>38,970,000</b>	<b>622,975,000</b>
Average Spending per Beneficiary	11,318	14,380	794	443	5	756	4,841	2,171	34,708

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 13,532		N = 4,417		N = 17,949	
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
<b>Medicare HH</b>	11,019,000	814	n.a.	n.a.	11,019,000	614
<b>Medicare SNF</b>	46,466,000	3,434	n.a.	n.a.	46,466,000	2,589
<b>Medicare IRF</b>	0	0	n.a.	n.a.	0	0
<b>Medicare LTCH</b>	5,166,000	382	n.a.	n.a.	5,166,000	288
<b>Medicare Sub Total</b>	62,651,000	4,630	n.a.	n.a.	62,651,000	3,490
<b>Medi-Cal IRF</b>	5,000	0	14,000	3	19,000	1
<b>Total Medicare and Medi-Cal Spending</b>	<b>62,656,000</b>	<b>4,630</b>	<b>14,000</b>	<b>3</b>	<b>62,670,000</b>	<b>3,492</b>

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 13,532		Medi-Cal Only Beneficiaries N = 4,417		All Beneficiaries N = 17,949	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	132,316,000	9,778	35,317,000	7,996	167,633,000	9,339
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	114,024,000	8,426	31,914,000	7,225	145,938,000	8,131
<b>ADHC</b>	6,828,000	505	741,000	168	7,569,000	422
<b>TCM</b>	1,493,000	110	1,134,000	257	2,627,000	146
<b>HH</b>	17,000	1	330,000	75	346,000	19
<b>Sub Total</b>	122,362,000	9,042	34,119,000	7,724	156,480,000	8,718
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	305,000	23	281,000	64	587,000	33
<b>Assisted Living Waiver</b>	0	0	0	0	0	0
<b>MSSP Waiver</b>	1,450,000	107	24,000	5	1,475,000	82
<b>Other Waivers<sup>a</sup></b>	782,000	58	351,000	80	1,133,000	63
<b>Sub Total</b>	2,538,000	188	657,000	149	3,195,000	178
<b>Total HCBS (State Plan + Waivers)</b>	<b>124,899,000</b>	<b>9,230</b>	<b>34,776,000</b>	<b>7,873</b>	<b>159,675,000</b>	<b>8,896</b>
<b>Total LTSS (NF + HCBS)</b>	<b>257,216,000</b>	<b>19,008</b>	<b>70,093,000</b>	<b>15,869</b>	<b>327,308,000</b>	<b>18,235</b>
<b>Percent HCBS of Total LTSS</b>	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. Note: Percentages may not total to 100% due to rounding.

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 Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	31,198	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	220	1,366	13	1,033	8	161	3	24	6	67	40	7	4
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	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
<b>Public Assistance - Aged<sup>d</sup></b>	13%	37%	**	35%	4%	64%	7%	41%	60%	45%	**	30%	15%
<b>Public Assistance - Blind<sup>d</sup></b>	1%	2%	**	2%	2%	2%	**	2%	3%	**	**	**	**
<b>Public Assistance - Disabled<sup>d</sup></b>	14%	43%	23%	47%	77%	24%	78%	33%	21%	31%	34%	32%	63%
<b>Family<sup>e</sup></b>	0%	1%	7%	0%	**	**	**	0%	**	**	15%	**	1%
<b>Medically Needy<sup>f</sup></b>	11%	16%	55%	15%	17%	10%	12%	23%	15%	23%	34%	33%	18%
<b>Other</b>	61%	1%	14%	0%	**	**	2%	1%	**	1%	15%	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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

	In-Home Supportive Services and Other Services <sup>b</sup>												
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	31,198	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	220	1,366	13	1,033	8	161	3	24	6	67	40	7	4
<b>Age</b>													
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%	**	26%	86%	39%	66%
65+	77%	67%	10%	65%	14%	93%	20%	87%	**	74%	14%	61%	34%
<b>Female</b>	59%	65%	78%	65%	57%	67%	43%	71%	76%	58%	50%	54%	47%
<b>Race/Ethnicity</b>													
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%	**	8%	20%	46%	3%	5%	12%
Alaskan/Native American	0%	0%	**	0%	**	0%	**	**	0%	**	0%	**	**
Other/Combinations	4%	3%	1%	2%	2%	3%	3%	2%	3%	8%	3%	3%	4%
Unknown	1%	0%	**	0%	**	0%	0%	**	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).

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

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

				In-Home Supportive Services and Other Services <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	1,366	13	1,033	8	161	3	24	6	67	40	7	4
<b>Users with Assessment Data</b>	173,306	578 <sup>d</sup>	144,708	1,046	22,646	453	3,415	897	n/a	n/a	n/a	141
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.7	1.0 <sup>d</sup>	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 <sup>d</sup>	4.5	4.6	4.5	4.3	4.6	4.6	n/a	n/a	n/a	4.6
Cognitive Limitation	25%	16% <sup>d</sup>	25%	23%	24%	35%	29%	31%	n/a	n/a	n/a	26%
Breathing Limitation	4%	n/a	4%	6%	3%	3%	10%	6%	n/a	n/a	n/a	9%
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
<b>Living Arrangements</b>												
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%	**	4%	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	1%	n/a	1%	2%	1%	**	1%	**	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	23%	n/a	21%	10%	32%	**	13%	21%	n/a	n/a	n/a	9%
Not Living Alone but No Spouse	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.

\*\* 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 in 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.

n/a = not available

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	31,198	193,652	1,863	146,439	1,065	22,769	465	3,436	900	9,538	5,637	974	566
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	220	1,366	13	1,033	8	161	3	24	6	67	40	7	4
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	21%	5%	6%	5%	12%	2%	3%	11%	4%	1%	3%	7%	5%
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	7%	5%	7%	14%	6%	16%	16%	11%	5%	23%	22%	19%
<b>Percent with MDS Assessment in a Nursing Facility</b>	94%	7%	4%	6%	12%	5%	16%	15%	10%	5%	22%	21%	18%
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	5%	4%	4%	12%	4%	12%	11%	7%	4%	19%	17%	16%
<b>Percent with a Medicare claim for a Nursing Facility</b>	50%	5%	**	4%	**	4%	9%	11%	8%	3%	12%	15%	8%

\* 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 and related cells that may make it possible to deduce a small cell's value.

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.

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

**Table B-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in Los Angeles 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
<b>County Total</b>	146,958	100%	79%	39,586	100%	21%	186,544	100%
<b>Users per 10,000 Beneficiaries***</b>	3,820			383			1,316	
<b>Mean Age</b>	74			53			70	
<b>Female</b>	95,527	65%	81%	22,441	57%	19%	117,968	63%
<b>Race/Ethnicity</b>								
<b>White</b>	53,855	37%	80%	13,828	35%	20%	67,683	36%
<b>Hispanic</b>	35,047	24%	80%	9,007	23%	20%	44,054	24%
<b>African American</b>	18,713	13%	62%	11,332	29%	38%	30,045	16%
<b>Asian/Pacific Islanders</b>	34,255	23%	89%	4,023	10%	11%	38,278	21%
<b>Alaskan/Native American</b>	168	0%	66%	88	0%	34%	256	0%
<b>Other/Combinations</b>	4,883	3%	87%	738	2%	13%	5,621	3%
<b>Unknown</b>	37	0%	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.

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

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 146,958</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>5,007,354,000</b>	<b>773,437,000</b>	<b>2,134,566,000</b>	<b>7,915,357,000</b>	<b>27%</b>
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	11,000	2,134,566,000	2,484,791,000	86%
Average Medi-Cal Spending Per MME	2,383	0	14,525	16,908	n.a.
<b>Medi-Cal Only Beneficiaries N = 39,586</b>					
<b>Total Medi-Cal Spending</b>	<b>488,358,000</b>	<b>162,000</b>	<b>486,253,000</b>	<b>974,772,000</b>	<b>50%</b>
Average Spending Per Medi-Cal Only Beneficiary	12,337	4	12,283	24,624	n.a.
<b>All Beneficiaries N = 186,544</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>5,495,712,000</b>	<b>773,599,000</b>	<b>2,620,819,000</b>	<b>8,890,130,000</b>	<b>29%</b>
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. Note: Percentages may not total to 100% due to rounding.

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**

	<b>Hospital (\$)</b>	<b>Ambulatory Care (\$)</b>	<b>ED Visits (\$)</b>	<b>Hospice<sup>a</sup> (\$)</b>	<b>Therapies (PT, OT, ST) (\$)</b>	<b>DME (\$)</b>	<b>Diagnostic Testing (\$)</b>	<b>Other (\$)</b>	<b>Total Spending (\$)</b>
<b>MME Beneficiaries N = 146,958</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>1,390,685,000</b>	<b>2,080,337,000</b>	<b>77,094,000</b>	<b>50,036,000</b>	<b>1,795,000</b>	<b>160,733,000</b>	<b>833,544,000</b>	<b>413,130,000</b>	<b>5,007,354,000</b>
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
<b>Medi-Cal Only Beneficiaries N = 39,586</b>									
<b>Total Medi-Cal Spending</b>	<b>268,600,000</b>	<b>109,826,000</b>	<b>10,360,000</b>	<b>10,577,000</b>	<b>14,000</b>	<b>7,498,000</b>	<b>7,008,000</b>	<b>74,475,000</b>	<b>488,358,000</b>
Average Spending per Medi-Cal only Beneficiary	6,785	2,774	262	267	0	189	177	1,881	12,337
<b>All Beneficiaries N = 186,544</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>1,659,284,000</b>	<b>2,190,163,000</b>	<b>87,454,000</b>	<b>60,613,000</b>	<b>1,809,000</b>	<b>168,231,000</b>	<b>840,553,000</b>	<b>487,605,000</b>	<b>5,495,712,000</b>
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. Note: Percentages may not total to 100% due to rounding.

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**

	MME Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 146,958		N = 39,586		N = 186,544	
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
<b>Medicare HH</b>	228,517,000	1,555	n.a.	n.a.	228,517,000	1,225
<b>Medicare SNF</b>	402,714,000	2,740	n.a.	n.a.	402,714,000	2,159
<b>Medicare IRF</b>	2,976,000	20	n.a.	n.a.	2,976,000	16
<b>Medicare LTCH</b>	139,219,000	947	n.a.	n.a.	139,219,000	746
<b>Medicare Sub Total</b>	773,426,000	5,263	n.a.	n.a.	773,426,000	4,146
<b>Medi-Cal IRF</b>						
	11,000	0	162,000	4	173,000	1
<b>Total Medicare and Medi-Cal Spending</b>	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. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 146,958		Medi-Cal Only Beneficiaries N = 39,586		All Beneficiaries N = 186,544	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	870,637,000	5,924	240,532,000	6,076	1,111,169,000	5,957
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	1,016,956,000	6,920	207,218,000	5,235	1,224,174,000	6,562
<b>ADHC</b>	213,567,000	1,453	25,148,000	635	238,715,000	1,280
<b>TCM</b>	2,386,000	16	2,629,000	66	5,015,000	27
<b>HH</b>	250,000	2	1,650,000	42	1,899,000	10
<b>Sub Total</b>	<b>1,233,158,000</b>	<b>8,391</b>	<b>236,645,000</b>	<b>5,978</b>	<b>1,469,803,000</b>	<b>7,879</b>
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	2,004,000	14	943,000	24	2,947,000	16
<b>Assisted Living Waiver</b>	6,993,000	48	280,000	7	7,273,000	39
<b>MSSP Waiver</b>	11,972,000	81	145,000	4	12,117,000	65
<b>Other Waivers<sup>a</sup></b>	9,802,000	67	7,707,000	195	17,509,000	94
<b>Sub Total</b>	<b>30,771,000</b>	<b>209</b>	<b>9,076,000</b>	<b>229</b>	<b>39,846,000</b>	<b>214</b>
<b>Total HCBS (State Plan + Waivers)</b>	<b>1,263,929,000</b>	<b>8,601</b>	<b>245,721,000</b>	<b>6,207</b>	<b>1,509,650,000</b>	<b>8,093</b>
<b>Total LTSS (NF + HCBS)</b>	<b>2,134,566,000</b>	<b>14,525</b>	<b>486,253,000</b>	<b>12,283</b>	<b>2,620,819,000</b>	<b>14,049</b>
<b>Percent HCBS of Total LTSS</b>	59%	n.a.	51%	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. Note: Percentages may not total to 100% due to rounding.

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 Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	1,282	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	55	919	38	573	1	49	4	23	3	64	154	3	6
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	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
<b>Public Assistance - Aged<sup>d</sup></b>	7%	40%	**	49%	**	68%	38%	54%	72%	57%	**	29%	9%
<b>Public Assistance - Blind<sup>d</sup></b>	**	2%	0%	3%	0%	1%	**	3%	**	**	**	2%	**
<b>Public Assistance - Disabled<sup>d</sup></b>	25%	26%	**	35%	**	20%	41%	27%	21%	20%	7%	39%	17%
<b>Family<sup>e</sup></b>	37%	2%	3%	**	0%	**	0%	0%	0%	**	11%	0%	**
<b>Medically Needy<sup>f</sup></b>	**	24%	67%	13%	**	9%	18%	15%	**	22%	61%	29%	49%
<b>Other</b>	25%	5%	29%	**	0%	**	**	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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

	In-Home Supportive Services and Other Services <sup>b</sup>												
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	1,282	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	55	919	38	573	1	49	4	23	3	64	154	3	6
<b>Age</b>													
Mean Age	49	64	27	72	54	77	69	78	79	73	30	67	37
18-64	77%	37%	**	23%	**	8%	32%	8%	**	15%	96%	42%	84%
65+	23%	63%	**	77%	**	92%	68%	92%	**	85%	4%	58%	16%
<b>Female</b>	47%	72%	98%	66%	**	66%	63%	73%	67%	61%	94%	48%	86%
<b>Race/Ethnicity</b>													
White	48%	25%	2%	30%	**	22%	36%	34%	14%	14%	14%	50%	20%
Hispanic	25%	29%	93%	17%	**	10%	24%	20%	23%	9%	72%	19%	69%
African American	4%	2%	**	2%	**	1%	**	4%	**	**	1%	**	**
Asian/Pacific Islanders	14%	38%	**	44%	**	58%	29%	38%	53%	64%	8%	**	8%
Alaskan/Native American	**	0%	**	**	0%	**	0%	0%	0%	**	**	0%	0%
Other/Combinations	8%	6%	**	7%	0%	8%	**	4%	**	12%	3%	**	**
Unknown	**	0%	3%	**	0%	**	0%	0%	0%	0%	**	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).

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

**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 <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	919	38	573	1	49	4	23	3	64	154	3	6
<b>Users with Assessment Data</b>	15,199	**	13,310	**	1,140	103	536	78	n/a	n/a	n/a	20
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.4	2.2 <sup>d</sup>	2.4	3.9	2.2	1.6	2.9	2.9	n/a	n/a	n/a	2.2
Mean # IADL Limitations, 0-5	4.4	3.6 <sup>d</sup>	4.4	4.5	4.4	4.2	4.6	4.5	n/a	n/a	n/a	4.4
Cognitive Limitation	47%	** <sup>d</sup>	46%	**	50%	37%	51%	60%	n/a	n/a	n/a	**
Breathing Limitation	7%	n/a	7%	**	4%	**	13%	**	n/a	n/a	n/a	**
Mean Functional Index Score, 1-5	2.7	n/a	2.7	3.8	2.6	2.4	2.9	2.9	n/a	n/a	n/a	2.8
<b>Living Arrangements</b>												
Lives Alone	21%	n/a	19%	**	25%	41%	39%	31%	n/a	n/a	n/a	**
Lives with Spouse Able to Help	8%	n/a	8%	**	7%	**	**	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	2%	n/a	2%	**	2%	**	**	**	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS User	23%	n/a	23%	**	26%	16%	15%	26%	n/a	n/a	n/a	0%
Not Living Alone but No Spouse	47%	n/a	48%	**	40%	39%	39%	36%	n/a	n/a	n/a	**

\* 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.

n/a = not available

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	1,282	21,578	894	13,463	14	1,154	103	536	78	1,514	3,616	62	144
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	55	919	38	573	1	49	4	23	3	64	154	3	6
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	7%	5%	**	6%	0%	3%	**	11%	**	2%	1%	21%	0%
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	9%	**	10%	**	11%	21%	18%	14%	10%	5%	**	**
<b>Percent with MDS Assessment in a Nursing Facility</b>	88%	9%	**	10%	**	11%	21%	17%	**	9%	5%	**	**
<b>Percent with a Medicaid claim for a Nursing Facility</b>	**	1%	**	1%	**	**	**	0%	0%	1%	3%	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	18%	5%	0%	6%	**	8%	12%	14%	**	6%	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 and related cells that may make it possible to deduce a small cell's value.

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.

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

**Table C-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in Orange 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
<b>County Total</b>	247	100%	9%	2,637	100%	91%	2,884	100%
<b>Users per 10,000 Beneficiaries***</b>	34			162			123	
<b>Mean Age</b>	73			27			31	
<b>Female</b>	163	66%	6%	2,595	98%	94%	2,758	96%
<b>Race/Ethnicity</b>								
<b>White</b>	96	39%	62%	60	2%	38%	156	5%
<b>Hispanic</b>	49	20%	2%	2,449	93%	98%	2,498	87%
<b>African American</b>	**	**	**	**	**	**	18	1%
<b>Asian/Pacific Islanders</b>	75	30%	57%	56	2%	43%	131	5%
<b>Alaskan/Native American</b>	**	**	**	**	**	**	**	**
<b>Other/Combinations</b>	18	7%	53%	16	1%	47%	34	1%
<b>Unknown</b>	**	**	**	**	**	**	**	**

\* 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.

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

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 247</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>8,401,000</b>	<b>2,014,000</b>	<b>5,476,000</b>	<b>15,892,000</b>	<b>34%</b>
Average Spending Per MME	34,013	8,154	22,171	64,338	n.a.
Total Medicare Spending	7,732,000	2,014,000	n.a.	9,746,000	n.a.
Average Medicare Spending Per MME	31,305	8,154	n.a.	39,459	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.
<b>Medi-Cal Only Beneficiaries N = 2,637</b>					
<b>Total Medi-Cal Spending</b>	<b>20,365,000</b>	<b>2,000</b>	<b>3,133,000</b>	<b>23,500,000</b>	<b>13%</b>
Average Spending Per Medi-Cal Only Beneficiary	7,723	1	1,188	8,912	n.a.
<b>All Beneficiaries N = 2,884</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>28,767,000</b>	<b>2,016,000</b>	<b>8,609,000</b>	<b>39,392,000</b>	<b>22%</b>
Average Spending Per Beneficiary	9,975	699	2,985	13,659	n.a.

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 <sup>a</sup> (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
<b>MME Beneficiaries N = 247</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>3,248,000</b>	<b>2,939,000</b>	<b>130,000</b>	<b>88,000</b>	<b>3,000</b>	<b>249,000</b>	<b>1,240,000</b>	<b>504,000</b>	<b>8,401,000</b>
Average Spending per MME	13,149	11,899	526	355	11	1,009	5,021	2,042	34,013
Total Medicare Spending	2,757,000	2,896,000	130,000	55,000	3,000	243,000	1,240,000	409,000	7,732,000
Average Medicare Spending per MME	11,163	11,724	525	224	11	984	5,020	1,655	31,305
Total Medi-Cal Spending	491,000	43,000	0	32,000	0	6,000	0	96,000	669,000
Average Medi-Cal Spending per MME	1,987	176	1	131	0	25	1	387	2,708
<b>Medi-Cal Only Beneficiaries N = 2,637</b>									
<b>Total Medi-Cal Spending</b>	<b>14,943,000</b>	<b>4,795,000</b>	<b>199,000</b>	<b>2,000</b>	<b>0</b>	<b>5,000</b>	<b>194,000</b>	<b>227,000</b>	<b>20,365,000</b>
Average Spending per Medi-Cal only Beneficiary	5,667	1,818	76	1	0	2	74	86	7,723
<b>All Beneficiaries N = 2,884</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>18,191,000</b>	<b>7,734,000</b>	<b>329,000</b>	<b>90,000</b>	<b>3,000</b>	<b>254,000</b>	<b>1,434,000</b>	<b>731,000</b>	<b>28,767,000</b>
Average Spending per Beneficiary	6,307	2,682	114	31	1	88	497	254	9,975

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

<sup>a</sup> 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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 247		N = 2,637		N = 2,884	
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
<b>Medicare HH</b>	236,000	955	n.a.	n.a.	236,000	82
<b>Medicare SNF</b>	1,302,000	5,272	n.a.	n.a.	1,302,000	451
<b>Medicare IRF</b>	0	0	n.a.	n.a.	0	0
<b>Medicare LTCH</b>	476,000	1,928	n.a.	n.a.	476,000	165
<b>Medicare Sub Total</b>	2,014,000	8,154	n.a.	n.a.	2,014,000	698
<b>Medi-Cal IRF</b>	0	0	2,000	1	2,000	1
<b>Total Medicare and Medi-Cal Spending</b>	<b>2,014,000</b>	<b>8,154</b>	<b>2,000</b>	<b>1</b>	<b>2,016,000</b>	<b>699</b>

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 247		Medi-Cal Only Beneficiaries N = 2,637		All Beneficiaries N = 2,884	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	4,160,000	16,842	1,255,000	476	5,415,000	1,878
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	1,045,000	4,232	158,000	60	1,203,000	417
<b>ADHC</b>	196,000	792	0	0	196,000	68
<b>TCM</b>	5,000	18	1,605,000	608	1,609,000	558
<b>HH</b>	0	1	115,000	44	115,000	40
<b>Sub Total</b>	1,246,000	5,043	1,878,000	712	3,124,000	1,083
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	58,000	234	0	0	58,000	20
<b>Assisted Living Waiver</b>	0	0	0	0	0	0
<b>MSSP Waiver</b>	13,000	52	0	0	13,000	4
<b>Other Waivers<sup>a</sup></b>	0	0	0	0	0	0
<b>Sub Total</b>	71,000	286	0	0	71,000	24
<b>Total HCBS (State Plan + Waivers)</b>	<b>1,316,000</b>	<b>5,328</b>	<b>1,878,000</b>	<b>712</b>	<b>3,194,000</b>	<b>1,108</b>
<b>Total LTSS (NF + HCBS)</b>	<b>5,476,000</b>	<b>22,171</b>	<b>3,133,000</b>	<b>1,188</b>	<b>8,609,000</b>	<b>2,985</b>
<b>Percent HCBS of Total LTSS</b>	24%	n.a.	60%	n.a.	37%	n.a.

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

Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,942	16,809	375	14,104	172	194	126	391	**	443	868	86	**
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	213	906	20	761	9	10	7	21	**	24	47	5	**
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	9.5	11.2	9.4	11.3	11.3	11.8	11.5	11.4	12.0	11.6	9.7	11	11.7
<b>Public Assistance - Aged<sup>d</sup></b>	8%	25%	**	28%	**	43%	9%	36%	**	23%	**	**	**
<b>Public Assistance - Blind<sup>d</sup></b>	0%	3%	**	3%	**	2%	**	**	**	**	**	0%	**
<b>Public Assistance - Disabled<sup>d</sup></b>	13%	48%	27%	49%	83%	34%	63%	37%	**	63%	19%	53%	**
<b>Family<sup>e</sup></b>	1%	1%	5%	**	**	0%	**	0%	**	0%	15%	0%	**
<b>Medically Needy<sup>f</sup></b>	12%	21%	42%	20%	13%	20%	23%	24%	**	13%	41%	35%	**
<b>Other</b>	66%	2%	27%	**	0%	1%	0%	**	**	**	23%	**	**

\* 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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,942	16,809	375	14,104	172	194	126	391	**	443	868	86	**
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	213	906	20	761	9	10	7	21	**	24	47	5	**
<b>Age</b>													
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%	**	60%	91%	67%	**
65+	80%	53%	9%	58%	8%	76%	20%	85%	**	40%	9%	33%	**
<b>Female</b>	64%	67%	75%	66%	63%	72%	67%	70%	**	51%	79%	28%	**
<b>Race/Ethnicity</b>													
White	66%	37%	23%	37%	43%	21%	53%	56%	**	49%	28%	77%	**
Hispanic	21%	37%	59%	37%	23%	39%	24%	27%	**	16%	54%	**	**
African American	7%	16%	7%	16%	30%	15%	19%	13%	**	6%	11%	**	**
Asian/Pacific Islanders	3%	7%	5%	7%	**	19%	**	3%	**	19%	2%	**	**
Alaskan/Native American	0%	0%	**	0%	**	**	0%	**	**	**	**	0%	**
Other/Combinations	2%	2%	**	2%	**	**	**	**	**	5%	**	**	**
Unknown	1%	0%	4%	0%	0%	1%	0%	0%	**	**	3%	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).

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

**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 <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	16,809	375	14,104	172	194	126	391	**	443	868	86	**
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	906	20	761	9	10	7	21	**	24	47	5	**
<b>Users with Assessment Data</b>	14,608	173 <sup>d</sup>	13,707	166	191	123	389	**	n/a	n/a	n/a	**
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.4	1.1 <sup>d</sup>	2.4	2.8	2.5	2.4	2.6	2.4	n/a	n/a	n/a	3.0
Mean # IADL Limitations, 0-5	4.4	2.6 <sup>d</sup>	4.4	4.6	4.4	4.3	4.4	4.9	n/a	n/a	n/a	4.6
Cognitive Limitation	31%	12% <sup>d</sup>	31%	25%	54%	26%	32%	**	n/a	n/a	n/a	**
Breathing Limitation	10%	n/a	10%	15%	**	**	14%	**	n/a	n/a	n/a	**
Mean Functional Index Score, 1-5	2.8	n/a	2.8	3.1	2.8	2.8	2.9	2.9	n/a	n/a	n/a	3.2
<b>Living Arrangements</b>												
Lives Alone	28%	n/a	28%	25%	21%	34%	52%	**	n/a	n/a	n/a	**
Lives with Spouse Able to Help	7%	n/a	7%	8%	**	**	**	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	2%	n/a	2%	**	**	**	**	**	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	9%	n/a	10%	**	9%	**	8%	**	n/a	n/a	n/a	**
Not Living Alone but No Spouse	53%	n/a	53%	58%	64%	57%	33%	**	n/a	n/a	n/a	**

\* 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.

n/a = not available

**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 <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,942	16,809	375	14,104	172	194	126	391	**	443	868	86	**
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	213	906	20	761	9	10	7	21	**	24	47	5	**
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	25%	6%	6%	7%	10%	**	**	8%	**	2%	3%	**	**
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	11%	5%	10%	14%	14%	17%	19%	**	13%	16%	15%	**
<b>Percent with MDS Assessment in a Nursing Facility</b>	95%	10%	5%	10%	14%	14%	17%	18%	**	12%	15%	14%	**
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	6%	5%	6%	11%	10%	11%	12%	**	8%	10%	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	44%	6%	0%	6%	**	6%	**	12%	**	5%	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 and related cells that may make it possible to deduce a small cell's value.

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.

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



**Table D-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in Riverside 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
<b>County Total</b>	11,815	100%	77%	3,575	100%	23%	15,390	100%
<b>Users per 10,000 Beneficiaries***</b>	2,251			269			830	
<b>Mean Age</b>	71			48			66	
<b>Female</b>	7,748	66%	78%	2,230	62%	22%	9,978	65%
<b>Race/Ethnicity</b>								
<b>White</b>	5,106	43%	80%	1,278	36%	20%	6,384	41%
<b>Hispanic</b>	4,178	35%	78%	1,201	34%	22%	5,379	35%
<b>African American</b>	1,325	11%	65%	728	20%	35%	2,053	13%
<b>Asian/Pacific Islanders</b>	880	7%	82%	190	5%	18%	1,070	7%
<b>Alaskan/Native American</b>	36	0%	73%	13	0%	27%	49	0%
<b>Other/Combinations</b>	284	2%	80%	72	2%	20%	356	2%
<b>Unknown</b>	6	0%	6%	93	3%	94%	99	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.

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

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 11,815</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>425,626,000</b>	<b>60,954,000</b>	<b>179,651,000</b>	<b>666,231,000</b>	<b>27%</b>
Average Spending Per MME	36,024	5,159	15,205	56,389	n.a.
Total Medicare Spending	393,921,000	60,950,000	n.a.	454,871,000	n.a.
Average Medicare Spending Per MME	33,341	5,159	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.
<b>Medi-Cal Only Beneficiaries N = 3,575</b>					
<b>Total Medi-Cal Spending</b>	<b>50,765,000</b>	<b>55,000</b>	<b>42,225,000</b>	<b>93,045,000</b>	<b>45%</b>
Average Spending Per Medi-Cal Only Beneficiary	14,200	15	11,811	26,027	n.a.
<b>All Beneficiaries N = 15,390</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>476,391,000</b>	<b>61,009,000</b>	<b>221,877,000</b>	<b>759,277,000</b>	<b>29%</b>
Average Spending Per Beneficiary	30,955	3,964	14,417	49,336	n.a.

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 <sup>a</sup> (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
<b>MME Beneficiaries N = 11,815</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>113,652,000</b>	<b>181,721,000</b>	<b>10,351,000</b>	<b>12,964,000</b>	<b>92,000</b>	<b>16,832,000</b>	<b>60,716,000</b>	<b>29,299,000</b>	<b>425,626,000</b>
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	393,921,000
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	0	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
<b>Medi-Cal Only Beneficiaries N = 3,575</b>									
<b>Total Medi-Cal Spending</b>	<b>31,960,000</b>	<b>9,034,000</b>	<b>1,359,000</b>	<b>1,831,000</b>	<b>0</b>	<b>1,281,000</b>	<b>446,000</b>	<b>4,853,000</b>	<b>50,765,000</b>
Average Spending per Medi-Cal only Beneficiary	8,940	2,527	380	512	0	358	125	1,357	14,200
<b>All Beneficiaries N = 15,390</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>145,612,000</b>	<b>190,755,000</b>	<b>11,710,000</b>	<b>14,795,000</b>	<b>92,000</b>	<b>18,113,000</b>	<b>61,162,000</b>	<b>34,152,000</b>	<b>476,391,000</b>
Average Spending per Beneficiary	9,461	12,395	761	961	6	1,177	3,974	2,219	30,955

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 11,815		N = 3,575		N = 15,390	
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
<b>Medicare HH</b>	12,771,000	1,081	n.a.	n.a.	12,771,000	830
<b>Medicare SNF</b>	36,364,000	3,078	n.a.	n.a.	36,364,000	2,363
<b>Medicare IRF</b>	601,000	51	n.a.	n.a.	601,000	39
<b>Medicare LTCH</b>	11,214,000	949	n.a.	n.a.	11,214,000	729
<b>Medicare Sub Total</b>	60,950,000	5,159	n.a.	n.a.	60,950,000	3,960
<b>Medi-Cal IRF</b>	4,000	0	55,000	15	59,000	4
<b>Total Medicare and Medi-Cal Spending</b>	<b>60,954,000</b>	<b>5,159</b>	<b>55,000</b>	<b>15</b>	<b>61,009,000</b>	<b>3,964</b>

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 11,815		Medi-Cal Only Beneficiaries N = 3,575		All Beneficiaries N = 15,390	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	92,457,000	7,825	17,571,000	4,915	110,029,000	7,149
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	80,206,000	6,788	20,588,000	5,759	100,794,000	6,549
<b>ADHC</b>	3,417,000	289	1,116,000	312	4,533,000	295
<b>TCM</b>	314,000	27	588,000	164	901,000	59
<b>HH</b>	27,000	2	620,000	173	647,000	42
<b>Sub Total</b>	83,964,000	7,107	22,912,000	6,409	106,876,000	6,944
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	404,000	34	95,000	26	499,000	32
<b>Assisted Living Waiver</b>	0	0	2,000	1	2,000	0
<b>MSSP Waiver</b>	936,000	79	8,000	2	944,000	61
<b>Other Waivers<sup>a</sup></b>	1,890,000	160	1,637,000	458	3,527,000	229
<b>Sub Total</b>	3,230,000	273	1,742,000	487	4,972,000	323
<b>Total HCBS (State Plan + Waivers)</b>	<b>87,194,000</b>	<b>7,380</b>	<b>24,654,000</b>	<b>6,896</b>	<b>111,848,000</b>	<b>7,268</b>
<b>Total LTSS (NF + HCBS)</b>	<b>179,651,000</b>	<b>15,205</b>	<b>42,225,000</b>	<b>11,811</b>	<b>221,877,000</b>	<b>14,417</b>
<b>Percent HCBS of Total LTSS</b>	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. Note: Percentages may not total to 100% due to rounding.

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 Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	4,326	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	189	862	44	740	14	11	2	19	1	22	7	1	1
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	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
<b>Public Assistance - Aged<sup>d</sup></b>	8%	24%	**	25%	1%	54%	**	41%	**	22%	**	**	**
<b>Public Assistance - Blind<sup>d</sup></b>	0%	3%	**	3%	**	**	**	3%	0%	1%	0%	0%	0%
<b>Public Assistance - Disabled<sup>d</sup></b>	16%	50%	19%	52%	87%	23%	54%	31%	**	57%	36%	40%	73%
<b>Family<sup>e</sup></b>	1%	1%	10%	**	0%	0%	0%	**	0%	**	23%	0%	0%
<b>Medically Needy<sup>f</sup></b>	11%	21%	50%	19%	9%	19%	37%	24%	**	20%	36%	**	**
<b>Other</b>	64%	2%	20%	**	**	**	0%	**	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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	4,326	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	189	862	44	740	14	11	2	19	1	22	7	1	1
<b>Age</b>													
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%	**	37%	**
65+	75%	51%	5%	54%	7%	81%	31%	91%	100%	45%	**	63%	**
<b>Female</b>	61%	67%	85%	67%	58%	70%	63%	76%	**	53%	57%	47%	**
<b>Race/Ethnicity</b>													
White	61%	32%	18%	33%	38%	16%	31%	42%	**	35%	22%	53%	**
Hispanic	21%	36%	66%	35%	30%	24%	24%	36%	**	14%	34%	**	**
African American	11%	21%	7%	22%	25%	13%	39%	18%	**	9%	37%	**	**
Asian/Pacific Islanders	3%	8%	4%	8%	4%	42%	**	3%	**	34%	**	**	**
Alaskan/Native American	0%	0%	**	0%	**	0%	0%	**	0%	0%	**	0%	0%
Other/Combinations	2%	2%	1%	2%	**	5%	**	**	0%	5%	**	**	0%
Unknown	1%	0%	**	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).

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



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

	In-Home Supportive Services and Other Services <sup>b</sup>											
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	862	44	740	14	11	2	19	1	22	7	1	1
<b>Users with Assessment Data</b>	17,590	256 <sup>d</sup>	16,522	303	253	53	438	**	n/a	n/a	n/a	**
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.9	0.9 <sup>d</sup>	2.8	3.5	2.7	2.9	3.1	3.3	n/a	n/a	n/a	3.9
Mean # IADL Limitations, 0-5	4.5	2.4 <sup>d</sup>	4.5	4.6	4.4	4.5	4.6	4.7	n/a	n/a	n/a	4.3
Cognitive Limitation	39%	20% <sup>d</sup>	39%	35%	49%	49%	42%	**	n/a	n/a	n/a	**
Breathing Limitation	12%	n/a	12%	18%	**	21%	16%	**	n/a	n/a	n/a	**
Mean Functional Index Score, 1-5	2.8	n/a	2.8	3.2	2.8	3.0	3.0	3.0	n/a	n/a	n/a	3.4
<b>Living Arrangements</b>												
Lives Alone	27%	n/a	26%	18%	14%	36%	51%	**	n/a	n/a	n/a	**
Lives with Spouse Able to Help	9%	n/a	9%	12%	**	**	**	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	2%	n/a	2%	**	**	0%	**	**	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	8%	n/a	8%	**	19%	**	6%	**	n/a	n/a	n/a	**
Not Living Alone but No Spouse	54%	n/a	55%	64%	61%	43%	39%	**	n/a	n/a	n/a	**

\* 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.

n/a = not available.

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	4,326	19,758	1,001	16,961	317	263	54	443	12	499	163	30	15
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	189	862	44	740	14	11	2	19	1	22	7	1	1
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	24%	7%	4%	7%	15%	4%	**	12%	**	**	0%	**	**
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	9%	4%	8%	18%	11%	**	17%	**	9%	10%	**	**
<b>Percent with MDS Assessment in a Nursing Facility</b>	95%	8%	4%	8%	17%	11%	**	16%	**	7%	10%	**	**
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	5%	3%	5%	16%	9%	**	12%	**	5%	**	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	41%	4%	**	4%	**	6%	**	9%	**	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 and related cells that may make it possible to deduce a small cell's value.

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.

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

**Table E-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in San Bernardino 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
<b>County Total</b>	13,258	100%	72%	5,166	100%	28%	18,424	100%
<b>Users per 10,000 Beneficiaries***</b>	2,376			298			803	
<b>Mean Age</b>	71			47			64	
<b>Female</b>	8,773	66%	73%	3,210	62%	27%	11,983	65%
<b>Race/Ethnicity</b>								
<b>White</b>	5,124	39%	76%	1,617	31%	24%	6,741	37%
<b>Hispanic</b>	4,350	33%	72%	1,671	32%	28%	6,021	33%
<b>African American</b>	2,076	16%	61%	1,336	26%	39%	3,412	19%
<b>Asian/Pacific Islanders</b>	1,303	10%	81%	309	6%	19%	1,612	9%
<b>Alaskan/Native American</b>	41	0%	63%	24	0%	37%	65	0%
<b>Other/Combinations</b>	361	3%	77%	107	2%	23%	468	3%
<b>Unknown</b>	3	0%	3%	102	2%	97%	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.

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

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 13,258</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>525,387,000</b>	<b>83,407,000</b>	<b>196,296,000</b>	<b>805,090,000</b>	<b>24%</b>
Average Spending Per MME	39,628	6,291	14,806	60,725	n.a.
Total Medicare Spending	487,841,000	83,397,000	n.a.	571,238,000	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.
<b>Medi-Cal Only Beneficiaries N = 5,166</b>					
<b>Total Medi-Cal Spending</b>	<b>76,273,000</b>	<b>86,000</b>	<b>64,067,000</b>	<b>140,426,000</b>	<b>46%</b>
Average Spending Per Medi-Cal Only Beneficiary	14,764	17	12,402	27,183	n.a.
<b>All Beneficiaries N = 18,424</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>601,660,000</b>	<b>83,492,000</b>	<b>260,364,000</b>	<b>945,516,000</b>	<b>28%</b>
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.

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 <sup>a</sup> (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
<b>MME Beneficiaries N = 13,258</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>143,333,000</b>	<b>230,910,000</b>	<b>11,408,000</b>	<b>11,786,000</b>	<b>157,000</b>	<b>19,664,000</b>	<b>76,261,000</b>	<b>31,869,000</b>	<b>525,387,000</b>
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	487,841,000
Average Medicare Spending per MME	9,471	17,100	852	583	12	1,414	5,748	1,616	36,796
Total Medi-Cal Spending	17,768,000	4,192,000	116,000	4,060,000	2,000	916,000	53,000	10,439,000	37,546,000
Average Medi-Cal Spending per MME	1,340	316	9	306	0	69	4	787	2,832
<b>Medi-Cal Only Beneficiaries N = 5,166</b>									
<b>Total Medi-Cal Spending</b>	<b>49,119,000</b>	<b>12,738,000</b>	<b>2,049,000</b>	<b>1,822,000</b>	<b>29,000</b>	<b>2,133,000</b>	<b>621,000</b>	<b>7,762,000</b>	<b>76,273,000</b>
Average Spending per Medi-Cal only Beneficiary	9,508	2,466	397	353	6	413	120	1,503	14,764
<b>All Beneficiaries N = 18,424</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>192,451,000</b>	<b>243,648,000</b>	<b>13,457,000</b>	<b>13,608,000</b>	<b>186,000</b>	<b>21,798,000</b>	<b>76,882,000</b>	<b>39,631,000</b>	<b>601,660,000</b>
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.

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 13,258		N = 5,166		N = 18,424	
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
<b>Medicare HH</b>	17,730,000	1,337	n.a.	n.a.	17,730,000	962
<b>Medicare SNF</b>	36,029,000	2,718	n.a.	n.a.	36,029,000	1,956
<b>Medicare IRF</b>	4,014,000	303	n.a.	n.a.	4,014,000	218
<b>Medicare LTCH</b>	25,625,000	1,933	n.a.	n.a.	25,625,000	1,391
<b>Medicare Sub Total</b>	83,397,000	6,290	n.a.	n.a.	83,397,000	4,527
<b>Medi-Cal IRF</b>	10,000	1	86,000	17	95,000	5
<b>Total Medicare and Medi-Cal Spending</b>	<b>83,407,000</b>	<b>6,291</b>	<b>86,000</b>	<b>17</b>	<b>83,492,000</b>	<b>4,532</b>

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 13,258		Medi-Cal Only Beneficiaries N = 5,166		All Beneficiaries N = 18,424	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	103,554,000	7,811	33,259,000	6,438	136,812,000	7,426
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	87,160,000	6,574	28,344,000	5,487	115,504,000	6,269
<b>ADHC</b>	3,587,000	271	1,398,000	271	4,985,000	271
<b>TCM</b>	57,000	4	76,000	15	134,000	7
<b>HH</b>	39,000	3	584,000	113	623,000	34
<b>Sub Total</b>	90,843,000	6,852	30,403,000	5,885	121,245,000	6,581
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	137,000	10	67,000	13	204,000	11
<b>Assisted Living Waiver</b>	40,000	3	0	0	40,000	2
<b>MSSP Waiver</b>	1,015,000	77	4,000	1	1,019,000	55
<b>Other Waivers<sup>a</sup></b>	708,000	53	335,000	65	1,043,000	57
<b>Sub Total</b>	1,900,000	143	406,000	79	2,306,000	125
<b>Total HCBS (State Plan + Waivers)</b>	<b>92,743,000</b>	<b>6,995</b>	<b>30,809,000</b>	<b>5,964</b>	<b>123,551,000</b>	<b>6,706</b>
<b>Total LTSS (NF + HCBS)</b>	<b>196,296,000</b>	<b>14,806</b>	<b>64,067,000</b>	<b>12,402</b>	<b>260,364,000</b>	<b>14,132</b>
<b>Percent HCBS of Total LTSS</b>	47%	n.a.	48%	n.a.	47%	n.a.

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

Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	7,470	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	335	1,257	72	895	20	82	6	38	3	56	75	5	5
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	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
<b>Public Assistance - Aged<sup>d</sup></b>	9%	31%	**	34%	2%	60%	8%	33%	53%	37%	**	10%	**
<b>Public Assistance - Blind<sup>d</sup></b>	0%	2%	**	3%	2%	2%	**	3%	**	**	**	**	**
<b>Public Assistance - Disabled<sup>d</sup></b>	15%	41%	22%	46%	82%	25%	56%	37%	21%	42%	11%	61%	56%
<b>Family<sup>e</sup></b>	1%	2%	3%	0%	**	**	0%	0%	0%	**	25%	**	**
<b>Medically Needy<sup>f</sup></b>	10%	20%	35%	17%	13%	12%	32%	26%	**	18%	45%	25%	24%
<b>Other</b>	65%	4%	39%	1%	**	**	**	1%	**	2%	17%	**	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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	7,470	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	335	1,257	72	895	20	82	6	38	3	56	75	5	5
<b>Age</b>													
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%
<b>Female</b>	60%	69%	84%	67%	62%	70%	75%	69%	77%	64%	91%	29%	75%
<b>Race/Ethnicity</b>													
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%	**	23%	7%	**	**
Alaskan/Native American	0%	0%	**	0%	0%	**	**	**	0%	**	**	0%	0%
Other/Combinations	8%	6%	3%	5%	5%	10%	**	2%	**	14%	6%	**	**
Unknown	1%	0%	**	0%	0%	**	0%	**	0%	**	**	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).

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

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

				In-Home Supportive Services and Other Services <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	1,257	72	895	20	82	6	38	3	56	75	5	5
<b>Users with Assessment Data</b>	22,798	443 <sup>d</sup>	19,498	424	1,789	131	838	65	n/a	n/a	n/a	53
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.6	0.9 <sup>d</sup>	2.6	2.9	2.6	2.3	2.9	3.2	n/a	n/a	n/a	3.3
Mean # IADL Limitations, 0-5	4.4	2.8 <sup>d</sup>	4.4	4.5	4.4	4.3	4.4	4.5	n/a	n/a	n/a	4.4
Cognitive Limitation	41%	19% <sup>d</sup>	40%	33%	45%	42%	45%	43%	n/a	n/a	n/a	49%
Breathing Limitation	6%	n/a	6%	12%	4%	**	12%	**	n/a	n/a	n/a	**
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
<b>Living Arrangements</b>												
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%	**	**	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	3%	n/a	3%	**	4%	0%	**	**	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS User	12%	n/a	12%	**	21%	**	7%	**	n/a	n/a	n/a	**
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.

\*\* 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.

n/a = not available.

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	7,470	28,016	1,614	19,961	445	1,817	133	842	66	1,239	1,670	118	111
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	335	1,257	72	895	20	82	6	38	3	56	75	5	5
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	22%	6%	3%	6%	12%	3%	**	11%	**	3%	**	10%	**
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	10%	6%	10%	22%	11%	11%	19%	24%	11%	1%	**	10%
<b>Percent with MDS Assessment in a Nursing Facility</b>	97%	10%	6%	10%	19%	10%	11%	18%	24%	11%	1%	**	10%
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	7%	6%	7%	21%	9%	**	12%	21%	10%	1%	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	44%	6%	**	6%	**	6%	**	14%	17%	7%	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 and related cells that may make it possible to deduce a small cell's value.

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.

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

**Table F-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in San Diego 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
<b>County Total</b>	21,346	100%	75%	7,009	100%	25%	28,355	100%
<b>Users per 10,000 Beneficiaries***</b>	2,784			479			1,272	
<b>Mean Age</b>	73			47			66	
<b>Female</b>	13,940	65%	75%	4,684	67%	25%	18,624	66%
<b>Race/Ethnicity</b>								
<b>White</b>	8,182	38%	79%	2,183	31%	21%	10,365	37%
<b>Hispanic</b>	5,734	27%	69%	2,564	37%	31%	8,298	29%
<b>African American</b>	1,739	8%	64%	981	14%	36%	2,720	10%
<b>Asian/Pacific Islanders</b>	4,204	20%	85%	748	11%	15%	4,952	17%
<b>Alaskan/Native American</b>	46	0%	62%	28	0%	38%	74	0%
<b>Other/Combinations</b>	1,429	7%	80%	356	5%	20%	1,785	6%
<b>Unknown</b>	12	0%	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.

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

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 21,346</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>751,314,000</b>	<b>121,198,000</b>	<b>321,792,000</b>	<b>1,194,304,000</b>	<b>27%</b>
Average Spending Per MME	35,197	5,678	15,075	55,950	n.a.
Total Medicare Spending	696,622,000	121,185,000	n.a.	817,807,000	n.a.
Average Medicare Spending Per MME	32,635	5,677	n.a.	38,312	n.a.
Total Medi-Cal Spending	54,692,000	13,000	321,792,000	376,497,000	85%
Average Medi-Cal Spending Per MME	2,562	1	15,075	17,638	n.a.
<b>Medi-Cal Only Beneficiaries N =7,009</b>					
<b>Total Medi-Cal Spending</b>	<b>93,426,000</b>	<b>119,000</b>	<b>80,250,000</b>	<b>173,795,000</b>	<b>46%</b>
Average Spending Per Medi-Cal Only Beneficiary	13,329	17	11,450	24,796	n.a.
<b>All Beneficiaries N = 28,355</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>844,740,000</b>	<b>121,318,000</b>	<b>402,042,000</b>	<b>1,368,099,000</b>	<b>29%</b>
Average Spending Per Beneficiary	29,792	4,279	14,179	48,249	n.a.

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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**

	<b>Hospital (\$)</b>	<b>Ambulatory Care (\$)</b>	<b>ED Visits (\$)</b>	<b>Hospice<sup>a</sup> (\$)</b>	<b>Therapies (PT, OT, ST) (\$)</b>	<b>DME (\$)</b>	<b>Diagnostic Testing (\$)</b>	<b>Other (\$)</b>	<b>Total Spending (\$)</b>
<b>MME Beneficiaries N = 21,346</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>203,035,000</b>	<b>311,677,000</b>	<b>15,952,000</b>	<b>19,990,000</b>	<b>137,000</b>	<b>24,364,000</b>	<b>120,551,000</b>	<b>55,606,000</b>	<b>751,314,000</b>
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	8,496	14,214	740	587	6	1,098	5,644	1,850	32,635
Total Medi-Cal Spending	21,685,000	8,270,000	151,000	7,464,000	2,000	936,000	65,000	16,118,000	54,692,000
Average Medi-Cal Spending per MME	1,016	387	7	350	0	44	3	755	2,562
<b>Medi-Cal Only Beneficiaries N = 7,009</b>									
<b>Total Medi-Cal Spending</b>	<b>53,656,000</b>	<b>22,070,000</b>	<b>2,568,000</b>	<b>2,732,000</b>	<b>13,000</b>	<b>1,711,000</b>	<b>744,000</b>	<b>9,934,000</b>	<b>93,426,000</b>
Average Spending per Medi-Cal only Beneficiary	7,655	3,149	366	390	2	244	106	1,417	13,329
<b>All Beneficiaries N = 28,355</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>256,691,000</b>	<b>333,747,000</b>	<b>18,520,000</b>	<b>22,722,000</b>	<b>149,000</b>	<b>26,075,000</b>	<b>121,295,000</b>	<b>65,540,000</b>	<b>844,740,000</b>
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.

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 21,346		N = 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 (\$)
<b>Medicare HH</b>	19,618,000	919	n.a.	n.a.	19,618,000	692
<b>Medicare SNF</b>	73,721,000	3,454	n.a.	n.a.	73,721,000	2,600
<b>Medicare IRF</b>	94,000	4	n.a.	n.a.	94,000	3
<b>Medicare LTCH</b>	27,753,000	1,300	n.a.	n.a.	27,753,000	979
<b>Medicare Sub Total</b>	121,185,000	5,677	n.a.	n.a.	121,185,000	4,274
<b>Medi-Cal IRF</b>	13,000	1	119,000	17	132,000	5
<b>Total Medicare and Medi-Cal Spending</b>	<b>121,198,000</b>	<b>5,678</b>	<b>119,000</b>	<b>17</b>	<b>121,318,000</b>	<b>4,279</b>

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 21,346		Medi-Cal Only Beneficiaries N = 7,009		All Beneficiaries N = 28,355	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	185,334,000	8,682	46,282,000	6,603	231,616,000	8,168
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	116,843,000	5,474	27,888,000	3,979	144,731,000	5,104
<b>ADHC</b>	14,544,000	681	2,787,000	398	17,330,000	611
<b>TCM</b>	282,000	13	507,000	72	789,000	28
<b>HH</b>	79,000	4	1,516,000	216	1,595,000	56
<b>Sub Total</b>	131,748,000	6,172	32,698,000	4,665	164,446,000	5,800
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	810,000	38	402,000	57	1,212,000	43
<b>Assisted Living Waiver</b>	0	0	0	0	0	0
<b>MSSP Waiver</b>	2,244,000	105	22,000	3	2,266,000	80
<b>Other Waivers<sup>a</sup></b>	1,655,000	78	847,000	121	2,502,000	88
<b>Sub Total</b>	4,710,000	221	1,270,000	181	5,980,000	211
<b>Total HCBS (State Plan + Waivers)</b>	<b>136,458,000</b>	<b>6,393</b>	<b>33,968,000</b>	<b>4,846</b>	<b>170,426,000</b>	<b>6,010</b>
<b>Total LTSS (NF + HCBS)</b>	<b>321,792,000</b>	<b>15,075</b>	<b>80,250,000</b>	<b>11,450</b>	<b>402,042,000</b>	<b>14,179</b>
<b>Percent HCBS of Total LTSS</b>	42%	n.a.	42%	n.a.	42%	n.a.

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

Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	1,708	3,922	**	2,482	**	98	46	202	21	58	981	15	11
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	362	832	**	527	**	21	10	43	4	12	208	3	2
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	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
<b>Public Assistance - Aged<sup>d</sup></b>	13%	34%	**	45%	**	61%	**	51%	52%	50%	**	**	0%
<b>Public Assistance - Blind<sup>d</sup></b>	**	2%	**	3%	**	**	**	**	0%	0%	0%	0%	0%
<b>Public Assistance - Disabled<sup>d</sup></b>	11%	21%	**	27%	**	18%	41%	21%	**	14%	**	**	**
<b>Family<sup>e</sup></b>	**	2%	**	**	**	**	0%	0%	0%	0%	9%	0%	0%
<b>Medically Needy<sup>f</sup></b>	12%	35%	**	24%	**	19%	48%	23%	**	33%	67%	**	**
<b>Other</b>	63%	6%	**	**	**	0%	**	**	**	3%	19%	**	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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	1,708	3,922	**	2,482	**	98	46	202	21	58	981	15	11
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	362	832	**	527	**	21	10	43	4	12	208	3	2
<b>Age</b>													
Mean Age	75	63	27	74	51	78	60	81	80	77	30	67	67
18-64	22%	40%	**	22%	**	**	67%	**	0%	14%	97%	**	**
65+	78%	60%	**	78%	**	**	33%	**	100%	86%	3%	**	**
<b>Female</b>	63%	78%	**	72%	**	73%	70%	79%	**	64%	94%	**	**
<b>Race/Ethnicity</b>													
White	48%	23%	**	27%	**	55%	43%	27%	**	33%	9%	**	**
Hispanic	14%	34%	**	21%	**	**	**	20%	**	**	75%	**	0%
African American	7%	9%	**	11%	**	**	**	15%	**	**	4%	**	**
Asian/Pacific Islanders	16%	26%	**	34%	**	28%	**	31%	**	29%	7%	**	**
Alaskan/Native American	0%	**	**	**	**	0%	0%	0%	0%	0%	**	0%	0%
Other/Combinations	14%	7%	**	7%	**	**	**	6%	**	21%	4%	**	**
Unknown	1%	**	**	**	**	0%	0%	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).

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

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

				In-Home Supportive Services and Other Services <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,922	**	2,482	**	98	46	202	21	58	981	15	11
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	832	**	527	**	21	10	43	4	12	208	3	2
<b>Users with Assessment Data</b>	2,763	0 <sup>d</sup>	2,391	**	97	45	201	21	n/a	n/a	n/a	**
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	3.0	0.0 <sup>d</sup>	2.9	2.5	2.7	2.6	3.8	3.4	n/a	n/a	n/a	3.0
Mean # IADL Limitations, 0-5	4.6	0.0 <sup>d</sup>	4.6	4.5	4.6	4.6	4.8	4.8	n/a	n/a	n/a	4.3
Cognitive Limitation	48%	0% <sup>d</sup>	46%	**	53%	44%	68%	**	n/a	n/a	n/a	**
Breathing Limitation	7%	n/a	7%	**	**	**	**	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	3.1
<b>Living Arrangements</b>												
Lives Alone	25%	n/a	23%	**	27%	42%	31%	**	n/a	n/a	n/a	**
Lives with Spouse Able to Help	8%	n/a	8%	**	**	**	8%	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	4%	n/a	3%	**	**	**	6%	0%	n/a	n/a	n/a	**
Lives with Spouse who is IHSS User	11%	n/a	11%	**	20%	**	9%	0%	n/a	n/a	n/a	**
Not Living Alone but No Spouse	52%	n/a	54%	**	40%	38%	46%	**	n/a	n/a	n/a	**

\* 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.

n/a = not available.

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	1,708	3,922	**	2,482	**	98	46	202	21	58	981	15	11
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	362	832	**	527	**	21	10	43	4	12	208	3	2
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	20%	6%	**	8%	**	**	**	12%	**	**	**	**	0%
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	11%	**	14%	**	13%	26%	21%	**	19%	2%	**	**
<b>Percent with MDS Assessment in a Nursing Facility</b>	95%	11%	**	13%	**	11%	26%	20%	**	19%	2%	**	**
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	6%	**	7%	**	**	**	9%	**	**	1%	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	29%	3%	**	4%	**	**	**	**	**	**	**	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.

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

**Table G-5. Demographic Characteristics of Medi-Cal Fee-for-Service LTSS\* Users Age 18+, CY 2008 in San Mateo 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
<b>County Total</b>	72	100%	10%	650	100%	90%	722	100%
<b>Users per 10,000 Beneficiaries***</b>	43			213			153	
<b>Mean Age</b>	76			29			33	
<b>Female</b>	53	74%	8%	628	97%	92%	681	94%
<b>Race/Ethnicity</b>								
<b>White</b>	22	31%	63%	13	2%	37%	35	5%
<b>Hispanic</b>	**	**	**	**	**	**	592	82%
<b>African American</b>	**	**	**	**	**	**	15	2%
<b>Asian/Pacific Islanders</b>	31	43%	56%	24	4%	44%	55	8%
<b>Alaskan/Native American</b>	**	**	**	**	**	**	0	0%
<b>Other/Combinations</b>	**	**	**	**	**	**	18	2%
<b>Unknown</b>	6	8%	33%	7	1%	100%	7	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.

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

**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
<b>MME Beneficiaries N = 72</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>4,421,000</b>	<b>368,000</b>	<b>3,310,000</b>	<b>8,099,000</b>	<b>41%</b>
Average Spending Per MME	61,397	5,115	45,974	112,485	n.a.
Total Medicare Spending	4,023,000	368,000	n.a.	4,391,000	n.a.
Average Medicare Spending Per MME	55,875	5,115	n.a.	60,990	n.a.
Total Medi-Cal Spending	398,000	0	3,310,000	3,708,000	89%
Average Medi-Cal Spending Per MME	5,521	0	45,974	51,495	n.a.
<b>Medi-Cal Only Beneficiaries N = 650</b>					
<b>Total Medi-Cal Spending</b>	<b>5,626,000</b>	<b>0</b>	<b>2,046,000</b>	<b>7,672,000</b>	<b>27%</b>
Average Spending Per Medi-Cal Only Beneficiary	8,655	0	3,147	11,802	n.a.
<b>All Beneficiaries N = 722</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>10,046,000</b>	<b>368,000</b>	<b>5,356,000</b>	<b>15,771,000</b>	<b>34%</b>
Average Spending Per Beneficiary	13,915	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. Note: Percentages may not total to 100% due to rounding.

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 <sup>a</sup> (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
<b>MME Beneficiaries N = 72</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>1,067,000</b>	<b>1,694,000</b>	<b>106,000</b>	<b>46,000</b>	<b>0</b>	<b>48,000</b>	<b>1,327,000</b>	<b>133,000</b>	<b>4,421,000</b>
Average Spending per MME	14,823	23,522	1,474	641	1	666	18,427	1,843	61,397
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	9,998	23,283	1,474	489	1	664	18,427	1,540	55,875
Total Medi-Cal Spending	347,000	17,000	0	11,000	0	0	0	22,000	398,000
Average Medi-Cal Spending per MME	4,825	240	0	152	0	3	0	303	5,521
<b>Medi-Cal Only Beneficiaries N = 650</b>									
<b>Total Medi-Cal Spending</b>	<b>3,492,000</b>	<b>1,722,000</b>	<b>65,000</b>	<b>61,000</b>	<b>0</b>	<b>2,000</b>	<b>43,000</b>	<b>242,000</b>	<b>5,626,000</b>
Average Spending per Medi-Cal only Beneficiary	5,372	2,649	100	94	0	3	66	372	8,655
<b>All Beneficiaries N = 722</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>4,559,000</b>	<b>3,416,000</b>	<b>171,000</b>	<b>107,000</b>	<b>0</b>	<b>50,000</b>	<b>1,370,000</b>	<b>374,000</b>	<b>10,046,000</b>
Average Spending per Beneficiary	6,315	4,731	237	148	0	69	1,897	518	13,915

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	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 (\$)
<b>Medicare HH</b>	44,000	612	n.a.	n.a.	44,000	61
<b>Medicare SNF</b>	324,000	4,503	n.a.	n.a.	324,000	449
<b>Medicare IRF</b>	0	0	n.a.	n.a.	0	0
<b>Medicare LTCH</b>	0	0	n.a.	n.a.	0	0
<b>Medicare Sub Total</b>	368,000	5,115	n.a.	n.a.	368,000	510
<b>Medi-Cal IRF</b>	0	0	0	0	0	0
<b>Total Medicare and Medi-Cal Spending</b>	<b>368,000</b>	<b>5,115</b>	<b>0</b>	<b>0</b>	<b>368,000</b>	<b>510</b>

\* LTSS User = Uses one or more Long-term Services and Supports during the year.  
 Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.  
 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 Beneficiaries N = 72		Medi-Cal Only Beneficiaries N = 650		All Beneficiaries N = 722	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	2,803,000	38,929	1,312,000	2,018	4,115,000	5,699
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	471,000	6,546	76,000	118	548,000	759
<b>ADHC</b>	8,000	107	0	0	8,000	11
<b>TCM</b>	6,000	89	656,000	1,009	662,000	917
<b>HH</b>	0	0	2,000	2	2,000	2
<b>Sub Total</b>	486,000	6,743	734,000	1,129	1,219,000	1,689
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	0	0	0	0	0	0
<b>Assisted Living Waiver</b>	0	0	0	0	0	0
<b>MSSP Waiver</b>	22,000	302	0	0	22,000	30
<b>Other Waivers<sup>a</sup></b>	0	0	0	0	0	0
<b>Sub Total</b>	22,000	302	0	0	22,000	30
<b>Total HCBS (State Plan + Waivers)</b>	<b>507,000</b>	<b>7,045</b>	<b>734,000</b>	<b>1,129</b>	<b>1,241,000</b>	<b>1,719</b>
<b>Total LTSS (NF + HCBS)</b>	<b>3,310,000</b>	<b>45,974</b>	<b>2,046,000</b>	<b>3,147</b>	<b>5,356,000</b>	<b>7,418</b>
<b>Percent HCBS of Total LTSS</b>	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. Note: Percentages may not total to 100% due to rounding.

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 Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,950	15,865	86	13,791	73	693	91	480	80	235	280	34	22
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	238	956	5	831	4	42	5	29	5	14	17	2	1
<b>Program Eligibility</b>													
<b>Mean Months of Eligibility in Year</b>	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
<b>Public Assistance - Aged<sup>d</sup></b>	16%	53%	0%	53%	**	76%	21%	56%	71%	64%	**	**	**
<b>Public Assistance - Blind<sup>d</sup></b>	**	2%	**	2%	**	2%	**	2%	**	**	**	0%	0%
<b>Public Assistance - Disabled<sup>d</sup></b>	10%	28%	47%	29%	62%	12%	49%	21%	**	14%	8%	71%	**
<b>Family<sup>e</sup></b>	**	0%	**	**	0%	**	**	**	0%	0%	11%	0%	0%
<b>Medically Needy<sup>f</sup></b>	9%	16%	45%	15%	34%	9%	27%	19%	15%	21%	62%	**	**
<b>Other</b>	65%	1%	**	**	0%	**	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 and related cells that may make it possible to deduce a small cell's value.

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 = Meets SSI definitions of Aged, Blind, Disabled and financial requirements of either SSI-related, 100% of FPL, Buy-in, or smaller pathways. e = This category includes Public Assistant -Family, Medically Indigent-Child and Medically Indigent-Adult. f = Since at least 2001, California has set the medically needy income standard (net after paying health care expenditure) at \$600 for individuals (\$934 for aged, blind or disabled couples).

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

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

					In-Home Supportive Services and Other Services <sup>b</sup>								
	Nursing Facility Only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,950	15,865	86	13,791	73	693	91	480	80	235	280	34	22
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	238	956	5	831	4	42	5	29	5	14	17	2	1
<b>Age</b>													
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%	**
65+	83%	79%	21%	79%	26%	97%	49%	92%	100%	93%	11%	35%	**
<b>Female</b>	65%	67%	55%	66%	58%	68%	70%	74%	74%	66%	87%	38%	**
<b>Race/Ethnicity</b>													
White	54%	23%	31%	21%	21%	55%	36%	40%	59%	20%	10%	50%	**
Hispanic	15%	17%	37%	16%	25%	7%	31%	21%	23%	8%	63%	**	**
African American	3%	4%	**	4%	**	**	**	5%	**	**	7%	**	**
Asian/Pacific Islanders	19%	50%	21%	53%	41%	28%	20%	29%	**	60%	18%	**	**
Alaskan/Native American	**	0%	0%	0%	0%	**	0%	**	**	**	**	0%	0%
Other/Combinations	8%	5%	**	5%	**	9%	**	4%	**	10%	**	**	**
Unknown	**	0%	1%	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).

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

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

				In-Home Supportive Services and Other Services <sup>b</sup>								
	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	15,865	86	13,791	73	693	91	480	80	235	280	34	22
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	956	5	831	4	42	5	29	5	14	17	2	1
<b>Users with Assessment Data</b>	14,898	43 <sup>d</sup>	13,478	70	683	89	478	80	n/a	n/a	n/a	20
<b>Cognitive &amp; Physical Limitations</b>												
Mean # ADL Limitations, 0-5	2.2	1.2 <sup>d</sup>	2.2	3.2	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 <sup>d</sup>	4.3	4.7	4.2	4.3	4.4	4.4	n/a	n/a	n/a	4.2
Cognitive Limitation	52%	26% <sup>d</sup>	53%	49%	48%	39%	57%	56%	n/a	n/a	n/a	**
Breathing Limitation	5%	n/a	4%	16%	2%	12%	9%	**	n/a	n/a	n/a	**
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
<b>Living Arrangements</b>												
Lives Alone	22%	n/a	21%	**	34%	54%	48%	44%	n/a	n/a	n/a	**
Lives with Spouse Able to Help	6%	n/a	6%	**	3%	**	**	**	n/a	n/a	n/a	**
Lives with Spouse Not Able to Help	2%	n/a	2%	**	2%	0%	**	**	n/a	n/a	n/a	0%
Lives with Spouse who is IHSS Recipient	26%	n/a	26%	**	32%	**	16%	19%	n/a	n/a	n/a	**
Not Living Alone but No Spouse	44%	n/a	45%	64%	29%	38%	32%	34%	n/a	n/a	n/a	**

\* 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-Home Supportive Services and Other Services <sup>b</sup>												
	Nursing Facility only	Total Medi-Cal HCBS <sup>a</sup>	HH only	IHSS only	HH	ADHC	TCM	HCBS Waivers	ADHC & Waivers	ADHC only	TCM only	HCBS Waivers only	Other combos
<b>Users</b>	3,950	15,865	86	13,791	73	693	91	480	80	235	280	34	22
<b>Users per 10,000 Beneficiaries<sup>c</sup></b>	238	956	5	831	4	42	5	29	5	14	17	2	1
<b>Users' Outcomes During the Year</b>													
<b>% Died in year</b>	20%	5%	**	5%	**	3%	**	12%	**	**	**	**	**
<b>Percent Admitted to a Nursing Facility<sup>d</sup></b>	100%	8%	17%	7%	18%	8%	**	18%	14%	**	**	**	**
<b>Percent with MDS Assessment in a Nursing Facility</b>	96%	7%	17%	7%	**	7%	**	17%	**	**	**	**	**
<b>Percent with a Medicaid claim for a Nursing Facility</b>	99%	5%	17%	5%	18%	5%	**	13%	**	**	**	**	**
<b>Percent with a Medicare claim for a Nursing Facility</b>	42%	5%	0%	5%	0%	5%	**	10%	**	**	**	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 and related cells that may make it possible to deduce a small cell's value.

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.

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



**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
<b>County Total</b>	13,945	100%	88%	1,930	100%	12%	15,875	100%
<b>Users per 10,000 Beneficiaries***</b>	2,720			168			956	
<b>Mean Age</b>	78			53			75	
<b>Female</b>	9,333	67%	89%	1,156	60%	11%	10,489	66%
<b>Race/Ethnicity</b>								
<b>White</b>	3,811	27%	88%	527	27%	12%	4,338	27%
<b>Hispanic</b>	1,819	13%	78%	503	26%	22%	2,322	15%
<b>African American</b>	327	2%	71%	132	7%	29%	459	3%
<b>Asian/Pacific Islanders</b>	7,103	51%	92%	632	33%	8%	7,735	49%
<b>Alaskan/Native American</b>	**	**	**	**	**	**	27	0%
<b>Other/Combinations</b>	861	6%	89%	107	6%	11%	968	6%
<b>Unknown</b>	**	**	**	**	**	**	26	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. Note: Percentages may not total to 100% due to rounding.

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

	<b>Acute and Other Medical Spending (\$)</b>	<b>Post-Acute Care Spending (\$)</b>	<b>LTSS Spending (\$)</b>	<b>Total Spending (\$)</b>	<b>LTSS as % of Total Spending on All Services</b>
<b>MME Beneficiaries N = 13,945</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>459,508,000</b>	<b>51,534,000</b>	<b>238,009,000</b>	<b>749,052,000</b>	<b>32%</b>
Average Spending Per MME	32,951	3,696	17,068	53,715	n.a.
Total Medicare Spending	429,508,000	51,522,000	n.a.	481,030,000	n.a.
Average Medicare Spending Per MME	30,800	3,695	n.a.	34,495	n.a.
Total Medi-Cal Spending	30,000,000	12,000	238,009,000	268,021,000	89%
Average Medi-Cal Spending Per MME	2,151	1	17,068	19,220	n.a.
<b>Medi-Cal Only Beneficiaries N = 1,930</b>					
<b>Total Medi-Cal Spending</b>	<b>31,944,000</b>	<b>82,000</b>	<b>31,107,000</b>	<b>63,133,000</b>	<b>49%</b>
Average Spending Per Medi-Cal Only Beneficiary	16,551	42	16,117	32,711	n.a.
<b>All Beneficiaries N = 15,875</b>					
<b>Total Medicare and Medi-Cal Spending</b>	<b>491,452,000</b>	<b>51,616,000</b>	<b>269,116,000</b>	<b>812,184,000</b>	<b>33%</b>
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. Note: Percentages may not total to 100% due to rounding.

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 <sup>a</sup> (\$)	Therapies (PT, OT, ST) (\$)	DME (\$)	Diagnostic Testing (\$)	Other (\$)	Total Spending (\$)
<b>MME Beneficiaries N = 13,945</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>116,481,000</b>	<b>184,976,000</b>	<b>13,324,000</b>	<b>7,870,000</b>	<b>88,000</b>	<b>10,618,000</b>	<b>97,904,000</b>	<b>28,247,000</b>	<b>459,508,000</b>
Average Spending per MME	8,353	13,265	955	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	429,508,000
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	945	271	3	217	0	35	1	680	2,151
<b>Medi-Cal Only Beneficiaries N = 1,930</b>									
<b>Total Medi-Cal Spending</b>	<b>20,172,000</b>	<b>5,764,000</b>	<b>546,000</b>	<b>1,059,000</b>	<b>0</b>	<b>778,000</b>	<b>134,000</b>	<b>3,490,000</b>	<b>31,944,000</b>
Average Spending per Medi-Cal only Beneficiary	10,452	2,987	283	549	0	403	70	1,808	16,551
<b>All Beneficiaries N = 15,875</b>									
<b>Total Medicare and Medi-Cal Spending</b>	<b>136,653,000</b>	<b>190,740,000</b>	<b>13,870,000</b>	<b>8,929,000</b>	<b>89,000</b>	<b>11,396,000</b>	<b>98,039,000</b>	<b>31,737,000</b>	<b>491,452,000</b>
Average Spending per Beneficiary	8,608	12,015	874	562	6	718	6,176	1,999	30,958

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

<sup>a</sup> 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 Beneficiaries		Medi-Cal Only Beneficiaries		All Beneficiaries	
	N = 13,945		N = 1,930		N = 15,875	
	Total Spending (\$)	Average Spending Per MME (\$)	Total Spending (\$)	Average Spending Per Medi-Cal Only Beneficiary (\$)	Total Spending (\$)	Average Spending Per Beneficiary (\$)
<b>Medicare HH</b>	10,026,000	719	n.a.	n.a.	10,026,000	632
<b>Medicare SNF</b>	40,413,000	2,898	n.a.	n.a.	40,413,000	2,546
<b>Medicare IRF</b>	22,000	2	n.a.	n.a.	22,000	1
<b>Medicare LTCH</b>	1,061,000	76	n.a.	n.a.	1,061,000	67
<b>Medicare Sub Total</b>	51,522,000	3,695	n.a.	n.a.	51,522,000	3,245
<b>Medi-Cal IRF</b>	12,000	1	82,000	42	94,000	6
<b>Total Medicare and Medi-Cal Spending</b>	<b>51,534,000</b>	<b>3,696</b>	<b>82,000</b>	<b>42</b>	<b>51,616,000</b>	<b>3,251</b>

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

Note: Amounts are rounded to the nearest thousand. Note: Percentages may not total to 100% due to rounding.

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 Beneficiaries N = 13,945		Medi-Cal Only Beneficiaries N = 1,930		All Beneficiaries N = 15,875	
	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)	Total Spending (\$)	Average Spending (\$)
<b>Institutional Care: Nursing Facility</b>	122,696,000	8,799	16,081,000	8,332	138,776,000	8,742
<b>HCBS State Plan Services</b>						
<b>IHSS</b>	106,913,000	7,667	13,647,000	7,071	120,560,000	7,594
<b>ADHC</b>	5,500,000	394	282,000	146	5,782,000	364
<b>TCM</b>	107,000	8	317,000	164	424,000	27
<b>HH</b>	31,000	2	266,000	138	297,000	19
<b>Sub Total</b>	112,551,000	8,071	14,512,000	7,519	127,063,000	8,004
<b>HCBS Waivers</b>						
<b>AIDS Waiver</b>	119,000	9	71,000	37	190,000	12
<b>Assisted Living Waiver</b>	0	0	19,000	10	19,000	1
<b>MSSP Waiver</b>	1,388,000	100	42,000	22	1,430,000	90
<b>Other Waivers</b>	1,255,000	90	382,000	198	1,638,000	103
<b>Sub Total</b>	2,763,000	198	514,000	266	3,276,000	206
<b>Total HCBS (State Plan + Waivers)</b>	<b>115,313,000</b>	<b>8,269</b>	<b>15,026,000</b>	<b>7,785</b>	<b>130,339,000</b>	<b>8,210</b>
<b>Total LTSS (NF + HCBS)</b>	<b>238,009,000</b>	<b>17,068</b>	<b>31,107,000</b>	<b>16,117</b>	<b>269,116,000</b>	<b>16,952</b>
<b>Percent HCBS of Total LTSS</b>	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. Note: Percentages may not total to 100% due to rounding.

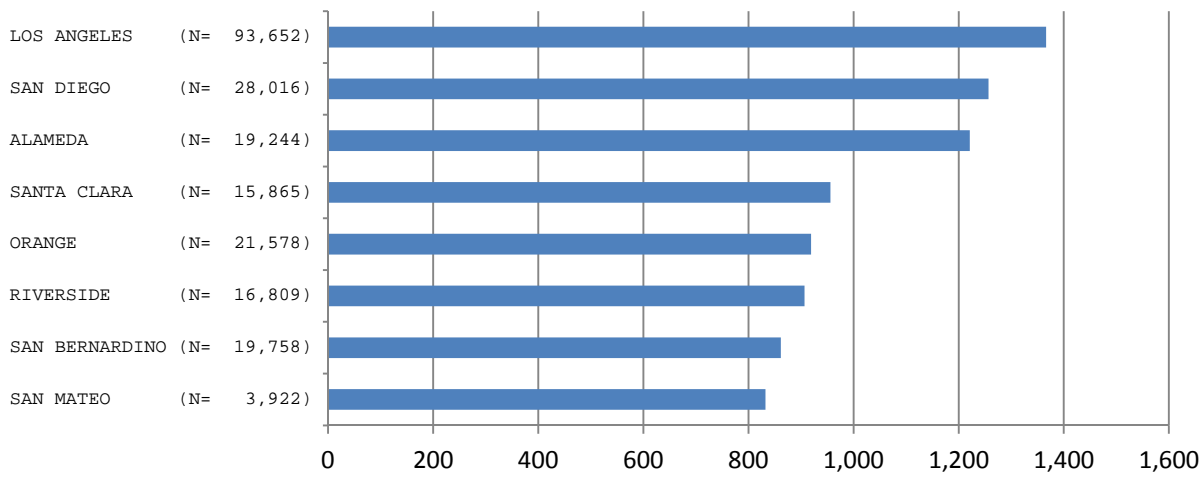
a = Medi-Cal spending for LTSS also includes (1) post-acute care for Medi-Cal only and (2) co-pays for Medicare's post-acute inpatient rehabilitation facilities (IRFs) listed in Table 8.

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.

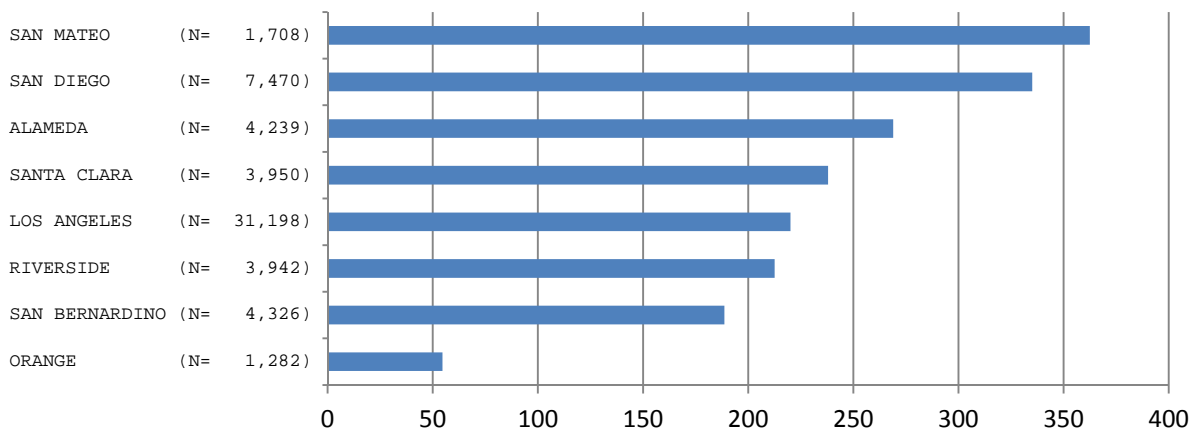
# **CROSS-COUNTY COMPARISONS**

**Figure 1. Home- and Community-Based Services (HCBS) Users per 10,000 Medi-Cal Beneficiaries, CY 2008**



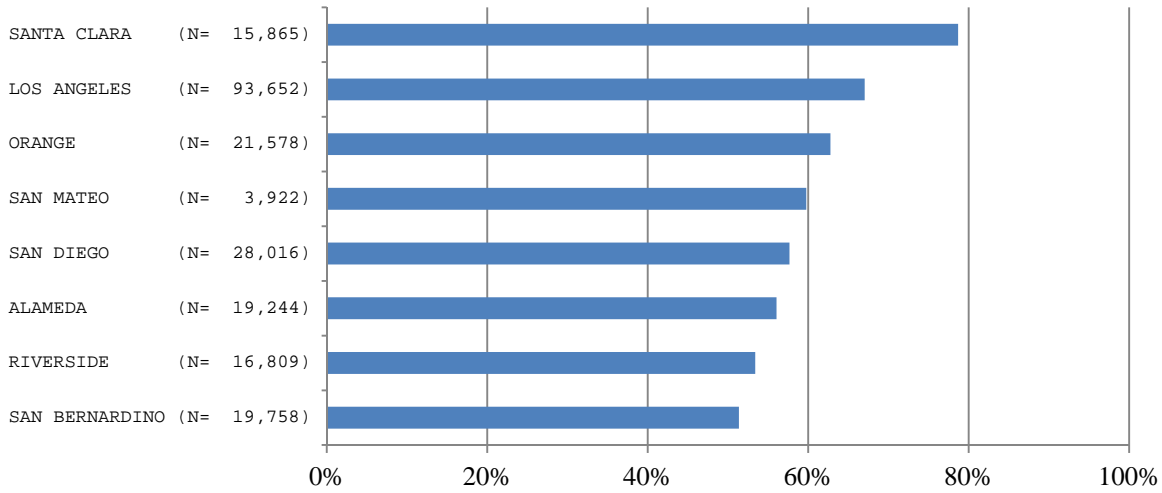
NOTE: Results for Medi-Cal HCBS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

**Figure 2. Nursing Facility Only (No Home- and Community-Based Services) Users per 10,000 Medi-Cal Beneficiaries, CY 2008**



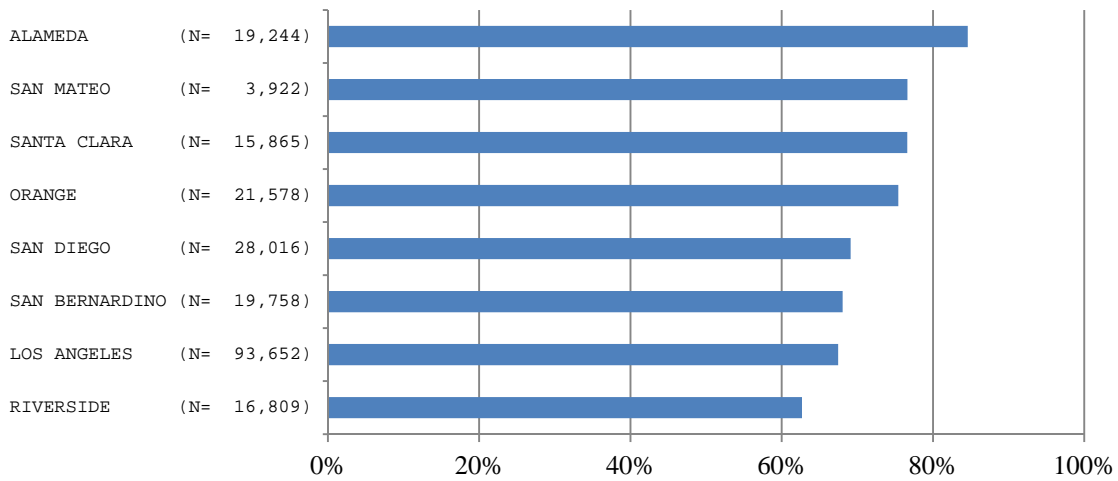
NOTE: Results for Medi-Cal HCBS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

Figure 3. Percent of Age 65 years and Older among Home and Community Based Services (HCBS) Users, CY 2008



NOTE: Results for Medi-Cal HCBS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

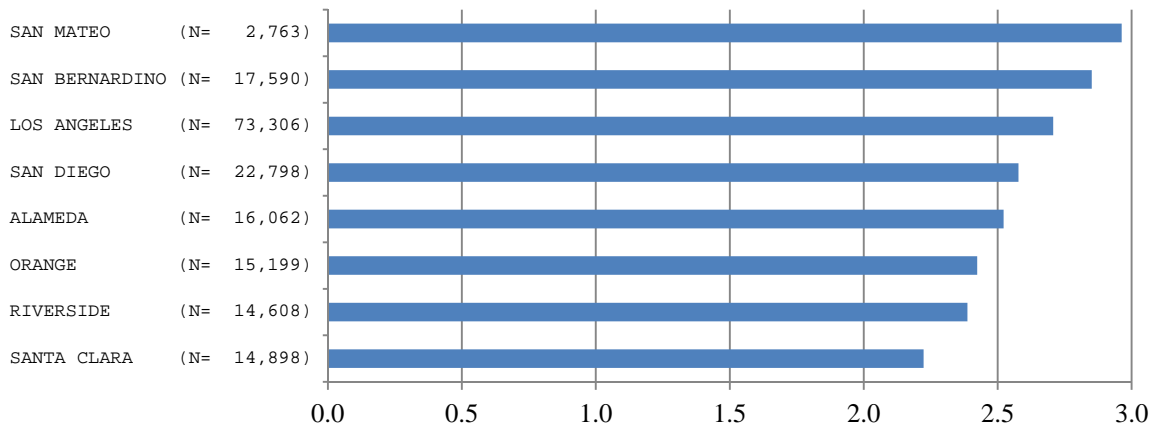
Figure 4. Percent of Non-White Home- and Community-Based Services (HCBS) Users, CY 2008



NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county



**Figure 5. Mean Number of ADL Limitations among Medi-Cal Home- and Community-Based Services Users, CY 2008**

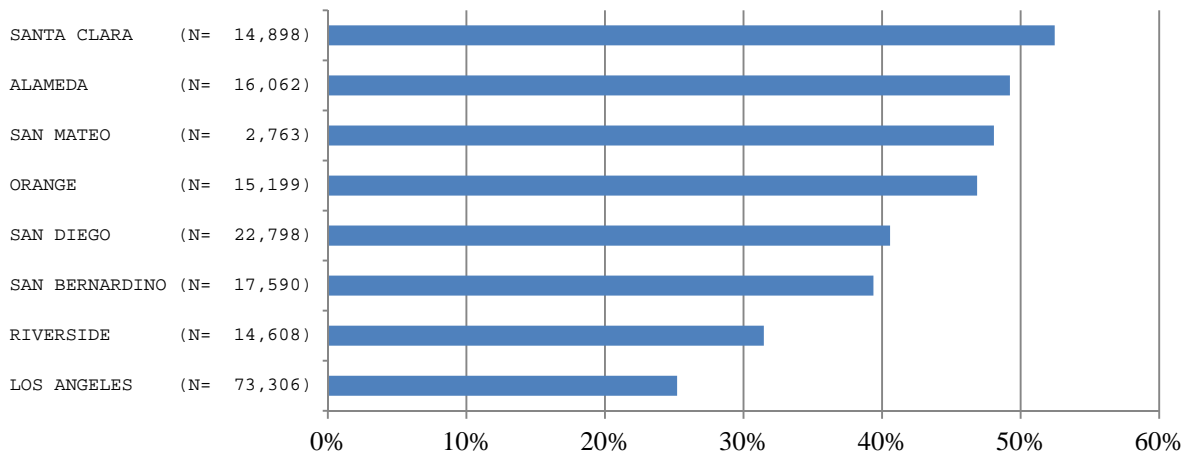


NOTE: Results for Medi-Cal HCBS users age 18 and above with assessment data from OASIS excluding those who enrolled in PACE or had developmental disabilities.

N = number of users

ADL = Activities of Daily Living

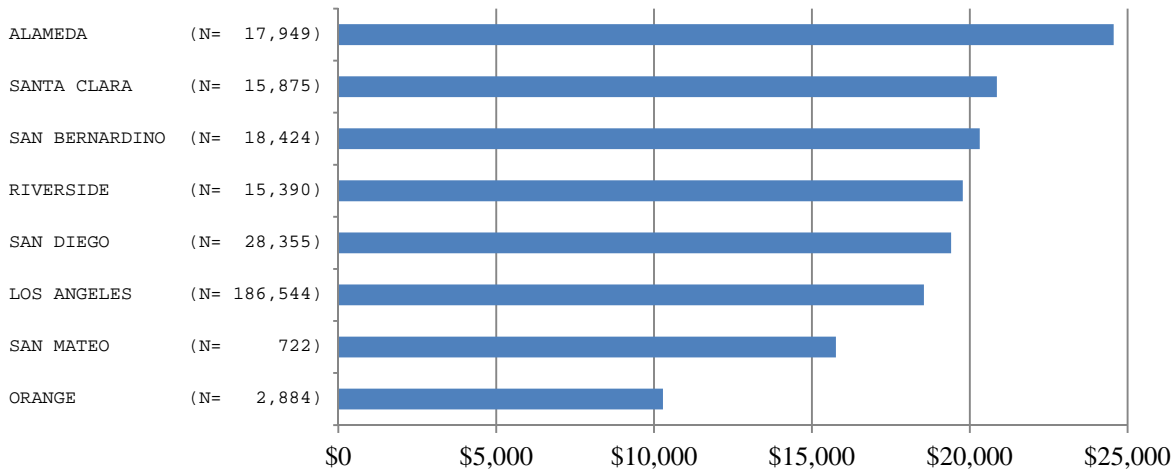
**Figure 6. Percent of Cognitive Limitations among Home- and Community-Based Services (HCBS) Users, CY 2008**



NOTE: Results for Medi-Cal HCBS users age 18 and above with assessment data from CMIPS or OASIS excluding those who enrolled in PACE or had developmental disabilities.

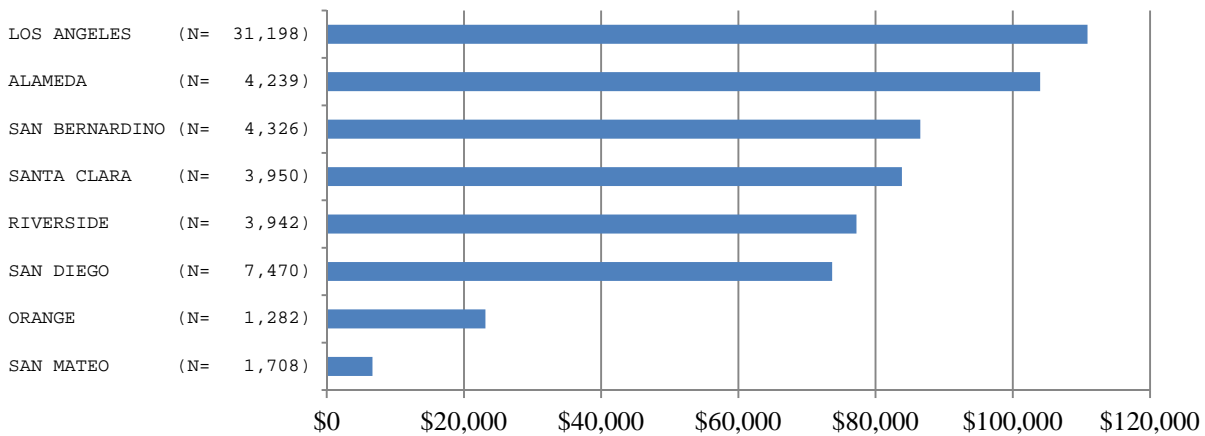
N = number of users in county

**Figure 7. Mean Total Medi-Cal Annual Spending per Long-Term Services and Support (LTSS) Users, CY 2008**



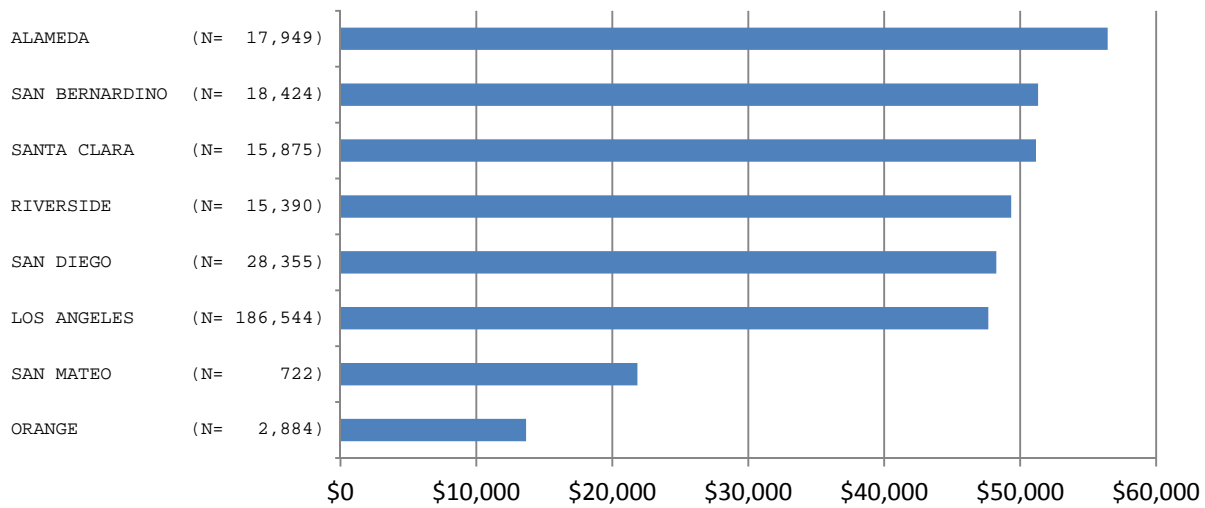
NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

**Figure 8. Mean Total Medi-Cal Annual Spending per Nursing Facility Only (no Home- and Community-Based Services) User, CY 2008**



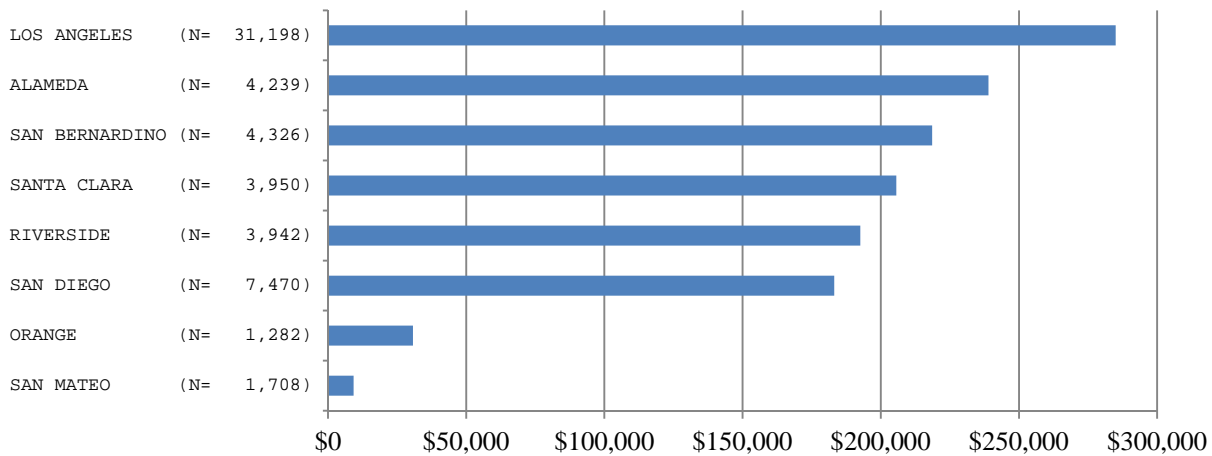
NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

**Figure 9. Mean Total Medi-Cal and Medicare Annual Spending per Long-Term Services and Support (LTSS) User, CY 2008**



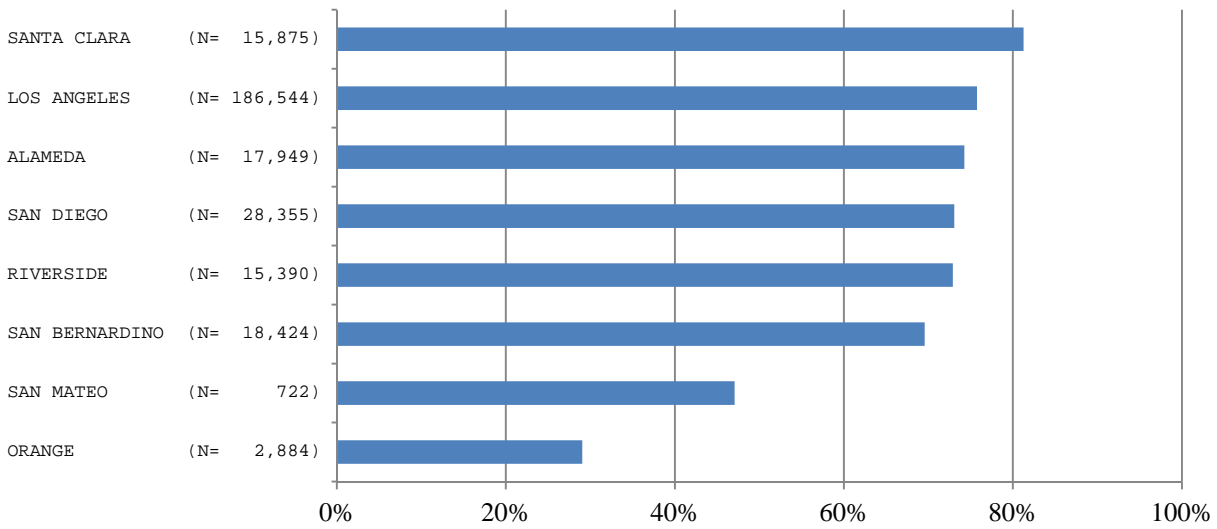
NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

**Figure 10. Mean Total Medi-Cal and Medicare Annual Spending per Nursing Facility Only (No Home- and Community-Based Services) User, CY 2008**



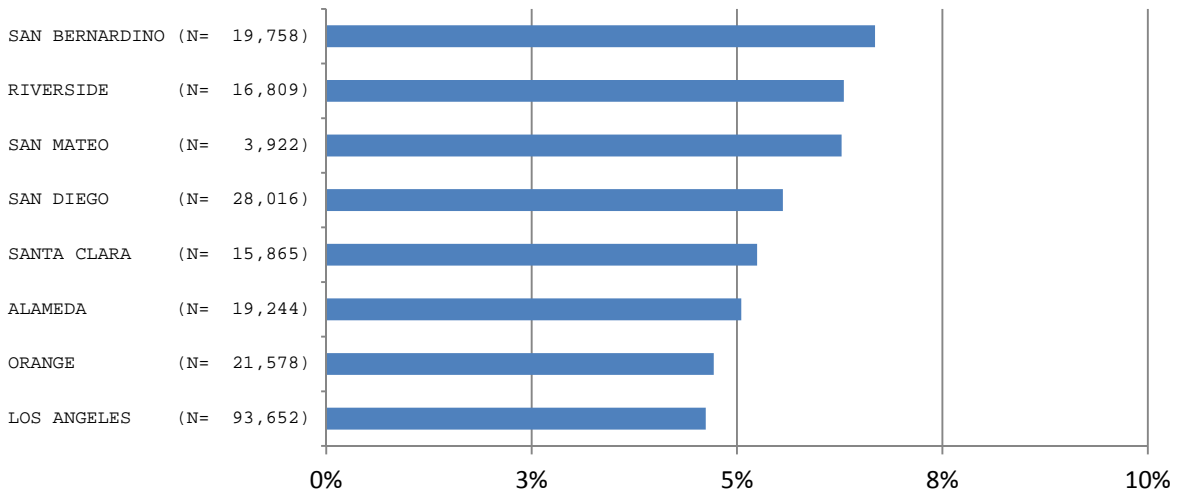
NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

**Figure 11. Percent of Long-Term Services and Support Spending over Total Medi-Cal Spending for Medi-Cal LTSS Users, CY 2008**



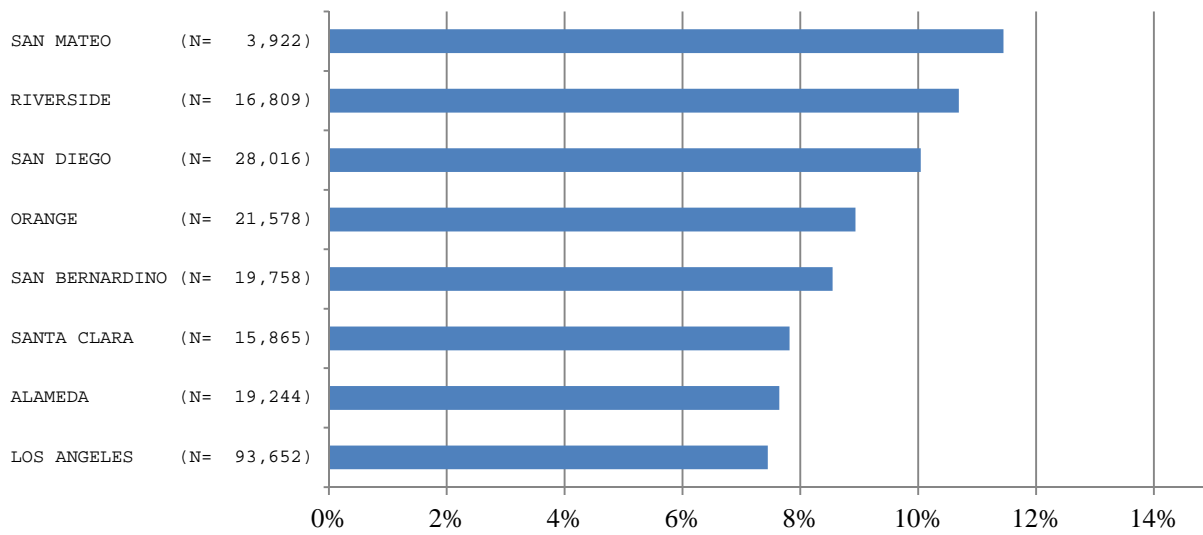
NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

**Figure 12. Annual Mortality Rate among Home- and Community-Based Services Users, CY 2008**



NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
N = number of users in county

Figure 13. Annual Nursing Facility Admission Rate among Medi-Cal Home- and Community-Based Services Users, CY 2008



NOTE: Results for fee-for-service LTSS users age 18 and above excluding those who enrolled in PACE or had developmental disabilities.  
 N = number of users in county