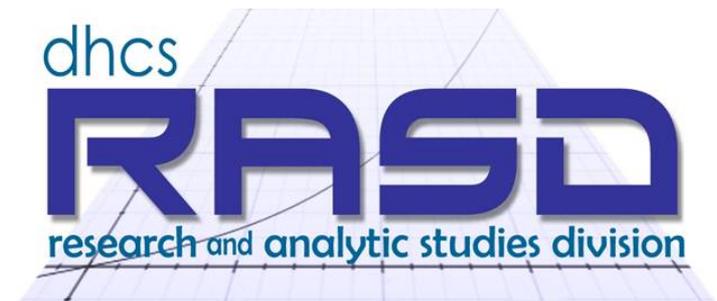


Unique Subgroups Within Medi-Cal's Aged, Blind, Disabled, and Long Term Care Population Receiving Long-Term Services and Supports



Medi-Cal's Aged, Blind, Disabled, and LTC Population

All Medi-Cal Certified Eligibles – CY 2013

10,181,856 individuals / \$42.5 billion in spending

Aged, Blind, Disabled, or LTC Ages 18 +

2,012,323 Individuals / \$23.7 billion

Used LTSS Services

716,849 Individuals / \$16.8 billion

Did Not Use LTSS Services

1,295,474 individuals / \$6.9 billion

Institutional

147,553 individuals / \$4.8 billion

Community

569,296 individuals / \$6.8 billion

Other Eligibility Pathways, eligibles under 19 years of age

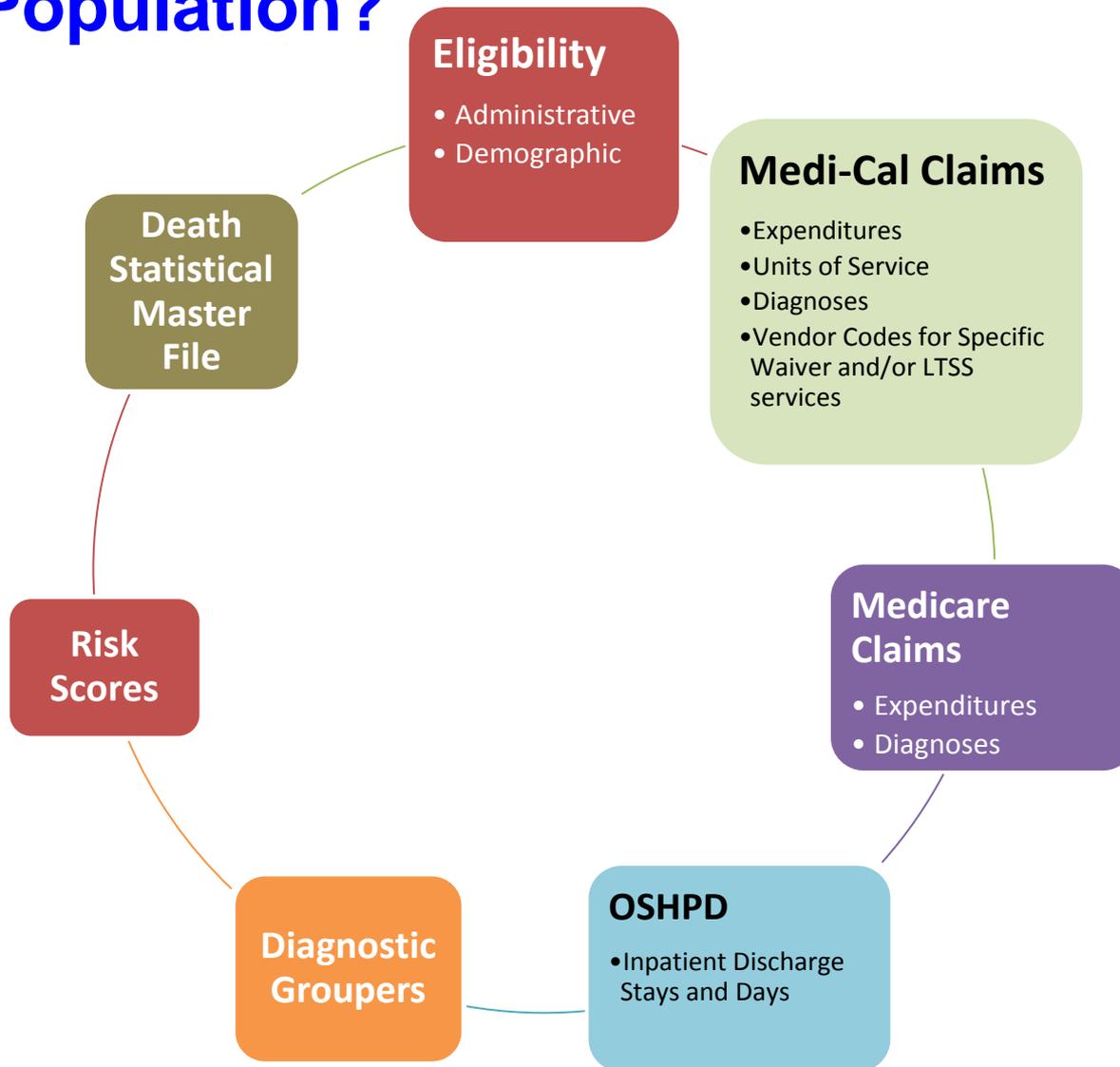
NOTE: Spending totals include FFS expenditures and capitation payments to health plans, but do not include supplemental payments, settlements, or any other pays made outside Medi-Cal's fiscal intermediary..

Boxes not proportional to population size

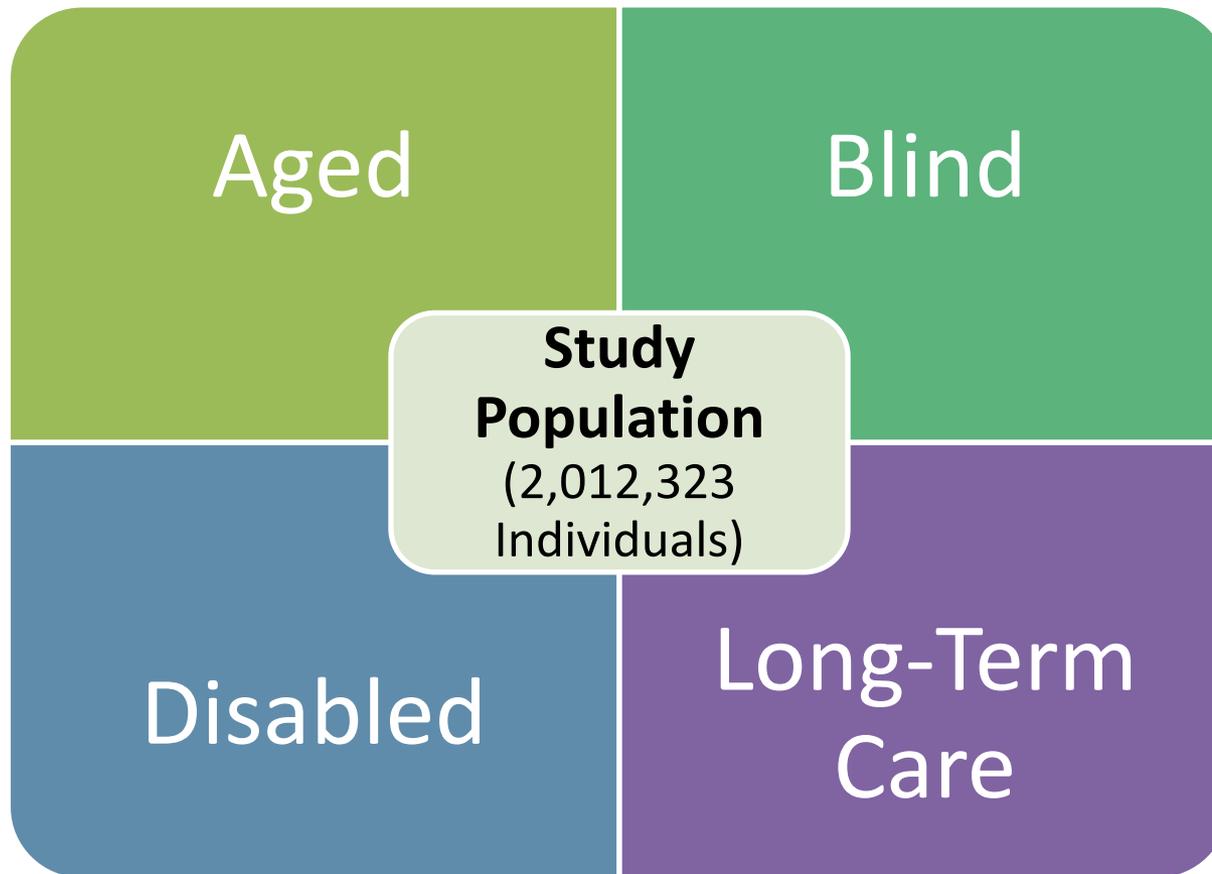
This presentation is intended to provide an overview of individuals qualifying for Medi-Cal benefits under eligibility pathways for the Aged, Blind, Disabled, and Long-Term Care residents.

After an overview of this study population the presentation focuses more closely on users of Long Term Services and Supports within that population and examines their demographic financial, and clinical characteristics and patterns of acute inpatient care.

What Data Sources were Utilized to Profile the Study Population?



How was the Medi-Cal Aged, Blind, Disabled, and Long-Term Care Study Population Identified?



The Study Population consisted of all certified eligibles:

- *Enrolled in Medi-Cal under an Aged, Blind, Disabled, or LTC aid code,*
- *Who were certified eligible at least one month during calendar year (CY) 2013, and*
- *Who were 18 years of age or older.*

Eligibility Pathway

Description of Population

Aged

In general, these are individuals who became eligible for Medi-Cal who were 65 years and older. Eligibility pathways may have been through the percent of poverty program for the aged , supplemental security income (SSI) qualification, medically needy, etc. Income, resources, health care costs, and age play a role in qualification.

Blind

Individuals in this group met the Medi-Cal qualification due to a statutory definition of blindness. It includes individuals whose eligibility is based on receipt SSI payments, individuals who qualify pursuant to the federal poverty level programs, Medically Needy, etc. Income, resources, and health care costs play a role in qualification.

Disabled

This eligibility pathway includes disabled individuals receiving supplemental security income payments through SSI/qualify for SSDI, percent of poverty program eligibles who are disabled, the disabled who are medically needy, or those considered disabled who are working. Income, resources, and health care costs play a role in qualification.

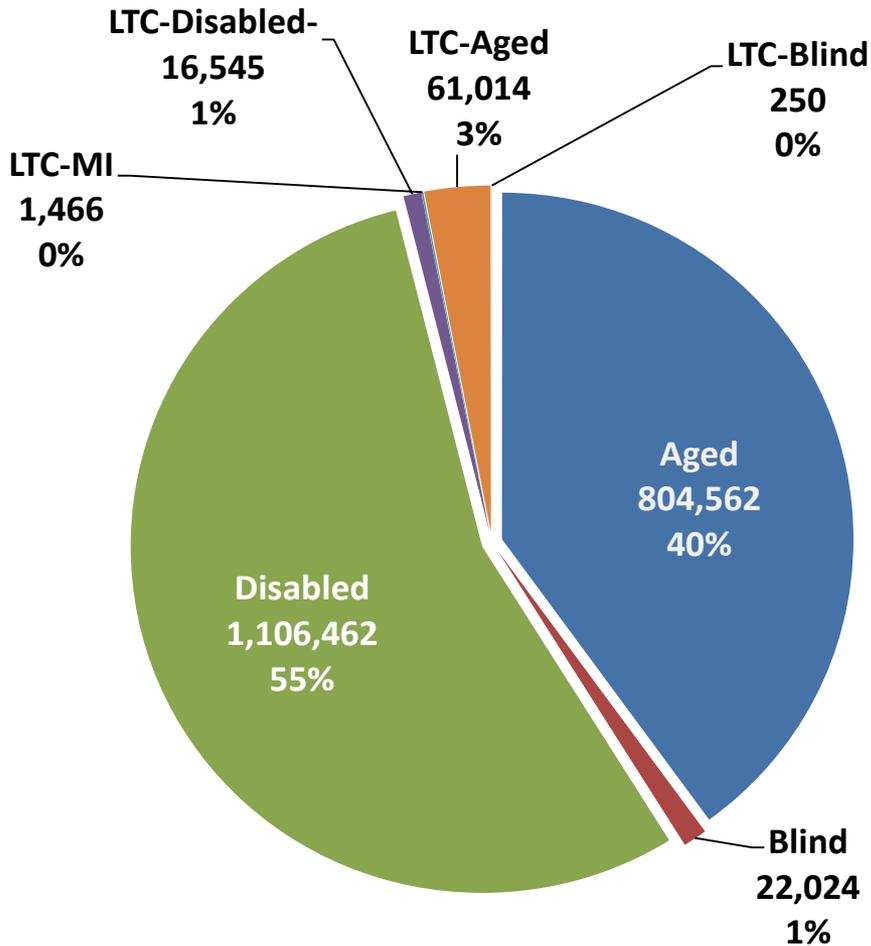
Long-Term Care

This group includes medically needy aged, blind, or disabled individuals receiving long term care services. Income, resources, disability status, visual impairment, health care costs, and age play a role in qualification.

Study Population by Eligibility Pathway

Eligible For Medi-Cal For At Least One Month During CY 2013

Total = 2,012,323



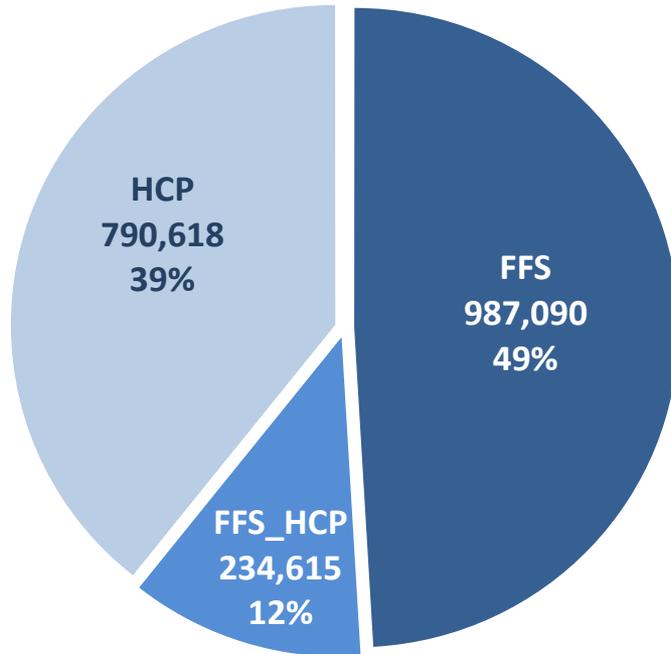
The Disabled subpopulation represented 55% of the overall study population, while the Aged subpopulation constituted 40%.

Smaller subgroups included the long term care aged (3%), the Blind (1%), the long-term disabled (1%), long-term medically indigent (<1%), and the long term care blind (<1%).

Health System Participation Aged, Blind, Disabled, LTC

CY 2013 Months-of-Eligibility

Total = 2,012,323



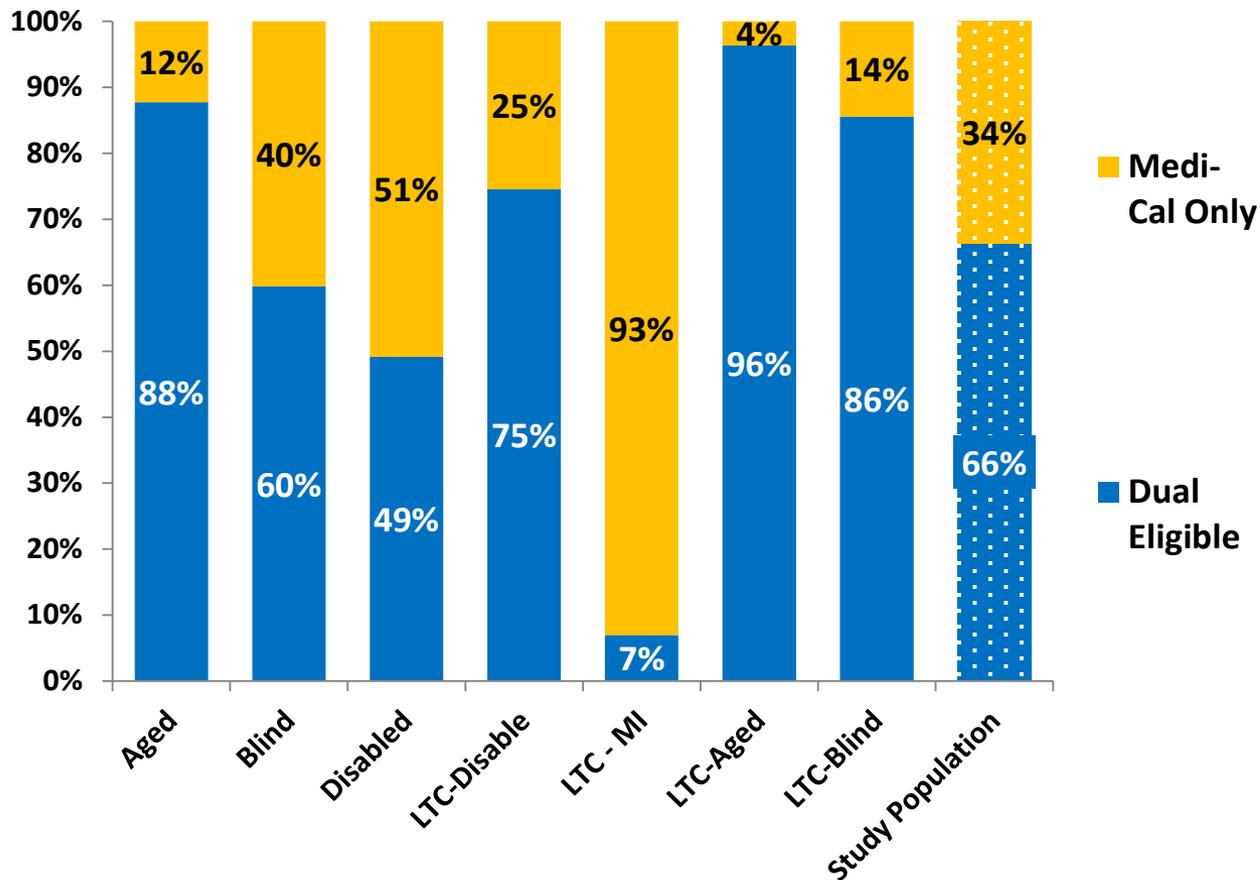
The Research and Analytic Studies Division assigned each individual to a Medi-Cal health system based on individual participation throughout the CY 2013 study period.

***FFS** - Medi-Cal eligible individuals who participated in Medi-Cal's traditional FFS system throughout the entire study period were assigned to the FFS delivery group (49%).*

***HCP** - Individuals who were enrolled in Medi-Cal health care plans (HCP), and participated in Medi-Cal's managed care delivery system throughout the entire study period were assigned to the health care plan group (39%).*

***FFS_HCP** - Finally, individuals who participated in both Medi-Cal's traditional FFS system and also the managed care delivery system throughout the year were assigned to a FFS-HCP group. These individuals spent some time in Medi-Cal's FFS system as well as its managed care delivery system.*

Medi-Cal / Medicare Eligibility Status By Eligibility Pathway CY 2013 Total = 2,012,323



Overall, roughly two-thirds of the study population was dually eligible for both Medicare and Medi-Cal.

Dual eligible status varied by Medi-Cal eligibility pathway. For example, 96% of the LTC - Aged subgroup was eligible for both Medi-Cal and Medicare (i.e., dually eligible). Similarly the Aged, LTC-Blind and LTC-Disabled study groups also displayed that 75% to 88% of their populations were dually eligible.

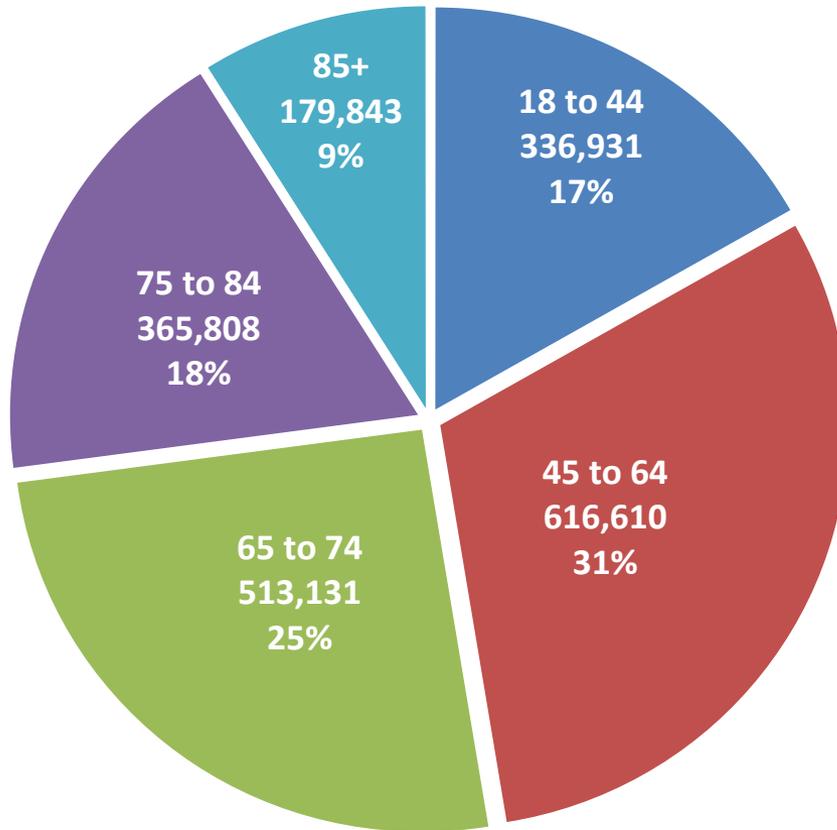
Other subgroups like the MI-LTC were primarily Medi-Cal eligible only.

Among Medi-Cal's Disabled subgroup, 49% were dually eligible and 51% were eligible for Medi-Cal only, while the Blind subgroup was split 60:40 between dual and Medi-Cal only status.

Medi-Cal Study Population By Age Group Aged, Blind, Disabled, LTC

CY 2013

Total = 2,012,323



Forty-eight percent of the study population were between the ages of 18 and 64. The largest age group was between 45 and 64, and accounted for 31% of the total study population.

The second largest age group was 65 to 74, which constituted 25% of the study population, followed by 75 to 84 at 18%.

Nine percent of the study population was 85 years or older.

Medi-Cal Study Population by Age Group and Eligibility Pathway

CY 2013; Total = 2,012,323

There were differences in ages among the subgroups when evaluating by eligibility pathway. These differences were consistent with eligibility pathway criteria. For example, the Aged groups, both Aged and LTC-Aged, were at least 65 years of age, and 17% and 46% of them respectively were 85 years of age or older.

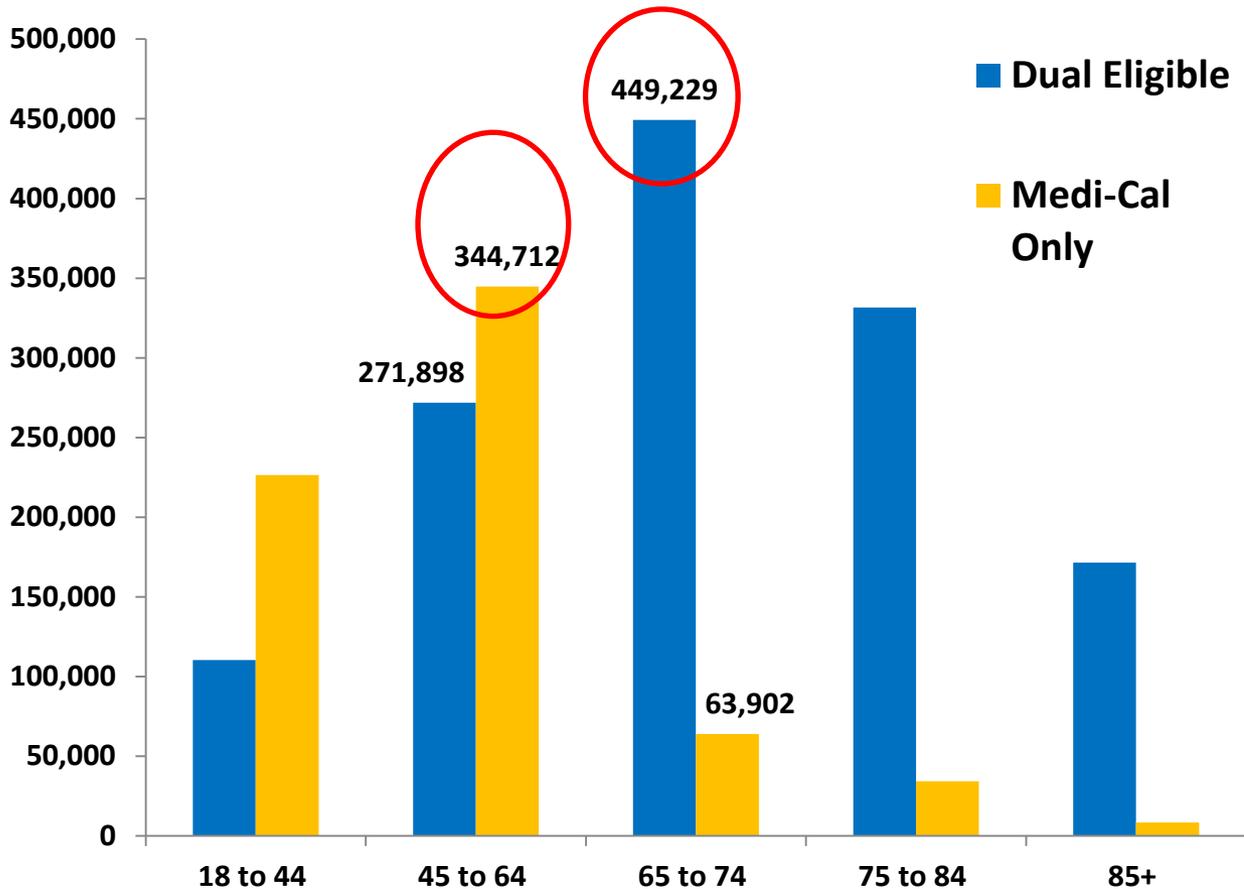
The LTC-MI and LTC-Disabled consisted primarily of individuals between the ages of 18 and 64.

Age Group	Aged	Blind	Disabled	LTC - Disabled-	LTC-MI	LTC-Aged	LTC-Blind	Grand Total
18 to 44 Years of Age		6,201	327,358	2,732	601		39	336,931
45 to 64 Years of Age		7,980	594,118	13,546	857		108	616,610
65 to 74 Years of Age	366,599	3,360	129,706	266	8	13,133	60	513,131
75 to 84 Years of Age	296,976	2,694	46,834	1		19,283	20	365,808
85+ years of Age	140,987	1,789	8,446			28,598	23	179,843
Grand Total	804,562	22,024	1,106,462	16,545	1,466	61,014	250	2,012,323

Medi-Cal Study Population By Age Group; CY 2013

Aged, Blind, Disabled, LTC >= 18 Years of Age

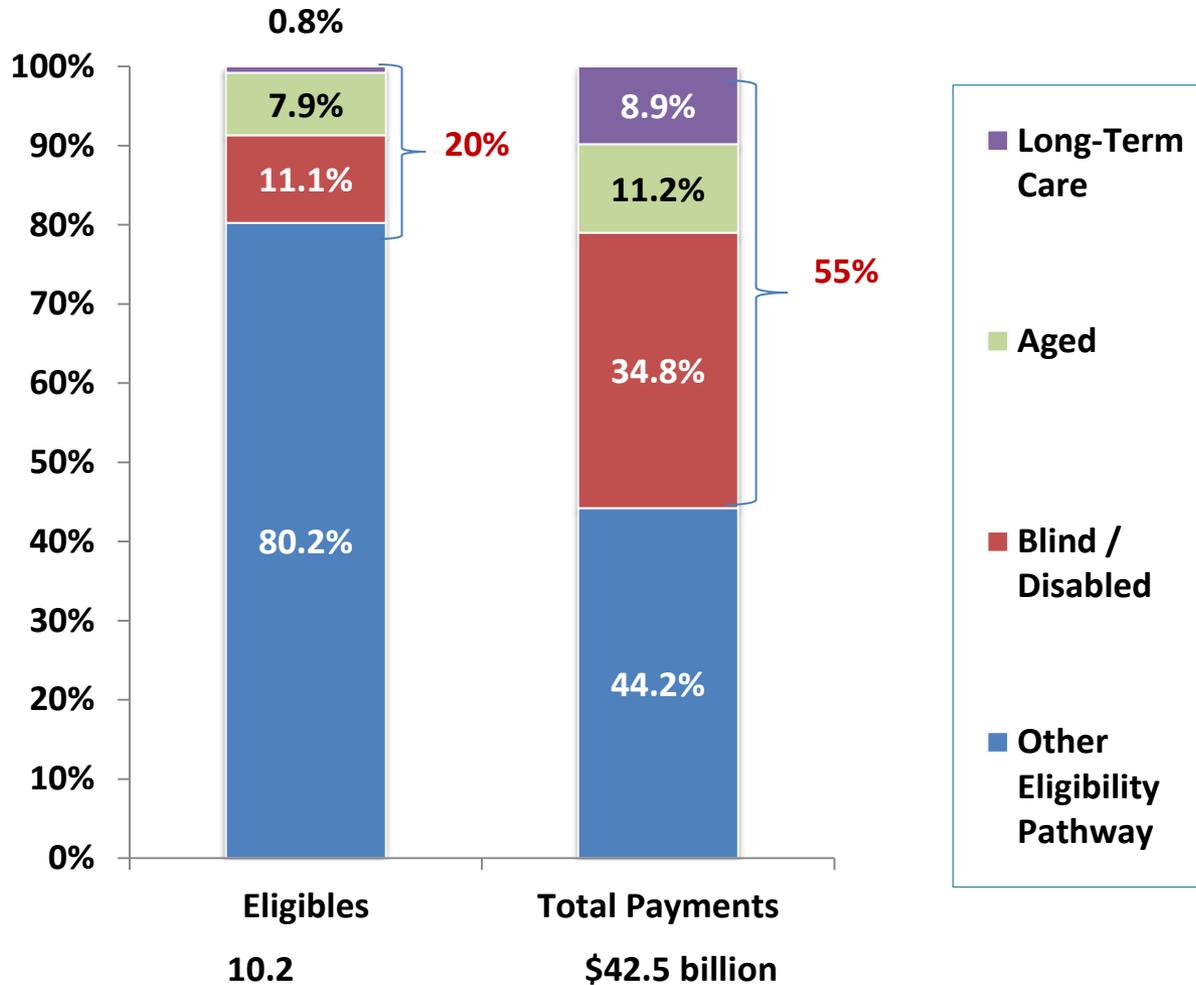
Total = 2,012,323



Members of the study population who were younger than age 65 were more likely to be eligible for Medi-Cal only than dually eligible.

Study population members 65 years of age and older were more likely to be dually eligible. Of the 1,058,796 study population members 65 years of age or older, 90% were dually eligible for both Medi-Cal and Medicare.

Impact of the Medi-Cal Study Population on Total Spending During CY 2013



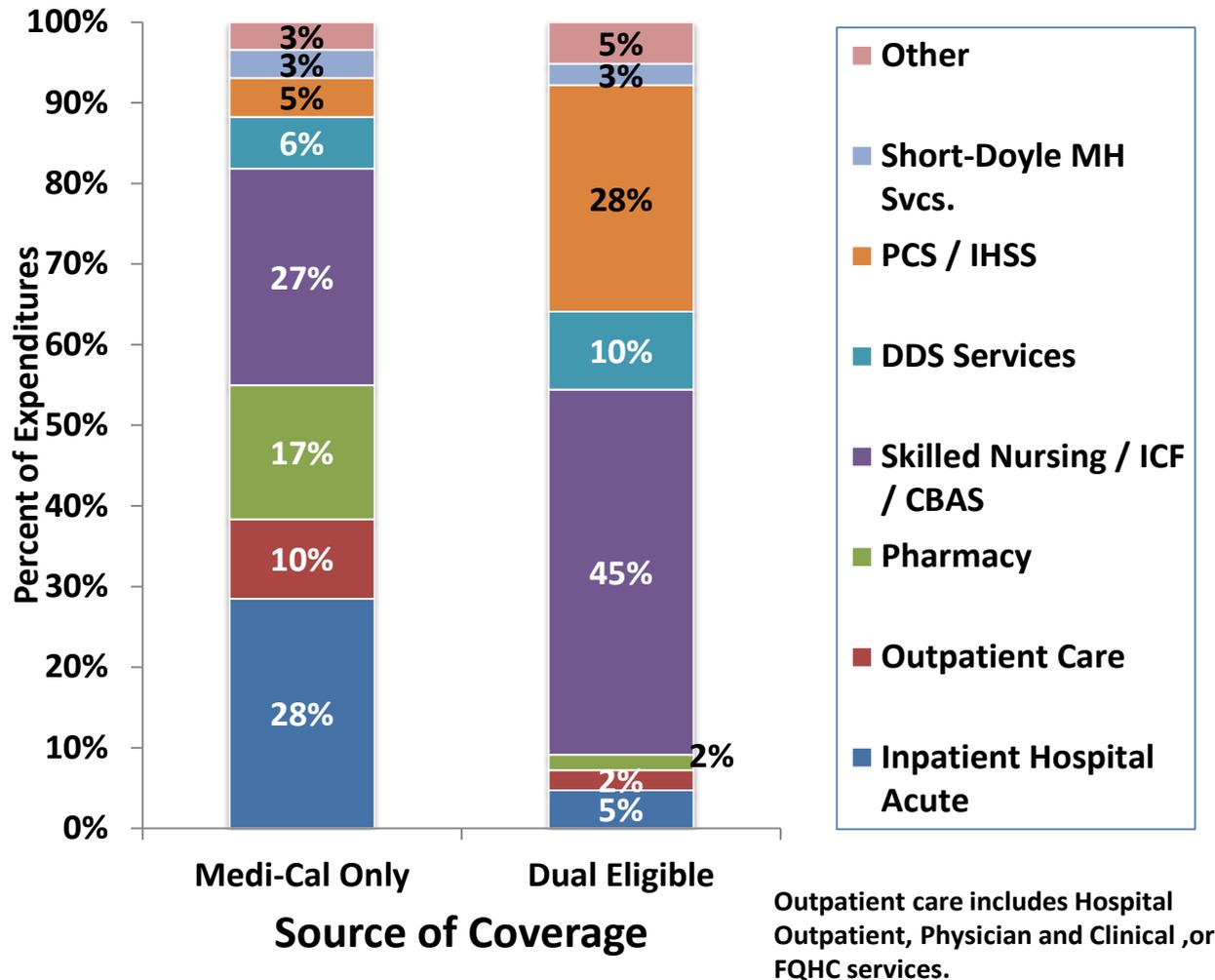
There were 10,181,856 individuals certified eligible for Medi-Cal benefits at least one month during calendar year 2011.

The study population comprised 20% of that population and generated over 55% of expenditures.

NOTE: Spending totals include FFS expenditures and capitation payments to health plans, but do not include supplemental payments or payments made outside the FI.

Distribution of Expenditures by Service Category – CY 2013

Medi-Cal Study Population Total = 2,012,323



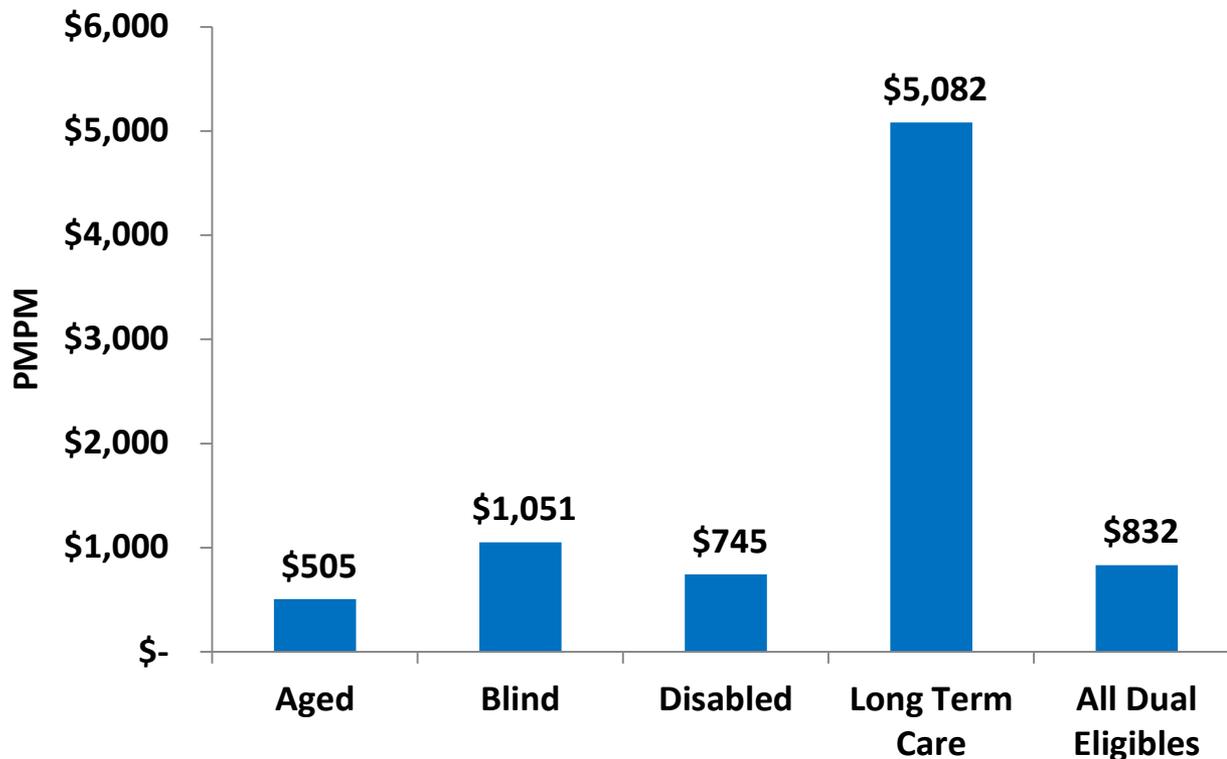
Medi-Cal spending by service category varied based on whether the individual was eligible for Medi-Cal only or both Medi-Cal and Medicare.

Because Medicare provides coverage for acute care hospital services, physician services, rehabilitative care, etc., Medi-Cal spending for those dually eligible was primarily associated with nursing facility and in-home supportive services (73%).

Among those eligible for Medi-Cal only, spending was much more diverse, including sizable portions on acute care hospital inpatient, pharmacy, physician, clinic, etc.

NOTE: Spending totals include FFS expenditures incurred during months of FFS enrollment

Per Member Per Month Spending for the Dual Eligible Study Population

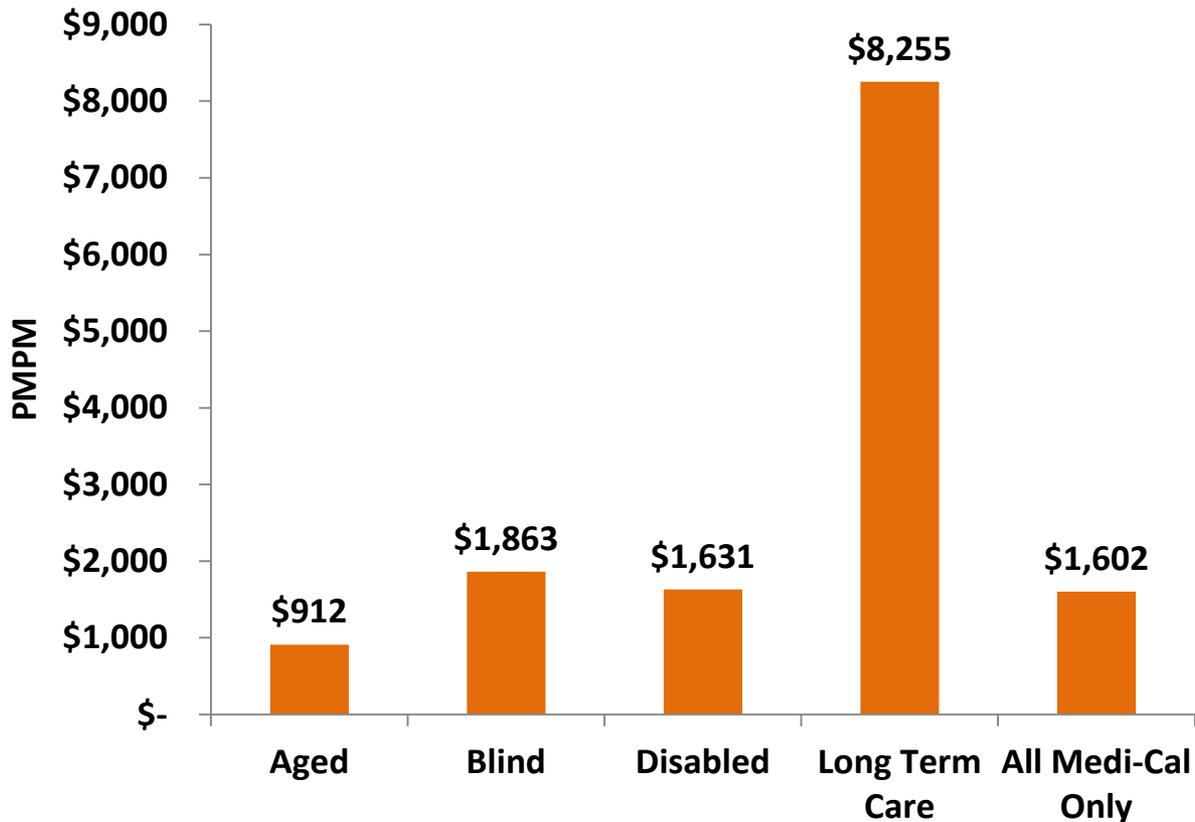


NOTE: Spending totals include FFS expenditures and capitation payments to health plans, but do not include supplemental payments.

During CY 2013, the study population included 1,334,554 certified eligibles enrolled in Aged, Blind, Disabled, or Long-Term Care aid codes dually eligible for both Medicare and Medi-Cal. This population generated \$12.1 billion in Medi-Cal expenditures.

The Medi-Cal PMPM cost varied greatly by eligibility pathway. Eligibles enrolled in LTC aid codes had an average PMPM of \$5,082, while those in aid codes for the Aged generated only \$505.

Per Member Per Month Spending for the Study Population Eligible for Medi-Cal Only



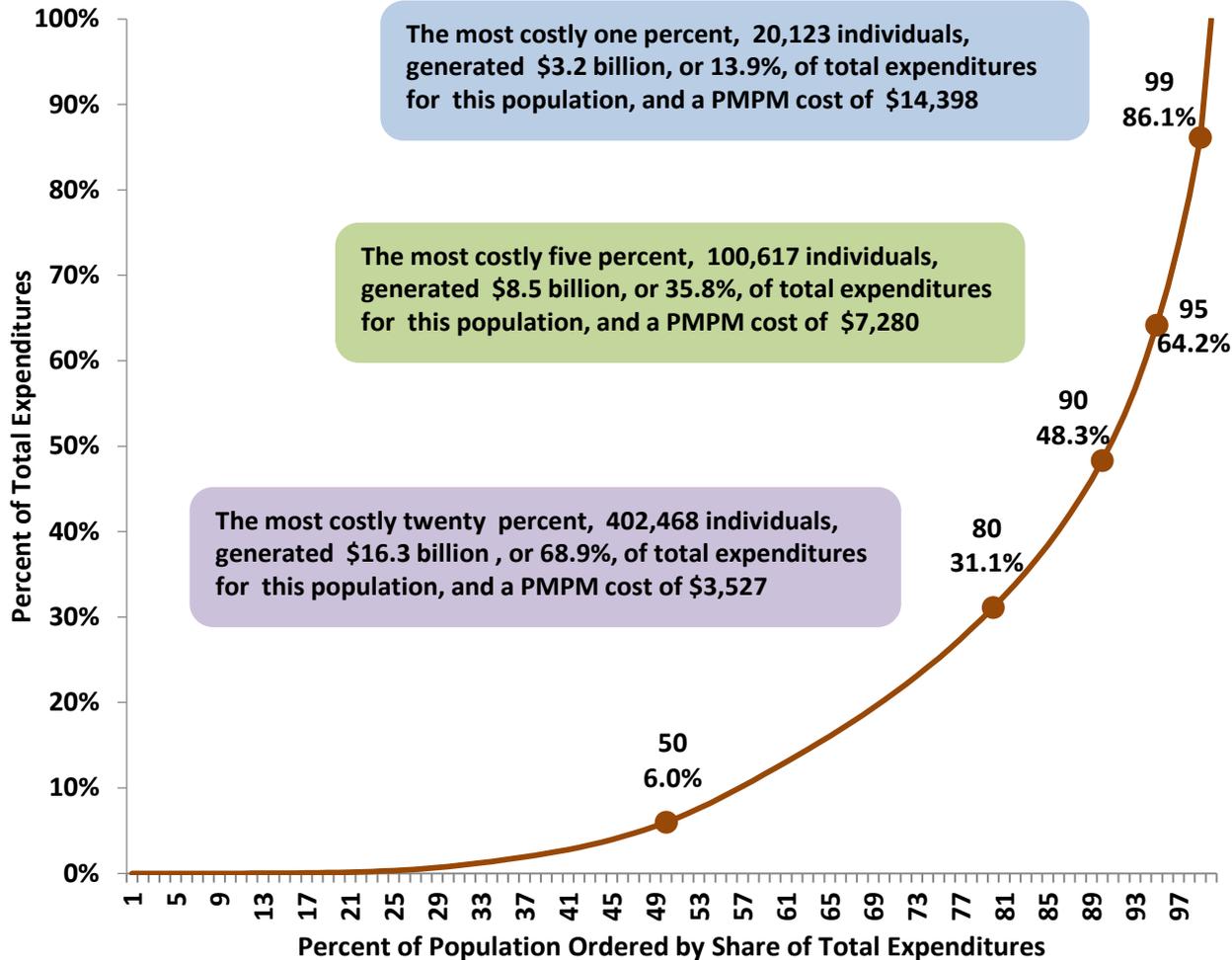
NOTE: Spending totals include FFS expenditures and capitation payments to health plans, but do not include supplemental payments.

The study population included 677,769 individuals certified eligible for Medi-Cal only and enrolled in an Aged, Blind, Disabled, or Long-Term Care aid code.

Together they generated \$11.5 billion in Medi-Cal expenditures, and an average PMPM cost of \$1,602.

Distribution of Medi-Cal Costs

The 2,012,323 Aged, Blind, Disabled and LTC Eligibles in the Study Population generated \$23,700,502,133 in Medi-Cal Payments for Services Incurred in 2013.



The most costly one percent, 20,123 individuals, generated \$3.2 billion, or 13.9%, of total expenditures for this population, and a PMPM cost of \$14,398

The most costly five percent, 100,617 individuals, generated \$8.5 billion, or 35.8%, of total expenditures for this population, and a PMPM cost of \$7,280

The most costly twenty percent, 402,468 individuals, generated \$16.3 billion, or 68.9%, of total expenditures for this population, and a PMPM cost of \$3,527

The Aged, Blind, Disabled, and LTC study population contains many of the most costly individuals enrolled in Medi-Cal.

The most costly one percent of the study population, 20,123 individuals, generated \$3.2 billion, or 13.9%, of total expenditures for this population, and had a PMPM cost of \$14,398.

How Was the LTSS Subpopulation Identified for this Study?

Medi-Cal LTSS Service Categories

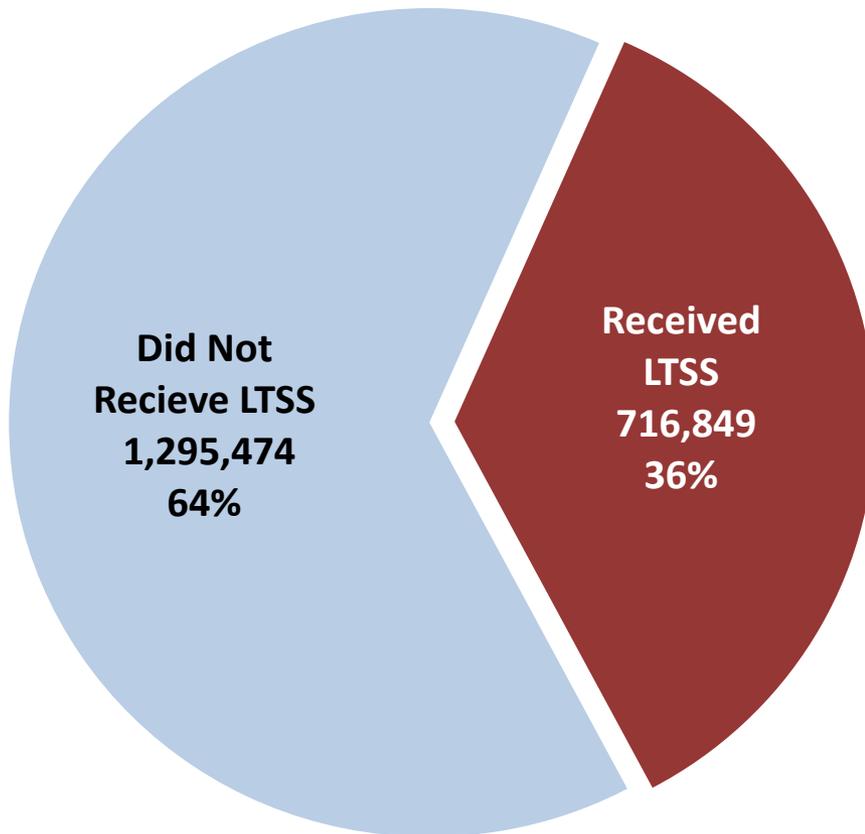
1. In-Home Supportive Services	12. Medi-Cal TCM
2. Skilled Nursing Facility	13. Independent Rehab. Fac.
3. DDS TCM	14. HCBS Waiver Services
4. DDS Waiver Services	15. Assisted Living Waiver
5. CBAS - ADHC	16. AIDS Waiver
6. Audiology	17. DDS Developmental Centers
7. Home Health Agency	18. Speech Therapy
8. Hospice	19. Occupational Therapy
9. Physical Therapy	20. Private Duty Nursing
10. MSSP	21. EPSDT Supplemental Services
11. ICF-DD	22. Pediatric Sub-Acute Care

Long-term services and supports may be delivered in either institutional and/or home and community-based settings.

In this study, the LTSS subpopulation was identified as any adult member of the study population who received one or more of the Long Term Services and Supports listed to the left during calendar year 2013 dates-of-service.

LTSS Study Subpopulation

Total = 716,849



There were 716,849 members of the study population who received Long Term Services and Supports during CY 2013 dates of service.

Comparing Individuals in Study Population that Received LTSS with Those Who Did Not By Eligibility Pathway CY 2013

Eligibility Pathway	No LTSS Received	% of Column	Yes LTSS Received	% of Column	Grand Total	% of Column
Aged	554,581	43%	249,981	35%	804,562	40%
Blind	9,433	1%	12,591	2%	22,024	1%
Disabled	731,460	56%	375,002	52%	1,106,462	55%
LTC-Disabled		0%	16,545	2%	16,545	1%
LTC MI		0%	1,466	0%	1,466	0%
LTC-Aged		0%	61,014	9%	61,014	3%
LTC-Blind		0%	250	0%	250	0%
Grand Total	1,295,474	100%	716,849	100%	2,012,323	100%
Percent of Column	64%		36%		100%	

Roughly 35% of the study population received at least one of the 22 LTSS defined services studied.

The proportion of individuals based on Medical eligibility pathway was found to be quite similar to the overall proportions for the study population.

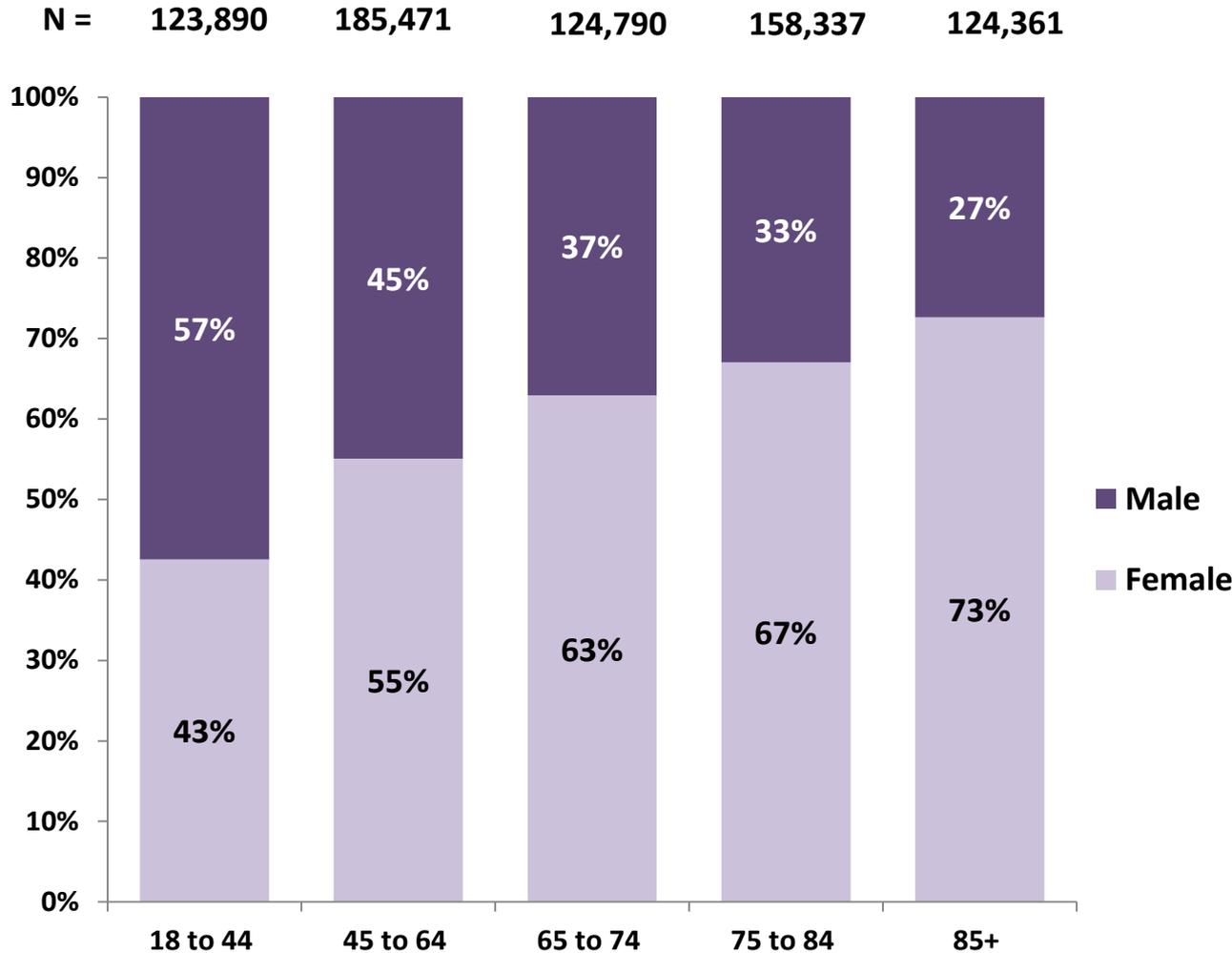
Forty percent of the study population was classified as Aged and 55% was classified as Disabled, accounting for 95% of the study population.

Among those that used LTSS, 35% were classified as Aged and 52% were classified as Disabled.

Together these two groups comprised 87% of the LTSS study subgroup.

Distribution of LTSS Subpopulation By Gender and by Age Group

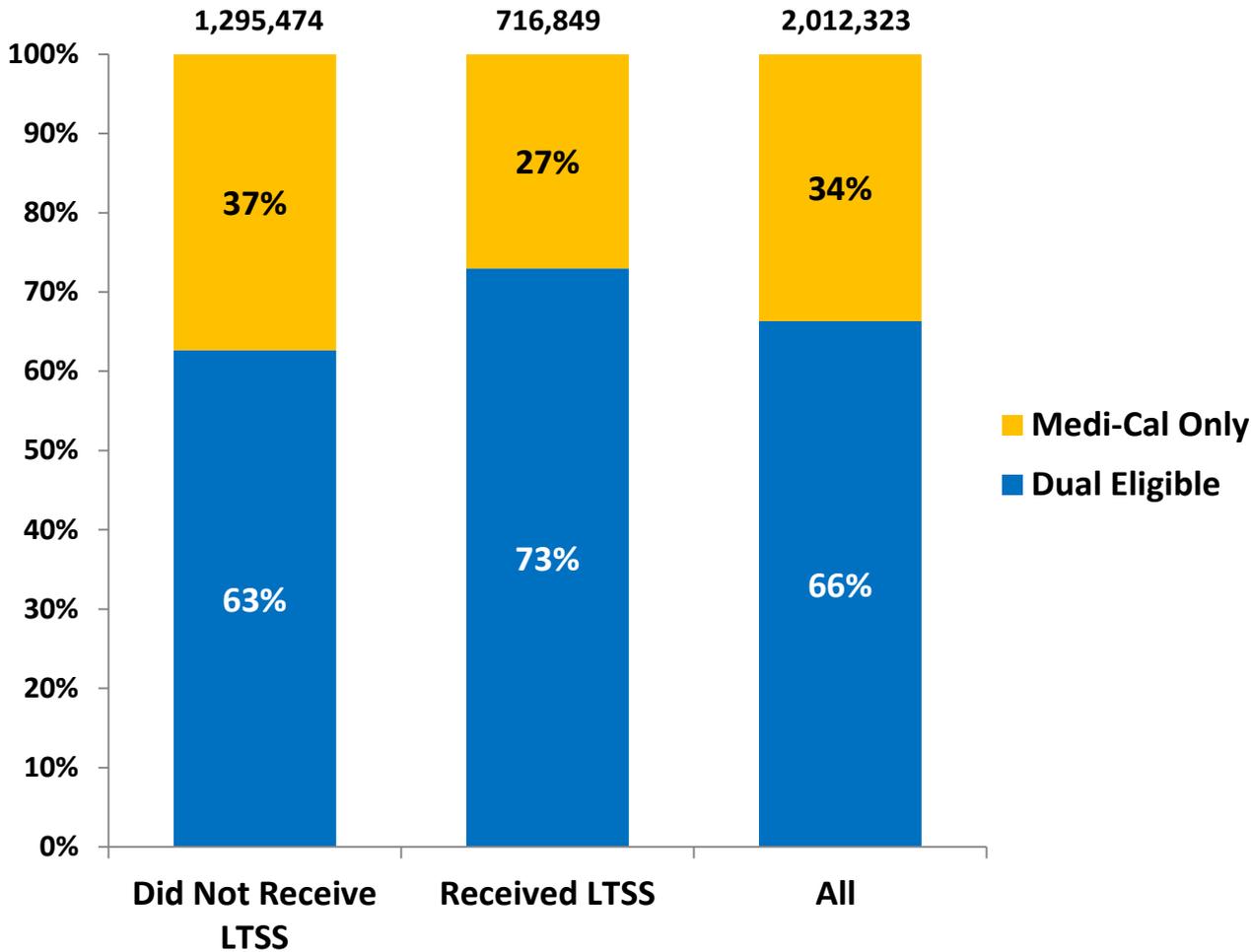
CY 2013; Total = 716,849



As expected, the older age groups were predominately female, with roughly two-thirds to 73% classified as female.

This is primarily driven by the differences in life span among men and women attributable to biology and intervening social factors.

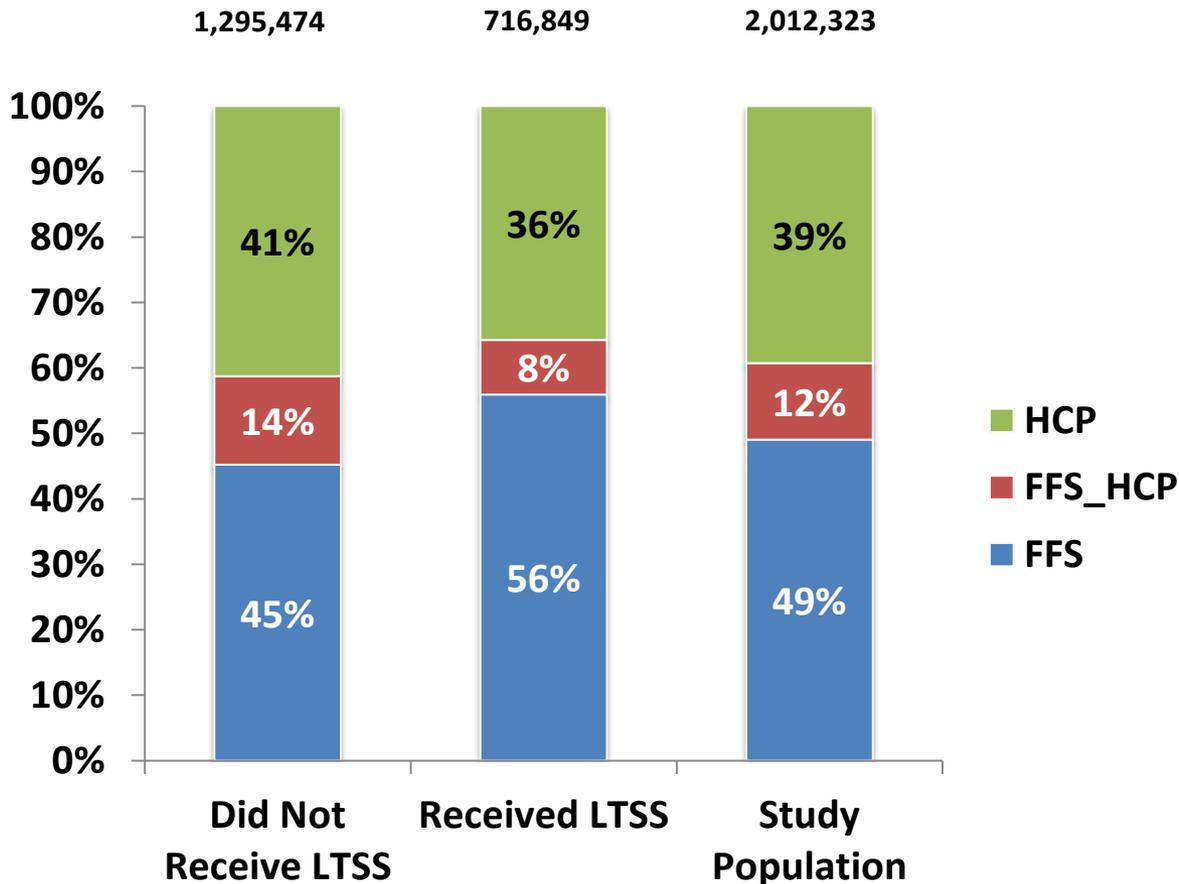
Dual Eligibility Status By LTSS Status Comparing LTSS Vs. Non-LTSS



Differences were noted regarding the proportion of each population receiving LTSS and not receiving LTSS eligible for Medi-Cal and Medicare.

Much of this difference was the result of the fact that individuals who are older and more likely to use LTSS are also more likely to qualify for Medicare.

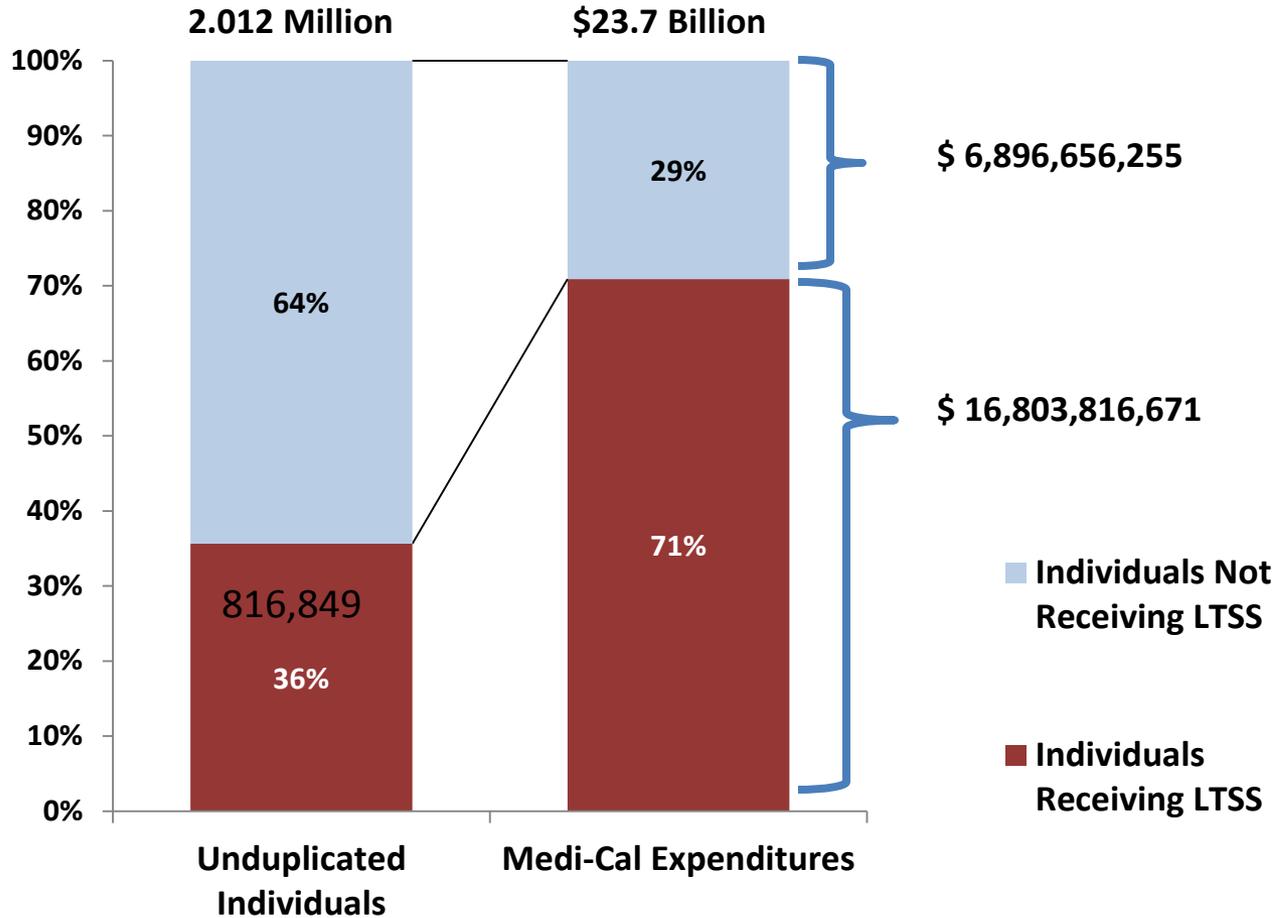
Health System Participation By LTSS Status Comparing LTSS Vs. Non-LTSS



Individuals receiving LTSS during the study period were more likely to participate in Medi-Cal's traditional FFS system than those who did not receive LTSS.

Fifty-six percent of the individuals who received LTSS participated in FFS, while 45% of those who did not receive LTSS participated in Medi-Cal's traditional FFS system.

Distribution of Medi-Cal Eligibles and Expenditures By LTSS Status



Individuals who received LTSS constituted 36% of the adult aged, blind, disabled, and LTC populations, but generated 71% of all Medi-Cal spending for this subpopulation.

Those not receiving LTSS represented 64% of the population and generated only 29% of Medi-Cal spending.

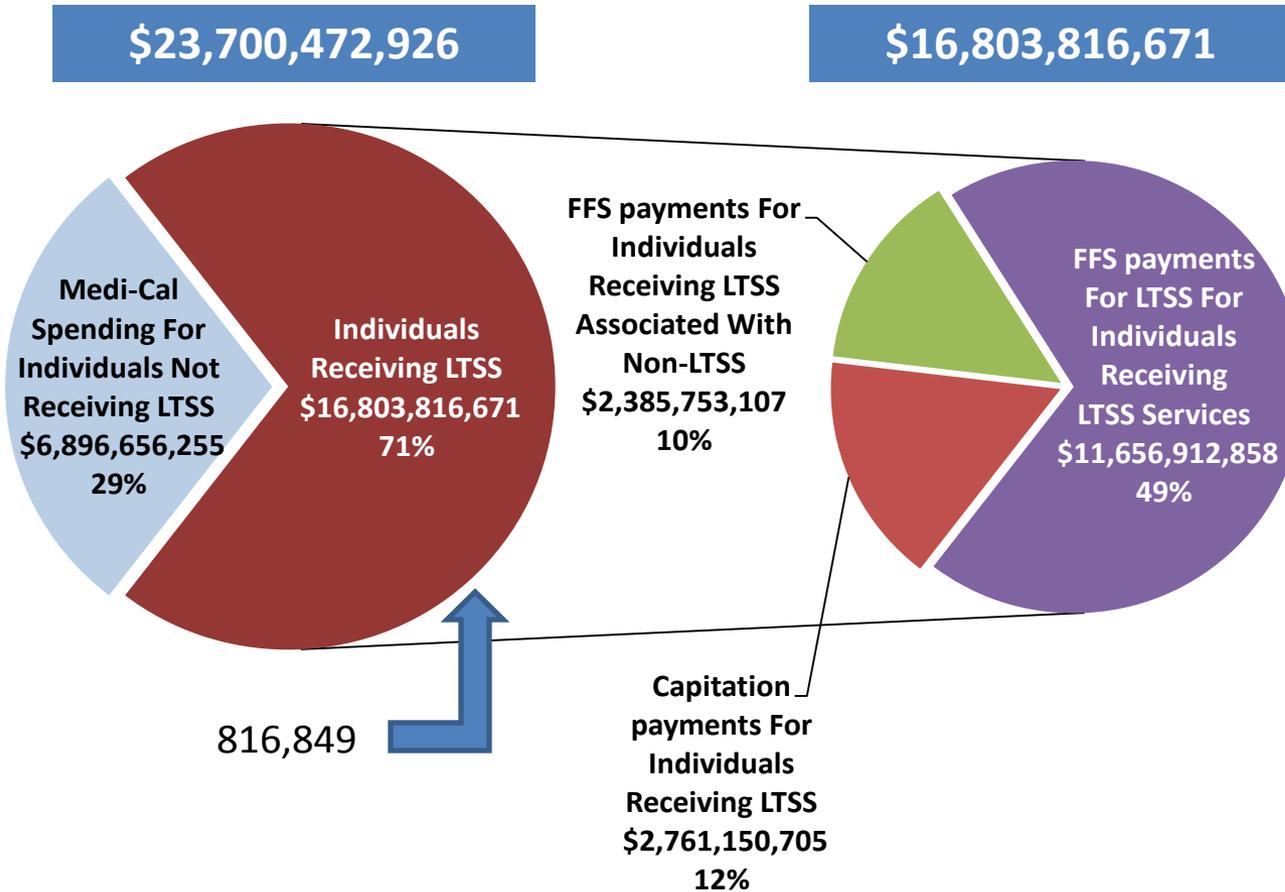
Medi-Cal Expenditures Study Population

Total Population = 2,012,323

Total Medi-Cal Expenditures = \$23,700,472,926

By far the greatest Medi-Cal spending among the study population was associated with the individuals who received LTSS during calendar year 2013 (716,849).

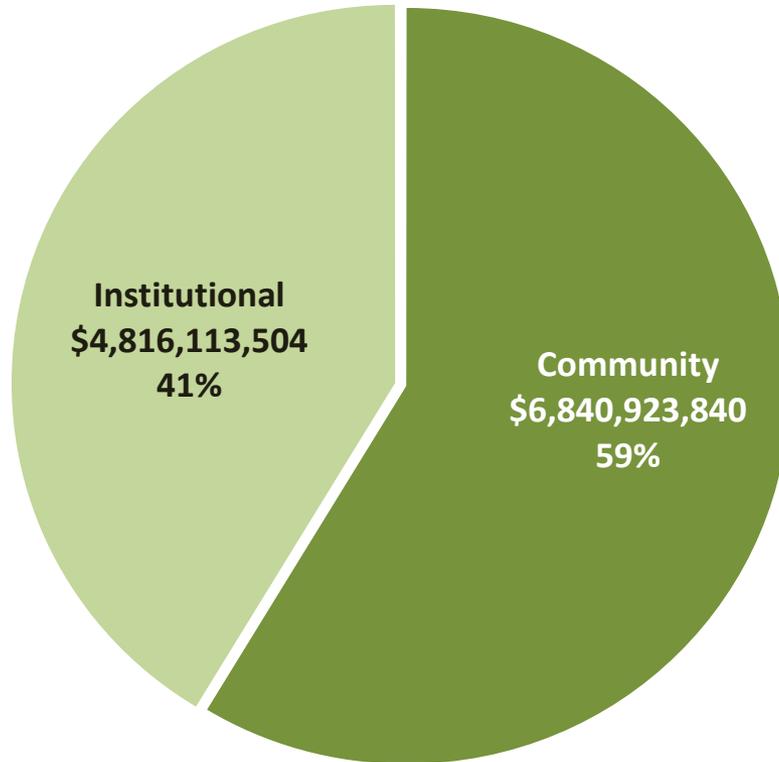
Medi-Cal spending for individuals receiving LTSS services totaled \$11.65 billion, or 49% of all spending for the study population. When capitation payments and FFS payments not associated with LTSS are combined, total spending equaled \$16.8 billion, accounting for 71% of all spending.



LTSS Spending: Institutional versus Community

LTSS Subpopulation = 716,849

Total Medi-Cal FFS LTSS Expenditures = \$11,657,037,344



Note: The above Medi-Cal expenditures do not include Medicare Part A and B premiums paid for by Medi-Cal or various supplemental payments or other payments not associated with Medi-Cal's claims payment system through its fiscal intermediary.

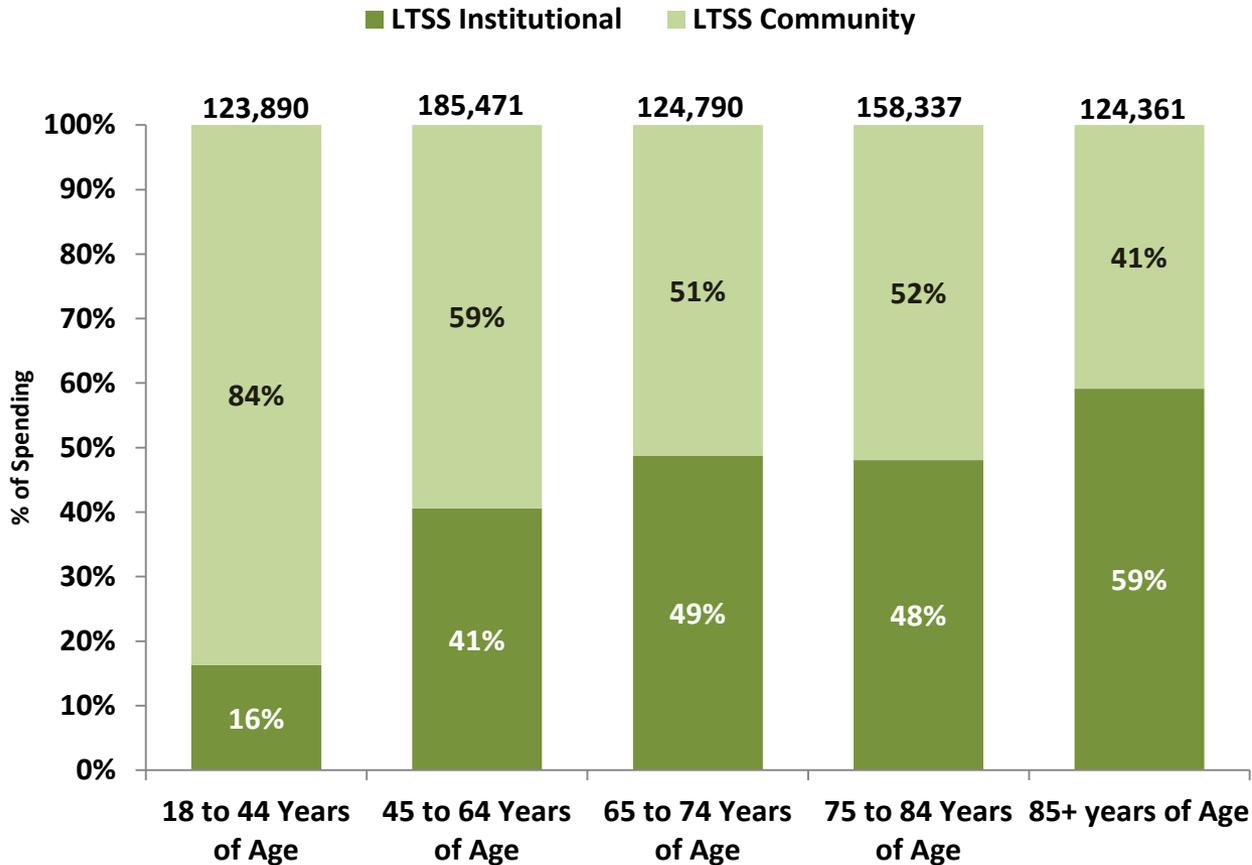
LTSS spending can be evaluated by service delivery setting, either institutional or community.

Overall, 41% of the total FFS payments for LTSS, spending was associated with institutional services while 59% was associated with community services.

Total Medi-Cal LTSS Spending By Age Group and LTSS Service Setting

LTSS Subpopulation = 716,849

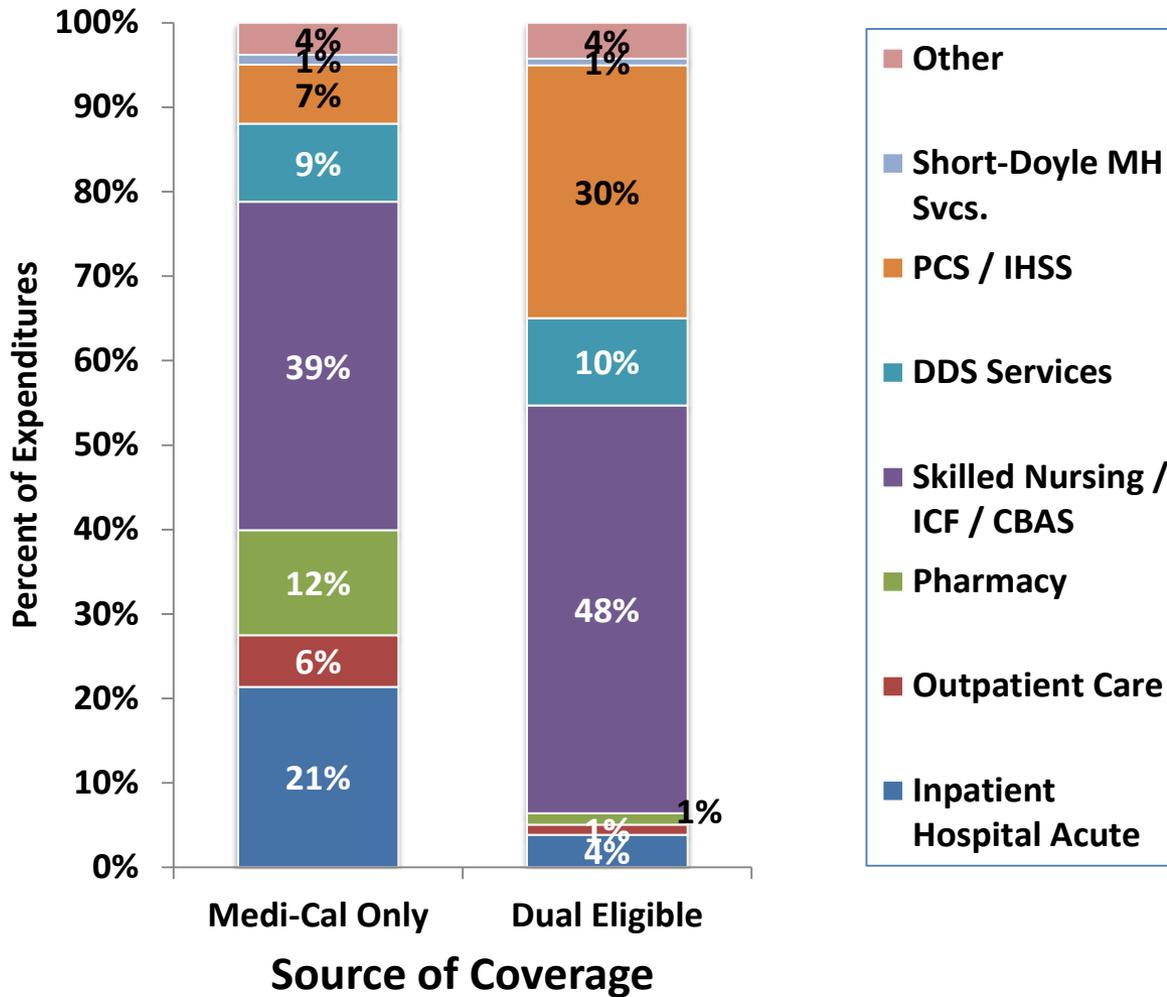
Total Medi-Cal FFS Expenditures = \$11,656,912,858



Younger users of LTSS were more likely to receive care in the community setting, with utilization of institutional services rising in older age cohorts.

Distribution of Expenditures by Service Category – CY 2013

LTSS Subpopulation = 716,849



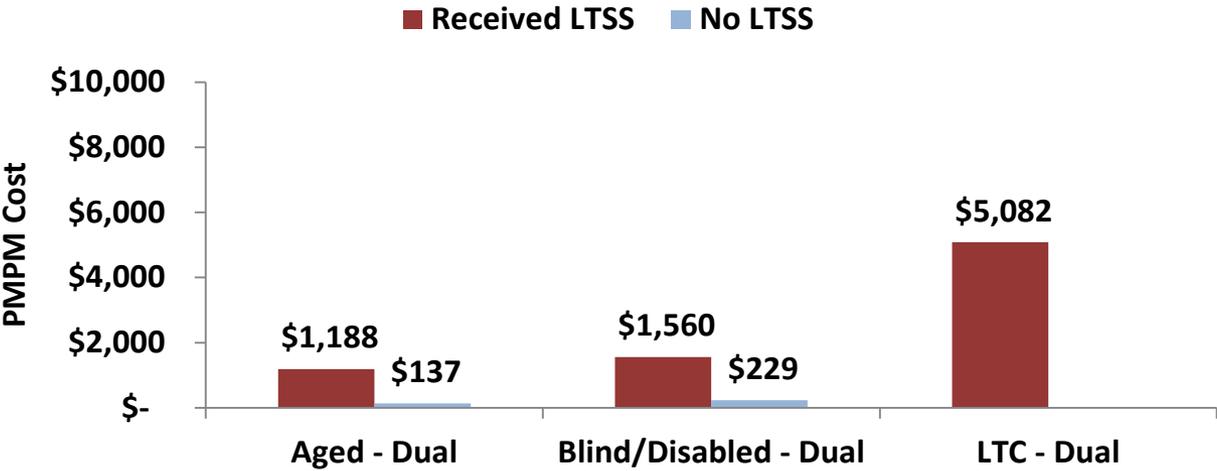
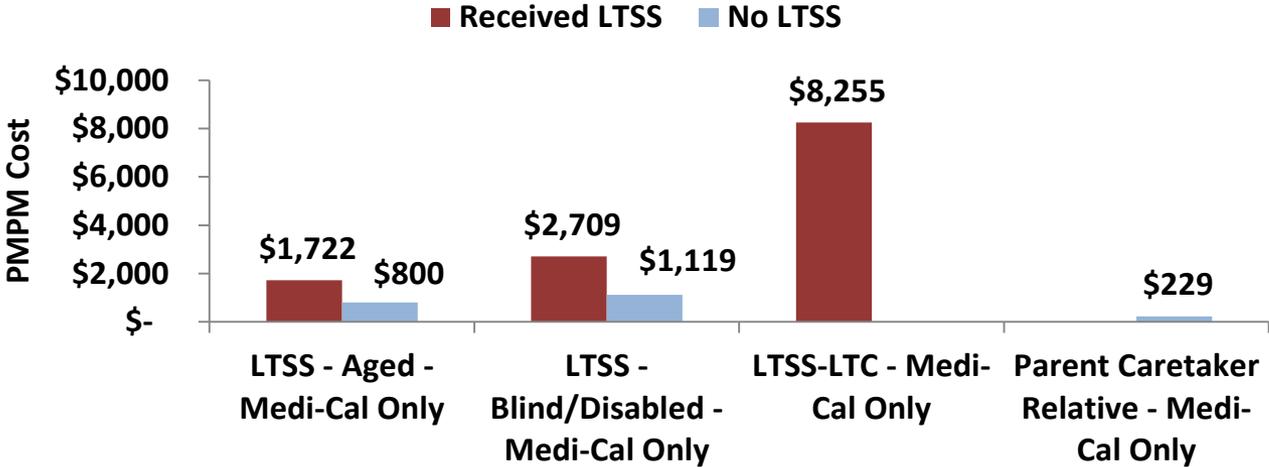
Medi-Cal spending by service category varied based on whether the individual was eligible for Medi-Cal only or eligible for both Medi-Cal and Medicare.

Because Medicare covers most physician, hospital, pharmacy, and other ancillary services, Medi-Cal spending associated with those dually eligible is primarily related to long term services and supports. LTSS covered by Medicare is related to rehabilitative care, with Medi-Cal covered the long term services.

For those who are eligible for Medi-Cal only, greater proportions of spending are associated with hospital acute care inpatient services, pharmacy, and out patient care, including physician, clinics, etc.

NOTE: Spending totals include FFS expenditures incurred during months of FFS enrollment

Per-Member Per Month Cost by Eligibility Pathway - Comparing LTSS Vs. Non-LTSS



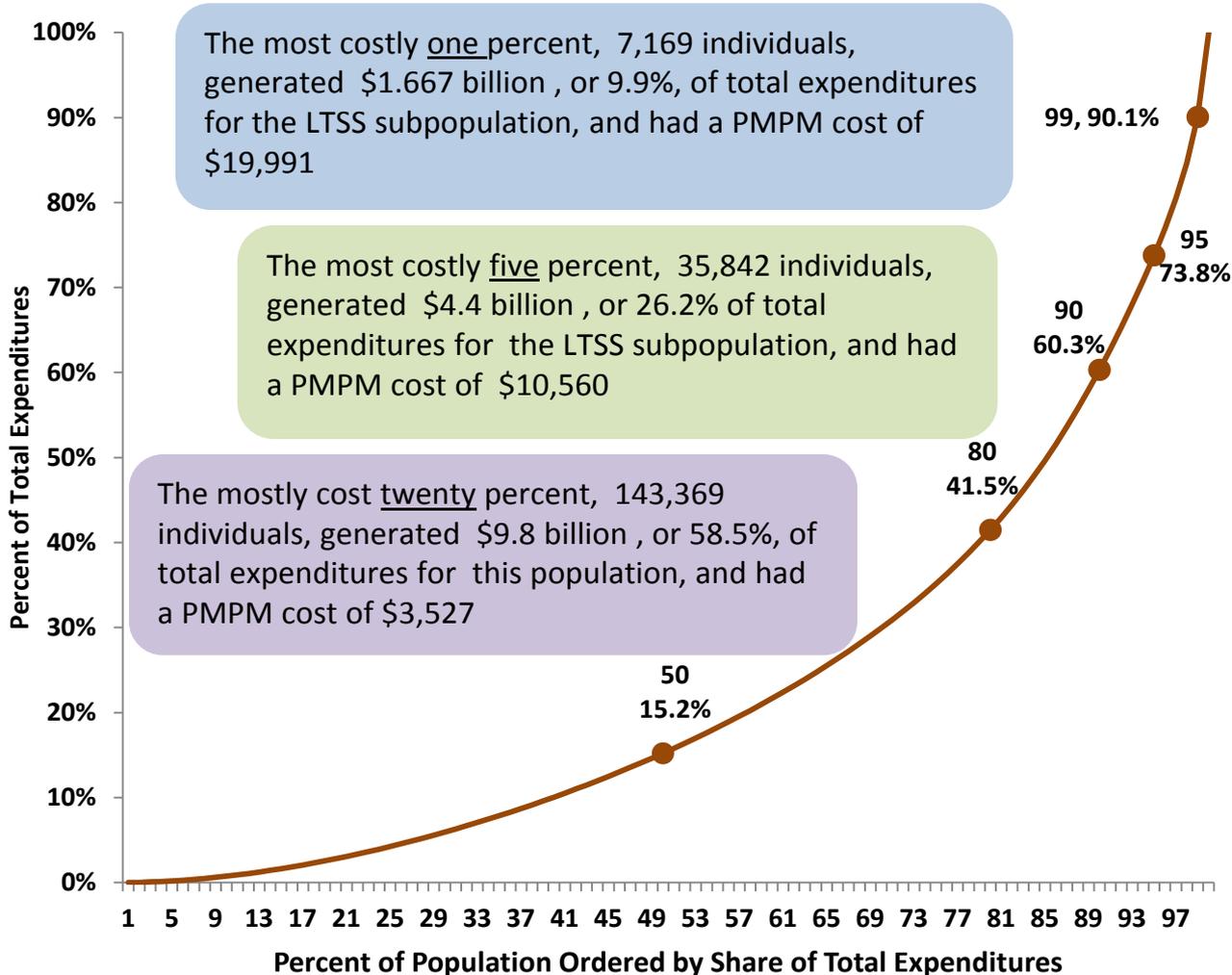
The high cost of LTSS services, combined with the more serious underlying clinical conditions of LTSS users, makes them a far more costly population compared to non-users.

The 716,849 LTSS users in the study population had an average PMPM of \$2,091, which was 4 times greater than the average PMPM spending of \$500 for non users of LTSS, in the study population, and 9 times greater than the PMPM spending for an eligibles who qualify under the Parent Caretaker Relative eligibility pathway.

	PMPM
All LTSS Users in Study Population	\$ 2,091.68
Non-Users of LTSS in Study Population	\$ 500.08

Distribution of Costs – LTSS Subpopulation

The 716,849 members of the LTSS Subpopulation generated \$16.8 billion in expenditures.



The most costly one percent, 7,169 individuals, generated \$1.667 billion, or 9.9%, of total expenditures for the LTSS subpopulation, and had a PMPM cost of \$19,991

The most costly five percent, 35,842 individuals, generated \$4.4 billion, or 26.2% of total expenditures for the LTSS subpopulation, and had a PMPM cost of \$10,560

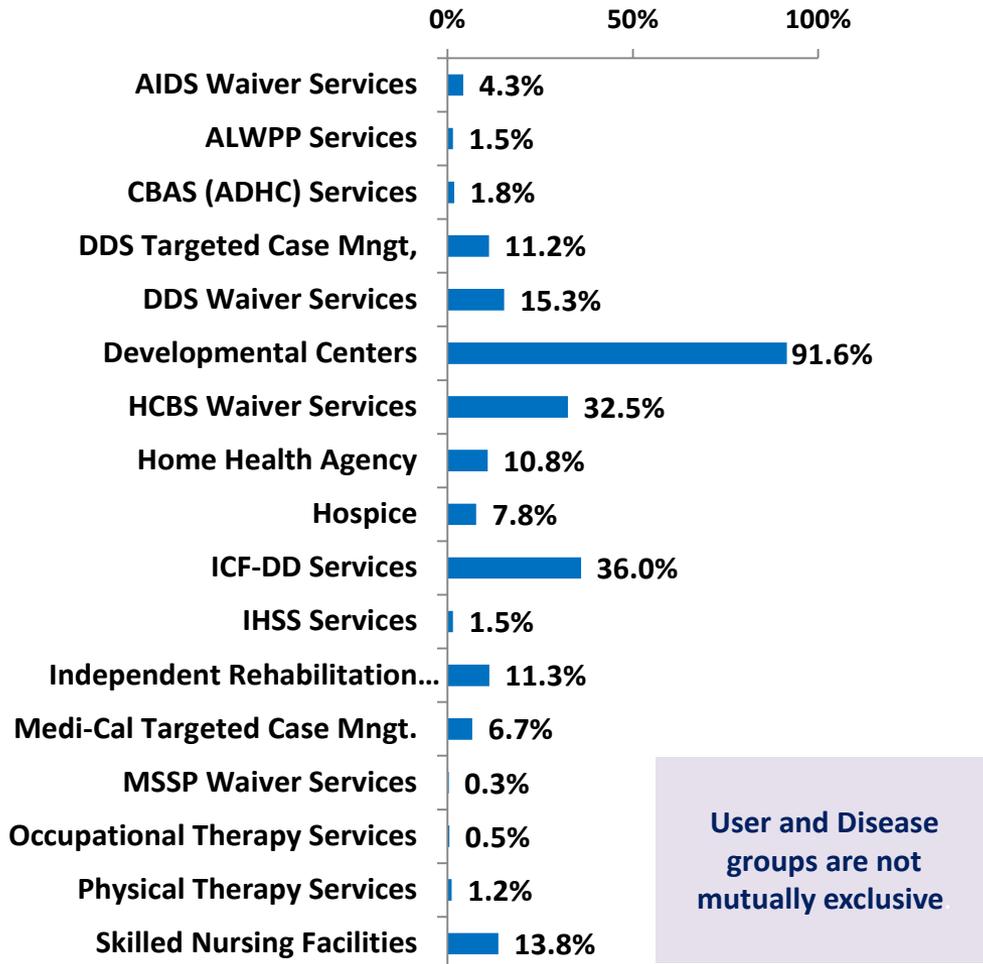
The most costly twenty percent, 143,369 individuals, generated \$9.8 billion, or 58.5%, of total expenditures for this population, and had a PMPM cost of \$3,527

The most costly one percent of the population utilizing LTSS, numbering 7,169 individuals, generated \$1.7 billion, or 9.9%, of total expenditures for this population, and had a PMPM cost of \$19,991.

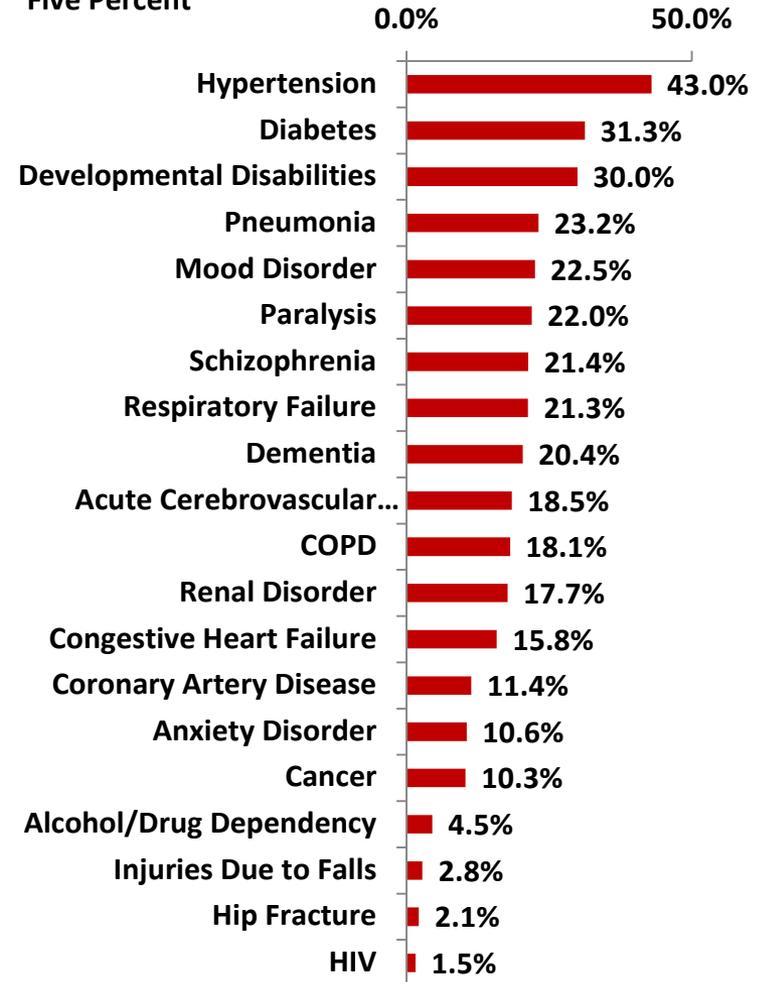
The most costly twenty percent of the LTSS subpopulation, 143,369, generated \$9.8 billion, or 58.5% of total Medi-Cal spending for this population.

Characteristics of the Most Costly Five Percent of Eligibles in the LTSS Subpopulation (Total = 35,842)

■ Percent of User Subpopulation that are Members of the Top Five Percent



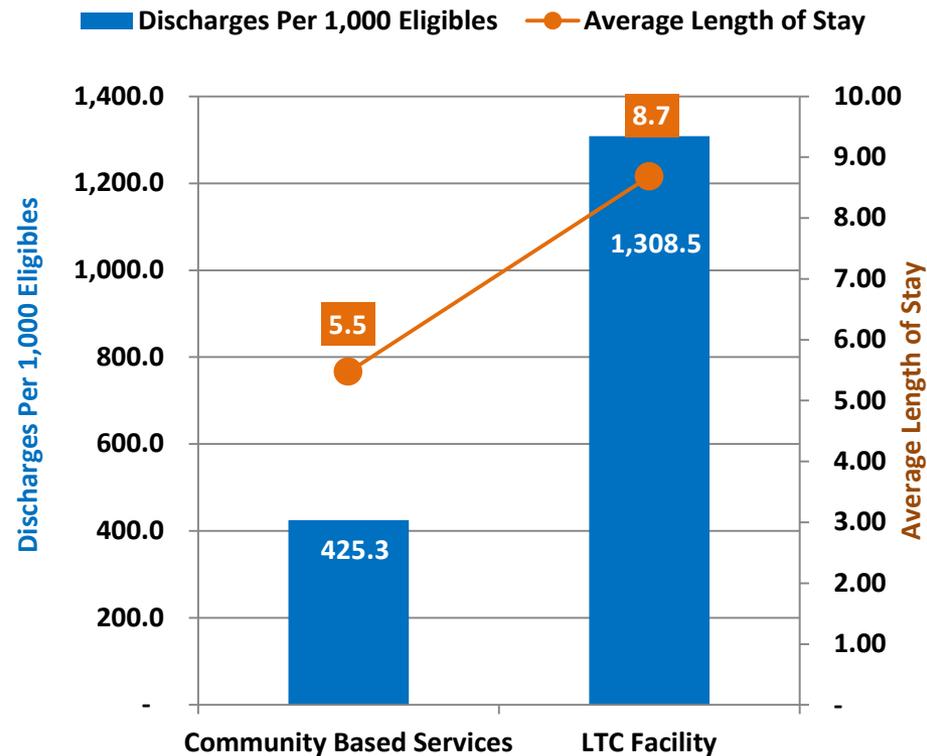
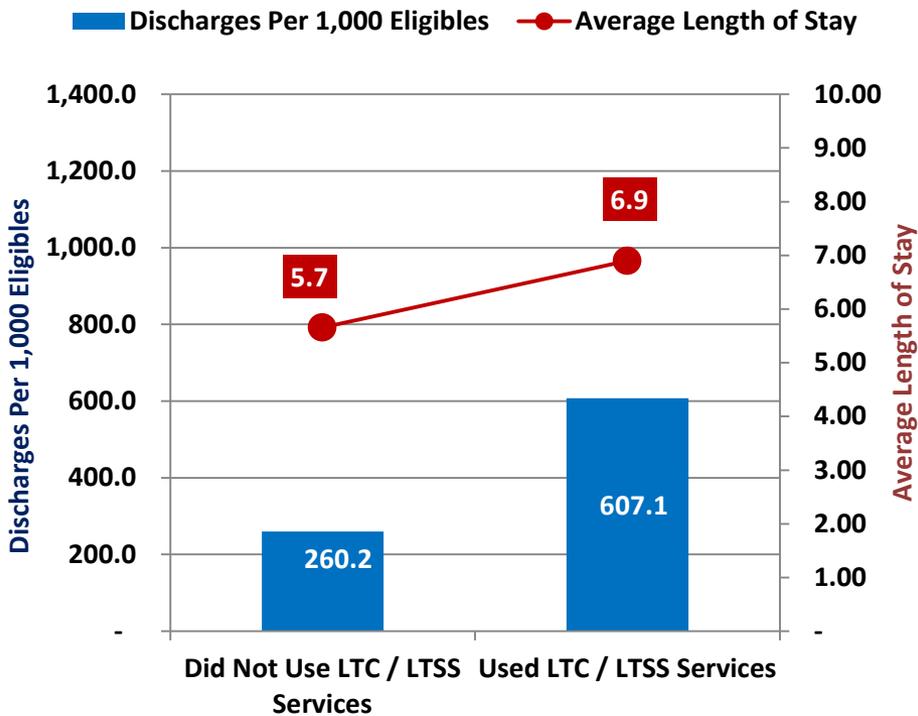
■ Treatment Prevalence Among Members of the Top Five Percent



Use of Inpatient Acute Hospital Services

Among the 2,012,323 study population members, those who utilized LTSS were also more likely to have experienced an inpatient hospital acute stay and remained admitted a greater number of days than non-LTSS users.

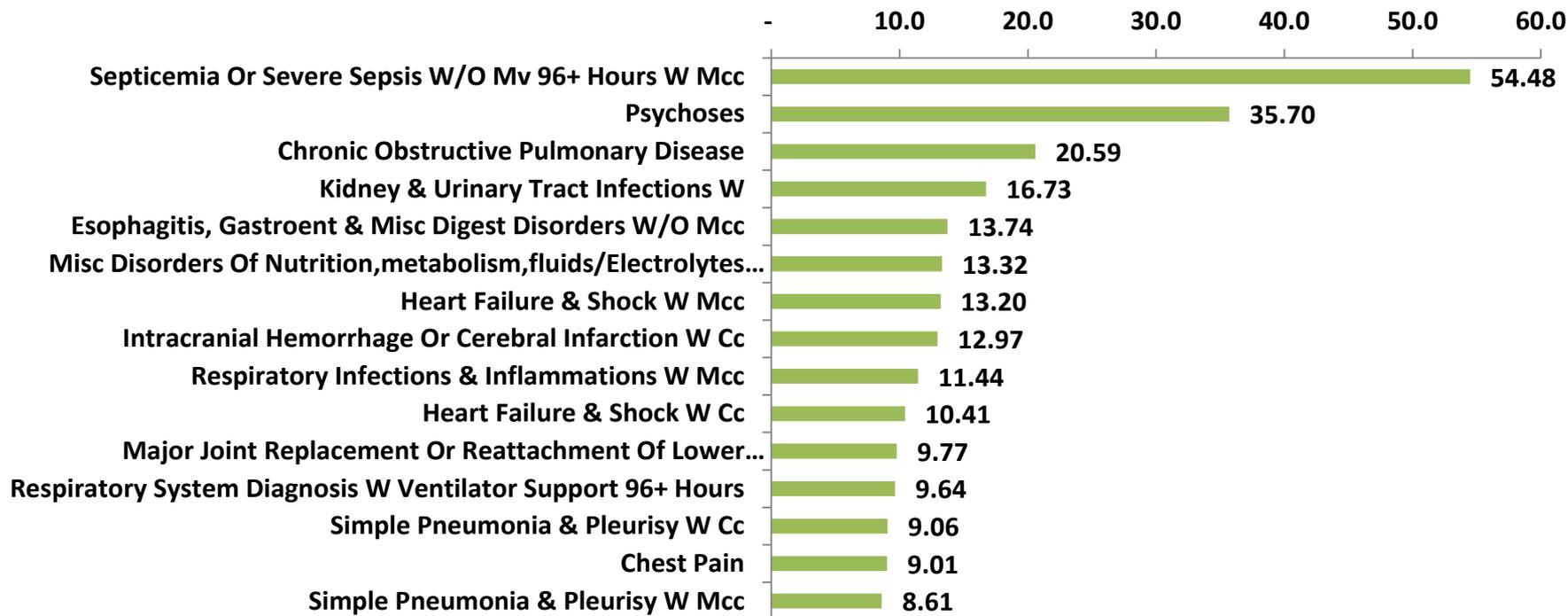
Among the 716,849 individuals who utilized LTSS, those who utilized institutional care in an LTC facility were more likely to have experienced an inpatient hospital acute stay and remained admitted a greater number of days, compared to those who received LTSS in the community setting.



Reasons for Inpatient Acute Hospital Admission – LTSS Subpopulation (Total = 716,849)

In 2013, the 716,849 who utilized LTSS generated 435,211 inpatient hospital acute discharges that resulted in 3,001,350 inpatient days. There were 607.1 discharges per 1,000 eligibles with an average length of stay of 6.9 days. The chart below displays the most frequent diagnostic related groups (DRGs) for this subpopulation.

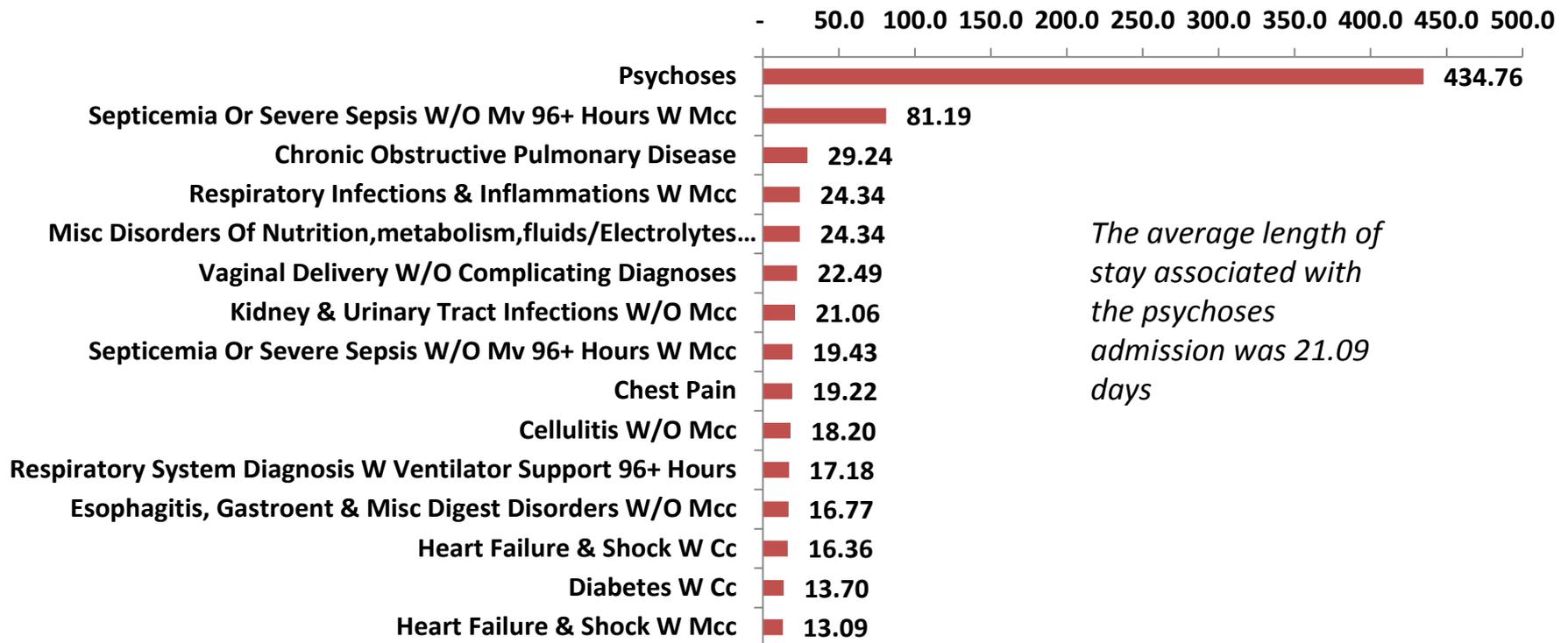
■ Discharges Per 1,000 Eligibles - LTSS



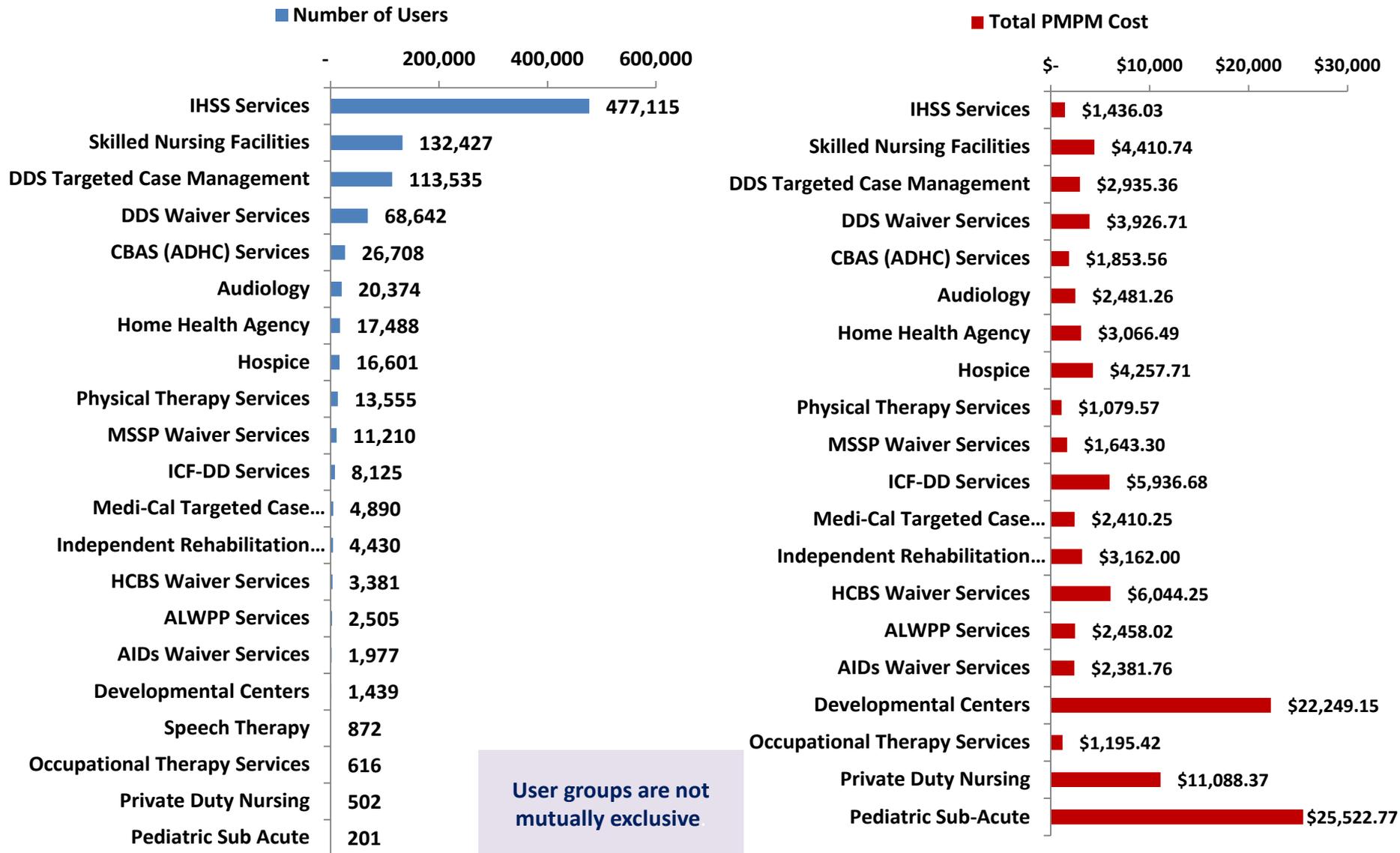
Reasons for Inpatient Acute Hospital Admission – LTSS Subpopulation Receiving Medi-Cal Targeted Case Management

In 2013, the 4,890 individuals who utilized Medi-Cal Targeted Case Management generated 6,294 inpatient hospital acute discharges that resulted in 81,034 inpatient days. There were 1,663.4 discharges per 1,000 eligibles with an average length of stay of 12.6 days. The chart below displays the most frequent hospital acute care discharges by diagnostic related groups (DRGs) for this subpopulation.

■ Discharges Per 1,000 Eligibles - Medi-Cal TCM



Users of Selected LTSS Services – CY 2013; Users and PMPM Costs



Users of Long Term Services and Supports – CY 2013

	Number of Users	Mean Age	Percent Female	Percent Dual Eligible	PMPM Cost	Eligibility Pathway			Inpatient Discharges Per 1,000 Eligibles / Average Length of Stay	
						AGED	BLIND/ DISABLED	LTC		
In-Home Supportive Services	477,135	67.2	64%	76%	\$1,436.03	44.2%	55.5%	0.3%	519	5.6
Skilled Nursing Facility	132,432	75.4	60%	87%	\$4,410.74	26.0%	23.0%	51.0%	1,395	8.6
DDS TCM	113,542	36.0	43%	43%	\$2,935.38	1.2%	98.5%	0.3%	154	6.4
DDS Waiver Services	68,468	38.0	42%	48%	\$3,926.71	1.5%	98.3%	0.2%	163	6.4
CBAS - ADHC	26,709	69.1	59%	66%	\$1,853.56	51.2%	48.0%	0.8%	586	5.9
Audiology	20,374	71.8	56%	84%	\$2,481.26	48.7%	30.3%	21.0%	573	7.1
Home Health Agency	17,495	56.8	57%	25%	\$3,066.49	20.2%	78.5%	1.3%	1,798	7.3
Hospice	16,604	78.2	63%	78%	\$4,257.71	32.0%	26.5%	41.5%	1,264	7.3
Physical Therapy	13,555	59.4	67%	48%	\$1,079.57	26.5%	72.6%	0.9%	366	4.7
Multi-Purpose Senior Services Program	11,213	81.4	76%	98%	\$1,643.30	72.6%	26.2%	1.2%	740	5.3
ICF-DD	8,125	49.8	47%	62%	\$5,936.68	2.2%	40.8%	57.0%	432	7.2
Medi-Cal TCM	4,890	55.9	55%	56%	\$2,410.25	19.9%	71.6%	8.6%	1,314	12.6

Users of Long Term Services and Supports– CY 2013 (Continued)

	Number of Users	Mean Age	Percent Female	Percent Dual Eligible	PMPM Cost	Eligibility Pathway			Inpatient Discharges Days Per 1,000 Eligibles /Average Length of Stay	
						AGED	BLIND/ DISABLED	LTC		
Independent Rehabilitation Facility	4,430	38.4	51%	24%	\$3,162.00	17.0%	82.1%	1.0%	706	8.18
HCBS Waiver Services	3,386	51.3	46%	50%	\$6,044.25	11.7%	75.0%	13.3%	1,230	8.72
Assisted Living Waiver	2,505	77.3	69%	92%	\$2,458.02	61.8%	34.7%	3.6%	850	6.63
AIDS Waiver	1,977	53.6	27.5%	62%	\$2,381.76	6.8%	93.0%	0.3%	743	5.78
DDS Developmental Centers	1,439	51.6	38.6%	79%	\$22,249.15	1.0%	25.8%	73.2%	247	8.18
Speech Therapy	872	46.8	47.8%	49%	\$4,513.20	6.0%	59.6%	34.4%	298	6.37
Occupational Therapy	616	57.7	65.7%	40%	\$1,195.42	27.8%	72.1%	0.2%	268	4.32
Private Duty Nursing	502	19.5	39.1%	5%	\$11,088.37	0.0%	99.6%	0.4%	641	9.08
Pediatric Sub-Acute Care	201	19.4	15.4%	0%	\$25,522.77	0.0%	69.2%	30.8%	1,308	11.82

Concurrent Use of LTSS – CY 2013

Concurrent Use of Special Services (Percent of Row, Read Across)	IHSS	Skilled Nursing Facility	DDS TCM	DDS Waiver Services	CBAS - ADHC	Audiology	Home Health Agency	Hospice	Physical Therapy	MSSP	ICF-DD
IHSS	100.0%	4.4%	8.2%	5.9%	3.2%	1.3%	1.8%	0.7%	1.0%	2.2%	0.1%
Skilled Nursing Facility	16.0%	100.0%	1.1%	0.6%	0.7%	4.4%	1.5%	6.5%	0.3%	1.0%	0.6%
DDS TCM	34.7%	1.3%	100.0%	59.4%	0.9%	1.3%	1.3%	0.1%	0.5%	0.0%	2.6%
DDS Waiver Services	41.4%	1.2%	98.5%	100.0%	1.1%	0.6%	1.5%	0.1%	0.6%	0.0%	0.5%
CBAS - ADHC	56.6%	3.6%	4.0%	2.8%	100.0%	1.2%	1.5%	0.3%	0.4%	3.0%	0.8%
Audiology	30.0%	28.3%	7.3%	2.2%	1.5%	100.0%	0.5%	1.2%	1.0%	1.3%	10.0%
Home Health Agency	48.6%	11.1%	8.5%	5.7%	2.3%	0.6%	100.0%	2.5%	2.8%	0.9%	0.5%
Hospice	21.1%	52.2%	0.7%	0.4%	0.5%	1.5%	2.6%	100.0%	0.2%	1.0%	0.4%
Physical Therapy	35.9%	2.5%	4.5%	2.8%	0.8%	1.5%	3.7%	0.2%	100.0%	0.5%	0.3%
MSSP	92.4%	11.9%	0.1%	0.0%	7.0%	2.4%	1.5%	1.5%	0.6%	100.0%	0.0%
ICF-DD	3.6%	9.6%	36.9%	4.0%	2.6%	25.1%	1.1%	0.8%	0.4%	0.0%	100.0%
Medi-Cal TCM	22.7%	18.5%	4.8%	2.7%	2.9%	1.6%	2.1%	0.6%	1.0%	1.6%	0.1%
Independent Rehab. Fac.	55.3%	5.6%	40.5%	23.6%	1.3%	1.7%	14.4%	1.1%	2.2%	0.2%	2.2%
HCBS Waiver Svcs.	49.7%	37.6%	17.1%	3.0%	1.9%	3.0%	13.3%	1.9%	0.6%	0.4%	1.4%
Assisted Living Waiver	8.3%	31.7%	0.3%	0.0%	1.9%	2.8%	7.8%	2.4%	0.4%	0.5%	0.0%
AIDS Waiver	47.3%	4.6%	1.0%	0.6%	1.3%	0.8%	2.6%	1.0%	0.9%	0.3%	0.1%
DDS Developmental Ctrs.	0.1%	0.8%	14.0%	7.1%	0.1%	1.7%	0.0%	0.0%	0.0%	0.0%	21.3%
Speech Therapy	20.2%	3.9%	41.7%	16.5%	4.2%	38.2%	2.1%	0.6%	3.8%	0.3%	56.2%
Occupational Therapy	35.7%	1.1%	8.0%	5.5%	1.0%	1.1%	4.4%	0.2%	29.2%	0.8%	0.2%
Private Duty Nursing	80.9%	1.2%	81.5%	52.8%	0.4%	1.2%	95.0%	2.0%	1.2%	0.0%	0.8%
Pediatric Sub-Acute Care	23.1%	100.0%	7.7%	0.0%	0.0%	30.8%	15.4%	0.0%	0.0%	0.0%	0.0%

Concurrent Use of LTSS – CY 2013

Concurrent Users of Special Services (Percent of Row, Read across)	Medi-Cal TCM	Ind. Rehab. Fac.	HCBS Waiver Service.	Assisted Living Waiver	AIDS Waiver	DDS Dev. Centers	Speech Therapy	Occupational Therapy	Private Duty Nursing	Pediatric Sub-Acute Care
IHSS	0.2%	0.5%	0.4%	0.0%	0.2%	0.0%	0.0%	6.0%	0.1%	0.0%
Skilled Nursing Facility	0.7%	0.2%	1.0%	0.6%	0.1%	0.0%	0.0%	13.8%	0.0%	0.0%
DDS TCM	0.2%	1.6%	0.5%	0.0%	0.0%	0.2%	0.3%	0.3%	0.4%	0.0%
DDS Waiver Services	0.2%	1.5%	0.1%	0.0%	0.0%	0.1%	0.2%	0.3%	0.4%	0.0%
CBAS - ADHC	0.5%	0.2%	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%
Audiology	0.4%	0.4%	0.5%	0.3%	0.1%	0.1%	1.6%	0.0%	0.0%	0.0%
Home Health Agency	0.6%	3.7%	2.6%	1.1%	0.3%	0.0%	0.1%	2.4%	2.7%	0.0%
Hospice	0.2%	0.3%	0.4%	0.4%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%
Physical Therapy	0.4%	0.7%	0.1%	0.1%	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%
MSSP	0.7%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ICF-DD	0.1%	1.2%	0.6%	0.0%	0.0%	3.8%	6.0%	0.0%	0.0%	0.0%
Medi-Cal TCM	100.0%	0.4%	0.4%	0.8%	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%
Independent Rehab. Fac.	0.4%	100.0%	1.5%	0.0%	0.1%	0.0%	0.3%	5.4%	6.4%	0.0%
HCBS Waiver Svcs.	0.6%	2.0%	100.0%	4.3%	0.2%	0.0%	0.0%	3.1%	3.2%	0.1%
Assisted Living Waiver	1.6%	0.1%	5.8%	100.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
AIDS Waiver	0.5%	0.2%	0.3%	0.1%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
DDS Developmental Ctrs.	0.1%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Speech Therapy	0.3%	1.4%	0.0%	0.0%	0.0%	0.0%	100.0%	0.1%	0.1%	0.0%
Occupational Therapy	0.3%	1.5%	0.2%	0.0%	0.0%	0.0%	2.4%	100.0%	0.2%	0.0%
Private Duty Nursing	0.4%	56.8%	21.3%	0.0%	0.0%	0.0%	0.2%	0.2%	100.0%	0.2%
Pediatric Sub-Acute Care	0.0%	15.4%	15.4%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	100.0%

Summary

- LTSS refer to a variety of supportive services provided to individuals with limited capacity for self-care. These limitations may arise from a physical, cognitive, or mental disability or condition. LTSS may be delivered in the community or in an institution.
- The Medi-Cal program spends a sizable amount on long term services and supports. During CY 2013, total Medi-Cal spending, through capitated systems and its traditional FFS delivery system on behalf of the 716,849 adults receiving LTSS, totaled \$16.8 billion. Of this spending, \$11.6 billion represented FFS payments for specific LTSS services.
- Roughly 92% of the Medi-Cal spending associated with the subpopulation receiving Medi-Cal covered LTSS was related to adults, 18 years of age or older. Roughly 98% of the LTSS spending was related to individuals whose Medi-Cal eligibility pathway was Aged, Blind, Disabled, or medically needy long term care.
- Roughly 73% of the adult individuals receiving LTSS were eligible for both Medi-Cal and Medicare. The Medi-Cal program, unlike the Medicare program, provides coverage for long term support services. Medicare, on the other hand, provides coverage for acute and post-acute medical care for individuals 65 and older or individuals younger than 65 with a disability. In general, the Medicare program was not designed to cover LTSS. This has implications for care coordination, as the two delivery systems and financers of health care services each provide coverage for only specific services.

Summary (Continued)

- Because Medicaid/Medi-Cal plays such a large role in financing LTSS, it must plan for future demand. Estimating the future demand for LTSS is not easy. It is highly dependent upon a number of factors such as prospective changes in diagnoses, medical treatment, health delivery, lifestyle, and behavior patterns. While projecting future demand is complicated by these factors, it is most likely that the overall demand for LTSS will rise significantly due to the rising number of elderly. Projections show that the proportion of the U.S. population over the age of 65 will rise dramatically over the next couple of decades. In addition, those over 85 years of age will also experience similar increases, making up an ever larger proportion of the overall U.S. population.