kaiser commission on medicaid and the uninsured

THE HENRY J. KAISER FAMILY FOUNDATION

ISSUE PAPER

October 2011

Medicaid's Long-Term Care Users:

Spending Patterns Across Institutional and Community-based Settings

Executive Summary

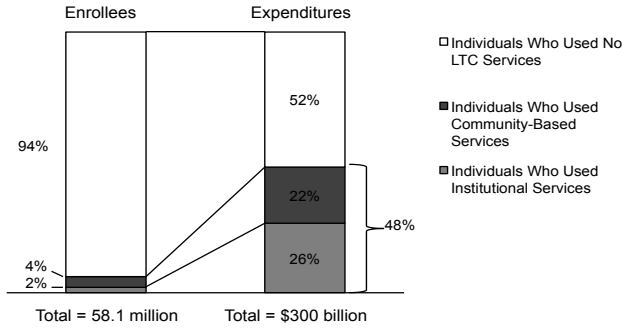
Medicaid has evolved to become our nation's primary payer for long-term services and supports, financing nearly half (43 percent) of all spending on long-term care services. Medicaid plays a particularly important role in our health care system by covering a range of services and supports including those needed by people to live independently in the community as well as services provided in institutions. Medicaid beneficiaries who rely on long-term services and supports (referred to as "long-term care users" in this paper) are a diverse population with a range of chronic conditions, disabilities and diseases whose spending and enrollment patterns vary widely across different types of service settings. This report provides an overview of long-term care users and their acute and long-term care service spending. Analysis is based on data from the FFY 2007 Medicaid Statistical Information System (MSIS) Summary File.

Key Findings

- **Medicaid long-term care users accounted for 6 percent of the Medicaid population in 2007, but nearly half of total Medicaid spending (Figure 1).** More Medicaid beneficiaries relied on community-based services, but beneficiaries who used institutional services accounted for a slightly greater share of total spending (26% versus 22%). Among the 3.6 million Medicaid long-term care users, three quarters of their spending went toward long-term care services and supports, followed by acute and other supportive services such as inpatient hospital, prescription drugs, outpatient, physician, rehab, therapy and other supportive services (Figure 2).

Figure 1

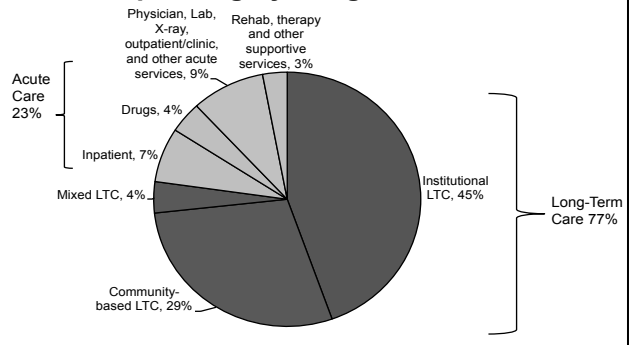
Medicaid Long-Term Care Users Accounted for Nearly Half of Medicaid Spending



NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Figure 2

Medicaid Spending by Long-Term Care Users



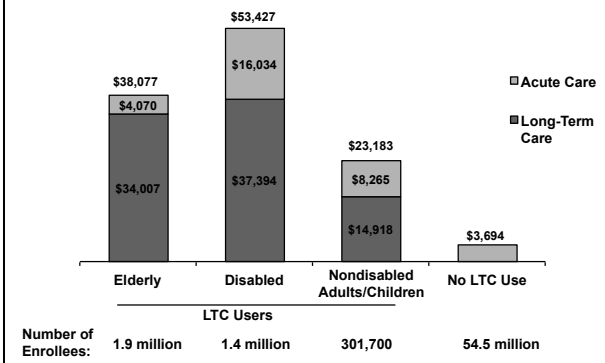
Note: Community-based services include waivers, home health and other home care. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

1330 G Street NW, Washington, DC 20005
Phone: 202-347-5270, Fax: 202-347-5274
Website: www.kff.org

- **Among those using long-term services and supports, the average annual spending per Medicaid beneficiary was $43,296 compared to just $3,694 for Medicaid beneficiaries who did not use long-term care services (Figure 3).** Medicaid long-term care users were mostly elderly (52%), with persons with disabilities (40%) and other adults and children who qualified for Medicaid based on income or other eligibility pathways (8%) making up the remainder of long term care users. Individuals who predominantly used institutional long-term services had higher per capita spending compared with those who used predominantly community-based services ($62,750 vs. $31,341). Medicaid beneficiaries with disabilities had the highest per capita spending ($53,427), reflecting their reliance on long-term services and supports and greater use of acute care services. Since Medicare pays for most acute care services for the elderly, the majority of spending on the elderly was for long-term services and supports.

Figure 3

Medicaid Spending Per Enrollee

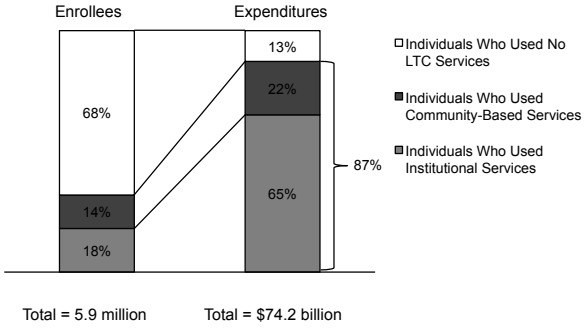


SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

- **One-third of elderly Medicaid beneficiaries used long-term services and supports, but they accounted for 87 percent of all Medicaid spending on the elderly (Figure 4).** Half (52%) of these 1.9 million beneficiaries used predominantly institutional services, and their total spending averaged $53,593 per enrollee. Forty-four percent of elderly long-term care users used predominantly community-based services, and their total spending averaged $20,764; and 4 percent of the elderly used some combination of both institutional and community-based services averaging $45,761 per enrollee. This compares to an average of $2,742 for the elderly with little or no long-term care spending.

Figure 4

Distribution of Medicaid Elderly by Long-Term Care Use

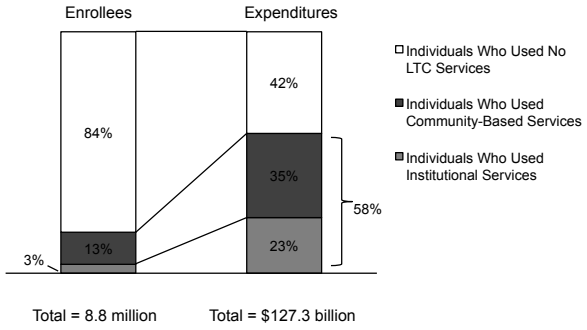


NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

- **Sixteen percent of Medicaid beneficiaries with disabilities used long-term services and supports, but they accounted for fifty-eight percent of all Medicaid spending on people with disabilities (Figure 5).** Three-quarters of these 1.4 million individuals predominantly used community-based services, and their total spending averaged $41,886. Per enrollee spending for persons with disabilities using institutional care averaged $93,102, and those using both institutional and community-based services averaged $87,047 per enrollee. This compares to an average of $8,166 for those with little or no long-term care spending.

Figure 5

Distribution of Medicaid Individuals with Disabilities by Long-Term Care Use

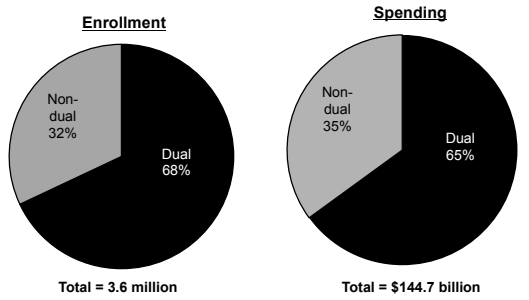


NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

- **Dual eligibles accounted for over two-thirds of Medicaid enrollees who used long-term services and supports and a similar share of spending (Figure 6).** Medicaid provides coverage to nearly 9 million Medicare beneficiaries helping them with Medicare's premiums and cost-sharing requirements, and paying for the services that are not covered by Medicare, such as long-term services and supports. Average spending on the duals totaled $41,205, with the vast majority (90%) of spending going toward long-term services and supports.

Figure 6

Distribution of Medicaid Beneficiaries Who Used Long-Term Care, by Dual Status



SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

- **A total of 404,400 children and 1.3 million adults under age 65 used long-term services and supports.** Fifty-eight percent of children who used long-term care services qualified for Medicaid on the basis of income or an eligibility pathway other than disability. Many of these low-income children could have disabilities, but that information is not captured in the Medicaid eligibility determination process. Children who qualified for Medicaid based on a disability had higher average spending for all services ($50,285) compared with children who qualified through other categories ($22,503). Adults who used long-term services had higher average spending compared to children ($52,683 versus $34,913) due to greater use of institutionalized care and higher spending on community-based long-term care services. Unlike children, most adults who used long-term services qualified for Medicaid on the basis of disability. Per enrollee spending on children and adults who had little or no long-term services spending was substantially lower, averaging $2,902 and $5,015.

Policy Implications

Medicaid long-term care users represent a small segment of the Medicaid population, just 3.6 million beneficiaries, but their per capita spending is much higher than that of Medicaid beneficiaries who use no long-term services. Medicaid long-term care users are individuals with disabilities who require access to personal care services and durable medical equipment, and they are seniors who need assistance with activities of daily living in their homes or in a nursing facility. Unlike Medicare or private insurance, Medicaid is the only major financing stream for long-term care that is designed to provide a broad array of services across both institutional and community-based settings. With demand for community-based services high, states are continuously pressed to expand access to these services and through the Medicaid expansion under the Affordable Care Act (ACA), have been given additional resources to do so. However, today's challenging budget environment at the state and federal levels may affect states' ability to greatly expand access to community-based services.

Additionally, Medicaid's coverage of long-term services and supports fills important gaps in coverage for the dual eligibles. Overall, 70 percent of all Medicaid spending for dual eligibles is for long-term services. The fact that dual eligibles must navigate both Medicare and Medicaid to receive health and long-term services has driven policymakers to develop strategies to improve delivery of care for this population. Interest in improving the coordination and integration of care among dual eligibles is growing, and the ACA created a number of new incentive programs to address this policy issue.

Many states are also considering expanding Medicaid managed care beyond children and families to include people with disabilities with chronic and long-term services and supports needs. Given the fact that these individuals have substantial needs that translate into higher per capita costs, balancing efforts to better integrate services across Medicare and Medicaid with efforts to control costs across both programs is critical to successful care coordination. Models of successful delivery system and/or payment reforms at the state level will be important to monitor to ensure quality of care and continuity of coverage for Medicaid beneficiaries with both acute and long-term services and supports needs.

Introduction

Today, over 10 million Americans need long-term services and supports to assist them in life's daily activities.[1] Demand for these services is expected to grow on account of the aging of the baby boom generation and the growing number of people living with chronic conditions. As the demand for long-term services and supports increases, more Americans will be faced with decisions about where to receive care, what types of services are necessary, and how to afford long-term services and supports. Currently most individuals rely on help from family and friends, but a growing number of people are turning to paid care to help with long-term services needs. Health insurance coverage for long-term services is limited. Most private health insurance does not cover long-term care, and private long-term care insurance is expensive and unaffordable for many low and middle-income Americans. Medicare only covers limited skilled nursing, and Medicaid, which does cover long-term care, is only available to those who have low-incomes and who become impoverished as a result of long-term care needs. Also included in health reform was a new national, voluntary insurance program called CLASS that was designed to help expand options for people who become functionally disabled and require long-term services. CLASS had the potential to reduce reliance on Medicaid and provide relief for family caregivers, but on October 14, 2011, the Secretary of the Department of Health and Human Services released a report to Congress concluding that the agency was unable to identify a benefit plan that can be certified as both actuarially sound for the next 75 years and consistent with the statutory requirements.[2]

Over time, Medicaid has evolved to become our nation's primary payer for long-term services and supports, financing nearly half (43 percent) of all spending on long-term care services.[3] Medicaid plays a particularly important role in our health care system by covering a range of services and supports including those needed by people to live independently in the community as well as services provided in institutions. Although cost concerns drive much of the policy discussion around Medicaid and long-term care, new long-term services provisions in the health reform law present opportunities for states to meet the challenges associated with serving seniors and persons with disabilities with complex health needs, particularly for individuals who desire to live in the community. For the foreseeable future, Medicaid will remain the major financing system for long-term services and supports in our nation, and the only one with experience in addressing the needs of low-income Americans.

Background: Medicaid's Role in Providing Long-Term Services and Supports

Medicaid plays a critical role for low-income people of all ages with long-term services and supports needs. Long-term services and supports refer to a wide range of services designed to meet the needs of individuals with chronic and disabling conditions and those with physical and

---

[1] Judy Feder et al., Long-Term Care Financing: Policy Options for the Future, Georgetown University Long-Term Care Financing Project, June 2007.

[2] Kaiser Family Foundation, Health Care Reform and the CLASS Act, April 2010, http://www.kff.org/healthreform/upload/8069.pdf and Comparison of Medicaid Provisions in Deficit-Reduction Proposals, updated April 2011, http://www.kff.org/medicaid/upload/8129.pdf; Secretary Sebelius' Letter to Congress About CLASS, Oct. 14, 2011, http://www.hhs.gov/secretary/letter10142011.html.

[3] Kaiser Commission on Medicaid and the Uninsured. (March 2011). Medicaid and Long-Term Care Services and Supports, Fact Sheet. Kaiser Family Foundation. Publication #2186-07. http://www.kff.org/medicaid/2186.cfm

mental limitations that come with the aging process. Individuals with long-term care needs include children with intellectual disabilities such as mental retardation and developmental disabilities such as autism; young adults with spinal cord and traumatic brain injuries, and serious mental illness; and older people with Alzheimer's disease and severely disabling chronic diseases such as diabetes and pulmonary disease.

Medicaid covers a continuum of long-term service settings ranging from institutions to the community that address a beneficiary's limitations in performing basic activities such as bathing, dressing, getting around one's home, and preparing meals. Medicaid pays for services to meet these needs for low-income people ranging from a few hours a week in community-based settings to 24-hour care in institutional settings. Institutional long-term care services refer to services provided in nursing facilities, intermediate care facilities for the mentally retarded (ICF/MR), or institutions for individuals with mental disease. All states must provide nursing facility care as part of the state Medicaid benefits package, although each state determines its own criteria for nursing home admission.

Developing alternatives to institutional services has been a priority for advocates, states and the federal government over the last three decades. While the majority of Medicaid long-term care dollars still go toward institutional care, the national percentage of Medicaid spending on home and community-based services (HCBS) has more than doubled from 19 percent in 1995 to 42 percent in 2008, reaching $45.4 billion.[4] Offering HCBS helps states to comply with the 1999 U.S. Supreme Court decision (Olmstead v. L.C.) that ruled institutionalizing a person with a disability who can benefit from and does not oppose living in the community is unlawful discrimination. HCBS encompass three main programs: the mandatory home health benefit, the optional state plan personal care services benefit, and the optional 1915(c) HCBS waivers. All states have at least one HCBS waiver program, although states have chosen to target different populations and provide different service packages through these waivers. Services provided through HCBS waivers can include many services not covered by a state's Medicaid plan benefits package, for example, adult day care, group homes, and home modifications to support an individual with a disability living in the community.

Nearly 9 million Medicaid beneficiaries, or 16 percent of all Medicare beneficiaries, are "dual eligibles" – low-income seniors and younger persons with disabilities who are enrolled in both the Medicare and Medicaid programs.[5] Dual eligibles are among the sickest and poorest individuals covered by either the Medicaid or Medicare programs, and they must navigate both Medicare and Medicaid to access services. Medicare covers most of the acute care services used by dual eligibles including prescription drugs; however, it does not include many long-term care services, instead covering only short stays in skilled nursing facilities, rehabilitation, and home health services associated with post-acute care. For those who qualify, Medicaid pays the Medicare Part B premium ($96.40/month for most beneficiaries in 2011); pays the cost sharing charged for many Medicare services; and covers a range of benefits not covered by Medicare such as long-term care. For a small share of duals, Medicaid only pays Medicare premiums and coinsurance but does not provide full Medicaid eligibility.

[4] Burwell, B., Sredl, K., and Eiken, S., 2009. Medicaid Long Term Care Expenditures FY 2008, Thomson Reuters, December 2009, http://www.hcbs.org/files/165/8249/2008LTCExpenditures_final.pdf.

[5] Kaiser Commission on Medicaid and the Uninsured, Dual Eligibles: Medicaid's Role for Low-Income Beneficiaries, December 2010, http://www.kff.org/medicaid/upload/4091-07.pdf.

Data Sources and Methods

The data used in this analysis come from the FFY 2007 Medicaid Statistical Information System (MSIS) Summary File maintained by the Centers for Medicare and Medicaid Services (CMS). This report is an update of a previous Urban Institute and Kaiser Commission on Medicaid and the Uninsured analysis conducted with FFY 2002 data.[6] The MSIS contains demographic, eligibility, and expenditure information for all Medicaid enrollees, with spending aggregated into over 30 types of services. Expenditures reported in MSIS do not include disproportionate share payments to providers, payments to Medicare, or administrative payments.

We designate all enrollees using the Basis of Eligibility in MSIS as elderly (age 65 and older), disabled under age 65, or other adults or other children not classified as disabled. The disabled under age 65 are adults and children who have been classified as disabled for the purposes of Medicaid eligibility. Some children and adults classified in this paper as "other" may have disabilities but qualified for Medicaid through other eligibility routes. We further differentiate enrollees based on dual status. Individuals in MSIS with unknown eligibility were excluded.[7] Finally, enrollees classified as disabled were combined with enrollees eligible through all other pathways to describe the long-term care use of the full child and adult populations.

This analysis focuses on individuals who used long-term care services. Some individuals may use nursing home or home health care during short-term recovery or rehabilitation from an acute care episode. We sought to identify beneficiaries who used long-term care services on a long-term basis rather than as post-acute or respite care. Therefore, we did not count individuals as long-term care users if their spending on long-term care services fell into the lowest decile of spending. We divide long-term care beneficiaries into those receiving institutional long-term care and those receiving community-based long-term care. In addition, enrollees with substantial mixed institutional and community-based care are shown separately.

To designate individuals as long-term care users in institutional settings, we identified enrollees who had spending greater than the 10th percentile for nursing facilities, ICF/MR, institutions for individuals with mental disease for those over 65, or inpatient psychiatric services for those 21 and under.[8] Because the populations residing in these institutions are virtually mutually exclusive of each other, and because average payments to each type of institution vary widely, this percentile threshold was determined separately for each institutional type. In addition, each percentile threshold was determined at the state-level in order to account for state differences in Medicaid packages, reliance on institutional care, and cost-of-living.

---

[6] Anna Sommers, Mindy Cohen and Molly O'Malley, Medicaid's Long-Term Care Beneficiaries: An Analysis of Spending Patterns, Kaiser Commission on Medicaid and the Uninsured, November 2006, http://www.kff.org/medicaid/7576.cfm.

[7] Missing age beneficiaries with the non-disabled adult pathway were classified as adults for the adult (19-64) tables because the eligibility pathway indicates that they are 19-64. However, missing age beneficiaries with a non-disabled child pathway were not included in the separate adult or child tables because they could be 0-21 depending on the state, since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees (FYE enrollment of 190) with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Dual eligibles with missing age have been excluded (this led to three dual eligibles who were elderly, substantial long-term care users being excluded from Table 7).

[8] For individuals ages 21-65, Medicaid does not cover services provided in institutions for mental disease (IMDs).

The same methodology was applied to designate individuals using community-based long-term care, and included enrollees who had spending greater than the 10th percentile for any of the services of home health, personal care, or HCBS waivers, referred to here in combination as community-based services. Because individuals in the community typically draw on a variety of services, we determined this percentile based on total spending across these three service areas. The remainder of the population we designated as not receiving any long-term care services, and included those who fell in the bottom 10th percentile for all types of long-term care services. As a result, this remainder does include some individuals who had some spending on long-term care services; however, this spending was negligible.[9]

In the text and tables, institutional services refers to care provided in nursing homes, intermediate care facilities for the mentally retarded (ICF/MR), mental disease institutions for individuals age 65 and older, and inpatient psychiatric facilities for individuals age 21 and under. Community-based long-term care includes spending in the service categories of home health, personal attendant or personal care services, and HCBS waivers. Other services not designated here could be considered to be community-based long-term care, but are not counted as such for the purposes of this analysis because these services are not identifiable in the MSIS. For example, adult day care can be used to support independent living, but payments to these providers cannot be identified in the MSIS. This particular service falls under the umbrella of HCBS waivers and is captured as such. Other services that cannot be identified, such as durable medical equipment, are likely to be used in conjunction with one of the three services used to identify long-term care users. Also, this analysis includes an individual's total Medicaid spending, including acute services.

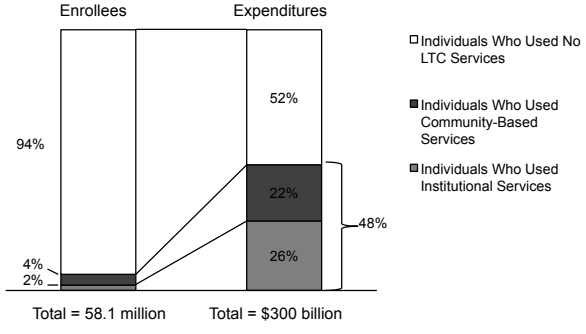
Total expenditures reported in MSIS for known beneficiaries fall short of the total aggregate Medicaid expenditures reported by states on the CMS-64 forms, in part because some Medicaid payments to providers cannot be attributed to known beneficiaries. We inflate expenditures in the MSIS up to CMS-64 reported totals by service category to better reflect total expenditures in Medicaid.

Findings

Medicaid beneficiaries who used long-term care services accounted for 6 percent of the entire Medicaid population and 48 percent of total spending in 2007 (Figure 1 and Table 1). More Medicaid beneficiaries relied on community-based services, but beneficiaries who used institutional services accounted for a slightly greater share of total spending (26% versus 22%). The majority of Medicaid beneficiaries (94%) had little or no long-term care spending and accounted for half of total spending in Medicaid.

Figure 1

Medicaid Long-Term Care Users Accounted for Nearly Half of Medicaid Spending



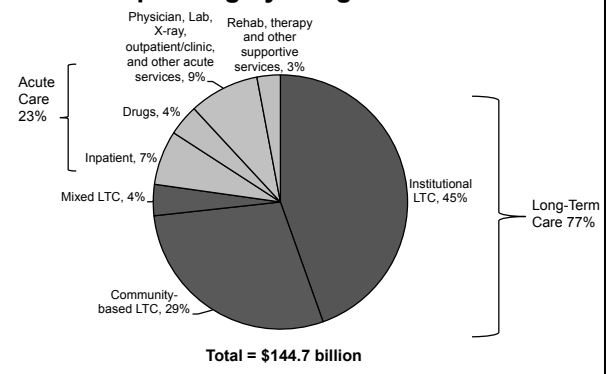
NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

[9] Some of these individuals may have died or begun to use long-term care services at the end of the fiscal year.

Medicaid beneficiaries who used long-term care services relied on a range of acute care and other support services. Medicaid long-term care users accounted for 3.6 million individuals, and most of their spending was for long-term care services (77%) (Figure 2 and Table 2A). The remaining quarter of Medicaid spending was devoted to acute care and other supportive services such as inpatient hospital, prescription drugs, physician, rehabilitative and therapy services. The share of Medicaid spending devoted to acute and other supportive services was greatest for individuals using community-based services compared with those in institutions and those with mixed institutional and community-based spending (36% vs. 11% vs. 25%). In contrast, Medicaid beneficiaries with insubstantial or no long-term care use devoted most of their spending to other acute services (47%), followed by inpatient (17%), outpatient (11%), and prescription drugs (11%) (Table 2B).

Figure 2

Medicaid Spending by Long-Term Care Users

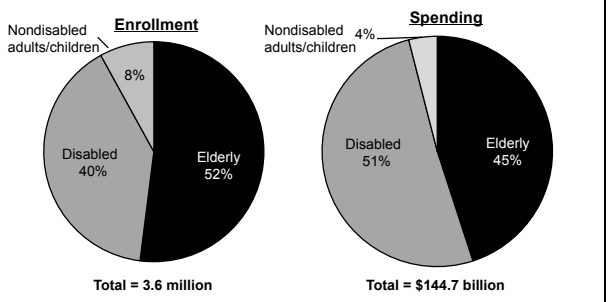


Note: Community-based services include waivers, home health and other home care.
SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Medicaid beneficiaries who used long-term services and supports were mainly the elderly and persons with disabilities, but 8 percent qualified for Medicaid on the basis of income or another eligibility pathway. The elderly made up just over half (52%) of Medicaid beneficiaries who use long-term services and 45% of Medicaid spending (Figure 3 and Table 3). Individuals with disabilities under the age of 65 accounted for 40 percent of Medicaid beneficiaries who used long-term services and supports and 51 percent of Medicaid spending. Adults and children who qualified for Medicaid on the basis of income or an eligibility pathway other than disability made up 8 percent of Medicaid beneficiaries using long-term services and 4 percent of spending.

Figure 3

Medicaid Enrollees Who Used Long-Term Care Services



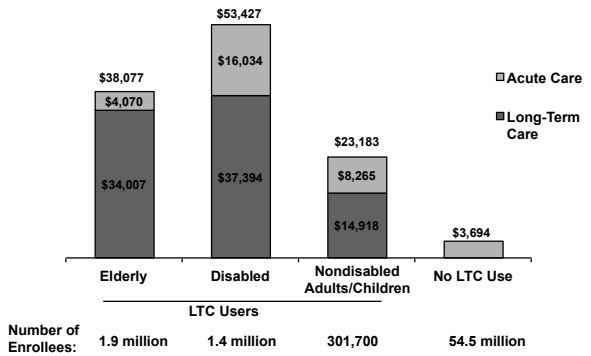
SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Medicaid per capita spending was greatest among individuals with institutional long-term care spending. Among those using long-term services and supports, the average annual spending per Medicaid beneficiary was $43,296. Individuals who predominantly used institutional long-term services had higher per capita spending compared with those who used predominantly community-based services ($62,750 vs. $31,341). Individuals with mixed institutional and community-based services use averaged $61,206 per year. Looking at spending by population group, persons with disabilities had the highest per capita spending ($53,427), reflecting their reliance on long-term services and supports and higher use of acute care services (Figure 4). Since Medicare pays for most acute care services for the elderly, the majority of

spending on the elderly was for long-term services and supports. Per capita spending on the elderly was $38,077. Individuals with little or no long-term care use incurred much lower spending, averaging just $3,694 per person in 2007.

Figure 4

Medicaid Spending Per Enrollee



SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Medicaid Long-Term Care Spending by Population

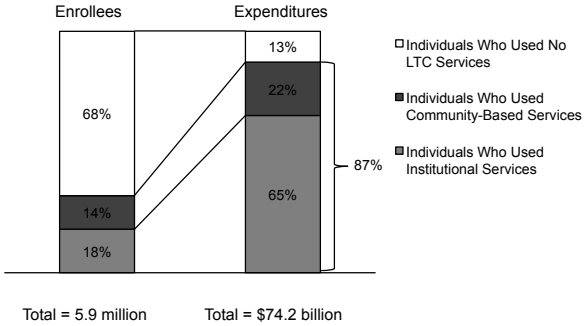
Medicaid spending patterns differ substantially by population group. The following section examines both acute and long-term care spending for the following groups of Medicaid beneficiaries: the elderly, persons with disabilities (adults and children), dual eligibles, all children (0-18) and all adults (19-64).

The Elderly

One-third of elderly Medicaid beneficiaries used long-term services and supports, but they accounted for 87 percent of all Medicaid spending on the elderly (Figure 5). Half (52%) of these 1.9 million beneficiaries used predominantly institutional services followed by 44% percent of elderly long-term care users who relied on community-based services, and 4 percent of the elderly who used some combination of both institutional and community-based services. Reflecting the high cost of institutional care, 65 percent of total Medicaid spending on the elderly went toward individuals who used institutional services. Nearly one-quarter of total spending on the elderly went toward individuals who used community-based services. In contrast, individuals with no long-term care spending accounted for over two-thirds of elderly Medicaid beneficiaries but just 13 percent of total spending.

Figure 5

Distribution of Medicaid Elderly by Long-Term Care Use



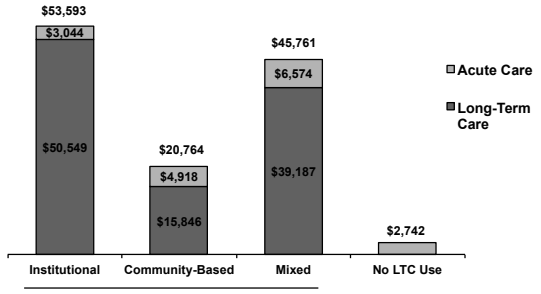
NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Per capita spending for the elderly who used institutional services was more than twice the amount of spending for those using community-based services ($53,593 vs. $20,764) (Figure 6 and Table 4). Spending for the elderly who used a mix of institutional and community-based services averaged $45,761, reflecting the high cost of institutional services. Most of the spending

by those with institutional care was for long-term services (94%), with the remainder going toward acute care and other supportive services. The distribution of spending for the elderly using community-based services looks different from those with institutional care. Per person spending on acute care services for those who used community-based long-term services was about two-thirds higher compared to those using institutional services ($4,918 vs. $3,044), reflecting greater use of inpatient care and other medical services by those in community-based settings. Medicaid per person spending on elderly individuals who did not use long-term services and supports was considerably lower, averaging $2,742 per year.

Figure 6

Medicaid Spending Per Elderly Enrollee



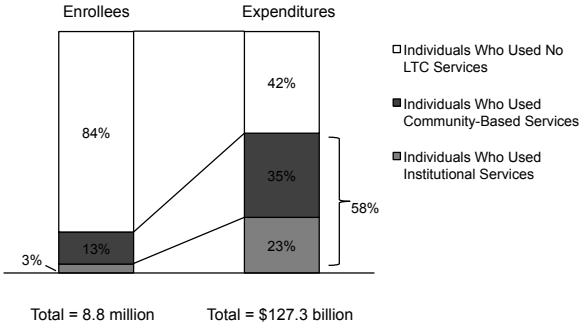
SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Individuals with Disabilities

Sixteen percent of Medicaid beneficiaries with disabilities used long-term services and supports, but they accounted for fifty-eight percent of all Medicaid spending on people with disabilities (Figure 7). Three-quarters of these 1.4 million individuals predominantly used community-based services, and the remaining used institutional services (20%) and a mixture of both community and institutional services (3%). The majority (84%) of Medicaid beneficiaries with disabilities used no long-term care services, but relied on Medicaid for an array of acute and other supportive services.

Figure 7

Distribution of Medicaid Individuals with Disabilities by Long-Term Care Use

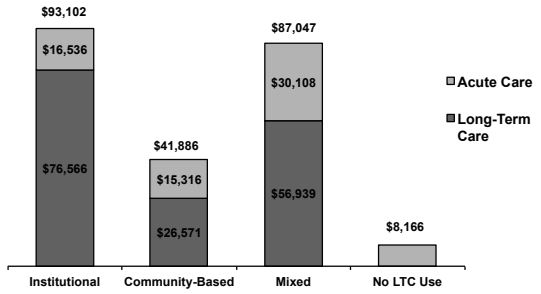


NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Medicaid per enrollee spending for persons with disabilities using institutional care averaged $93,102, and those using both institutional and community-based services averaged $87,047 per enrollee (Figure 8). Any use of institutional services increased average spending compared to those using predominantly community-based services. Spending on community-based services averaged $41,886 for individuals with disabilities with long-term care use. This compares to an average of $8,166 for Medicaid beneficiaries with disabilities with little or no long-term care spending.

Figure 8

Medicaid Spending Per Disabled Enrollee



SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Spending on acute and other supportive services averaged about $16,000 per disabled beneficiary regardless of setting, but spending on long-term care services in the community was considerably lower than in institutions. Although relatively few individuals with disabilities (338,700) used institutional services, per capita spending was substantial, reflecting their high level of need and the relatively higher cost of institutional services compared to HCBS. About one-third (34%) of these individuals resided in intermediate care facilities for the mentally retarded (ICF/MR) or in facilities providing inpatient psychiatric services (Table 6). Average spending per person was almost twice as much for these residents ($120,741) compared to nursing facility residents ($76,305). Also, average spending for institutional services was much higher for these residents ($109,585) compared to nursing facility residents ($50,811). The goal of ICF/MR facilities is to promote independence along a continuum of functional capacity by providing the residents with basic personal care needs but also with services that allow them to engage in and contribute to the community. Job coaching, self-help, and transportation are some of the services offered to residents of ICF/MR facilities to help them with "special care services to achieve their potential."[10]

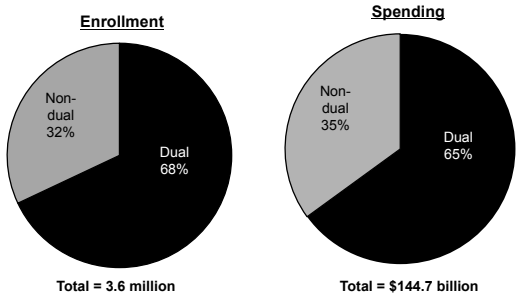
Compared to the elderly, individuals with disabilities who used long-term services are much more likely to rely on services in the community. Average per enrollee spending for the disabled who predominantly use community-based services is about two times higher compared to the elderly who used community-based services ($41,886 vs. $20,764). Medicaid spending is higher for both long-term care spending and acute care spending due to the fact that people with disabilities often have different service needs and longer life expectancies. Another factor is that a majority of elderly Medicaid beneficiaries are dually eligible for both Medicare and Medicaid coverage, while most Medicaid individuals with disabilities are not covered by Medicare.

Dual Eligibles

Dual eligibles accounted for over two-thirds of Medicaid beneficiaries who used long-term services and supports and a similar share of spending (Figure 9). Dual eligibles are defined as low-income seniors and persons with disabilities who are enrolled in both the Medicaid and Medicare programs. They are among the sickest and poorest individuals covered by either program. The duals rely on Medicaid to pay for Medicare premiums and cost-sharing and certain benefits that Medicare does not cover such as long-term care. Medicare covers primarily hospital and physician services and prescription drugs for the duals.

Figure 9

Distribution of Medicaid Beneficiaries Who Use Long-Term Care, by Dual Status



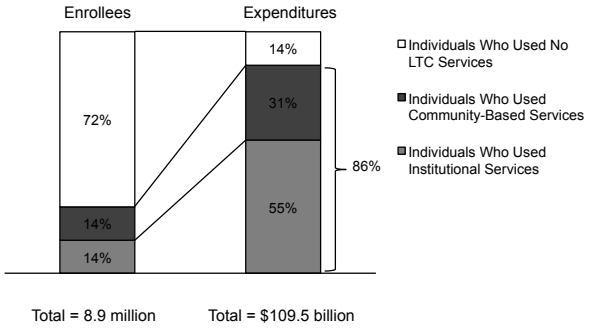
SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

[10] Congressional Research Service, Medicaid Source Book: Background Data and Analysis, January 1993.

Twenty-eight percent of dual eligibles used long-term services, and this group accounted for eighty-six percent of total Medicaid spending on the duals (Figure 10 and Table 7). The majority of this spending (90%) was for long-term care services. The duals also relied on Medicaid for other medical and supportive services. Among dual eligibles who used long-term services, care was about equally split between community-based services and institutional services (52% vs. 44%). Just 4 percent of dual eligibles using long-term services used a combination of both community-based and institutional services.

Figure 10

Distribution of Medicaid Dual Eligibles by Long-Term Care Use

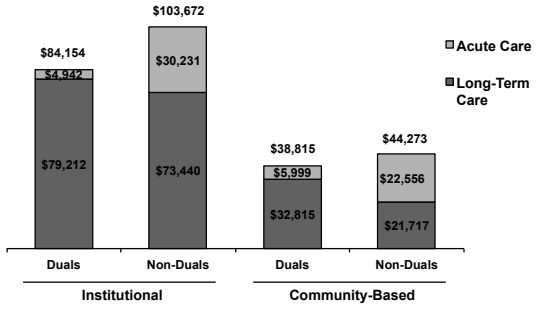


NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Most dual eligibles have lower per capita acute care spending in Medicaid compared to non-duals because Medicare pays for acute care services. Figure 11 illustrates this point by comparing the non-elderly disabled population by dual status. Of all non-elderly disabled using long-term services, 46% are dual eligibles, and 54% are non-dual eligibles (these individuals may not qualify for Medicare or may be in the two year waiting period). Disabled duals with institutional care spent an average of $84,154 per person, while non-duals spent $103,672 (Figure 11 and Table 8). Most of this difference is from payment for acute care services. Duals spent an average of $4,942 on acute care services in Medicaid and non-duals spent $30,231, six times as much. Individuals with disabilities with predominantly community-based services showed a similar difference by dual status. This difference reflects the fact that Medicare covers some, but not all, of the costs of acute care services for dual eligibles.

Figure 11

Spending Per Disabled Medicaid Long-Term Care User, by Dual Status



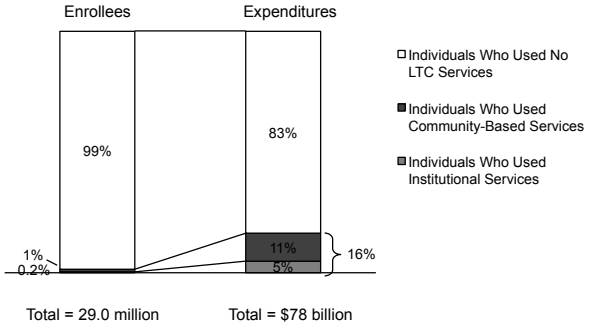
SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Children

A total of 404,400 children who were covered by Medicaid used long-term services in 2007, and these children accounted for 16 percent of total Medicaid spending on children (Figure 12). The majority of children (58%) who used long-

Figure 12

Distribution of Medicaid Children by Long-Term Care Use

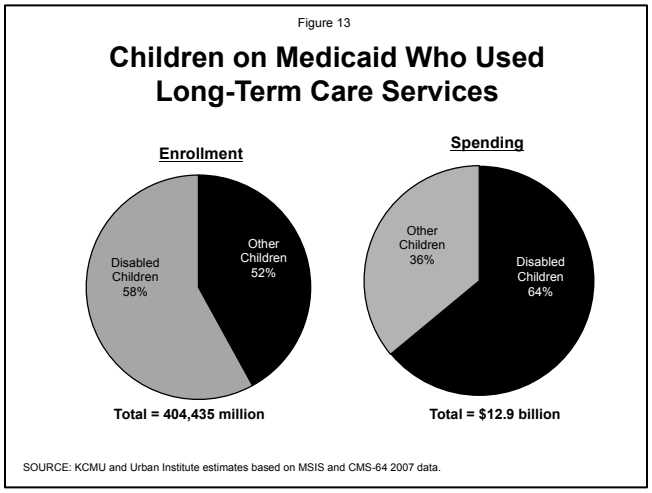


NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

term services qualified through poverty-related income routes or other categories such as foster care assistance, rather than through a disability category (Figure 13). Some of these children might meet disability standards if assessed, but since income eligibility thresholds for children are typically higher compared to other eligibility groups, it is possible that they qualify based on financial eligibility first.

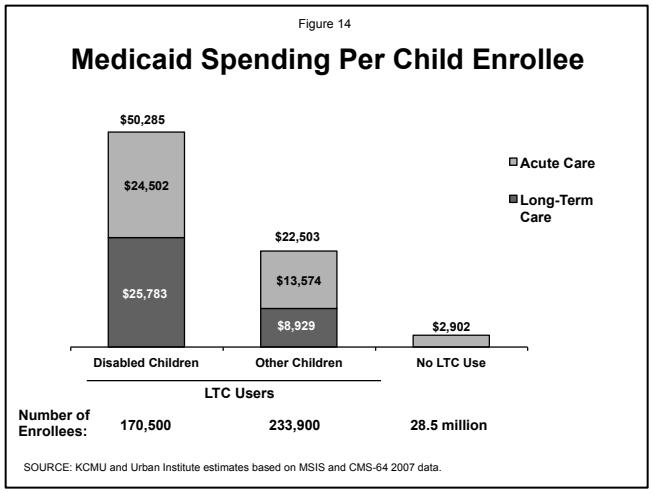
Per person spending among children using Medicaid long-term services and supports was higher for disabled children compared to children who qualified through other categories ($50,285 vs. $22,503) (Figure 14 and Tables 9, 9a & 9b). Roughly the same proportion of disabled and other children using long-term services relied on institutional care (12% vs. 18%), but average spending for those with institutional care was much higher for disabled children ($85,609 vs. $49,948). Similarly, average spending for children using community-based care was also much higher for disabled children ($44,280 vs. $15,871), as was spending for those who used a mix of institutional and community-based services. Spending for both groups was considerably higher than for children who did not use any long-term services and relied on Medicaid primarily for preventive and acute care services.

Figure 13



SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Figure 14



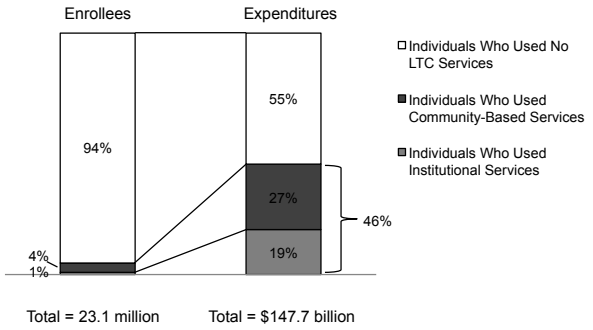
SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Adults

Over 1.3 million adults age 19-64 used long-term services and supports in 2007, accounting for 46% of total Medicaid spending on adults (Figure 15). In contrast to children, most adults (95%) using long-term services qualified on the basis of disability, reflecting Medicaid's general exclusion of childless adults, prior to health reform changes scheduled to take affect in 2014, who are not disabled and low-income eligibility levels for parents. Average spending for adults who qualified for Medicaid on the basis of disability was higher than for adults who used long-term services but qualified through other pathways ($53,852 vs. $25,760) (Figure 16 and Tables 10, 10a & 10b). A greater percentage of adults with disabilities with long-term care needs used institutional services (21%) compared to other adults (13%). Spending for adults who did not use long-term services was much lower, averaging $5,015. Compared to children, adults who used long-term services had higher average spending ($52,683 vs. $34,913) due to greater use of institutional care and higher spending on community-based long-term services and supports.

Figure 15

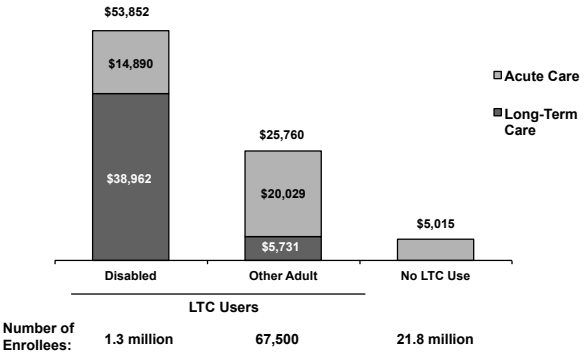
Distribution of Medicaid Adults by Long-Term Care Use



NOTE: Individuals who used both institutional and community-based services in the same year are classified as using institutional services in this figure. SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Figure 16

Medicaid Spending Per Adult Enrollee



SOURCE: KCMU and Urban Institute estimates based on MSIS and CMS-64 2007 data.

Policy Implications

Analysis of long-term care spending patterns in Medicaid finds that only 3.6 million Medicaid beneficiaries (or 6 percent) use long-term services, but these beneficiaries account for nearly half (48 percent) of all Medicaid spending. Medicaid beneficiaries who rely on long-term care services are a diverse population with a range of chronic conditions, disabilities and diseases who require a mix of acute medical services and long-term care supports to meet their needs. Medicaid long-term care users receive services in a variety of settings including their own homes, adult day centers, assisted living facilities, and nursing homes. Unlike Medicare or private insurance, Medicaid is the only major financing stream for long-term care that is designed to provide a broad array of services across both institutional and community-based settings.

Medicaid plays a critical role for people of all ages with long-term services and supports needs. Persons 65 and older constitute over half (52%) of those who use Medicaid long-term care services, but roughly 40% are individuals under age 65 with a disability. Another 8 percent are adults and children who rely on Medicaid's long-term services and supports, but became eligible for Medicaid through pathways other than disability. The inclusion of home and community-based services in a state's Medicaid benefits packages is especially important for individuals with disabilities under 65 because HCBS cover a range of supports necessary to live independently in the community. Offering these services helps states to comply with the 1999 Supreme Court decision (Olmstead v. L.C.) that ruled, under the Americans with Disabilities Act, institutionalizing a person with a disability who can benefit from and does not oppose living in the community constitutes unlawful discrimination.

Spending patterns vary widely across different types of long-term care population groups and settings. While more Medicaid long-term care users rely on community-based services (2.2 million versus 1.3 million), more Medicaid dollars go toward the cost of covering institutional services, reflecting the high costs of serving people with high needs in 24-hour care facilities. Medicaid beneficiaries with disabilities have the highest per capita costs ($53,427) reflecting their use of costly institutional settings such as ICF/MRs, followed by the elderly ($38,007) who rely more heavily on institutional care in nursing homes. Medicaid enrollees who receive

services in the community have lower overall per enrollee spending compared with their counterparts in institutional setting. With demand for community-based services high, states have been continuously pressed to expand access to these services and through the ACA, have been given additional resources to do so. The ACA makes available enhanced federal matching funds through the Money Follows the Person Demonstration, the new State Balancing Incentive Payments Program, and the Community First Choice Option to support state efforts to increase the provision of HCBS. However, today's challenging budget environment at the state and federal levels may affect states' ability to greatly expand access to community-based services in the future.

Medicaid's coverage of long-term services and supports fills important gaps in coverage for the dual eligibles. Medicare covers primarily hospital and physician services, but few long-term care services. Overall, 70 percent of all Medicaid spending for dual eligibles is for long-term services.[11] And while Medicare has taken over the payment of prescription drugs for this population, states are still required to make monthly "clawback" payments related to prescription drugs for the duals. The fact that dual eligibles must navigate both Medicare and Medicaid to receive health and long-term services has driven policymakers to develop strategies to improve delivery of care for the duals. Interest in improving the coordination and integration of care among dual eligibles is growing, and the ACA created a number of new incentive programs to address this policy issue. The ACA establishes the Medicare-Medicaid Coordination Office to align Medicare and Medicaid financing, benefits administration, oversight rules and policies for dual eligibles. In April 2011, the Medicare-Medicaid Coordination Office awarded $1 million contracts to 15 states to design models to improve care for duals. In addition, the new Center for Medicare and Medicaid Innovation created under the ACA has explicit authority to allow states to test and evaluate integrated care models for duals.

Many states are also considering expanding Medicaid managed care beyond children and families to include people with disabilities with chronic and long-term services and supports needs. Given the fact that these individuals have substantial needs that translate into higher per capita costs, balancing efforts to better integrate services across Medicare and Medicaid with efforts to control costs across both programs is critical to successful care coordination. Models of successful delivery system and/or payment reforms at the state level will be important to monitor to ensure quality of care and continuity of coverage for Medicaid beneficiaries with both acute and long-term services and supports needs.

This issue paper was prepared for the Kaiser Family Foundation's Commission on Medicaid and the Uninsured by Molly O'Malley Watts, consultant, Emily Lawton of the Urban Institute, and Katherine Young of the Kaiser Commission on Medicaid and the Uninsured.

[11] Kaiser Commission on Medicaid and the Uninsured, Dual Eligibles: Medicaid and Spending for Medicare Beneficiaries in 2007, http://www.kff.org/medicaid/7846.cfm

Table 1. Enrollment and Spending of Medicaid Enrollees by Long-Term Care Status, 2007

Enrollee Type	Enrollees (rounded to nearest 100)	Percent of Enrollees	Total Medicaid Spending (in millions)	Percent of Spending
Medicaid Enrollees	**58,106,000**	**100%**	**$300,001.00**	**100%**
Enrollees with Predominantly Institutional Long-Term Care	1,325,100	2.3%	$72,453.3	24.2%
Enrollees with Predominantly Community-Based Long-Term Care	2,189,500	3.8%	$64,676.3	21.6%
Enrollees with Substantial Mixed Institutional and Community-Based Long-Term Care	132,600	0.2%	$7,548.6	2.5%
Enrollees with Insubstantial or No Long-Term Care	54,458,800	93.7%	$155,322.7	51.8%

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 2A. Spending and Enrollment for All Medicaid Enrollees with Substantial Long-Term Care Use by Setting, 2007

All Enrollees with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*3,647,200*		
Total Spending	144,678.2	100%	43,296
Long-Term Care	111,702.1	77.2%	33,428
Inpatient	10,428.2	7.2%	3,121
Drugs	5,365.2	3.7%	1,606
Physician/ Lab-Xray	2,700.1	1.9%	808
Outpatient/ Clinic	3,473.8	2.4%	1,040
Rehab and Therapy	1,509.5	1.0%	452
Other Supportive Services	3,336.1	2.3%	998
Other Acute	6,163.3	4.3%	1,844

Enrollees with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,325,100*		
Total Spending	72,453.3	100%	62,750
Long-Term Care	64,583.9	89.1%	55,934
Inpatient	2,731.8	3.8%	2,366
Drugs	1,191.9	1.6%	1,032
Physician/ Lab-Xray	581.1	0.8%	503
Outpatient/ Clinic	677.7	0.9%	587
Rehab and Therapy	300.7	0.4%	260
Other Supportive Services	1,184.7	1.6%	1,026
Other Acute	1,201.5	1.7%	1,041

Enrollees with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*2,189,500*		
Total Spending	64,676.3	100%	31,341
Long-Term Care	41,487.2	64.1%	20,104
Inpatient	6,758.0	10.4%	3,275
Drugs	3,933.5	6.1%	1,906
Physician/ Lab-Xray	1,975.1	3.1%	957
Outpatient/ Clinic	2,622.5	4.1%	1,271
Rehab and Therapy	1,165.2	1.8%	565
Other Supportive Services	1,995.1	3.1%	967
Other Acute	4,739.8	7.3%	2,297

Enrollees with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*132,600*		
Total Spending	7,548.6	100%	61,206
Long-Term Care	5,631.0	74.6%	45,658
Inpatient	938.4	12.4%	7,608
Drugs	239.7	3.2%	1,944
Physician/ Lab-Xray	144.0	1.9%	1,167
Outpatient/ Clinic	173.6	2.3%	1,408
Rehab and Therapy	43.6	0.6%	354
Other Supportive Services	156.3	2.1%	1,268
Other Acute	222.0	2.9%	1,800

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 2B. Spending and Enrollment for All Medicaid Enrollees with Insubstantial or No Long-Term Care Use by Setting, 2007

All Enrollees with Insubstantial or No Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*54,458,800*		
Total Spending	155,322.8	100%	3,694
Long-Term Care	460.5	0.3%	11
Inpatient	25,772.3	16.6%	613
Drugs	16,993.2	10.9%	404
Physician/ Lab-Xray	11,633.4	7.5%	277
Outpatient/ Clinic	17,364.4	11.2%	413
Rehab and Therapy	5,301.6	3.4%	126
Other Supportive Services	4,633.9	3.0%	110
Other Acute	73,163.4	47.1%	1,740

Enrollees with Insubstantial Long-Term Care	Total Spending	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*342,000*		
Total Spending	4,521.8	100%	17,152
Long-Term Care	517.9	11.5%	1,964
Inpatient	1,721.2	38.1%	6,529
Drugs	432.6	9.6%	1,641
Physician/ Lab-Xray	370.7	8.2%	1,406
Outpatient/ Clinic	461.7	10.2%	1,751
Rehab and Therapy	100.5	2.2%	381
Other Supportive Services	398.0	8.8%	1,510
Other Acute	519.3	11.5%	1,970

Enrollees with No Long-Term Care	Total Spending	Percent of Spending	Spending Per Full Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*54,116,900*		
Total Spending	150,800.9	100%	3,609
Long-Term Care	N/A[1]	N/A	N/A
Inpatient	24,051.0	15.9%	576
Drugs	16,560.6	11.0%	396
Physician/ Lab-Xray	11,262.8	7.5%	270
Outpatient/ Clinic	16,902.8	11.2%	405
Rehab and Therapy	5,201.1	3.4%	124
Other Supportive Services	4,235.9	2.8%	101
Other Acute	72,644.1	48.2%	1,739

1. N/A indicates negative expenditures, which reflect spending adjustments for overpayments in a prior year.
Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 3. Enrollment and Spending for Medicaid Enrollees with Substantial Long-Term Care Service Use, 2007

All Substantial Long-Term Care Users in Medicaid	Enrollees (rounded to nearest 100)	Percent of Enrollees	Total Medicaid Spending (in millions)	Spending Per Full-Year Equivalent Medicaid Enrollee
Elderly	1,901,600	52.1%	$64,653.1	38,077
Persons with Disabilities	1,443,900	39.6%	$74,054.3	53,427
Other Adults and Children*	301,700	8.3%	$5,970.8	23,183
Total	**3,647,200**	**100%**	**$144,678.2**	**43,296**

* "Other" includes individuals who qualified for Medicaid through a pathway not related to disability.
Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 4. Spending and Enrollment for All Elderly Medicaid Enrollees with Substantial Long-Term Care Use, 2007

All Elderly with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,901,600*		
Total Spending	64,653.1	100%	38,077
Long-Term Care	57,742.9	89.3%	34,007
Inpatient	1,462.4	2.3%	861
Drugs	485.7	0.8%	286
Physician/ Lab-Xray	440.6	0.7%	259
Outpatient/ Clinic	688.2	1.1%	405
Rehab and Therapy	393.6	0.6%	232
Other Supportive Services	1,254.4	1.9%	739
Other Acute	2,185.3	3.4%	1,287

Elderly with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*981,700*		
Total Spending	44,851.8	100%	53,593
Long-Term Care	42,304.0	94.3%	50,549
Inpatient	608.2	1.4%	727
Drugs	196.2	0.4%	234
Physician/ Lab-Xray	155.4	0.3%	186
Outpatient/ Clinic	198.7	0.4%	237
Rehab and Therapy	44.1	0.1%	53
Other Supportive Services	838.9	1.9%	1,002
Other Acute	506.2	1.1%	605

Elderly with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*836,000*		
Total Spending	16,283.2	100%	20,764
Long-Term Care	12,426.2	76.3%	15,846
Inpatient	656.5	4.0%	837
Drugs	261.2	1.6%	333
Physician/ Lab-Xray	253.2	1.6%	323
Outpatient/ Clinic	439.3	2.7%	560
Rehab and Therapy	334.2	2.1%	426
Other Supportive Services	338.0	2.1%	431
Other Acute	1,574.6	9.7%	2,008

Elderly with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*83,900*		
Total Spending	3,518.1	100%	45,761
Long-Term Care	3,012.7	85.6%	39,187
Inpatient	197.7	5.6%	2,572
Drugs	28.2	0.8%	367
Physician/ Lab-Xray	32.0	0.9%	416
Outpatient/ Clinic	50.2	1.4%	653
Rehab and Therapy	15.3	0.4%	199
Other Supportive Services	77.5	2.2%	1,008
Other Acute	104.5	3.0%	1,359

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 5. Spending and Enrollment for All Disabled Medicaid Enrollees with Substantial Long-Term Care Use, 2007

All Disabled with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,443,900*		
Total Spending	74,054.3	100%	53,427
Long-Term Care	51,830.5	70.0%	37,394
Inpatient	7,324.4	9.9%	5,284
Drugs	4,335.4	5.9%	3,128
Physician/ Lab-Xray	1,821.5	2.5%	1,314
Outpatient/ Clinic	2,440.2	3.3%	1,761
Rehab and Therapy	925.3	1.2%	668
Other Supportive Services	1,928.9	2.6%	1,392
Other Acute	3,448.1	4.7%	2,488

Disabled with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*291,700*		
Total Spending	25,404.4	100%	93,102
Long-Term Care	20,892.4	82.2%	76,566
Inpatient	1,943.3	7.6%	7,122
Drugs	865.5	3.4%	3,172
Physician/ Lab-Xray	361.0	1.4%	1,323
Outpatient/ Clinic	384.8	1.5%	1,410
Rehab and Therapy	135.0	0.5%	495
Other Supportive Services	305.7	1.2%	1,120
Other Acute	516.8	2.0%	1,894

Disabled with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,105,200*		
Total Spending	44,752.6	100%	41,886
Long-Term Care	28,388.9	63.4%	26,571
Inpatient	4,674.1	10.4%	4,375
Drugs	3,268.8	7.3%	3,059
Physician/ Lab-Xray	1,352.7	3.0%	1,266
Outpatient/ Clinic	1,936.9	4.3%	1,813
Rehab and Therapy	763.5	1.7%	715
Other Supportive Services	1,547.5	3.5%	1,448
Other Acute	2,820.3	6.3%	2,640

Disabled with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*46,900*		
Total Spending	3,897.3	100%	87,047
Long-Term Care	2,549.3	65.4%	56,939
Inpatient	707.1	18.1%	15,794
Drugs	201.1	5.2%	4,492
Physician/ Lab-Xray	107.7	2.8%	2,406
Outpatient/ Clinic	118.5	3.0%	2,647
Rehab and Therapy	26.8	0.7%	598
Other Supportive Services	75.7	1.9%	1,691
Other Acute	111.0	2.8%	2,480

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 6. Disabled Medicaid Enrollees with Substantial Institutional Care Use: Enrollment and Spending by Type of Institution, 2007

All Disabled Enrollees with Substantial Institutional Care	Total	Type of Institution	
		Nursing Facility	Other Facility*
Enrollment (rounded to nearest 100)	**338,700**	**222,100**	**116,600**
Percent of All Disabled Institutionalized Enrollment	100%	65.6%	34.4%
Spending for All Services in Medicaid (in millions)	29,301.7	15,541.3	13,760.3
Spending per Full Year Equivalent Medicaid Enrollee for All Services	92,248	76,305	120,741
Spending for Institutional Care (in millions)	22,837.7	10,348.8	12,488.9
Institutional Care as Percent of Total Spending	78%	66.6%	90.8%
Spending per Full Year Equivalent Medicaid Enrollee for Institutional Services	71,898	50,811	109,585

* Includes intermediate care facilities for people with mental retardation (ICF/MR) and facilities providing inpatient psychiatric services to children. Most of these enrollees are in ICF/MR facilities.
Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 7. Spending and Enrollment for All Dually-Eligible[1] Medicaid Enrollees with Substantial Long-Term Care Use, 2007

All Duals with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*2,490,000*		
Total Spending	93,790.7	100%	41,205
Long-Term Care	84,164.5	89.7%	36,976
Inpatient	1,580.2	1.7%	694
Drugs	516.0	0.6%	227
Physician/ Lab-Xray	587.2	0.6%	258
Outpatient/ Clinic	1,307.5	1.4%	574
Rehab and Therapy	740.9	0.8%	326
Other Supportive Services	1,875.7	2.0%	824
Other Acute	3,018.7	3.2%	1,326

Duals with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,103,900*		
Total Spending	55,573.3	100%	57,896
Long-Term Care	52,682.0	94.8%	54,883
Inpatient	598.5	1.1%	623
Drugs	169.3	0.3%	176
Physician/ Lab-Xray	177.5	0.3%	185
Outpatient/ Clinic	286.2	0.5%	298
Rehab and Therapy	83.0	0.1%	87
Other Supportive Services	911.6	1.6%	950
Other Acute	665.1	1.2%	693

Duals with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,283,300*		
Total Spending	33,486.2	100%	27,427
Long-Term Care	27,346.6	81.7%	22,398
Inpatient	782.8	2.3%	641
Drugs	316.2	0.9%	259
Physician/ Lab-Xray	371.0	1.1%	304
Outpatient/ Clinic	947.1	2.8%	776
Rehab and Therapy	635.2	1.9%	520
Other Supportive Services	861.7	2.6%	706
Other Acute	2,225.6	6.6%	1,823

Duals with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*102,900*		
Total Spending	4,731.2	100%	49,600
Long-Term Care	4,135.9	87.4%	43,359
Inpatient	198.9	4.2%	2,086
Drugs	30.5	0.6%	319
Physician/ Lab-Xray	38.7	0.8%	406
Outpatient/ Clinic	74.2	1.6%	778
Rehab and Therapy	22.7	0.5%	238
Other Supportive Services	102.4	2.2%	1,074
Other Acute	127.9	2.7%	1,341

1. When dual eligible and non-dual eligible substantial long-term care users were analyzed separately, dual eligibles with missing age were excluded. This led to three elderly dual eligibles with $130,995 total spending and $126,069 total long-term care spending being excluded.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 8: Spending and Enrollment for Disabled Medicaid Enrollees with Substantial Long-Term Care Use by Dual Status, 2007

	Disabled Dual		
	Total Spending (in millions)	**Percent of Spending**	**Spending Per Full-Year Equivalent Medicaid Enrollee**
Disabled with Predominantly Institutional Long-Term Care			
Enrollment (rounded to nearest 100)	*156,100*		
Total Spending	12,435.6	100%	84,154
Long-Term Care Spending	11,705.3	94.1%	79,212
Acute Care Spending	730.3	5.9%	4,942
Disabled with Predominantly Community-Based Long-Term Care			
Enrollment (rounded to nearest 100)	*481,200*		
Total Spending	18,135.0	100%	38,815
Long-Term Care Spending	15,332.1	84.5%	32,815
Acute Care Spending	2,802.9	15.5%	5,999
Disabled with Substantial Mixed Institutional and Community-Based Long-Term Care			
Enrollment (rounded to nearest 100)	*21,600*		
Total Spending	1,390.5	100%	66,938
Long-Term Care Spending	1,213.1	87.2%	58,399
Acute Care Spending	177.4	12.8%	8,539

	Disabled Non-Dual		
	Total Spending (in millions)	**Percent of Spending**	**Spending Per Full-Year Equivalent Medicaid Enrollee**
Disabled with Predominantly Institutional Long-Term Care			
Enrollment (rounded to nearest 100)	*135,600*		
Total Spending	12,968.8	100%	103,672
Long-Term Care Spending	9,187.0	70.8%	73,440
Acute Care Spending	3,781.8	29.2%	30,231
Disabled with Predominantly Community-Based Long-Term Care			
Enrollment (rounded to nearest 100)	*624,000*		
Total Spending	26,617.6	100%	44,273
Long-Term Care Spending	13,056.8	49.1%	21,717
Acute Care Spending	13,560.9	50.9%	22,556
Disabled with Substantial Mixed Institutional and Community-Based Long-Term Care			
Enrollment (rounded to nearest 100)	*25,300*		
Total Spending	2,506.8	100%	104,451
Long-Term Care Spending	1,336.2	53.3%	55,674
Acute Care Spending	1,170.6	46.7%	48,776

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 9. Spending and Enrollment for All Child Medicaid Enrollees (Ages 0-18)[1] Regardless of Eligibility Pathway with Substantial Long-Term Care Use, 2007

All Children with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*404,400*		
Total Spending	12,893.4	100%	34,913
Long-Term Care	6,077.9	47.1%	16,458
Inpatient	2,429.2	18.8%	6,578
Drugs	1,053.3	8.2%	2,852
Physician/ Lab-Xray	605.9	4.7%	1,641
Outpatient/ Clinic	510.1	4.0%	1,381
Rehab and Therapy	446.3	3.5%	1,208
Other Supportive Services	574.0	4.5%	1,554
Other Acute	1,196.6	9.3%	3,240

All Children with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*62,700*		
Total Spending	3,535.6	100%	61,900
Long-Term Care	2,436.7	68.9%	42,661
Inpatient	206.0	5.8%	3,607
Drugs	190.8	5.4%	3,341
Physician/ Lab-Xray	82.1	2.3%	1,438
Outpatient/ Clinic	123.3	3.5%	2,159
Rehab and Therapy	151.0	4.3%	2,643
Other Supportive Services	51.6	1.5%	904
Other Acute	294.0	8.3%	5,148

All Children with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*337,800*		
Total Spending	8,959.8	100%	29,057
Long-Term Care	3,373.1	37.6%	10,939
Inpatient	2,167.8	24.2%	7,030
Drugs	839.1	9.4%	2,721
Physician/ Lab-Xray	515.8	5.8%	1,673
Outpatient/ Clinic	375.9	4.2%	1,219
Rehab and Therapy	288.6	3.2%	936
Other Supportive Services	513.4	5.7%	1,665
Other Acute	886.0	9.9%	2,873

All Children with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*4,000*		
Total Spending	398.0	100%	104,075
Long-Term Care	268.0	67.4%	70,098
Inpatient	55.4	13.9%	14,496
Drugs	23.4	5.9%	6,109
Physician/ Lab-Xray	8.0	2.0%	2,097
Outpatient/ Clinic	10.9	2.7%	2,840
Rehab and Therapy	6.7	1.7%	1,752
Other Supportive Services	9.0	2.3%	2,352
Other Acute	16.6	4.2%	4,332

1. Beneficiaries eligible for Medicaid through a non-disabled child pathway but missing age were not included in the separate adult or child tables because they could be 0-21 depending on the state since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Beneficiaries eligible through a non-disabled adult pathway but missing age were classified as adults for the adult tables because the eligibility pathway indicates that they are 19-64 years old.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 9a. Spending and Enrollment for Disabled Child Medicaid Enrollees (Ages 0-18)[1] with Substantial Long-Term Care Use, 2007

All Disabled Children with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*170,500*		
Total Spending	8,295.4	100%	50,285
Long-Term Care	4,253.4	51.3%	25,783
Inpatient	1,318.9	15.9%	7,995
Drugs	660.0	8.0%	4,001
Physician/ Lab-Xray	303.2	3.7%	1,838
Outpatient/ Clinic	279.6	3.4%	1,695
Rehab and Therapy	268.8	3.2%	1,629
Other Supportive Services	440.3	5.3%	2,669
Other Acute	771.2	9.3%	4,675

All Disabled Children with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*20,100*		
Total Spending	1,638.9	100%	85,609
Long-Term Care	1,196.6	73.0%	62,504
Inpatient	102.5	6.3%	5,354
Drugs	83.4	5.1%	4,358
Physician/ Lab-Xray	27.5	1.7%	1,438
Outpatient/ Clinic	44.2	2.7%	2,309
Rehab and Therapy	37.7	2.3%	1,969
Other Supportive Services	15.2	0.9%	794
Other Acute	131.8	8.0%	6,882

All Disabled Children with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*147,700*		
Total Spending	6,337.3	100%	44,280
Long-Term Care	2,837.7	44.8%	19,827
Inpatient	1,171.7	18.5%	8,187
Drugs	559.4	8.8%	3,908
Physician/ Lab-Xray	270.0	4.3%	1,886
Outpatient/ Clinic	227.5	3.6%	1,590
Rehab and Therapy	225.4	3.6%	1,575
Other Supportive Services	418.3	6.6%	2,923
Other Acute	627.4	9.9%	4,383

All Disabled Children with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*2,800*		
Total Spending	319.2	100%	118,035
Long-Term Care	219.1	68.6%	81,027
Inpatient	44.8	14.0%	16,563
Drugs	17.2	5.4%	6,367
Physician/ Lab-Xray	5.7	1.8%	2,098
Outpatient/ Clinic	7.9	2.5%	2,904
Rehab and Therapy	5.7	1.8%	2,106
Other Supportive Services	6.7	2.1%	2,488
Other Acute	12.1	3.8%	4,481

1. Beneficiaries eligible for Medicaid through a non-disabled child pathway but missing age were not included in the separate adult or child tables because they could be 0-21 depending on the state since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Beneficiaries eligible through a non-disabled adult pathway but missing age were classified as adults for the adult tables because the eligibility pathway indicates that they are 19-64 years old.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 9b. Spending and Enrollment for Child Medicaid Enrollees (Ages 0-18)[1] Eligible through Categories Other than Disability with Substantial Long-Term Care Use, 2007

All Other Children with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*233,900*		
Total Spending	4,597.9	100%	22,503
Long-Term Care	1,824.5	39.7%	8,929
Inpatient	1,110.3	24.1%	5,434
Drugs	393.3	8.6%	1,925
Physician/ Lab-Xray	302.7	6.6%	1,481
Outpatient/ Clinic	230.5	5.0%	1,128
Rehab and Therapy	177.5	3.9%	869
Other Supportive Services	133.7	2.9%	655
Other Acute	425.4	9.3%	2,082

All Other Children with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*42,600*		
Total Spending	1,896.7	100%	49,948
Long-Term Care	1,240.1	65.4%	32,657
Inpatient	103.5	5.5%	2,726
Drugs	107.4	5.7%	2,828
Physician/ Lab-Xray	54.6	2.9%	1,437
Outpatient/ Clinic	79.1	4.2%	2,084
Rehab and Therapy	113.3	6.0%	2,983
Other Supportive Services	36.4	1.9%	959
Other Acute	162.3	8.6%	4,274

All Other Children with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*190,100*		
Total Spending	2,622.5	100%	15,871
Long-Term Care	535.5	20.4%	3,241
Inpatient	996.1	38.0%	6,029
Drugs	279.7	10.7%	1,693
Physician/ Lab-Xray	245.8	9.4%	1,487
Outpatient/ Clinic	148.4	5.7%	898
Rehab and Therapy	63.2	2.4%	383
Other Supportive Services	95.1	3.6%	575
Other Acute	258.7	9.9%	1,565

All Other Children with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,200*		
Total Spending	78.7	100%	70,343
Long-Term Care	48.9	62.1%	43,690
Inpatient	10.6	13.5%	9,500
Drugs	6.1	7.8%	5,484
Physician/ Lab-Xray	2.3	3.0%	2,093
Outpatient/ Clinic	3.0	3.8%	2,684
Rehab and Therapy	1.0	1.3%	896
Other Supportive Services	2.3	2.9%	2,024
Other Acute	4.4	5.6%	3,973

1. Beneficiaries eligible for Medicaid through a non-disabled child pathway but missing age were not included in the separate adult or child tables because they could be 0-21 depending on the state since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Beneficiaries eligible through a non-disabled adult pathway but missing age were classified as adults for the adult tables because the eligibility pathway indicates that they are 19-64 years old.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 10. Spending and Enrollment for All Adult Medicaid Enrollees (Ages 19-64)[1] Regardless of Eligibility Pathway with Substantial Long-Term Care Use, 2007

All Adults with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,340,800*		
Total Spending	67,125.0	100%	52,683
Long-Term Care	47,881.1	71.3%	37,579
Inpatient	6,530.6	9.7%	5,126
Drugs	3,825.9	5.7%	3,003
Physician/ Lab-Xray	1,653.5	2.5%	1,298
Outpatient/ Clinic	2,275.3	3.4%	1,786
Rehab and Therapy	669.6	1.0%	525
Other Supportive Services	1,507.7	2.2%	1,183
Other Acute	2,781.4	4.1%	2,183

All Adults with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*280,600*		
Total Spending	24,065.7	100%	92,337
Long-Term Care	19,843.1	82.5%	76,136
Inpatient	1,917.5	8.0%	7,357
Drugs	804.9	3.3%	3,088
Physician/ Lab-Xray	343.6	1.4%	1,318
Outpatient/ Clinic	355.7	1.5%	1,365
Rehab and Therapy	105.6	0.4%	405
Other Supportive Services	294.2	1.2%	1,129
Other Acute	401.2	1.7%	1,539

All Adults with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,015,400*		
Total Spending	39,426.8	100%	40,609
Long-Term Care	25,687.8	65.2%	26,458
Inpatient	3,927.9	10.0%	4,046
Drugs	2,832.9	7.2%	2,918
Physician/ Lab-Xray	1,205.9	3.1%	1,242
Outpatient/ Clinic	1,807.1	4.6%	1,861
Rehab and Therapy	542.4	1.4%	559
Other Supportive Services	1,143.6	2.9%	1,178
Other Acute	2,279.2	5.8%	2,348

All Adults with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*44,800*		
Total Spending	3,632.5	100%	85,219
Long-Term Care	2,350.2	64.7%	55,136
Inpatient	685.2	18.9%	16,075
Drugs	188.2	5.2%	4,414
Physician/ Lab-Xray	104.0	2.9%	2,440
Outpatient/ Clinic	112.5	3.1%	2,640
Rehab and Therapy	21.6	0.6%	507
Other Supportive Services	69.9	1.9%	1,639
Other Acute	101.0	2.8%	2,368

1. Beneficiaries eligible for Medicaid through a non-disabled child pathway but missing age were not included in the separate adult or child tables because they could be 0-21 depending on the state since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Beneficiaries eligible through a non-disabled adult pathway but missing age were classified as adults for the adult tables because the eligibility pathway indicates that they are 19-64 years old.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 10a. Spending and Enrollment for Disabled Adult Medicaid Enrollees (Ages 19-64)[1] with Substantial Long-Term Care Use, 2007

All Disabled Adults with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,273,300*		
Total Spending	65,758.9	100%	53,852
Long-Term Care	47,577.1	72.4%	38,962
Inpatient	6,005.5	9.1%	4,918
Drugs	3,675.4	5.6%	3,010
Physician/ Lab-Xray	1,518.3	2.3%	1,243
Outpatient/ Clinic	2,160.6	3.3%	1,769
Rehab and Therapy	656.5	1.0%	538
Other Supportive Services	1,488.6	2.3%	1,219
Other Acute	2,676.8	4.1%	2,192

All Disabled Adults with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*271,600*		
Total Spending	23,765.5	100%	93,667
Long-Term Care	19,695.8	82.9%	77,627
Inpatient	1,840.8	7.7%	7,255
Drugs	782.0	3.3%	3,082
Physician/ Lab-Xray	333.4	1.4%	1,314
Outpatient/ Clinic	340.6	1.4%	1,343
Rehab and Therapy	97.3	0.4%	384
Other Supportive Services	290.5	1.2%	1,145
Other Acute	385.0	1.6%	1,517

All Disabled Adults with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*957,500*		
Total Spending	38,415.3	100%	41,516
Long-Term Care	25,551.2	66.5%	27,613
Inpatient	3,502.4	9.1%	3,785
Drugs	2,709.5	7.1%	2,928
Physician/ Lab-Xray	1,082.7	2.8%	1,170
Outpatient/ Clinic	1,709.3	4.4%	1,847
Rehab and Therapy	538.1	1.4%	582
Other Supportive Services	1,129.2	2.9%	1,220
Other Acute	2,192.9	5.7%	2,370

All Disabled Adults with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*44,200*		
Total Spending	3,578.0	100%	85,054
Long-Term Care	2,330.1	65.1%	55,390
Inpatient	662.3	18.5%	15,744
Drugs	183.9	5.1%	4,371
Physician/ Lab-Xray	102.1	2.9%	2,426
Outpatient/ Clinic	110.7	3.1%	2,630
Rehab and Therapy	21.1	0.6%	501
Other Supportive Services	69.0	1.9%	1,640
Other Acute	98.9	2.8%	2,352

1. Beneficiaries eligible for Medicaid through a non-disabled child pathway but missing age were not included in the separate adult or child tables because they could be 0-21 depending on the state since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Beneficiaries eligible through a non-disabled adult pathway but missing age were classified as adults for the adult tables because the eligibility pathway indicates that they are 19-64 years old.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 10b. Spending and Enrollment for Adult Medicaid Enrollees (Ages 19-64)[1] Eligible through Categories Other than Disability with Substantial Long-Term Care Use, 2007

All Other Adults with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*67,500*		
Total Spending	1,366.1	100%	25,760
Long-Term Care	303.9	22.2%	5,731
Inpatient	525.1	38.4%	9,902
Drugs	150.5	11.0%	2,838
Physician/ Lab-Xray	135.2	9.9%	2,550
Outpatient/ Clinic	114.7	8.4%	2,162
Rehab and Therapy	13.0	1.0%	245
Other Supportive Services	19.1	1.4%	360
Other Acute	104.5	7.7%	1,971

All Other Adults with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*9,000*		
Total Spending	300.2	100%	43,475
Long-Term Care	147.3	49.1%	21,332
Inpatient	76.7	25.6%	11,110
Drugs	22.8	7.6%	3,304
Physician/ Lab-Xray	10.1	3.4%	1,469
Outpatient/ Clinic	15.0	5.0%	2,174
Rehab and Therapy	8.2	2.7%	1,193
Other Supportive Services	3.7	1.2%	542
Other Acute	16.2	5.4%	2,350

All Other Adults with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*57,900*		
Total Spending	1,011.4	100%	22,197
Long-Term Care	136.6	13.5%	2,997
Inpatient	425.5	42.1%	9,339
Drugs	123.4	12.2%	2,708
Physician/ Lab-Xray	123.1	12.2%	2,702
Outpatient/ Clinic	97.8	9.7%	2,146
Rehab and Therapy	4.3	0.4%	94
Other Supportive Services	14.5	1.4%	318
Other Acute	86.3	8.5%	1,893

All Other Adults with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*600*		
Total Spending	54.4	100%	97,607
Long-Term Care	20.1	36.9%	35,984
Inpatient	22.9	42.0%	41,009
Drugs	4.3	7.8%	7,660
Physician/ Lab-Xray	1.9	3.5%	3,460
Outpatient/ Clinic	1.9	3.4%	3,325
Rehab and Therapy	0.5	1.0%	933
Other Supportive Services	0.9	1.7%	1,611
Other Acute	2.0	3.7%	3,625

1. Beneficiaries eligible for Medicaid through a non-disabled child pathway but missing age were not included in the separate adult or child tables because they could be 0-21 depending on the state since 19-21 year olds are not consistently classified as children or adults across states. This amounted to 298 enrollees with $6,741,651 total spending and $164,038 total long-term care spending not included in the separate adult or child tables. Beneficiaries eligible through a non-disabled adult pathway but missing age were classified as adults for the adult tables because the eligibility pathway indicates that they are 19-64 years old.

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

Table 11. Spending and Enrollment for All Adult and Child Medicaid Enrollees (Ages 0-64) Eligible through Categories Other than Disability with Substantial Long-Term Care Use, 2007

All Other Adults and Children with Substantial Long-Term Care	Total Spending (in millions)	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*301,700*		
Total Spending	5,970.8	100%	23,183
Long-Term Care	2,128.6	35.7%	8,265
Inpatient	1,641.3	27.5%	6,373
Drugs	544.1	9.1%	2,113
Physician/ Lab-Xray	438.1	7.3%	1,701
Outpatient/ Clinic	345.3	5.8%	1,341
Rehab and Therapy	190.5	3.2%	740
Other Supportive Services	152.9	2.6%	594
Other Acute	530.0	8.9%	2,058

All Other Adults and Children with Predominantly Institutional Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*51,600*		
Total Spending	2,197.1	100%	48,954
Long-Term Care	1,387.5	63.1%	30,914
Inpatient	180.4	8.2%	4,020
Drugs	130.2	5.9%	2,902
Physician/ Lab-Xray	64.7	2.9%	1,442
Outpatient/ Clinic	94.1	4.3%	2,097
Rehab and Therapy	121.5	5.5%	2,707
Other Supportive Services	40.1	1.8%	895
Other Acute	178.5	8.1%	3,978

All Other Adults and Children with Predominantly Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*248,200*		
Total Spending	3,640.4	100%	17,254
Long-Term Care	672.2	18.5%	3,186
Inpatient	1,427.4	39.2%	6,765
Drugs	403.4	11.1%	1,912
Physician/ Lab-Xray	369.1	10.1%	1,749
Outpatient/ Clinic	246.3	6.8%	1,167
Rehab and Therapy	67.5	1.9%	320
Other Supportive Services	109.6	3.0%	519
Other Acute	345.0	9.5%	1,635

All Other Adults and Children with Substantial Mixed Institutional and Community-Based Long-Term Care	Total Spending	Percent of Spending	Spending Per Full-Year Equivalent Medicaid Enrollee
Enrollment (rounded to nearest 100)	*1,800*		
Total Spending	133.2	100%	79,409
Long-Term Care	69.0	51.8%	41,128
Inpatient	33.5	25.2%	19,977
Drugs	10.4	7.8%	6,208
Physician/ Lab-Xray	4.3	3.2%	2,547
Outpatient/ Clinic	4.9	3.6%	2,897
Rehab and Therapy	1.5	1.1%	908
Other Supportive Services	3.2	2.4%	1,887
Other Acute	6.5	4.9%	3,858

Source: Urban Institute and KCMU estimates based on MSIS and CMS-64 2007 data.

1330 G Street NW, Washington, DC 20005
Phone: (202) 347-5270, *Fax:* (202) 347-5274
Website: www.kff.org/KCMU

This publication (#7576-02) is available on the Kaiser Family Foundation's website at www.kff.org.

THE HENRY J. KAISER FAMILY FOUNDATION

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.