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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

RUN DATE 07/11/01

Annual Report on Home and Community-Based
Services Waivers
Form HCFA-372

REPORTING PERIOD: 990701-000630
WAIVER TITLE: IHMC

Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)
I. Annual Number of Institutional Long-Term Care Recipients with Waiver					
A. Institutional LTC Recipients					
A.1. ICF/MR services					
a. Nonwaiver recipients					
b. Waiver recipients					
A.2. ICF/all other services					
a. Nonwaiver recipients					
b. Waiver recipients					
A.3. SNF services					
a. Nonwaiver recipients					
b. Waiver recipients					
A.4. Mental health facility SNF/ICF services					
a. Nonwaiver recipients				2	
b. Waiver recipients					
B.1. Total unduplicated LTC recipients					
(Actual Factor A value/s)				2	
a. Nonwaiver recipients				2	
b. Waiver recipients					

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

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Services Waivers
Form HCFA-372

REPORTING PERIOD: 990701-000630
WAIVER TITLE: IHMC

Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)
II. Annual Expenditures for Institutional Long-Term Care with Waiver					
A. Total Institutional LTC Expenditures					
A.1. ICF/MR services expenditures					
a. Nonwaiver recipients					
b. Waiver recipients					
A.2. ICF/all other services expenditures					
a. Nonwaiver recipients					
b. Waiver recipients					
A.3. SNF services expenditures					
a. Nonwaiver recipients					
b. Waiver recipients					
A.4. Mental health facility SNF/ICF services expenditures					
a. Nonwaiver recipients				$574,371	
b. Waiver recipients					
B.1. Average per capita LTC services expenditures (Actual Factor B value/s)				$287,185	
a. Nonwaiver recipients				$287,185	
b. Waiver recipients					

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

Annual Report on Home and Community-Based
Services Waivers
Form HCFA-372

REPORTING PERIOD: 990701-000630
WAIVER TITLE: IHMC

Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)
III. Annual Number of Institutional Long-Term Care Recipients Who Received Acute Care Services					
A. Acute care services recipients					
A.1. Inpatient hospital services					
a. Nonwaiver recipients					
b. Waiver recipients					
A.2. Physicians' services					
a. Nonwaiver recipients				2	
b. Waiver recipients					
A.3. Outpatient hospital/clinic services					
a. Nonwaiver recipients					
b. Waiver recipients					
A.4. Laboratory and X-ray services					
a. Nonwaiver recipients				1	
b. Waiver recipients					
A.5. Prescribed drugs					
a. Nonwaiver recipients					
b. Waiver recipients					
A.6. All other acute care services					
a. Nonwaiver recipients				1	
b. Waiver recipients					
B.1. Total unduplicated recipients					
(Actual Factor A value/s)				2	
a. Nonwaiver recipients				2	
b. Waiver recipients					

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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

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Annual Report on Home and Community-Based
Services Waivers
Form HCFA-372

REPORTING PERIOD: 990701-000630
WAIVER TITLE: IHMC

Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)
IV. Annual Expenditures for Acute Care Services to Institutional Long-Term Care Recipients					
A. Acute care services recipients					
A.1. Inpatient hospital services expenditures					
a. Nonwaiver recipients					
b. Waiver recipients					
A.2. Physicians' services expenditures					
a. Nonwaiver recipients				$11,250	
b. Waiver recipients					
A.3. Outpatient hospital/clinic service expenditures					
a. Nonwaiver recipients					
b. Waiver recipients					
A.4. Laboratory and X-ray services expenditures					
a. Nonwaiver recipients				$27	
b. Waiver recipients					
A.5. Prescribed drugs expenditures					
a. Nonwaiver recipients					
b. Waiver recipients					
A.6. All other acute care services expenditures					
a. Nonwaiver recipients				$6,089	
b. Waiver recipients					
B.1. Average per capita acute care services expenditures for institutional LTC recipients (Actual Factor B value/s)				$8,683	
a. Nonwaiver recipients				$8,683	
b. Waiver recipients					

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REPORTING PERIOD: 990701-000630
WAIVER TITLE: IHMC

Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)

VII. Annual Number of Waiver Recipients Who Received Acute Care Services

A. Acute care services recipients

A.1.	Inpatient hospital and LTC services	3
A.2.	Physicians' services	5
A.3.	Outpatient hospital/clinic services	6
A.4.	Laboratory and X-ray services	4
A.5.	Prescribed drugs	6
A.6.	All other acute care services	7
B.1.	Total unduplicated waiver and acute care services recipients (Actual Factor C value/s)	7
	a. Deinstitutionalized waiver recipients	5
	b. Diverted waiver recipients	2

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REPORTING PERIOD: 990701-000630
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Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)

VIII. Annual Expenditures for Acute Care Services to Waiver Recipients

A. Acute care services recipients

A.1.	Inpatient hospital and LTC services expenditures	$37,332
A.2.	Physicians' services expenditures	$4,988
A.3.	Outpatient hospital/clinic services expenditures	$1,316
A.4.	Laboratory and X-ray services expenditures	$1,491
A.5.	Prescribed drugs expenditures	$28,001
A.6.	All other acute care services expenditures	$133,629
B.1.	Average per capita expenditures for acute care services recipients (Actual Factor D value/s)	$29,537
	a. For deinstitutionalized waiver recipients	$30,563
	b. For diverted waiver recipients	$26,971

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IX. Annual Number of Noninstitutional Long-Term Care Services Recipients

A. FORMULA FACTOR H VALUE 44,470

X. Annual Average Per Capita Expenditures for Noninstitutional Long-Term Care Services

A. FORMULA FACTOR I VALUE $2,830

Levels of Care in Approved Waiver	SNF (1)	ICF (2)	ICF/MR (3)	ACUTE HOSP SVCS (4)	SUB-ACUTE HOSP SVCS (5)

XI. Data Not Specifically Related to Formula Factor Values

A.1. Total days of waivered coverage	990
a. Deinstitutionalized waiver recipients	869
b. Diverted waiver recipients	121
A.2. Total days of institutional long-term care	685
a. Nonwaiver recipients	685
b. Waiver recipients	