

Assessing the Experiences of Dually Eligible Beneficiaries in Cal MediConnect: *Results of a Longitudinal Survey*

Submitted by,

Carrie Graham, PhD
Linda Ly
Bethany Lee
Pi-Ju (Marian) Liu, PhD

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University of California, San Francisco
Institute for Health and Aging
Community Living Policy Center



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Executive Summary

Background: In 2014, California implemented a dual financial alignment demonstration called the Coordinated Care Initiative (CCI).¹ This federal demonstration sought to test models integrating Medicare and Medicaid for beneficiaries who were dually eligible (called “duals”). California’s demonstration tested a capitated managed care model whereby Medicaid (Medi-Cal) managed care organizations in seven demonstration counties created new health plans called Cal MediConnect (CMC).² Enrolled dually eligible beneficiaries received all Medicare and Medi-Cal benefits, including both medical care and long-term services and supports (LTSS) through one CMC plan. In addition, CMC plans provided some new benefits like care coordination and non-emergency transportation services. While specialty behavioral health continued to be “carved out,” CMC plans were required to coordinate services across sites. Though all dually eligible beneficiaries in demonstration counties were passively enrolled into CMC health plans, they had the option to “opt out.” Those who opted out kept their original Medicare (fee-for-service or Medicare Advantage), but received Medi-Cal benefits and managed LTSS through a Medi-Cal managed care plan. About half of all eligible beneficiaries opted out of the program. By 2017, approximately 116,000 dually eligible beneficiaries were enrolled in CMC health plans.

The UCSF Community Living Policy Center and the Institute for Health and Aging partnered to conduct the CMC evaluation. One goal of the evaluation was to assess beneficiaries’ experiences with care, including access, quality, and coordination over time. To that end, researchers conducted a longitudinal telephone survey with three groups of dually eligible beneficiaries: those enrolled in CMC, those who opted out, and those in non-demonstration (non-CCI) counties. Key findings from the [first telephone survey](#) (T1) were reported in 2016. This report summarizes results of the second follow-up survey and analysis of change over time.

Methodology: A total of 2,100 dually eligible beneficiaries completed the first telephone survey in 2016 (called Time One or T1). Of those, 1,291 beneficiaries completed a second survey in both 2016 and 2017. Of those who completed both, about a third of the respondents were enrolled in CMC (n=488), about a third were from demonstration counties but opted out of the demonstration (n=330), and a third were dual beneficiaries in non-demonstration counties whose Medi-Cal, Medicare, and LTSS were not coordinated through one plan (n=473).

Three main analyses were conducted. First, bivariate analyses were conducted on 2017 (Time Two or T2) cross-sectional results comparing CMC, opt out, and non-CCI responses to survey questions. Second, longitudinal analyses compared beneficiaries’ responses in 2016 (T1) with those in 2017 (T2) to assess beneficiaries changing or evolving experiences over time. Finally, when there were significant changes over time for CMC beneficiaries, multivariate logistic regression analyses were conducted for that group to identify the beneficiary characteristics that predicted those changing experiences.

Summary of Key Findings

Enrollment and Changing Plans: Very few people (less than half a percent) changed CMC plans or disenrolled from CMC after a year in the program. A higher percent (4%) re-enrolled in CMC after originally opting out. Generally, beneficiaries who opted out said they would need more information to decide whether to re-enroll in CMC.

Satisfaction with Benefits and Quality of Care: Satisfaction with CMC overall was very high, with 94% of CMC beneficiaries reporting they were “very” or “somewhat” satisfied with their benefits. Satisfaction with benefits was highest among CMC beneficiaries compared to those who opted out or those in non-CCI counties. CMC beneficiaries’ ratings of quality of care were generally high and increased over time. In 2016, 84% of CMC beneficiaries rated their quality of care as “excellent or good,” and this rating increased to 87% in 2017.

Ratings of quality of care were high (87%) and increased over time, and 94% of CMC beneficiaries were satisfied with their benefits.

Satisfaction with the program varied by member characteristics. CMC beneficiaries who received In-Home Supportive Services (IHSS) were about 8 times more likely to rate their care excellent or good than those without IHSS. Similarly, those with a care coordinator were about 4 times more likely to rate their care favorably compared to those with no care coordinator. Conversely, beneficiaries who needed LTSS were less satisfied with their benefits and rated their quality of care as lower than those with no LTSS needs.

Disruptions and Delays in Care: In both 2016 and 2017, one in five CMC beneficiaries reported delays or problems in getting care or services. Of those, 61% reported that those problems were not resolved. However, those using specialty care were more likely to see problems resolved. About one in five CMC beneficiaries also reported receiving notification of unpaid bills from doctors’ offices, clinics, or laboratories. There were no significant differences between CMC and comparison groups.

One in five CMC beneficiaries reported delays in care. And one in five reported receiving notification of unpaid bills from doctors’ offices or laboratories.

Primary Care: The number of primary care visits decreased among CMC beneficiaries between 2016 and 2017, from 3.5 visits down to 2.9 average visits in a six-month period. The majority of beneficiaries in all groups were able to access a primary care appointment within a few days. Only about a quarter of CMC beneficiaries said the plan helped them access primary care. There were no changes in wait times across groups, or over time. A quarter of CMC beneficiaries’ ratings of their primary provider’s understanding of their care improved between 2016 and 2017, significantly more than the number who decreased their rating on this measure over the same time period.

Specialty Care: Two-thirds of CMC beneficiaries used specialty care. Three-quarters said it was easy to get appointments, while less than 10% reported problems getting approvals or referrals to specialists through their health plan. There were no differences between CMC and the comparison groups. Approximately 30% of CMC beneficiaries said that someone from the

CMC plan helped them access specialty care, and this help was more likely among those who had a care coordinator.

Acute Care: Over 70% of CMC beneficiaries reported they were able to go to their hospital of choice all the time, and almost 90% of those who had been hospitalized reported being ready to go home when discharged. For those in CMC, having contact with a care coordinator predicted that they received follow-up after discharge.

CMC beneficiaries reported a significant reduction in Emergency Department use—from 0.85 visits in 2016 down to 0.58 visits in 2017.

There was a reduction in reported Emergency department (ED) use among CMC beneficiaries over time, from 0.85 visits in 2016 down to 0.58 in 2017. There was no similar reduction in ED visits among comparison groups.

Behavioral Health: One in five CMC beneficiaries used behavioral health services, and the majority of those took medication for mental health conditions. CMC beneficiaries used behavioral health services less frequently than those who opted out. About 9% of CMC beneficiaries reported unmet needs for behavioral health, which is similar to comparison groups.

Prescription Medication: CMC beneficiaries took an average of six prescription medications. About two-thirds reported having paid out of pocket for prescriptions; this is lower than the out-of-pocket expenses reported by non-CCI beneficiaries, of whom three-quarters reporting paying out of pocket. About three quarters of all groups said they found it always easy to get prescriptions. Among CMC beneficiaries, more frequent ED visits and needing LTSS help were both significant predictors of problems with prescription access.

Care Coordination: Less than a third of CMC beneficiaries (31%) reported having a care coordinator. Half of CMC beneficiaries reported they are getting all the help they need with care coordination, while about a quarter said they could use more help. There were no differences across groups. CMC beneficiaries meet with their care coordinator less often than other groups, with 36% of CMC beneficiaries reported having met with their care coordinators infrequently (once or never in the last year), compared to 25% of opt-outs, and 29% of non-CCI beneficiaries.

Over 95% of CMC beneficiaries who had a care coordinator were satisfied with the services they were receiving. Having a care coordinator benefited CMC beneficiaries in several ways. Those who had a care coordinator were significantly more likely to have their CMC plan assist them with accessing specialty care, following up after leaving the hospital, getting mental health care services, getting help with routine needs, and accessing durable medical equipment

Among CMC beneficiaries, half remembered receiving an individualized care plan in the mail, and half of those indicated the care plan included information that was “very important” to

A quarter of CMC beneficiaries said they could use more help with care coordination. Those who had a CMC care coordinator were most likely to receive assistance with access to specialty care, mental health care, and durable medical equipment.

them. Attendance at care plan meetings was low with only 12% reporting being invited to meetings with people involved with their care.

Communication and Coordination Between Providers: Over three-quarters (77%) of CMC beneficiaries said their primary care provider (PCP) seemed informed and up-to-date about their care from specialists; and about 54% said their providers usually or always share information with each other. However, about a third of CMC and opt-out beneficiaries decreased their rating between 2016 -2017. About one in five CMC beneficiaries reported getting no help managing care and services between their various providers, significantly more than other groups. In particular, CMC beneficiaries without a care coordinator and more frequent ED users got less help managing their providers.

Durable Medical Equipment (DME) and Supplies: Though more CMC beneficiaries reported using DME in 2017, reports of unmet needs also increased. About a quarter of CMC beneficiaries reported unmet DME needs for the first time in 2017. Opt-outs were more likely to use DME and were the only group where unmet DME needs did not increase over time. A third of CMC beneficiaries DME users reported their plans assisted them in accessing DME, and having a care coordinator increased likelihood of getting that assistance.

Unmet need for DME increased over time for CMC beneficiaries.

Transportation: Compared with opt-outs, more CMC beneficiaries reported getting a ride from their health plan to medical appointments. Though for those who had mobility impairment, 14% still had unmet needs for transportation to medical appointments in 2017.

Half of non-English speaking CMC beneficiaries could “never” get a medical interpreter.

Interpreter Services: Half of non-English speaking CMC beneficiaries reported they could “never” get a medical interpreter when they needed one. Over 40% of CMC beneficiaries reported it was harder to get an interpreter at 2017 than it had been in 2016.

Long-Term Services and Supports: Among CMC beneficiaries, those who need LTSS had lower satisfaction overall, and were almost four times more likely to rate their overall quality of care as fair or poor. Additionally, CMC beneficiaries who do not receive In-Home Supportive Services (IHSS) were 8.38 times more likely to rate the overall care as fair or poor, compared to those who do receive IHSS.

IHSS hours increased for CMC beneficiaries after enrollment.

The number of IHSS hours per month increased significantly for CMC beneficiaries between 2016-2017 (up from 84 in 2016 to 94 hours in 2017). Also, the number of CMC beneficiaries (one in five) who said that changes were made to their LTSS was higher in 2017. The non-CCI group also saw a significant increase in average IHSS hours (99 vs. 107 hours) over the same period.

Adverse consequences of LTSS unmet need: Around 37% of CMC beneficiaries who needed help with **routine needs** (e.g., household chores, doing necessary business, shopping, getting around outside the home) reported that they needed more help, or got no help at all with those activities. No differences were observed across groups. Those with unmet needs for routine help had many serious consequences as a result of those unmet needs.

- *More than a third (36%) said they made a mistake in taking prescribed medicines because it was too difficult to keep track of them by themselves.*
- *More than a third (36%) said there had been a time when they had to stay at home because no one was there to help them go out.*
- *More than a third (35%) said there had been a time when they went without groceries or personal items because it was too difficult to shop by themselves.*

Of those in CMC who needed help with **personal care** (e.g., bathing, dressing, getting around inside the home), around 25% needed more help, or got no help at all. Nonetheless, this percentage is much lower than opt-outs and non-CCI. Those with unmet needs for personal care had many serious consequences of those unmet needs.

- *Almost two-thirds (64%) of CMC beneficiaries who needed help with bathing said they experienced discomfort during the past month because of inability to bathe as often as they liked.*
- *More than half (56%) of CMC beneficiaries who needed help with dressing said they experienced discomfort during the past month because of inability to change clothes as often as they liked.*
- *More than two-thirds (69%) of CMC beneficiaries who needed help with using the bathroom said they experienced discomfort during the past month because of not having help getting to the bathroom or changing soiled clothing as often as they needed.*
- *More than half (56%) of CMC beneficiaries who needed help getting in or out of bed or chairs said there were times in the last month when they had to stay in bed because no one was there to help them get out.*

Unmet needs for LTSS were very common among duals and often resulted in beneficiaries making medication errors, and being unable to get out of bed, eat, bathe, or leave their homes when they needed.

Background on Cal MediConnect

In 2014, California implemented a Dual Alignment Demonstration called the Coordinated Care Initiative (CCI).¹ This federal demonstration sought to test models integrating Medicare and Medicaid for beneficiaries who were dually eligible (called “duals”). California’s demonstration tested a capitated managed care model whereby Medicaid (Medi-Cal) managed care health plans in seven demonstration counties created a new product called Cal MediConnect (CMC).² Dually eligible beneficiaries in demonstration counties were passively enrolled into CMC health plans, with the option to “opt out.” Those who opted out kept their original Medicare but received Medi-Cal health benefits and managed long-term services and supports (LTSS) through a Medi-Cal managed care plan.

By 2017, almost 120,000 dually eligible beneficiaries were enrolled in CMC health plans. Those enrolled received all Medicare and Medi-Cal benefits, including medical care, and LTSS through one Cal MediConnect health plan. In addition, they received some new benefit like care coordination and non-emergency transportation services. While behavioral health for specialty mental illness remained a “carve out” for beneficiaries, with county behavioral health providers continuing to provide SMI on a fee-for-service basis; the CMC plans provided mild to moderate behavioral health services and were required to coordinate all behavioral health care across sites.

The integration of LTSS in CMC varied by program. While CMC plans bore full responsibility for skilled nursing care and Community-Based Assistance Services (CBAS, formerly called Adult Day Health Care), In-Home Supportive Services (IHSS, Medi-Cal’s consumer-directed personal care service) was integrated in a more limited way. While CMC plans were paid for coordinating IHSS and could recommend re-assessment for services, county social services remained responsible for determining eligibility. Because the state then paid CMC plans for IHSS by making “pass through” covering the full cost of the services, plans were not financially at risk for those costs. In 2018, the Governor’s Budget continued the CMC program with a few modifications through 2020. One of those modifications was to revert payment for IHSS out of the general fund and back into the county budgets, eliminating both pass-through payments for CMC plans as well as funding for IHSS coordination.

The UCSF Community Living Policy Center and the Institute for Health and Aging partnered to conduct the CMC evaluation. One goal of the evaluation was to assess beneficiaries’ experiences with care, including access, quality, and coordination over time. To that end, researchers conducted a longitudinal telephone survey with dually eligible beneficiaries and their proxies to compare the experiences of CMC beneficiaries with those who opted out and those who were in non-demonstration counties.

Methodology

As part of this three-year evaluation, researchers conducted a longitudinal telephone survey that included a random selection of dually eligible beneficiaries in California. There were three groups of beneficiaries, including: those who lived in CCI counties and enrolled in CMC (intervention group), those who lived in CCI counties but opted out (comparison group 1), as well as dual eligibles who reside in non-demonstration (non-CCI) counties (comparison group 2). Analysis compared the intervention group to both comparison groups to identify areas where experiences are significantly better or worse than those who did not participate. Beneficiaries were eligible for the survey if they were (1) English, Spanish-speaking, or using sign language; (2) aged 21 or older; (3) dually eligible for Medi-Cal and Medicare Part A and Part B between April 2015 to July 2015; (4) had specific aide codes that would make them eligible to enroll in CMC between April 2014 through July 2015; and (5) had a valid address and phone number on record. Beneficiaries were allowed to nominate a “proxy” to complete the survey for them if they could not complete it themselves or had cognitive impairment that prevented informed consent.

Time One (2016): The first survey (called Time One or T1) was conducted in early 2016 and included 2,139 beneficiaries. Just over a third of those who participated in the study (n=774, 35%) were enrolled in CMC. Just under a third (n=659, 31%) of the beneficiaries interviewed lived in CCI counties and had opted out of the program. Another third (n=736, 34%) were dually eligible beneficiaries from non-CCI (non-demonstration) counties. A total of 16.7% (N=358) of respondents were proxies at T1. The average length of the T1 survey was 29.4 minutes. Response rate (AAPOR RR4) was 63.9%. At the end of the T1 survey, beneficiaries were asked permission to follow up with them again in one year.

Time Two (2017): The follow-up survey (called Time Two or T2) was conducted in early 2017. All beneficiaries who completed a T1 survey were contacted a second time. A total of 1,291 beneficiaries completed the T2 survey, including 488 (38%) in CMC, 330 (26%) who opted out, and 473 (37%) in non-CCI counties. The average length of the T2 survey was 25.7 minutes. Response rate (RR4) was 79.4%; and the retention rate was 66% for CMC, 50% for opt-outs, and 64% for non-CCI.

Analysis: Three main analyses were conducted. First, 1) to assess whether there were differences between CMC, opt-out, and non-CCI groups at T2, bivariate Chi-square analyses were conducted. Significant results indicate that one group’s results were significantly different than one or more of the other groups. Second, 2) to assess the changing experiences of CMC beneficiaries over time, Wilcoxon signed-rank tests for ordinal variables and paired *t*-test for continuous variables were conducted. These are both “paired” tests which mean they take into account the changing experiences of individual CMC beneficiaries in their responses at T1 and T2. T tests assess whether there were significant differences in the average score at T1 compared to T2. Wilcoxon sign-rank tests look at whether the percent of beneficiaries whose score increased over time is significantly different than those whose score decreased over time. Finally, 3) to identify the characteristics of CMC beneficiaries that predict more positive or negative experiences, multivariate logistic regression analyses were conducted on the CMC sample at T2. Dependent variables were selected in the areas of access, quality, and coordination over time.

Results

Overall Sample

Overall, the sample included approximately 60% older adults (aged 65 and older) and 40% younger adults with disabilities (aged 64 years and younger). Statistically significant differences were observed between groups in gender, ethnicity, language, education, and county¹ (see Appendix 1: Sample Characteristics). The CMC group included fewer women than did the opt-out and non-CCI sample (57% CMC vs. 68% opt-outs and 64% non-CCI). The non-CCI group had a higher proportion of white beneficiaries (32%) compared to 23% in the CMC group and 25% in the opt-out groups. The CMC and opt-out groups had a larger proportion of Hispanic/Latino beneficiaries (50% CMC and 47% opt-outs vs. 35% non-CCI) and a larger proportion of CMC and opt-outs took the survey in Spanish (37% CMC and 31% opt-outs vs. 22% non-CCI). These differences are likely due to the different language composition of the demonstration counties versus the comparison counties. Significant differences were also observed in educational attainment, with a larger proportion non-CCI group graduating high school or higher (70%), whereas only 59% of CMC and opt-outs respectively had graduated high school or higher. By county, the largest proportion of beneficiaries were from Los Angeles (46% of CMC and 64% of opt-outs), which is due to Los Angeles being the largest CCI county.

Disability status of beneficiaries also differs among the three groups. A larger proportion of opt-outs (37%) and non-CCI (35%) reported having difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition compared to the proportion of CMC who report the same (30%). Opt-outs (69%) had the largest proportion of beneficiaries who reported having difficulty walking or climbing stairs compared to the other two groups (59% CMC and 63% non-CCI). The largest proportion of opt-outs (41%) also reported difficulty dressing or bathing compared to CMC (27%) and non-CCI (31%). Similarly, a significantly larger proportion of opt-outs (52%) reported difficulty doing errands alone such as visiting a doctor's office or shopping compared to the other two groups (38% CMC and 42% non-CCI). From these results, those with disabilities were more likely to opt out of the CMC program.

¹ Questions regarding age, gender, ethnicity, language, survey language, marital status, and county were only asked at T1. All other questions were asked at both T1 and T2.

Changing Plans, Dis-enrolling and Re-enrolling in Cal MediConnect

Changing plans: At T2, a total of 10 CMC beneficiaries (0.5%) had changed to another plan since the last survey. When asked an open-ended question about why they changed to another plan since the last survey, the most common reasons listed included:

- They changed to a different plan that would better cover specific illnesses, procedures (surgery), supplies, or would have more coverage overall.
- Their plans had been changed by other entities such as health care providers, CMC managed care plan, or other social workers.
- Other reasons CMC beneficiaries reported changing their plans included: cost and billing issues, delays in service, and a change in location.

Re-enrolling in Cal MediConnect: 78 of those who had opted out of CMC at T1 (3.6%) had “re-enrolled” in a CMC plan by the T2 survey. Of those, 44% claimed that someone advised or recommended that they enroll into their CMC plan, 27% were advised or recommended by their doctor, 27% by another health care worker, 9% by a benefits counselor, and 9% by a family member.

Beneficiaries who re-enrolled were also asked to describe the main reason they re-enrolled. The most common reasons included:

- They re-enrolled in CMC because they believed they would receive better coverage for preferred doctors, desired benefits (i.e., dental care), specific hospitals, and easier navigation of services.
- Their primary care physicians, social workers, insurance representatives, children, and friends advised them to enroll/re-enroll in CMC.
- Some reported that they believed they were required to enroll or were automatically enrolled for reasons such as not opting out, or not being eligible for other plans.
- Finally, some re-enrolled primarily to maintain relationships with their current providers who were in-network with CMC.

Dis-enrolling from Cal MediConnect: A total of 17 beneficiaries (0.8%) who had been enrolled in CMC at T1 had dis-enrolled in the program by T2. They were asked to describe the main reasons why they dis-enrolled. The main reasons participants gave for dis-enrolling included:

- They experienced low satisfaction with CMC providers (including having to switch from previous primary or specialty care physicians, lack of desired/quality care by CMC specialists, and fewer provider choices in CMC than they had experienced in original Medicare).
- They had a lack of access to procedures, problems with referrals, and/or perceived lower quality of services.

Future plans to opt out: About 7.5% of opt-outs at T2 said they were considering enrolling in CMC at a later date. In response to an open-ended question about why they would consider re-enrolling in CMC, some mentioned:

- They would consider enrolling or re-enrolling in CMC if the plan provided more services and benefits for needs such as: vision benefits, dental benefits, or transportation.
- Participants also mentioned that having help with making appointments and referrals from a CMC care coordinator would be desirable.
- Other participants reported that they would need more information about the program before making a decision.

Primary Care

Primary care utilization:

At T2, the average number of primary care visits that CMC members reported in the previous six months was 3.33. There were no statistically significant differences in number of visits to the primary care provider between CMC, opt-outs, and non-CCI beneficiaries.

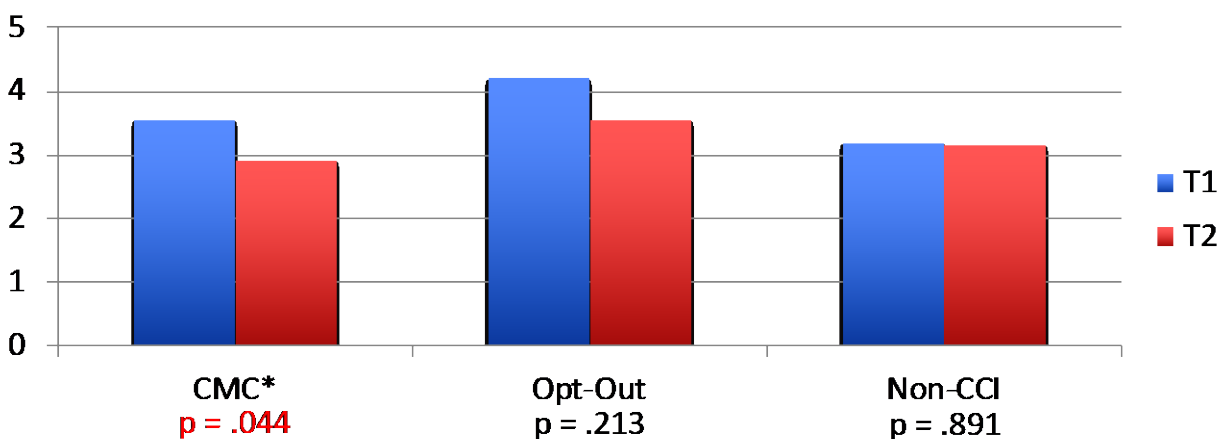
Table 1.

Number of visits to primary care provider in the last six months.

	CMC (n=548)	Opt-out (n=333)	Non-CCI (n=458)	F	df	p
Mean	3.33	3.47	3.25	.198	2	.820

Comparing T1 and T2 using paired samples, there was a statistically significant decrease in the reported number of visits to primary care providers by CMC beneficiaries in the previous six months (down from 3.56 at T1 to 2.9 at T2, see Figure 1).

Figure 1. Average number of visits to a primary care provider at T1 and T2



*Difference in number of visits is statistically significant.

Access to primary care:

At T2, approximately half (48%) of CMC members reported that they could usually get a primary care appointment the same day and over a quarter (29%) could get an appointment between 1-3 days. Thirteen percent said they had to wait over seven days. There were no significant differences in number of days spent waiting for an appointment between CMC, opt-outs, and non-CCI beneficiaries.

Table 2.

How many days did you usually have to wait for an appointment when you needed care right away?

	CMC (n=565)	Opt-out (n=347)	Non-CCI (n=732)	Chi-square test	df	p
Same day	196 (47.9%)	137 (51.9%)	152 (42.9%)	14.472	8	.070
1 day	49 (12.0%)	28 (10.6%)	52 (14.7%)			
2 to 3 days	68 (16.6%)	41 (15.5%)	79 (22.3%)			
4 to 7 days	42 (10.3%)	27 (10.2%)	22 (6.2%)			
More than 7 days	54 (13.2%)	31 (11.7%)	49 (13.8%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in reported wait times for primary care appointments in any beneficiary category.

Assistance from Cal MediConnect plans accessing primary care:

At T2, 26% of CMC beneficiaries said their CMC plan assisted them in getting primary care services they needed. Multivariate logistic regression revealed no significant predictors of having someone from CMC help in getting primary care services (see Appendix 2, Table 1).

Table 3.

Has anyone from your CMC plan ever helped you find a primary care doctor or helped you make an appointment with a primary care doctor?

	CMC (n=547)
Yes	140 (25.6%)
No	407 (74.4%)

Specialty Care

Specialty care utilization:

At T2, 67% of CMC, 73% of opt-outs, and 69% of non-CCI beneficiaries said they used specialty care. Results did not differ significantly between the three groups.

Table 4.

Do you use specialty care?

	CMC (n=538)	Opt-out (n=329)	Non-CCI (n=454)	Chi-square test	df	p
Yes	359 (66.7%)	239 (72.6%)	312 (68.7%)	3.342	2	.188
No	179 (33.3%)	90 (27.4%)	142 (31.3%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in specialty care use in any beneficiary category. In other words, most people who reported using specialty care at T1, still reported using it at T2 and vice versa.

Those who used specialty care were also asked about number of visits to specialists in the previous six months. At T2, CMC beneficiaries reported an average of 3.67 visits. There were no statistically significant differences in number of visits to specialists between CMC, opt-outs, and non-CCI beneficiaries at T2.

Table 5.

Number of visits to specialists in the last six months.

	CMC (n=362)	Opt-out (n=241)	Non-CCI (n=316)	F	df	p
Mean	3.67	4.69	4.26	.863	2	.422

Comparing T1 and T2 using paired samples, there were no statistically significant differences in the number of visits to specialists in any beneficiary category.

Access to specialty care:

At T2, 91% of CMC beneficiaries said that since enrolling, they never had a problem getting a referral or approval to see a specialist. There were no significant differences between CMC, opt-out and non-CCI in experiencing problems getting referrals or seeing specialists.

Table 6.

Have you ever had a problem getting a referral or approval to see a specialist?

	CMC (n=561)	Opt-out (n=342)	Non-CCI (n=468)	Chi-square test	df	p
Yes	53 (9.4%)	23 (6.7%)	41 (8.8%)	2.064	2	.356
No	508 (90.6%)	319 (93.3%)	427 (91.2%)			

Those who used specialty care were asked how often it was easy to get appointments. At T2, 58% of CMC beneficiaries said it was always easy to get appointments with specialists. There were no significant differences between CMC, opt-outs, and non-CCI in how often it was easy to get appointments with specialists.

Table 7.
How often was it easy to get appointments with specialists?

	CMC (n=332)	Opt-out (n=236)	Non-CCI (n=288)	Chi-square test	df	p
Never	29 (8.7%)	22 (9.3%)	26 (9.0%)	4.670	6	.587
Sometimes	58 (17.5%)	38 (16.1%)	65 (22.6%)			
Usually	53 (16.0%)	41 (17.4%)	47 (16.3%)			
Always	192 (57.8%)	135 (57.2%)	150 (52.1%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in any beneficiary category in how often it was easy to get appointments with specialists.

Assistance from Cal MediConnect plans accessing specialty care:

At T2, 31% of CMC beneficiaries said their CMC plan assisted them in getting specialty care services they needed.

Table 8.
Has anyone from your CMC plan ever helped you find a specialist or helped you make an appointment with a specialist?

	CMC (n=553)
Yes	170 (30.7%)
No	383 (69.3%)

Multivariate logistic regression revealed that those who did not use specialty care were 2.13 times more likely to not get assistance than those who used specialty care. Additionally, those who did not have contact with a care coordinator were 2.64 times more likely to not get assistance than those who did (see Appendix 2, Table 2).

Acute Care

Acute care utilization:

At T2, CMC beneficiaries stayed in the hospital overnight or longer an average of 0.6 times; opt-outs stayed an average of 0.5 times; and non-CCI stayed an average of 0.4 times in the past six months. There is no statistical significance between the three groups.

Table 9.

In the last six months, how many different times did you stay in the hospital overnight or longer?

	CMC (n=561)	Opt-out (n=345)	Non-CCI (n=469)	F	df	p
Mean	0.60	0.53	0.37	0.739	2	0.478

Comparing T1 and T2 using a paired samples test, there was no statistically significant change in number of different times beneficiaries stayed in the hospital overnight or longer in any of the three groups over time.

Multivariate logistic regression analysis showed no significant predictors for number of times people stayed in the hospital overnight or longer in the last six months (see Appendix 2, Table 3).

Hospital access:

At T2, 72% of CMC beneficiaries, 85% of opt-outs, and 71% of non-CCI reported that they were able to go to their preferred hospital in the last six months. The differences between the three groups are not statistically significant.

Table 10.

In the last 6 months, how often were you able to go to the hospital you wanted to go to?

	CMC (n=102)	Opt-out (n=81)	Non-CCI (n=102)	Chi-square test	df	p
All the time	73 (71.6%)	69 (85.2%)	72 (70.6%)	7.159	4	0.128
Some of the time	19 (18.6%)	10 (12.3%)	20 (19.6%)			
Never	10 (9.8%)	2 (2.5%)	10 (9.8%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in any beneficiary category in how often beneficiaries were able to go to their preferred hospital.

Hospital discharge:

At T2, 89% CMC beneficiaries, 87% opt-outs, and 86% non-CCI who stayed in the hospital overnight or longer at least once in the last six months reported that they felt comfortable going home or were ready to go home when leaving the hospital. There is no statistically significant difference between the three groups.

Table 11.

When leaving the hospital, did you feel comfortable going home/ready to go home?

	CMC (n=105)	Opt-out (n=86)	Non-CCI (n=107)	Chi-square Test	df	p
Yes	93 (88.6%)	75 (87.2%)	92 (86.0%)	0.320	2	0.852
No	12 (11.4%)	11 (12.8%)	15 (14.0%)			

Post-discharge follow up:

At T2, 64% of CMC beneficiaries who had at least one overnight hospital stay reported that someone from their CMC health plan followed up with them to make sure they had the services, supports, and help they needed after leaving the hospital and going home.

Table 12.

After leaving the hospital and going home, did someone from your CMC health plan follow-up with you to make sure you had the services, supports, and help you needed?

	CMC (n=107)
Yes	68 (63.6%)
No	34 (31.8%)
My doctor called but not someone from the plan	5 (4.7%)

For CMC beneficiaries who had at least one overnight hospital stay in the last six months, a significant predictor for whether or not someone from their CMC plan follows up with them after leaving the hospital is contact with any care coordinator. Those who did have contact with a care coordinator were 5.49 times more likely to not have someone from CMC follow up with them to make sure they had the services, supports, and help they needed after leaving the hospital (see Appendix 2, Table 4).

Unmet needs after hospital stay:

For those who had at least one overnight hospital stay in the last six months, 85% of CMC, 92% of opt-outs, and 87% non-CCI reported that they did not have any unmet needs for assistance or services at home after being discharged. There were no statistically significant changes between groups. Multivariate logistic regression revealed that there are no significant predictors for CMC beneficiaries having their needs met or unmet at home after being discharged from the hospital (see Appendix 2, Table 5).

Table 13.

After you were discharged from the hospital, were all your needs at home met, or did you have any unmet needs for assistance or services at home?

	CMC (n=103)	Opt-out (n=82)	Non-CCI (n=105)	Chi-square Test	df	p
I had everything that I needed at home.	88 (85.4%)	75 (91.5%)	91 (86.7%)	1.653	2	0.438
There were some services or assistance I needed but didn't get.	15 (14.6%)	7 (8.5%)	14 (13.3%)			

For those who had unmet needs after hospital discharge, they were asked to respond to an open-ended question describing their unmet needs. The most common unmet needs after hospital discharge included:

- Some reported needing additional personal assistance such as a caregiver, or discharge nurse or IHSS to help with chores (i.e., cleaning around the house, cooking, walking, taking medication, and going to the restroom). Some mentioned they had no financial assistance to cover this needed care.
- Some participants mentioned that they needed physical therapy and other types of post-discharge services including blood vessel checkups or other additional aftercare.
- A few participants mentioned that they needed different housing or home modification that would be more accommodating for their hospital-to-home transition and disabilities by giving them easy access to a bathroom or kitchen.
- Some mentioned a need for supplies (e.g., incontinence supplies) and equipment (e.g., albuterol dispensers, oxygen tanks).
- Finally, some participants reported they were discharged too early and did not complete all the steps for a full recovery.

Emergency department visits:

At T2, CMC beneficiaries, opt-outs, and non-CCI all had an average of 0.59, 0.89, and 0.84 ED visits for their own health, respectively. The difference between the three groups is not statistically significant.

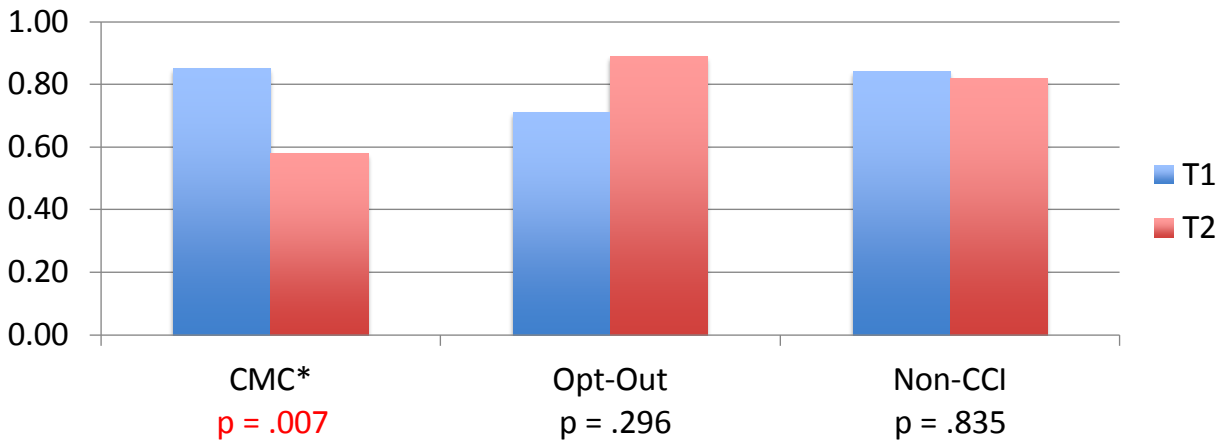
Table 14.

In the last six months, how many times did you visit the emergency room for your own health?

	CMC (n=562)	Opt-out (n=342)	Non-CCI (n=471)	F	df	p
Mean	0.59	0.89	0.84	1.791	2	0.167

Comparing T1 and T2 using paired samples, there was a statistically significant decrease in the average number of ED visits among CMC beneficiaries over time (from 0.85 in T1 to 0.58 in T2). There were no significant changes in ED use among the opt-outs and non-CCI groups (see Figure 2).

Figure 2. Average number of emergency department visits at T1 compared to T2



*Difference between T1 and T2 is statistically significant.

Behavioral Health

Behavioral health utilization:

At T2, 21% of CMC beneficiaries, 21% opt-outs, and 21% of non-CCI beneficiaries said they used mental health care. Results did not differ between the three groups.

Table 15.

Do you use mental health care?

	CMC (n=565)	Opt-out (n=347)	Non-CCI (n=732)	Chi-square test	df	p
Yes	119 (21.1%)	74 (21.3%)	97 (20.7%)	.052	2	.974
No	446 (78.9%)	273 (78.7%)	372 (79.3%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in the use of mental health care among beneficiaries in any insurance category over time.

At T2, the number of visits to mental health providers differed significantly between CMC, opt-outs, and non-CCI beneficiaries. Post-hoc analyses showed that CMC beneficiaries visited mental health providers fewer times than opt-outs ($p < .017$).

Table 16.

Number of visits to mental health providers in the last six months.

	CMC (n=115)	Opt-out (n=72)	Non-CCI (n=95)	F	df	p
Mean	4.10	7.26	4.93	4.125	2	.017

Comparing T1 and T2 using paired samples, there was no statistically significant change between the number of visits to mental health providers by CMC, opt-outs, and non-CCI beneficiaries over time.

Behavioral health access to care:

At T2, 9% CMC, 9% opt-outs, and 10% non-CCI beneficiaries said they have unmet mental health needs. Results did not differ between the three groups.

Table 17.

Are there currently any mental health services you feel you need but you are currently not getting?

	CMC (n=556)	Opt-out (n=341)	Non-CCI (n=464)	Chi-square test	df	p
Yes	47 (8.5%)	29 (8.5%)	45 (9.7%)	.568	2	.753
No	509 (91.5%)	312 (91.5%)	419 (90.3%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in overall unmet needs for behavioral health services among CMC, opt-out, or non-CCI beneficiaries over time.

At T2, CMC (73%) and opt-outs (75%) said getting mental health services and appointments was “always easy” compared with 63% of non-CCI beneficiaries, but differences were not statistically significant.

Table 18.

In the last six months, how often was it easy to get the mental health services and appointments you needed?

	CMC (n=97)	Opt-out (n=69)	Non-CCI (n=76)	Chi-square test	df	p
Always easy	71 (73.2%)	52 (75.4%)	48 (63.2%)	7.430	4	.115
Sometimes easy	24 (24.7%)	12 (17.4%)	20 (26.3%)			
Never easy	2 (2.1%)	5 (7.2%)	8 (10.5%)			

Behavioral health medication utilization:

At T2, 85% of CMC, 86% of opt-outs, and 90% of non-CCI beneficiaries who used behavioral health and had at least one prescription medication reported that they had prescriptions for mental health conditions. Results did not differ between the three groups.

Table 19.

Are any of your prescriptions for mental health conditions?

	CMC (n=116)	Opt-out (n=72)	Non-CCI (n=94)	Chi-square test	df	p
Yes	98 (84.5%)	62 (86.1%)	85 (90.4%)	1.659	2	0.436
No	18 (15.5%)	10 (13.9%)	9 (9.6%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in use of prescription medication for behavioral health in any insurance category over time.

At T2, 12% of CMC, 13% of opt-outs, and 11% of non-CCI who used behavioral health and had at least one prescription medication reported that they had experienced problems in getting mental health medication in the last six months. Results did not differ between the three groups.

Table 20.

In the last six months, have you experienced any problems in getting mental health medication?

	CMC (n=100)	Opt-out (n=62)	Non-CCI (n=89)	Chi-square test	df	p
Yes	12 (12.0%)	8 (12.9%)	10 (11.2%)	0.097	2	0.953
No	88 (88.0%)	54 (87.1%)	79 (88.8%)			

Comparing T1 and T2 using paired samples for beneficiaries who used behavioral health and had at least one prescription medication, there were no statistically significant changes in problems getting mental health medication in any insurance category.

Behavioral health coordination:

At T2, opt-outs were more likely to say their primary care doctor was “usually or always” (67%) informed about their mental health care compared with CMC (52%) or non-CCI (48%).

Table 21.

In the last six months, how often did your primary care doctor seem informed and up-to-date about the care you got from mental health providers?

	CMC (n=111)	Opt-out (n=69)	Non-CCI (n=87)	Chi-square test	df	p
Never	34 (30.6%)	14 (20.3%)	32 (36.8%)	14.438	6	.025
Sometimes	19 (17.1%)	9 (13.0%)	13 (14.9%)			
Usually	10 (9.0%)	18 (26.1%)	9 (10.3%)			
Always	48 (43.2%)	28 (40.6%)	33 (37.9%)			

CMC assistance with access to behavioral health:

At T2, 11% CMC beneficiaries said their CMC plan assisted them in getting mental health services they need. Multivariate analysis showed that those who had contact with a care coordinator were more likely to have someone from CMC to help get the mental health services they need (see Appendix 2, Table 6).

Table 22.

Has your CMC plan assisted you in getting the mental health services you need?

	CMC (n=545)
Yes	60 (11.0%)
No	485 (89.0%)

Behavioral health unmet needs:

Beneficiaries with unmet behavioral health needs were asked an open-ended question asking them to describe their unmet needs. The most common services participants mentioned they needed included:

- The most common condition mentioned by beneficiaries that was not being treated was depression. Many also mentioned untreated anxiety, cognitive health/memory, post-traumatic stress disorder, attention deficit disorder, and obsessive-compulsive disorders.
- Participants expressed a need for additional counseling services not covered by their insurance. Participants most often mentioned a need for a psychiatrist. In some cases, they encountered barriers for a referral or were unable to get pre-authorization approval to see a psychiatrist.

- Some beneficiaries said they needed longer visits and more frequent visits with behavioral health providers while others mentioned a lack of provider choices within the network.
- Unmet medication needs included reassessment, refills, changes to a medication(s), and more information about a medication(s). In addition, because some physicians believe that certain medications may lead to addiction, they refused to prescribe medications that some beneficiaries requested.

Prescription Medication

Prescription medication utilization:

At T2, CMC and opt-outs take an average of six prescription medications and non-CCI take an average of seven prescription medications. There is no statistical significance between the three groups.

Table 23.

About how many different prescription medications are you currently taking?

	CMC (n=562)	Opt-out (n=345)	Non-CCI (n=470)	F	df	p
Mean	6.37	6.37	6.61	0.185	2	0.831

Comparing T1 and T2 longitudinally, using paired samples, there were no statistically significant changes in the number of prescription medications taken between T1 and T2 in all three groups.

Access to prescription medication:

At T2, 63% CMC, 66% opt-outs, and 73% non-CCI who had at least one prescription medication reported having to pay out of pocket for their prescription medications. Fewer CMC beneficiaries and opt-outs compared to non-CCI reported having to pay out of pocket for prescription medications. The differences are statistically significant.

Table 24.

In the past six months, have you paid out of pocket for your prescription medication?

	CMC (n=527)	Opt-out (n=328)	Non-CCI (n=442)	Chi-square test	df	p
Yes	334 (63.4%)	217 (66.2%)	324 (73.3%)	11.129	2	0.004
No	193 (36.6%)	111 (33.8%)	118 (26.7%)			

At T2, 73% of CMC beneficiaries, 74% of opt-outs, and 70% of non-CCI reported that it was “always easy” to get prescription medications in the last six months. The difference between the three groups is not statistically significant.

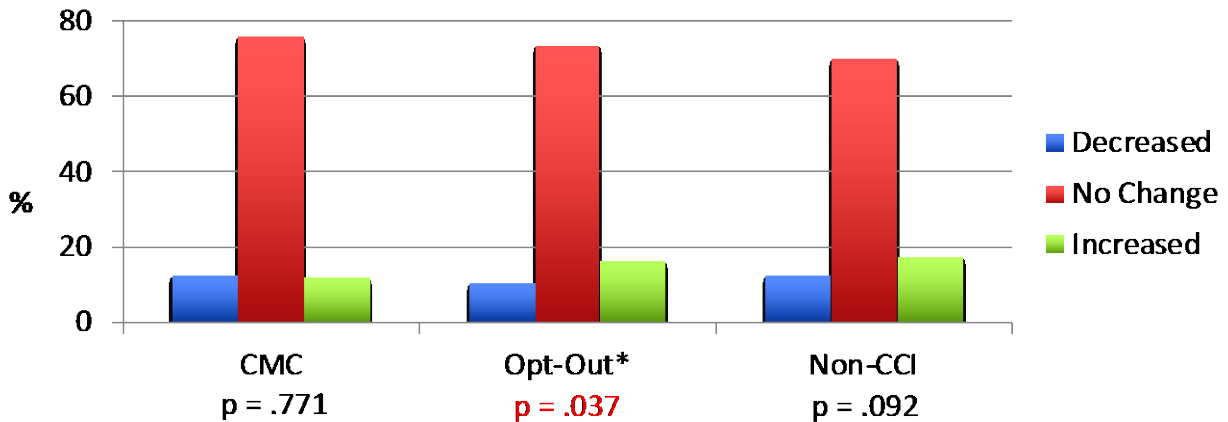
Table 25.

In the last six months, how often was it easy to get your prescription medications?

	CMC (n=520)	Opt-out (n=330)	Non-CCI (n=442)	Chi-square test	df	p
Always easy	413 (73.0%)	258 (74.4%)	331 (70.0%)	12.387	8	0.135
Sometimes easy	92 (16.3%)	68 (19.6%)	93 (19.7%)			
Never easy	15 (2.7%)	4 (1.2%)	18 (4.2%)			
I do not take any medications	25 (4.4%)	11 (3.2%)	20 (2.3%)			

Comparing T1 to T2 using paired samples, there was a statistically significant increase in beneficiary ratings of how easy it was to get prescription medications among opt-outs (10% decreased versus 16% increased, see Figure 3).

Figure 3. Percent of beneficiaries who reported an increase, no change, or decrease in access to prescription medications between T1 and T2



*Difference between decreased and increased is statistically significant.

Note: Decreased=% of beneficiaries who reported worse access at T2 than they had at T1. Increased=% of beneficiaries who reported better access at T2 than they had at T1.

At T2, those in CMC who visited the ED more were 1.35 times more likely to say it was sometimes or never easy to get prescription medications. Additionally, those who needed LTSS help were 3.42 times more likely to say it was sometimes or never easy to get prescription medications. (see Appendix 2, Table 7)

Assistance from Cal MediConnect plans accessing prescription medication:

At T2, 27% of CMC beneficiaries reported that someone from their CMC plan helped them get medications they needed or answered questions about their medications in the last six months.

Table 26.

In the last six months, did anyone from your CMC plan help get you the medications you need or answer your questions about your medications?

	CMC (n=551)
Yes	150 (27.2%)
No	401 (72.8%)

There were no significant predictors for CMC beneficiaries getting someone from their CMC plan to help them get prescription medications or questions answered (see Appendix 2, Table 8).

Durable Medical Equipment and Supplies

Assistive equipment utilization:

At T2, about 57% of CMC beneficiaries were using medical equipment or supplies. Those who opted out were statistically significantly more likely to use DME ($p = .030$).

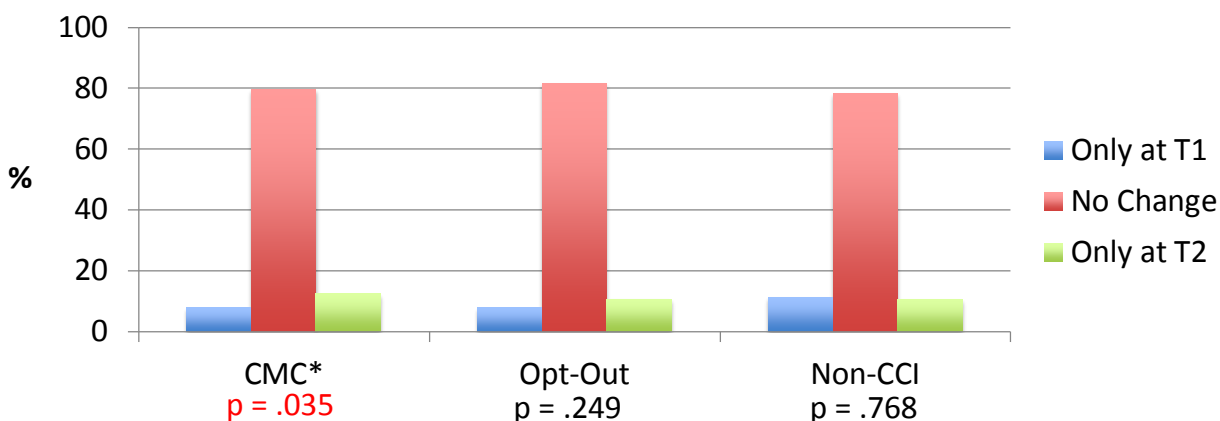
Table 27.

Do you currently use any medical equipment or supplies?

	CMC (n=566)	Opt-out (n=346)	Non-CCI (n=473)	Chi-square test	df	p
Yes	320 (56.5%)	215 (62.1%)	250 (52.9%)	7.023	2	.030
No	246 (43.5%)	131 (37.9%)	223 (47.1%)			

Comparing T1 and T2 using paired samples, CMC beneficiaries had a statistically significant increase in use of medical equipment or supplies over time (8% at T1 versus 12% at T2) while there were no significant changes for the other groups (see Figure 4).

Figure 4. Percent of beneficiaries who used medical equipment of supplies at T1 compared to T2.



*Difference between only at T1 and only at T2 is statistically significant.

Note: Only at T1= Percent who said they used DME at T1 but no longer reported using it at T2.
Only at T2= Percent who reported not using DME at T1 but then reported using it at T2.

Unmet needs for DME:

At T2, about half (48%) of CMC beneficiaries said they needed medical equipment or supplies they could not get through their health insurance. There were no statistically significant differences between groups.

Table 28.

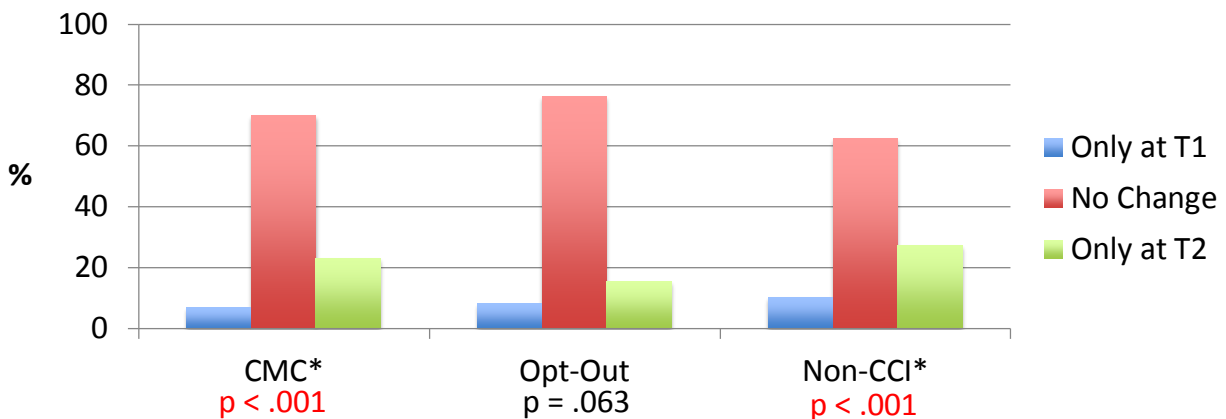
Do you need any medical equipment or supplies that you currently cannot get through your health insurance?

	CMC	Opt-out	Non-CCI	Chi-square	df	p
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	(n=251)	(n=178)	(n=239)	test
Yes	121 (48.2%)	73 (41.0%)	117 (49.0%)	3.027 2 .220
No	130 (51.8%)	105 (59.0%)	122 (51.0%)	

Comparing T1 and T2 using paired samples, CMC and non-CCI beneficiaries were both more likely to report unmet needs for medical equipment at T2 than they had been at T1 (CMC: 7% at T1 versus 23% at T2 and non-CCI 10% at T1 versus 27% at T2). There was no significant change for the opt-out group (see Figure 5).

Figure 5. Percent of beneficiaries who reported having unmet needs for DME at T1 and T2



*Difference between only at T1 and only at T2 is statistically significant.

Note: Only at T1= Percent of beneficiaries who reported unmet need at T1 but no longer reported unmet need at T2.

Only at T2=Percent of beneficiaries who reported no unmet need at T1 but then did report unmet need at T2.

Unmet needs for medical equipment and supplies:

Beneficiaries were asked to describe what kinds of equipment or supplies they need but cannot get through their insurance. The most commonly cited unmet needs for DME included:

- Wheelchairs were the most frequently mentioned mobility need that was unmet. Other mobility needs included: walkers, scooters or electric scooters, crutches, canes, lift chairs, grabbers, and wheelchair accessories such as cushions. Some requested a specific kind of wheelchair, such as power wheelchairs, reclining wheelchairs, or wheelchairs with back support. Of people who had mobility needs, several mentioned needing repairs or upgrades to their equipment.
- Participants also mentioned unmet needs for breathing equipment, primarily for asthma and sleep problems. These include nebulizers and inhalers for asthma, CPAP and BiPAP machines for sleep apnea, and oxygen equipment.
- Another commonly mentioned unmet need was equipment for physical support. Participants mentioned knee and back braces the most, followed by foot, wrist, ankle, shoulder, waist, and ribs. For foot support, some needed special shoes or socks, such as orthopedic shoes or compression socks. Other types of physical support equipment mentioned include kneepads, home traction units, orthotics, and walking casts.

- Participants also mentioned needing bathroom equipment. In particular: bath and shower accessories, such as bath or shower chairs and hand bars, and toilet equipment such as commodes and other toilet seat accessories.
- Some participants reported unmet needs for incontinence supplies, including pads, urinary bags, catheters, ostomy bags, sanitary napkins, and diapers. Of people needing incontinence supplies, some mentioned particularly having to pay out of pocket or not getting enough supplies covered.
- Other needs mentioned include beds and bed accessories, diabetes equipment, blood pressure equipment, and medications. Some participants also mentioned having to pay out of pocket for equipment or not having equipment fully covered by insurance. Others mentioned needing a specific brand or style of equipment that would provide a needed function. Some also mentioned needing repairs because their equipment is worn out or no longer working.

Assistance from Cal MediConnect plans accessing DME:

Overall, about a third (34%) of CMC beneficiaries who used medical equipment or supplies said that someone from the plan had assisted them in getting DME.

Table 29.

Has anyone from your CMC plan ever assisted you in getting the medical equipment and/or supplies that you might need?

	CMC (n=338)
Yes	114 (33.7%)
No	224 (66.3%)

Using a multivariate logistic regression, those with no contact with a care coordinator were 2.74 times more likely to say that no one from their CMC plan assisted them in getting medical equipment/supplies (see Appendix 2, Table 9).

Satisfaction with Benefits and Care

Satisfaction with benefits:

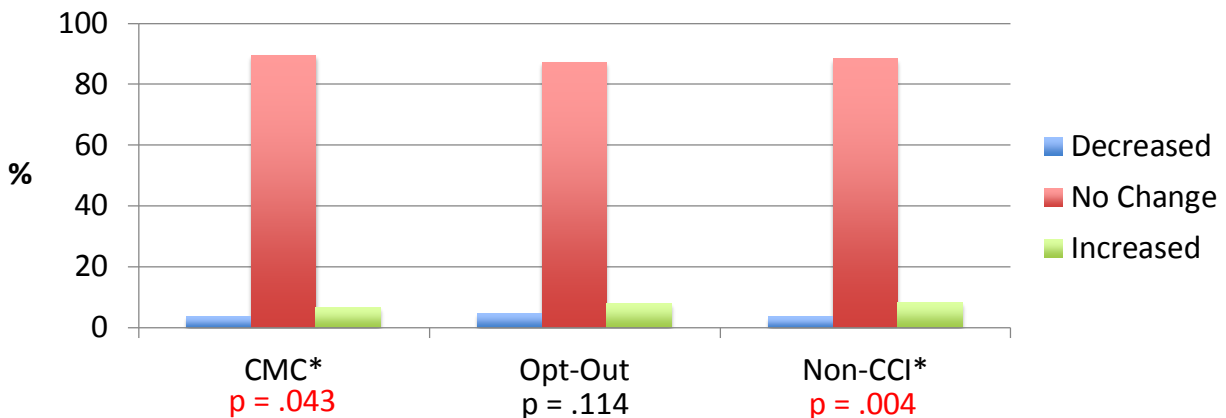
About 94% of CMC beneficiaries said they were “somewhat or very satisfied” with their current health insurance benefits. Differences between CMC, opt-outs, and non-CCI were not statistically significant.

Table 30.

<i>Overall, are you currently satisfied or dissatisfied with your health insurance benefits?</i>						
	CMC (n=552)	Opt-out (n=337)	Non-CCI (n=470)	Chi-square test	df	p
Very satisfied	368 (66.7%)	208 (61.7%)	294 (62.6%)	4.958	6	.549
Somewhat satisfied	148 (26.8%)	103 (30.6%)	143 (30.4%)			
Somewhat dissatisfied	17 (3.1%)	14 (4.2%)	12 (2.6%)			
Very dissatisfied	19 (3.4%)	12 (3.6%)	21 (4.5%)			

Comparing T1 and T2 using paired samples, analysis showed a significant increase in reported satisfaction with benefits among both CMC beneficiaries (4% decreased satisfaction versus 7% increased), and non-CCI beneficiaries (4% decreased versus 8% increased) (see Figure 6).

Figure 6. Percent of beneficiaries whose satisfaction increased, stayed the same or decreased between T1 and T2.



*Difference between decreased and increased satisfaction is statistically significant.

Note: Decreased=satisfaction rating was lower at T2 than it had been at T1.

Increased=satisfaction rating was higher at T2 than it had been at T1.

Using a multivariate logistic regression, results show that CMC beneficiaries who needed LTSS help were 3.22 times more likely to be dissatisfied with their health insurance benefits than those who did not need LTSS help (see Appendix 2, Table 10).

Quality of care ratings:

About half (87%) of CMC beneficiaries rated their overall quality of care as “excellent or good.” There were no statistically significant differences between the three groups.

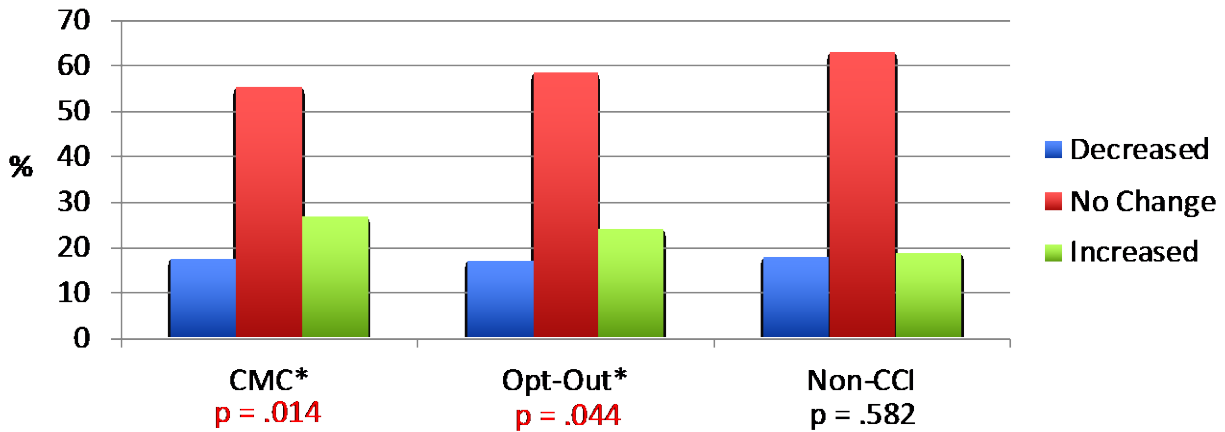
Table 31.

How would you rate the overall quality of care you are currently receiving?

	CMC (n=559)	Opt-out (n=340)	Non-CCI (n=470)	Chi-square test	df	p
Excellent	275 (49.2%)	162 (47.6%)	241 (51.3%)	3.236	6	.779
Good	212 (37.9%)	137 (40.3%)	163 (34.7%)			
Fair	60 (10.7%)	33 (9.7%)	56 (11.9%)			
Poor	12 (2.1%)	8 (2.4%)	10 (2.1%)			

Comparing T1 and T2 using paired samples, CMC (18% decreased versus 27% increased) and opt-out beneficiaries (17% decreased versus 24% increased) showed significant increases in positive ratings of quality of care. Ratings of “excellent or good” quality of care increased for CMC members from 84% at T1 to 87% at T2. There was no significant change over time for non-CCI beneficiaries (see Figure 7).

Figure 7. Percent of beneficiaries whose ratings of quality of care decreased, stayed the same, or increased between T1 and T2.



*Difference between decreased and increased quality is statistically significant.

Note: Decreased=Quality of care rating was lower at T2 than it had been at T1.
 Increased= Quality of care rating was higher at T2 than it had been at T1.

Using a multivariate logistic regression, CMC beneficiaries who need LTSS help were 3.59 times more likely to rate their overall care “fair or poor.” Additionally, CMC beneficiaries who do not receive IHSS and do not have contact with a care coordinator were 8.38 and 4.43 times more likely to rate the overall care as “fair or poor,” respectively (see Appendix 2, Table 11).

Providers’ understanding of health conditions:

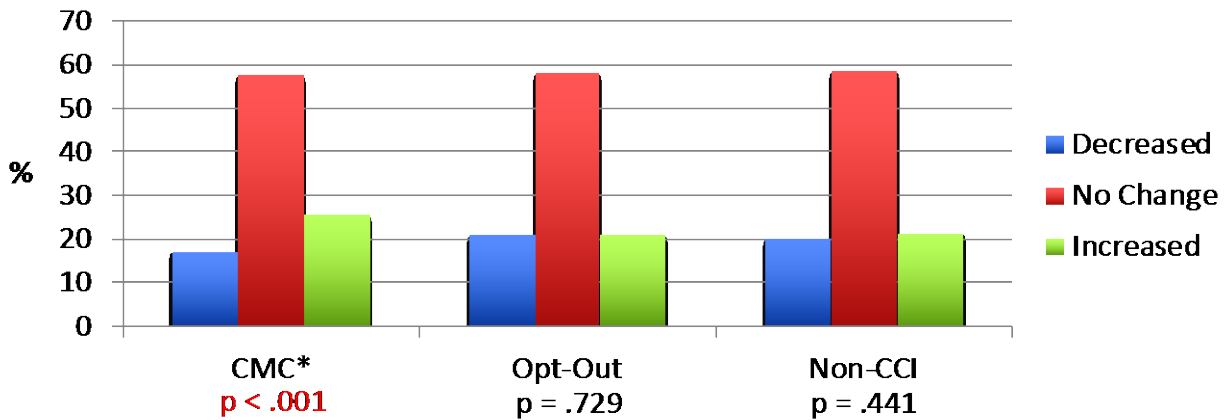
About 86% of CMC beneficiaries rated their providers’ understanding of how to care for a person with their specific health conditions or disability as “excellent” or “good.” There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 32.
How would you rate your providers’ understanding of how to care for a person with your specific health condition/s or disability?

	CMC (n=536)	Opt-out (n=337)	Non-CCI (n=458)	Chi-square test	df	p
Excellent	246 (45.9%)	160 (47.5%)	223 (48.7%)	6.047	6	.418
Good	213 (39.7%)	134 (39.8%)	163 (35.6%)			
Fair	66 (12.3%)	31 (9.2%)	57 (12.4%)			
Poor	11 (2.1%)	12 (3.6%)	15 (3.3%)			

Comparing T1 and T2 using paired samples, CMC beneficiaries showed a significant increase in ratings of their providers’ understanding of how to care for a person with their specific health conditions or disability over time (17% decreased versus 25% increased). There were no significant changes over time for opt-outs or non-CCI beneficiaries (see Figure 8).

Figure 8. Percent of beneficiaries whose rating of providers’ understanding of health conditions decreased, stayed the same, or increased between T1 and T2.



*Difference between decreased and increased rating is statistically significant.

Note: Decreased = Beneficiaries whose ratings of providers was lower at T2 than it had been at T1.
Increased= Beneficiaries whose rating of providers was higher at T2 than it had been at T1.

Disruptions and Delays in Care

Delays in care:

About 80% of CMC beneficiaries did not report any delays or problems getting the care, services, or supplies they needed. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 33.

Have you experienced any delays or problem getting any of the care, services, or supplies you need?

	CMC (n=562)	Opt-out (n=345)	Non-CCI (n=471)	Chi-square test	df	p
Yes	113 (20.1%)	82 (23.8%)	88 (18.7%)	3.262	2	.196
No	449 (79.9%)	263 (76.2%)	383 (81.3%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in any beneficiary category.

For those who experienced delays or disruptions in care, they were asked an open-ended question asking them to describe the disruptions they experienced. The most common areas in which participants experienced delays included:

- Some beneficiaries reported delays in receiving medical equipment and supplies, such as wheelchairs, scooters, and blood pressure equipment. Some had difficulty getting the equipment approved and covered, and some had to wait a long time for delivery.
- Some beneficiaries also experienced delays in receiving medication or getting approval for the drugs. Most of these delays resulted from prescriptions not being approved or taking a long time to be approved, or because participants had to wait for drugs to be ready.
- Some mentioned delays in getting appointments with a variety of providers. In particular, participants mentioned having difficulty accessing specialists, followed by primary care physicians. The main issues in being delayed or unable to see specialists resulted from referral and authorization barriers.
- Among participants who experienced difficulty with primary care providers, some had trouble finding a PCP, some had a long wait for scheduling appointments, and a few were unhappy with their PCP's quality of care.
- Some participants also mentioned delays with other providers, including dental, vision, physical therapy, and acupuncture services.
- Other areas in which participants experienced delays include finding doctors in their network, getting lab tests and records, getting transportation to appointments, and having to switch providers or medical groups.

Of those who had experienced delays or disruptions, about 61% of CMC beneficiaries said none of their problems were resolved. There were no statistically significant differences between the three groups. Those who visited a specialist in the last year were more likely to say that all their problems were resolved than those who did not visit a specialist.

Table 34.

Have those problems been resolved, or are they still ongoing?

	CMC (n=109)	Opt-out (n=79)	Non-CCI (n=85)	Chi- square test	df	p
All problems resolved.	24 (22.0%)	22 (27.8%)	23 (27.1%)	7.532	4	.110
Some problems resolved but not all.	19 (17.4%)	18 (22.8%)	26 (30.6%)			
None of the problems are resolved.	66 (60.6%)	39 (49.4%)	36 (42.4%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in problem resolution in any group over time.

Out-of-pocket expenses:

At T2, about 79% of CMC beneficiaries had not received any bills from doctors' offices, clinics, or laboratories saying they had an unpaid bill. There were no statistically significant differences between CMC, opt-outs, and non-CCI.

Table 35.

Have you received any bills from doctors' offices, clinics or laboratories saying that you have an unpaid bill you need to pay?

	CMC (n=564)	Opt-out (n=339)	Non-CCI (n=469)	Chi-square test	df	p
Yes	121 (21.5%)	93 (27.4%)	111 (23.7%)	4.188	2	.123
No	443 (78.5%)	246 (72.6%)	358 (76.3%)			

Care Coordination and Communication Between Providers

Communication between providers:

At T2, 77% of CMC beneficiaries said that their primary care doctor “usually or always” seemed informed and up-to-date on the care they got from specialists. There were no significant differences between CMC, opt-outs, and non-CCI in how often the beneficiary’s primary care doctor seemed informed and up-to-date about the beneficiary’s care from specialists.

Table 36.

How often did your primary care doctor seem informed and up-to-date about the care you got from specialists?

	CMC (n=291)	Opt-out (n=208)	Non-CCI (n=265)	Chi-square test	df	p
Never	30 (10.3%)	21 (10.1%)	20 (7.5%)	7.004	6	.321
Sometimes	37 (12.7%)	31 (14.9%)	50 (18.9%)			
Usually	32 (11.0%)	29 (13.9%)	37 (14.0%)			
Always	192 (66.0%)	127 (61.1%)	158 (59.6%)			

At T2, 54% of CMC beneficiaries said their doctors or other health care professionals usually or always share important information about their medical history or treatment with each other. There were no significant differences between CMC, opt-outs, and non-CCI responses for this question.

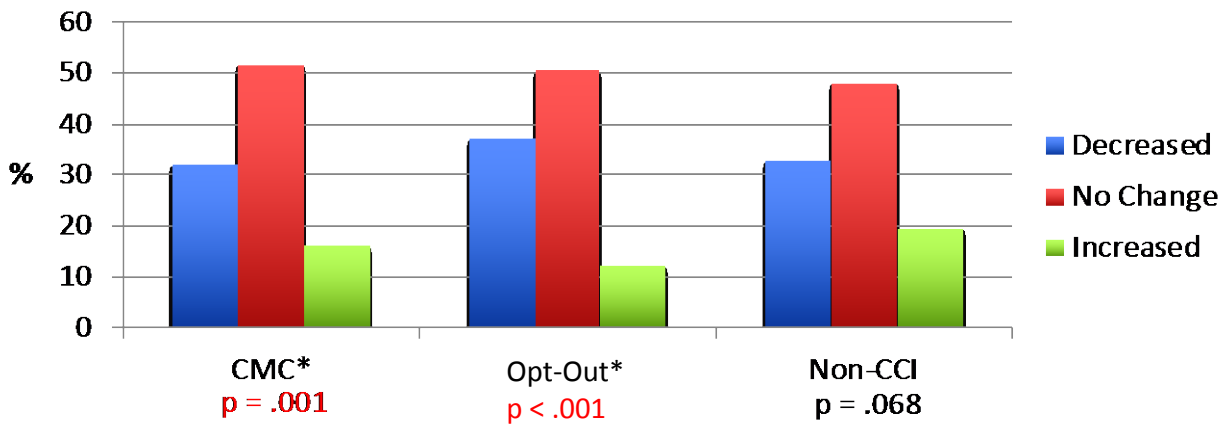
Table 37.

How often did doctors or other health care professionals share important information about your medical history or treatment with each other?

	CMC (n=400)	Opt-out (n=258)	Non-CCI (n=362)	Chi-square test	df	p
Never	86 (21.5%)	47 (18.2%)	77 (21.3%)	8.029	6	.236
Sometimes	98 (24.5%)	80 (31.0%)	93 (25.7%)			
Usually	46 (11.5%)	39 (15.1%)	40 (11.0%)			
Always	170 (42.5%)	92 (35.7%)	152 (42.0%)			

Comparing T1 and T2 using paired samples, both the CMC group (32% decreased versus 16% increased) and the opt-out group (37% decreased versus 12% increased) more beneficiaries decreased their rating of how often doctors or other health care professionals shared important information about their medical history or treatment with each other. There was no significant change in the non-CCI group over time (see Figure 9).

Figure 9. Percent of beneficiaries whose rating of providers sharing medical information decreased, stayed the same, or increased between T1 and T2.



*Difference between decreased and increased sharing is statistically significant.

Note: Decreased=Beneficiaries rating of providers sharing medical information was lower at T2 than it had been at T1.

Increased=Beneficiaries rating of providers sharing medical information was higher at T2 than it had been at T1.

Specialty care use, health status, and LTSS need were significant predictors of how often doctors or other health care professionals shared important information about the patient’s medical history or treatment with each other. CMC beneficiaries who did not use specialty care were 0.15 times less likely to report that doctors or other health care professionals “usually or always” shared important information about their medical history with each other. Compared with beneficiaries who self-rated their health as excellent, those who reported good health were 0.37 times less likely to report providers’ information sharing and those who needed LTSS help were 0.43 times less likely to report so (see Appendix 2, Table 12).

At T2, 22% of CMC beneficiaries, 12% of opt-outs, and 14% of non-CCI reported that they did not get the help they needed to manage care among different providers and services. The difference observed between the three groups were statistically significant.

Table 38.
Did you get the help you needed to manage your care among your different providers and services?

	CMC (n=516)	Opt-out (n=313)	Non-CCI (n=451)	Chi-square test	df	p
Yes, definitely	313 (60.7%)	203 (64.9%)	283 (62.7%)	21.412	4	<.001
Yes, somewhat	89 (17.2%)	73 (23.3%)	105 (23.3%)			
No	114 (22.1%)	37 (11.8%)	63 (14.0%)			

Beneficiaries who visited the emergency department more were 1.29 times more likely to report that they did not get the help they needed to manage care among different providers and services.

Beneficiaries who did not have contact with a care coordinator were 3.54 times more likely to report not getting the help they needed to manage care among their different providers and services (see Appendix 2, Table 13).

Care coordination through Cal MediConnect:

At T2, 31% of CMC beneficiaries reported being in contact with a care coordinator from their CMC plan, 64% reported never being in contact with a care coordinator from their CMC plan, and 5% reported having a care coordinator but not being sure if they are from the beneficiary’s plan in the past year.

Table 39.

In the last year, did you have contact with a care coordinator from your CMC plan?

	CMC (n=529)	
Yes, I have a care coordinator from my CMC plan that I have been in contact with.	162	(30.6%)
No, I have never had contact with a care coordinator from my CMC plan.	338	(63.9%)
I have a care coordinator but I don’t know if he/she is from my CMC plan.	29	(5.4%)

Comparing T1 and T2 using paired samples, there was no statistically significant change in whether CMC beneficiaries reported being in contact with a care coordinator over time.

At T2, for CMC beneficiaries who reported not having a care coordinator from their CMC plan or not knowing if their care coordinator was from their plan, 70% reported being aware while 30% reported not being aware that their CMC plan can provide a care coordinator if needed.

Table 40.

Were you aware that your CMC plan can provide you with a care coordinator if you needed one?

	CMC (n=550)	
Yes	384	(69.8%)
No	166	(30.2%)

Comparing T1 to T2 using paired samples, there were no significant changes among CMC beneficiaries in their knowledge that their plan could provide them with a care coordinator.

At T2, for CMC beneficiaries who had contact with a care coordinator from their plan, 77% reported that their care coordinator from their CMC plan is their main coordinator while 23% reported that they rely on someone else more for their care coordination.

Table 41.

Is your care coordinator from your CMC plan your main care coordinator, or do you rely on someone else more for care coordination?

	CMC (n=149)
Yes	115 (77.2%)
No	34 (22.8%)

Using a paired samples test, there was no statistically significant change in CMC beneficiaries reporting if their main care coordinator is from their CMC plan or someone outside of the CMC plan over time.

At T2, 28% of CMC beneficiaries, 22% opt-outs, and 25% non-CCI reported that they have had some form of contact with any care coordinator in the past six months. The differences between the three groups are not statistically significant.

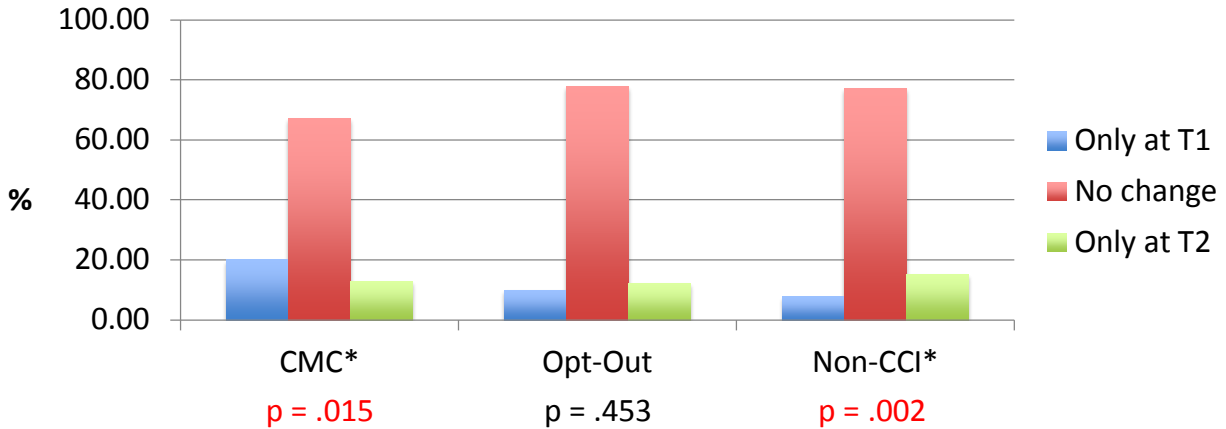
Table 42.

In the last six months, did you have contact with ANY care coordinator?

	CMC (n=476)	Opt-out (n=323)	Non-CCI (n=444)	Chi-square test	df	p
Yes, I have a care coordinator that I have been in contact with.	133 (27.9%)	71 (22.0%)	111 (25.0%)	3.655	2	0.161
No, I do not have a care coordinator.	343 (72.1%)	252 (78.0%)	333 (75.0%)			

Comparing T1 and T2 using a paired samples test, 20% of CMC reported contact with a care coordinator only at T1 but no longer at T2; while 13% of CMC beneficiaries reported contact with any care coordinator for the first time at T2. This was a significant difference. For non-CCI, only 8% reported having contact only at T1 but no longer at T2, while 15% reported having contact only at T2, a statistically significant difference. There was no significant difference for the opt-out group (see Figure 10).

Figure 10. Percent of beneficiaries who reported having a contact with a care coordinator at T1 compared to T2.



*Difference between T1 and T2 is statistically significant.

Note: Only at T1=Beneficiaries reported they had contact with a care coordinator at T1 but not at T2. Only at T2=Beneficiaries reported they did not have a care coordinator at T1, but then reported they did have contact with a care coordinator at T2.

At T2, for those who had contact with any care coordinator in the past six months, 36% and 13% of CMC beneficiaries reported that their *main* care coordinator was CMC and a provider office, respectively. For opt-outs and non-CCI, 21% and 33% reported that their main coordinator was from a provider office. The differences between the three groups are statistically significant.

Table 43.

Who is the MAIN person helping coordinate your care?

	CMC (n=174)	Opt-out (n=81)	Non-CCI (n=126)	Chi-square Test	df	p
CMC	63 (36.2%)	2 (2.5%)	0 (0.0%)	102.18	16	<0.001
Another health plan	8 (4.6%)	7 (8.6%)	10 (7.9%)			
Provider office	22 (12.6%)	17 (21.0%)	41 (32.5%)			
Community agency	3 (1.7%)	7 (8.6%)	8 (6.3%)			
IHSS worker	14 (8.0%)	12 (14.8%)	18 (14.3%)			
Family member or friend	14 (8.0%)	9 (11.1%)	11 (8.7%)			
Self	23 (13.2%)	7 (8.6%)	9 (7.1%)			
IHSS worker or nurse	6 (3.4%)	3 (3.7%)	4 (3.2%)			
Other	21 (12.1%)	17 (21.0%)	25 (19.8%)			

At T2, only 5% of CMC beneficiaries talked to or met with their care coordinator at least once a week, lower than opt-outs (23%) and non-CCI (9%). The greatest proportion of CMC and non-CCI (36% vs. 31%) report talking to or meeting with a care coordinator every few months, whereas the greatest proportion for opt-outs report doing so at least once a week (23%). 36% of CMC beneficiaries reported having met with their care coordinators once or never in the last year, compared to 25% of opt-outs, and 29% of non-CCI beneficiaries. The differences between the three groups are statistically significant.

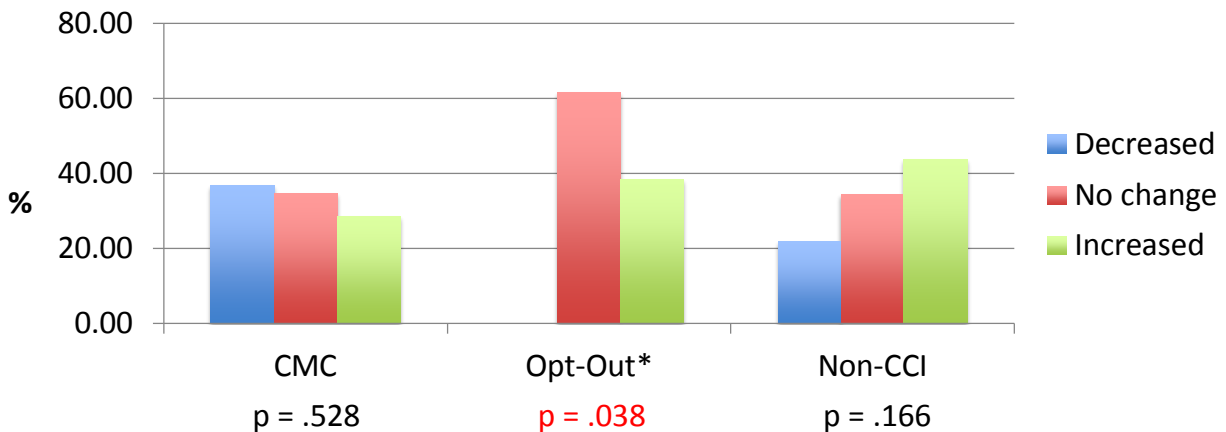
Table 44.

In the last six months, how often have you talked to or met with your care coordinator to discuss your health care or service needs?

	CMC (n=129)	Opt-out (n=57)	Non-CCI (n=98)	Chi-square Test	df	p
At least once a week	6 (4.7%)	13 (22.8%)	9 (9.2%)	22.038	10	0.015
Several times a month	12 (9.3%)	7 (12.3%)	9 (9.2%)			
About once a month	19 (14.7%)	12 (21.1%)	22 (22.4%)			
Every few months	46 (35.7%)	11 (19.3%)	30 (30.6%)			
About once a year	26 (20.2%)	9 (15.8%)	19 (19.4%)			
Never	20 (15.5%)	5 (8.8%)	9 (9.2%)			

Comparing T1 and T2 using a paired samples test, there is a statistically significant increase in how often opt-outs reported talking to or meeting with a care coordinator to discuss health care and services (38% increased at T2 vs. 0% decreased at T2) (see Figure 11).

Figure 11. Percent of beneficiaries who reported a decrease, no change, or increase in how often they were contacted by a care coordinator



*Difference between decreased and increased is statistically significant.

Note: Decrease=Beneficiaries reported more frequent contact with a care coordinator at T1 than they did at T2.

Increase=Beneficiaries reported more frequent contact with a care coordinator at T2 than they had at T1.

At T2, 69% of CMC beneficiaries, 79% of opt-outs, and 74% of non-CCI believed that their care coordinator is “very well informed” about their health conditions and service needs. CMC had the smallest percentage who believed their care coordinator is “very well informed,” but the results are not statistically significant.

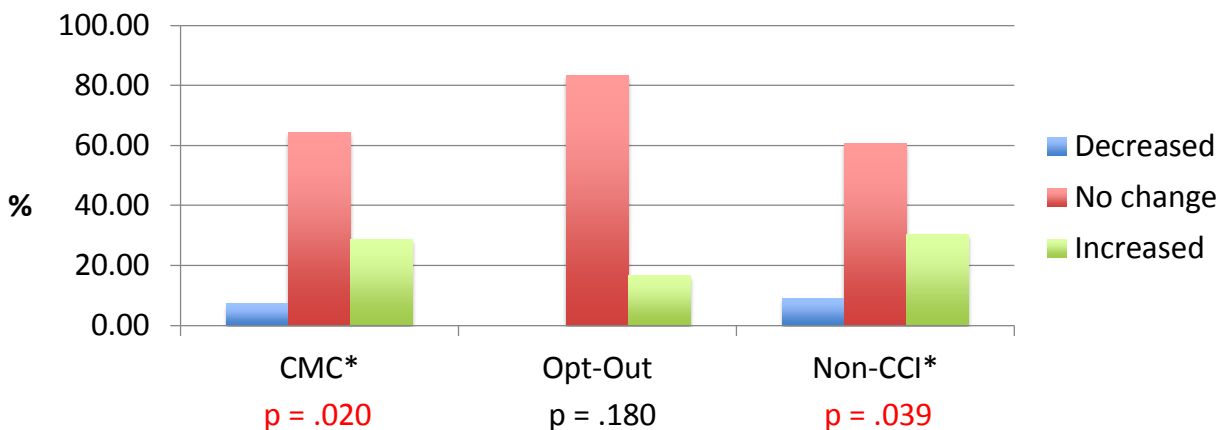
Table 45.

How well informed is your care coordinator about your health conditions and service needs?

	CMC (n=120)	Opt-out (n=56)	Non-CCI (n=97)	Chi-square Test	df	p
Very well informed	83 (69.2%)	44 (78.6%)	72 (74.2%)	4.913	4	0.296
Somewhat well informed	26 (21.7%)	10 (17.9%)	22 (22.7%)			
Not well informed	11 (9.2%)	2 (3.6%)	3 (3.1%)			

Comparing T1 and T2 using a paired samples test, 29% of CMC beneficiaries’ rating of their care coordinator being “informed about their health needs and services” was higher at T2 than it had been at T1; while 7% went decreased their rating between T1 and T2. For non-CCI, 30% rated their care coordinator as more informed at T2 while 9% decreased their rating between T1 and T2. The changes observed in both groups are statistically significant (see Figure 12).

Figure 12. Percent of beneficiaries whose rating of how informed their care coordinator was increased, decreased, or stayed the same between T1 and T2.



*Difference between decreased and increased is statistically significant.

Note: Decreased=Beneficiaries reported their care coordinator was less well informed at T2 than they had been at T1.

Increase=Beneficiaries reported their care coordinator was more well informed at T2 than they had been at T1.

At T2, 85% of CMC beneficiaries, 89% of opt-outs, and 79% of non-CCI reported that their care coordinator usually or always took into account their wishes for their own care or services. All three groups have larger majorities who report this. There are no statistically significant differences among the three groups.

Table 46.

How often did your care coordinator take into account your wishes for your own care or services?

	CMC (n=115)	Opt-out (n=58)	Non-CCI (n=100)	Chi-square Test	df	p
Never	7 (6.1%)	2 (3.4%)	4 (4.0%)	8.208	6	0.22
Sometimes	10 (8.7%)	4 (6.9%)	17 (17.0%)			
Usually	21 (18.3%)	6 (10.3%)	14 (14.0%)			
Always	77 (67.0%)	46 (79.3%)	65 (65.0%)			

Comparing T1 to T2 using a paired samples test, there were no statistically significant changes over time for any of the groups.

At T2, 27% of CMC beneficiaries, 29% of opt-outs, and 21% of non-CCI believe that they do not need care coordination. Half of CMC beneficiaries reported they are getting all the help they need, while almost a quarter said they could use more help with care coordination in all three groups. The differences are not statistically significant.

Table 47.

Are you getting all the care coordination services you need, or could you use additional help?

	CMC (n=525)	Opt-out (n=330)	Non-CCI (n=454)	Chi-square Test	df	p
I don't need care coordination	144 (27.4%)	95 (28.8%)	96 (21.1%)	7.727	4	0.102
I'm getting all the help I need	260 (49.5%)	162 (49.1%)	251 (55.3%)			
I could use more help with care coordination	121 (23.0%)	73 (22.1%)	107 (23.6%)			

Comparing T1 and T2 using a paired samples test, there were no statistically significant changes observed for beneficiaries getting all the care coordination services they needed or getting additional help over time.

At T2, 96% of CMC beneficiaries, 95% of opt-outs, and 97% of non-CCI are either “somewhat or very satisfied” with the care coordination they receive. Very few people report being “very or

somewhat dissatisfied” with their care coordination in all three groups. There are no statistically significant differences.

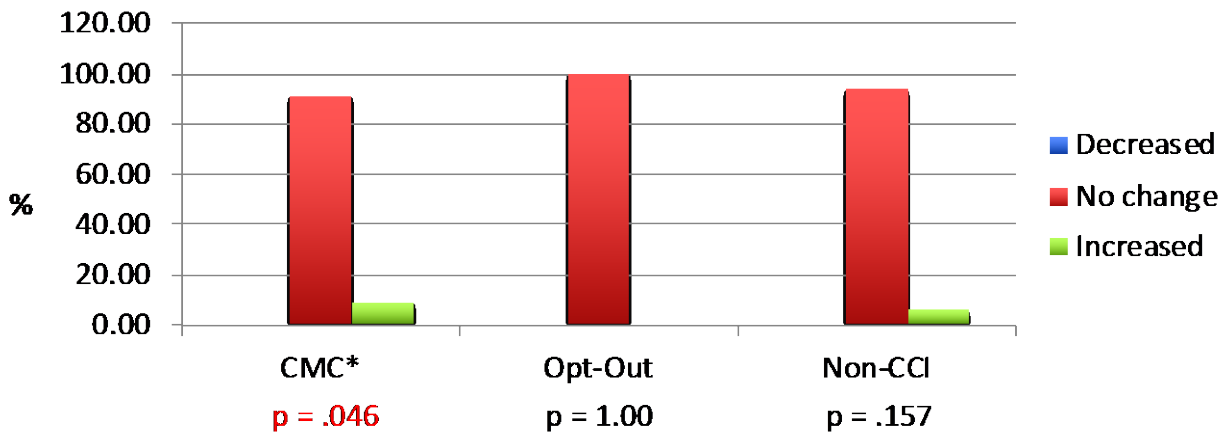
Table 48.

Overall, are you currently satisfied or dissatisfied with the care coordination you receive?

	CMC (n=123)	Opt-out (n=60)	Non-CCI (n=100)	Chi-square Test	df	p
Very dissatisfied	1 (0.8%)	1(1.7%)	1 (1.0%)	3.539	6	0.739
Somewhat dissatisfied	4 (3.3%)	2 (3.3%)	2 (2.0%)			
Somewhat satisfied	36 (29.3%)	11 (18.3%)	30 (30.0%)			
Very satisfied	82 (66.7%)	46 (76.7%)	67 (67.0%)			

Comparing T1 to T2 using a paired samples test, 9% reported increased satisfaction at T2, and no one reported decreased satisfaction. There were no significant changes in rating of satisfaction with care coordination in the opt-out or non-CCI groups (see Figure 13).

Figure 13. Percent of beneficiaries whose rating of satisfaction with benefits increased, stayed the same, or decreased between T1 and T2.



*Difference between decreased and increased satisfaction is statistically significant.

Note: Decreased=Beneficiaries reported lower satisfaction at T2 than they had at T1.

Increased=Beneficiaries reported higher satisfaction at T2 than they had at T1.

Beneficiary participation in care planning:

At T2, only 12% of CMC beneficiaries reported that they were invited to take part in a meeting involving people involved with their care.

Table 49.

Since you switched to your CMC plan, were you ever invited to take part in a meeting that included all the people involved in your care, such as doctors, care coordinators, personal care workers, etc.?

	CMC (n=544)
Yes	66 (12.1%)
No	478 (87.9%)

Comparing T1 to T2 using a paired samples test, there was no statistically significant change in CMC beneficiaries being invited to take part in a meeting with people involved in their care from T1 to T2.

At T2, 51% of CMC beneficiaries reported that their CMC plan sent them an individualized care plan in the mail.

Table 50.

Did your CMC plan send you an individualized care plan in the mail?

	CMC (n=462)
Yes	237 (51.3%)
No	225 (48.7%)

Comparing T1 to T2 using a paired samples test, there was no statistically significant change in CMC plans sending beneficiaries an individualized care plan in the mail over time.

At T2, 80% of CMC beneficiaries who needed LTSS reported that their individualized care plan included something about the need for specific long-term care services they receive.

Table 51.

Did your Individualized Care Plan include anything about the need for specific long-term care services you receive?

	CMC (n=40)
Yes	32 (80.0%)
No	8 (20.0%)

Comparing T1 to T2 using a paired samples test, there was no statistically significant change in their respective Individualized Care Plan including something about the need for long-term care service they receive over time.

At T2, 90% of CMC beneficiaries who remembered receiving a letter in the mail reported that their care plan included information that was “very important” to them or “somewhat important” to them.

Table 52.

Did your Care Plan include information that was important to you?

	CMC (n=220)
Not at all important to me	23(10.5%)
Somewhat important to me	87 (39.5%)
Very important to me	110 (50.0%)

Comparing T1 to T2 using a paired samples test, there was no statistically significant change in beneficiaries' responses to whether or not they thought their care plan included important information over time.

Home visits from CMC:

About 27% of CMC beneficiaries said someone from their CMC plan had visited them in their home.

Table 53.

Has anyone from your CMC health plan ever visited you in your home?

	CMC (n=546)
Yes	148 (27.1%)
No	398 (72.9%)

Using a multivariate logistic regression, compared with people who identified as White, people who identified as Asian/Pacific Islander were about a quarter (Odds Ratio 0.28) less likely to have someone from CMC not visit their home. Also, those who did not have contact with a care coordinator were 3.56 times more likely to not have someone from CMC visit their home (see Appendix 2, Table 14).

Home safety:

At T2, 11% of CMC beneficiaries said their plan had done something to make it safer or easier for them to live in their own home.

Table 54.

Since you switched to your CMC health plan, has the plan done anything to make it safer or easier for you to live in your own home?

	CMC (n=542)
Yes	58 (10.7%)
No	484 (89.3%)

Those who responded that the CMC plan had done something to make it safer or easier to live in their own home were asked to describe what the plan had done.

- Participants reported that their CMC health plans provided support for them to safely stay in their homes such as offering patient check-ins, or providing equipment and mobility aids, and home modifications.
- Participants reported that individuals, such as nurses, doctors, inspectors, and case managers would check up on participants in person or over the phone, check the safety of the participant's home, ask if assistance is needed, and provide information to participants on how to live safely and healthily.
- Participants mentioned that they were provided with equipment such as commode chairs, shower chairs, wound vacuums, bath mats, beds, and personal sanitary items to make living at home safer and more comfortable. Participants were also provided with mobility aid equipment such as walkers, canes, and wheelchairs.
- Some participants mentioned that home modifications including safety bars, emergency alarms, and ramps had been installed.
- Other participants mentioned that they were provided with more accommodating housing options. They also received health and safety information, In-Home Supportive Services (IHSS), emergency alert systems (e.g., Life Alert), support with medication administration, and household supplies (e.g., bedding, cooking supplies, furniture).

Transportation Services

Transportation utilization:

At T2, about 31% of CMC beneficiaries had gotten a ride provided or arranged by their health plan. CMC beneficiaries were more likely to have gotten a ride provided or arranged by their health plan compared to opt-outs, of whom only 19% had rides arranged by their health plan ($p < .001$).

Table 55.

<i>Have you ever gotten a ride that was provided by or arranged by your health plan?</i>					
	CMC (n=560)	Opt-out (n=345)	Chi-square test	df	p
Yes	173 (30.9%)	65 (18.8%)	15.999	1	<.001
No	387 (69.1%)	280 (81.2%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in getting a ride provided or arranged by the beneficiary's health plan for both CMC and opt-outs over time.

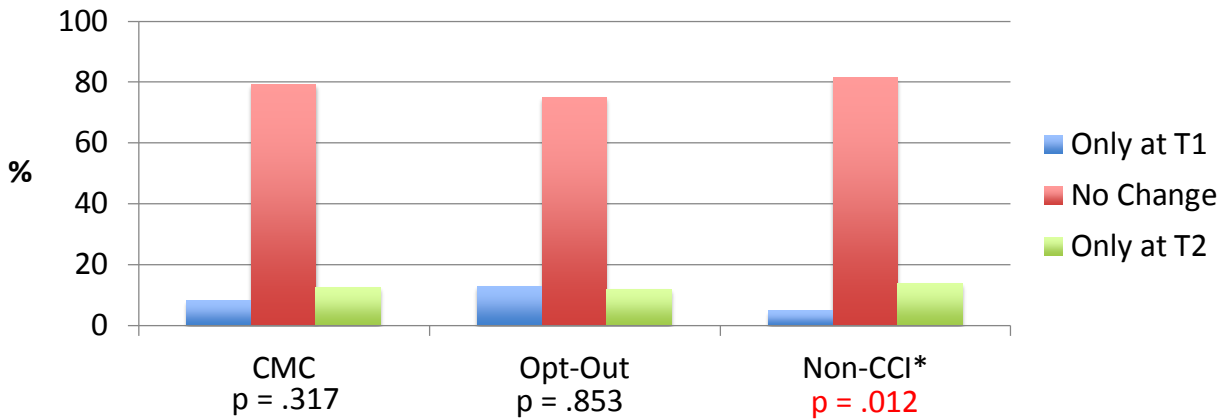
About 86% of CMC beneficiaries reported getting all the help they needed with transportation to medical or other health-related appointments. There were no statistically significant differences between groups.

Table 56.

<i>Are you getting all the help you need with transportation to medical appointments or other health related appointments?</i>						
	CMC (n=206)	Opt-out (n=175)	Non-CCI (n=192)	Chi-square test	df	p
Yes	178 (86.4%)	149 (85.1%)	159 (82.8%)	1.018	2	.601
No	28 (13.6%)	26 (14.9%)	33 (17.2%)			

Comparing T1 and T2 using paired samples, there were no changes among the CMC or opt-out groups, but non-CCI beneficiaries were more likely at T2 to report having all the help they need with transportation to medical and health-related appointments (5% getting all the help needed with transportation at T1 only versus 14% at T2 only) (see Figure 14).

Figure 14. Percent of beneficiaries who reported getting all transportation needs met at T1 compared to T2



*Difference between only at T1 and only at T2 is statistically significant.

**Note: Only at T1: Beneficiaries reported all transportation needs met at T1 but not at T2.
Only at T2: Beneficiaries reported all transportation needs met at T2, but not at T1.**

Unmet transportation needs:

At T2, about 59% of CMC beneficiaries who had unmet transportation needs reported missing a doctor’s appointment or other medical appointment because they were unable to get there. Analysis showed that there were no statistically significant differences between groups.

Table 57.

During the past month, did you miss a doctor’s appointment or other medical appointment because you were unable to get there?

	CMC (n=27)	Opt-out (n=26)	Non-CCI (n=33)	Chi-square test	df	p
Yes	16 (59.3%)	9 (34.6%)	14 (42.4%)	3.431	2	.180
No	11 (40.7%)	17 (65.4%)	19 (57.6%)			

Long-Term Services and Supports

LTSS routine needs:

At T2, of those who had personal care or routine needs, about 85% of CMC beneficiaries who reported difficulty dressing, bathing, or doing errands said they needed the help of other persons in handling routine needs. There were no statistically significant differences between groups.

Table 58.

Because of a physical, mental, or emotional problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

	CMC (n=240)	Opt-out (n=200)	Non-CCI (n=224)	Chi-square test	df	p
Yes	204 (85.0%)	175 (87.5%)	188 (83.9%)	1.127	2	.569
No	36 (15.0%)	25 (12.5%)	36 (16.1%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in whether beneficiaries needed help in handling routine needs among CMC, opt-outs, and non-CCI beneficiaries over time.

At T2, 63% of CMC beneficiaries said they got all the help they needed with routine needs. There were no statistically significant differences between groups.

Table 59.

Do you usually get all the help you need with routine needs?

	CMC (n=200)	Opt-out (n=171)	Non-CCI (n=185)	Chi-square test	df	p
I could use more help	67 (33.5%)	62 (36.3%)	70 (37.8%)	4.395	4	.355
I get all the help I need	126 (63.0%)	105 (61.4%)	104 (56.2%)			
I get no help at all	7 (3.5%)	4 (2.3%)	11 (5.9%)			

Specialty care use and contact with care coordinator were significant predictors of whether a beneficiary could use more help with routine needs. Those who did not use specialty care were 8.75 times more likely to report that they get all the help they need. Those who are not in contact with a care coordinator are 0.29 times less likely to report that they get all the help they need with routine needs (see Appendix 2, Table 15).

At T2, about 36% of CMC beneficiaries who reported unmet routine needs said they made a mistake in taking prescribed medicines because it was too difficult to keep track of them by themselves. There were no statistically significant differences between groups.

Table 60.

In the last month, did you ever make a mistake in taking your prescribed medicines because it was too difficult to keep track of them by yourself?

	CMC (n=73)	Opt-out (n=64)	Non-CCI (n=80)	Chi-square test	df	p
Yes	26 (35.6%)	19 (29.7%)	25 (31.3%)	.608	2	.738
No	47 (64.4%)	45 (70.3%)	55 (68.8%)			

At T2, about 36% of CMC beneficiaries who reported unmet routine needs said there had been a time when they had to stay at home because no one was there to help them go out. There were no statistically significant differences between groups.

Table 61.

In the last month, did you ever have to stay in your home or building, because no one was there to help you go out, and you had difficulty going out by yourself?

	CMC (n=73)	Opt-out (n=66)	Non-CCI (n=81)	Chi-square test	df	p
Yes	26 (35.6%)	25 (37.9%)	32 (39.5%)	.248	2	.883
No	47 (64.4%)	41 (62.1%)	49 (60.5%)			

At T2, about 35% of CMC beneficiaries who reported unmet routine needs said there had been a time when they went without groceries or personal items because it was too difficult to shop by themselves. There were no statistically significant differences between groups.

Table 62.

In the last month, did you ever go without groceries or personal items because it was too difficult to shop by yourself and no one was there to help or shop for you?

	CMC (n=72)	Opt-out (n=65)	Non-CCI (n=80)	Chi-square test	df	p
Yes	25 (34.7%)	13 (20.0%)	22 (27.5%)	3.703	2	.157
No	47 (65.3%)	52 (80.0%)	58 (72.5%)			

LTSS personal care needs:

At T2, about 55% of CMC beneficiaries said they needed the help of other persons with personal care needs. There were no statistically significant differences between groups.

Table 63.

Because of a physical, mental, or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside this home?

	CMC (n=242)	Opt-out (n=201)	Non-CCI (n=225)	Chi-square test	df	p
Yes	133 (55.0%)	113 (56.2%)	120 (53.3%)	.361	2	.835
No	109 (45.0%)	88 (43.8%)	105 (46.7%)			

At T2, more opt-outs needed help getting in and out of bed or chairs. For example, about 60% of CMC and non-CCI groups said they needed help with getting in or out of bed or chairs, compared to 74% of opt-outs ($p = .031$).

Table 64.

Do you need the help of other persons with...

	CMC (n=133)	Opt-out (n=113)	Non-CCI (n=120)	Chi- square test	df	p
Bathing or showering?				.699	2	.705
Yes	114 (85.7%)	98 (86.7%)	107 (89.2%)			
No	19 (14.3%)	15 (13.3%)	13 (10.8%)			
Dressing?				1.055	2	.590
Yes	105 (78.9%)	94 (83.2%)	100 (83.3%)			
No	28 (21.1%)	19 (16.8%)	20 (16.7%)			
Eating?				.681	2	.711
Yes	29 (21.8%)	29 (25.7%)	26 (21.7%)			
No	104 (78.2%)	84 (74.3%)	94 (78.3%)			
Getting in or out of bed or chairs?				6.933	2	.031
Yes	80 (60.2%)	84 (74.3%)	72 (60.0%)			
No	53 (39.8%)	29 (25.7%)	48 (40.0%)			
Using the toilet, including getting to the toilet?				2.210	2	.331
Yes	59 (44.4%)	59 (52.2%)	52 (43.3%)			
No	74 (55.6%)	54 (47.8%)	68 (56.7%)			

At T2, of those who needed help with personal care, about a quarter (26%) of CMC beneficiaries said they could use more help or were getting no help at all. This is significantly lower than opt-outs (33%) and non-CCI beneficiaries (43%).

Table 65.

Do you usually get all the help you need with personal care needs?

	CMC (n=129)	Opt-out (n=113)	Non-CCI (n=117)	Chi-square test	df	p
I could use more help	29 (22.5%)	35 (31.0%)	43 (36.8%)	9.960	4	.041
I get all the help I need	96 (74.4%)	76 (67.3%)	67 (57.3%)			
I get no help at all	4 (3.1%)	2 (1.8%)	7 (6.0%)			

There were no significant predictors of needing more help with personal care needs (see Appendix 2, Table 16).

At T2, about 64% of CMC beneficiaries who needed help with bathing said they experienced discomfort during the past month because of inability to bathe as often as they liked. There were no statistically significant differences between groups.

Table 66.

During the past month, did you experience discomfort because you were not able to bathe as often as you would have liked?

	CMC (n=25)	Opt-out (n=31)	Non-CCI (n=43)	Chi-square test	df	p
Yes	16 (64.0%)	17 (54.8%)	23 (53.5%)	.766	2	.682
No	9 (36.0%)	14 (45.2%)	20 (46.5%)			

At T2, about 56% of CMC beneficiaries who needed help with dressing said they experienced discomfort during the past month because of inability to change clothes as often as they liked. There were no statistically significant differences between groups.

Table 67.

During the past month, did you experience discomfort because you were not able to change your clothes as often as you would have liked as you did not have help?

	CMC (n=25)	Opt-out (n=28)	Non-CCI (n=43)	Chi-square test	df	p
Yes	14 (56.0%)	12 (42.9%)	18 (41.9%)	1.414	2	.493
No	11 (44.0%)	16 (57.1%)	25 (58.1%)			

At T2, about 69% of CMC beneficiaries who needed help with using the bathroom said they experienced discomfort during the past month because of not having help getting to the bathroom or changing soiled clothing as often as they needed to. There were no statistically significant differences between groups.

Table 68.

During the past month, did you experience discomfort because you did not have help getting to the bathroom or changing soiled clothing as often as you needed to?

	CMC (n=13)	Opt-out (n=20)	Non-CCI (n=24)	Chi-square test	df	p
Yes	9 (69.2%)	9 (45.0%)	11 (45.8%)	2.273	2	.321
No	4 (30.8%)	11 (55.0%)	13 (54.2%)			

At T2, about 56% of CMC beneficiaries who needed help getting in or out of bed or chairs said there were times in the last month when they had to stay in bed because no one was there to help them get out. There were no statistically significant differences between groups.

Table 69.

In the last month, did you ever have to stay in bed because no one was there to help you and it was too difficult to get out of bed by yourself?

	CMC (n=18)	Opt-out (n=26)	Non-CCI (n=30)	Chi-square test	df	p
Yes	10 (55.6%)	7 (26.9%)	9 (30.0%)	4.410	2	.110
No	8 (44.4%)	19 (73.1%)	21 (70.0%)			

LTSS utilization:

At T2, of those who reported routine or personal care needs, 54% of CMC beneficiaries said they were receiving LTSS. Opt-outs were significantly more likely to be receiving LTSS (69%) ($p = .001$).

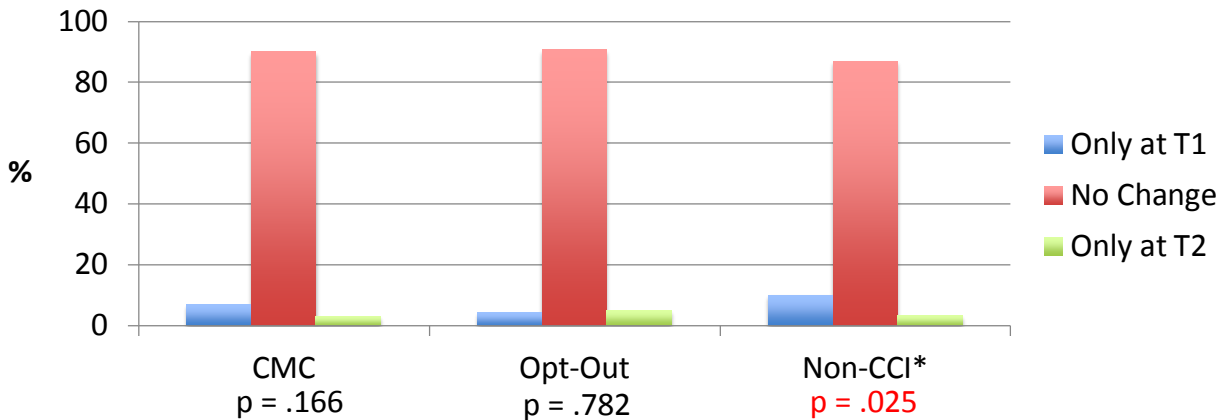
Table 70.

Are you currently getting any services or assistance with bathing, dressing, help with preparing meals, help doing housework, or grocery shopping?

	CMC (n=235)	Opt-out (n=198)	Non-CCI (n=221)	Chi-square test	df	p
Yes	127 (54.0%)	137 (69.2%)	115 (52.0%)	14.913	2	.001
No	108 (46.0%)	61 (30.8%)	106 (48.0%)			

Comparing T1 and T2 using paired samples, there was a statistically significant decrease in LTSS use among non-CCI over time (10% who used LTSS at T1 no longer used it at T2, versus 3% used LTSS at T2 who had not been using it at T1 (see Figure 15).

Figure 15. Percent of beneficiaries who used LTSS at T1 compared to T2



*Difference between only at T1 and only at T2 is statistically significant.

**Note: Only at T1=Beneficiaries reported using LTSS services at T1 but not at T2.
Only at T2=Beneficiaries reported using LTSS services at T2, but not at T1.**

At T2, about 93% of CMC beneficiaries using LTSS were using IHSS. There were no statistically significant differences in IHSS use between CMC, opt-outs, non-CCI beneficiaries.

Table 71.

	CMC (n=126)	Opt-out (n=134)	Non-CCI (n=112)	Chi-square test	df	p
Yes	117 (92.9%)	122 (91.0%)	104 (92.9%)	.392	2	.822
No	9 (7.1%)	12 (9.0%)	8 (7.1%)			

Comparing T1 and T2 using paired samples, there were no statistically significant differences in IHSS use in any group.

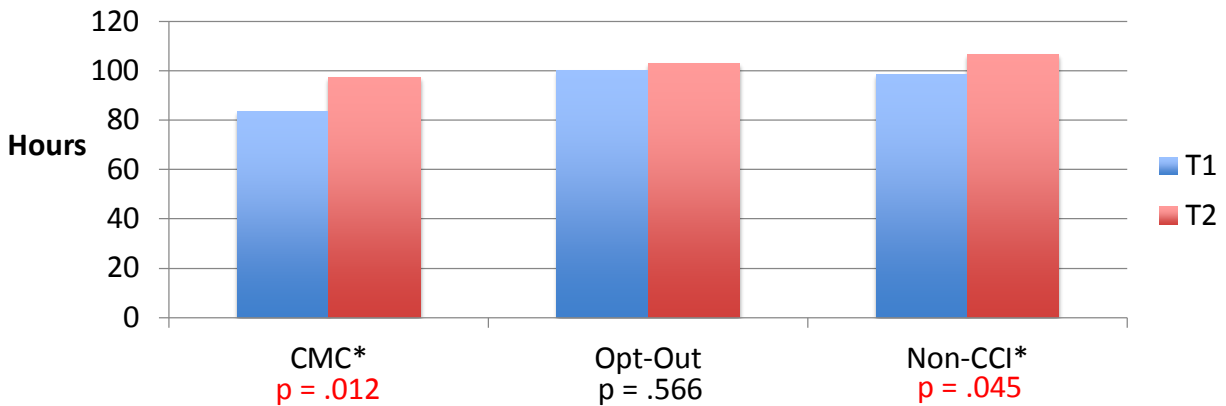
At T2, CMC beneficiaries received an average of 99 IHSS hours per month. There were no statistically significant differences between beneficiary groups.

Table 72.

	CMC (n=100)	Opt-out (n=103)	Non-CCI (n=84)	F	df	p
Mean	98.88	101.50	101.74	.080	2	.923

Comparing T1 and T2 using paired samples, there was a statistically significant increase in number of IHSS hours received per month in CMC (mean 84 at T1 up to a mean of 94 hours at T2) and non-CCI (99 vs. 107 hours) from T1 to T2 (see Figure 16).

Figure 16. Average number of monthly hours of IHSS at T1 compared to T2.



*Difference between T1 and T2 is statistically significant.

At T2, 24% of CMC beneficiaries who used IHSS said someone from their CMC plan helped them enroll in IHSS or get more hours.

Table 73.

Did anyone from your CMC plan help you get enrolled in IHSS or help you get more hours?

	CMC (n=107)
Yes	26 (24.3%)
No	81 (75.7%)

Other paid help:

At T2, only about 7% of CMC beneficiaries who received IHSS also received other paid help. There were no statistically significant differences between groups.

Table 74.

Besides IHSS, do you have other paid help?

	CMC (n=117)	Opt-out (n=121)	Non-CCI (n=104)	Chi-square test	df	p
Yes	8 (6.8%)	8 (6.6%)	3 (2.9%)	2.038	2	.361
No	109 (93.2%)	113 (93.4%)	101 (97.1%)			

Table 75.

Is the person paid to help you the most, is this person...

	CMC (n=117)	Opt-out (n=122)	Non-CCI (n=104)	Chi- square test	df	p
Paid worker who is not a family member or friend	35 (29.9%)	35 (28.7%)	32 (30.8%)	1.343	6	.969
Paid family member	61 (52.1%)	64 (52.5%)	51 (49.0%)			
Paid friend	17 (14.5%)	19 (15.6%)	15 (14.4%)			
Other specified	4 (3.4%)	4 (3.3%)	6 (5.8%)			

At T2, about 44% of CMC beneficiaries who reported routine or personal care needs said they also received unpaid help from a family member or friend. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 76.

Are you also getting unpaid help from a family member or friend?

	CMC (n=240)	Opt-out (n=202)	Non-CCI (n=225)	Chi-square test	df	p
Yes	105 (43.8%)	72 (35.6%)	105 (46.7%)	5.632	2	.060
No	135 (56.3%)	130 (64.4%)	120 (53.3%)			

Other LTSS use:

About 3% of CMC beneficiaries said they get meals delivered through a program like Meals on Wheels or other meal delivery. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 77.

Do you get meals delivered through a program like Meals on Wheels or other meal delivery?

	CMC (n=126)	Opt-out (n=137)	Non-CCI (n=115)	Chi-square test	df	p
Yes	4 (3.2%)	6 (4.4%)	9 (7.8%)	2.913	2	.233
No	122 (96.8%)	131 (95.6%)	106 (92.2%)			

About 6% of CMC beneficiaries who were 65 years old and older said they use Multipurpose Senior Services Programs (MSSP). There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 78.

Are you currently using Multipurpose Senior Services Program (MSSP)?

	CMC (n=73)	Opt-out (n=83)	Non-CCI (n=61)	Chi-square test	df	p
Yes	4 (5.5%)	6 (4.8%)	1 (1.6%)	1.385	2	.500
No	69 (94.5%)	79 (95.2%)	60 (98.4%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in use of MSSP in any beneficiary category over time.

About 3% of CMC beneficiaries said they currently use Adult Day Health Care. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 79.

Are you currently using Adult Day Health Care?

	CMC (n=124)	Opt-out (n=134)	Non-CCI (n=114)	Chi-square test	df	p
Yes	4 (3.2%)	5 (3.7%)	7 (6.1%)	1.391	2	.499
No	120 (96.8%)	129 (96.3%)	107 (93.9%)			

Comparing T1 and T2 using paired samples, there were no statistically significant differences in use of Adult Day Health Care in any beneficiary category.

LTSS assistance from Cal MediConnect plan:

At T2, 19% of CMC beneficiaries who had a paid or unpaid caregiver reported that their CMC health plan talked to someone who helps the beneficiary about how they can improve their care.

Table 80.

Has anyone from your CMC health plan talked to anyone who helps you about what they need so they can help you better?

	CMC (n=175)
Yes	34 (19.4%)
No	141 (80.6%)

Using a multivariate logistic regression, predictors for whether or not a CMC plan talks to someone who cares for the beneficiary about care improvement are age group and contact with a care coordinator. CMC beneficiaries who are 65 years old and older are 3.44 times less likely to report that the CMC plan talks to their paid or unpaid caregiver. Additionally, those who did not have contact with a care coordinator were 2.96 times more likely to report not talking/receiving help from the plan (see Appendix 2, Table 17).

About 32% of CMC beneficiaries who had a paid or unpaid caregiver said that someone from

their plan had talked to them about their needs. There was a statistically significant difference between CMC beneficiaries and opt-outs in whether someone from their health plan had talked to them about their needs.

Table 81.

In the last year, has anyone from your plan ever talked to you about your needs?

	CMC (n=120)	Opt-out (n=134)	Chi-square test	df	p
Yes	38 (31.7%)	79 (59.0%)	18.975	1	<.001
No	82 (68.3%)	55 (41.0%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes in any beneficiary group regarding whether someone from their plan had talked to them about their needs over time.

About 22% of CMC beneficiaries said there had been changes in their long-term services in the past year. There was no statistically significant difference between CMC beneficiaries and opt-outs.

Table 82.

Have there been any changes in your long-term services in the past year?

	CMC (n=121)	Opt-out (n=135)	Chi-square test	df	p
Yes	27 (22.3%)	34 (25.2%)	.290	1	.590
No	94 (77.7%)	101 (74.8%)			

For those who reported changes to their LTSS services, they were asked to describe how those services changed. The most common changes included:

- Participants reported that they experienced changes in IHSS, including: hours of service, benefits, and continuity of service.
- Participants stated that they either received more hours of service, less hours of service, or a change in workers from IHSS. The participants that mentioned having an increase in hours often ranged from an additional 2-18 hours, with the two-hour increase being most common. For the participants with fewer hours, the changes mentioned were deductions up to 44 hours. In addition to a change in hours, different workers were assigned to participants as their needs changed.
- Participants reported they experienced a change in the benefits they received. Some expressed that they had lost services, lost their in-home workers, or saw cuts to their caregivers' pay. On the other hand, some mentioned that they received more assistance and care, had more access to treatment (e.g., physical therapy, rehabilitation), received food assistance, and had access to new medical equipment (e.g., emergency necklaces).
- A number of participants reported a change in the continuity of their care, specifically regarding providers, handlers, and workers, methods of care, and amount of care received.

- Other changes in service that participants mentioned included having less personal physical independence, less transportation, and delays or disruptions in receiving treatment and services.

Consumer direction in LTSS use:

About 61% of CMC beneficiaries said they are in charge of the services and supports they receive. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

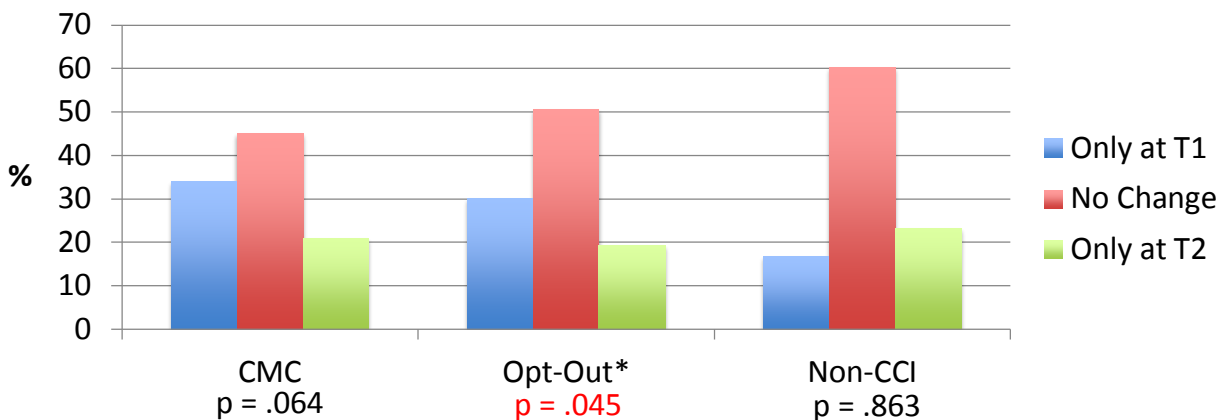
Table 83.

Are you in charge of the services and supports you receive?

	CMC (n=112)	Opt-out (n=118)	Non-CCI (n=102)	Chi- square test	df	p
Yes	68 (60.7%)	73 (61.9%)	65 (63.7%)	1.188	4	.880
Sometimes, or some services	9 (8.0%)	7 (5.9%)	9 (8.8%)			
No	35 (31.3%)	38 (32.2%)	28 (27.5%)			

Comparing T1 and T2 using paired samples, 30% of opt-outs said they felt in charge of their services and supports at T1 but no longer at T2. And 19% who had not felt in charge of their services at T2, did report agency in that area at T2. There were no significant differences over time for those in CMC or non-CCI (see Figure 17).

Figure 17. Percent of beneficiaries who reported a decrease, no change, or increase in feeling in charge of their LTSS services between T1 and T2.



Note: Only at T1=Beneficiaries who reported they felt in charge of their LTSS at T1 but not at T2. Only at T2=Beneficiaries who reported they did not feel in charge of their LTSS at T1 but did feel in charge at T2.

About 93% of CMC beneficiaries said they could change the people who are paid to help them if they wanted to. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 84.

Can you change the people who are paid to help you if you want to?

	CMC (n=114)	Opt-out (n=120)	Non-CCI (n=102)	Chi-square test	df	p
Yes	106 (93.0%)	112 (93.3%)	96 (94.1%)	1.918	4	.751
Maybe	2 (1.8%)	1 (0.8%)	0 (0.0%)			
No	6 (5.3%)	7 (5.8%)	6 (5.9%)			

Comparing T1 and T2 using paired samples, there were no statistically significant changes among CMC, opt-outs, and non-CCI beneficiaries in whether beneficiaries could change the people who are paid to help them if they wanted to.

About 73% of beneficiaries in each group said they had as much control over their daily lives as they wanted. There were no statistically significant differences between categories.

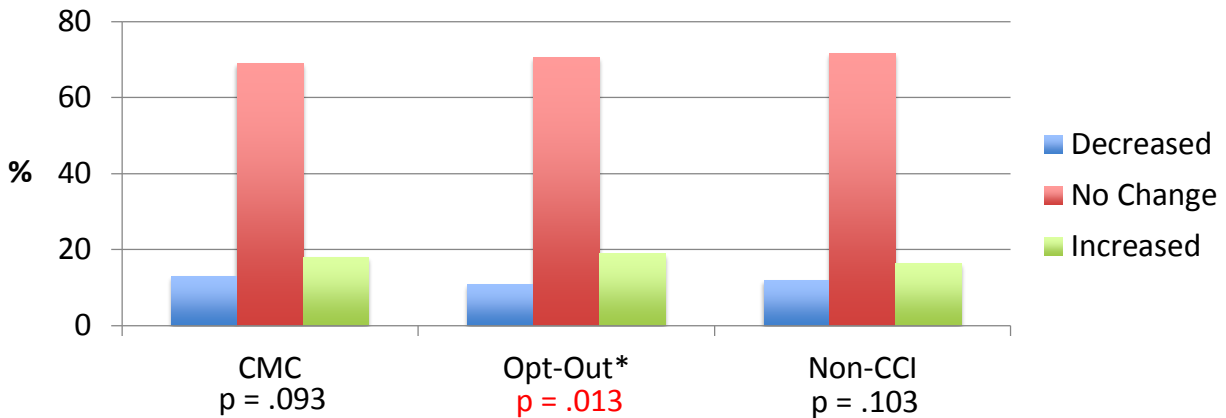
Table 85.

Which of these statements best describes your present situation?

	CMC (n=467)	Opt-out (n=268)	Non-CCI (n=387)	Chi-square test	df	p
I have as much control over my daily life as I want.	341 (73.0%)	196 (73.1%)	283 (73.1%)	.704	4	.951
Sometimes I don't feel I have as much control over my daily life as I want.	109 (23.3%)	65 (24.3%)	90 (23.3%)			
I have no control over my daily life.	17 (3.6%)	7 (2.6%)	14 (3.6%)			

Comparing T1 and T2 using paired samples, opt-outs had a statistically significant change in reported control over their daily life as they wish over time, with 19% reporting increased control at T2. There were no significant changes for the other beneficiary groups (see Figure 18).

Figure 18. Percent of beneficiaries who reported a decrease, no change, or increase in how much control they have in their daily life between T1 and T2.



*Difference between decreased and increased control is statistically significant.

Note: Decrease=Beneficiaries reported having less control over their daily life at T2 than they had at T1.
 Increase=Beneficiaries reported having more control over their daily life at T2 than they had at T1.

Social engagement:

About 75% of CMC beneficiaries strongly or somewhat agreed that they participated in social activities as often as they wanted. There were no statistically significant differences between categories.

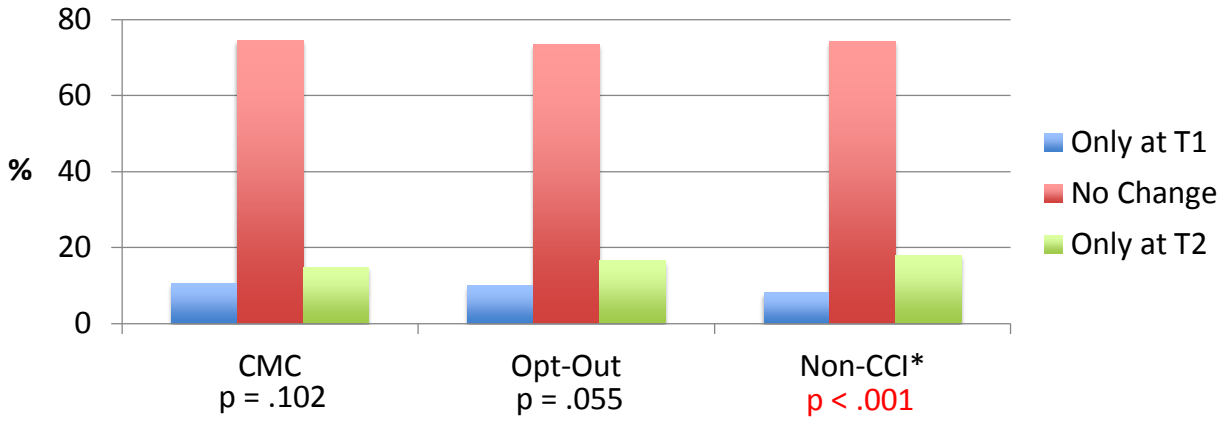
Table 86.

Do you agree with the following statement: I participate in social activities as often as I want.

	CMC (n=464)	Opt-out (n=253)	Non-CCI (n=386)	Chi-square test	df	p
Strongly disagree	53 (11.4%)	31 (12.3%)	49 (12.7%)	2.949	6	.815
Somewhat disagree	61 (13.1%)	40 (15.8%)	46 (11.9%)			
Somewhat agree	138 (29.7%)	78 (30.8%)	117 (30.3%)			
Strongly agree	212 (45.7%)	104 (41.1%)	174 (45.1%)			

Comparing T1 and T2 using paired samples, non-CCI had a statically significant increase in beneficiaries reporting that they participate in social activities as often as they want (18% agreed at T2 but not at T1 vs. 8% only agreed at T1 but not at T2) (see Figure 19).

Figure 19. Percent of beneficiaries who were satisfied with their social activities at T1 compared to T2.



*Difference between T1 and T2 is statistically significant.

**Note: Only at T1=Beneficiaries were satisfied with their social activities at T1 but not at T2.
 Only at T2=Beneficiaries were satisfied with their social activities at T2 but had not been at T1.**

Health Plan Communication

At T2, about 76% of CMC beneficiaries said the information they received from their CMC plan was just right. There were no statistically significant differences between CMC, opt-outs, and non-CCI beneficiaries.

Table 87.

Would you say the information you get from your CMC plan, Medicare, and Medi-Cal is...

	CMC (n=535)	Opt-out (n=330)	Non-CCI (n=447)	Chi-square test	df	p
Too much?	53 (9.9%)	25 (7.6%)	31 (6.9%)	3.920	4	.417
Just right?	404 (75.5%)	255 (77.3%)	340 (76.1%)			
Not enough?	78 (14.6%)	50 (15.2%)	76 (17.0%)			

Those who reported that the information they received from their CMC health plan was not enough were asked to explain what other information they wished to receive from their health plan.

- A number of participants reported that they received little or no information about their health care benefits. Participants reported they would like to receive more information about insurance benefits and coverage of health and social programs available to them. The most commonly requested topics included: dental care, vision services, food assistance programs (e.g., Meals on Wheels and food stamps), personal care assistance programs, pain management, physical therapy, mental health services, and housing.
- Participants also mentioned wanting improved methods of information delivery. Some participants said that they had not received information due to ineffective mail delivery and would prefer communication via email and telephone. Some reported wanting information to be delivered in a format that is more concise and easily understood.
- Some participants reported that they needed help with the translation and comprehension of the information provided to them.
- Finally, many participants wanted more information about any care coordination services they could receive from the health plan.

Interpreter Services

About half (53%) of CMC beneficiaries who spoke a non-English language at home were never able to get a professional interpreter when they needed one to help speak with their doctor.

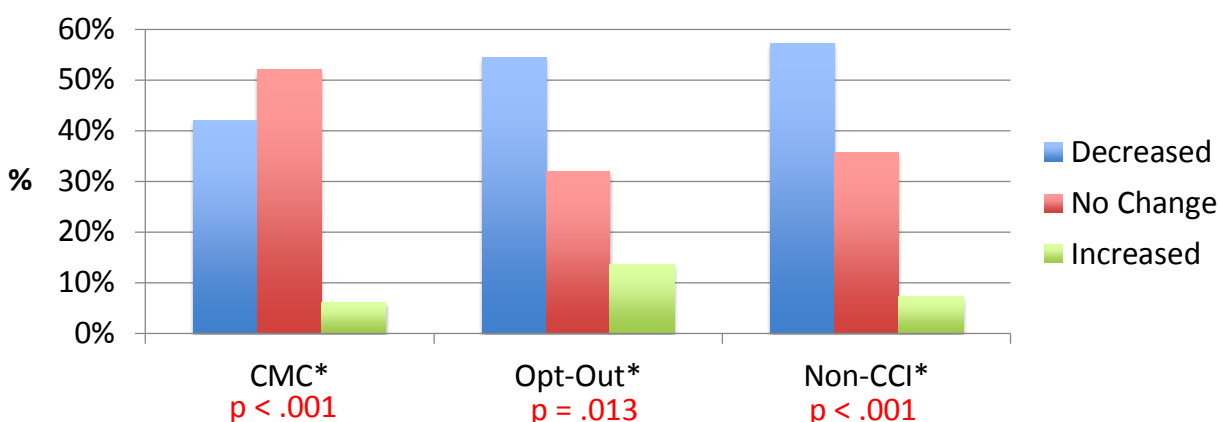
Table 88.

When you needed a professional interpreter to help you speak with your doctor, how often did you get one?

	CMC (n=227)	Opt-out (n=121)	Non-CCI (n=130)	Chi-square test	df	p
Never	120 (52.9%)	55 (45.5%)	58 (44.6%)	4.560	6	.601
Sometimes	42 (18.5%)	23 (19.0%)	27 (20.8%)			
Usually	11 (4.8%)	5 (4.1%)	9 (6.9%)			
Always	54 (23.8%)	38 (31.4%)	36 (27.7%)			

Comparing T1 and T2 using paired samples, participants from all three groups had a statistically significant decrease from T1 to T2 in ability to get a professional interpreter when they needed one. Non-CCI (57%) showed the largest decrease compared to opt-out (55%) and CMC beneficiaries (42%) (see Figure 20).

Figure 20. Percent of beneficiaries who reported an increase, no change, or decrease in ability to get an interpreter at T1 compared to T2.



*Difference between decreased and increased frequency is statistically significant.

Note: Decreased=Beneficiaries reported it was harder to get an interpreter at T2 than it had been at T1.
Increased=Beneficiaries reported it was easier to get an interpreter at T2 than it had been at T1.

Appendix 1:
Sample Characteristics by Group: CMC, Opt-out, Non-CCI.

		<u>CMC (n= 566)</u>		<u>Opt-outs (n = 347)</u>		<u>NON-CCI (n= 473)</u>		Chi-square Test	<i>p</i>
		N	%	N	%	N	%		
General									
Age*	65 years or older	352	62.3	212	61.1	283	59.8	0.662	0.718
	21 to 64 years old	213	37.7	135	38.9	190	40.2		
Gender*	Female	320	56.5	235	67.7	303	64.1	12.828	0.002
	Male	246	43.5	112	32.3	170	35.9		
Ethnicity*	White	127	22.8	84	24.6	150	32.4	36.729	0.001
	Hispanic or latino	278	49.8	161	47.1	164	35.4		
	Black	88	15.8	59	17.3	79	17.1		
	Alaskan native	4	0.7	5	1.5	6	1.3		
	Asian	17	3.0	4	1.2	21	4.5		
	Pacific Islander	8	1.4	1	0.3	9	1.9		
	Mixed	7	1.3	6	1.8	5	1.1		
	Other	29	5.2	22	6.4	29	6.3		
Marital status*	Married or living with partner	140	25.2	66	19.4	102	21.8	12.527	0.051
	Divorced or separated	189	34.1	104	30.5	169	36.1		
	Widowed	94	16.9	81	23.8	97	20.7		
	Never married	132	23.8	90	26.4	100	21.4		
Language*	English	317	56.4	213	61.4	337	71.4	38.920	0.000
	Spanish	215	38.3	116		109	23.1		
	Vietnamese	0	0.0	0	0.0	0	0.0		
	Cantonese	0	0.0	0	0.0	3	0.6		

		CMC (n= 566)		Opt-outs (n = 347)		NON-CCI (n= 473)		Chi-square Test	p
		N	%	N	%	N	%		
General									
	Tagalog	6	1.1	2	0.6	3	0.6		
	Armenian	1	0.2	0	0.0	0	0.0		
	Other	21	3.7	14	4.0	20	4.2		
Survey Language*	English	357	63.1	237	68.3	368	77.8	29.560	0.000
	Spanish	209	36.9	109	31.4	105	22.2		
	Other	0	0.0	1	0.3	0	0.0		
Education*	Less than high school	227	41.0	138	40.7	141	30.3	18.014	0.001
	High school or some college	268	48.5	155	45.7	270	58.1		
	College and above	58	10.5	46	13.6	54	11.6		
Employment Status*	Employed full time	5	0.9	4	1.2	1	0.2	6.177	0.627
	Employed part time	16	2.9	8	2.4	18	3.9		
	Not employed, looking for work	21	3.8	12	3.6	13	2.8		
	Not employed, not looking for work or	211	38.4	138	41.2	191	41.4		
	Retired	296	53.9	173	51.6	238	51.6		
County*	Los Angeles	257	45.4	222	64.0			1469.382	0.000
	Riverside	70	12.4	37	10.7	---	---		
	San Bernardino	67	11.8	26	7.5	---	---		

		70		110		51		117		Chi-square Test	p
		CMC (n= 566)		Opt-outs (n = 347)		NON-CCI (n= 473)					
		N	%	N	%	N	%				
General											
	San Mateo	64	11.3	3	0.9	---	---				
	Santa Clara	29	5.1	8	2.3	---	---				
	Alameda	---	---	---	---	83	17.5				
	Contra Costa	---	---	---	---	53	11.2				
	Fresno	---	---	---	---	48	10.1				
	Kern	---	---	---	---	38	8.0				
	Sacramento	---	---	---	---	103	21.8				
	San Francisco	---	---	---	---	46	9.7				
	San Joaquin	---	---	---	---	47	9.9				
	Stanislaus	---	---	---	---	32	6.8				
	Tulare	---	---	---	---	23	4.9				
Household status	Living alone	173	32.4	126	39.3	171	38.8	5.898	0.052		
	Living with someone	361	67.6	195	60.7	270	61.2				
Proxy needed	Proxy not needed	539	95.2	330	95.1	459	97.0	2.696	0.260		
	Need a proxy	27	4.8	17	4.9	14	3.0				
Health											
Self-rated General Health	Fair or poor	297	53.0	193	56.1	266	57.0	1.757	0.415		
	Good or excellent	263	47.0	151	43.9	201	43.0				
Disability											
Are you deaf or have serious difficulty hearing?	Yes	103	18.3	61	17.7	90	19.2	0.293	0.864		
	No	459	81.7	283	82.3	379	80.8				

		CMC (n= 566)		Opt-outs (n = 347)		NON-CCI (n= 473)		Chi-square Test	<i>p</i>
		N	%	N	%	N	%		
Disability									
Are you blind or do you have serious difficulty seeing even when wearing glasses?	Yes	113	20.1	65	19.1	95	20.3	0.203	0.904
	No	449	79.9	276	80.9	374	79.7		
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	Yes	166	29.5	129	37.4	165	35.2	6.906	0.032
	No	396	70.5	216	62.6	304	64.8		
Do you have difficulty walking or climbing stairs?	Yes	332	58.9	235	68.5	300	63.4	8.611	0.013
	No	232	41.1	108	31.5	173	36.6		
Do you have difficulty dressing or bathing?	Yes	153	27.2	142	40.9	145	30.7	19.146	0.000
	No	410	72.8	205	59.1	328	69.3		

		<u>CMC (n= 566)</u>		<u>Opt-outs (n = 347)</u>		<u>NON-CCI (n= 473)</u>		Chi-square Test	<i>p</i>
		N	%	N	%	N	%		
Disability									
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	Yes	210	37.5	179	52.0	196	41.8	18.604	0.000
	No	350	62.5	165	48.0	273	58.2		

*Questions were asked only at T1

Appendix 2: Multivariate Analyses Tables

Appendix 2, Table 1

Has CMC plan assisted you in getting primary care services you need?
(Predicted response: No)

T2 (N=435)	B	S.E.	Wald	df	<i>p</i>	Odds Ratio
Age group (under 65 years old)						
65 and above	0.005	0.241	0.000	1.000	0.982	1.005
Gender (Male)						
Female	0.216	0.239	0.817	1.000	0.366	1.241
Language (English)						
Spanish	-0.030	0.623	0.002	1.000	0.961	0.970
Ethnicity (White)						
Hispanic or Latino	-0.036	0.319	0.013	1.000	0.909	0.964
Black	0.237	0.324	0.535	1.000	0.465	1.267
Asian	-0.934	0.560	2.782	1.000	0.095	0.393
Other	-0.042	0.389	0.012	1.000	0.914	0.959
Education (Less than high school)						
High school or some college	-0.219	0.309	0.504	1.000	0.478	0.803
College and above	-0.143	0.396	0.129	1.000	0.719	0.867
Number of visit to primary care provider	0.069	0.053	1.685	1.000	0.194	1.071
Use specialty care (Yes)						
No	0.035	0.283	0.015	1.000	0.902	1.036
Number of visit to specialists	0.032	0.038	0.695	1.000	0.405	1.032
Number of time staying in a hospital overnight	-0.006	0.043	0.018	1.000	0.894	0.994
Number of visit to emergency room	-0.102	0.104	0.950	1.000	0.330	0.903
Use mental health care (Yes)						
No	-0.330	0.852	0.150	1.000	0.698	0.719
Number of visit to mental health providers	-0.018	0.040	0.208	1.000	0.649	0.982
Number of prescription medications taken	0.047	0.032	2.121	1.000	0.145	1.048
Take prescription medication for mental health conditions (Yes)						
No	1.128	0.889	1.612	1.000	0.204	3.090
Use medical equipment or supplies (Yes)						
No	-0.305	0.268	1.295	1.000	0.255	0.737
Self-rated general health (Excellent)						
Good	-0.477	0.408	1.368	1.000	0.242	0.620
Fair or Poor	-0.492	0.420	1.375	1.000	0.241	0.611
Functional impairment (No functional impairment)						

Any functional impairment	-0.179	0.316	0.323	1.000	0.570	0.836
Do you need LTSS help? (No)						
Yes	0.211	0.370	0.325	1.000	0.569	1.235
Do you receive LTSS (No)						
Yes	19.782	13798.274	0.000	1.000	0.999	389981608.786
Do you receive IHSS (Yes)						
No	20.473	13798.274	0.000	1.000	0.999	778719732.240
Contact with any care coordinator (Yes)						
No	0.331	0.274	1.467	1.000	0.226	1.393
Constant	-20.012	13798.274	0.000	1.000	0.999	0.000

Appendix 2, Table 2

Has your CMC plan assisted you in getting specialty care services you need?
(Predicted Response: No)

T2 (n=440)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	0.056	0.237	0.055	1.000	0.814	1.057
Gender (Male)						
Female	-0.223	0.236	0.892	1.000	0.345	0.800
Language (English)						
Spanish	-0.169	0.618	0.075	1.000	0.785	0.845
Ethnicity (White)						
Hispanic or Latino	-0.046	0.321	0.021	1.000	0.886	0.955
Black	-0.424	0.307	1.905	1.000	0.167	0.655
Asian	-0.595	0.570	1.089	1.000	0.297	0.552
Other	-0.094	0.375	0.062	1.000	0.803	0.911
Education (Less than high school)						
High school or some college	-0.179	0.293	0.372	1.000	0.542	0.836
College and above	-0.506	0.380	1.773	1.000	0.183	0.603
Number of visit to primary care provider	-0.047	0.039	1.467	1.000	0.226	0.954
Use specialty care (Yes)						
No	0.757	0.290	6.822	1.000	0.009	2.132
Number of visit to specialists	0.026	0.033	0.626	1.000	0.429	1.027
Number of time staying in a hospital overnight	0.012	0.040	0.090	1.000	0.764	1.012
Number of visit to emergency room	-0.030	0.100	0.090	1.000	0.765	0.970
Use mental health care (Yes)						
No	0.737	0.678	1.181	1.000	0.277	2.090
Number of visit to mental health providers	-0.004	0.039	0.009	1.000	0.923	0.996
Number of prescription medications taken	0.026	0.026	1.011	1.000	0.315	1.026

Take prescription medication for mental health conditions (Yes)						
No	-0.523	0.724	0.523	1.000	0.470	0.593
Use medical equipment or supplies (Yes)						
No	0.130	0.259	0.251	1.000	0.616	1.139
Self-rated general health (Excellent)						
Good	0.229	0.400	0.328	1.000	0.567	1.257
Fair or Poor	-0.144	0.395	0.132	1.000	0.716	0.866
Functional impairment (No functional impairment)						
Any functional impairment	-0.079	0.320	0.062	1.000	0.804	0.924
Do you need LTSS help? (No)						
Yes	-0.132	0.345	0.146	1.000	0.702	0.876
Do you receive LTSS (No)						
Yes	1.322	1.124	1.384	1.000	0.240	3.751
Do you receive IHSS (Yes)						
No	1.751	1.119	2.448	1.000	0.118	5.759
Contact with any care coordinator (Yes)						
No	0.969	0.258	14.056	1.000	0.000	2.636
Constant	-1.400	1.365	1.052	1.000	0.305	0.247

Appendix 2, Table 3

*In the last six months, how many different times did you stay in the hospital overnight or longer?
(Predicted Response: Number of times)*

T2 (n=89)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-0.199	0.807	0.061	1	0.806	0.82
Gender (Male)						
Female	0.404	0.713	0.322	1	0.571	1.498
Language (English)						
Spanish	1.148	1.619	0.502	1	0.478	3.151
Ethnicity (White)						
Hispanic or Latino	0.777	0.88	0.78	1	0.377	2.175
Black	0.953	0.967	0.973	1	0.324	2.595
Asian	23.118	27409.078	0	1	0.999	10968701179
Other	0.867	1.281	0.458	1	0.498	2.38
Education (Less than high school)						
High school or some college	0.282	0.792	0.127	1	0.722	1.326
College and above	0.752	1.167	0.415	1	0.519	2.121
Number of visit to primary care provider	-0.05	0.147	0.117	1	0.733	0.951
Use specialty care (Yes)						

No	-1.252	0.985	1.616	1	0.204	0.286
Number of visit to specialists	-0.163	0.138	1.389	1	0.239	0.85
Number of time staying in a hospital overnight	0.059	0.061	0.943	1	0.331	1.061
Number of visit to emergency room	-0.198	0.246	0.647	1	0.421	0.821
Use mental health care (Yes)						
No	20.282	21170.261	0	1	0.999	643485172.1
Number of visit to mental health providers	-0.136	0.196	0.482	1	0.488	0.873
Number of prescription medications taken	-0.024	0.091	0.068	1	0.795	0.977
Take prescription medication for mental health conditions (Yes)						
No	-20.407	21170.261	0	1	0.999	0
Use medical equipment or supplies (Yes)						
No	-0.48	0.758	0.4	1	0.527	0.619
Self-rated general health (Excellent)						
Good	0.443	1.317	0.113	1	0.737	1.557
Fair or Poor	-0.43	1.189	0.131	1	0.718	0.65
Functional impairment (No functional impairment)						
Any functional impairment	-0.008	0.946	0	1	0.993	0.992
Do you need LTSS help? (No)						
Yes	0.644	1.18	0.298	1	0.585	1.904
Do you receive LTSS (No)						
Yes	-19.761	21836.268	0	1	0.999	0
Do you receive IHSS (Yes)						
No	-18.833	21836.268	0	1	0.999	0
Contact with any care coordinator (Yes)						
No	0.255	0.875	0.085	1	0.771	1.29
Constant	18.382	21836.268	0	1	0.999	96184387.06

Appendix 2, Table 4

*After leaving the hospital and going home, did someone from your CMC health plan follow-up with you to make sure you had the services, supports, and help you needed?
(Predicted Response: No)*

T2 (n=85)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	0.413	0.779	0.281	1	0.596	1.511
Gender (Male)						

Female	0.651	0.687	0.899	1	0.343	1.918
Language (English)						
Spanish	-0.478	1.501	0.101	1	0.75	0.62
Ethnicity (White)						
Hispanic or Latino	0.256	0.845	0.092	1	0.761	1.292
Black	-1.107	1.028	1.158	1	0.282	0.331
Asian	-18.649	28398.924	0	1	0.999	0
Other	0.038	1.136	0.001	1	0.973	1.039
Education (Less than high school)						
High school or some college	0.033	0.692	0.002	1	0.962	1.033
College and above	-0.565	1.145	0.244	1	0.621	0.568
Number of visit to primary care provider	-0.027	0.061	0.197	1	0.657	0.973
Use specialty care (Yes)						
No	1.099	0.944	1.354	1	0.245	3
Number of visit to specialists	-0.038	0.032	1.401	1	0.237	0.962
Number of time staying in a hospital overnight	0.012	0.041	0.082	1	0.775	1.012
Number of visit to emergency room	0.048	0.164	0.085	1	0.77	1.049
Use mental health care (Yes)						
No	-1.409	1.903	0.548	1	0.459	0.244
Number of visit to mental health providers	-0.041	0.067	0.383	1	0.536	0.959
Number of prescription medications taken	0.067	0.065	1.043	1	0.307	1.069
Take prescription medication for mental health conditions (Yes)						
No	0.664	2.018	0.108	1	0.742	1.943
Use medical equipment or supplies (Yes)						
No	-0.059	0.694	0.007	1	0.932	0.943
Self-rated general health (Excellent)						
Good	0.884	1.284	0.475	1	0.491	2.421
Fair or Poor	0.302	1.173	0.067	1	0.796	1.353
Functional impairment (No functional impairment)						
Any functional impairment	0.512	0.909	0.317	1	0.574	1.668
Do you need LTSS help? (No)						
Yes	-1.128	1.042	1.171	1	0.279	0.324
Do you receive LTSS (No)						
Yes	2.21	2.034	1.18	1	0.277	9.115
Do you receive IHSS (Yes)						
No	2.783	1.969	1.998	1	0.158	16.161

Contact with any care coordinator (Yes)

No	1.704	0.786	4.703	1	0.03	5.493
Constant	-5.136	3.005	2.922	1	0.087	0.006

Appendix 2, Table 5

After you were discharged from the hospital, were all your needs at home met, or did you have any unmet needs for assistance or services at home?

(Predicted Response: There were some services or assistance I needed but didn't get)

T2 (n=89)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-2.43	3.393	0.513	1	0.474	0.088
Gender (Male)						
Female	-0.654	2.264	0.083	1	0.773	0.52
Language (English)						
Spanish	-19.242	15725.107	0	1	0.999	0
Ethnicity (White)						
Hispanic or Latino	0.572	2.181	0.069	1	0.793	1.771
Black	2.101	3.063	0.47	1	0.493	8.173
Asian	-3.673	28735.973	0	1	1	0.025
Other	0.423	2.104	0.04	1	0.841	1.527
Education (Less than high school)						
High school or some college	-3.251	2.05	2.515	1	0.113	0.039
College and above	-20.259	9671.396	0	1	0.998	0
Number of visit to primary care provider	0.189	0.335	0.32	1	0.571	1.208
Use specialty care (Yes)						
No	-24.357	7140.072	0	1	0.997	0
Number of visit to specialists	0.162	0.089	3.282	1	0.07	1.176
Number of time staying in a hospital overnight	-0.793	0.933	0.722	1	0.395	0.453
Number of visit to emergency room	2.325	1.3	3.197	1	0.074	10.224
Use mental health care (Yes)						
No	-3.431	3.208	1.144	1	0.285	0.032
Number of visit to mental health providers	0.14	0.123	1.285	1	0.257	1.15
Number of prescription medications taken	-0.251	0.23	1.184	1	0.277	0.778
Take prescription medication for mental health conditions (Yes)						
No	2.452	4.121	0.354	1	0.552	11.613
Use medical equipment or supplies (Yes)						

No	-9.794	6.793	2.079	1	0.149	0
Self-rated general health (Excellent)						
Good	-2.398	4.84	0.246	1	0.62	0.091
Fair or Poor	-5.368	3.267	2.7	1	0.1	0.005
Functional impairment (No functional impairment)						
Any functional impairment	15.391	7072.698	0	1	0.998	4831465.34
Do you need LTSS help? (No)						
Yes	2.848	3.419	0.694	1	0.405	17.256
Do you receive LTSS (No)						
Yes	2.941	3.036	0.939	1	0.333	18.94
Do you receive IHSS (Yes)						
No	2.024	4.031	0.252	1	0.615	7.572
Contact with any care coordinator (Yes)						
No	-3.101	2.828	1.202	1	0.273	0.045
Constant	-13.648	7072.702	0	1	0.998	0

Appendix 2, Table 6

Has CMC plan assisted you in getting mental health services you need?
(Predicted Response: No)

T2 (n=433)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	0.152	0.369	0.171	1.000	0.680	1.165
Gender (Male)						
Female	-0.024	0.363	0.004	1.000	0.948	0.976
Language (English)						
Spanish	0.026	0.939	0.001	1.000	0.978	1.026
Ethnicity (White)						
Hispanic or Latino	-0.076	0.470	0.026	1.000	0.872	0.927
Black	0.203	0.497	0.167	1.000	0.682	1.226
Asian	0.149	0.909	0.027	1.000	0.870	1.161
Other	0.335	0.627	0.285	1.000	0.593	1.398
Education (Less than high school)						
High school or some college	0.134	0.428	0.099	1.000	0.754	1.144
College and above	0.264	0.615	0.184	1.000	0.668	1.302
Number of visit to primary care provider	0.048	0.075	0.410	1.000	0.522	1.049
Use specialty care (Yes)						
No	-0.176	0.435	0.163	1.000	0.686	0.839
Number of visit to specialists	0.035	0.050	0.491	1.000	0.484	1.036
Number of time staying in a hospital overnight	0.084	0.220	0.145	1.000	0.703	1.088

Number of visit to emergency room	0.090	0.173	0.269	1.000	0.604	1.094
Use mental health care (Yes)						
No	1.029	0.898	1.314	1.000	0.252	2.799
Number of visit to mental health providers	-0.027	0.037	0.512	1.000	0.474	0.974
Number of prescription medications taken	-0.012	0.026	0.217	1.000	0.641	0.988
Take prescription medication for mental health conditions (Yes)						
No	0.603	0.928	0.423	1.000	0.516	1.828
Use medical equipment or supplies (Yes)						
No	0.307	0.414	0.551	1.000	0.458	1.359
Self-rated general health (Excellent)						
Good	-0.132	0.716	0.034	1.000	0.854	0.877
Fair or Poor	-0.303	0.704	0.185	1.000	0.667	0.739
Functional impairment (No functional impairment)						
Any functional impairment	-0.845	0.619	1.864	1.000	0.172	0.429
Do you need LTSS help? (No)						
Yes	-0.194	0.491	0.157	1.000	0.692	0.824
Do you receive LTSS (No)						
Yes	-0.840	1.136	0.547	1.000	0.460	0.432
Do you receive IHSS (Yes)						
No	-0.420	1.105	0.145	1.000	0.704	0.657
Contact with any care coordinator (Yes)						
No	0.903	0.364	6.159	1.000	0.013	2.467
Constant	1.450	1.628	0.793	1.000	0.373	4.263

Appendix 2, Table 7

*In the last six months, how often was it easy to get your prescription medications?
(Predicted Response: Sometimes or never easy)*

T2 (n=419)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-0.348	0.279	1.556	1	0.212	0.706
Gender (Male)						
Female	-0.47	0.273	2.962	1	0.085	0.625
Language (English)						
Spanish	0.454	0.776	0.343	1	0.558	1.575
Ethnicity (White)						
Hispanic or Latino	-0.256	0.369	0.481	1	0.488	0.774
Black	-0.138	0.371	0.138	1	0.71	0.871
Asian	-0.243	0.737	0.109	1	0.741	0.784
Other	-0.268	0.444	0.363	1	0.547	0.765
Education (Less than high school)						
High school or some college	0.406	0.367	1.22	1	0.269	1.501

College and above	0.572	0.47	1.48	1	0.224	1.772
Number of visit to primary care provider	0.065	0.044	2.155	1	0.142	1.067
Use specialty care (Yes)						
No	-0.204	0.334	0.373	1	0.542	0.816
Number of visit to specialists	0.01	0.029	0.111	1	0.738	1.01
Number of time staying in a hospital overnight	-0.07	0.047	2.202	1	0.138	0.933
Number of visit to emergency room	0.301	0.109	7.543	1	0.006	1.351
Use mental health care (Yes)						
No	-0.905	0.731	1.53	1	0.216	0.405
Number of visit to mental health providers	0.003	0.04	0.006	1	0.939	1.003
Number of prescription medications taken	-0.018	0.02	0.829	1	0.363	0.982
Take prescription medication for mental health conditions (Yes)						
No	0.804	0.792	1.032	1	0.31	2.235
Use medical equipment or supplies (Yes)						
No	0.382	0.307	1.553	1	0.213	1.466
Self-rated general health (Excellent)						
Good	-0.118	0.525	0.051	1	0.822	0.888
Fair or Poor	0.393	0.505	0.605	1	0.437	1.481
Functional impairment (No functional impairment)						
Any functional impairment	0.503	0.428	1.383	1	0.24	1.654
Do you need LTSS help? (No)						
Yes	1.231	0.383	10.307	1	0.001	3.423
Do you receive LTSS (No)						
Yes	-1.38	1.143	1.459	1	0.227	0.251
Do you receive IHSS (Yes)						
No	-0.899	1.138	0.624	1	0.43	0.407
Contact with any care coordinator (Yes)						
No	0.073	0.314	0.054	1	0.817	1.075
Constant	-1.671	1.476	1.281	1	0.258	0.188

Appendix 2, Table 8

In the last six months, did anyone from your CMC plan help get you the medications you need or answer your questions about your medications?

T2 (n=440)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-0.059	0.234	0.064	1.000	0.800	0.943

Gender (Male)						
Female	-0.029	0.233	0.015	1.000	0.902	0.972
Language (English)						
Spanish	-0.023	0.602	0.001	1.000	0.970	0.977
Ethnicity (White)						
Hispanic or Latino	0.026	0.313	0.007	1.000	0.935	1.026
Black	0.113	0.312	0.132	1.000	0.716	1.120
Asian	-0.634	0.555	1.306	1.000	0.253	0.530
Other	0.045	0.376	0.014	1.000	0.905	1.046
Education (Less than high school)						
High school or some college	-0.202	0.293	0.475	1.000	0.491	0.817
College and above	0.116	0.393	0.086	1.000	0.769	1.123
Number of visit to primary care provider	-0.043	0.035	1.510	1.000	0.219	0.958
Use specialty care (Yes)						
No	0.051	0.275	0.034	1.000	0.853	1.052
Number of visit to specialists	0.010	0.027	0.140	1.000	0.708	1.010
Number of time staying in a hospital overnight	0.006	0.033	0.036	1.000	0.849	1.006
Number of visit to emergency room	-0.023	0.096	0.058	1.000	0.810	0.977
Use mental health care (Yes)						
No	-0.146	0.715	0.042	1.000	0.838	0.864
Number of visit to mental health providers	-0.028	0.034	0.663	1.000	0.415	0.973
Number of prescription medications taken	-0.023	0.019	1.485	1.000	0.223	0.977
Take prescription medication for mental health conditions (Yes)						
No	0.492	0.757	0.422	1.000	0.516	1.636
Use medical equipment or supplies (Yes)						
No	0.013	0.254	0.003	1.000	0.960	1.013
Self-rated general health (Excellent)						
Good	0.170	0.390	0.189	1.000	0.664	1.185
Fair or Poor	-0.099	0.391	0.064	1.000	0.800	0.905
Functional impairment (No functional impairment)						

Any functional impairment	-0.335	0.315	1.132	1.000	0.287	0.715
Do you need LTSS help? (No)						
Yes	0.214	0.342	0.392	1.000	0.531	1.239
Do you receive LTSS (No)						
Yes	20.489	14060.0 44	0.000	1.000	0.999	791145373.262
Do you receive IHSS (Yes)						
No	20.626	14060.0 44	0.000	1.000	0.999	907078830.440
Contact with any care coordinator (Yes)						
No	0.361	0.260 14060.0	1.923	1.000	0.166	1.435
Constant	-19.603	44	0.000	1.000	0.999	0.000

Appendix 2, Table 9

Has anyone from your CMC plan ever assisted you in getting the medical equipment and/or supplies that you might need?

(Predicted response: No)

T2 (n=268)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-0.223	0.311	0.517	1.000	0.472	0.800
Gender (Male)						
Female	0.091	0.295	0.095	1.000	0.758	1.095
Language (English)						
Spanish	-1.158	0.801	2.092	1.000	0.148	0.314
Ethnicity (White)						
Hispanic or Latino	-0.138	0.392	0.123	1.000	0.726	0.872
Black	-0.669	0.394	2.885	1.000	0.089	0.512
Asian	0.669	0.813	0.678	1.000	0.410	1.952
Other	0.225	0.477	0.222	1.000	0.638	1.252
Education (Less than high school)						
High school or some college	-0.046	0.363	0.016	1.000	0.899	0.955
College and above	-0.262	0.499	0.276	1.000	0.600	0.770
Number of visit to primary care provider	-0.040	0.051	0.595	1.000	0.441	0.961
Use specialty care (Yes)						
No	0.307	0.389	0.622	1.000	0.430	1.359
Number of visit to	0.030	0.038	0.599	1.000	0.439	1.030

specialists							
Number of time staying in a hospital overnight	0.076	0.124	0.375	1.000	0.540		1.079
Number of visit to emergency room	0.024	0.136	0.032	1.000	0.858		1.025
Use mental health care (Yes)							
No	0.551	0.823	0.448	1.000	0.503		1.735
Number of visit to mental health providers	0.051	0.052	0.964	1.000	0.326		1.052
Number of prescription medications taken	-0.002	0.025	0.009	1.000	0.923		0.998
Take prescription medication for mental health conditions (Yes)							
No	-0.024	0.853	0.001	1.000	0.978		0.977
Use medical equipment or supplies (Yes)							
No	1.241	0.687	3.265	1.000	0.071		3.460
Self-rated general health (Excellent)							
Good	-0.072	0.623	0.013	1.000	0.908		0.930
Fair or Poor	-0.276	0.594	0.216	1.000	0.642		0.759
Functional impairment (No functional impairment)							
Any functional impairment	-1.038	0.536	3.750	1.000	0.053		0.354
Do you need LTSS help? (No)							
Yes	0.283	0.416	0.463	1.000	0.496		1.327
Do you receive LTSS (No)							
Yes	20.507	14443.581	0.000	1.000	0.999	805329503.691	
Do you receive IHSS (Yes)							
No	21.275	14443.581	0.000	1.000	0.999	1735668688.759	
Contact with any care coordinator (Yes)							
No	1.007	0.325	9.583	1.000	0.002		2.736
Constant	-20.396	14443.581	0.000	1.000	0.999		0.000

Appendix 2, Table 10

*Overall, are you currently satisfied or dissatisfied with your health insurance benefits?
(Predicted response: Dissatisfied)*

T2 (n=438)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	0.140	0.446	0.099	1.000	0.753	1.150
Gender (Male)						
Female	-0.392	0.439	0.794	1.000	0.373	0.676
Language (English)						
Spanish	0.218	1.199	0.033	1.000	0.856	1.244
Ethnicity (White)						
Hispanic or Latino	1.040	0.570	3.324	1.000	0.068	2.829
Black	0.636	0.610	1.087	1.000	0.297	1.888
Asian	-18.261	9197.792	0.000	1.000	0.998	0.000
Other	-0.026	0.756	0.001	1.000	0.972	0.974
Education (Less than high school)						
High school or some college	0.576	0.597	0.931	1.000	0.334	1.780
College and above	0.950	0.761	1.559	1.000	0.212	2.586
Number of visit to primary care provider	0.038	0.075	0.252	1.000	0.616	1.038
Use specialty care (Yes)						
No	-0.853	0.630	1.834	1.000	0.176	0.426
Number of visit to specialists	-0.042	0.066	0.405	1.000	0.525	0.959
Number of time staying in a hospital overnight	-0.057	0.094	0.367	1.000	0.544	0.944
Number of visit to emergency room	0.142	0.141	1.006	1.000	0.316	1.152
Use mental health care (Yes)						
No	-0.470	1.195	0.155	1.000	0.694	0.625
Number of visit to mental health providers	0.030	0.059	0.258	1.000	0.611	1.031
Number of prescription medications taken	0.034	0.026	1.745	1.000	0.186	1.035
Take prescription medication for mental health conditions (Yes)						
No	0.362	1.235	0.086	1.000	0.770	1.436
Use medical equipment or supplies (Yes)						
No	0.268	0.475	0.318	1.000	0.573	1.307
Self-rated general health (Excellent)						
Good	-0.648	0.794	0.667	1.000	0.414	0.523
Fair or Poor	-0.101	0.730	0.019	1.000	0.890	0.904
Functional impairment (No functional impairment)						
Any functional impairment	0.510	0.735	0.481	1.000	0.488	1.665
Do you need LTSS help? (No)						

Yes	1.168	0.570	4.208	1.000	0.040	3.217
Do you receive LTSS (No)						
Yes	-18.969	13874.889	0.000	1.000	0.999	0.000
Do you receive IHSS (Yes)						
No	-18.295	13874.889	0.000	1.000	0.999	0.000
Contact with any care coordinator (Yes)						
No	0.458	0.544	0.707	1.000	0.400	1.580
Constant	13.719	13874.889	0.000	1.000	0.999	908349.560

Appendix 2, Table 11

*How would you rate the overall quality of care you are currently receiving?
(Predicted response: Fair/poor)*

T2 (n=443)	B	S.E.	Wald	df	p.	Odds Ratio
Age group (under 65 years old)						
65 and above	0.274	0.325	0.709	1.000	0.400	1.315
Gender (Male)						
Female	-0.444	0.321	1.918	1.000	0.166	0.641
Language (English)						
Spanish	-0.508	0.895	0.323	1.000	0.570	0.602
Ethnicity (White)						
Hispanic or Latino	0.590	0.408	2.088	1.000	0.148	1.803
Black	-0.072	0.437	0.027	1.000	0.868	0.930
Asian	-0.039	0.898	0.002	1.000	0.966	0.962
Other	-0.039	0.506	0.006	1.000	0.938	0.961
Education (Less than high school)						
High school or some college	-0.183	0.387	0.224	1.000	0.636	0.833
College and above	-0.288	0.542	0.282	1.000	0.595	0.750
Number of visit to primary care provider	0.023	0.047	0.249	1.000	0.618	1.024
Use specialty care (Yes)						
No	0.103	0.385	0.071	1.000	0.790	1.108
Number of visit to specialists	-0.048	0.052	0.839	1.000	0.360	0.953
Number of time staying in a hospital overnight	-0.032	0.040	0.662	1.000	0.416	0.968
Number of visit to emergency room	0.191	0.118	2.613	1.000	0.106	1.210
Use mental health care (Yes)						
No	0.061	1.142	0.003	1.000	0.957	1.063
Number of visit to mental health providers	0.036	0.057	0.394	1.000	0.530	1.036
Number of prescription medications taken	0.023	0.028	0.673	1.000	0.412	1.023
Take prescription medication for mental health conditions (Yes)						
No	0.603	1.200	0.252	1.000	0.616	1.827

Use medical equipment or supplies (Yes)						
No	0.457	0.351	1.696	1.000	0.193	1.580
Self-rated general health (Excellent)						
Good	-0.498	0.574	0.754	1.000	0.385	0.608
Fair or Poor	0.602	0.530	1.292	1.000	0.256	1.826
Functional impairment (No functional impairment)						
Any functional impairment	0.764	0.501	2.326	1.000	0.127	2.146
Do you need LTSS help? (No)						
Yes	1.278	0.418	9.338	1.000	0.002	3.588
Do you receive LTSS (No)						
Yes	0.899	0.887	1.025	1.000	0.311	2.456
Do you receive IHSS (Yes)						
No	2.126	0.906	5.514	1.000	0.019	8.384
Contact with any care coordinator (Yes)						
No	1.489	0.484	9.467	1.000	0.002	4.431
Constant	-7.285	1.501	23.551	1.000	0.000	0.001

Appendix 2, Table 12

In the past 6 months how often did doctors or other health care professionals share important information about your medical history or treatment with each other?

(Predicted value: Usually, Always)

T2 (n=330)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-0.401	0.268	2.230	1.000	0.135	0.670
Gender (Male)						
Female	0.325	0.270	1.447	1.000	0.229	1.384
Language (English)						
Spanish	-0.470	0.674	0.487	1.000	0.485	0.625
Ethnicity (White)						
Hispanic or Latino	-0.064	0.358	0.031	1.000	0.859	0.938
Black	0.173	0.351	0.243	1.000	0.622	1.189
Asian	-0.499	0.675	0.548	1.000	0.459	0.607
Other	0.091	0.437	0.043	1.000	0.835	1.095
Education (Less than high school)						
High school or some college	-0.229	0.344	0.443	1.000	0.506	0.795
College and above	0.136	0.434	0.098	1.000	0.755	1.145
Number of visit to primary care provider	0.042	0.047	0.784	1.000	0.376	1.042
Use specialty care (Yes)						
No	-1.932	0.330	34.160	1.000	0.000	0.145
Number of visit to specialists	0.006	0.028	0.041	1.000	0.839	1.006

Number of time staying in a hospital overnight	0.005	0.038	0.017	1.000	0.896	1.005
Number of visit to emergency room	-0.029	0.113	0.066	1.000	0.798	0.971
Use mental health care (Yes)						
No	-0.965	0.860	1.260	1.000	0.262	0.381
Number of visit to mental health providers	0.016	0.047	0.121	1.000	0.728	1.016
Number of prescription medications taken	0.016	0.032	0.254	1.000	0.614	1.016
Take prescription medication for mental health conditions (Yes)						
No	1.165	0.906	1.653	1.000	0.199	3.205
Use medical equipment or supplies (Yes)						
No	-0.216	0.309	0.488	1.000	0.485	0.806
Self-rated general health (Excellent)						
Good	-0.983	0.457	4.624	1.000	0.032	0.374
Fair or Poor	-0.483	0.467	1.070	1.000	0.301	0.617
Functional impairment (No functional impairment)						
Any functional impairment	-0.186	0.371	0.251	1.000	0.617	0.830
Do you need LTSS help? (No)						
Yes	-0.850	0.402	4.477	1.000	0.034	0.428
Do you receive LTSS (No)						
Yes	1.493	1.081	1.907	1.000	0.167	4.452
Do you receive IHSS (Yes)						
No	1.156	1.072	1.162	1.000	0.281	3.177
Contact with any care coordinator (Yes)						
No	0.009	0.301	0.001	1.000	0.977	1.009
Constant	0.285	1.363	0.044	1.000	0.834	1.330

Appendix 2, Table 13

In the last 6 months, did you get the help you needed to manage your care among your different providers and services?

(Predicted response: No)

T1 (n=418)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	0.293	0.276	1.125	1.000	0.289	1.340
Gender (Male)						
Female	0.294	0.277	1.125	1.000	0.289	1.342
Language (English)						
Spanish	-0.852	0.835	1.041	1.000	0.308	0.427
Ethnicity (White)						
Hispanic or Latino	0.509	0.361	1.993	1.000	0.158	1.664
Black	-0.153	0.374	0.166	1.000	0.683	0.858

Asian	0.788	0.638	1.524	1.000	0.217	2.199
Other	0.592	0.410	2.081	1.000	0.149	1.807
Education (Less than high school)						
High school or some college	0.355	0.358	0.981	1.000	0.322	1.426
College and above	-0.140	0.469	0.089	1.000	0.766	0.870
Number of visit to primary care provider	-0.010	0.051	0.042	1.000	0.837	0.990
Use specialty care (Yes)						
No	-0.036	0.327	0.012	1.000	0.912	0.965
Number of visit to specialists	-0.039	0.054	0.509	1.000	0.476	0.962
Number of time staying in a hospital overnight	-0.177	0.176	1.015	1.000	0.314	0.838
Number of visit to emergency room	0.254	0.126	4.079	1.000	0.043	1.289
Use mental health care (Yes)						
No	0.771	1.128	0.468	1.000	0.494	2.163
Number of visit to mental health providers	0.028	0.050	0.315	1.000	0.575	1.028
Number of prescription medications taken	0.007	0.020	0.117	1.000	0.732	1.007
Take prescription medication for mental health conditions (Yes)						
No	-0.321	1.190	0.073	1.000	0.788	0.726
Use medical equipment or supplies (Yes)						
No	0.215	0.301	0.513	1.000	0.474	1.240
Self-rated general health (Excellent)						
Good	-0.741	0.414	3.206	1.000	0.073	0.477
Fair or Poor	0.043	0.412	0.011	1.000	0.918	1.044
Functional impairment (No functional impairment)						
Any functional impairment	-0.686	0.357	3.696	1.000	0.055	0.504
Do you need LTSS help? (No)						
Yes	0.635	0.418	2.303	1.000	0.129	1.887
Do you receive LTSS (No)						
Yes	-19.960	13465.443	0.000	1.000	0.999	0.000
Do you receive IHSS (Yes)						
No	-19.800	13465.443	0.000	1.000	0.999	0.000
Contact with any care coordinator (Yes)						
No	1.263	0.419	9.079	1.000	0.003	3.538
Constant	16.708	13465.443	0.000	1.000	0.999	18031569.551

Appendix 2, Table 14

Has anyone from your CMC plan every visited you in your home?

(Predicted response: No)

T2 (n=439)	B	S.E.	Wald	df	<i>p</i>	Odds ratio
Age group (under 65 years old)						
65 and above	-0.004	0.247	0	1	0.988	0.996
Gender (Male)						
Female	0.084	0.243	0.12	1	0.729	1.088
Language (English)						
Spanish	0.153	0.618	0.061	1	0.805	1.165
Ethnicity (White)						
Hispanic or Latino	-0.569	0.324	3.082	1	0.079	0.566
Black	-0.255	0.336	0.578	1	0.447	0.775
Asian	-1.283	0.584	4.835	1	0.028	0.277
Other	-0.402	0.387	1.081	1	0.298	0.669
Education (Less than high school)						
High school or some college	-0.041	0.304	0.018	1	0.894	0.96
College and above	-0.585	0.392	2.23	1	0.135	0.557
Number of visit to primary care provider						
	0.013	0.032	0.151	1	0.697	1.013
Use specialty care (Yes)						
No	-0.05	0.286	0.031	1	0.86	0.951
Number of visit to specialists						
	0.01	0.028	0.128	1	0.72	1.01
Number of time staying in a hospital overnight						
	-0.018	0.029	0.391	1	0.532	0.982
Number of visit to emergency room						
	-0.182	0.097	3.514	1	0.061	0.833
Use mental health care (Yes)						
No	0.15	0.719	0.043	1	0.835	1.161
Number of visit to mental health providers						
	0.002	0.034	0.003	1	0.953	1.002
Number of prescription medications taken						
	-0.026	0.019	1.951	1	0.162	0.974
Take prescription medication for mental health conditions (Yes)						
No	0.079	0.764	0.011	1	0.918	1.082
Use medical equipment or supplies (Yes)						
No	-0.088	0.266	0.109	1	0.741	0.916
Self-rated general health (Excellent)						
Good	0.322	0.395	0.665	1	0.415	1.38
Fair or Poor	0.018	0.394	0.002	1	0.964	1.018
Functional impairment (No functional impairment)						
Any functional impairment	-0.201	0.331	0.369	1	0.543	0.818

Do you need LTSS help? (No)						
Yes	0.197	0.367	0.289	1	0.591	1.218
Do you receive LTSS (No)						
Yes	0.306	0.906	0.114	1	0.736	1.358
Do you receive IHSS (Yes)						
No	0.592	0.897	0.435	1	0.509	1.807
Contact with any care coordinator (Yes)						
No	1.27	0.262	23.48	1	0	3.56
Constant	0.069	1.184	0.003	1	0.954	1.071

Appendix 2, Table 15

Do you usually get all the help you need with routine needs?

(Predicted response: I get all the help I need)

T2 (n=160)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	-0.214	0.464	0.212	1.000	0.645	0.807
Gender (Male)						
Female	0.424	0.470	0.811	1.000	0.368	1.528
Language (English)						
Spanish	0.072	1.330	0.003	1.000	0.957	1.075
Ethnicity (White)						
Hispanic or Latino	-0.466	0.610	0.582	1.000	0.446	0.628
Black	-0.533	0.615	0.753	1.000	0.386	0.587
Asian	-1.940	1.169	2.755	1.000	0.097	0.144
Other	-0.510	0.679	0.563	1.000	0.453	0.601
Education (Less than high school)						
High school or some college	0.559	0.539	1.075	1.000	0.300	1.748
College and above	0.636	0.774	0.676	1.000	0.411	1.890
Number of visit to primary care provider	-0.079	0.107	0.542	1.000	0.462	0.924
Use specialty care (Yes)						
No	2.169	0.725	8.957	1.000	0.003	8.753
Number of visit to specialists	-0.070	0.068	1.062	1.000	0.303	0.933
Number of time staying in a hospital overnight	0.560	0.359	2.432	1.000	0.119	1.751
Number of visit to emergency room	-0.099	0.218	0.206	1.000	0.650	0.906
Use mental health care (Yes)						
No	-1.239	1.329	0.870	1.000	0.351	0.290
Number of visit to mental health providers	-0.208	0.134	2.412	1.000	0.120	0.813
Number of prescription medications taken	-0.053	0.047	1.255	1.000	0.263	0.949
Take prescription medication for mental						

health conditions (Yes)							
No	1.634	1.321	1.529	1.000	0.216	5.122	
Use medical equipment or supplies (Yes)							
No	-0.310	0.561	0.306	1.000	0.580	0.733	
Self-rated general health (Excellent)							
Good	0.115	0.930	0.015	1.000	0.902	1.121	
Fair or Poor	1.063	0.885	1.444	1.000	0.230	2.895	
Do you receive LTSS (No)							
Yes	0.227	1.005	0.051	1.000	0.821	1.255	
Do you receive IHSS (Yes)							
No	-0.688	0.989	0.484	1.000	0.487	0.503	
Contact with any care coordinator (Yes)							
No	-1.251	0.520	5.786	1.000	0.016	0.286	
Constant	0.937	1.767	0.281	1.000	0.596	2.552	

Appendix 2, Table 16

*Do you usually get all the help you need with personal care needs?
(Predicted response: I get all the help I need)*

T2 (n=104)	B	S.E.	Wald	df	p	Odds Ratio
Age group (under 65 years old)						
65 and above	0.075	0.847	0.008	1.000	0.929	1.078
Gender (Male)						
Female	-0.025	0.806	0.001	1.000	0.976	0.976
Language (English)						
Spanish	20.286	23092.230	0.000	1.000	0.999	645717011.285
Ethnicity (White)						
Hispanic or Latino	1.717	1.113	2.378	1.000	0.123	5.566
Black	0.942	0.914	1.062	1.000	0.303	2.564
Asian	19.458	20241.092	0.000	1.000	0.999	282222812.557
Other	1.244	1.142	1.186	1.000	0.276	3.470
Education (Less than high school)						
High school or some college	0.279	0.850	0.108	1.000	0.743	1.322
College and above	19.122	13005.895	0.000	1.000	0.999	201682543.999
Number of visit to primary care provider	-0.175	0.147	1.429	1.000	0.232	0.839
Use specialty care (Yes)						
No	0.448	0.910	0.242	1.000	0.623	1.565
Number of visit to specialists	-0.199	0.133	2.224	1.000	0.136	0.820
Number of time staying in a hospital overnight	0.356	0.307	1.350	1.000	0.245	1.428
Number of visit to emergency room	-0.329	0.269	1.496	1.000	0.221	0.720

Use mental health care (Yes)							
No	-2.830	4.048	0.489	1.000	0.484		0.059
Number of visit to mental health providers	-0.598	0.391	2.338	1.000	0.126		0.550
Number of prescription medications taken	0.120	0.076	2.530	1.000	0.112		1.128
Take prescription medication for mental health conditions (Yes)							
No	2.439	3.934	0.384	1.000	0.535		11.460
Use medical equipment or supplies (Yes)							
No	1.667	1.393	1.432	1.000	0.231		5.296
Self-rated general health (Excellent)							
Good	-4.888	4.183	1.365	1.000	0.243		0.008
Fair or Poor	-3.773	4.016	0.883	1.000	0.347		0.023
Do you receive LTSS (No)							
Yes	23.022	28369.718	0.000	1.000	0.999	9960394862.921	
Do you receive IHSS (Yes)							
No	20.422	28369.718	0.000	1.000	0.999	740174029.777	
Contact with any care coordinator (Yes)							
No	-1.775	1.014	3.062	1.000	0.080		0.170
Constant	16.264	28369.719	0.000	1.000	1.000		0.000

Appendix 2, Table 17

Has anyone from your CMC plan talked to anyone who helps you about what they need so they can help you better?
(Predicted response: No)

T2 (n=144)	B	S.E.	Wald	df	p	Odds ratio
Age group (under 65 years old)						
65 and above	1.235	0.568	4.726	1.000	0.030	3.440
Gender (Male)						
Female	-0.127	0.514	0.061	1.000	0.805	0.881
Language (English)						
Spanish	-0.086	1.374	0.004	1.000	0.950	0.918
Ethnicity (White)						
Hispanic or Latino	-0.116	0.681	0.029	1.000	0.865	0.890
Black	0.386	0.708	0.298	1.000	0.585	1.471
Asian	-0.483	1.333	0.131	1.000	0.717	0.617

Other	-0.872	0.756	1.328	1.000	0.249	0.418
Education (Less than high school)						
High school or some college	0.263	0.649	0.164	1.000	0.686	1.300
College and above	-0.522	0.801	0.425	1.000	0.515	0.593
Number of visit to primary care provider	0.216	0.124	3.027	1.000	0.082	1.241
Use specialty care (Yes)						
No	-0.599	0.618	0.940	1.000	0.332	0.550
Number of visit to specialists	-0.065	0.084	0.598	1.000	0.439	0.937
Number of time staying in a hospital overnight	0.033	0.081	0.163	1.000	0.687	1.033
Number of visit to emergency room	-0.207	0.174	1.415	1.000	0.234	0.813
Use mental health care (Yes)						
No	-0.137	1.255	0.012	1.000	0.913	0.872
Number of visit to mental health providers	0.092	0.175	0.275	1.000	0.600	1.096
Number of prescription medications taken	0.033	0.056	0.348	1.000	0.555	1.034
Take prescription medication for mental health conditions (Yes)						
No	0.782	1.379	0.322	1.000	0.571	2.186
Use medical equipment or supplies (Yes)						
No	-0.191	0.658	0.084	1.000	0.772	0.827
Self-rated general health (Excellent)						
Good	-0.744	1.241	0.359	1.000	0.549	0.475
Fair or Poor	-0.904	1.189	0.578	1.000	0.447	0.405
Do you need LTSS help? (No)						
Yes	-1.348	1.250	1.164	1.000	0.281	0.260
Do you receive LTSS (No)						
Yes	-0.101	1.411	0.005	1.000	0.943	0.904
Do you receive IHSS (Yes)						
No	0.300	1.372	0.048	1.000	0.827	1.349
Contact with any care coordinator (Yes)						
No	1.085	0.541	4.027	1.000	0.045	2.959
Constant	1.262	2.357	0.287	1.000	0.592	3.531

Note: Lines highlighted in yellow indicate a statistically significant result $p < .05$