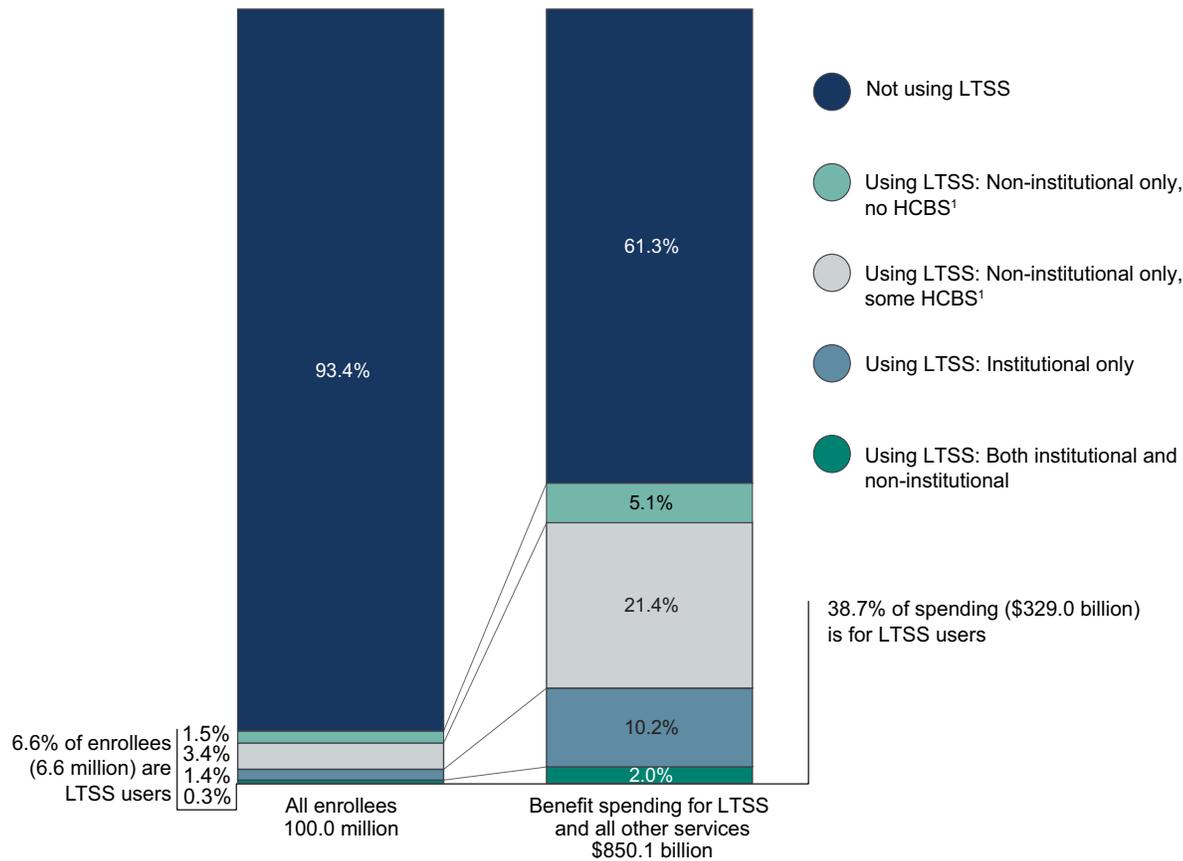


**EXHIBIT 20.** Distribution of Medicaid Enrollment and Benefit Spending by Users and Non-Users of Long-Term Services and Supports, FY 2023



**Notes:** FY is fiscal year. LTSS is long-term services and supports. HCBS is home- and community-based services. Includes federal and state funds. Excludes spending on administration, the territories, and Medicaid-expansion CHIP enrollees. Benefit spending from Transformed Medicaid Statistical Information System (T-MSIS) data has been adjusted to reflect CMS-64 totals, and enrollment counts are unduplicated using unique national identification numbers. With regard to methods, spending totals exclude disproportionate share hospital (DSH) and certain incentive and uncompensated care pool payments made under waiver expenditure authority of Section 1115 of the Social Security Act (the Act), which were previously included before the December 2015 data book. Additionally, figures shown here may not be directly comparable to data books before 2025 due to a change in the method used to identify non-institutional LTSS. See <https://www.macpac.gov/macstats/data-sources-and-methods/> for additional information.

LTSS users are defined here as enrollees using at least one LTSS service during the year. For example, an enrollee with a short stay in a nursing facility for rehabilitation following a hospital discharge and an enrollee with permanent residence in a nursing facility would both be counted as LTSS users. Beginning in 2025, this figure includes enrollees who received LTSS through a managed care plan as a user; this is a change from prior years that only identified users receiving services through a fee-for-service arrangement. As such, this figure may not be directly comparable to data books before 2025 due to this change.

California, North Dakota, and Utah have a state plan amendment (SPA) that allows the state to receive the enhanced federal medical assistance percentage (FMAP) for Medicaid children who would have, before January 1, 2014, been enrolled in CHIP if not for the elimination of the Medicaid asset test. These children cannot be separately identified in the T-MSIS data. Because the state claims the spending for these children as Medicaid-expansion CHIP, we reduced child enrollment and spending in these states based on the proportion reported in their SPA. Correspondingly, we reduced child FYE enrollment by 259,000 and spending by \$833.3 million.

<sup>1</sup> All states provide a range of HCBS for targeted populations of non-institutionalized enrollees who require institutional levels of care. The number of enrollees using HCBS and associated spending may be different from other sources such as the CMS-372 report (a state-reported source containing aggregate spending and enrollment for HCBS waivers).

**Sources:** MACPAC, 2025, analysis of T-MSIS data as of February 2025 and analysis of CMS-64 financial management report net expenditure data as of June 2024.