



Long-Term Services and Supports (LTSS) Dashboard Measure Specifications

About This Document

The Long-Term Services and Supports Dashboard provides measures related to enrollment in LTSS programs and use of LTSS services. These measures are the foundation for the future development of measures that monitor the LTSS services provided to beneficiaries and can be used to improve the quality of LTSS care and lower its cost.

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LTSS Business Need

The California Department of Health Care Services (DHCS) has released the initial version of California's Long Term Services and Supports (LTSS) dashboard, with participation/utilization information related to California's Medi-Cal LTSS programs from 2017 through 2021. DHCS is committed to high-quality services for all, including the most vulnerable members of our communities. LTSS are critical programs that support older adults and people with disabilities. Long-term care (LTC) facilities are essential providers in the continuum of care, and home and community-based services (HCBS) can allow consumers to remain in their homes and communities while they receive necessary care. As the state looks toward driving improvements in quality and health equity for LTSS recipients, this dashboard will provide transparency and information to support these efforts.

LTSS Universe

Unless indicated otherwise, the LTSS Dashboard measures are based on certified eligible beneficiaries who were enrolled in Medi-Cal for one or more months during the reporting interval. See measure specifications below for inclusion/exclusion criteria related to age groups, plan types, aid code, geographic, or other important program/waiver-specific eligibility criteria.

Data Differences Between Departments

Most of the DHCS LTSS dashboard measures report the annual number of certified eligible Medi-Cal beneficiaries who have used LTSS services within a year.

The Department of Social Services (CDSS) publishes monthly [IHSS recipient/consumer](#) counts. The California Department of Aging (CDA) publishes the Community-Based Adult Services (CBAS) Monthly Statistical Summary Report (MSSR), reporting high-level attendance data (monthly discharges, number of participants served, and days of attendance). DHCS' annual utilization / enrollment counts of IHSS and CBAS beneficiaries are larger than CDSS/CDA's monthly counts because of data source differences and new enrollment or program attrition over time.

For example, Adult Day Health Center (ADHC)/CBAS providers self-report the total number of Medi-Cal managed care, Medi-Cal fee-for-service, and ADHC private pay



participants to CDA. CDA uses the data to calculate average daily attendance and utilization rate as a percentage of the center's licensed capacity. For additional information, refer to CBAS [MSSR Instructions](#) or the monthly MSSR summary data on the CDA CBAS [Center Overview](#) webpage.

In comparison, DHCS uses administrative claims/encounter data to calculate the annual number of Medi-Cal beneficiaries who have used LTSS program services in the year. For example: Program X reports 900 beneficiaries using services each month, for two months in a row (January and February 2020). In February, 500 beneficiaries had stopped using services and 500 new beneficiaries had started using services.

- The monthly counts for January and February are similar (~ 900).
- The cumulative deduplicated count for the two months is ~1,400.
- Each month, even if monthly counts remain fairly consistent, the distinct number of beneficiaries that were served grows.

Monthly snap-shot measures (average monthly utilization) for LTC, IHSS, and CBAS have been added to the LTSS Dashboard to align with CDSS and CDA monthly reporting.

Measure List and Measure Description

Measure Types – The initial release of the LTSS dashboard includes measures that report on beneficiaries who were enrolled and/or served by LTSS programs, services, and waivers.

Additional utilization measures will be added on a flow basis, including programs administered by the Department of Developmental Services (DDS) and Medi-Cal Home Health. Subsequent iterations will add detail regards quality and cost and will improve the user experience through enhanced data visualization capabilities. Measures that are not included in the initial release are indicated so with a note: **Measure To Be Developed*.

<i>Measure ID</i>	<i>Description</i>
1a_MEDI-CAL_ALL	Number of certified eligible Med-Cal beneficiaries
1b_MEDI-CAL_GE65	Number of certified eligible Medi-Cal beneficiaries who are 65 years old and older

Measure ID	Description
1c_MEDI-CAL_GE65_DISABILITY	Number of Medi-Cal certified eligible beneficiaries that are either age 65 and older (most of whom are also enrolled in Medicare) or are in Medi-Cal aid codes based on disability (many of whom are also enrolled in Medicare)
2_LTSS_ALL	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries who received Long-Term Services and Supports (LTSS) benefits
3_LTSS_ALL_RATE	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries who received LTSS benefits per 100,000 certified eligible Medi-Cal beneficiary months
4_LTSS_ALL_PCT_MEDI-CAL	<i>*Measure To Be Developed</i> Percent of certified eligible Medi-Cal beneficiaries who received LTSS benefits
5_LTSS_SELECT_HCBS	Number of certified eligible Medi-Cal beneficiaries who received LTSS benefits for long-term care (LTC) stays or select HCBS programs [In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Home and Community-Based Alternatives Waiver (HCBA), Assisted Living Waiver (ALW), or Multipurpose Senior Services Program (MSSP)]
6_LTSS_SELECT_HCBS_RATE	Number of certified eligible Medi-Cal beneficiaries who received LTSS benefits - LTC stays or select HCBS programs (IHSS, CBAS, HCBA, ALW, or MSSP) per 100,000 certified eligible Medi-Cal beneficiary months
7_LTSS_SELECT_HCBS_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal beneficiaries who received LTSS benefits - LTC stays or select HCBS programs (IHSS, CBAS, HCBA, ALW, or MSSP)
8_LTC_COUNTS	<ul style="list-style-type: none"> 8a_LTC - Number of certified eligible Medi-Cal beneficiaries with one or more LTC stays 8b_LTC_AVG - Snap-Shot (Monthly Average) - Average number of certified eligible Medi-Cal beneficiaries with one or more LTC stays per month

Measure ID	Description
	<ul style="list-style-type: none"> • 8_1b_SNF - Skilled Nursing Facility – Number of certified eligible Medi-Cal beneficiaries with one or more skilled nursing facility (SNF) stays • 8_1c_SNF_ALZ - Skilled Nursing Facility: Beneficiaries with Alzheimer's/Other Dementia – Number of certified eligible Medi-Cal beneficiaries with Alzheimer's/other dementia with one or more skilled nursing facility stays • 8_1d_SNF_NO_ALZ - Skilled Nursing Facility: Beneficiaries without Alzheimer's/Other Dementia - Number of certified eligible Medi-Cal beneficiaries without Alzheimer's/other dementia with one or more skilled nursing facility stays • 8_1e_SUBACUTE - Subacute - Number of certified eligible Medi-Cal beneficiaries with one or more subacute care stays • 8_1f_ICF - Number of certified eligible Medi-Cal beneficiaries with one or more intermediate care facility (ICF) stays • 8_1g_CUSTODIAL - Number of certified eligible Medi-Cal beneficiaries with one or more custodial care stays • 8_2a_QTR_LTC_TYPE – <i>*Measure To Be Developed</i> • 8_2b_LTC_STAY – <i>*Measure To Be Developed</i>
9_LTC_RATES	<ul style="list-style-type: none"> • 9a_LTC_RATE - Number of certified eligible Medi-Cal beneficiaries with one or more LTC stays per 100,000 certified eligible Medi-Cal beneficiary months. • 9b_LTC_AVG_PCT – Snap-Shot (Percent) - Average number of certified eligible Medi-Cal beneficiaries with one or more LTC stays per month divided by the average monthly certified eligible Medi-Cal population • 9c_LTC_PCT_LTSS - Percent of LTSS participants with one or more LTC stays • 9d_LTC_PCT_MEDI-CAL - Percent of certified eligible Medi-Cal beneficiaries with one or more LTC stays

<i>Measure ID</i>	<i>Description</i>
10_SNF_SHORT	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries with skilled nursing facility (SNF) stays of up to and including 100 days, all diagnosis codes</p>
11_SNF_SHORT_ALZ	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries with SNF stays of up to and including 100 days, with Alzheimer's or dementia diagnosis codes</p>
12_SNF_LONG	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries with SNF stays of more than 100 days, all diagnosis codes</p>
13_SNF_LONG_ALZ	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries with SNF stays of more than 100 days, with Alzheimer's or dementia diagnosis codes</p>
14_HCBS_ALL	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries who utilized one or more home and community-based services (HCBS, all Waivers). 1915(c) Home and Community-Based Services (HCBS) Waivers allow states that participate in Medicaid (known as Medi-Cal in California) to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the Federal Government, which allows waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. Recipients of HCBS Waivers must have full-scope Medi-Cal eligibility.</p> <p>DHCS oversees six home and community-based services (HCBS) waivers authorized under Section 1915(c) of the Social Security Act (SSA):</p>

<i>Measure ID</i>	<i>Description</i>
	<ul style="list-style-type: none"> • California Assisted Living Waiver (ALW) • California Self-Determination Program Waiver for Individuals with Developmental Disabilities (SDP) • Home and Community Based Alternatives (HCBA) Waiver • HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD) • Medi-Cal Waiver Program (MCWP) • Multipurpose Senior Services Program (MSSP) <p>Note: DHCS directly administers two of the six Waivers: the Home and Community-Based Alternatives (HCBA) Waiver and the Assisted Living Waiver (ALW). To reduce confusion when navigating California's complex LTSS systems, DHCS is amending the current HCBA Waiver to integrate ALW services by February 28, 2024, in alignment with the end date of the current ALW term.</p>
15_HCBS_ALL_RATE	<p><i>*Measure To Be Developed</i></p> <p>Number of unique certified eligible Medi-Cal beneficiaries who utilized one or more HCBS services (All Waivers) per 100,000 Medi-Cal beneficiary months</p>
16_HCBS_ALL_PCT_LTSS	<p><i>*Measure To Be Developed</i></p> <p>Percent of LTSS participants who utilized one or more HCBS services (All Waivers)</p>
17_HCBS_ALL_PCT_MEDI-CAL	<p><i>*Measure To Be Developed</i></p> <p>Percent of certified eligible Medi-Cal beneficiaries who utilized one or more HCBS services (All Waivers)</p>
18_HCBS_SELECT	<p>Number of beneficiaries who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP)</p>
19_HCBS_SELECT_RATE	<p>Number of certified eligible Medi-Cal beneficiaries who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP) per 100,000 Medi-Cal beneficiaries</p>
20_HCBS_SELECT_	<p>Percent of LTSS participants who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP)</p>

<i>Measure ID</i>	<i>Description</i>
PCT_LTSS	
21_HCBS_SELECT_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal beneficiaries who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW or MSSP)
22_HCBS_SELECT_PCT_GE65	Percent of certified eligible Medi-Cal beneficiaries - 65 years of age or older – who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP)
23_HCBS_SELECT_PCT_GE65_DISABILITY	Percent of Medi-Cal certified eligible beneficiaries that are either age 65 and older or are in Medi-Cal aid codes based on disability (see 1c_MEDI-CAL_GE65_DISABILITY for the denominator) who utilized one or more select HCBS services (see 18_HCBS_SELECT for the numerator)
24_MCWP	<p>Number of certified eligible Medi-Cal beneficiaries enrolled in the Medi-Cal Waiver Program (MCWP).</p> <p>The MCWP provides comprehensive case management and direct care services to persons living with HIV/AIDS as an alternative to nursing facility care or hospitalization. Case management is participant-centered and provided using a team-based approach by a registered nurse and social work case manager. Case managers work with the participant, their primary care provider, family, caregivers, and other service providers to determine and deliver needed services to participants who choose to live in a home setting rather than an institution.</p>
25_ALW	<p>Number of certified eligible Medi-Cal beneficiaries enrolled in the Assisted Living Waiver (ALW).</p> <p>The ALW is a Home and Community-Based Services (HCBS) waiver created by legislation that directed DHCS to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit. The purpose of the ALW is to keep eligible seniors and persons with disabilities in their communities and out of institutional</p>

<i>Measure ID</i>	<i>Description</i>
	care settings. DHCS is amending the current HCBA Waiver to integrate ALW services, in alignment with the end date of the current ALW term, February 28, 2024.
25a_ALW_WAIT	<p><i>*Measure To Be Developed</i></p> <p>Number of beneficiaries on the ALW waitlist. Medi-Cal eligibility is confirmed when the beneficiary is enrolled into the ALW waiver. Data source: MedCompass database.</p>
26a_CBAS	<p>Number of certified eligible Medi-Cal beneficiaries enrolled in Community-Based Adult Services (CBAS).</p> <p>CBAS offers services to eligible older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization. CBAS is a 1115(a) waiver benefit.</p>
26b_CBAS_AVG	Snap-Shot (Monthly Average) - Average number of certified eligible Medi-Cal beneficiaries enrolled in Community-Based Adult Services (CBAS) per month
27_CCT	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries enrolled in the California Community Transitions (CCT) Project.</p> <p>In December 2020, the federal government extended the term of the MFP grant and appropriated additional funding for allocation to state grantees. CCT transition services are currently available through December 31, 2023, and potentially through 2027 if federal grant funding remains available. DHCS works with designated CCT Lead Organizations to identify eligible Medi-Cal beneficiaries who have continuously resided in state-licensed health care facilities for a period of 60 consecutive days or longer. Facility stays for short-term rehabilitation services reimbursed by Medicare are not</p>

<i>Measure ID</i>	<i>Description</i>
	<p>counted toward the 60-day required period. CCT Lead Organization's employer contract with transition coordinators who work directly with willing and eligible individuals, support networks, and providers to facilitate and monitor 'beneficiaries' transitions from facilities to a community setting of their choice. Eligible individuals of all ages with physical and mental disabilities have an opportunity to participate in CCT. Data source: DHCS CCT Database.</p>
28_CMC	<p>Number of certified eligible Medi-Cal beneficiaries enrolled in Cal MediConnect (CMC).</p> <p>The CMC program is transitioning. Starting on January 1, 2023, CMC members will transition to Medicare Medi-Cal (Medi-Medi Plans [MMP]). MMP is the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs). Under exclusively aligned enrollment, beneficiaries can enroll in a D-SNP for Medicare benefits and in a Medi-Cal managed care plan for Medi-Cal benefits, which are both operated by the same parent organization for better care coordination and integration. MMPs offer an integrated approach to care and care coordination that is like CMC. MMPs will work together to deliver all covered benefits to their members, and members will receive integrated member materials, such as one integrated member ID card.</p>
29_DD	<p><i>*Measure To Be Developed</i></p> <p>Number of certified eligible Medi-Cal beneficiaries enrolled in developmental disability-related waivers or using related services.</p> <p>The HCBS-DD Waiver is administered by the California Department of Developmental Services (DDS) who authorized home and community-based services for</p>

Measure ID	Description
	developmentally disabled persons who are Regional Center consumers. Twenty-one regional centers throughout California purchase and coordinate services and supports for individuals with developmental disabilities. The Waiver services make it possible for consumers to live in the community instead of an Intermediate Care Facility for the developmentally disabled or a State Developmental Center.
30_DD_SNF	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries enrolled in the HCBS-DD waiver and had one or more skilled nursing facility stays in the same year.
31_HCBA	Number of certified eligible Medi-Cal beneficiaries enrolled in the Home and Community-Based Alternatives (HCBA) waiver.
31a_HCBA_WAIT	<i>*Measure To Be Developed</i> Number of beneficiaries on the HCBA waitlist. Medi-Cal eligibility is confirmed when the beneficiary is enrolled into the HCBA waiver. Data source: MedCompass database.
32_HCBA_SNF	Number of certified eligible Medi-Cal beneficiaries enrolled in the Home and Community-Based Alternatives waiver and had one or more skilled nursing facility stays in the same year.
33_HH	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries who received Home Health (HH) services.
34_HH_SNF	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries who received HH services and had one or more skilled nursing facility stays in the same year.
35a_IHSS	Number of certified eligible Medi-Cal beneficiaries who received In-Home Supportive Services (IHSS).

Measure ID	Description
	The IHSS program provides services to eligible people 65 years or older, the blind, and /or disabled. The goal of the IHSS program is to allow recipients to live safely in their own home and avoid the need for out of home care. Services usually need to be provided in their own home. This could be a house, apartment, hotel, or the home of a relative.
35b_IHSS_AVG	Snap-Shot (Monthly Average) - Average number of certified eligible Medi-Cal beneficiaries who received In-Home Supportive Services (IHSS) per month.
36_IHSS_ALW	Number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Assisted Living Waiver (ALW) in the same year.
37_IHSS_CBAS	Number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in Community-Based Adult Services (CBAS) in the same year.
38_IHSS_DD	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Developmentally Disabled waiver (HCBS-DD) in the same year.
39_IHSS_HCBA	Number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Home and Community-Based Alternative (HCBA) waiver in the same year.
39a_IHSS_MSSP	Number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Multipurpose Senior Services Program (MSSP) waiver in the same year.
40_IHSS_SNF	Number of certified eligible Medi-Cal beneficiaries who received IHSS and had one or more skilled nursing facility stays in the same year.
41_MLTSS	<i>*Measure To Be Developed</i> Number of certified eligible Medi-Cal beneficiaries enrolled in Managed Long-Term Services and Supports (MLTSS).

<i>Measure ID</i>	<i>Description</i>
	<p>MLTSS refers to the delivery of long-term services and supports through capitated Medicaid managed care programs. Increasing numbers of states are using MLTSS as a strategy for expanding home- and community-based services, promoting community inclusion, ensuring quality, and increasing efficiency.</p> <p>Medicaid MLTSS programs can be operated under multiple federal Medicaid managed care authorities at the discretion of the state and as approved by CMS, including 1915a, 1915b, and 1115. Under CalAIM, Medi-Cal managed care plans (MCPs) will cover and coordinate the full Long-Term Care (LTC) benefit in all counties in a phased approach by facility type beginning January 1, 2022 through July 1, 2023.</p>
42_MSSP	<p>Number of certified eligible Medi-Cal beneficiaries who received Multipurpose Senior Services Program (MSSP) waiver services.</p> <p>The MSSP waiver provides HCBS to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows the individuals to remain safely in their homes.</p>
43_PACE	<p>Number of certified eligible Medi-Cal beneficiaries who received Program of All-Inclusive Care for the Elderly (PACE) services.</p> <p>PACE provides a comprehensive medical/social service delivery system using an interdisciplinary team approach in a PACE Center that provides and coordinates all needed preventive, primary, acute and long-term care services. Services are provided to older adults who would otherwise reside in nursing facilities. The PACE model affords eligible individuals to remain independent and in their homes for as long as possible. To be eligible, a person must be 55 years or older, reside in a PACE service</p>

<i>Measure ID</i>	<i>Description</i>
	area, be determined eligible at the nursing home level of care by DHCS, and be able to live safely in their home or community at the time of enrollment.

Measure Specification Details

This section provides detailed specifications for how the measure's business rules were operationalized in Medi-Cal administrative data. All business rules were developed and approved by DHCS program staff and by other departmental stakeholders as relevant. See the "Ownership" table below for the program teams and departments that are responsible for supporting the development and maintenance of these measures. Unless otherwise noted, data is pulled from the DHCS Management Information System/Decision Support System (MIS/DSS) data warehouse.

1_Denominator Data

These metrics provide the number of certified eligible Medi-Cal beneficiaries in the interval of interest for use in LTSS measure denominators.

- **1a_MEDI-CAL_ALL** - Certified eligible Medi-Cal beneficiaries .enrolled for one or more months in the year (deduplicated) where AID_CD_CALC >'00'.
- **1b_MEDI-CAL_GE65** - Certified Medi-Cal beneficiaries 65 years or older enrolled for one or more months in the year (deduplicated) where AID_CD_CALC >'00'.
- **1c_MEDI-CAL_GE65_DISABILITY** - Certified eligible Medi-Cal beneficiaries that are either age 65 and older (most of whom are also enrolled in Medicare) or are in Medi-Cal aid codes based on disability (many of whom are also enrolled in Medicare) - enrolled for one or more months in the year (deduplicated). About 92 percent of Medi-Cal beneficiaries who are 65 years of age or older are included in the 1c_MEDI-CAL_GE65_DISABILITY population. The disability aid code list is below. See the value set reference table for Aid Code descriptions.

Older Adults or Disability-Related Aid Codes:

'10','13','14','16','17','18','20','23','24','26','27','28','36','55','60','63','64','66','67','68',
'80','1E','1H','1U','1X','1Y','2E','2H','5J','5R','6A','6C','6E','6G','6H','6J','6N','6P','6R','6S','6
U','6V','6W','6X','6Y',
'8A','8C','8D','8G','C1','C2','C3','C4','C7','C8','D2','D3','D4','D5','D6','D7','F1','F2','F3','F4',
G0','G3','G4','G9','J1',
'J2','J3','J4','J5','J6','J7','J8'

2_LTSS_ALL - Long-Term Services and Supports (LTSS) – Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries receiving Long-Term Services and Supports (LTSS) benefits in the interval of interest. This includes beneficiaries in long-term care (LTC) facilities (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care/other facility) and those enrolled in Home and Community-Based Services (HCBS) programs (All Waivers: IHSS, CBAS, HCBA, ALW, DD/SDP, HH, MSSP, and MCWP) – in the interval of interest.

See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [DD/SDP](#), [HH](#), [MSSP](#), [MCWP](#)) measure specifications for business rule details.

3_LTSS_ALL_RATE – LTSS – Rate Per 100,000 Member Months

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries receiving LTSS benefits per 100,000 Medi-Cal beneficiary months in the interval of interest.

Numerator: See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [DD/SDP](#), [HH](#), [MSSP](#), [MCWP](#)) measure specifications for business rule details.

Denominator: Certified Medi-Cal beneficiaries member months where AID_CD_CALC > '00'.



4_LTSS_ALL_PCT_MEDI-CAL – LTSS - Percent of Medi-Cal Beneficiaries

**Measure To Be Developed*

This metric provides the percent of the certified eligible Medi-Cal beneficiaries receiving LTSS benefits in the interval of interest.

Numerator: See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [DD/SDP](#), [HH](#), [MSSP](#), [MCWP](#)) measure specifications for business rule details.

Denominator: See [1_Medi-Cal - All](#)

5_LTSS_SELECT_HCBS - LTSS: Select Home and Community-Based Services (HCBS) - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries receiving LTSS benefits for LTC facility stays (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care/other facility) and select HCBS programs [In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Home and Community-Based Alternatives Waiver (HCBA), Assisted Living Waiver (ALW), and Multipurpose Senior Services Program (MSSP)] in the interval of interest.

See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

6_LTSS_SELECT_HCBS_RATE - LTSS: Select HCBS - Rate Per 100,000 Member Months

This metric provides the number of certified eligible Medi-Cal beneficiaries receiving LTSS benefits – including LTC facility stays (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care/other facility) and *select* HCBS programs [In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Home and Community-based Alternatives Waiver (HCBA), Assisted Living Waiver (ALW), and



Multipurpose Senior Services Program (MSSP)] per 100,000 Medi-Cal beneficiary months in the interval of interest.

Numerator: See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: Certified Medi-Cal beneficiaries member months where AID_CD_CALC >'00'.

7_LTSS_SELECT_HCBS_PCT_MEDI-CAL - LTSS: Select HCBS - Percent Medi-Cal Beneficiaries

This metric provides the number of certified eligible Medi-Cal beneficiaries receiving LTSS benefits - including LTC facility stays (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care/other facility) and *select* HCBS programs [In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Home and Community-based Alternatives Waiver (HCBA), Assisted Living Waiver (ALW), and Multipurpose Senior Services Program (MSSP)] as a percent of Medi-Cal beneficiaries enrolled in the interval of interest.

Numerator: See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [1_Medi-Cal - All](#)

8_LTC_CNT - Long-Term Care (LTC) Beneficiaries - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries with one or more LTC facility stays (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care facility) in the interval of interest.

8a_LTC

Count of beneficiaries with one or more stays in a long-term care facility (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care) for one or

	more days during the interval of interest (deduplicated count).
8b_LTC_AVG	Snap-Shot (Monthly Average) – Average number of certified eligible Medi-Cal beneficiaries with one or more LTC stays per month.
8_1b_SNF	Number of certified eligible Medi-Cal beneficiaries with one or more skilled nursing facility (SNF) stays.
8_1c_SNF_ALZ	Skilled Nursing Facility: Beneficiaries with Alzheimer's/Other Dementia – Number of certified eligible Medi-Cal beneficiaries with Alzheimer's/other dementia with one or more skilled nursing facility stays.
8_1d_SNF_NO_ALZ	Skilled Nursing Facility: Beneficiaries without Alzheimer's/Other Dementia - Number of certified eligible Medi-Cal beneficiaries without Alzheimer's/other dementia with one or more skilled nursing facility stays.
8_1e_SUBACUTE	Subacute - Number of certified eligible Medi-Cal beneficiaries with one or more subacute care stays in the interval of interest.
8_1f_ICF	Number of certified eligible Medi-Cal beneficiaries with one or more intermediate care facility (ICF) stays in the interval of interest.
8_1g_CUSTODIAL	Number of certified eligible Medi-Cal beneficiaries with one or more custodial care stays in the interval of interest.
8_2a_QTR_LTC_TYPE	<i>*Measure To Be Developed</i>
8_2b_LTC_STAY	<i>*Measure To Be Developed</i> Number of beneficiary LTC stays (one beneficiary can have multiple stays) in the interval of interest.
<p>LTC Determination and Dependent Measures</p> <p>Long-Term Care (LTC) users are identified by claims/encounters filed by LTC facilities with a service-from date during the interval of interest. For a tabular list of value sets/code descriptions, see the tab called "LTC" in the Value Set Reference Table/Code Descriptions.</p> <p>Extracting LTC Provider Claims</p> <p>Beneficiaries can have multiple LTC stays in a reporting period. See note about deduplicating, below.</p>	

FI Claim Type Code - 02 AND

FFS Delivery System:

- Source Code – 19 AND
- Inpatient accommodation code – 01, 04, 11, 21, 31, 41, 61, 62, 65, 66, 71, 72, 75, 76, 85, 86, 83, 84, 91, 92, 97, and 98 OR
- Provider taxonomy – 311500000X, 313M000zz00X, 314000000X, 3140N1450X, 310500000X, 315P00000X, 311Z00000X, and 311ZA0620X OR
- FI Provider Type code – 065 and 017

Managed Care Delivery System:

- Source Code – 80 AND
- Revenue code – 0100, 1001, 1000, 0169, 0190, 0199, 0932, and 0410 OR
- Provider taxonomy – 311500000X, 313M00000X, 314000000X, 3140N1450X, 310500000X, 315P00000X, 311Z00000X, and 311ZA0620X OR
- FI Provider Type code – 065 and 017

Identifying LTC Type

After LTC claims are identified, the business rules below are applied to the LTC claims data to identify the type of LTC stay. Beneficiaries can have stays in more than one LTC type of stay in a reporting period. See note about deduplicating, below.

Subacute Care

When Source code (SRC_CD) is 19 AND
Inpatient Accommodation codes (INPAT_ACCOM_CD) are in
71, 72, 75, 76, 83, 84, 85, 86, 91, 92, 97, 98
OR Provider Type Code (FI_PROV_TYPE_CD) is 065
When Source code (SRC_CD) is 80 AND
Revenue codes (REVENUE_CD) are in
0190, 0199, 0410, 0932
OR Provider Type Code (FI_PROV_TYPE_CD) is 065

Skilled Nursing Facility (SNF)

When Source code (SRC_CD) is 19 AND
Inpatient Accommodation codes (INPAT_ACCOM_CD) are in
01, 04, 11, 21, 31
OR Provider Taxonomy (PROV_TAXON) is in

311500000X, 313M000zz00X, 314000000X, 3140N1450X
When Source code (SRC_CD) is 80 AND
Revenue codes (REVENUE_CD) are in
0100, 1001, 1000
OR Provider Taxonomy (PROV_TAXON) is in
311500000X, 313M00000X, 314000000X, 3140N1450X

Intermediate Care Facility (ICF)

When Source code (SRC_CD) is 19:
Inpatient Accommodation codes (INPAT_ACCOM_CD) are in
41, 61, 62, 65, 66
OR Provider Taxonomy (PROV_TAXON) is in
310500000X, 315P00000X
When Source code (SRC_CD) is 80 AND
Revenue code (REVENUE_CD) is 0169
OR Provider Taxonomy (PROV_TAXON) is in
310500000X, 315P00000X

Custodial Care

When Source code (SRC_CD) is 19 AND
Provider Taxonomy (PROV_TAXON) is in
311Z00000X, 311ZA0620X
OR Provider Type Code (FI_PROV_TYPE_CD) is 017
When Source code (SRC_CD) is 80 AND
Provider Taxonomy (PROV_TAXON) is in
311Z00000X, 311ZA0620X
OR Provider Type Code (FI_PROV_TYPE_CD) is 017

Alzheimer's / Other Dementia

The population file of beneficiaries with Alzheimer's and other dementia diagnoses is refreshed for each reporting period. The Alzheimer's and other dementia flag is cumulative, a beneficiary is "tagged" from the first service date with a relevant diagnosis. See tab called "**Alzheimer_Dementia**" in the Value Set Reference Table/Code Descriptions.

Alzheimer's /Other Dementia Population File

- The beginning date is always January 1, 2015.

- The ending date is the end of the report period.
- Scan all diagnostic fields related to the claim (25 is the maximum per claim)
- The diagnosis must be in the target list of ICD10 diagnosis codes (periods excluded).
 - F0150, F0151, F0280, F0281, F0390, F0391, F04, F05, F061, F068,
 - G138, G300, G301, G308, G309, G3101, G3109, G311, G312, G94,
 - R4181, R54

We use the date of first diagnosis to determine a positive flag for LTC metrics. The date of first diagnosis must be on or before the service-from date of the LTC facility claim. Flag: 1 for yes and 2 for no. If a flag is positive at any point in a year, we will count it as positive for the year.

Length of Stay (LOS) Used for Short and Long Stays

**Measure To Be Developed*

LOS is calculated for SNF stays. For computation of LOS only, we include SNF claims from the last four months prior to the report period. This is so we can differentiate between short and long stays in the first year of the report period if the beneficiary had SNF claims in the first few months only. A SNF claim is any claim that meets the definition of SNF LTC Type, as provided above, "LTC Type." First, we compile overlapping SNF claims into one discrete stay. Next, we combine discrete stays when either of two conditions exist: 1) The start of the discrete stay is 1 day or less apart from the previous discrete stay, or 2) the discrete stay is 2 – 31 days apart from the previous discrete stay, and the two discrete stays were with the same provider. We compute the days between the start and end of each discrete SNF stay. Stays that span years can be greater than 366 or 365 days. Because a beneficiary may have multiple short stays (100 or fewer days per stay) in a year, multiple stays would be aggregated to an annual length of stay per beneficiary. If the annual sum exceeds 100 days, the beneficiary is flagged as having a long stay; otherwise, the beneficiary is flagged as having a short stay for the year.

These metrics provide rates of certified eligible Medi-Cal beneficiaries who stayed in a long-term care facility (skilled nursing facility, subacute facility, intermediate care facility and/or custodial care) for one or more days during the interval of interest. See [LTC](#) measure specifications for business rule details.

- 9a_LTC_RATE - Number of beneficiaries with one or more LTC stays per 100,000 Medi-Cal beneficiary member months.

9a_LTC_RATE	$\frac{\text{Number of certified eligible Medi-Cal beneficiaries with one or more LTC stays}}{\text{Number of certified eligible Medi-Cal beneficiary months}} \times 100,000$
-------------	--

- 9b_LTC_AVG_PCT - Monthly Snap-Shot (Percent) - Average number of certified eligible Medi-Cal beneficiaries with one or more LTC stays per month divided by the average monthly certified eligible Medi-Cal population. If a beneficiary's demographic/plan status changed across time, the stratified averages may not equal the overall average.

9b_LTC_AVG_PCT	$\frac{\text{Sum of certified eligible Medi-Cal beneficiaries with one or more LTC stays per month (deduplicated per month)} / 12}{\text{Sum of certified eligible Medi-Cal beneficiaries (deduplicated per month)} / 12}$
----------------	--

- 9c_LTC_PCT_LTSS - Percent of LTSS participants with one or more LTC stays

9c_LTC_PCT_LTSS	$\frac{\text{Number of certified eligible Medi-Cal beneficiaries with one or more LTC stays}}{\text{Number of certified eligible Medi-Cal beneficiaries in LTSS}} \times 100$
-----------------	---

- 9d_LTC_PCT_MEDI-CAL - Percent of certified eligible Medi-Cal beneficiaries with one or more LTC stays

9d_LTC_PCT_MEDI-CAL	$\frac{\text{Number of certified eligible Medi-Cal beneficiaries with one or more LTC stays}}{\text{Number of certified eligible Medi-Cal beneficiaries}} \times 100$
---------------------	---

10_SNF_SHORT - Skilled Nursing Facility (SNF) Short Stay - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who had one or more SNF stays up to and including 100 days, all diagnosis codes, in the interval of interest.

See [LTC](#) measurement specifications.

11_SNF_SHORT_ALZ - SNF Short Stay with Alzheimer's - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who had one or more SNF stays up to and including 100 days; with an Alzheimer's or Dementia diagnosis code, in the interval of interest.

See [LTC](#) measurement specifications.

12_SNF_LONG - SNF Long Stay - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who had one or more SNF stays of more than 100 days, all diagnosis codes, in the interval of interest.

See [LTC](#) measurement specifications.

13_SNF_LONG_ALZ - SNF Long Stay with Alzheimer's - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who had one or more SNF stays of more than 100 days; with an Alzheimer's or Dementia diagnosis code, in the interval of interest.

See [LTC](#) measurement specifications.

14_HCBS_ALL - Home and Community-Based Services (HCBS) - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who utilized one or more HCBS services (All Waivers) in the interval of interest.

See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [DD Waiver](#), [MSSP](#)) measure specifications for business rule details.

15_HCBS_ALL_RATE - HCBS: All Waivers - Rate

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who utilized one or more HCBS services (All Waivers) during the interval of interest, per 100,000 Medi-Cal beneficiary months in the interval of interest.

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [DD Waiver](#), [MSSP](#)) measure specifications for business rule details.

Denominator: Certified Medi-Cal beneficiaries member months where AID_CD_CALC >'00'.



16_HCBS_ALL_PCT_LTSS - HCBS: All Waivers - Percent LTSS

**Measure To Be Developed*

This metric provides the percent of LTSS participants who utilized one or more HCBS services (All Waivers) in the interval of interest.

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [DD Waiver](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [2 LTSS](#)

17_HCBS_ALL_PCT_MEDI-CAL - HCBS: All Waivers - Percent Medi-Cal

**Measure To Be Developed*

This metric provides the percent of certified eligible Medi-Cal beneficiaries who utilized one or more HCBS services (All Waivers) in the interval of interest.

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [DD Waiver](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [1 Medi-Cal - All](#)

18_HCBS_SELECT - HCBS: Select Waivers - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who utilized select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP) in the interval of interest.

See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.



19_HCBS_SELECT_RATE – HCBS: Select Waivers – Rate Per 100,000 Member Months

This metric provides the number of certified eligible Medi-Cal beneficiaries who utilized select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP) per 100,000 Medi-Cal beneficiary months in the interval of interest.

Numerator: See program-specific HCBS ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: Certified Medi-Cal beneficiaries member months where AID_CD_CALC >'00'.

20_HCBS_SELECT_PCT_LTSS - HCBS: Select Waivers - Percent LTSS

This metric provides the percent of LTSS participants who utilized select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP) in the interval of interest. The remainder - the HCBS/LTSS participants not included in the numerator - are primarily beneficiaries with LTC stays who didn't use select HCBS services.

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [2 LTSS](#)

21_HCBS_SELECT_PCT_MEDI-CAL – HCBS: Select Waivers - Percent Medi-Cal

This metric provides the percent of certified eligible Medi-Cal beneficiaries who utilized select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP) in the interval of interest.

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [1 Medi-Cal - All](#)



22_HCBS_SELECT_PCT_GE65 – HCBS: Select Waivers - Percent Medi-Cal Beneficiaries 65 Years or Older

This metric provides the percent of certified eligible Medi-Cal beneficiaries 65 years or older who utilized select HCBS services (IHSS, CBAS, HCBA, ALW, or MSSP) in the interval of interest.

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [1b MEDI-CAL GE65](#)

23_HCBS_SELECT_PCT_GE65_DISABILITY - HCBS: Select Waivers – Percent Medi-Cal Beneficiaries 65 Years or Older or who have a Disability

Percent of Medi-Cal certified eligible beneficiaries who were either age 65 and older or in Medi-Cal aid codes based on disability (see 1c_MEDI-CAL_GE65_DISABLED for denominator specifications) who utilized one or more select HCBS services (see 18_HCBS_SELECT for the numerator).

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [MSSP](#)) measure specifications for business rule details.

Denominator: See [1c MEDI-CAL GE65 DISABILITY](#)

24_MCWP - Medi-Cal Waiver Program (MCWP) - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries enrolled in the Medi-Cal Waiver Program (MCWP) in the interval of interest.

Enrollment: WAIVER_ID = '11' - Medi-Cal Waiver (formerly called AID Waiver Services)

Plan Type: Exclude PACE, SCAN and Cal Medi-Connect



25_ALW - Assisted Living Waiver (ALW) - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries enrolled in the Assisted Living Waiver (ALW) in the interval of interest.

Enrollment: Waiver ID = '18' - Assisted Living Pilot

Ages: 21 years old or older

Plan Type: **Exclude** Cal Medi-Connect (CMC), PACE and SCAN

Geography: Include only counties providing ALW services: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma.

25a_ALW_WAIT - Assisted Living Waiver (ALW) Waitlist – Count

**Measure To Be Developed*

This metric provides a number of beneficiaries who were on the Assisted Living Waiver (ALW) waitlist in the interval of interest. Medi-Cal eligibility is confirmed when the beneficiary is enrolled into the waiver. Data source: MedCompass database.

26a_CBAS - Community-Based Adult Services (CBAS) - Count

This metric provides a number of certified eligible Medi-Cal beneficiaries who were enrolled in Community-Based Adult Services (CBAS) in the interval of interest.

Enrollment:

VENDOR_CD: '01' - Adult Day Health Care Centers (used from 2017 to current)

OR

WAIVER ID: '26' - Community-Based Adult Services (effective March 2020)

Ages: 18 years old or older

Plan Type: **Exclude** SCAN and PACE

26b_CBAS_AVG - Community-Based Adult Services (CBAS) Snap-Shot (Monthly Average)

This metric provides the average number of certified eligible Medi-Cal beneficiaries who were enrolled in Community-Based Adult Services (CBAS) per month. If a beneficiary's demographic/plan status changed across time, the stratified averages may not equal the overall average.

27_CCT - California Community Transitions (CCT) - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who were enrolled in California Community Transitions (CCT) in the interval of interest. Data source: DHCS CCT Database.

Enrollment: California Community Transitional (CCT) Enrollees and Participants.

Plan Type: **Exclude** Cal MediConnect and PACE

28_CMC - Cal MediConnect (CMC) - Count

**Measure To Be Developed*

This metric provides a number of certified eligible Medi-Cal beneficiaries who were enrolled in Cal MediConnect (CMC) in the interval of interest.

Enrollment: PLAN_MEDICAL = '800','801','802','803','804','805','806','807','808','809','810','811','812','813','814','815','816','817','818','819')

See value set reference table for code descriptions.



29_DD - Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) Waiver - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who were enrolled in developmentally disability related waivers in the interval of interest.

DD Enrollment

1915i waiver = SRC_CD: '43' - 1915i waiver

1915c waiver = WAIVER_ID: '12' - HCBS for Individuals w/ Developmental Disabilities

DD Services

VENDOR_CD: '76' - DDS Waiver Services

SRC_CD:

'53' - Self-Determination Program (SDP) (started in 2018)

'15' - DDS Waiver

Plan Type: Exclude PACE, SCAN and CMC.

30_DD_SNF - HCBS-DD Waiver with SNF Stay – Count

**Measure To Be Developed*

This metric provides a number of certified eligible Medi-Cal beneficiaries who were enrolled in the Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) waiver and stayed one or more days in a skilled living facility (SNF) (does not need to be concurrent month) in the interval of interest.

See [DD](#) and [LTC](#) measurement specifications.

31_HCBA - Home and Community-Based Alternatives (HCBA) Waiver - Count

This metric provides a number of certified eligible Medi-Cal beneficiaries enrolled in the Home and Community-Based Alternatives (HCBA) waiver in the interval of interest.

Enrollment: WAIVER_ID = '21' - Home and Community-Based Alternatives (HCBA) Waiver

Plan Type: **Exclude** PACE, SCAN and CMC

31a_HCBA_WAIT - Home and Community-Based Alternatives (HCBA) Waiver – Wait List Count

**Measure To Be Developed*

This metric provides the number of beneficiaries on the HCBA wait list. Medi-Cal eligibility is confirmed when the beneficiary is enrolled into the waiver. Data source: MedCompass database.

32_HCBA_SNF- HCBA with SNF Stay - Count

This metric provides a number of certified eligible Medi-Cal beneficiaries enrolled in the Home and Community-Based Alternatives (HCBA) waiver and stayed one or more days in a skilled living facility (SNF) (does not need to be concurrent month) in the interval of interest.

See [HCBA](#) and [LTC](#) measurement specifications.

33_HH - Home Health (HH) - Count

**Measure To Be Developed*

This metric provides a number of certified eligible Medi-Cal beneficiaries who received Home Health services.

Enrollment: VENDOR_CD = '44' - Home Health Agency

34_HH_SNF - HH Waiver with SNF Stay – Count

**Measure To Be Developed*



This metric provides a number of certified eligible Medi-Cal beneficiaries who received Home Health (HH) services and stayed one or more days in a skilled living facility (SNF) (does not need to be concurrent month) in the interval of interest.

See [HH](#) and [LTC](#) measurement specifications.

35a_IHSS - In-Home Supportive Services (IHSS) - Count

This metric provides a number of certified eligible Medi-Cal beneficiaries who received In-Home Supportive Services (IHSS) in the interval of interest.

Ages: 65 years or older *or* the blind and/or disabled

Plan Type: **Exclude** PACE and SCAN

From Claims Header Table:

WHERE **PGM_CD** = '01' AND

(**FI_CLAIM_TYPE_CD** in ('AP','CC','IP','RM') OR

AID_CD in ('2K','2L','2M','2N') OR

AID_CAT_CD in ('2K','2L','2M','2N') OR

VENDOR_CD in ('89') - Personal Care Services Program (IHSS) OR

SRC_CD in ('14', '41'))

Technical note: IHSS claims do not populate LAST_POSITIVE_CLAIM_IND, nor do they populate clm_stat_flg (i.e., no Q records in these claims). Vendor codes 89 is equivalent with src_cd 14 (DSS Personal Care Services Program (PCSP) - CMIPS I) and 41(DSS Personal Care Services Program (PCSP) - CMIPS II), as well as proc_cd Z9525.

See value set reference table for code descriptions.

35b_IHSS_AVG - In-Home Supportive Services (IHSS) - Snap-Shot (Monthly Average)

This metric provides the average number of certified eligible Medi-Cal beneficiaries who received In-Home Supportive Services (IHSS) per month. If a beneficiary's demographic/plan status changed across time, the stratified averages may not equal the overall average.

36_IHSS_ALW - IHSS and ALW - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Assisted Living Waiver (ALW) (does not need to be concurrent month) in the interval of interest.

See [IHSS](#) and [ALW](#) measurement specifications.

37_IHSS_CBAS - IHSS and CBAS - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Community-Based Adult Services (CBAS) waiver (does not need to be concurrent month) in the interval of interest.

See [IHSS](#) and [CBAS](#) measurement specifications.

38_IHSS_DD - IHSS and DD - Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled a developmental disability related waiver (does not need to be concurrent month) in the interval of interest.

See [IHSS](#) and [DD](#) measurement specifications.



39_IHSS_HCBA - IHSS and HCBA Waiver - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who received IHSS who were enrolled in the Home and Community-Based Alternatives (HCBA) waiver (does not need to be concurrent month) in the interval of interest.

See [IHSS](#) and [HCBA](#) measurement specifications.

39a_IHSS_MSSP - IHSS and MSSP - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who received IHSS and were enrolled in the Multipurpose Senior Services Program (MSSP) (does not need to be concurrent month) in the interval of interest.

See [IHSS](#) and [MSSP](#) measurement specifications.

40_IHSS_SNF - IHSS with SNF Stay - Count

This metric provides the number of certified eligible Medi-Cal beneficiaries who received IHSS and stayed one or more days in a skilled living facility (SNF) (does not need to be concurrent month) in the interval of interest.

See [IHSS](#) and [LTC](#) measurement specifications.

41_MLTSS - Managed Long-Term Supports and Services (MLTSS) – Count

**Measure To Be Developed*

This metric provides the number of certified eligible Medi-Cal beneficiaries who received Managed Long-Term Supports and Services (MLTSS) in the interval of interest.

**Measure To Be Developed*



42_MSSP - Multipurpose Senior Services Program - Count

This metric provides a number of certified eligible Medi-Cal beneficiaries enrolled in the Multipurpose Senior Services Program (MSSP) Waiver program in the interval of interest.

Enrollment: WAIVER_ID = '14' - Multi Senior Services Program

Ages: 65 years old or older

Plan Type: Exclude PACE and SCAN

43_PACE - Program of All-Inclusive Care for the Elderly - Count

This metric provides a number of certified eligible Medi-Cal beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly (PACE) model of care in the interval of interest.

Enrollment: PLAN_CD in ('030','031', '032', '033', '034', '035', '036', '037', '038', '039', '041', '042', '043','050', '051', '052', '053', '054', '055', '056', '057', '058', '059', '060', '061', '062', '063', '064', '065','066', '067', '069', '070', '071', '072', '073', '074', '076', '077', '078', '088', '089', '090')

See value set reference table for code descriptions

Dimension Stratifications and Value Set Reference Table

Dimension Stratifications - The groups/categories by which the LTSS measures are stratified are listed below:

Dimensions	Dimension Stratification Groups/Categories
Year	Calendar years: 2017, 2018, 2019, 2020, 2021; based on participation/enrollment dates or dates of service
County of Residence	Medi-Cal Member County of Residence

Dual Eligibility Status	Dual ¹ , Non-Dual ²
Sex³	Male, Female
Age	0-20, 21-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+
Age Detail	0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+
Race/Ethnicity	American Indian/Alaskan Native, Asian/Pacific Islander, Black/ African American, Hispanic, White, Unknown/Other
Delivery System	Fee-For-Service, Managed Care
Delivery System Detail	Fee-For-Service, Cal MediConnect, PACE, SCAN, Managed Care - Other
Plan Parent	Medi-Cal Member Managed Care Plan
Primary Spoken Language	ASL, Arabic, Armenian, Cambodian, Chinese_Cantonese, Chinese_Mandarin, Chinese_Other, English, Farsi, Hmong, Korean, Other, Russian, Spanish, Tagalog, Vietnamese, Unknown

Value Set Reference Table/Code Descriptions – The value sets/code descriptions for the data elements used in LTSS measure business rules are available as tabs in the Value Set Reference Table/Code Descriptions Excel file on the Med-Cal LTSS Dashboard page in the California Health and Human Services Agency Open Data Portal.

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¹Duals are defined as individuals enrolled in both Medi-Cal and Medicare Part A and/or Medicare Part B.

² Non-dual eligibility is defined as individuals who are enrolled in Medi-Cal only but are not in either Medicare Part A or Part B.

³ DHCS recognizes that male/female categories do not include all gender identities with which a person may identify. DHCS is updating its processes and collecting more self-reported information about Medi-Cal beneficiaries' gender identities, but the data are current incomplete. SOGI response categories were derived from the CDC: <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html>

Ownership

The following table identifies the key DHCS and External Stakeholder teams that are responsible for supporting the development and maintenance of these measures.

<i>Measure Type</i>	DHCS Data Owner	External Stakeholder
Denominator	<i>Benefits Division</i>	<i>n/a</i>
LTSS	<i>Integrated Systems of Care Division, Home and Community-based Services Policy Branch</i>	<i>Department of Developmental Services; Department of Social Services</i>
LTC	<i>Managed Care Quality and Monitoring Division; Office of Medi-Cal and Medicare Innovation; Quality Health Population Management</i>	<i>Justice in Aging; California Health Care Foundation</i>
ALW	<i>Integrated Systems of Care Division, Home and Community-based Services Policy Branch</i>	
CBAS		<i>Department of Aging, Division of Community Living, Health at Home Branch (CBAS)</i>
CCT		
DD		<i>Department of Developmental Services</i>
HCBA		
HCBS		<i>Department of Social Services</i>
IHSS		<i>Department of Social Services, Adult Program Division</i>

<i>Measure Type</i>	DHCS Data Owner	External Stakeholder
MCWP		<i>Department of Public Health, Office of AIDS, HIV Care Branch</i>
MSSP		<i>Department of Aging, Division of Community Living, Health at Home Branch (CBAS)</i>
PACE		
HH	<i>Benefits Division and Integrated Systems of Care Division</i>	
CMC	<i>Managed Care Quality Management Division and Managed Care Oversight Division</i>	
MLTSS	<i>Managed Care Quality and Monitoring Division</i>	

References

The following table identifies references to external documents that help provide additional definition and context for the items identified in this measure.

Item	Description
Reporting Standards	
Business Case	Master Plan For Aging – MPA First Annual Report – January 2022 Master Plan for Aging Stakeholder Report (ca.gov) HCBS (ca.gov)
External Source	Data Dashboard for Aging - Let's Get Healthy California An Overview of Long-Term Services and Supports and Medicaid: Final Report ASPE (hhs.gov)

Item	Description
	<p>Medicaid and Long-Term Services and Supports: A Primer KFF</p> <p>HCBS Measure Set SMDL (medicaid.gov)</p> <p>Evaluating Home and Community-Based Services in California California Medicaid Research Institute (ucsf.edu)</p> <p>Understanding What Works: Measuring and Monitoring Quality in Medi-Cal's Home and Community-Based Services (chcf.org)</p> <p>Using Data for Good: Toward More Equitable Home and Community-Based Services in Medi-Cal (chcf.org)</p>

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