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

About This Document

The LTSS Dashboard provides measures related to enrollment in LTSS programs and use of services. These measures are the foundation for the future development of measures that monitor the LTSS services provided to members and can be used to improve the quality of care, access to services, and provide transparency of LTSS costs.

Version/Approval Status

Version	3.0	**Release Date**	12/15/2023
Status	Final	**Approval Date**	9/21/2023

Change History

VERSION	DATE	AUTHOR
1.0	9/29/2022	POPU/LTSS team
2.0	12/7/2022	POPU/LTSS team
3.0	11/29/2023	POPU/LTSS team
3.0 COMMENTS	- Added appendix with changes to measure names from previous version - 3 measures have been added: 44_1915c_Waivers, 45_1915c_HCBS_DD, 46_1915c_SDP - "Beneficiary" was changed to "member"	

	- MLTSS went from measure 41 to 47 and IHSS_MSSP changed from measure 39a to measure 41 - Measures updated if they were no longer in development - Stratification table was updated

TABLE OF CONTENTS

LTSS Business Need

In December 2022, the California Department of Health Care Services (DHCS) released the initial version of California's 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 reflect certified eligible members 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, geography, or other important program/waiver-specific eligibility criteria.

The broadest list of LTSS for this dashboard includes LTC and/or any HCBS. LTC includes skilled nursing facility (SNF), subacute, intermediate care facility (ICF), and custodial stays. HCBS includes In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), the Multipurpose Senior Services Program (MSSP), Assisted Living Waiver (ALW), Home and Community-Based Alternatives (HCBA) Waiver, California Community Transitions (CCT), Medi-Cal Home Health (HH), Medi-Cal Waiver Program (MCWP), HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD), and the Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities.

Data Differences Between Departments

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

reports unique members *enrolled* in 1915c waiver programs (MCWP, MSSP, SDP, HCBS-DD, and ALW).

The California Department of Developmental Services (DDS) publishes data for individuals with developmental and intellectual disabilities based on claims data for the HCBS-DD and SDP programs, which is different from the enrollment counts published in the LTSS dashboard.

The California Department of Social Services (CDSS) publishes monthly [IHSS recipient/consumer](#) counts, which is different from the annual counts published in this LTSS dashboard. 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 members in this dashboard 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 members who have used LTSS program services, such as CBAS, in the year. For example: Program X reports 900 members using services each month, for two months in a row (January and February 2020). In February, 500 members had stopped using services and 500 new members 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 members 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 members who were enrolled and/or served by LTSS programs, services, and waivers.

Additional utilization measures have been added with the summer 2023 release, including Medi-Cal HH and programs administered by the DDS. Subsequent iterations will add measures of 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 with a note: *Measure to be Developed.*

Measure ID	Description
1a_MEDI-CAL_ALL	Number of certified eligible Medi-Cal members.
1b_MEDI-CAL_GE65	Number of certified eligible Medi-Cal members who are age 65 and older.
1c_MEDI-CAL_GE65_OR_DISABILITY	Number of Medi-Cal certified eligible members 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	Number of certified eligible Medi-Cal members who received any LTSS benefit, including LTC and any HCBS.
3_LTSS_ALL_RATE	Number of certified eligible Medi-Cal members who received any LTSS benefit per 100,000 certified eligible Medi-Cal member months. This measure includes LTC stays and any HCBS.
4_LTSS_ALL_PCT_ MEDI-CAL	Percent of certified eligible Medi-Cal members who received any LTSS benefit. This measure includes LTC stays and any HCBS.
5_LTSS_SELECT_HCBS	Number of certified eligible Medi-Cal members who received LTSS benefits for LTC stays and/or select HCBS programs. For this measure and measures 6 and 7 below, "select HCBS" includes IHSS, CBAS, HCBA, ALW, CCT, and MSSP.

Measure ID	Description
6_LTSS_SELECT_ HCBS_RATE	Number of certified eligible Medi-Cal members who received LTSS benefits - LTC stays and/or select HCBS programs (IHSS, CBAS, HCBA, ALW, CCT or MSSP) per 100,000 certified eligible Medi-Cal member months.
7_LTSS_SELECT_ HCBS_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who received LTSS benefits—LTC stays and/or select HCBS programs (IHSS, CBAS, HCBA, ALW, CCT or MSSP).
8_LTC_COUNTS	8a_LTC – Number of certified eligible Medi-Cal members with one or more LTC stays 8b_LTC_AVG – Snap-Shot (Monthly Average) – Average number of certified eligible Medi-Cal members with one or more LTC stays per month 8_1b_SNF - SNF – Number of certified eligible Medi-Cal members with one or more SNF stays 8_1c_SNF_ALZ_DEM – SNF – Members with Alzheimer's disease and/or related dementia – Number of certified eligible Medi-Cal members with Alzheimer's disease and/or related dementia with one or more SNF stays 8_1d_SNF_NO_ALZ_DEM – SNF – Members without Alzheimer's disease or related dementia – Number of certified eligible Medi-Cal members without Alzheimer's disease or related dementia with one or more SNF stays 8_1e_SUBACUTE – Subacute – Number of certified eligible Medi-Cal members with one or more subacute care stays

Measure ID	Description
	• 8_1f_ICF – Number of certified eligible Medi-Cal members with one or more ICF stays • 8_1g_SNF_CUSTODIAL – Number of certified eligible Medi-Cal members with one or more custodial care stays • 8_2a_QTR_LTC_TYPE – *Measure to be Developed* • 8_2b_LTC_STAY – *Measure to be Developed*
9_LTC_RATES	• 9a_LTC_RATE – Number of certified eligible Medi-Cal members with one or more LTC stays per 100,000 certified eligible Medi-Cal member months. • 9b_LTC_AVG_PCT – Snap-Shot (Percent) – Average number of certified eligible Medi-Cal members 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 members with one or more LTC stays
10_SNF_SHORT	*Measure to be Developed* Number of certified eligible Medi-Cal members with SNF stays of up to and including 100 days, all diagnosis codes.
11_SNF_SHORT_ALZ_DEM	*Measure to be Developed* Number of certified eligible Medi-Cal members with SNF stays of up to and including 100 days, with Alzheimer's disease and/or related dementia diagnosis codes.
12_SNF_LONG	*Measure to be Developed*

Measure ID	Description
	Number of certified eligible Medi-Cal members with SNF stays of more than 100 days, all diagnosis codes.
13_SNF_LONG_ALZ_DEM	*Measure to be Developed* Number of certified eligible Medi-Cal members with SNF stays of more than 100 days, with Alzheimer's disease and/or related dementia diagnosis codes.

14_HCBS_ALL	Number of certified eligible Medi-Cal members who utilized one or more HCBS, including all waiver programs and State Plan services.
	 HCBS programs include:
	 • 1915(c) Waivers
	    ○ ALW
	    ○ SDP
	    ○ HCBS-DD
	    ○ HCBA
	    ○ MCWP
	    ○ MSSP
	 • CCT
	 • CBAS
	 • HH services
	 • IHSS

15_HCBS_ALL_RATE	Number of unique certified eligible Medi-Cal members who utilized one or more HCBS services per 100,000 Medi-Cal member months
16_HCBS_ALL_PCT_ LTSS	Percent of LTSS participants who utilized one or more HCBS services
17_HCBS_ALL_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who utilized one or more HCBS services

Measure ID	Description
18_HCBS_SELECT	Number of certified eligible Medi-Cal members who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP). These programs were selected for inclusion based upon the nature of overlapping providers and population for these services
19_HCBS_SELECT _RATE	Number of certified eligible Medi-Cal members who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP) per 100,000 Medi-Cal member months
20_HCBS_SELECT_ PCT_LTSS	Percent of LTSS participants who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP)
21_HCBS_SELECT_ PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP)
22_HCBS_SELECT_PCT_GE65	Percent of certified eligible Medi-Cal members 65 years of age or older who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP)
23_HCBS_SELECT_ PCT_GE65_OR_DISABILITY	Percent of Medi-Cal certified eligible members 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_1915c_MCWP	Number of certified eligible Medi-Cal members enrolled in the MCWP
25_1915c_ALW	Number of certified eligible Medi-Cal members enrolled in the ALW
25a_ALW_WAIT	*Measure To Be Developed* Number of individuals on the ALW waitlist. Medi-Cal eligibility is confirmed when the

Measure ID	Description
	individual is enrolled into the ALW waiver (Data source: MedCompass Database)
26a_CBAS	Number of certified eligible Medi-Cal members enrolled in CBAS
26b_CBAS_AVG	Snap-Shot (Monthly Average) – Average number of certified eligible Medi-Cal members enrolled in CBAS per month
27_CCT	Number of certified eligible Medi-Cal members enrolled in the CCT Project
28_CMC	Number of certified eligible Medi-Cal members enrolled in Cal Medi-Connect (CMC). For more information on CMC, please see this [webpage](#)
29_RC	Number of certified eligible Medi-Cal members enrolled in HCBS-DD and SDP, or RC for related services
30_RC_SNF	Number of certified eligible Medi-Cal members enrolled in HCBS-DD and SDP, or RC for related services who had one or more SNF stays in the same year
31_1915c_HCBA	Number of certified eligible Medi-Cal members enrolled in the HCBA waiver
31a_HCBA_WAIT	*Measure To Be Developed* Number of individuals on the HCBA Waiver wait list. Medi-Cal eligibility is confirmed when the individual is enrolled into the HCBA waiver (Data source: MedCompass Database)
32_HCBA_SNF	Number of certified eligible Medi-Cal members who were enrolled in the HCBA waiver and had one or more SNF stays in the same year
33_HH	Number of certified eligible Medi-Cal members who received HH services
34_HH_SNF	Number of certified eligible Medi-Cal members who received HH services and had one or more SNF stays in the same year

Measure ID	Description
35a_IHSS	Number of certified eligible Medi-Cal members who received IHSS
35b_IHSS_AVG	Snap-Shot (Monthly Average) – Average number of certified eligible Medi-Cal members who received IHSS per month
36_IHSS_ALW	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in ALW in the same year
37_IHSS_CBAS	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in CBAS in the same year
38_IHSS_RC	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in HCBS-DD and SDP or RC consumers in the same year
39_IHSS_HCBA	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in the HCBA waiver in the same year
40_IHSS_SNF	Number of certified eligible Medi-Cal members who received IHSS and had one or more SNF stays in the same year
41_IHSS_MSSP	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in the MSSP waiver in the same year
42_1915c_MSSP	Number of certified eligible Medi-Cal members who received MSSP waiver services
43_PACE	Number of certified eligible Medi-Cal members who enrolled in Program of All-Inclusive Care for the Elderly (PACE)
44_1915c_WAIVERS	Number of certified eligible Medi-Cal members who received services for one of the six 1915(c) waivers: • ALW • SDP

Measure ID	Description
	- HCBA Waiver - HCBS-DD - MCWP - MSSP
45_1915c_HCBS_DD	Number of certified eligible Medi-Cal members who received the HCBS-DD
46_1915c_SDP	Number of certified eligible Medi-Cal members who received the California SDP
47_MLTSS	*Measure to be Developed* Number of certified eligible Medi-Cal members enrolled in Managed Long-Term Services and Supports (MLTSS)

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 members in the interval of interest for use in LTSS measure denominators.

- **1a_MEDI-CAL_ALL** – Certified eligible Medi-Cal members enrolled for one or more months in the year (deduplicated) where ELIGIBILITY.AID_CD_CALC >'00'.

- **1b_MEDI-CAL_GE65** – Certified Medi-Cal members 65 years or older

enrolled for one or more months in the year (deduplicated) where
ELIGIBILITY.AID_CD_CALC >'00'.

- **1c_MEDI-CAL_GE65_OR_DISABILITY** – Certified eligible Medi-Cal members
  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 members who are 65 years of
  age or older are included in the 1c_MEDI-CAL_GE65_OR_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 (ELIGIBILITY.AID_CD_CALC):
'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 – LTSS – Count

Number of certified eligible Medi-Cal members who received any LTSS benefit,
including LTC and/or any HCBS. This includes members in LTC facilities (SNF, subacute
facility, ICF and/or custodial care/other facility) and those enrolled in any HCBS program:
IHSS, CBAS, HCBA, ALW, RC, HH, MSSP, MCWP, and CCT Project.

See program-specific (LTC, IHSS, CBAS, HCBA, ALW, RC, HH, MSSP, MCWP, CCT)
measure specifications for business rule details.

Analytic note: HH member counts are not available before 2019 and are only included
in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included
in measures up to calendar year 2021.

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

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

Numerator: See program-specific (LTC, IHSS, CBAS, HCBA, ALW, RC, CCT, HH, MSSP, MCWP) measure specifications for business rule details.

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

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

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

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

Numerator: See program-specific (LTC, IHSS, CBAS, HCBA, ALW, RC, CCT, MSSP, MCWP, HH) measure specifications for business rule details.

Denominator: See 1_Medi-Cal - All

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

5_LTSS_SELECT_HCBS – LTSS: Select HCBS – Count

This metric provides the number of certified eligible Medi-Cal members receiving LTSS benefits for LTC facility stays (SNF, subacute facility, ICF and/or custodial care/other facility) and *select* HCBS programs [IHSS, CBAS, HCBA Waiver, ALW, CCT, and MSSP] in the interval of interest. These programs were selected for inclusion based upon the nature of overlapping providers and population for these services.

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

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

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

This metric provides the number of certified eligible Medi-Cal members receiving LTSS benefits including LTC facility stays (SNF, subacute facility, ICF and/or custodial care/other facility) and *select* HCBS programs [IHSS, CBAS, HCBA Waiver, ALW, CCT, and MSSP] per 100,000 Medi-Cal member months in the interval of interest.

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

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

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

7_LTSS_SELECT_HCBS_PCT_MEDI-CAL – LTSS: Select HCBS - Percent Medi-Cal Members

This metric provides the number of certified eligible Medi-Cal members receiving LTSS benefits including LTC facility stays (SNF, subacute facility, ICF and/or custodial care/other facility) and *select* HCBS programs [IHSS, CBAS, Home and Community-based Alternatives Waiver (HCBA), ALW, CCT, and MSSP] as a percent of Medi-Cal members enrolled in the interval of interest.

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

Denominator: See 1_Medi-Cal - All

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

8_LTC_CNT – LTC Members – Count

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

8a_LTC	Count of certified eligible Medi-Cal members with one or more stays in a LTC facility (SNF, subacute facility, ICF 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 members with one or more LTC stays per month.
8_1b_SNF	Number of certified eligible Medi-Cal members with one or more SNF stays.
8_1c_SNF_ALZ_DEM	Number of certified eligible Medi-Cal members with Alzheimer's disease and/or related dementia with one or more SNF stays.

8_1d_SNF_NO_ALZ_DEM	Number of certified eligible Medi-Cal members without Alzheimer's disease and/or related dementia with one or more SNF stays.
8_1e_SUBACUTE	Subacute – Number of certified eligible Medi-Cal members with one or more subacute care stays in the interval of interest.
8_1f_ICF	Number of certified eligible Medi-Cal members with one or more ICF stays in the interval of interest.
8_1g_CUSTODIAL	Number of certified eligible Medi-Cal members with one or more custodial care stays in the interval of interest.
8_2a_QTR_LTC_TYPE	*Measure To Be Developed*
8_2b_LTC_STAY	*Measure To Be Developed* Number of LTC stays (one member can have multiple stays) in the interval of interest.

LTC Determination and Dependent Measures

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.

Extracting LTC Provider Claims

Members can have multiple LTC stays in a reporting period. See note about deduplicating, below.

When FI Claim Type Code (CLAIMS_HDR.FI_CLAIM_TYPE_CD) is 02 AND

FFS Delivery System:
>   Source Code (CLAIMS_HDR.SRC_CD) is 19 AND
>>   Inpatient accommodation code (CLAIMS_DTL.INPAT_ACCOM_CD) in 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 (CLAIMS_HDR.PROV_TAXON) in 311500000X, 313M00000X, 314000000X, 3140N1450X, 310500000X, 315P00000X, 311Z00000X, and 311ZA0620X
>   OR FI Provider Type code (CLAIMS_HDR.FI_PROV_TYPE_CD) in 065 and 017

Managed Care Delivery System:
>   Source Code (CLAIMS_HDR.SRC_CD) is 80 AND

Revenue code (CLAIMS_DTL.REVENUE_CD) in 0100, 1001, 1000, 0169, 0190, 0199, 0932, and 0410

OR Provider taxonomy (CLAIMS_HDR.PROV_TAXON) in 311500000X, 313M00000X, 314000000X, 3140N1450X, 310500000X, 315P00000X, 311Z00000X, and 311ZA0620X

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

SNF

When Source code (CLAIMS_HDR.SRC_CD) is 19 AND
Inpatient Accommodation codes (CLAIMS_DTL.INPAT_ACCOM_CD) are in
01, 04, 11, 21, 31
OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
311500000X, 313M00000X, 314000000X, 3140N1450X
When Source code (CLAIMS_HDR.SRC_CD) is 80 AND
Revenue codes (CLAIMS_DTL.REVENUE_CD) are in
0100, 1001, 1000
OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
311500000X, 313M00000X, 314000000X, 3140N1450X

ICF

When Source code (CLAIMS_HDR.SRC_CD) is 19:
Inpatient Accommodation codes (CLAIMS_DTL.INPAT_ACCOM_CD) are in

41, 61, 62, 65, 66
OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
310500000X, 315P00000X
When Source code (CLAIMS_HDR.SRC_CD) is 80 AND
Revenue code (CLAIMS_DTL.REVENUE_CD) is 0169
OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
310500000X, 315P00000X

Custodial Care

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

Alzheimer's disease and/or related dementia

The file of members with an Alzheimer's disease and/or related dementia diagnoses flag is cumulative, a member 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 disease and/or related dementia population file
- The beginning date is always January 1, 2015 (CLAIMS_HDR.SVC_FROM_DT).
- 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 are excluded from code values; CLAIMS_HDR_DIAG_ICD10.DIAG_CD_ICD10).
    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. If a member is flagged at any point in a year, the member is counted as positive for the year.

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

Measure To Be Developed

9_LTC_RATES – LTC Members by Rate and Percent (LTSS/Medi-Cal)

These metrics provide rates of certified eligible Medi-Cal members who stayed in a LTC facility (SNF, subacute facility, ICF 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 members with one or more LTC stays per 100,000 Medi-Cal member months.

9a_LTC_RATE	*Number of certified eligible Medi-Cal members* <u>*with one or more LTC stays*</u> *Number of certified eligible Medi-Cal member months*	*x 100,000*

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

9b_LTC_AVG_PCT	*Sum of certified eligible Medi-Cal members with one or* <u>*more LTC stays per month (deduplicated per month) /12*</u> *Sum of certified eligible Medi-Cal members (deduplicated per month) /12*	*x 100*

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

9c_LTC_PCT_LTSS	*Number of certified eligible Medi-Cal members with one or more LTC stays* / *Number of certified eligible Medi-Cal members in LTSS* *x 100*

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

9d_LTC_PCT_MEDI-CAL	*Number of certified eligible Medi-Cal members with one or more LTC stays* / *Number of certified eligible Medi-Cal members* *x 100*

10_SNF_SHORT – SNF Short-Stay – Count

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

Measure To Be Developed

11_SNF_SHORT_ALZ_DEM – SNF Short-Stay with Alzheimer's disease and/or other related dementia – Count

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

Measure To Be Developed

12_SNF_LONG – SNF Long-Stay – Count

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

Measure To Be Developed

13_SNF_LONG_ALZ_DEM – SNF Long-Stay with Alzheimer's disease and/or other related dementia – Count

This metric provides the number of certified eligible Medi-Cal members who had one or more SNF stays of more than 100 days, with Alzheimer's disease and/or other related dementia diagnosis code, in the interval of interest.

Measure To Be Developed

14_HCBS_ALL – HCBS – Count

This metric provides the number of certified eligible Medi-Cal members who utilized one or more HCBS services in the interval of interest.

See program-specific (IHSS, CBAS, HCBA, ALW, HH, MCWP, RC, CCT, MSSP) measure specifications for business rule details.

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

15_HCBS_ALL_RATE – HCBS – Rate

This metric provides the number of certified eligible Medi-Cal members who utilized one or more HCBS services during the interval of interest, per 100,000 Medi-Cal member months in the interval of interest.

Numerator: See program-specific (IHSS, CBAS, HCBA, ALW, HH, MCWP, RC, SDP, CCT, MSSP) measure specifications for business rule details.

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

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

16 HCBS_ALL_PCT_LTSS – HCBS - Percent LTSS

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

Numerator: See program-specific (IHSS, CBAS, HCBA, ALW, HH, MCWP, RC, SDP, MSSP, CCT)

Denominator: See 2_LTSS

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

17_HCBS_ALL_PCT_MEDI-CAL – HCBS - Percent Medi-Cal

This metric provides the percent of certified eligible Medi-Cal members who utilized one or more HCBS services in the interval of interest.

Numerator: See program-specific (IHSS, CBAS, HCBA, ALW, HH, MCWP, RC, MSSP, CCT) measure specifications for business rule details.

Denominator: See 1_Medi-Cal - All

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

18_HCBS_SELECT – HCBS: Select – Count

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

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

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

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

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

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

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

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

20_ HCBS_SELECT_PCT_LTSS – HCBS: Select - Percent LTSS

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

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

Denominator: See 2_LTSS

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

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

This metric provides the percent of certified eligible Medi-Cal members 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, CCT) measure specifications for business rule details.

Denominator: See 1_Medi-Cal - All

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

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

This metric provides the percent of certified eligible Medi-Cal members 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, CCT) measure specifications for business rule details.

Denominator: See 1b_MEDI-CAL_GE65

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

23_HCBS_SELECT_PCT_GE65_OR_DISABILITY – HCBS: Select – Percent Medi-Cal Members 65 Years or Older or who have a Disability

Percent of Medi-Cal certified eligible members 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, CCT) measure specifications for business rule details.

Denominator: See 1c_MEDI-CAL_GE65_DISABILITY

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

24_1915c_MCWP – MCWP – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the MCWP in the interval of interest.

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.

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

Plan Type: Exclude PACE, SCAN and CMC

25_1915c_ALW – ALW – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the ALW in the interval of interest.

The ALW is a 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 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.

Enrollment: WAIVER_ENROLLMENT.WAIVER_ID = '18' - Assisted Living Pilot

Ages: 21 years old or older

Plan Type: **Exclude** 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 – ALW Waitlist – Count

This metric provides the number of individuals who were on the ALW waitlist in the interval of interest. Medi-Cal eligibility is confirmed when the individual is enrolled into the waiver. Data source: MedCompass database.

Measure To Be Developed

26a_CBAS – CBAS – Count

This metric provides the number of certified eligible Medi-Cal members who were enrolled in CBAS in the interval of interest.

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.

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

OR WAIVER_ENROLLMENT.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 – CBAS Snap-Shot (Monthly Average)

This metric provides the average number of certified eligible Medi-Cal members who were enrolled in CBAS per month. If a member's demographic/plan status changed across time, the stratified averages may not equal the overall average.

27_CCT – CCT – Count

This metric provides the number of certified eligible Medi-Cal members who were enrolled in CCT in the interval of interest. Data source: DHCS CCT Database.

In December 2020, the federal government extended the term of the Money Follows the Person 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 members 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 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 'members' 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.

Enrollment: CCT Enrollees and Participants. Table received from Integrated Systems of Care Division.

Plan Type: **Exclude** CMC and PACE

Analytic note: CCT member counts are not yet available for 2022 and are only included in measures up to calendar year 2021.

28_CMC – CMC – Count

This metric provides the number of certified eligible Medi-Cal members who were enrolled in CMC in the interval of interest. For more information on CMC, please see the [DHCS webpage on the Duals Demonstration](#).

Enrollment: ELG_HLTH_CARE_PLN.PLAN_CD in ('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_RC – Regional Center Consumers with Medi-Cal – Count

This metric provides the number of certified eligible Regional Center consumers with Medi-Cal (RC).

The HCBS-DD Waiver is administered by the California DDS who authorized HCBS for 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 ICF for the Developmentally Disabled or a State Developmental Center.

Enrollment:
1915c waiver = WAIVER_ENROLLMENT.WAIVER_ID: '12' - HCBS for Individuals with Developmental Disabilities

DD Services:
CLAIMS_HDR.VENDOR_CD: '93' - DDS Targeted Case Management
CLAIMS_HDR.SRC_CD:
'43' - Department of Developmental Services (DDS) Waiver
'52' - Department of Developmental Services (DDS) Waiver 1915i State Plan Amendment (SPA) ICF/DD
'53' - Self-Determination Program (SDP) (started in 2019)

> **Plan Type: Exclude** CMC, PACE and SCAN.
>
> Analytic note: SDP member counts are not available before 2019 and are only included in measures as of calendar year 2019.

30_RC_SNF – RC with SNF Stay – Count

This metric provides the number of certified eligible Medi-Cal members who were Regional Center consumers and stayed one or more days in a SNF (does not need to be concurrent month) in the interval of interest.

> See RC and LTC measurement specifications.

31_1915c_HCBA – HCBA Waiver – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the HCBA waiver in the interval of interest.

> **Enrollment:** WAIVER_ENROLLMENT.WAIVER_ID = '21' - Home and Community-Based Alternatives Waiver
>
> **Plan Type: Exclude** CMC, PACE and SCAN

31a_HCBA_WAIT – HCBA Waiver – Wait List Count

This metric provides the number of certified eligible Medi-Cal members who were on the HCBA Waiver wait list. Medi-Cal eligibility is confirmed when the individuals is enrolled into the waiver. Data source: MedCompass Database.

> *Measure To Be Developed*

32_HCBA_SNF – HCBA with SNF Stay – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the HCBA waiver and stayed one or more days in a SNF (does not need to be concurrent month) in the interval of interest.

See HCBA and LTC measurement specifications.

33_HH – HH – Count

This metric provides the number of certified eligible Medi-Cal members who received HH services.

Enrollment: CLAIMS_HDR.VENDOR_CD = '44' - Home Health Agency

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

34_HH_SNF – HH with SNF Stay – Count

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

See HH and LTC measurement specifications.

Analytic note: HH member counts are not available before 2019 and are only included in measures as of calendar year 2019.

35a_IHSS – IHSS – Count

This metric provides the number of certified eligible Medi-Cal members who received IHSS in the interval of interest.

The IHSS program provides services to eligible people 65 years or older, or those of any age with a disability. 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.

Enrollment:
CLAIMS_HDR.PGM_CD = '01' AND
       CLAIMS_HDR.FI_CLAIM_TYPE_CD in ('AP','CC','IP','RM')
OR CLAIMS_HDR.AID_CD in ('2K','2L','2M','2N')
OR CLAIMS_HDR.AID_CAT_CD in ('2K','2L','2M','2N')
OR CLAIMS_HDR.VENDOR_CD in ('89') - Personal Care Services Program (IHSS)
OR CLAIMS_HDR.SRC_CD in ('14', '41')

Ages: 65 years or older

Plan Type: Exclude PACE and SCAN

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 – IHSS - Snap-Shot (Monthly Average)

This metric provides the average number of certified eligible Medi-Cal members who received IHSS per month. If a member's demographic/plan status changed across time, the stratified averages may not equal the overall average.

See IHSS measurement specifications.

36_IHSS_ALW – IHSS and ALW – Count

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

See IHSS and CBAS measurement specifications.

38_IHSS_RC – IHSS and RC – Count

This metric provides the number of certified eligible Medi-Cal members who received IHSS and were Regional Center consumers (does not need to be concurrent month) in the interval of interest.

See IHSS and RC measurement specifications.

39_IHSS_HCBA – IHSS and HCBA Waiver – Count

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

See IHSS and HCBA measurement specifications.

40_IHSS_SNF – IHSS with SNF Stay – Count

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

See IHSS and LTC measurement specifications.

41_IHSS_MSSP – IHSS and MSSP – Count

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

See IHSS and MSSP measurement specifications.

42_1915c_MSSP – MSSP – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the MSSP Waiver program in the interval of interest.

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.

Enrollment: WAIVER_ENROLLMENT.WAIVER_ID = '14' – Multipurpose Senior Services Program

Ages: 65 years old or older

Plan Type: **Exclude** PACE and SCAN

43_PACE – PACE – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the PACE model of care in the interval of interest.

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 LTC 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 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.

> **Enrollment:** ELG_HLTH_CARE_PLN.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

44_1915c_WAIVERS – MCWP, ALW, SDP, HCBA, MSSP, and HCBS-DD services – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the following six 1915c Waivers: MCWP, ALW, SDP, HCBA, MSSP, and HCBS-DD services in the interval of interest.

> **Enrollment:** MCWP, ALW, SDP, HCBA, MSSP, and HCBS-DD.
>
> Analytic note: SDP member counts are not available before 2019 and are only included in measures as of calendar year 2019.

45_1915c_HCBS_DD – HCBS-DD – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the HCBS-DD in the interval of interest.

The HCBS-DD Waiver is administered by the California DDS who authorize HCBS for 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 ICF for the developmentally disabled or a State Developmental Center.

Enrollment: WAIVER_ENROLLMENT.WAIVER_ID = 12

Plan Type: Exclude CMC, PACE and SCAN.

46_1915c_SDP – California Self-Determination Program Waiver for Individuals with Developmental Disabilities (SDP) – Count

This metric provides the number of certified eligible Medi-Cal members enrolled in the SDP in the interval of interest.

Enrollment: CLAIMS_HDR.SRC_CD = 53

Plan Type: Exclude CMC, PACE and SCAN.

Analytic note: SDP member counts are not available before 2019 and are only included in measures as of calendar year 2019.

47_MLTSS – MLTSS – Count

This metric provides the number of certified eligible Medi-Cal members who received MLTSS in the interval of interest.

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 HCBS, promoting community inclusion, ensuring quality, and increasing efficiency.

Medicaid MLTSS programs can be operated under multiple federal Medicaid managed care authorities at the discretion of the state and as approved by CMS. Under CalAIM, Medi-Cal managed care plans (MCPs) will cover and coordinate the full LTC benefit in all counties in a phased approach by facility type completed by January 1, 2024.

*Measure To Be Developed

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, 2022; based on participation/enrollment dates or dates of service
County of Responsibility	Medi-Cal Member County of Responsibility
Sex[1]	Male, Female
Age	0-20, 21-59, 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
Plan Parent	Medi-Cal Member Managed Care Plan
Primary Spoken Language	American Sign 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 Medi-Cal LTSS Dashboard page in the California Health and Human Services Agency Open Data Portal.

Measure Name Updates

Measure Names – Between version 2 and version 3 of this document, names for some measures were updated and measures have been added. Please see the table below, revised names/new measures are bolded in the "Current Measure Name" column.

---

[1] 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 member sexual orientations and Medi-Cal beneficiaries' gender identities, but the data are currently incomplete.

Previous Measure Name	Current Measure Name
1a_MEDI-CAL_ALL	1a_MEDI-CAL_ALL
1b_MEDI-CAL_GE65	1b_MEDI-CAL_GE65
1c_MEDI-CAL_GE65_OR_DISABILITY	1c_MEDI-CAL_GE65_OR_DISABILITY
2_LTSS_ALL	2_LTSS_ALL
3_LTSS_ALL_RATE	3_LTSS_ALL_RATE
4_LTSS_ALL_PCT_MEDI-CAL	4_LTSS_ALL_PCT_MEDI-CAL
5_LTSS_SELECT_HCBS	5_LTSS_SELECT_HCBS
6_LTSS_SELECT_HCBS_RATE	6_LTSS_SELECT_HCBS_RATE
7_LTSS_SELECT_HCBS_PCT_MEDI-CAL	7_LTSS_SELECT_HCBS_PCT_MEDI-CAL
8a_LTC	8a_LTC
8b_LTC_AVG	8b_LTC_AVG
8_1b_SNF	8_1b_SNF
8_1c_SNF_ALZ	**8_1c_SNF_ALZ_DEM**
8_1d_SNF_NO_ALZ	**8_1d_SNF_NO_ALZ_DEM**
8_1e_SUBACUTE	8_1e_SUBACUTE
8_1f_ICF	8_1f_ICF
8_1g_CUSTODIAL	**8_1g_SNF_CUSTODIAL**
8_2a_QTR_LTC_TYPE	8_2a_QTR_LTC_TYPE
8_2b_LTC_STAY	8_2b_LTC_STAY
9a_LTC_RATE	9a_LTC_RATE
9b_LTC_AVG_PCT	9b_LTC_AVG_PCT
9c_LTC_PCT_LTSS	9c_LTC_PCT_LTSS
9d_LTC_PCT_MEDI-CAL	9d_LTC_PCT_MEDI-CAL
10_SNF_SHORT	10_SNF_SHORT
11_SNF_SHORT_ALZ	**11_SNF_SHORT_ALZ_DEM**
12_SNF_LONG	12_SNF_LONG
13_SNF_LONG_ALZ	**13_SNF_LONG_ALZ_DEM**
14_HCBS_ALL	14_HCBS_ALL
15_HCBS_ALL_RATE	15_HCBS_ALL_RATE
16_HCBS_ALL_PCT_LTSS	16_HCBS_ALL_PCT_LTSS
17_HCBS_ALL_PCT_MEDI-CAL	17_HCBS_ALL_PCT_MEDI-CAL
18_HCBS_SELECT	18_HCBS_SELECT
19_HCBS_SELECT_RATE	19_HCBS_SELECT_RATE
20_HCBS_SELECT_PCT_LTSS	20_HCBS_SELECT_PCT_LTSS
21_HCBS_SELECT_PCT_MEDI-CAL	21_HCBS_SELECT_PCT_MEDI-CAL
22_HCBS_SELECT_GE65_PCT_MEDI-CAL	**22_HCBS_SELECT_PCT_GE65**

Previous Measure Name	Current Measure Name
23_HCBS_SELECT_PCT_GE65_OR_DISABILITY	23_HCBS_SELECT_PCT_GE65_OR_DISABILITY
24_MCWP	**24_1915c_MCWP**
25_ALW	**25_1915c_ALW**
25a_ALW_WAIT	25a_ALW_WAIT
26a_CBAS	26a_CBAS
26b_CBAS_AVG	26b_CBAS_AVG
27_CCT	27_CCT
28_CMC	28_CMC
29_DD	29_RC
30_DD_SNF	30_RC_SNF
31_HCBA	**31_1915c_HCBA**
31a_HCBA_WAIT	31a_HCBA_WAIT
32_HCBA_SNF	32_HCBA_SNF
33_HH	33_HH
34_HH_SNF	34_HH_SNF
35a_IHSS	35a_IHSS
35b_IHSS_AVG	35b_IHSS_AVG
36_IHSS_ALW	36_IHSS_ALW
37_IHSS_CBAS	37_IHSS_CBAS
38_IHSS_DD	38_IHSS_RC
39_IHSS_HCBA	39_IHSS_HCBA
40_IHSS_SNF	40_IHSS_SNF
41_MLTSS	**47_MLTSS**
42_MSSP	**42_1915c_MSSP**
43_PACE	43_PACE
44_IHSS_MSSP	**41_IHSS_MSSP**
n/a	**44_1915c_WAIVERS**
n/a	**45_1915c_HCBS_DD**
n/a	**46_1915c_SDP**

[Return to Top](#)

Ownership

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

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

Measure Type	DHCS Data Owner	External Stakeholder
MSSP		*Department of Aging, Division of Community Living, Health at Home Branch (CBAS)*
PACE		*n/a*
HH	*Benefits Division and Integrated Systems of Care Division*	*n/a*
CMC	*Managed Care Quality Management Division and Managed Care Oversight Division*	*n/a*
MLTSS	*Managed Care Quality and Monitoring Division*	*n/a*

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
Business Case	Master Plan For Aging – MPA First Annual Report – January 2022 Master Plan for Aging Stakeholder Report (ca.gov) Home and Community-Based Services Spending Plan
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) Medicaid and Long-Term Services and Supports: A Primer | KFF HCBS Measure Set SMDL (medicaid.gov) Evaluating Home and Community-Based Services in California | California Medicaid Research Institute (ucsf.edu)

Item	Description
	[Understanding What Works: Measuring and Monitoring Quality in Medi-Cal's Home and Community-Based Services (chcf.org)](#)
	[Using Data for Good: Toward More Equitable Home and Community-Based Services in Medi-Cal (chcf.org)](#)

Review and Approvals:

Name	Title	Initials	Date
Palav Babaria	Deputy Director and Executive Sponsor, Quality and Population Health Management (QPHM)	PB	8/23/23
Linette Scott	Deputy Director and Chief Data Officer, Enterprise Data and Information Management (EDIM)	LS	9/21/23
Laura Miller	Medical Consultant II, QPHM	LMM	7/17/23
Priya Motz	Chief, Quality & Health Equity Transformation Branch, QPHM	PM	8/22/23
Sabrina Younger	Chief, Performance Improvement Section, QPHM	SY	7/27/23
Anastasia Dodson	Deputy Director, Office of Medicare Innovation and Integration (OMII)	AD	7/24/23
Joseph Billingsley	Assistant Deputy Director, Integrated Systems of Care Division (ISCD)	JB	7/28/23
Anne Carvalho	Chief, Data Analytics Division (DAD)	AC	8/22/23
Muree Larson-Bright	Chief, Data Science Branch (DSB), DAD	MLB	8/16/23
Jessica Goold	Chief, Population Health Reporting Unit, DSB, DAD	JG	7/17/23

[Return to Top](#)