Volume 5 of 5
Medi-Cal Managed Care External Quality Review Technical Report
July 1, 2021–June 30, 2022

Skilled Nursing Facility (SNF)/
Intermediate Care Facility (ICF)
Experience and Distance Reporting

Quality Population Health Management
California Department of Health Care Services

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Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **CalAIM**—California Advancing and Innovating Medi-Cal
- **CalHHS**—California Health & Human Services Agency
- **CCI**—Coordinated Care Initiative
- **CDPH**—California Department of Public Health
- **CMS**—Centers for Medicare & Medicaid Services
- **COHS**—County Organized Health System
- **COVID-19**—coronavirus disease 2019
- **DHCS**—California Department of Health Care Services
- **HIPAA**—Health Insurance Portability and Accountability Act of 1996
- **HSAG**—Health Services Advisory Group, Inc.
- **ICF**—intermediate care facility
- **ID/DD**—intellectual disability or developmental disability
- **LTC**—long-term care
- **LTCH**—long-term care hospital
- **LTSS**—Long-Term Services and Supports
- **MCAS**—Managed Care Accountability Set
- **MCMC**—Medi-Cal Managed Care program
- **MCP**—Medi-Cal managed care health plan
- **MDS**—Minimum Data Set
- **MLTSS**—Managed Long-Term Services and Supports
- **NPI**—National Provider Identifier
- **O/E**—observed/expected
- **SNF**—skilled nursing facility
- **USPS CASS**—United States Postal Service Coding Agency Support System
- **WQIP**—Workforce and Quality Incentive Program

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1. Introduction

Overview

The California Department of Health Care Services (DHCS) requires its Medi-Cal managed care health plans (MCPs) to provide care coordination for members requiring long-term care (LTC) services, which includes services at skilled nursing facilities or intermediate care facilities (SNFs/ICFs).

California Welfare and Institutions Code Section 14197.05 requires DHCS' annual external quality review (EQR) technical report to present information related to the experience of individuals placed in SNFs/ICFs and the distance that these individuals are placed from their residences.

As such, DHCS contracted with Health Services Advisory Group, Inc. (HSAG), to calculate nursing facility population stratifications and long-stay quality measures, the driving distances between members in SNFs/ICFs and their place of residence, and select Centers for Medicare & Medicaid Services (CMS) Medicaid Managed Long-Term Services and Supports (MLTSS) measures for Medi-Cal members in SNFs/ICFs during calendar year 2021 (i.e., January 1, 2021, through December 31, 2021).

As stated in DHCS' Comprehensive Quality Strategy and as part of the California Advancing and Innovating Medi-Cal (CalAIM) transformation, effective January 1, 2023, LTC services will be covered under the Medi-Cal Managed Care program (MCMC) statewide.[1] Information derived from this study will support the implementation of the CalAIM transformation.

SNF/ICF Stay Construction Pilot Study Results

Prior to HSAG conducting the SNF Experience and SNF/ICF Distance analyses for the 2021–22 EQR Technical Report, DHCS contracted with HSAG to conduct a pilot study to better identify and construct SNF/ICF stays for Medi-Cal members in SNFs/ICFs using administrative claims/encounter data and, more specifically, using SNF/ICF-related accommodation and vendor codes. HSAG had previously conduced a stay construction pilot study for DHCS in 2020–21; however, accommodation and vendor codes were not available in the claims/encounter data provided by DHCS at the time. For the 2021–22 pilot study, HSAG found that it was able to better identify ICF stays using vendor codes. HSAG identified the following items for consideration based on its review of the pilot study findings:

♦ Since some number of non-SNF facilities share a National Provider Identifier (NPI) with distinct part SNFs and appear to be contributing a large percentage of these claims, DHCS

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[1] California Department of Health Care Services. Comprehensive Quality Strategy. February 2022. Available at: https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf. Accessed on: Jan 19, 2023.

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should consider investigating the administrative code utilization by these facilities to better understand how DHCS might differentiate between hospital claims and distinct part SNF claims for facilities sharing the same NPI.

♦ DHCS should use the SNF and ICF stay construction methodology developed as part of the pilot study to calculate the CMS Medicaid MLTSS measures for the 2021–22 CMS Medicaid MLTSS Feasibility Pilot Study.

♦ DHCS should use the SNF and ICF stay construction methodology developed as part of the pilot study to identify ICF stays for the ICF Distance analysis in the SNF/ICF Experience and Distance section of the 2021–22 EQR Technical Report.

Based on these recommendations, DHCS agreed to use the stay construction methodology to calculate the CMS Medicaid MLTSS measures for the 2021–22 CMS Medicaid MLTSS Feasibility Pilot Study and to identify ICF stays for the ICF Distance analysis in the 2021–22 EQR Technical Report.

CMS Medicaid MLTSS Feasibility Pilot Study Results

Prior to HSAG conducting the SNF Experience and SNF/ICF Distance analyses for the 2021–22 EQR Technical Report, DHCS contracted with HSAG to conduct a pilot study to develop modified specifications for CMS' *Long-Term Services and Supports (LTSS) Successful Transition After Long-Term Facility Stay* and *LTSS Minimizing Facility Length of Stay* measures in order to include ICF stays for Medi-Cal members and to assess the feasibility of stratifying these measure rates by institutional facility type. For the pilot study, HSAG determined that the eligible population identified using the stay construction methodology from the 2021–22 SNF/ICF Stay Construction Pilot Study Results appropriately excluded non-SNF/ICF claims.

Based on its review of the pilot study findings, HSAG recommended that DHCS consider including the CMS Medicaid MLTSS measures in Volume 5 of the 2021–22 EQR Technical Report using the modified specifications that HSAG developed to capture ICF residents' experiences and to better capture SNF residents' experiences.

Based on HSAG's recommendation, DHCS agreed to include the CMS Medicaid MLTSS measures in the 2021–22 EQR Technical Report.

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2. Methodology

The following is a high-level description of the DHCS-approved analytic methodology, including a summary of the data sources and analyses used for the SNF Experience, SNF/ICF CMS Medicaid MLTSS Measure, and SNF/ICF Distance analyses.

Data Sources

To complete the SNF Experience and SNF/ICF Distance analyses, HSAG used administrative demographic, eligibility, enrollment, and claims/encounter data provided by DHCS and the Minimum Data Set 3.0 (MDS 3.0) resident assessment and facility data provided by the California Department of Public Health (CDPH). HSAG used these data in conjunction with the data received for the 2019–20 and 2020–21 SNF/ICF Experience and Distance analyses.

Combining Data

Combining MDS Data to Administrative Data Sources

For the SNF Experience and Distance analyses, HSAG matched SNF residents in the MDS 3.0 data to the administrative data sources provided by DHCS. To do this, HSAG combined the demographic file provided by DHCS with the MDS 3.0 data file by different combinations of the following fields: Medi-Cal client identification number, member social security number, member date of birth, and member name. The matching methodology prioritizes the most stringent match for an observation (e.g., a record matched using Step 1 would not be included in steps 2 through 6). HSAG matched the demographic file to the MDS 3.0 data file using the following methodology:

1. HSAG matched any records that had a matching Medi-Cal client identification number, social security number, and date of birth. For any records that HSAG could not match using this method, HSAG attempted to match records using the next step (Step 2) in the matching methodology.

2. HSAG matched any records that had a matching Medi-Cal client identification number and date of birth. For any records that HSAG could not match using this method, HSAG attempted to match records using the next step (Step 3) in the matching methodology.

3. HSAG matched any records that had a matching social security number and date of birth. For any records that HSAG could not match using this method, HSAG attempted to match records using the next step (Step 4) in the matching methodology.

4. HSAG matched any records that had a matching social security number, last name (first three letters), and first name (first letter). For any records that HSAG could not match using this method, HSAG attempted to match records using the next step (Step 5) in the matching methodology.

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5. HSAG matched any records that had a matching Medi-Cal client identification number, last name (first three letters), and first name (first letter). For any records that HSAG could not match using this method, HSAG attempted to match records using the next step (Step 6) in the matching methodology.

6. HSAG matched any records that had a matching Medi-Cal client identification number. For any records that were not matched using steps 1 through 6, HSAG considered these records unmatched for the analyses.

   a. For records matched during Step 6, HSAG verified that these matches were reasonable by checking that the Medi-Cal client identification was valid (e.g., not all 0s or all 9s) and by assessing the quality of the match on other fields (e.g., date of birth) using more flexible data matching techniques (i.e., fuzzy matching).

Once HSAG combined the MDS 3.0 data with the demographic file, HSAG then linked the SNF/ICF residents to the enrollment and eligibility files by Medi-Cal client identification number.

Combining Master SNF/ICF Facility List to Administrative Data Sources

For the ICF Distance and SNF/ICF CMS Medicaid MLTSS measure analyses, HSAG created a Master SNF/ICF Facility List that includes SNFs and ICFs from the facility files included with the MDS 3.0 data and the California Health & Human Services Agency (CalHHS) Open Data Portal healthcare facility listing with supplemental NPI information from the CMS National Plan and Provider Enumeration System (NPPES) NPI Registry. The Master SNF/ICF Facility List was used as the comprehensive list of SNFs/ICFs in California and limited the stays identified by the administrative stay construction methodology to those with an NPI associated with one of the facilities included in the Master SNF/ICF Facility List. If a SNF/ICF had multiple associated NPIs, HSAG kept all NPIs. HSAG removed all SNFs/ICFs that had missing NPI information. HSAG then matched NPIs in this SNF/ICF list to the billing provider identification number in the administrative claims/encounters data with dates of service during calendar years 2020 and 2021 to identify the Medi-Cal client identification number for members in SNF/ICFs. HSAG then linked these members in SNF/ICFs to the member demographic, enrollment, and eligibility files using the Medi-Cal client identification number.

Identifying Long- and Short-Stay SNF Residents

Using the MDS 3.0 assessments for SNF residents who HSAG matched to a Medi-Cal client identification number, HSAG limited the MDS 3.0 data to assessments for episodes that began, ended, or occurred during the measurement year (i.e., January 1, 2021, through December 31, 2021) and with a submission date within 60 days after the end of the measurement year. HSAG further limited the MDS 3.0 data to residents who were admitted to

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the SNF on or after January 1, 2018,[2] and who were enrolled in MCMC at the time of their admission to the SNF or within one month prior to admission. After determining stays and episodes, HSAG identified long- and short-stay residents following the MDS 3.0 Quality Measures User's Manual Version 14.0 (v14.0).[3] Residents are considered long-stay if their episode in the facility is more than 100 days, and residents are considered short-stay if their episode in the facility is 100 days or fewer. For the SNF Experience analysis, the long- and short-stay identification is based on the most recent episode during each quarter while the SNF Distance analysis considers all episodes during the measurement year when determining long and short stays.

Identifying Long- and Short-Stay ICF Residents

HSAG used all paid claims/encounters with a first date of service from January 1, 2018, through April 30, 2022, for which the vendor codes 47, 56, or 80 were identified and the billing provider NPI was an ICF facility included in the Master SNF/ICF Facility List. HSAG collapsed claims/encounters with the same Medi-Cal client identification number and billing provider NPI with overlapping dates of service or dates of service within 31 days of each other. HSAG allowed up to a one month gap in claims/encounters to account for interim billing and variability in ICFs' billing practices, whereby ICFs may bill monthly, biweekly, or weekly, and the dates of service do not necessarily reflect the length of stay. Similarly, HSAG applied as few restrictions as possible to the claims/encounters used for constructing ICF stays in order to capture the most ICF claims/encounters possible to fill in these gaps in dates of service.

HSAG limited ICF stays to those that began, ended, or occurred during the measurement year. HSAG used the earliest date of service from the collapsed claims/encounters as the administrative stay admission date and the latest date of service as the administrative stay discharge date. HSAG calculated length of stay as the difference in days between the discharge date and the admission date plus one day. HSAG followed the stay type definitions used in the MDS 3.0 Quality Measures User's Manual v14.0 to classify stays as short-stay or long-stay. Stays are considered short-stay if the stay length is 100 days or less, and stays are considered long-stay if the stay length is 101 days or more.

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[2] HSAG excluded SNF stays that began prior to January 1, 2018, since HSAG did not receive administrative data prior to January 1, 2018; therefore, HSAG cannot determine MCMC enrollment and member addresses at the time of admission for these stays.

[3] Centers for Medicare & Medicaid Services. MDS 3.0 Quality Measures User's Manual (v14.0). Available at: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/quality-measures-archive. Accessed on: Jan 19, 2023.

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After determining ICF stays, HSAG excluded stays based on meeting the following criteria:

♦ Stay began prior to March 1, 2018.[4]
♦ Member was not enrolled in managed care during the time of admission or the month prior.

SNF/ICF Stay Construction with Administrative Data

The administrative stay construction approach for SNFs differed from ICFs in two ways: (1) claims and encounters were limited to vendor code "80" and, (2) distinct part SNF stays were limited to only those with at least one claim/encounter that also had a type of bill or revenue code included in the CMS Medicaid MLTSS Facility Uniform Bill Codes Value Set.[5]

SNF Experience Analysis

For the SNF Experience analysis, HSAG used the Specifications for Facility Characteristics Report in Chapter 6 of the MDS 3.0 Quality Measures User's Manual v14.0[6] to calculate quarterly statewide nursing facility population characteristics for long-stay residents enrolled in MCMC. HSAG then aggregated the quarterly population characteristics to calculate annual population characteristics for the measurement year following CMS' five-star rating algorithm, allowing for comparisons to national averages.[7] For the long-stay population quality measures, HSAG used specifications outlined in Chapter 2 of the MDS 3.0 Quality Measures User's Manual v14.0, as well as additional national measure specifications that use MDS 3.0 data, and developed custom measure specifications to capture hospital admissions.

HSAG also performed a cross-measure analysis at the statewide level. For the composite measure analysis, HSAG first determined if a member was numerator positive in any of the four quarters for each measure included in the composite measure. HSAG then determined

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[4] HSAG excluded ICF stays that began prior to March 1, 2018, since some ICF residents have monthly interim billing, and HSAG did not receive administrative data prior to January 1, 2018. A two-month buffer allowed HSAG to appropriately determine when ICF stays began.

[5] Centers for Medicare & Medicaid Services. Medicaid MLTSS Facility Uniform Bill Codes Value Set. Accessed at: https://www.medicaid.gov/medicaid/managed-care/managed-long-term-services-and-supports/index.html. Accessed on: Jan 19, 2023.

[6] Centers for Medicare & Medicaid Services. MDS 3.0 Quality Measures User's Manual (v14.0). Available at: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/quality-measures-archive. Accessed on: Jan 19, 2023.

[7] Centers for Medicare & Medicaid Services. Design for *Care Compare* Nursing Home Five-Star Quality Rating System: Technical Users' Guide, January 2021. Available at: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Five%20Star%20Users%27%20Guide%20January%202021.pdf. Accessed on: Jan 19, 2023.

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how many members had no events, one event, or more than one event for each composite measure within each quarter during the measurement year.

SNF/ICF CMS Medicaid MLTSS Measure Analysis

Following the application of the administrative stay construction approach outlined under the "SNF/ICF Stay Construction with Administrative Data" heading, HSAG calculated two CMS Medicaid MLTSS measures: *Medicaid MLTSS Minimizing Facility Length of Stay* and *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* for both SNFs and ICFs. To calculate these measures, HSAG used the 2022 Medicaid MLTSS Measures Technical Specifications and Resource Manual.[8] HSAG also calculated stratified rates by age, gender, diagnosis group, and facility type (i.e., SNF, ICF). Additionally, for SNF-specific results, HSAG calculated rates stratified by county type (i.e., County Organized Health System [COHS] Counties, Coordinated Care Initiative [CCI] Counties, and Other Counties).

Please note, HSAG modified the continuous enrollment requirements for these CMS Medicaid MLTSS measures to account for the fact that only MCPs operating in COHS counties or CCI counties that are contractually obligated to cover institutional LTC regardless of length of stay, whereas MCPs operating in non-COHS and non-CCI counties are only responsible for the first 30 days of their members' institutionalized stays. As a result, HSAG applied the continuous enrollment criteria, based on Medi-Cal eligibility only, in CMS' MLTSS measure specifications but also required the member be enrolled with an MCP on the date of admission or month prior to admission to the facility.

Please note, the risk adjustment methodology developed for the CMS Medicaid MLTSS measures was designed based on the CMS Medicaid MLTSS Institutional Facility Value Set, which primarily identifies SNF stays. Therefore, it is possible that the risk adjustment methodology does not effectively calculate the expected probabilities for ICF members to successfully be discharged to the community from their facility.

SNF Distance Analysis

For each SNF stay that overlapped the measurement year for which members were admitted to the SNF on or after January 1, 2018, and enrolled in Medi-Cal managed care at the time of admission, HSAG determined the member's place of residence prior to the SNF admission using the monthly demographic data provided by DHCS (i.e., the member's address the month prior to admission was used, if available, and if not, the member's address the month of admission was used) and determined the SNF address information using the California MDS 3.0 facility file provided by CDPH. HSAG used the Quest Analytics Suite (Quest) software to geocode the SNF's address and the member's place of residence prior to admission, assigning

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[8] Centers for Medicare & Medicaid Services. MLTSS Measures Technical Specifications and Resource Manual, 2022. Available at: https://www.medicaid.gov/media/3396. Accessed on: Jan 19, 2023.

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each address an exact geographic location (i.e., latitude and longitude). When necessary, HSAG standardized member and SNF/ICF facility addresses to align with the United States Postal Service Coding Agency Support System (USPS CASS) to ensure consistent address formatting across data files. HSAG then used Quest to calculate the driving distance between the SNF's address and the resident's place of residence prior to SNF admission.

ICF Distance Analysis

For each ICF stay that overlapped the measurement year for which the member was admitted to the ICF on or after March 1, 2018, and enrolled in Medi-Cal managed care at the time of admission, HSAG determined the address of the ICF facility using the Master SNF/ICF Facility List. For ICFs associated with more than one address, HSAG used the provider location number and provider name in the claims/encounter data to identify a facility address for each stay. HSAG then determined the member's place of residence prior to the ICF admission using the monthly demographic data provided by DHCS. Members whose address for their place of residence exactly matched the ICF address were excluded from the analysis, as HSAG was unable to determine a place of residence prior to the ICF admission. When necessary, HSAG standardized member and SNF/ICF facility addresses to align with the USPS CASS to ensure consistent address formatting across data files. HSAG then used Quest to calculate the driving distance between the ICF address and the member's place of residence prior to ICF admission.

3. Key Findings

This section presents the key findings from the SNF Experience, SNF/ICF CMS Medicaid MLTSS Measure, and SNF/ICF Distance analyses.

SNF Experience Findings

Statewide Nursing Facility Population Characteristics

To better understand the experiences of SNF residents, it is important to understand the population characteristics of these residents. Table 3.1 presents the annual statewide facility population characteristics for long-stay residents, stratified by age, gender, resident characteristic, discharge planning status, location from which the resident entered the facility, and resident entry date.

Table 3.1—Statewide Nursing Facility Population Characteristics

Note: The 2020 and 2021 counts and percentages are derived from aggregated quarterly data; therefore, a resident may be included more than once in the annual counts and percentages.

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's de-identification standard.

— indicates data are not applicable to the calendar year.

Stratification	2020 Count	2020 Percent	2021 Count	2021 Percent
Age				
<25 Years	632	0.71%	812	0.81%
25–54 Years	10,458	11.83%	12,331	12.25%
55–64 Years	16,701	18.89%	20,408	20.27%
65–74 Years	21,231	24.01%	26,276	26.10%
75–84 Years	18,695	21.14%	20,422	20.29%
85+ Years	20,703	23.41%	20,425	20.29%
Gender				
Male	41,262	46.67%	47,709	47.39%
Female	47,158	53.33%	52,965	52.61%

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Stratification	2020 Count	2020 Percent	2021 Count	2021 Percent
Resident Characteristics				
Residents with a Psychiatric Diagnosis	51,864	58.66%	61,858	61.44%
Residents with Intellectual Disability or Developmental Disability (ID/DD) Indicated	50	0.06%	62	0.06%
Hospice Residents	4,479	5.07%	4,415	4.39%
Residents with Life Expectancy of Less Than 6 Months	4,013	4.54%	3,923	3.90%
Discharge Planning for Residents				
Discharge planning is already occurring for the resident to return to the community	16,957	19.18%	18,283	18.16%
Location the Resident Entered Facility From				
Community	3,289	3.72%	4,215	4.19%
Another Nursing Home or Swing Bed	5,189	5.87%	6,194	6.15%
Acute Hospital	75,185	85.03%	85,182	84.61%
Psychiatric Hospital	3,466	3.92%	3,814	3.79%
Inpatient Rehabilitation Facility	245	0.28%	213	0.21%
ID/DD Facility	S	S	S	S
Hospice	315	0.36%	301	0.30%
Long-Term Care Hospital (LTCH)	281	0.32%	318	0.32%
Other	S	S	S	S
Resident Entry Date				
Resident with Entry Date Prior to January 1, 2020	—	—	20,892	20.75%

HSAG identified the following notable observations based on its review of the statewide nursing facility population characteristics:

♦ Approximately 66.68 percent of SNF residents were 65 years of age or older during calendar year 2021, which is lower than the calendar year 2020 rate for this age group (68.56 percent). This change for calendar year 2021 is largely due to the percentage decrease of SNF residents 85 years of age and older.

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♦ Approximately 47.39 percent of SNF residents were male in calendar year 2021, which is consistent with the calendar year 2020 results and is higher than the most recently published national percentage of SNF residents who were male (36.7 percent).[9]

♦ Approximately 61.44 percent of SNF residents had a psychiatric diagnosis during calendar year 2021, which is higher than the rate for calendar year 2020 (58.66 percent).

Long-Stay Quality Measure Results

Adverse events, mental health status, and physical health status can all impact residents' experiences within a SNF and overall quality of life.[10] To better understand these impacts, HSAG calculated quarterly and annual long-stay quality measures. Table 3.2 presents the quarterly and annual statewide rates for each long-stay quality measure. The annual rates include shading for comparisons to the national averages, where applicable, which were derived from *Nursing Home Compare's Four Quarter Average Score* for calendar years 2021 and 2020.[11]

Table 3.2—Long-Stay Quality Measures

Note: The 2020 and 2021 annual long-stay quality measure rates are derived from aggregated quarterly data; therefore, a resident may be included more than once in the annual long-stay quality measure rates.

2021 Quarter 1 represents the January 1, 2021, through March 31, 2021, measurement period.

2021 Quarter 2 represents the April 1, 2021, through June 30, 2021, measurement period.

2021 Quarter 3 represents the July 1, 2021, through September 30, 2021, measurement period.

2021 Quarter 4 represents the October 1, 2021, through December 31, 2021, measurement period.

The Annual Rates represent January 1 through December 31 of the respective year.

       indicates an applicable national average value is available for the measure.

       indicates the rate was better than the national average for the respective year.

* indicates a lower rate is better for this measure.

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[9] National Center for Health Statistics. Post-acute and Long-term Care Providers and Services Users in the United States, 2017–2018. *Vital and Health Statistics*, 2022; 3, 43. Available at: https://www.cdc.gov/nchs/data/series/sr_03/sr03-047.pdf. Accessed on: Jan 18, 2023.

[10] Degenholtz HB, Resnick AL, Bulger N, et al. Improving Quality of Life in Nursing Homes: The Structured Resident Interview Approach. *Journal of Aging Research*. 2014:892679. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4209834/. Accessed on: Jan 18, 2023.

[11] Centers for Medicare & Medicaid Services. MDS Quality Measures. *Data.Medicare.gov*, 2022. Available at: https://data.cms.gov/provider-data/archived-data/nursing-homes. Accessed on: Jan 18, 2023.

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^ The *Antipsychotic Use in Persons with Dementia* measure was developed by the Pharmacy Quality Alliance.

^^ The *Hospital Admissions from SNFs* measure is a custom measure developed by HSAG.

⁺ The *Percent of Residents Who Received an Antipsychotic Medication* measure was calculated using modified specifications that use additional exclusion criteria.

Long-Stay Quality Measures	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Adverse Events Composite Measures						
Antipsychotic Use in Persons with Dementia*	7.88%	7.27%	7.21%	7.27%	7.39%	7.91%
Hospital Admissions from SNFs*	16.85%	16.83%	17.33%	17.19%	17.06%	19.54%
Percent of High-Risk Residents With Pressure Ulcers*	9.42%	8.71%	8.55%	8.31%	8.72%	9.13%
Percent of Residents Experiencing One or More Falls with Major Injury*	1.55%	1.56%	1.54%	1.66%	1.58%	1.62%
Percent of Residents Who Received an Antipsychotic Medication*	2.25%	2.26%	2.25%	2.47%	2.31%	2.46%
Percent of Residents Who Were Physically Restrained*	0.28%	0.21%	0.16%	0.16%	0.20%	0.29%
Percent of Residents with a Urinary Tract Infection*	0.72%	0.94%	0.85%	0.88%	0.85%	1.11%

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Long-Stay Quality Measures	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Prevalence of Antianxiety/Hypnotic Medication Use*	4.06%	4.07%	4.09%	4.09%	4.08%	4.11%
Behavioral Health Composite Measures						
Percent of Residents Who Have Depressive Symptoms*	5.12%	4.31%	4.91%	5.86%	5.08%	4.50%
Percent of Residents Who Used Antianxiety or Hypnotic Medication*	14.93%	14.87%	14.86%	14.90%	14.89%	14.70%
Prevalence of Behavior Symptoms Affecting Others*	11.55%	11.34%	11.43%	11.40%	11.43%	12.45%
Physical Health Composite Measures						
Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder*	22.60%	22.97%	23.38%	23.53%	23.15%	25.26%
Percent of Residents Who Lose Too Much Weight*	6.16%	5.00%	4.68%	5.08%	5.20%	5.84%
Percent of Residents Whose Ability to Move Independently Worsened*	12.73%	9.51%	10.89%	10.21%	10.78%	12.65%

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Long-Stay Quality Measures	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased*	8.55%	6.54%	7.28%	6.87%	7.28%	9.21%
Other Long-Stay Quality Measures						
Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder*	1.57%	1.48%	1.50%	1.55%	1.52%	1.95%

HSAG identified the following notable findings from its assessment of the quarterly and annual statewide rates for each long-stay quality measure:

♦ While 14 of the 16 calendar year 2021 long-stay quality measure rates (87.50 percent) improved from calendar year 2020, rates for 11 of the 16 calendar year 2021 long-stay quality measures (68.75 percent) were within 1 percentage point of the calendar year 2020 rates, indicating that the experience of MCMC members residing in California SNFs was consistent for these measures across calendar years 2020 and 2021.

♦ MCMC members residing in California SNFs experienced better outcomes than SNF residents nationally for nine of the 11 long-stay quality measures that could be compared to national averages (81.82 percent) in calendar year 2021, with eight of these nine long-stay quality measures (88.9 percent) being better than national averages for both calendar years 2020 and 2021. For calendar year 2021:

■ The adverse events domain represents an opportunity to improve the experience of MCMC members residing in California SNFs, as only two of the four adverse event measures that could be compared to national benchmarks (50.00 percent) had a rate that was better than the national average.

■ MCMC members residing in California SNFs experienced better outcomes than SNF residents nationally for the two behavioral health measures that were comparable to national averages.

■ MCMC members residing in California SNFs experienced better outcomes than SNF residents nationally for all four physical health measures compared to the national averages.

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■ The annual rate for the *Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder* measure was better than the national average, which is an improvement from calendar year 2020.

Hospital Admissions from SNFs

Hospital admissions from a SNF are considered an adverse event given the disruption to the resident's care and potential exposure to health risks (e.g., falls, infections) while in the hospital. Further, national studies indicate that many hospitalizations from SNFs are preventable/avoidable.[12] As a result, it is important to understand whether hospital admissions from SNFs are occurring. Table 3.3 displays the *Hospital Admissions from SNFs* measure rates, which capture the percentage of long-stay residents who were admitted to a hospital during their SNF stay, stratified by each resident's admission source.

Table 3.3—Hospital Admissions from SNFs—Stratified Results

Note: The 2020 and 2021 annual long-stay quality measure rates are derived from aggregated quarterly data; therefore, a resident may be included more than once in the annual long-stay quality measure rates.

S indicates fewer than 11 cases exist in the numerator; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

Entered Facility From	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Community	3.15%	3.39%	3.48%	4.64%	3.76%	4.93%
Another Nursing Home or Swing Bed	6.59%	5.56%	5.92%	6.30%	6.09%	8.82%
Acute Hospital	19.02%	19.03%	19.56%	19.29%	19.24%	21.76%
Psychiatric Hospital	2.93%	3.78%	2.74%	2.47%	2.98%	4.28%
Inpatient Rehabilitation Facility	S	S	S	S	6.19%	S
ID/DD Facility	S	S	S	S	S	S
Hospice	S	S	S	S	S	S

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[12] Medicare Payment Advisory Commission. Chapter 9: Hospital and SNF use by Medicare beneficiaries who reside in nursing facilities, June 2017. Available at: https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun17_ch9.pdf. Accessed on: Jan 19, 2023.

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Entered Facility From	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
LTCH	18.31%	S	18.07%	16.05%	16.29%	18.77%
Other	S	S	S	S	4.84%	5.73%

As presented in Table 3.1, 84.93 percent of residents entered their SNF from either an acute hospital or LTCH during calendar year 2021. Of these residents, approximately 19.24 percent and 16.29 percent, respectively, experienced a subsequent admission to a hospital.

Cross-Measure Analysis Results

To better understand members' experiences in SNFs, HSAG assessed how many Medi-Cal residents experienced an adverse, behavioral health, or physical health event.

Adverse Events Composite Measure Results

Table 3.4 presents the percentage of residents experiencing no events, at least one event, and more than one event for each quarter and annually for the *Adverse Events* composite measure.

Table 3.4—Statewide Cross-Measure Results for the Adverse Events Composite Measure

Note: The 2020 and 2021 annual long-stay composite measure rates are derived from aggregated quarterly data; therefore, a resident may be included more than once in the annual long-stay composite measure rates.

2021 Quarter 1 represents the January 1, 2021, through March 31, 2021, measurement period.

2021 Quarter 2 represents the April 1, 2021, through June 30, 2021, measurement period.

2021 Quarter 3 represents the July 1, 2021, through September 30, 2021, measurement period.

2021 Quarter 4 represents the October 1, 2021, through December 31, 2021, measurement period.

The Annual Rates represent January 1 through December 31 of the respective year.

Number of Events	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Residents Experiencing No Events	73.87%	74.18%	74.06%	74.11%	56.88%	52.58%

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Number of Events	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Residents Experiencing At Least One Event	26.13%	25.82%	25.94%	25.89%	43.12%	47.42%
Residents Experiencing More Than One Event	4.91%	4.71%	4.61%	4.61%	10.95%	12.33%

HSAG identified the following notable findings from its assessment of the statewide cross-measure results for the *Adverse Events* composite measure:

♦ For calendar year 2021, there was an increase in the percentage of residents experiencing no adverse events and a decrease in the percentage of residents experiencing at least one adverse event compared to calendar year 2020.

♦ The most common adverse event that residents experienced was *Hospital Admissions from SNFs*, with 17.06 percent and 19.54 percent of all residents experiencing at least one hospital admission during calendar year 2021 and calendar year 2020, respectively.

♦ Within the *Adverse Events* composite measure, 8.72 percent of residents had a pressure ulcer for calendar year 2021, which is an improvement from calendar year 2020.

♦ Of the residents who experienced more than one adverse event during calendar year 2021, 84.15 percent experienced an admission to a hospital.

  ■ 47.51 percent experienced both an admission to a hospital and a pressure ulcer.

  ■ 11.01 percent experienced an admission to a hospital and were dementia residents who received antipsychotics.

  ■ 6.71 percent experienced an admission to a hospital and inappropriately received an antipsychotic medication.[13]

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[13] Note that the *Percent of Residents Who Received an Antipsychotic Medication* measure excludes residents from the denominator who have a diagnosis for which the administration of an antipsychotic medication is appropriate.

Behavioral Health Composite Measure Results

Table 3.5 presents the percentage of residents experiencing no events, at least one event, and more than one event for each quarter and annually for the *Behavioral Health* composite measure.

Table 3.5—Statewide Cross-Measure Results for the Behavioral Health Composite Measure

Note: The 2020 and 2021 annual long-stay composite measure rates are derived from aggregated quarterly data; therefore, a resident may be included more than once in the annual long-stay composite measure rates.

2021 Quarter 1 represents the January 1, 2021, through March 31, 2021, measurement period.

2021 Quarter 2 represents the April 1, 2021, through June 30, 2021, measurement period.

2021 Quarter 3 represents the July 1, 2021, through September 30, 2021, measurement period.

2021 Quarter 4 represents the October 1, 2021, through December 31, 2021, measurement period.

The Annual Rates represent January 1 through December 31 of the respective year.

Number of Events	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Residents Experiencing No Events	75.21%	75.70%	75.40%	74.83%	66.70%	66.76%
Residents Experiencing At Least One Event	24.79%	24.30%	24.60%	25.17%	33.30%	33.24%
Residents Experiencing More Than One Event	3.46%	3.16%	3.43%	3.66%	7.03%	7.15%

HSAG identified the following notable findings from its assessment of the statewide cross-measure results for the *Behavioral Health* composite measure:

♦ For calendar year 2021, the percentages of residents experiencing no events, at least one event, and more than one event stayed relatively the same compared to calendar year 2020.

♦ The most common behavioral health events that residents experienced during calendar year 2021 were *Percent of Residents Who Used Antianxiety or Hypnotic Medication* and *Prevalence of Behavior Symptoms Affecting Others*. Approximately 28.59 percent of residents experienced at least one of these events during calendar year 2021.

♦ Fewer residents experienced more than one behavioral health event compared to adverse events and physical health events. Of the residents who experienced more than one adverse event during calendar year 2021, 61.79 percent experienced both the use of antianxiety or hypnotic medications and behavior symptoms that affected others.

Physical Health Composite Measure Results

Table 3.6 presents the percentage of residents experiencing no events, at least one event, and more than one event for each quarter and annually for the *Physical Health* composite measure.

Table 3.6—Statewide Cross-Measure Results for the Physical Health Composite Measure

Note: The 2020 and 2021 annual long-stay composite measure rates are derived from aggregated quarterly data; therefore, a resident may be included more than once in the annual long-stay composite measure rates.

2021 Quarter 1 represents the January 1, 2021, through March 31, 2021, measurement period.

2021 Quarter 2 represents the April 1, 2021, through June 30, 2021, measurement period.

2021 Quarter 3 represents the July 1, 2021, through September 30, 2021, measurement period.

2021 Quarter 4 represents the October 1, 2021, through December 31, 2021, measurement period.

The Annual Rates represent January 1 through December 31 of the respective year.

Number of Events	2021 Quarter 1 Rate	2021 Quarter 2 Rate	2021 Quarter 3 Rate	2021 Quarter 4 Rate	2021 Annual Rate	2020 Annual Rate
Residents Experiencing No Events	76.21%	78.74%	77.97%	78.33%	62.03%	57.67%
Residents Experiencing At Least One Event	23.79%	21.26%	22.03%	21.67%	37.97%	42.33%
Residents Experiencing More Than One Event	3.87%	3.01%	3.30%	3.20%	11.68%	14.59%

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HSAG identified the following notable findings from its assessment of the statewide cross-measure results for the *Physical Health* composite measure:

♦ For calendar year 2021, there was an increase in the percentage of residents experiencing no physical health events and a decrease in the percentage of residents experiencing at least one physical health event compared to calendar year 2020.

♦ The most common physical health event that residents experienced was *Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder*, with 23.15 percent and 25.26 percent of all residents having lost control of their bowel or bladder during calendar year 2021 and calendar year 2020, respectively.

♦ Of the residents who experienced more than one adverse event during calendar year 2021, 46.29 percent experienced both a decrease in their ability to move independently and an increase in their need for help performing activities of daily living. Further, approximately 41.33 percent of residents who experienced more than one adverse event experienced a loss of bladder or bowel control along with a decrease in their ability to move independently and/or an increase in their need for help performing activities of daily living.

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SNF/ICF CMS Medicaid MLTSS Measure Results

Medicaid MLTSS Minimizing Facility Length of Stay

Table 3.7 through Table 3.9 display the statewide, SNF-specific, and ICF-specific *Medicaid MLTSS Minimizing Facility Length of Stay* eligible populations and measure results stratified by county type, age, gender, and diagnosis group. The *Medicaid MLTSS Minimizing Facility Length of Stay* measure assesses the proportion of admissions to a facility among members 18 years of age and older that result in a discharge within 100 days of facility admission to the community for 60 or more days.

Table 3.7—Statewide *Medicaid MLTSS Minimizing Facility Length of Stay* Measure Results

* For the Observed/Expected (O/E) Ratio, a higher rate indicates more favorable performance. An O/E Ratio greater than 1 indicates that more residents were successfully transitioned to the community from their facility than were expected based on the resident case mix (i.e., the residents' age, gender, chronic conditions, and Medicaid status).

** Although the age criteria for this measure limits the denominator to members ages 18 years and older as of the first day of the measurement year, the risk adjustment age categories are based on age on the facility admission date, which can be as early as July 1 of the year prior to the measurement year. Therefore, some members may be classified as age 17 years by the risk adjustment methodology.

Note: Orange and San Mateo counties are classified as both COHS Counties and CCI Counties. Due to this, the Eligible Populations for the COHS Counties, CCI Counties, and Other Counties indicators may not sum to the Statewide Aggregate.

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
Statewide Aggregate				
Statewide Aggregate	47,704	54.43%	36.04%	1.51
County Type				
COHS Counties	10,011	54.94%	38.04%	1.44
CCI Counties	36,259	52.08%	35.76%	1.46
Other Counties	6,524	67.21%	35.17%	1.91
Age				
17–44 Years**	3,867	66.30%	35.39%	1.87
45–64 Years	18,741	61.37%	34.13%	1.80
65–74 Years	11,553	50.71%	36.82%	1.38

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Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
75–84 Years	7,784	47.08%	40.01%	1.18
85+ Years	5,759	41.31%	35.78%	1.15
Gender				
Female	23,839	54.08%	36.56%	1.48
Male	23,865	54.78%	35.53%	1.54
Diagnosis Group				
Alzheimer's Disease and Related Disorders	8,991	27.54%	26.23%	1.05
Asthma	11,032	46.32%	23.10%	2.01
Intellectual Disabilities	1,329	30.10%	26.94%	1.12
Mental Health Conditions	19,906	43.49%	28.15%	1.54
Stroke	3,402	42.39%	25.45%	1.67
No Diagnosis Group	18,024	70.06%	47.21%	1.48

Table 3.8—SNF *Medicaid MLTSS Minimizing Facility Length of Stay* Measure Results

* For the O/E Ratio, a higher rate indicates more favorable performance. An O/E Ratio greater than 1 indicates that more residents were successfully transitioned to the community from their facility than were expected based on the resident case mix (i.e., the residents' age, gender, chronic conditions, and Medicaid status).

** Although the age criteria for this measure limits the denominator to members ages 18 years and older as of the first day of the measurement year, the risk adjustment age categories are based on age on the facility admission date which can be as early as July 1 of the year prior to the measurement year. Therefore, some members may be classified as age 17 years by the risk adjustment methodology.

Note: Orange and San Mateo counties are classified as both COHS Counties and CCI Counties. Due to this, the Eligible Populations for the COHS Counties, CCI Counties, and Other Counties indicators may not sum to the SNF Aggregate.

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
SNF Aggregate				
SNF Aggregate	47,024	54.71%	36.04%	1.52

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Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
County Type				
COHS Counties	9,633	55.98%	38.09%	1.47
CCI Counties	35,694	52.29%	35.75%	1.46
Other Counties	6,510	67.36%	35.17%	1.92
Age				
17–44 Years**	3,702	68.06%	35.40%	1.92
45–64 Years	18,438	61.75%	34.12%	1.81
65–74 Years	11,421	50.87%	36.82%	1.38
75–84 Years	7,735	47.12%	39.99%	1.18
85+ Years	5,728	41.32%	35.78%	1.16
Gender				
Female	23,519	54.38%	36.53%	1.49
Male	23,505	55.04%	35.55%	1.55
Diagnosis Group				
Alzheimer's Disease and Related Disorders	8,940	27.47%	26.23%	1.05
Asthma	10,956	46.25%	23.10%	2.00
Intellectual Disabilities	990	37.37%	24.27%	1.54
Mental Health Conditions	19,745	43.45%	28.15%	1.54
Stroke	3,384	42.35%	25.46%	1.66
No Diagnosis Group	17,879	70.09%	47.21%	1.48

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Table 3.9—ICF *Medicaid MLTSS Minimizing Facility Length of Stay* Measure Results

* For the O/E Ratio, a higher rate indicates more favorable performance. An O/E Ratio greater than 1 indicates that more residents were successfully transitioned to the community from their facility than were expected based on the resident case mix (i.e., the residents' age, gender, chronic conditions, and Medicaid status).

Note: ICF measure results are not stratified by county type, since ICFs are a covered service only in one COHS county (i.e., Orange County).

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
ICF Aggregate				
ICF Aggregate	680	35.29%	36.00%	0.98
Age				
18–44 Years	165	26.67%	35.11%	0.76
45–64 Years	303	38.28%	34.74%	1.10
65–74 Years	132	36.36%	37.38%	0.97
75–84 Years	49	40.82%	43.02%	0.95
85+ Years	31	38.71%	36.12%	1.07
Gender				
Female	320	32.50%	38.27%	0.85
Male	360	37.78%	33.99%	1.11
Diagnosis Group				
Alzheimer's Disease and Related Disorders	51	39.22%	26.35%	1.49
Asthma	76	56.58%	23.05%	2.45
Intellectual Disabilities	339	8.85%	34.76%	0.25
Mental Health Conditions	161	47.83%	28.43%	1.68
Stroke	18	50.00%	24.84%	2.01
No Diagnosis Group	145	66.90%	47.17%	1.42

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HSAG identified the following notable findings from its assessment of the *Medicaid MLTSS Minimizing Facility Length of Stay* measure:

♦ The following are the statewide findings for the *Medicaid MLTSS Minimizing Facility Length of Stay* measure:

- The statewide aggregate O/E ratio for the *Medicaid MLTSS Minimizing Facility Length of Stay* measure was 1.51 during calendar year 2021 for SNF/ICF residents (i.e., over 50 percent more residents were successfully discharged to the community within 100 days of admission than were expected).

- Residents in Other Counties were nearly twice as likely to be successfully discharged to the community from their facility within 100 days of admission than was expected.

- Residents in younger age groups were more likely to be successfully discharged to the community within 100 days than expected, as the O/E ratio declined from 1.87 for members 17 to 44 years of age to 1.15 for members 85 years of age or older.

- Among the diagnosis groups used for risk adjustment, members with asthma were more than twice as likely to be successfully discharged within 100 days than expected, while members with Alzheimer's disease and related disorders were successfully discharged near the expected rate. No stratification had a lower rate of discharges within 100 days of admission than expected.

♦ The following are the SNF- and ICF-specific findings for the *Medicaid MLTSS Minimizing Facility Length of Stay* measure:

- SNF residents represented over 98.5 percent of the statewide SNF/ICF combined eligible population; therefore, the statewide rates and O/E ratios are very similar to the SNF rates and O/E ratios.

- ICF O/E ratios show that ICF residents were less likely to be successfully discharged to the community within 100 days of admission than SNF residents, relative to their expected rates, with the ICF-stratified *Medicaid MLTSS Minimizing Facility Length of Stay* observed rates being almost 20 percentage points lower than the observed rates for SNF residents, while the expected rates for SNFs and ICFs were similar. However, ICF residents were successfully discharged near the expected rate, given their O/E ratio of 0.98.

- ICF residents 18 to 44 years of age were nearly 25 percent less likely to be successfully discharged within 100 days of admission than expected, while O/E ratios for other age categories were near or above 1.

- The O/E ratio for female ICF residents was 0.85, indicating that 15 percent less female ICF residents were discharged within 100 days of admission than expected, while the O/E ratio for male ICF residents was 1.11, indicating that 11 percent more male ICF residents were discharged within 100 days of admission than expected.

- Compared to the observed rates for SNF residents, ICF residents with diagnoses of Alzheimer's disease and related disorders, asthma, and stroke were more likely to be successfully discharged to the community within 100 days than expected (ICF O/E ratios of 1.49, 2.45, and 2.01 compared to SNF O/E ratios of 1.05, 2.00, and 1.66, respectively), while ICF residents with intellectual disabilities were less likely (ICF O/E ratio of 0.25 compared to SNF O/E ratio of 1.54).

Medicaid MLTSS Successful Transition After Long-Term Facility Stay

Table 3.10 through Table 3.12 display the statewide, SNF-specific, and ICF-specific *Medicaid MLTSS Minimizing Facility Length of Stay* eligible populations and measure results stratified by county type, age, gender, and diagnosis group. The *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* measure assesses the proportion of long-term facility stays (i.e., stays at least 101 days long) among members 18 years of age and older that resulted in a successful transition to the community (i.e., the member was in the community for 60 or more days).

Table 3.10—Statewide *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* Measure Results

* For the O/E Ratio, a higher rate indicates more favorable performance. An O/E Ratio greater than 1 indicates that more residents were successfully transitioned to the community from their facility than were expected based on the resident case mix (i.e., the residents' age, gender, chronic conditions, and Medicaid status).

Note: Orange and San Mateo counties are classified as both COHS Counties and CCI Counties. Due to this, the Eligible Populations for the COHS Counties, CCI Counties, and Other Counties indicators may not sum to the Statewide Aggregate.

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
Statewide Aggregate				
Statewide Aggregate	13,849	67.13%	70.89%	0.95
County Type				
COHS Counties	3,001	67.91%	71.39%	0.95
CCI Counties	11,722	66.63%	71.28%	0.93
Other Counties	673	83.21%	60.15%	1.38
Age				
18–44 Years	889	74.80%	56.48%	1.32
45–64 Years	4,203	71.57%	62.05%	1.15
65–74 Years	3,771	65.84%	77.97%	0.84
75–84 Years	2,622	64.65%	77.50%	0.83
85+ Years	2,364	61.17%	73.42%	0.83
Gender				
Female	7,241	66.05%	71.53%	0.92

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
Male	6,608	68.31%	70.20%	0.97
Diagnosis Group				
Stroke	1,208	67.38%	55.80%	1.21
Ulcer	2,124	66.10%	50.78%	1.30
No Diagnosis Group	10,735	67.19%	75.86%	0.89

Table 3.11—SNF *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* Measure Results

* For the O/E Ratio, a higher rate indicates more favorable performance. An O/E Ratio greater than 1 indicates that more residents were successfully transitioned to the community from their facility than were expected based on the resident case mix (i.e., the residents' age, gender, chronic conditions, and Medicaid status).

Note: Orange and San Mateo counties are classified as both COHS Counties and CCI Counties. Due to this, the Eligible Populations for the COHS Counties, CCI Counties, and Other Counties indicators may not sum to the Statewide Aggregate.

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
SNF Aggregate				
SNF Aggregate	13,454	67.36%	70.88%	0.95
County Type				
COHS Counties	2,688	69.46%	71.15%	0.98
CCI Counties	11,469	66.51%	71.30%	0.93
Other Counties	671	83.16%	60.10%	1.38
Age				
18–44 Years	752	77.79%	54.65%	1.42
45–64 Years	4,047	72.13%	61.72%	1.17
65–74 Years	3,706	65.89%	77.95%	0.85
75–84 Years	2,598	64.67%	77.51%	0.83
85+ Years	2,351	61.08%	73.39%	0.83

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Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
Gender				
Female	7,064	66.36%	71.43%	0.93
Male	6,390	68.45%	70.28%	0.97
Diagnosis Group				
Stroke	1,189	67.28%	55.89%	1.20
Ulcer	2,096	66.17%	50.81%	1.30
No Diagnosis Group	10,383	67.49%	75.93%	0.89

Table 3.12—ICF *Medicaid MLTSS Successful Transition After Long-Term Facility Stay Measure Results*

* For the O/E Ratio, a higher rate indicates more favorable performance. An O/E Ratio greater than 1 indicates that more residents were successfully transitioned to the community from their facility than were expected based on the resident case mix (i.e., the residents' age, gender, chronic conditions, and Medicaid status).

Note: ICF measure results are not stratified by county type, since ICFs are a covered service only in one COHS county (i.e., Orange County).

Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
ICF Aggregate				
ICF Aggregate	395	59.49%	71.28%	0.83
Age				
18–44 Years	137	58.39%	66.52%	0.88
45–64 Years	156	57.05%	70.70%	0.81
65–74 Years	65	63.08%	79.18%	0.80
75–84 Years	24	62.50%	77.07%	0.81
85+ Years	13	76.92%	78.11%	0.98
Gender				
Female	177	53.67%	75.40%	0.71
Male	218	64.22%	67.93%	0.95

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Stratifications	Eligible Population	Observed Rate	Expected Rate	O/E Ratio*
Diagnosis Group				
Stroke	19	73.68%	49.90%	1.48
Ulcer	28	60.71%	48.40%	1.25
No Diagnosis Group	352	58.52%	73.74%	0.79

HSAG identified the following notable findings from its assessment of the *Medicaid MLTSS Successful Transition After Long-Term Institutional Facility Stay* measure:

♦ The following are the statewide findings for the *Medicaid MLTSS Successful Transition After Long-Term Institutional Facility Stay* measure:

■ The statewide aggregate O/E ratio for the *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* measure was 0.95 during calendar year 2021 for SNF/ICF residents (i.e., residents were 5 percent less likely to be successfully discharged to the community after 100 days of admission than were expected).

■ Residents in the Other Counties group and younger members (i.e., members between the ages of 18 and 64) were more likely to be successfully discharged to the community after 100 days of admission than was expected.

■ Among the diagnosis groups used for risk adjustment, members who had a stroke or an ulcer were more likely to be successfully discharged after 100 days than expected, while members with no diagnosis group had a lower rate of discharges after 100 days of admission than expected.

♦ The following are the SNF- and ICF-specific findings for the *Medicaid MLTSS Successful Transition After Long-Term Institutional Facility Stay* measure:

■ SNF residents represented over 97.0 percent of the statewide SNF/ICF combined eligible population; therefore, the statewide rates and O/E ratios are very similar to the SNF rates and O/E ratios.

■ ICF O/E ratios show that ICF residents were less likely to be successfully discharged to the community after 100 days of admission than SNF residents, relative to their expected rates. SNF residents were successfully discharged at near the expected rate, given their O/E ratio of 0.95, while ICF residents were successfully discharged at lower than the expected rate, given their O/E ratio of 0.83.

■ ICF residents 18 to 84 years of age were less likely to be discharged after 100 days of admission than expected, while the O/E ratio for ICF residents 85 years of age or older was near 1.

■ The O/E ratio for female ICF residents was 0.71, indicating that 29 percent less female ICF residents were discharged after 100 days of admission than expected, while the O/E ratio for male ICF residents was 0.95, indicating that only 5 percent less male ICF residents were discharged after 100 days of admission than expected.

- Compared to the O/E ratios for SNF residents, ICF residents with diagnosis of stroke were more likely to be successfully discharged to the community after 100 days (ICF O/E ratio of 1.48 compared to SNF O/E ratio of 1.20), while ICF residents with a diagnosis of an ulcer or no diagnosis group were less likely (ICF O/E ratios of 1.25 and 0.79 compared to SNF O/E ratios of 1.30 and 0.89, respectively).

SNF/ICF Distance Findings

SNF Statewide- and County-Level Distance Results

Table 3.13 and Table 3.14 present the statewide and county-level averages and percentiles (i.e., 25th, 50th, 75th, and 100th [maximum distance]) of the driving distances between members in SNFs and their places of residence prior to their SNF admissions, as well as the number of SNF residents for calendar year 2021, with comparisons to the calendar year 2020 average rate, for long- and short-stay residents.

Table 3.13—County-Level Long-Stay SNF Resident Distance Results

The average distance and percentile values are distances presented in miles.

^ Residents who have more than one episode during the measurement year are counted multiple times (once for each episode) in the Number of Residents column.

N/A indicates that the distances could not be calculated since there were no SNF residents residing in the county.

S indicates that the county had fewer than 11 SNF residents during the respective year; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Statewide	38,085	3.60	8.60	18.60	653.20	18.76	17.22
Alameda	771	3.00	5.60	12.10	456.00	14.11	12.24
Alpine	0	N/A	N/A	N/A	N/A	N/A	N/A
Amador	S	S	S	S	S	S	S
Butte	79	2.80	6.30	48.30	428.50	40.82	34.21
Calaveras	S	S	S	S	S	S	S
Colusa	S	S	S	S	S	S	S
Contra Costa	448	3.30	10.25	18.45	368.40	17.26	13.42

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County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Del Norte*	46	0.90	2.60	68.30	653.20	85.53	89.10
El Dorado	43	13.80	41.00	53.60	382.30	52.83	48.73
Fresno	498	4.50	11.75	36.50	431.80	42.70	45.11
Glenn	S	S	S	S	S	S	S
Humboldt*	187	6.80	36.20	209.10	597.10	110.43	76.43
Imperial	89	20.30	82.80	91.70	194.10	68.78	69.70
Inyo	S	S	S	S	S	S	S
Kern	302	3.50	14.40	55.40	221.60	36.44	33.13
Kings	44	15.85	22.90	80.95	182.40	50.23	53.14
Lake*	172	9.70	41.45	69.05	431.80	51.74	42.13
Lassen*	30	2.60	17.05	89.40	451.70	55.16	45.91
Los Angeles+	15,728	3.30	7.60	15.20	393.10	11.49	11.02
Madera	42	2.50	21.50	27.10	263.30	36.37	35.90
Marin*	288	3.40	9.20	25.25	397.40	24.85	26.32
Mariposa	S	S	S	S	S	S	S
Mendocino*	167	5.00	48.40	102.50	472.90	68.55	58.86
Merced*	320	2.90	13.80	39.10	373.40	31.12	33.04
Modoc*	28	0.60	1.65	20.55	105.30	16.51	14.15
Mono	0	N/A	N/A	N/A	N/A	N/A	N/A
Monterey*	398	2.80	6.90	21.80	291.60	26.62	28.87
Napa*	204	0.45	3.35	26.15	400.00	24.59	23.20
Nevada	22	2.20	9.05	28.10	71.90	17.79	11.91
Orange*,+	3,381	3.50	7.30	13.50	413.50	11.90	11.77
Placer	51	11.00	20.10	55.60	490.50	61.52	62.40
Plumas	S	S	S	S	S	S	S
Riverside+	2,158	6.90	17.25	33.70	545.20	24.10	22.92
Sacramento	612	6.05	10.40	19.25	475.70	33.16	27.15
San Benito	S	S	S	S	S	S	S

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County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
San Bernardino+	2,189	4.80	11.00	25.90	421.50	18.62	17.96
San Diego+	2,902	4.10	9.10	16.00	491.70	13.84	13.52
San Francisco	467	3.10	5.10	12.80	387.90	17.48	15.45
San Joaquin	303	3.20	6.20	20.80	446.10	28.37	28.01
San Luis Obispo*	207	7.30	16.10	84.50	237.20	48.18	39.87
San Mateo*,+	612	4.30	10.55	19.45	443.90	19.38	15.59
Santa Barbara*	446	2.00	4.55	34.80	238.50	31.08	31.64
Santa Clara+	1,565	3.80	7.00	11.60	400.80	16.20	14.42
Santa Cruz*	313	1.90	5.30	21.60	316.50	24.97	22.42
Shasta*	338	3.60	10.35	91.90	539.30	82.05	78.70
Sierra	S	S	S	S	S	S	S
Siskiyou*	39	31.00	84.00	175.60	266.20	105.93	124.93
Solano*	440	3.30	16.75	26.90	520.20	27.67	19.46
Sonoma*	556	3.50	15.75	29.45	428.80	28.84	29.08
Stanislaus	236	4.85	10.20	36.70	382.40	32.46	27.73
Sutter	47	3.20	17.00	48.90	435.10	54.83	37.80
Tehama	23	28.80	46.30	121.10	197.10	81.82	49.79
Trinity*	16	36.35	43.05	166.95	625.40	140.56	S
Tulare	190	2.90	10.75	29.00	196.50	30.16	25.92
Tuolumne	19	8.10	43.10	52.50	119.40	40.03	S
Ventura*	790	3.50	10.80	22.30	169.70	20.13	18.76
Yolo*	199	1.30	8.60	19.90	412.60	20.14	25.37
Yuba	28	4.75	26.20	43.05	387.40	49.45	23.99

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HSAG identified the following notable findings from its assessment of the county-level long-stay SNF resident distance results:

♦ The statewide average driving distance for long-stay residents increased by 1.54 miles from calendar year 2020 to calendar year 2021.

♦ For calendar year 2021, while the statewide average driving distance for long-stay residents was 18.76 miles from their place of residence to the facility, at least half of all long-stay residents traveled 8.60 or fewer miles. Because at least 25 percent of long-stay residents traveled 18.60 miles or more from their place of residence to the facility (with a maximum driving distance of 653.20 miles), the average is a less reliable indicator of the typical distance traveled, and the median (50th percentile) more accurately represents the typical distance traveled.

♦ In 18 of the 47 counties with sufficient data (38.30 percent), at least half of long-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2021.

Table 3.14—County-Level Short-Stay SNF Resident Distance Results

The average distance and percentile values are distances presented in miles.

^ Residents who have more than one episode during the measurement year are counted multiple times (once for each episode) in the Number of Residents column.

N/A indicates that the distances could not be calculated since there were no SNF residents residing in the county.

S indicates that the county had fewer than 11 SNF residents during the respective year; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Statewide	69,019	3.50	7.60	15.30	643.00	14.56	13.64
Alameda	1,778	2.70	4.90	10.00	467.40	9.97	9.73
Alpine	S	S	S	S	S	S	N/A
Amador	29	15.80	19.40	43.10	130.30	29.03	25.35
Butte	210	1.90	3.80	27.30	446.10	26.56	16.49
Calaveras	41	14.40	20.50	43.30	75.00	30.14	28.56
Colusa	S	S	S	S	S	S	S
Contra Costa	1,084	3.50	9.65	17.10	364.70	12.05	14.11
Del Norte*	51	2.70	192.60	272.60	643.00	162.95	75.09

County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
El Dorado	94	6.00	16.65	43.60	154.50	26.79	29.53
Fresno	920	4.10	7.40	16.90	329.30	18.91	21.80
Glenn	17	20.50	21.60	94.10	479.00	90.04	21.15
Humboldt*	199	7.70	68.70	212.80	609.10	121.49	87.99
Imperial	248	13.50	82.45	90.35	381.50	61.09	70.25
Inyo	S	S	S	S	S	S	S
Kern	585	4.30	10.30	36.30	271.40	27.10	23.33
Kings	116	2.95	18.85	33.40	188.00	30.10	32.78
Lake*	307	17.00	43.30	61.60	417.60	45.38	43.13
Lassen*	20	1.30	14.65	87.60	469.80	63.02	57.84
Los Angeles+	23,477	3.50	7.20	13.40	531.10	10.98	10.49
Madera	105	4.10	28.00	42.30	244.90	40.77	31.14
Marin*	317	3.20	6.00	12.20	444.10	15.95	12.16
Mariposa	20	38.30	49.70	58.90	164.70	54.92	S
Mendocino*	239	22.40	63.40	93.10	464.20	66.30	51.46
Merced*	755	3.30	11.80	32.20	368.00	24.14	19.07
Modoc*	17	1.90	19.60	117.50	301.20	77.79	100.03
Mono	0	N/A	N/A	N/A	N/A	N/A	S
Monterey*	825	2.40	5.00	18.50	365.60	16.63	14.39
Napa*	253	1.40	3.30	24.40	384.70	17.85	10.86
Nevada	75	6.40	21.70	51.90	89.00	29.01	22.33
Orange*,+	6,620	3.50	6.60	11.30	433.00	9.14	9.65
Placer	140	6.90	15.50	25.40	433.80	28.96	27.72
Plumas	13	31.80	63.80	87.90	169.30	67.92	S
Riverside+	4,524	4.60	11.60	22.90	544.80	17.37	16.73
Sacramento	1,957	4.70	8.20	13.80	511.50	15.12	14.49
San Benito	S	S	S	S	S	S	32.63

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County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
San Bernardino+	3,919	4.40	9.30	21.40	405.50	16.09	15.19
San Diego+	7,318	3.90	7.50	13.60	489.30	11.54	10.70
San Francisco	950	1.90	3.65	6.60	465.90	7.12	9.22
San Joaquin	915	2.70	5.00	10.40	436.70	9.97	10.11
San Luis Obispo*	358	8.40	19.45	32.90	260.90	38.27	34.00
San Mateo*,+	1,010	4.40	9.65	17.40	378.20	13.52	12.40
Santa Barbara*	796	2.00	4.35	21.25	297.30	21.97	17.51
Santa Clara+	2,967	3.40	6.30	10.80	404.20	11.92	10.20
Santa Cruz*	575	1.90	3.80	14.90	309.60	12.98	12.26
Shasta*	432	3.75	8.95	49.45	534.90	48.33	33.46
Sierra	S	S	S	S	S	S	N/A
Siskiyou*	89	30.20	53.40	206.10	599.70	105.14	71.52
Solano*	689	2.70	14.90	25.90	385.30	20.34	19.71
Sonoma*	840	3.80	10.65	22.40	510.70	21.07	18.46
Stanislaus	622	4.20	8.70	17.60	330.70	16.83	11.83
Sutter	89	1.80	4.10	11.70	198.70	16.54	23.58
Tehama	68	14.95	31.35	106.20	210.50	56.07	40.82
Trinity*	19	35.50	45.00	153.30	170.00	76.53	70.90
Tulare	452	2.20	7.60	17.25	203.60	16.95	20.67
Tuolumne	59	5.50	29.90	52.30	117.20	34.43	36.20
Ventura*	1,319	3.20	7.70	15.20	284.10	12.36	12.01
Yolo*	379	2.00	9.20	16.60	392.90	15.55	15.36
Yuba	92	4.70	8.05	30.20	172.70	18.12	17.93

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HSAG identified the following notable findings from its assessment of the county-level short-stay SNF resident distance results:

♦ The statewide average driving distance for short-stay residents increased by 0.92 miles from calendar year 2020 to calendar year 2021.

♦ For calendar year 2021, while the statewide average driving distance for short-stay residents was 14.56 miles from their place of residence to the facility, at least half of all short-stay residents traveled 7.60 or fewer miles. Because at least 25 percent of long-stay residents traveled 15.30 miles or more from their place of residence to the facility (with a maximum driving distance of 643.00 miles), the average is a less reliable indicator of the typical distance traveled, and the median (50th percentile) more accurately represents the typical distance traveled.

♦ In 26 of the 52 counties with sufficient data (50.00 percent), at least half of all short-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2021.

SNF Statewide Average Distance Results

Table 3.15 displays the statewide average driving distance for short- and long-stay SNF residents, along with the aggregate average driving distance (i.e., short and long-stay residents combined), stratified by key resident characteristics, location the resident entered from, and rural/urban[14] for calendar years 2020 and 2021.

Table 3.15—Statewide Short- and Long-Stay SNF Resident Distance Results

The average distances are presented in miles.

N/A indicates that the distances could not be calculated since there were no SNF residents in this group.

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[14] Population density (i.e., rural/urban) is assigned by Quest Analytics based on the member's ZIP Code using Population Density Standards. ZIP Codes with more than 3,000 people per square mile are classified as urban; ZIP Codes with between 1,000 and 3,000 people per square mile are classified as suburban; ZIP Codes with between seven and 1,000 people per square mile are classified as rural; and ZIP Codes with less than seven people per square mile are classified as frontier. For this report, both urban and suburban classifications are considered Urban and both rural and frontier classifications are considered Rural.

Stratification	2020 Short-Stay SNF Resident Average Distance	2020 Long-Stay SNF Resident Average Distance	2020 Aggregate Average Distance	2021 Short-Stay SNF Resident Average Distance	2021 Long-Stay SNF Resident Average Distance	2021 Aggregate Average Distance
Statewide						
Statewide Average Distance	13.64	17.22	14.92	14.56	18.76	16.05
Resident Characteristics						
Residents with Alzheimer's Disease Diagnosis	11.72	13.98	13.25	13.89	17.28	16.22
Residents with Other Psychiatric Diagnosis	14.59	18.89	16.52	15.80	20.70	18.02
Residents with ID/DD Indicated	13.11	20.59	17.07	15.42	20.66	18.19
Hospice Residents	14.81	16.11	15.64	16.36	17.51	17.06
Residents with Life Expectancy of Less Than 6 Months	14.86	15.94	15.55	16.60	17.06	16.89
Location the Resident Entered Facility From						
Community	14.92	18.56	16.49	14.94	20.49	17.89
Another Nursing Home or Swing Bed	N/A	N/A	N/A	N/A	N/A	N/A
Acute Hospital	13.50	16.06	14.38	14.45	17.38	15.43
Psychiatric Hospital	30.00	40.61	38.24	31.69	42.21	40.23
Inpatient Rehabilitation Facility	N/A	N/A	N/A	N/A	N/A	N/A
ID/DD Facility	N/A	N/A	N/A	N/A	N/A	N/A
Hospice	N/A	N/A	N/A	N/A	N/A	N/A

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Stratification	2020 Short-Stay SNF Resident Average Distance	2020 Long-Stay SNF Resident Average Distance	2020 Aggregate Average Distance	2021 Short-Stay SNF Resident Average Distance	2021 Long-Stay SNF Resident Average Distance	2021 Aggregate Average Distance
LTCH	N/A	N/A	N/A	N/A	N/A	N/A
Other	11.93	37.28	28.25	15.95	29.63	25.52
Rural/Urban						
Rural	24.71	34.56	27.91	28.01	37.19	31.10
Urban	11.16	13.97	12.19	11.56	15.05	12.81

HSAG identified the following notable findings from its assessment of the statewide short- and long-stay SNF distance results:

♦ Long-stay SNF residents had a longer average driving distance from their place of residence to a facility than short-stay residents for calendar year 2021. Additionally, this difference in average driving distances has increased from calendar year 2020.

♦ Both long- and short-stay SNF residents with the following characteristics had longer than average driving distances from their place of residence to a facility for calendar year 2021:

■ SNF residents who had a psychiatric diagnosis other than Alzheimer's disease.

■ SNF residents who entered from the community.

■ SNF residents who entered from a psychiatric hospital.

■ SNF residents who entered from other locations outside of listed stratifications.

■ SNF residents whose place of residence was located in rural areas.

♦ Short- and long-stay SNF residents who resided in rural areas had a longer average driving distance (28.01 and 37.19 miles, respectively) from their place of residence to a facility than SNF residents who resided in urban areas (11.56 and 15.05 miles, respectively). This represents a difference of 16.45 miles on average for short-stay residents and 22.14 miles on average for long-stay residents. The difference in average driving distance has increased from calendar year 2020 for both long- and short-stay residents.

■ Further, short-stay SNF residents who resided in rural areas traveled over twice as far as short-stay SNF residents who resided in urban areas.

ICF Statewide- and County-Level Distance Results

Table 3.16 and Table 3.17 present the statewide and county-level averages and percentiles (i.e., 25th, 50th, 75th, and 100th [maximum distance]) of the driving distances between members in ICFs and their places of residence prior to their ICF admissions, as well as the number of ICF residents for calendar year 2021, with comparisons to the calendar year 2020 average rate, for long- and short-stay residents.

Table 3.16—County-Level Long-Stay ICF Resident Distance Results

The average distance and percentile values are distances presented in miles.

^ Residents who have more than one episode during the measurement year are counted multiple times (once for each episode) in the Number of Residents column.

N/A indicates that the distances could not be calculated since there were no ICF residents residing in the county.

S indicates that the county had fewer than 11 ICF residents during the respective year; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Statewide	1,008	2.20	8.30	17.90	642.50	20.07	21.06
Alameda	S	S	S	S	S	S	S
Alpine	0	N/A	N/A	N/A	N/A	N/A	N/A
Amador	0	N/A	N/A	N/A	N/A	N/A	N/A
Butte	S	S	S	S	S	S	S
Calaveras	0	N/A	N/A	N/A	N/A	N/A	N/A
Colusa	0	N/A	N/A	N/A	N/A	N/A	N/A
Contra Costa	S	S	S	S	S	S	S
Del Norte*	0	N/A	N/A	N/A	N/A	N/A	N/A
El Dorado	S	S	S	S	S	S	N/A
Fresno	S	S	S	S	S	S	S
Glenn	0	N/A	N/A	N/A	N/A	N/A	N/A
Humboldt*	S	S	S	S	S	S	S
Imperial	0	N/A	N/A	N/A	N/A	N/A	N/A

County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Inyo	0	N/A	N/A	N/A	N/A	N/A	N/A
Kern	S	S	S	S	S	S	S
Kings	S	S	S	S	S	S	S
Lake*	0	N/A	N/A	N/A	N/A	N/A	N/A
Lassen*	0	N/A	N/A	N/A	N/A	N/A	N/A
Los Angeles+	158	5.50	9.65	17.20	122.10	16.67	15.39
Madera	S	S	S	S	S	S	S
Marin*	S	S	S	S	S	S	S
Mariposa	0	N/A	N/A	N/A	N/A	N/A	N/A
Mendocino*	0	N/A	N/A	N/A	N/A	N/A	N/A
Merced*	S	S	S	S	S	S	22.92
Modoc*	0	N/A	N/A	N/A	N/A	N/A	N/A
Mono	0	N/A	N/A	N/A	N/A	N/A	N/A
Monterey*	S	S	S	S	S	S	S
Napa*	S	S	S	S	S	S	S
Nevada	0	N/A	N/A	N/A	N/A	N/A	N/A
Orange*,+	356	0.80	3.60	9.95	254.10	8.38	12.23
Placer	S	S	S	S	S	S	S
Plumas	0	N/A	N/A	N/A	N/A	N/A	N/A
Riverside+	49	15.40	24.70	37.30	80.90	29.10	28.46
Sacramento	S	S	S	S	S	S	S
San Benito	0	N/A	N/A	N/A	N/A	N/A	N/A
San Bernardino+	94	3.30	8.10	20.70	71.30	13.48	17.91
San Diego+	48	5.45	11.35	25.30	83.30	18.48	22.29
San Francisco	S	S	S	S	S	S	N/A
San Joaquin	S	S	S	S	S	S	S

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County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
San Luis Obispo*	28	3.45	13.35	15.85	123.70	17.56	13.04
San Mateo*,+	29	2.90	14.50	15.50	432.00	24.82	9.47
Santa Barbara*	19	3.80	9.70	33.50	104.50	23.28	27.16
Santa Clara+	12	10.20	11.65	22.70	68.10	19.77	16.70
Santa Cruz*	S	S	S	S	S	S	S
Shasta*	15	2.80	5.00	8.60	63.70	15.92	17.60
Sierra	0	N/A	N/A	N/A	N/A	N/A	N/A
Siskiyou*	S	S	S	S	S	S	N/A
Solano*	20	3.35	7.20	18.25	444.00	31.46	40.34
Sonoma*	22	59.80	157.75	247.40	478.80	155.53	101.54
Stanislaus	S	S	S	S	S	S	S
Sutter	0	N/A	N/A	N/A	N/A	N/A	N/A
Tehama	0	N/A	N/A	N/A	N/A	N/A	S
Trinity*	0	N/A	N/A	N/A	N/A	N/A	S
Tulare	S	S	S	S	S	S	S
Tuolumne	0	N/A	N/A	N/A	N/A	N/A	N/A
Ventura*	78	1.10	4.80	15.70	116.50	9.62	11.62
Yolo*	S	S	S	S	S	S	S
Yuba	0	N/A	N/A	N/A	N/A	N/A	N/A

HSAG identified the following notable findings from its assessment of the county-level long-stay ICF resident distance results:

♦ The statewide average driving distance for long-stay residents decreased by 0.99 miles from calendar year 2020 to calendar year 2021.

♦ For calendar year 2021, while the statewide average driving distance for long-stay residents was 20.07 miles from their place of residence to the facility, at least half of all long-stay residents traveled 8.30 or fewer miles. Because at least 25 percent of long-stay ICF residents traveled 17.90 miles or more from their place of residence to the facility (with a maximum driving distance of 642.50 miles), the average is a less reliable indicator of the

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typical distance traveled, and the median (50th percentile) more accurately represents the typical distance traveled.

♦ In seven of the 13 counties with sufficient data (53.85 percent), at least half of long-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2021.

Table 3.17—County-Level Short-Stay ICF Resident Distance Results

The average distance and percentile values are distances presented in miles.

^ Residents who have more than one episode during the measurement year are counted multiple times (once for each episode) in the Number of Residents column.

N/A indicates that the distances could not be calculated since there were no ICF residents residing in the county.

S indicates that the county had fewer than 11 ICF residents during the respective year; therefore, HSAG suppresses displaying the rate in this report to satisfy the HIPAA Privacy Rule's de-identification standard.

* indicates a COHS county.

⁺ indicates a Cal MediConnect county.

County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Statewide	562	3.30	7.70	15.60	87.80	12.11	15.40
Alameda	0	N/A	N/A	N/A	N/A	N/A	N/A
Alpine	0	N/A	N/A	N/A	N/A	N/A	N/A
Amador	0	N/A	N/A	N/A	N/A	N/A	N/A
Butte	0	N/A	N/A	N/A	N/A	N/A	N/A
Calaveras	0	N/A	N/A	N/A	N/A	N/A	N/A
Colusa	0	N/A	N/A	N/A	N/A	N/A	N/A
Contra Costa	0	N/A	N/A	N/A	N/A	N/A	S
Del Norte*	0	N/A	N/A	N/A	N/A	N/A	N/A
El Dorado	0	N/A	N/A	N/A	N/A	N/A	N/A
Fresno	0	N/A	N/A	N/A	N/A	N/A	N/A
Glenn	0	N/A	N/A	N/A	N/A	N/A	N/A
Humboldt*	0	N/A	N/A	N/A	N/A	N/A	N/A
Imperial	0	N/A	N/A	N/A	N/A	N/A	N/A
Inyo	0	N/A	N/A	N/A	N/A	N/A	N/A

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County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
Kern	S	S	S	S	S	S	S
Kings	0	N/A	N/A	N/A	N/A	N/A	N/A
Lake*	0	N/A	N/A	N/A	N/A	N/A	N/A
Lassen*	0	N/A	N/A	N/A	N/A	N/A	N/A
Los Angeles+	21	10.80	27.30	37.00	77.50	28.34	26.04
Madera	0	N/A	N/A	N/A	N/A	N/A	N/A
Marin*	0	N/A	N/A	N/A	N/A	N/A	N/A
Mariposa	0	N/A	N/A	N/A	N/A	N/A	N/A
Mendocino*	0	N/A	N/A	N/A	N/A	N/A	N/A
Merced*	0	N/A	N/A	N/A	N/A	N/A	N/A
Modoc*	0	N/A	N/A	N/A	N/A	N/A	N/A
Mono	0	N/A	N/A	N/A	N/A	N/A	N/A
Monterey*	0	N/A	N/A	N/A	N/A	N/A	N/A
Napa*	0	N/A	N/A	N/A	N/A	N/A	N/A
Nevada	0	N/A	N/A	N/A	N/A	N/A	N/A
Orange*,+	237	1.70	6.60	11.30	56.00	7.79	9.79
Placer	0	N/A	N/A	N/A	N/A	N/A	N/A
Plumas	0	N/A	N/A	N/A	N/A	N/A	N/A
Riverside+	55	16.80	24.10	36.80	75.00	29.19	31.29
Sacramento	0	N/A	N/A	N/A	N/A	N/A	S
San Benito	0	N/A	N/A	N/A	N/A	N/A	N/A
San Bernardino+	207	3.00	7.00	14.30	56.90	11.08	9.56
San Diego+	S	S	S	S	S	S	S
San Francisco	0	N/A	N/A	N/A	N/A	N/A	S
San Joaquin	0	N/A	N/A	N/A	N/A	N/A	N/A
San Luis Obispo*	S	S	S	S	S	S	S

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County	Number of Residents^	2021 25th Percentile	2021 50th Percentile	2021 75th Percentile	2021 Maximum Distance	2021 Average Distance	2020 Average Distance
San Mateo*,+	0	N/A	N/A	N/A	N/A	N/A	S
Santa Barbara*	12	5.00	5.00	5.00	49.10	8.68	S
Santa Clara+	0	N/A	N/A	N/A	N/A	N/A	S
Santa Cruz*	S	S	S	S	S	S	N/A
Shasta*	S	S	S	S	S	S	N/A
Sierra	0	N/A	N/A	N/A	N/A	N/A	N/A
Siskiyou*	0	N/A	N/A	N/A	N/A	N/A	N/A
Solano*	0	N/A	N/A	N/A	N/A	N/A	S
Sonoma*	0	N/A	N/A	N/A	N/A	N/A	S
Stanislaus	0	N/A	N/A	N/A	N/A	N/A	N/A
Sutter	0	N/A	N/A	N/A	N/A	N/A	N/A
Tehama	0	N/A	N/A	N/A	N/A	N/A	N/A
Trinity*	0	N/A	N/A	N/A	N/A	N/A	N/A
Tulare	0	N/A	N/A	N/A	N/A	N/A	N/A
Tuolumne	0	N/A	N/A	N/A	N/A	N/A	N/A
Ventura*	18	0.80	1.60	5.50	87.80	8.59	S
Yolo*	0	N/A	N/A	N/A	N/A	N/A	N/A
Yuba	0	N/A	N/A	N/A	N/A	N/A	N/A

HSAG identified the following notable findings from its assessment of the county-level short-stay ICF resident distance results:

♦ The statewide average driving distance for short-stay residents decreased by 3.29 miles from calendar year 2020 to calendar year 2021.

♦ For calendar year 2021, while the statewide average driving distance for short-stay residents was 12.11 miles from their place of residence to the facility, at least half of all short-stay residents traveled 7.70 or fewer miles. Because at least 25 percent of short-stay residents traveled 15.60 miles or more from their place of residence to the facility (with a maximum driving distance of 87.80 miles), the average is a less reliable indicator of the typical distance traveled, and the median (50th percentile) more accurately represents the typical distance traveled.

♦ In four of the six counties with sufficient data (66.67 percent), at least half of all short-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2021.

ICF Statewide Average Distance Results

Table 3.18 displays the statewide average driving distance for short- and long-stay ICF residents, along with the aggregate average driving distance (i.e., short and long-stay residents combined), stratified by rural/urban for calendar years 2020 and 2021. Please note, due to the different data sources used for calculating SNF and ICF distance results (i.e., MDS data for SNF and claims/encounter data for ICF), the ICF distance results are only stratified by rural/urban at this time.

Table 3.18—Statewide Short- and Long-Stay ICF Resident Distance Results
The average distances are presented in miles.

Stratification	2020 Short-Stay ICF Resident Average Distance	2020 Long-Stay ICF Resident Average Distance	2020 Aggregate Average Driving Distance	2021 Short-Stay ICF Resident Average Distance	2021 Long-Stay ICF Resident Average Distance	2021 Aggregate Average Distance
Statewide						
Statewide Average Distance	15.40	21.06	19.13	12.11	20.07	17.22
Rural/Urban						
Rural	30.02	24.26	25.68	24.16	25.42	25.02
Urban	13.50	20.34	17.88	10.48	19.19	16.02

HSAG identified the following notable findings from its assessment of the statewide short- and long-stay ICF distance results:

♦ Long-stay ICF residents had a longer average driving distance from their place of residence to a facility than short-stay ICF residents for calendar year 2021. Additionally, this difference in average driving distances has increased from calendar year 2020.

♦ Short- and long-stay ICF residents who resided in rural areas had a longer average driving distance (24.16 and 25.42 miles, respectively) from their place of residence to a facility than ICF residents who resided in urban areas (10.48 and 19.19 miles, respectively). This represents a difference of 13.68 miles on average for short-stay residents and 6.23 miles on average for long-stay residents.

   ■ Further, short-stay ICF residents who resided in rural areas traveled over twice as far as short-stay ICF residents who resided in urban areas.

4. Conclusions and Considerations

Conclusions

Based on the results of the 2021–22 SNF Experience, SNF/ICF CMS Medicaid MLTSS Measure, and SNF/ICF Distance analyses, HSAG developed the following conclusions:

♦ For the SNF Experience analysis, all measure rates in the adverse events and physical events domains improved from calendar year 2020 to calendar 2021. Additionally, the percent of residents experiencing no adverse events and the percent of residents experiencing no physical events improved. The decrease in adverse events was primarily driven by a decrease in the *Hospital Admissions from SNFs* measure rate.

♦ The impacts of the coronavirus disease 2019 (COVID-19) public health emergency were still present in calendar year 2021.

■ The *Percent of Residents Who Have Depressive Symptoms* rate for long-stay SNF residents in calendar year 2019 (i.e., prior to the impacts of COVID-19) was 1.07 percent. In calendar year 2020 this rate increased to 4.50 percent and increased again in calendar year 2021 to 5.08 percent. Similarly, the percentage of SNF residents with a psychiatric diagnosis in calendar year 2019 was 55.51 percent and this increased to 58.66 percent and 61.44 percent in calendar years 2020 and 2021, respectively.

♦ While residents were overall discharged at near the expected rate, SNFs and ICFs had varying results for the *Medicaid MLTSS Minimizing Facility Length of Stay* and *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* measures:

■ The ICF rates and O/E ratios show that ICF residents were less likely to be successfully discharged to the community within 100 days of admission than SNF residents, relative to their expected rates, with the ICF-stratified *Medicaid MLTSS Minimizing Facility Length of Stay* observed rates being almost 20 percentage points lower than the observed rates for SNF residents, while the expected rates for SNFs and ICFs were similar. However, ICF residents were still successfully discharged at near the expected rate, given their O/E ratio of 0.98. Similar is true for the *Medicaid MLTSS Successful Transition After Long-Term Facility Stay* measure as ICF observed rates were almost 10 percentage points lower than the observed rates for SNF residents, with O/E ratios of 0.95 for SNFs and 0.83 for ICFs.

♦ Long-stay SNF residents had a longer average driving distance from their place of residence to a facility than short-stay residents for calendar year 2021. Additionally, both long- and short-stay SNF residents who had a psychiatric diagnosis other than Alzheimer's disease had longer than average driving distances from their place of residence to a facility. As expected, short- and long-stay SNF residents who resided in rural areas had a longer average driving distance (28.01 and 37.19 miles, respectively) from their place of residence to a facility than SNF residents who resided in urban areas (11.56 and 15.05 miles, respectively).

♦ Long-stay ICF residents had a longer average driving distance from their place of residence to a facility than short-stay ICF residents for calendar year 2021. As expected, short- and

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long-stay ICF residents who resided in rural areas had a longer average driving distance (24.16 and 25.42 miles, respectively) from their place of residence to a facility than ICF residents who resided in urban areas (10.48 and 19.19 miles, respectively).

Considerations

Based on the results of the 2021–22 SNF Experience, SNF/ICF CMS Medicaid MLTSS Measure, and SNF/ICF Distance analyses, HSAG offers the following for DHCS' consideration.

♦ The SNF Experience results showed that 17.06 percent of long-stay SNF residents had a hospital admission from their SNF during calendar year 2021, which is lower than the calendar year 2020 rate by over 2 percentage points. Even with this decline, many hospitalizations from SNFs are preventable/avoidable.[15] Additionally, research has shown that higher nurse staffing levels in SNFs can reduce emergency department use and rehospitalizations from nursing homes.[16]

  ■ To understand why hospitalizations are happening, DHCS should consider analyzing these hospitalizations using MDS discharge assessments, primary diagnoses codes on the claim/encounter for the hospital admission from the SNF, and the services received in the hospital. By leveraging additional data, DHCS can begin to understand the reasons why Medi-Cal members are admitted to hospitals from their SNFs and determine if the reason the member was admitted to the hospital could have been managed within the SNF.

  ■ Given DHCS' focus on facility staffing as part of the Workforce and Quality Incentive Program (WQIP) that started on January 1, 2023, DHCS should monitor how this program impacts hospitalizations from SNFs in future years.

  ■ Given that DHCS will require the MCPs to report three LTC measures (*Outpatient Emergency Department Visits per 1,000 Long-Stay Resident Days*, *Healthcare-Associated Infections Requiring Hospitalization*, and *Potentially Preventable 30-Day Post-Discharge Readmission*) at the facility-level as part of the Managed Care Accountability Set (MCAS) for calendar year 2023, DHCS should consider including these results in future SNF Experience analyses.

♦ Given SNFs and ICFs had varying results for the CMS Medicaid MLTSS measures, DHCS should continue to monitor performance on these measures in future years and investigate ways to address the small ICF eligible population.

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[15] Medicare Payment Advisory Commission. Chapter 9: Hospital and SNF use by Medicare beneficiaries who reside in nursing facilities, June 2017. Available at: https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/jun17_ch9.pdf. Accessed on: Jan 19, 2023.

[16] Harrington C, Dellefield ME, Halifax E, et al. Appropriate Nurse Staffing Levels for U.S. Nursing Homes. Health Serv Insights. 2020; 13. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7328494/. Accessed on: Jan 19, 2023.

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♦ The calendar year 2021 SNF Distance results demonstrate large differences in the median distance traveled for rural and urban counties for both short- and long-stay residents. For example, long-stay residents in Los Angeles County had a median distance traveled of 7.60 miles to their SNF, while long-stay residents in Imperial County had a median distance traveled of 82.80 miles to their SNF. Now that all MCPs (not just those in COHS and Cal MediConnect counties) are medically responsible for all care to members in LTC as of January 1, 2023, DHCS should consider performing a sensitivity analysis to determine what time and distance standards would be appropriate for each county (rural and urban) assuming all SNFs contract with all MCPs. As part of this analysis, DHCS should also consider the populations served by the SNF (e.g., psychiatric, Alzheimer's and dementia care) as the populations served could dictate why a member selects a particular SNF and subsequently why members may travel to a SNF further away from their place of residence.

■ Additionally, DHCS should consider assessing how the WQIP requirement for SNFs to contract with MCPs impacts the SNF distance results in future years.

♦ DHCS should consider avoiding setting time/distance standards for ICFs based on the results of the ICF distance analysis. Only 34 of the 58 counties (58.62 percent) had an eligible ICF in the Master SNF/ICF Facility List, so time/distance standards may not be achievable for all MCPs in all counties.

♦ Approximately 29 percent of ICF stays were excluded from the ICF distance analysis due to the resident having the same place of residence as the ICF address on the date of admission and for months prior to admission. Consequently, DHCS should work with MCPs to investigate potential data completeness issues, particularly in Ventura County, where residents with the same place of residence as the ICF address were most frequently identified.

♦ To analyze ICF residents' experience, DHCS should consider developing a resident assessment that would be administered to all ICF residents and collect information related to physical and mental health, cognitive status, nutrition, and living environment. DHCS should seek input from clinical experts and stakeholders to develop the assessment and determine how to operationalize it.

♦ The SNF/ICF distance analysis is limited to those members enrolled in Medi-Cal at the time of admission to the SNF or ICF. When setting time/distance standards, DHCS may want to consider adding margins when interpreting these results to account not only for these members but also for those who are not currently eligible for Medi-Cal but would become eligible after being admitted to an SNF or ICF. This approach would allow for standards that are more generalizable to the target population.