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Medi-Cal Managed Care External Quality Review Technical Report

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

Quality and Population Health Management
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HSAG HEALTH SERVICES ADVISORY GROUP

DHCS
CALIFORNIA DEPARTMENT OF
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Table of Contents

Table of Tables

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
- **CDPH**—California Department of Public Health
- **CMS**—Centers for Medicare & Medicaid Services
- **COHS**—County Organized Health System
- **COVID-19**—coronavirus disease 2019
- **DDG**—Data De-Identification Guidelines[1]
- **DHCS**—California Department of Health Care Services
- **EQR**—external quality review
- **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
- **MCAS**—Managed Care Accountability Set
- **MCMC**—Medi-Cal Managed Care program
- **MCP**—managed care health plan
- **MDS**—Minimum Data Set
- **NPI**—National Provider Identifier
- **NPPES**—National Plan and Provider Enumeration System
- **SNF**—skilled nursing facility
- **USPS CASS**—United States Postal Service Coding Agency Support System
- **WQIP**—Workforce and Quality Incentive Program
- **WSP**—Workforce Standards Program

[1] California Department of Health Care Services. Data De-Identification Guidelines (DDG). Version 2.2. December 6, 2022. Available at: DHCS-DDG-V2.2.pdf (ca.gov). Accessed on: Feb 21, 2024.

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, long-stay quality measures, and the driving distances between members in SNFs/ICFs and their place of residence.

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 are covered under the Medi-Cal Managed Care program (MCMC) statewide.[2] Information derived from this study will support the implementation of the CalAIM transformation.

[2] 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: Feb 21, 2024.

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 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. The data for assessments completed prior to January 1, 2021, were provided by the California Department of Public Health (CDPH), and the data for assessments completed on or after January 1, 2021, were downloaded directly from the Centers for Medicare & Medicaid Services (CMS). HSAG also used the Licensed and Certified Healthcare Facility Locations Microsoft Excel file from the California Health & Human Services Agency (CalHHS) Open Data Portal[3] (CalHHS Facility File) and the CMS National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) Registry.[4] HSAG used these data in conjunction with the data received for the 2019–20, 2020–21, and 2021–22 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:

[3] CalHHS Open Data. Licensed and Certified Healthcare Facility Listing. Available at: https://data.chhs.ca.gov/dataset/healthcare-facility-locations. Accessed on: Feb 21, 2024.

[4] Centers for Medicare & Medicaid Services. NPI Files. Available at: https://download.cms.gov/nppes/NPI_Files.html. Accessed on: Feb 21, 2024.

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.
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 analysis, HSAG created a Master SNF/ICF Facility List that includes SNFs and ICFs from the facility files included with the MDS 3.0 data as well as the CalHHS Facility File that contains facility information (e.g., facility name, address, and NPI information) for healthcare facilities in California with supplemental NPI information from the CMS NPPES NPI Registry. The Master SNF/ICF Facility List was used as the comprehensive list of SNFs/ICFs in California, and HSAG limited the ICF 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 to identify the Medi-Cal client identification number for members in ICFs. HSAG then linked these members in ICFs to the member demographic, enrollment, and eligibility files using the Medi-Cal client identification number.

SNF Experience

Stay Construction

Using the MDS 3.0 assessments for SNF residents whom 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, 2022, through December 31, 2022) 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 the SNF on or after January 1, 2018,[5] and who were enrolled in MCMC at the time of their admission to the SNF or within one month prior to admission. For each quarter of the measurement year, HSAG then applied CMS' well-constructed data stream logic to the MDS 3.0 data in order to identify stays and episodes. A stay is a period of time between a resident's entry into a facility and either a discharge or the end of the measurement period. An episode is a period of time spanning one or more stays, which begins with an admission to the facility and ends with either a discharge without a return to the facility within 30 days of discharge or the end of the measurement period. After determining stays and episodes, HSAG identified long-stay residents following the MDS 3.0 Quality Measures User's Manual v15.0.[6] Residents are considered long-stay if their episode in the facility is more than 100 days. For the SNF Experience analysis, the long-stay identification was based on the most recent episode during each quarter.

Analysis

For the SNF Experience analysis, HSAG used the Specifications for Facility Characteristics Report in Chapter 5 of the MDS 3.0 Quality Measures User's Manual v15.0[7] 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,

[5] 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.

[6] Centers for Medicare & Medicaid Services. MDS 3.0 Quality Measures User's Manual (v15.0). Available at: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/nursinghomequalityinits/nhqiqualitymeasures. Accessed on: Feb 21, 2024.

[7] Ibid.

allowing for comparisons to national averages.[8] For the long-stay population quality measures, HSAG used specifications outlined in Chapter 2 of the MDS 3.0 Quality Measures User's Manual v15.0, 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 how many members had no events, at least one event, or more than one event for each composite measure within each quarter during the measurement year.

SNF/ICF Distance

Stay Construction

For SNF stay construction, HSAG used the same approach as the SNF Experience stay construction described above, with the following differences:

- HSAG also included short stays, defined as episodes that are 100 days or less in length.
- HSAG included all stays during the measurement year rather than the most recent stay during each quarter.
- HSAG excluded stays that were direct transfers from another nursing home or swing bed, inpatient rehabilitation facility, intellectual disability or developmental disability (ID/DD) facility, hospice, or long-term care hospital (LTCH).

For ICF stay construction, HSAG used all paid claims/encounters with a first date of service from January 1, 2018, through April 30, 2023, 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.

[8] Centers for Medicare & Medicaid Services. Design for *Care Compare* Nursing Home Five-Star Quality Rating System: Technical Users' Guide, September 2023. Available at: https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf. Accessed on: Feb 21, 2024.

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 v15.0 to classify stays as short-stay or long-stay. Stays were considered short-stay if the stay length is 100 days or less, and stays were considered long-stay if the stay length is 101 days or more.

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

- Stay began prior to March 1, 2018.[9]
- Member was not enrolled in managed care during the time of admission or the month prior.

Analysis

For SNF and ICF stays, HSAG determined the member's place of residence prior to the SNF or ICF 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). For each SNF stay, HSAG determined the address of the SNF facility using the California MDS 3.0 facility files. For each ICF stay, 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. Members in SNFs or ICFs whose place of residence address exactly matched their facility address were excluded from the analysis, as HSAG was unable to determine a place of residence prior to the SNF admission.

HSAG used Quest Analytics Suite (Quest) software to geocode the facility addresses and the members' place of residence prior to admission, assigning 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 facility's address and the resident's place of residence prior to SNF or ICF admission.

[9] 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.

3. Key Findings

This section presents the key findings from the SNF Experience 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 2021 and 2022 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 DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

N/A indicates that the percentage point difference could not be calculated because one or more percentages were not displayed.

— indicates data are not applicable.

Stratification	2021 Count	2021 Percent	2022 Count	2022 Percent	Percentage Point Difference
Total	**100,674**	**100.00%**	**119,947**	**100.00%**	—
Age					
<25 Years	812	0.81%	680	0.57%	-0.24
25–54 Years	12,331	12.25%	14,270	11.90%	-0.35
55–64 Years	20,408	20.27%	23,685	19.75%	-0.52
65–74 Years	26,276	26.10%	31,591	26.34%	0.24
75–84 Years	20,422	20.29%	24,657	20.56%	0.27

Stratification	2021 Count	2021 Percent	2022 Count	2022 Percent	Percentage Point Difference
85+ Years	20,425	20.29%	25,064	20.90%	0.61
Gender					
Male	47,709	47.39%	56,868	47.41%	0.02
Female	52,965	52.61%	63,079	52.59%	-0.02
Resident Characteristics					
Residents with a Psychiatric Diagnosis	61,858	61.44%	74,070	61.75%	0.31
Residents with ID/DD indicated	62	0.06%	57	0.05%	-0.01
Hospice Residents	4,415	4.39%	5,125	4.27%	-0.12
Residents with Life Expectancy of Less Than 6 Months	3,923	3.90%	4,612	3.85%	-0.05
Discharge Planning for Residents					
Discharge planning is already occurring for the resident to return to the community	18,283	18.16%	21,694	18.09%	-0.07
Location the Resident Entered Facility From					
Community	4,215	4.19%	4,691	3.91%	-0.28
Another Nursing Home or Swing Bed	6,194	6.15%	6,380	5.32%	-0.83
Acute Hospital	85,182	84.61%	103,172	86.01%	1.40
Psychiatric Hospital	3,814	3.79%	4,297	3.58%	-0.21
Inpatient Rehabilitation Facility	213	0.21%	214	0.18%	-0.03
ID/DD Facility	S	S	S	S	N/A
Hospice	301	0.30%	331	0.28%	-0.02
LTCH	318	0.32%	331	0.28%	-0.04
Other	S	S	S	S	N/A
Resident Entry Date					
Resident with Entry Date Prior to January 1, 2021	—	—	28,165	23.48%	N/A

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

- Approximately 67.80 percent of SNF residents were 65 years of age or older during calendar year 2022, which is higher than the calendar year 2021 rate for this age group (66.68 percent).
- Approximately 47.41 percent of SNF residents were male in calendar year 2022, which is consistent with calendar year 2021 results and is higher than the most recently published national percentage of SNF residents who were male (37.80 percent).[10]
- The number of SNF stays included in this analysis increased by 19.14 percent from calendar year 2021 to 2022, which was primarily driven by an increase of approximately 21 percent in stays that transferred from acute hospitals. An increase in SNF stays was expected since each additional year of data allows additional stays to meet the criteria of beginning on or after January 1, 2018.
  - From calendar year 2020 to calendar year 2021, the number of SNF stays included in the analysis increased by 13.86 percent, and there was an increase of 13.30 percent in the number of residents transferred from an acute hospital by count, indicating the number of SNF stays and acute hospital transfers to SNFs increased more rapidly in calendar year 2022.

Long-Stay Quality Measure Results

Adverse events, behavioral health status, and physical health status can all impact residents' experiences within a SNF and overall quality of life.[11] 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 Care Compare's Four Quarter Average Score* for calendar years 2022 and 2021.[12]

[10] National Center for Health Statistics. *Biennial Overview of Post-acute and Long-term Care in the United States: Data from the 2020 National Post-acute and Long-term Care Study*. Available at: https://www.cdc.gov/nchs/npals/webtables/overview.htm. Accessed on: Feb 21, 2024.

[11] 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: Feb 21, 2024.

[12] Centers for Medicare & Medicaid Services. Nursing Homes Including Rehab Services Archived Data Snapshots. *Data.Medicare.gov*, 2023. Available at: https://data.cms.gov/provider-data/archived-data/nursing-homes. Accessed on: Feb 21, 2024.

Table 3.2—Long-Stay Quality Measures

Note: The 2021 and 2022 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.

2022 Quarter 1 represents the January 1, 2022, through March 31, 2022, measurement period.

2022 Quarter 2 represents the April 1, 2022, through June 30, 2022, measurement period.

2022 Quarter 3 represents the July 1, 2022, through September 30, 2022, measurement period.

2022 Quarter 4 represents the October 1, 2022, through December 31, 2022, 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.

^ 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	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Adverse Events Composite Measures						
Antipsychotic Use in Persons with Dementia*	7.50%	7.08%	7.01%	7.66%	7.32%	7.39%
Hospital Admissions from SNFs*	17.20%	17.10%	17.27%	18.08%	17.43%	17.06%
Percent of High-Risk Residents With Pressure Ulcers*	8.32%	8.59%	8.57%	8.64%	8.53%	8.72%
Percent of Residents Experiencing One or More Falls with Major Injury*	1.67%	1.66%	1.57%	1.52%	1.60%	1.58%
Percent of Residents Who Received an Antipsychotic Medication*	2.35%	2.43%	2.98%	3.46%	2.82%	2.31%

Long-Stay Quality Measures	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Percent of Residents Who Were Physically Restrained*	0.17%	0.17%	0.15%	0.15%	0.16%	0.20%
Percent of Residents with a Urinary Tract Infection*	0.79%	1.02%	0.82%	0.97%	0.90%	0.85%
Prevalence of Antianxiety/Hypnotic Medication Use*	3.94%	3.80%	4.13%	3.91%	3.95%	4.08%
Behavioral Health Composite Measures						
Percent of Residents Who Have Depressive Symptoms*	6.21%	6.42%	6.69%	6.86%	6.56%	5.08%
Percent of Residents Who Used Antianxiety or Hypnotic Medication*	14.91%	14.70%	14.42%	14.47%	14.62%	14.89%
Prevalence of Behavior Symptoms Affecting Others*	11.66%	11.26%	10.99%	11.19%	11.27%	11.43%
Physical Health Composite Measures						
Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder*	22.73%	22.62%	23.17%	23.81%	23.09%	23.15%
Percent of Residents Who Lose Too Much Weight*	5.48%	5.05%	5.37%	5.12%	5.26%	5.20%
Percent of Residents Whose Ability to Move Independently Worsened*	11.74%	10.10%	10.75%	11.03%	10.91%	10.78%
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased*	7.08%	6.72%	6.98%	7.20%	7.00%	7.28%

Long-Stay Quality Measures	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Other Long-Stay Quality Measures						
Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder*	1.81%	1.67%	1.76%	1.81%	1.76%	1.52%

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

- Rates for 15 of 16 (93.75 percent) calendar year 2022 long-stay quality measures were within 0.60 percentage points of the calendar year 2021 rates, indicating that the experience of MCMC members residing in California SNFs was consistent for these measures across calendar years 2021 and 2022.
  - Of note, the rate for the *Percent of Residents Who Have Depressive Symptoms* measure increased by 1.48 percentage points from calendar year 2021 to calendar year 2022. This rate has increased by 5.49 percentage points over the past three years. Nationally, researchers have found that coronavirus disease 2019 (COVID-19)-related social isolation has resulted in increased depressive symptoms among LTC facility residents.[13] However, in California many social distancing policies were eased during 2022,[14] yet the rate of residents with depressive symptoms continued to increase each quarter.
- MCMC members residing in California SNFs experienced better outcomes than SNF residents nationally for eight of the 11 long-stay quality measures that could be compared to national averages (72.73 percent) in both calendar years 2021 and 2022. Of note, the annual rate for the *Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder* worsened from calendar year 2021 to calendar year 2022 and was no longer better than the national average in calendar year 2022. For calendar years 2021 and 2022:
  - The adverse events domain represents an opportunity to improve the experience of MCMC members residing in California SNFs, as only two of the four (50.00 percent) adverse event measures (*Percent of Residents Experiencing One or More Falls with*

[13] Boltz M, Long-Term Care and the COVID-19 Pandemic. *Nursing Clinics of North America.* 2023 Mar; 58(1): 35–48. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9606037/#. Accessed on: Feb 21, 2024.

[14] California Department of Public Health. Public Health Order Questions & Answers: Requirements for Visitors in Acute Health Care and Long-Term Care Settings. Available at: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings-FAQ.aspx. Accessed on: Feb 21, 2024.

Major Injury and *Percent of Residents with a Urinary Tract Infection*) that could be compared to national benchmarks 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 (*Percent of Residents Who Have Depressive Symptoms* and *Percent of Residents Who Used Antianxiety or Hypnotic Medication*) 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.

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.[15] 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 2021 and 2022 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 DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

[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: Feb 21, 2024.

Entered Facility From	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Community	4.42%	2.98%	3.98%	5.56%	4.23%	3.76%
Another Nursing Home or Swing Bed	6.68%	5.20%	6.29%	5.97%	6.04%	6.09%
Acute Hospital	19.20%	19.14%	19.28%	20.04%	19.43%	19.24%
Psychiatric Hospital	3.87%	4.09%	2.19%	3.51%	3.40%	2.98%
Inpatient Rehabilitation Facility	S	S	S	S	S	6.19%
ID/DD Facility	S	S	S	S	S	S
Hospice	S	S	S	S	S	S
Long-Term Care Hospital (LTCH)	S	19.54%	17.86%	16.00%	16.41%	16.29%
Other	S	S	S	S	2.40%	4.84%

As presented in Table 3.1, 86.29 percent of residents entered their SNF from either an acute hospital or LTCH during calendar year 2022. Of these residents, approximately 19.43 percent and 16.41 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 2021 and 2022 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.

2022 Quarter 1 represents the January 1, 2022, through March 31, 2022, measurement period.

2022 Quarter 2 represents the April 1, 2022, through June 30, 2022, measurement period.

2022 Quarter 3 represents the July 1, 2022, through September 30, 2022, measurement period.

2022 Quarter 4 represents the October 1, 2022, through December 31, 2022, measurement period.

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

Number of Events	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Residents Experiencing No Events	74.34%	74.31%	73.84%	73.06%	55.36%	56.88%
Residents Experiencing At Least One Event	25.66%	25.69%	26.16%	26.94%	44.64%	43.12%
Residents Experiencing More Than One Event	4.68%	4.64%	4.66%	5.09%	11.63%	10.95%

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

- For calendar year 2022, there was a decrease in the percentage of residents experiencing no adverse events and an increase in the percentage of residents experiencing at least one adverse event compared to calendar year 2021 (by 1.52 percentage points).
- The most common adverse event that residents experienced was *Hospital Admissions from SNFs*, with 17.43 percent and 17.06 percent of all residents experiencing at least one hospital admission during calendar year 2022 and calendar year 2021, respectively.
- Of the residents who experienced more than one adverse event during calendar year 2022:
  - 84.55 percent experienced an admission to a hospital.
  - 46.32 percent experienced both an admission to a hospital and a pressure ulcer.
  - 11.94 percent experienced both an admission to a hospital and a urinary tract infection.
  - 11.68 percent experienced an admission to a hospital and were dementia residents who received antipsychotics.

- The largest change within the *Adverse Events* composite measure was the increase in the *Percent of Residents Who Received an Antipsychotic Medication* measure, which increased from 2.31 percent in calendar year 2021 to 2.82 percent in calendar year 2022.[16]

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 2021 and 2022 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.

2022 Quarter 1 represents the January 1, 2022, through March 31, 2022, measurement period.

2022 Quarter 2 represents the April 1, 2022, through June 30, 2022, measurement period.

2022 Quarter 3 represents the July 1, 2022, through September 30, 2022, measurement period.

2022 Quarter 4 represents the October 1, 2022, through December 31, 2022, measurement period.

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

Number of Events	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Residents Experiencing No Events	74.26%	74.64%	74.85%	74.48%	65.06%	66.70%
Residents Experiencing At Least One Event	25.74%	25.36%	25.15%	25.52%	34.94%	33.30%
Residents Experiencing More Than One Event	3.69%	3.74%	3.57%	3.54%	7.52%	7.03%

[16] 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.

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

- For calendar year 2022, there was a decrease in the percentage of residents experiencing no behavioral health events and an increase in the percentage of residents experiencing at least one behavioral health event compared to calendar year 2021 (by 1.64 percentage points).
- The most common behavioral health events that residents experienced during calendar year 2022 were *Percent of Residents Who Used Antianxiety or Hypnotic Medication* and *Prevalence of Behavior Symptoms Affecting Others*, with approximately 28.58 percent of residents experiencing at least one of these events during calendar year 2022.
- Of note, the *Percent of Residents Who Have Depressive Symptoms* measure rate increased by 1.48 percentage points from calendar year 2021 to calendar year 2022.
- 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 behavioral health event during calendar year 2022, 56.25 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 2021 and 2022 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.

2022 Quarter 1 represents the January 1, 2022, through March 31, 2022, measurement period.

2022 Quarter 2 represents the April 1, 2022, through June 30, 2022, measurement period.

2022 Quarter 3 represents the July 1, 2022, through September 30, 2022, measurement period.

2022 Quarter 4 represents the October 1, 2022, through December 31, 2022, measurement period.

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

Number of Events	2022 Quarter 1 Rate	2022 Quarter 2 Rate	2022 Quarter 3 Rate	2022 Quarter 4 Rate	2022 Annual Rate	2021 Annual Rate
Residents Experiencing No Events	78.29%	79.51%	78.59%	78.51%	62.15%	62.03%
Residents Experiencing At Least One Event	21.71%	20.49%	21.41%	21.49%	37.85%	37.97%
Residents Experiencing More Than One Event	3.37%	2.91%	3.06%	2.94%	11.58%	11.68%

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

- For calendar year 2022, the percentages of residents experiencing no events, at least one event, and more than one event stayed relatively the same compared to calendar year 2021.
- The most common physical health event that residents experienced was *Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder*, with 23.09 percent and 23.15 percent of all residents having lost control of their bowel or bladder during calendar year 2022 and calendar year 2021, respectively.
- Of the residents who experienced more than one physical health event during calendar year 2022:
  - 43.47 percent experienced both a decrease in their ability to move independently and an increase in their need for help performing activities of daily living.
  - 26.54 percent experienced a loss of bladder or bowel control along with a decrease in their ability to move independently.
  - 24.73 percent experienced a loss of bladder or bowel control and an increase in their need for help performing activities of daily living.

SNF/ICF Distance Findings

SNF Statewide- and County-Level Distance Results

Table 3.7 and Table 3.8 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 2022, with comparisons to the calendar year 2021 average rate, for long- and short-stay residents.

Table 3.7—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 qualifying SNF stays in the county.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Statewide	42,421	3.70	8.80	18.90	653.20	19.43	18.76
Alameda	863	3.20	5.90	12.70	448.10	15.49	14.11
Alpine	0	N/A	N/A	N/A	N/A	N/A	N/A
Amador	12	7.65	23.55	46.95	64.10	27.59	21.61
Butte	91	3.10	15.50	65.50	435.70	49.00	40.82
Calaveras	15	14.20	34.40	46.70	58.50	31.75	31.18
Colusa	7	0.40	31.10	57.00	60.60	31.10	44.10
Contra Costa	492	3.60	10.35	18.40	368.40	18.55	17.26
Del Norte*	60	1.15	5.85	270.55	653.20	120.14	85.53
El Dorado	41	11.20	32.80	50.70	174.10	43.75	52.83
Fresno	499	4.40	11.40	33.00	431.80	39.04	42.70
Glenn	19	19.60	82.20	465.40	482.40	202.04	153.84
Humboldt*	203	6.80	38.00	205.90	597.10	106.90	110.43
Imperial	110	13.00	82.45	94.10	437.80	69.73	68.78

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Inyo	6	1.00	1.40	1.70	58.80	10.75	29.95
Kern	339	4.60	23.30	55.40	221.60	38.02	36.44
Kings	49	3.10	19.00	34.60	181.20	37.85	50.23
Lake*	189	9.10	37.30	66.10	469.30	61.58	51.74
Lassen*	29	0.50	25.00	80.40	469.50	70.01	55.16
Los Angeles+	17,555	3.40	7.70	15.30	412.70	11.72	11.49
Madera	45	2.30	20.70	28.00	263.30	38.34	36.37
Marin*	276	3.15	9.00	27.30	399.30	32.03	24.85
Mariposa	10	31.60	40.75	62.00	63.50	45.15	42.44
Mendocino*	164	16.05	55.25	106.15	496.60	74.73	68.55
Merced*	347	2.30	11.10	34.20	292.40	26.56	31.12
Modoc*	26	0.60	1.50	20.00	195.30	18.53	16.51
Mono	0	N/A	N/A	N/A	N/A	N/A	N/A
Monterey*	398	2.90	7.00	21.50	316.10	29.16	26.62
Napa*	192	1.00	4.30	31.10	400.20	29.44	24.59
Nevada	26	2.60	8.30	29.40	71.90	18.08	17.79
Orange*,+	3,839	3.60	7.40	13.50	363.70	11.60	11.90
Placer	55	11.00	24.50	57.90	490.50	59.89	61.52
Plumas	6	58.30	67.85	93.80	101.40	72.17	75.27
Riverside+	2,479	6.80	16.90	34.70	545.20	24.37	24.10
Sacramento	698	6.00	10.45	20.90	475.70	33.39	33.16
San Benito	7	1.20	18.80	53.20	60.00	22.50	58.37
San Bernardino+	2,436	5.20	11.70	27.25	421.50	19.86	18.62
San Diego+	3,285	4.30	9.50	16.60	491.70	14.64	13.84
San Francisco	487	3.00	5.10	13.40	383.70	19.10	17.48
San Joaquin	368	2.85	6.10	18.25	436.70	24.30	28.37

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
San Luis Obispo*	246	7.30	18.75	67.30	276.40	48.63	48.18
San Mateo*,+	615	4.00	10.10	19.50	432.10	19.08	19.38
Santa Barbara*	502	1.90	4.40	33.00	241.40	29.37	31.08
Santa Clara+	1,766	3.80	7.00	12.00	400.80	17.69	16.20
Santa Cruz*	349	2.20	5.00	21.20	316.50	24.36	24.97
Shasta*	351	4.30	12.00	137.00	563.10	98.89	82.05
Sierra	4	15.05	34.60	74.50	99.30	44.78	44.78
Siskiyou*	47	30.40	59.90	115.80	261.50	83.83	105.93
Solano*	499	3.10	17.10	28.80	520.20	30.46	27.67
Sonoma*	596	3.65	16.30	34.40	427.90	32.09	28.84
Stanislaus	261	5.00	11.90	38.70	382.40	32.71	32.46
Sutter	61	4.80	37.50	107.30	435.10	106.36	54.83
Tehama	24	27.90	93.80	123.55	506.30	98.45	81.82
Trinity*	22	36.70	45.15	147.10	612.90	127.50	140.56
Tulare	246	2.70	11.00	30.50	344.40	31.20	30.16
Tuolumne	18	6.40	42.20	59.30	119.40	42.97	40.03
Ventura*	857	3.70	11.40	24.30	308.80	21.01	20.13
Yolo*	189	1.70	8.60	19.90	399.10	17.17	20.14
Yuba	45	3.50	14.80	38.60	387.40	40.19	49.45

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 0.67 miles from calendar year 2021 to calendar year 2022.
- For calendar year 2022, while the statewide average driving distance for long-stay residents was 19.43 miles from their place of residence to the facility, half of all long-stay residents traveled 8.80 or fewer miles. Because 25 percent of long-stay residents traveled 18.90 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 17 of the 56 counties with sufficient data (30.36 percent), at least half of long-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2022.

Table 3.8—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 qualifying SNF stays in the county.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Statewide	68,176	3.50	7.50	14.90	627.90	14.24	14.56
Alameda	1,775	2.90	5.50	12.00	447.40	10.19	9.97
Alpine	1	45.10	45.10	45.10	45.10	45.10	53.90
Amador	23	18.10	41.10	47.50	105.80	40.33	29.03
Butte	227	1.60	3.80	19.00	430.20	21.64	26.56
Calaveras	44	16.60	33.60	44.70	77.90	32.07	30.14
Colusa	11	25.30	41.20	60.90	64.70	41.55	67.24
Contra Costa	1,141	3.30	9.30	16.60	475.90	11.82	12.05
Del Norte*	52	2.05	72.30	270.15	622.80	145.79	162.95
El Dorado	83	8.90	18.40	42.70	353.80	32.71	26.79
Fresno	855	4.40	8.50	19.20	373.00	21.58	18.91

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Glenn	14	16.10	20.25	31.80	97.30	33.69	90.04
Humboldt*	200	5.70	20.65	197.50	627.90	92.57	121.49
Imperial	246	12.30	22.15	89.70	534.80	50.32	61.09
Inyo	13	1.20	19.00	144.00	221.10	75.89	95.49
Kern	573	4.90	19.10	37.70	274.40	31.15	27.10
Kings	134	2.70	17.55	26.20	204.60	22.65	30.10
Lake*	281	9.90	23.80	52.20	453.00	36.11	45.38
Lassen*	26	1.10	88.90	100.00	469.80	84.91	63.02
Los Angeles+	22,463	3.30	6.90	12.90	491.40	10.71	10.98
Madera	110	2.40	21.05	32.70	233.70	25.85	40.77
Marin*	347	3.00	5.30	11.70	486.30	15.45	15.95
Mariposa	17	32.80	46.50	60.50	129.50	56.78	54.92
Mendocino*	188	13.80	45.30	84.75	593.20	68.87	66.30
Merced*	874	3.10	10.35	30.90	370.50	22.94	24.14
Modoc*	13	0.50	5.00	37.20	481.90	67.80	77.79
Mono	2	43.00	88.15	133.30	133.30	88.15	N/A
Monterey*	754	2.40	5.00	18.20	380.40	17.62	16.63
Napa*	207	0.80	2.70	14.10	405.00	16.60	17.85
Nevada	68	4.95	19.90	42.05	63.10	22.76	29.01
Orange*,+	6,336	3.60	6.60	11.30	412.60	9.59	9.14
Placer	141	5.80	15.00	24.00	401.20	23.40	28.96
Plumas	11	51.10	63.80	113.70	160.30	74.98	67.92
Riverside+	4,619	4.50	11.20	23.10	423.40	17.15	17.37
Sacramento	1,944	4.50	7.80	12.75	514.40	14.32	15.12
San Benito	7	1.40	12.90	44.90	51.20	19.59	25.26
San Bernardino+	3,881	4.60	9.50	21.50	387.70	16.37	16.09
San Diego+	7,577	4.00	7.70	13.60	489.30	11.15	11.54

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
San Francisco	872	2.00	3.60	6.90	329.10	7.02	7.12
San Joaquin	926	2.70	4.60	9.90	329.80	9.85	9.97
San Luis Obispo*	354	7.70	19.45	32.60	277.20	41.40	38.27
San Mateo*,+	1,034	3.80	9.00	16.70	396.20	13.70	13.52
Santa Barbara*	775	2.00	3.90	18.70	306.50	21.08	21.97
Santa Clara+	3,075	3.40	6.40	10.50	410.80	9.90	11.92
Santa Cruz*	571	1.70	4.10	15.50	454.60	12.03	12.98
Shasta*	470	3.00	7.95	17.00	601.00	41.21	48.33
Sierra	1	77.70	77.70	77.70	77.70	77.70	43.57
Siskiyou*	86	30.30	62.15	188.00	609.30	109.30	105.14
Solano*	711	3.00	16.00	26.70	482.10	21.08	20.34
Sonoma*	861	3.90	9.70	21.40	514.00	20.17	21.07
Stanislaus	660	3.90	8.70	17.60	322.10	15.06	16.83
Sutter	73	2.40	4.50	11.50	172.60	16.89	16.54
Tehama	49	20.70	41.70	108.40	452.20	68.72	56.07
Trinity*	23	37.70	48.00	170.00	556.30	110.40	76.53
Tulare	513	2.70	8.90	19.60	278.20	19.48	16.95
Tuolumne	50	5.10	44.90	53.60	110.70	34.42	34.43
Ventura*	1,378	2.60	6.80	14.20	329.20	12.72	12.36
Yolo*	347	2.80	10.40	17.70	442.40	18.72	15.55
Yuba	89	5.70	16.90	36.70	425.00	32.78	18.12

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 decreased by 0.32 miles from calendar year 2021 to calendar year 2022.
- For calendar year 2022, while the statewide average driving distance for short-stay residents was 14.24 miles from their place of residence to the facility, half of all short-stay residents traveled 7.50 or fewer miles. Because 25 percent of short-stay residents traveled 14.90 miles or more from their place of residence to the facility (with a maximum driving distance of 627.90 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 25 of the 58 counties (43.10 percent), at least half of all short-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2022.

SNF Statewide Average Distance Results

Table 3.9 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[17] for calendar years 2021 and 2022.

Table 3.9—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 qualifying SNF stays in this group.

[17] 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	2021 Short-Stay SNF Resident Average Distance	2021 Long-Stay SNF Resident Average Distance	2021 Aggregate Average Distance	2022 Short-Stay SNF Resident Average Distance	2022 Long-Stay SNF Resident Average Distance	2022 Aggregate Average Distance
Statewide						
Statewide Average Distance	14.56	18.76	16.05	14.24	19.43	16.23
Resident Characteristics						
Residents with Alzheimer's Disease Diagnosis	13.89	17.28	16.22	11.92	17.61	15.89
Residents with Other Psychiatric Diagnosis	15.80	20.70	18.02	15.62	21.56	18.50
Residents with ID/DD Indicated	15.42	20.66	18.19	14.44	22.44	18.65
Hospice Residents	16.36	17.51	17.06	16.16	18.11	17.43
Residents with Life Expectancy of Less Than 6 Months	16.60	17.06	16.89	15.64	18.18	17.32
Location the Resident Entered Facility From						
Community	14.94	20.49	17.89	14.15	20.38	17.91
Another Nursing Home or Swing Bed	N/A	N/A	N/A	N/A	N/A	N/A
Acute Hospital	14.45	17.38	15.43	14.13	17.99	15.53
Psychiatric Hospital	31.69	42.21	40.23	31.30	45.23	42.53
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

Stratification	2021 Short-Stay SNF Resident Average Distance	2021 Long-Stay SNF Resident Average Distance	2021 Aggregate Average Distance	2022 Short-Stay SNF Resident Average Distance	2022 Long-Stay SNF Resident Average Distance	2022 Aggregate Average Distance
LTCH	N/A	N/A	N/A	N/A	N/A	N/A
Other	15.95	29.63	25.52	15.28	41.92	36.85
Rural/Urban						
Rural	28.01	37.19	31.10	26.79	38.96	31.22
Urban	11.56	15.05	12.81	11.38	15.42	12.95

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 2022 by 5.19 miles. Additionally, this difference in average driving distances has increased from calendar year 2021 by 0.99 miles.
- 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 2022:
  - SNF residents who had a psychiatric diagnosis other than Alzheimer's disease.
  - SNF residents with ID/DD indicated.
  - 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.
- While the average distance for members who entered from other locations increased by 11.33 miles, there were few qualifying SNF stays in this stratification, so rates may vary more from year to year.
- Short- and long-stay SNF residents who resided in rural areas had a longer average driving distance (26.79 and 38.96 miles, respectively) from their place of residence to a facility than SNF residents who resided in urban areas (11.38 and 15.42 miles, respectively). This represents a difference of 15.41 miles on average for short-stay residents and 23.54 miles on average for long-stay residents. The difference in average driving distance has increased from calendar year 2021 for long-stay residents by 0.67 miles.
  - Further, both short- and long-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 3.10 and Table 3.11 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 2022, with comparisons to the calendar year 2021 average rate, for long- and short-stay residents.

Table 3.10—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 qualifying ICF stays in the county.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Statewide	1,118	2.50	9.00	19.70	642.50	22.64	20.07
Alameda	9	15.40	19.40	27.40	419.60	101.78	52.45
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	2	14.60	17.40	20.20	20.20	17.40	20.20
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	10	7.10	18.95	30.70	41.00	20.36	22.13
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	53.20
Fresno	6	9.10	15.00	61.60	192.00	49.63	43.13
Glenn	0	N/A	N/A	N/A	N/A	N/A	N/A
Humboldt*	8	0.50	1.25	349.20	642.50	168.11	642.50
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
Kern	14	6.00	31.10	111.80	139.40	51.28	48.08

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Kings	1	18.60	18.60	18.60	18.60	18.60	18.60S
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+	139	5.50	11.60	20.30	115.30	17.76	16.67
Madera	2	2.10	10.00	17.90	17.90	10.00	10.00
Marin*	11	10.10	34.60	39.00	94.40	33.05	44.52
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*	4	53.75	59.20	61.90	63.70	57.83	57.07
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*	1	40.60	40.60	40.60	40.60	40.60	202.80
Napa*	3	17.70	18.70	39.00	39.00	25.13	28.75
Nevada	0	N/A	N/A	N/A	N/A	N/A	N/A
Orange*,+	379	0.80	3.90	10.50	254.10	9.08	8.38
Placer	2	13.20	25.30	37.40	37.40	25.30	13.20
Plumas	0	N/A	N/A	N/A	N/A	N/A	N/A
Riverside+	53	13.40	22.00	34.50	80.90	27.60	29.10
Sacramento	5	9.20	11.80	22.70	26.50	15.44	86.32
San Benito	0	N/A	N/A	N/A	N/A	N/A	N/A
San Bernardino+	109	3.10	7.80	18.30	44.90	11.91	13.48
San Diego+	61	7.00	11.70	25.60	89.70	19.69	18.48
San Francisco	3	6.40	12.70	20.40	20.40	13.17	16.03
San Joaquin	7	3.70	8.40	20.60	22.20	10.86	10.10
San Luis Obispo*	33	2.70	12.50	15.50	104.90	13.25	17.56
San Mateo*,+	38	2.00	6.00	15.10	432.00	19.54	24.82

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Santa Barbara*	14	5.00	16.90	56.30	147.10	35.18	23.28
Santa Clara+	17	10.10	11.20	17.90	68.10	16.65	19.77
Santa Cruz*	0	N/A	N/A	N/A	N/A	N/A	22.90
Shasta*	19	2.80	5.00	8.60	63.70	14.09	15.92
Sierra	0	N/A	N/A	N/A	N/A	N/A	N/A
Siskiyou*	1	132.40	132.40	132.40	132.40	132.40	132.40
Solano*	29	4.00	14.80	19.50	444.00	28.96	31.46
Sonoma*	33	44.40	73.90	253.60	410.30	169.37	155.53
Stanislaus	5	34.90	39.60	52.80	53.20	36.44	45.13
Sutter	0	N/A	N/A	N/A	N/A	N/A	N/A
Tehama	1	547.10	547.10	547.10	547.10	547.10	N/A
Trinity*	0	N/A	N/A	N/A	N/A	N/A	N/A
Tulare	6	11.90	14.05	22.50	28.20	16.42	14.44
Tuolumne	0	N/A	N/A	N/A	N/A	N/A	N/A
Ventura*	88	1.55	5.05	23.05	118.10	14.05	9.62
Yolo*	5	2.00	3.80	4.30	75.40	17.32	75.40
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 increased by 2.57 miles from calendar year 2021 to calendar year 2022.
- For calendar year 2022, while the statewide average driving distance for long-stay residents was 22.64 miles from their place of residence to the facility, at least half of all long-stay residents traveled 9.00 or fewer miles. Because at least 25 percent of long-stay ICF residents traveled 19.70 or more miles 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 typical distance traveled, and the median (50th percentile) more accurately represents the typical distance traveled.

- In eight of the 34 counties with sufficient data (23.53 percent), at least half of long-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2022.

Table 3.11—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.

* indicates a COHS county.

+ indicates a Cal MediConnect county.

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Statewide	445	3.80	8.70	18.60	243.50	15.59	12.11
Alameda	1	35.30	35.30	35.30	35.30	35.30	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	1	24.10	24.10	24.10	24.10	24.10	N/A
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*	3	2.00	2.00	97.90	97.90	33.97	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
Kern	3	5.90	26.30	139.40	139.40	57.20	16.00
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

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Los Angeles+	16	11.05	15.00	63.25	77.50	33.65	28.34
Madera	0	N/A	N/A	N/A	N/A	N/A	N/A
Marin*	2	34.60	139.05	243.50	243.50	139.05	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*	1	123.80	123.80	123.80	123.80	123.80	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*	1	18.90	18.90	18.90	18.90	18.90	N/A
Nevada	0	N/A	N/A	N/A	N/A	N/A	N/A
Orange*,+	113	3.90	7.70	11.70	32.20	9.16	7.79
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+	31	17.60	31.50	36.90	70.30	30.51	29.19
Sacramento	0	N/A	N/A	N/A	N/A	N/A	N/A
San Benito	0	N/A	N/A	N/A	N/A	N/A	N/A
San Bernardino+	249	3.60	7.30	15.60	67.80	11.80	11.08
San Diego+	1	10.00	10.00	10.00	10.00	10.00	12.57
San Francisco	0	N/A	N/A	N/A	N/A	N/A	N/A
San Joaquin	0	N/A	N/A	N/A	N/A	N/A	N/A
San Luis Obispo*	3	7.90	15.60	173.50	173.50	65.67	11.40
San Mateo*,+	2	2.10	5.80	9.50	9.50	5.80	N/A
Santa Barbara*	2	31.10	110.85	190.60	190.60	110.85	8.68
Santa Clara+	0	N/A	N/A	N/A	N/A	N/A	N/A

County	Number of Residents^	2022 25th Percentile	2022 50th Percentile	2022 75th Percentile	2022 Maximum Distance	2022 Average Distance	2021 Average Distance
Santa Cruz*	0	N/A	N/A	N/A	N/A	N/A	29.40
Shasta*	5	0.20	0.20	0.20	4.60	1.08	25.17
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	N/A
Sonoma*	0	N/A	N/A	N/A	N/A	N/A	N/A
Stanislaus	1	16.70	16.70	16.70	16.70	16.70	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	1	188.10	188.10	188.10	188.10	188.10	N/A
Tuolumne	0	N/A	N/A	N/A	N/A	N/A	N/A
Ventura*	7	0.80	1.60	5.10	59.10	10.03	8.59
Yolo*	2	1.60	2.70	3.80	3.80	2.70	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 increased by 3.48 miles from calendar year 2021 to calendar year 2022.
- For calendar year 2022, while the statewide average driving distance for short-stay residents was 15.59 miles from their place of residence to the facility, at least half of all short-stay residents traveled 8.70 or fewer miles. Because at least 25 percent of short-stay residents traveled 18.60 or more miles from their place of residence to the facility (with a maximum driving distance of 243.50 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 seven of the 20 counties with sufficient data (35.00 percent), at least half of all short-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2022.

ICF Statewide Average Distance Results

Table 3.12 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 2021 and 2022. 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 3.12—Statewide Short- and Long-Stay ICF Resident Distance Results

The average distances are presented in miles.

Stratification	2021 Short-Stay ICF Resident Average Distance	2021 Long-Stay ICF Resident Average Distance	2021 Aggregate Average Driving Distance	2022 Short-Stay ICF Resident Average Distance	2022 Long-Stay ICF Resident Average Distance	2022 Aggregate Average Distance
Statewide						
Statewide Average Distance	12.11	20.07	17.22	15.59	22.64	20.63
Rural/Urban						
Rural	24.16	25.42	25.02	31.06	30.99	31.01
Urban	10.48	19.19	16.02	12.45	21.19	18.74

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 2022 by 7.05 miles. Additionally, this difference in average driving distances has decreased from calendar year 2021 by 0.91 miles.
- Short- and long-stay ICF residents who resided in rural areas had a longer average driving distance (31.06 and 30.99 miles, respectively) from their place of residence to a facility than ICF residents who resided in urban areas (12.45 and 21.19 miles, respectively). This represents a difference of 18.61 miles on average for short-stay residents and 9.80 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.
- The average distance for rural ICF residents increased by 5.99 miles, while the average distance for urban ICF residents increased by 2.72 miles.

4. Conclusions and Considerations

Conclusions

Based on the results of the 2022–23 SNF Experience and SNF/ICF Distance analyses, HSAG developed the following conclusions:

- For the SNF Experience analysis, the percentage of residents experiencing no events for the *Adverse Events* and *Behavioral Health* composite measures decreased from calendar year 2021 to calendar year 2022, indicating worse performance in calendar year 2022. Performance for the *Physical Health* composite measure generally stayed the same from calendar year 2021 to calendar year 2022.
  - The increase in behavioral health events was primarily driven by an increase in the *Percent of Residents Who Have Depressive Symptoms* measure rate (by 1.48 percentage points).
- For the SNF Experience analysis, rates for the long-stay quality measures have stabilized after the COVID-19 public health emergency in calendar years 2020 and 2021.
  - However, the *Percent of Residents Who Have Depressive Symptoms* rate for long-stay SNF residents has not yet stabilized. In calendar year 2019 (i.e., prior to the impacts of COVID-19), this rate was 1.07 percent. In calendar year 2020, this rate increased to 4.50 percent, and it continued to increase in calendar year 2021 to 5.08 percent and in calendar year 2022 to 6.56 percent.
- 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 2022. Additionally, both long- and short-stay SNF residents who had a psychiatric diagnosis other than Alzheimer's disease, who had ID/DD indicated, or who entered the facility from a psychiatric hospital 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 (26.79 and 38.96 miles, respectively) from their place of residence to a facility than SNF residents who resided in urban areas (11.38 and 15.42 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 2022. As expected, short- and long-stay ICF residents who resided in rural areas had a longer average driving distance (31.06 and 30.99 miles, respectively) from their place of residence to a facility than ICF residents who resided in urban areas (12.45 and 21.19 miles, respectively). Additionally, the average driving distances for short- and long-stay ICF residents increased by 3.48 and 2.57 miles, respectively, from calendar year 2021 to calendar year 2022.

Considerations

Based on the results of the 2022–23 SNF Experience and SNF/ICF Distance analyses, HSAG offers the following for DHCS' consideration.

- The SNF Experience results showed that 17.43 percent of long-stay SNF residents had a hospital admission from their SNF during calendar year 2022. Many hospitalizations from SNFs are preventable/avoidable.[18] Additionally, research has shown that higher nurse staffing levels in SNFs can reduce emergency department use and rehospitalizations from nursing homes.[19]
  - 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) and the Workforce Standards Program (WSP) that started on January 1, 2023, DHCS should monitor how these programs impact hospitalizations from SNFs in future years.
  - Given that DHCS required 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 that LTC services in all 58 counties became covered by managed care in January 2023, DHCS should monitor how the transition impacts the experience of SNF residents statewide.
- The SNF Experience analysis also showed that the *Percent of Residents Who Have Depressive Symptoms* measure rate has increased for the third consecutive year, despite many social isolation practices from COVID-19 being lifted in 2022.
  - Given the increasing rates of depressive symptoms among long-stay SNF residents, DHCS should consider surveilling depression diagnoses and treatment in SNFs. DHCS

[18] 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: Feb 21, 2024.

[19] 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: Feb 21, 2024.

may also consider working with MCPs, SNF stakeholders, and behavioral health providers to evaluate SNFs' capacity for providing appropriate care to residents with depressive symptoms and to implement quality improvement strategies as needed, such as:

- Promoting socialization of residents.[20]
- Providing psychiatric training to nurses in SNFs.[21]
- Minimizing disruption of psychiatric care for members seeing a psychiatrist prior to SNF admission.[22]
- Providing specialized training to mental health workers for treating nursing home residents.[23]

- The calendar year 2022 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 7.70 miles to their SNF, while long-stay residents in Imperial County had a median distance traveled of 82.45 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.

[20] Tan JDL, Maneze D, Montayre J, et al. Family Visits and Depression Among Residential Aged Care Residents: An Integrative Review. *International Journal of Nursing Studies.* 2023 Oct; 146: 104568. Available at: https://www.sciencedirect.com/science/article/pii/S0020748923001335. Accessed on: Feb 21, 2024.

[21] Fuchs K, Volegi S, Schori D, et al. Nurses' Experiences of an Outreach Interprofessional Mental Health Service for Nursing Homes: A Qualitative Descriptive Study. *Psychiatric and Mental Health Nursing.* 2022 May; 29(5): 755–765. Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/jpm.12847. Accessed on: Feb 21, 2024.

[22] Gerlach LB, Maust DT. Falling Off a Cliff: Psychiatric Care of Nursing Home Residents. *Journal of the American Geriatrics Society.* 2023 Jan; 71(4): 1014–1016. Available at: https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.18249. Accessed on: Feb 21, 2024.

[23] Auerbach J, Miller BF. COVID-19 Exposes the Cracks in Our Already Fragile Mental Health System. *American Journal of Public Health.* 2020 Jun; 110: 969–970. Available at: https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305699. Accessed on: Feb21, 2024.

- DHCS should consider avoiding setting time/distance standards for ICFs based on the results of the ICF distance analysis. Only 32 of the 58 counties (55.17 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.
- 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 a SNF or ICF. This approach would allow for standards that are more generalizable to the target population.