

Volume 8 of 9 **Medi-Cal Managed Care External Quality Review Technical Report**

July 1, 2023–June 30, 2024

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

Quality and Population Health Management
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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
- ◆ **CDPH**—California Department of Public Health
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **COHS**—County Organized Health System
- ◆ **COVID-19**—coronavirus disease 2019
- ◆ **D-SNP**—Dual-Eligible Special Needs Plan
- ◆ **DDG**—Data De-Identification Guidelines¹
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **EQR**—external quality review
- ◆ **FFS**—fee-for-service
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **ICF**—intermediate care facility
- ◆ **ID**—Identification
- ◆ **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
- ◆ **NPES**—National Plan and Provider Enumeration System
- ◆ **PHE**—public health emergency
- ◆ **Q**—quarter

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 \(ca.gov\)](https://www.dhcs.ca.gov/Programs/Managed%20Care/Pages/DDG-V2.2.pdf). Accessed on: Feb 18, 2025.

- ◆ **SNF**—skilled nursing facility
- ◆ **SSN**—Social Security number
- ◆ **USPS CASS**—United States Postal Service Coding Agency Support System
- ◆ **WQIP**—Workforce and Quality Incentive Program
- ◆ **WSP**—Workforce Standards Program

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, and the driving distance between each member's SNF/ICF and his or her place of residence prior to admission.

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 became covered under the Medi-Cal Managed Care program (MCMC) statewide.² Additional policy changes under CalAIM affecting LTC services will continue through 2027.³ Information derived from this study will support the implementation of the CalAIM transformation.

² State of 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 13, 2025.

³ Ibid.

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 Medi-Cal 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 Portal⁴ (CalHHS Facility File) and the CMS National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) Registry.⁵ HSAG used these data in conjunction with the data received for the 2019–20, 2020–21, 2021–22, and 2022–23 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 (SSN), 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

⁴ CalHHS Open Data. Licensed Healthcare Facility Listing. Available at: <https://data.chhs.ca.gov/dataset/licensed-healthcare-facility-listing>. Accessed on: Feb 19, 2025.

⁵ Centers for Medicare & Medicaid Services. NPI Files. Available at: https://download.cms.gov/nppes/NPI_Files.html. Accessed on: Feb 13, 2025.

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 ID number, SSN, 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 ID 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 SSN 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 SSN, 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 ID 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 ID 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 ID 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 ID 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 SNF/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 2022 and 2023 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 ID, HSAG limited the MDS 3.0 data to assessments for episodes that began, ended, or occurred during the measurement year (i.e., January 1, 2023, through December 31, 2023) 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, 2018,⁶ 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. Effective October 1, 2023, some MDS item sets and quality measures used in the SNF Experience analysis underwent substantial changes (e.g., some items were retired). Therefore, HSAG used the MDS 3.0 Quality Measures User's Manual v15.0 for analyses using MDS assessment data prior to October 1, 2023 (Quarter 1 [Q1] through Q3), and v16.0 for analyses from October 1, 2023, onward (Q4) in alignment with CMS' guidelines.^{7,8} 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 and v16.0).

⁶ 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.

⁷ Centers for Medicare & Medicaid Services. MDS 3.0 Quality Measures User's Manual (v15.0). Available at: <https://www.cms.gov/medicare/quality/nursing-home-improvement/archive-quality-measures>. Accessed on: Feb 18, 2025.

⁸ Centers for Medicare & Medicaid Services. MDS 3.0 Quality Measures User's Manual (v16.0). Available at: <https://www.cms.gov/medicare/quality/nursing-home-improvement/archive-quality-measures>. Accessed on: Feb 19, 2025.

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 and v16.0) 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.⁹ 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 and v16.0) 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. HSAG also calculated the percent relative difference in rates across measurement years. Please note, relative differences were calculated using unrounded rates.

Four long-stay quality measures (i.e., *Percent of High-Risk Residents With Pressure Ulcers*, *Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder*, *Percent of Residents Whose Ability to Move Independently Worsened*, and *Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased*) experienced large changes in rates due to changes in the MDS item sets and quality measure specifications effective October 1, 2023 (i.e., Q4). As a result, Q4 rates were not comparable to Q1 through Q3 rates (e.g., the events being evaluated by the measures changed), and national averages for the measurement year reflecting these changes were not available. Therefore, the analysis excluded Q4 rates for these measures. Additionally, the calculation of the annual rates for these measures excluded Q4, and composite measure analyses incorporating these measures excluded Q4 rates.

⁹ Centers for Medicare & Medicaid Services. Design for *Care Compare* Nursing Home Five-Star Quality Rating System: Technical Users' Guide, January 2025. Available at: <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/usersguide.pdf>. Accessed on: Feb 13, 2025.

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, 2024, for which the vendor codes 47, 56, or 80 were identified and the billing provider NPI was included in the Master SNF/ICF Facility List. HSAG collapsed claims/encounters with the same Medi-Cal ID and billing provider NPI (limited to the NPIs for ICF facilities included in the Master SNF/ICF Facility List) 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 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 and v16.0) to classify stays as short-stay or long-stay. A stay of 100 days or less was considered a short stay, and a stay of more than 100 days was considered a long stay.

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

- ◆ Stay began prior to March 1, 2018.¹⁰
- ◆ Member was not enrolled in managed care during the time of admission or the month prior.

¹⁰ 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.

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 addresses for all members in SNFs/ICFs and for the SNF/ICF facilities, 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 each member's SNF/ICF and his or her place of residence prior to SNF or ICF admission.

3. Key Findings

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 2022 and 2023 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.¹¹

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

— indicates data are not applicable.

* Effective Q4, MDS item set changes increased the number of categories for this stratification (e.g., Hospice became Hospice [Home] and Hospice [Institutional]). HSAG mapped Q4 values to their historical categories (e.g., combined the stratifications under Hospice). Please refer to the “Methodology” section for more details.

Stratification	2022 Count	2022 Percent	2023 Count	2023 Percent	Relative Difference in Counts
Total	119,947	100.00%	139,980	100.00%	16.70%
Age					
<25 Years	680	0.57%	690	0.49%	1.47%
25–54 Years	14,270	11.90%	15,727	11.24%	10.21%

¹¹ California Department of Health Care Services. Data De-Identification Guidelines (DDG). Version 2.2. December 6, 2022. Available at: <https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2-2.pdf>. Accessed on: Feb 13, 2025.

Stratification	2022 Count	2022 Percent	2023 Count	2023 Percent	Relative Difference in Counts
55–64 Years	23,685	19.75%	26,013	18.58%	9.83%
65–74 Years	31,591	26.34%	37,982	27.13%	20.23%
75–84 Years	24,657	20.56%	29,763	21.26%	20.71%
85+ Years	25,064	20.90%	29,805	21.29%	18.92%
Gender					
Male	56,868	47.41%	66,437	47.46%	16.83%
Female	63,079	52.59%	73,543	52.54%	16.59%
Resident Characteristics					
Residents with Psychiatric Diagnosis	74,070	61.75%	83,840	59.89%	13.19%
Residents with Intellectual Disability or Developmental Disability (ID/DD) Indicated	57	0.05%	63	0.05%	10.53%
Hospice Residents	5,125	4.27%	5,752	4.11%	12.23%
Residents with Life Expectancy of Less Than 6 Months	4,612	3.85%	5,350	3.82%	16.00%
Discharge Planning for Residents					
Discharge planning is already occurring for the resident to return to the community	21,694	18.09%	25,403	18.15%	17.10%
Location the Resident Entered Facility From*					
Community	4,691	3.91%	4,374	3.12%	-6.76%
Another Nursing Home or Swing Bed	6,380	5.32%	6,591	4.71%	3.31%
Acute Hospital	103,172	86.01%	122,063	87.20%	18.31%
Long-Term Care Hospital (LTCH)	331	0.28%	382	0.27%	15.41%
Inpatient Rehabilitation Facility	214	0.18%	202	0.14%	-5.61%
Psychiatric Hospital	4,297	3.58%	4,889	3.49%	13.78%
ID/DD Facility	S	S	S	S	N/A
Hospice	331	0.28%	365	0.26%	10.27%

Stratification	2022 Count	2022 Percent	2023 Count	2023 Percent	Relative Difference in Counts
Other	S	S	S	S	N/A
Resident Entry Date					
Resident with Entry Date Prior to January 1, 2022	—	—	34,988	24.99%	N/A

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

- ◆ Approximately 69.68 percent of SNF residents were ages 65 years or older during calendar year 2023, which is higher than the calendar year 2022 rate for this age group (67.80 percent). Additionally, 87.20 percent of SNF residents entered the SNF from an acute hospital during calendar year 2023, which is higher than the calendar year 2022 rate (86.01 percent). Each additional year of data allows longer stays to meet the criteria of beginning on or after January 1, 2018; therefore, increases in the age of residents and admissions from an acute hospital may reflect this shift in stay length.
- ◆ Approximately 47.46 percent of SNF residents were male in calendar year 2023, which is consistent with calendar year 2022 results and is higher than the most recently published national percentage of male SNF residents (37.80 percent).¹²
- ◆ The number of SNF stays increased by 16.70 percent from calendar year 2022 to calendar year 2023. 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.

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.¹³ 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

¹² 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 20, 2025.

¹³ 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 18, 2025.

derived from *Nursing Home Care Compare's Four Quarter Average Score* for calendar years 2023 and 2022.¹⁴

Table 3.2—Long-Stay Quality Measures

Note: The 2022 and 2023 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.

2023 Q1 represents the January 1, 2023, through March 31, 2023, measurement period.

2023 Q2 represents the April 1, 2023, through June 30, 2023, measurement period.

2023 Q3 represents the July 1, 2023, through September 30, 2023, measurement period.

2023 Q4 represents the October 1, 2023, through December 31, 2023, 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 the rate was worse than the national average for the respective year.

— indicates data are not applicable.

* indicates a lower rate is better for this measure.

^ indicates the measure's specifications underwent substantial changes effective October 1, 2023. Therefore, 2023 Q4 rates are not presented, and the 2023 Annual Rate does not include Q4. Additionally, the 2023 Annual Rate is compared to the most recent national average available prior to the change (i.e., October 1, 2022–September 30, 2023).

† 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.

¹⁴ 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 18, 2025.

Long-Stay Quality Measures	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Adverse Events Composite Measures							
Hospital Admissions from SNFs ^{*, †}	18.20 %	18.35%	19.13%	19.38%	18.79%	17.43%	7.86%
Percent of High-Risk Residents With Pressure Ulcers ^{*, ^}	8.21%	7.86%	7.82%	—	7.95%	8.53%	-6.80%
Percent of Residents Experiencing One or More Falls with Major Injury [*]	1.55%	1.57%	1.51%	1.42%	1.51%	1.60%	-5.79%
Percent of Residents Who Received an Antipsychotic Medication ^{*, +}	3.86%	3.93%	4.56%	4.43%	4.21%	2.82%	49.15%
Percent of Residents Who Were Physically Restrained [*]	0.18%	0.20%	0.22%	0.22%	0.21%	0.16%	28.98%
Percent of Residents with a Urinary Tract Infection [*]	1.00%	1.10%	1.13%	1.12%	1.09%	0.90%	21.31%
Prevalence of Antianxiety/Hypnotic Medication Use [*]	3.98%	3.94%	3.97%	4.38%	4.08%	3.95%	3.26%
Behavioral Health Composite Measures							
Percent of Residents Who Have Depressive Symptoms [*]	6.54%	6.62%	6.58%	6.99%	6.69%	6.56%	2.02%
Percent of Residents Who Used Antianxiety or Hypnotic Medication [*]	14.25 %	14.12%	14.03%	14.21%	14.15%	14.62%	-3.18%
Prevalence of Behavior Symptoms Affecting Others [*]	10.84 %	11.18%	10.86%	11.07%	10.99%	11.27%	-2.50%
Physical Health Composite Measures							

Long-Stay Quality Measures	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder *, ^	24.89 %	27.07%	28.78%	—	27.01%	23.09%	16.98%
Percent of Residents Who Lose Too Much Weight*	4.94%	4.84%	4.91%	5.17%	4.97%	5.26%	-5.38%
Percent of Residents Whose Ability to Move Independently Worsened *, ^	11.18 %	10.34%	10.60%	—	10.69%	10.91%	-1.96%
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased*, ^	7.76%	7.06%	6.95%	—	7.24%	7.00%	3.52%
Other Long-Stay Quality Measures							
Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder*	1.78%	1.60%	1.75%	1.76%	1.72%	1.76%	-2.41%

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

- ◆ Rates for 11 of 15 (73.33 percent) calendar year 2023 long-stay quality measures were within a 10 percent relative difference of the calendar year 2022 rates, indicating that the experience of MCMC members residing in California SNFs was consistent for these measures across calendar years 2022 and 2023.
 - The rate for the *Percent of Residents Who Have Depressive Symptoms* measure increased by 0.13 percentage points (a 2.02 percent relative difference) from calendar year 2022 to calendar year 2023. Previously, this rate increased by 5.49 percentage points (a 513.08 percent relative difference) from calendar years 2019–2022. Therefore, this measure rate has stabilized following the increases during the coronavirus disease 2019 (COVID-19) public health emergency (PHE); however, this rate is still higher than it was prior to the PHE.
 - The rate for the *Hospital Admissions from SNFs* measure increased by 1.36 percentage points (a 7.86 percent relative difference) from calendar year 2022 to calendar year 2023. This increase in the measure rate was partially attributable to the increase in the

proportion of members over the age of 65 years residing in SNFs, as shown in Table 3.1.

- The rate for the *Percent of Residents Who Received an Antipsychotic Medication* measure increased by 1.39 percentage points (a 49.15 percent relative difference) from calendar year 2022 to calendar year 2023. The calculation of this measure excludes most members with diagnoses for which antipsychotic medications are appropriate (e.g., schizophrenia, bipolar disorder, and other psychotic disorders). Additionally, the number of residents with a psychiatric diagnosis did not increase proportionally in calendar year 2023 (a 13.19 percent relative difference), as shown in Table 3.1, and HSAG did not identify a large increase in the diagnosis of any other potentially pertinent conditions available in the MDS item set (e.g., dementia). Therefore, the increased rate may indicate that more members in SNFs are receiving antipsychotic medications inappropriately.
- The rate for the *Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder* measure increased by 3.92 percentage points (a 16.98 percent relative difference) from calendar year 2022 to calendar year 2023.
- 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 2022 and 2023. For calendar years 2022 and 2023:
 - 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 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 continued to experience 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 continued to experience better outcomes than SNF residents nationally for all four physical health measures compared to 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 2022 and 2023 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.

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

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.

Entered Facility From	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Community	4.87%	3.35%	4.05%	2.43%	3.71%	4.23%	-12.33%
Another Nursing Home or Swing Bed	7.00%	5.81%	5.98%	6.91%	6.42%	6.04%	6.24%
Acute Hospital	20.04%	20.24%	21.12%	21.59%	20.78%	19.43%	6.97%
LTCH	S	15.48%	15.38%	16.30%	14.78%	16.41%	-9.90%
Inpatient Rehabilitation Facility	S	S	S	S	5.50%	S	N/A
Psychiatric Hospital	4.33%	4.23%	3.16%	3.60%	3.81%	3.40%	11.97%
ID/DD Facility	S	S	S	S	S	S	N/A

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 18, 2025.

Entered Facility From	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Hospice	S	S	S	N/A	S	S	N/A
Other	S	S	S	S	4.74%	2.40%	97.42%

As presented in Table 3.1, 87.47 percent of residents entered their SNF from either an acute hospital or LTCH during calendar year 2023. Of these residents, approximately 20.78 percent and 14.78 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 2022 and 2023 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.

2023 Q1 represents the January 1, 2023, through March 31, 2023, measurement period.

2023 Q2 represents the April 1, 2023, through June 30, 2023, measurement period.

2023 Q3 represents the July 1, 2023, through September 30, 2023, measurement period.

2023 Q4 represents the October 1, 2023, through December 31, 2023, measurement period.

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

— indicates data are not applicable. The specifications for one measure in the adverse events domain (i.e., *Percent of High-Risk Residents With Pressure Ulcers*) underwent substantial changes effective October 1, 2023. Therefore, 2023 Q4 rates are not presented, and the 2023 Annual Rate does not include Q4.

Number of Events	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Residents Experiencing No Events	74.81%	74.33%	73.40%	—	55.78%	55.36%	0.77%
Residents Experiencing At Least One Event	25.19%	25.67%	26.60%	—	44.22%	44.64%	-0.96%
Residents Experiencing More Than One Event	4.02%	3.93%	4.26%	—	9.97%	11.63%	-14.30%

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

- ◆ For calendar year 2023, there was an increase in the percentage of residents experiencing no adverse events (by a 0.77 percent relative difference) and a decrease in the percentage of residents experiencing at least one adverse event compared to calendar year 2022 (by 0.42 percentage points, a 0.96 percent relative difference). Additionally, the percentage of residents experiencing more than one event decreased and had the largest relative difference (by 1.66 percentage points, a 14.30 percent relative difference), with only 9.97 percent of residents experiencing more than one event. However, this rate may be impacted by the exclusion of Q4 data from the 2023 Annual Rate.
- ◆ The most common adverse event that residents experienced was *Hospital Admissions from SNFs*, with 18.79 percent and 17.43 percent of all residents experiencing at least one hospital admission during calendar year 2023 and calendar year 2022, respectively.
- ◆ Of the residents who experienced more than one adverse event during calendar year 2023:
 - 91.05 percent experienced an admission to a hospital.
 - 41.93 percent experienced both an admission to a hospital and a pressure ulcer.
 - 17.34 percent experienced both an admission to a hospital and a urinary tract infection.
 - 16.69 percent experienced both an admission to a hospital and inappropriate receipt of an antipsychotic medication.
- ◆ 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 2.82 percent in calendar year 2022 to 4.21 percent in calendar year 2023, a 49.15 percent relative difference.¹⁶

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.

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 2022 and 2023 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.

2023 Q1 represents the January 1, 2023, through March 31, 2023, measurement period.

2023 Q2 represents the April 1, 2023, through June 30, 2023, measurement period.

2023 Q3 represents the July 1, 2023, through September 30, 2023, measurement period.

2023 Q4 represents the October 1, 2023, through December 31, 2023, measurement period.

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

Number of Events	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Residents Experiencing No Events	74.99%	74.99%	75.44%	75.17%	65.32%	65.06%	0.39%
Residents Experiencing At Least One Event	25.01%	25.01%	24.56%	24.83%	34.68%	34.94%	-0.73%
Residents Experiencing More Than One Event	3.36%	3.54%	3.54%	3.66%	7.63%	7.52%	1.50%

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

- ◆ In calendar year 2023, the percentage of residents experiencing no behavioral health events increased by 0.26 percentage points (a 0.39 percent relative difference), and the percentage of residents experiencing at least one behavioral health event decreased by 0.26 percentage points (a 0.73 percent relative difference) compared to calendar year 2022. The percentage of residents experiencing more than one behavioral health event had the largest relative difference in the annual rates (1.50 percent); however, only 7.63 percent of residents experienced more than one event.

- ◆ The most common behavioral health event that residents experienced was *Percent of Residents Who Used Antianxiety or Hypnotic Medication*, with approximately 14.15 percent and 14.62 percent of residents experiencing this event during calendar years 2023 and 2022, respectively.
- ◆ The *Percent of Residents Who Have Depressive Symptoms* measure rate stabilized, with an increase of 0.13 percentage points (a 2.02 percent relative difference) from calendar year 2022 to calendar year 2023, compared to an increase of 1.48 percentage points (a 29.13 percent relative difference) 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 2023, 54.16 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 2022 and 2023 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.

2023 Q1 represents the January 1, 2023, through March 31, 2023, measurement period.

2023 Q2 represents the April 1, 2023, through June 30, 2023, measurement period.

2023 Q3 represents the July 1, 2023, through September 30, 2023, measurement period.

2023 Q4 represents the October 1, 2023, through December 31, 2023, measurement period.

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

— indicates data are not applicable. The specifications for three measures in the physical health domain (i.e., *Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder*, *Percent of Residents Whose Ability to Move Independently Worsened*, and *Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased*) underwent substantial changes effective October 1, 2023. Therefore, 2023 Q4 rates are not presented, and the 2023 Annual Rate does not include Q4.

Number of Events	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Residents Experiencing No Events	77.47%	76.97%	75.94%	—	65.95%	62.15%	6.12%

Number of Events	2023 Q1 Rate	2023 Q2 Rate	2023 Q3 Rate	2023 Q4 Rate	2023 Annual Rate	2022 Annual Rate	Relative Difference in Annual Rates
Residents Experiencing At Least One Event	22.53%	23.03%	24.06%	—	34.05%	37.85%	-10.05%
Residents Experiencing More Than One Event	3.43%	3.34%	3.41%	—	9.42%	11.58%	-18.68%

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

- ◆ The percentage of residents experiencing no events increased by 3.80 percentage points (a 6.12 percent relative difference), while the percentage of residents experiencing at least one event and more than one event decreased by 3.80 percentage points (relative difference of 10.05 percent) and 2.16 percentage points (relative difference of 18.68 percent), respectively, from calendar year 2022 to calendar year 2023. However, this rate may be impacted by the exclusion of Q4 data from the 2023 Annual Rate.
- ◆ The most common physical health event that residents experienced was *Percent of Low-Risk Residents Who Lose Control of Their Bowel or Bladder* with 27.01 percent and 23.09 percent of all residents having bowel or bladder incontinence during calendar year 2023 and calendar year 2022, respectively.
- ◆ Of the residents who experienced more than one physical health event during calendar year 2023:
 - 40.06 percent experienced both a decrease in their ability to move independently and an increase in their need for help performing activities of daily living.
 - 26.87 percent experienced bowel or bladder incontinence along with a decrease in their ability to walk independently.
 - 24.79 percent experienced bowel or bladder incontinence 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 2023, with comparisons to the calendar year 2022 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.

Please note, 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 county offering at least one Dual-Eligible Special Needs Plan (D-SNP).¹⁷

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
Statewide	50,256	3.70	8.70	18.80	657.20	19.39	19.43
Alameda^	1,389	3.20	5.80	12.80	460.80	15.98	15.49
Alpine	0	N/A	N/A	N/A	N/A	N/A	N/A
Amador^	27	12.30	19.30	43.90	385.90	41.91	27.59
Butte^	209	2.70	7.50	42.00	466.90	40.32	49.00
Calaveras	32	15.75	32.35	44.55	58.50	32.24	31.75
Colusa	15	11.10	26.50	48.10	121.80	32.33	31.10
Contra Costa^	783	3.30	10.20	17.80	368.30	17.10	18.55
Del Norte*	57	1.40	9.00	273.60	653.20	124.70	120.14
El Dorado^	79	6.60	16.00	43.50	376.10	30.23	43.75

¹⁷ State of California Department of Health Care Services. Landscape of D-SNPs in California. August 2023. Available at: <https://www.dhcs.ca.gov/provgovpart/Documents/Landscape-of-D-SNPs.pdf>. Accessed on: Feb 7, 2025.

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
Fresno^	757	4.70	10.60	33.00	431.80	36.39	39.04
Glenn^	29	17.70	21.50	90.10	482.40	104.80	202.04
Humboldt*,^	235	5.90	21.60	199.90	597.10	102.18	106.90
Imperial^	152	12.00	74.50	90.55	437.80	64.40	69.73
Inyo	14	1.30	5.55	187.20	247.50	81.73	10.75
Kern^	623	3.70	11.20	38.50	266.50	30.88	38.02
Kings^	97	3.70	19.90	43.60	181.10	39.26	37.85
Lake*	211	6.10	19.30	59.50	469.30	56.11	61.58
Lassen*	34	0.50	12.85	55.90	478.30	52.12	70.01
Los Angeles^	19,851	3.50	7.60	15.20	408.50	11.71	11.72
Madera^	113	2.10	21.70	45.60	259.50	47.84	38.34
Marin*,^	311	3.20	8.70	25.10	392.60	29.28	32.03
Mariposa	19	31.60	38.80	61.10	272.80	55.29	45.15
Mendocino*	163	21.10	62.00	106.00	496.60	86.75	74.73
Merced*,^	366	2.50	11.10	32.10	292.40	26.29	26.56
Modoc*	33	0.70	14.20	70.00	555.10	59.87	18.53
Mono	2	30.40	31.20	32.00	32.00	31.20	N/A
Monterey*,^	448	2.90	6.90	21.30	316.10	25.56	29.16
Napa*,^	199	0.80	4.60	31.40	400.20	27.16	29.44
Nevada	66	2.20	5.50	13.50	141.70	14.67	18.08
Orange*,^	4,227	3.70	7.50	13.50	389.40	11.90	11.60
Placer^	144	4.30	13.90	26.15	490.50	36.20	59.89
Plumas	10	11.00	41.25	72.20	438.30	79.56	72.17
Riverside^	2,658	6.50	16.30	34.30	545.20	25.27	24.37
Sacramento^	1,159	5.70	10.10	18.10	473.90	26.79	33.39
San Benito^	17	2.30	8.50	20.30	54.20	16.40	22.50
San Bernardino^	2,720	5.40	12.00	27.45	546.90	20.35	19.86
San Diego^	3,592	4.60	10.10	17.70	491.70	15.76	14.64

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
San Francisco [^]	843	2.50	5.20	14.40	383.70	16.70	19.10
San Joaquin [^]	616	2.60	6.15	15.00	424.20	22.10	24.30
San Luis Obispo ^{*,^}	269	8.10	19.70	95.50	262.90	53.34	48.63
San Mateo ^{*,^}	649	4.10	10.10	19.50	454.40	18.45	19.08
Santa Barbara ^{*,^}	557	2.00	4.90	41.90	241.40	32.59	29.37
Santa Clara [^]	2,011	3.70	6.80	11.20	360.40	15.76	17.69
Santa Cruz ^{*,^}	389	2.10	6.10	18.70	316.50	20.93	24.36
Shasta ^{*,^}	407	3.50	10.40	114.90	588.70	84.55	98.89
Sierra	4	19.00	39.45	59.55	59.70	39.28	44.78
Siskiyou ^{*,^}	69	30.40	59.90	101.20	657.20	92.20	83.83
Solano ^{*,^}	554	2.80	16.30	27.30	520.20	26.00	30.46
Sonoma ^{*,^}	679	3.70	16.20	33.70	419.50	31.90	32.09
Stanislaus [^]	437	3.80	9.00	28.90	382.40	26.32	32.71
Sutter [^]	103	3.10	11.00	48.90	435.10	73.52	106.36
Tehama [^]	61	18.60	41.30	79.40	507.30	78.30	98.45
Trinity [*]	27	33.50	43.70	119.80	562.40	92.55	127.50
Tulare [^]	454	2.70	10.05	26.90	344.40	28.16	31.20
Tuolumne	45	3.60	5.20	33.10	156.30	22.84	42.97
Ventura ^{*,^}	935	3.90	11.30	24.70	308.80	21.45	21.01
Yolo ^{*,^}	213	1.70	9.30	19.80	407.60	21.01	17.17
Yuba [^]	93	5.50	15.70	38.00	412.60	40.66	40.19

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 decreased by 0.04 miles from calendar year 2022 to calendar year 2023.
- ◆ For calendar year 2023, while the statewide average driving distance for long-stay residents was 19.39 miles from their place of residence to the facility, half of all long-stay

residents traveled 8.70 or fewer miles. Because 25 percent of long-stay residents traveled 18.80 miles or more from their place of residence to the facility (with a maximum driving distance of 657.20 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 19 of the 57 counties with sufficient data (33.33 percent), at least half of long-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2023.
- ◆ Several counties had a large increase in the number of residents from calendar year 2022 to calendar year 2023. Counties with large increases were subject to the CalAIM Long-Term Care Carve-In Transition, changing the coverage of SNFs from fee-for-service (FFS) to managed care.¹⁸

Table 3.8—County-Level Short-Stay SNF Resident Distance Results

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

Please note, 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 county offering at least one D-SNP.

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
Statewide	87,954	3.30	7.20	14.50	631.50	14.03	14.24
Alameda^	3,735	2.50	5.00	10.60	427.80	9.84	10.19
Alpine	2	45.10	58.60	72.10	72.10	58.60	45.10
Amador^	80	12.95	26.45	37.90	102.80	25.92	40.33
Butte^	626	1.80	4.00	17.50	540.30	19.26	21.64
Calaveras	77	14.20	24.70	42.80	140.40	31.71	32.07
Colusa	26	28.30	35.90	54.40	68.20	39.52	41.55
Contra Costa^	2,050	3.40	8.80	15.80	469.30	12.47	11.82
Del Norte*	66	3.20	54.45	256.70	631.50	130.97	145.79

¹⁸ California Department of Health Care Services. CalAIM Long-Term Care Carve-In Transition. Available at: <https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx> Accessed on: Feb 21, 2025.

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
El Dorado^	244	5.05	13.50	32.50	450.90	29.63	32.71
Fresno^	1,911	4.60	8.70	18.70	320.90	18.18	21.58
Glenn^	58	15.60	18.70	31.80	278.10	35.60	33.69
Humboldt*,^	230	6.20	20.40	163.40	576.90	78.69	92.57
Imperial^	580	9.65	19.55	89.30	570.50	48.46	50.32
Inyo	34	1.10	1.80	18.40	219.60	33.00	75.89
Kern^	1,327	3.90	7.60	31.60	281.80	22.01	31.15
Kings^	278	3.00	16.75	22.70	210.90	20.83	22.65
Lake*	266	7.90	17.70	42.50	427.90	28.05	36.11
Lassen*	32	0.80	22.85	73.10	450.40	52.69	84.91
Los Angeles^	25,100	3.40	6.90	12.70	406.50	10.56	10.71
Madera^	241	1.80	15.20	32.80	257.30	26.14	25.85
Marin*,^	361	3.00	5.70	11.80	390.70	15.25	15.45
Mariposa	41	34.50	41.30	55.20	324.80	66.88	56.78
Mendocino*	284	8.10	37.90	78.05	486.40	52.87	68.87
Merced*,^	920	3.05	8.65	25.50	369.10	18.93	22.94
Modoc*	18	1.00	76.20	117.60	297.50	94.79	67.80
Mono	7	32.00	43.00	147.30	311.00	104.67	88.15
Monterey*,^	853	2.40	5.10	16.70	300.20	13.65	17.62
Napa*,^	254	0.60	2.80	16.20	375.50	14.19	16.60
Nevada	189	2.40	10.30	24.90	486.40	25.63	22.76
Orange*,^	6,873	3.60	6.50	11.10	400.30	9.76	9.59
Placer^	477	4.80	11.30	20.40	385.80	18.81	23.40
Plumas	18	42.50	61.00	78.30	145.50	66.77	74.98
Riverside^	5,189	4.30	10.60	22.90	537.80	17.53	17.15
Sacramento^	4,258	4.10	7.20	11.70	480.90	13.05	14.32
San Benito^	49	6.90	22.40	31.20	111.40	25.69	19.59
San Bernardino^	4,401	4.70	9.70	22.90	439.60	17.27	16.37

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
San Diego [^]	8,306	4.00	7.70	14.00	535.80	11.59	11.15
San Francisco [^]	2,178	1.80	3.60	6.70	466.30	9.27	7.02
San Joaquin [^]	1,854	2.40	5.20	11.70	441.90	11.19	9.85
San Luis Obispo ^{*,^}	382	3.60	14.85	32.60	255.80	40.31	41.40
San Mateo ^{*,^}	1,180	3.50	7.35	15.10	396.20	12.57	13.70
Santa Barbara ^{*,^}	860	1.90	4.00	16.70	322.10	21.93	21.08
Santa Clara [^]	3,617	3.40	6.20	10.40	420.00	10.00	9.90
Santa Cruz ^{*,^}	635	1.80	4.10	15.80	139.80	10.64	12.03
Shasta ^{*,^}	630	3.10	7.50	14.90	588.80	28.76	41.21
Sierra	1	79.20	79.20	79.20	79.20	79.20	77.70
Siskiyou ^{*,^}	106	26.20	52.55	101.80	542.70	91.44	109.30
Solano ^{*,^}	859	2.60	12.60	23.50	482.20	18.56	21.08
Sonoma ^{*,^}	1,009	4.00	10.50	20.30	511.00	17.83	20.17
Stanislaus [^]	1,460	2.80	5.90	13.15	415.00	13.41	15.06
Sutter [^]	264	2.00	3.80	11.05	432.30	17.75	16.89
Tehama [^]	189	12.90	21.40	38.00	492.70	38.07	68.72
Trinity [*]	24	34.85	43.20	101.50	180.00	73.37	110.40
Tulare [^]	1,057	2.20	6.90	16.00	408.10	16.94	19.48
Tuolumne	109	4.00	7.40	48.10	286.60	24.60	34.42
Ventura ^{*,^}	1,456	2.60	6.70	14.20	340.90	12.33	12.72
Yolo ^{*,^}	394	2.00	9.10	15.20	379.50	12.93	18.72
Yuba [^]	229	4.50	11.70	26.50	442.60	29.31	32.78

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 0.21 miles from calendar year 2022 to calendar year 2023.
- ◆ For calendar year 2023, while the statewide average driving distance for short-stay residents was 14.03 miles from their place of residence to the facility, half of all short-stay residents traveled 7.20 or fewer miles. Because 25 percent of short-stay residents traveled 14.50 miles or more from their place of residence to the facility (with a maximum driving distance of 631.50 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 28 of the 58 counties with sufficient data (48.28 percent), at least half of all short-stay residents traveled fewer than 10.00 miles from their place of residence during calendar year 2023.
- ◆ Several counties had a large increase in the number of residents from calendar year 2022 to calendar year 2023. Counties with large increases were subject to the CalAIM Long-Term Care Carve-In Transition, changing the coverage of SNFs from FFS to managed care.¹⁹

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 for calendar years 2022 and 2023.²⁰

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.

¹⁹ Ibid.

²⁰ 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	2022 Short-Stay SNF Resident Average Distance	2022 Long-Stay SNF Resident Average Distance	2022 Aggregate Average Distance	2023 Short-Stay SNF Resident Average Distance	2023 Long-Stay SNF Resident Average Distance	2023 Aggregate Average Distance
Statewide						
Statewide Average Distance	14.24	19.43	16.23	14.03	19.39	15.98
Resident Characteristics						
Residents with Alzheimer's Disease Diagnosis	11.92	17.61	15.89	12.36	17.65	15.83
Residents with Psychiatric Diagnosis	15.62	21.56	18.50	15.08	21.75	18.21
Residents with ID/DD Indicated	14.44	22.44	18.65	14.70	22.84	18.56
Hospice Residents	16.16	18.11	17.43	15.50	17.68	16.83
Residents with Life Expectancy of Less Than 6 Months	15.64	18.18	17.32	15.21	17.93	16.90
Location the Resident Entered Facility From						
Community	14.15	20.38	17.91	14.24	20.57	18.09
Another Nursing Home or Swing Bed	N/A	N/A	N/A	N/A	N/A	N/A
Acute Hospital	14.13	17.99	15.53	13.91	17.98	15.31
LTCH	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Rehabilitation Facility	N/A	N/A	N/A	N/A	N/A	N/A
Psychiatric Hospital	31.30	45.23	42.53	32.16	44.76	42.13
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	2022 Short-Stay SNF Resident Average Distance	2022 Long-Stay SNF Resident Average Distance	2022 Aggregate Average Distance	2023 Short-Stay SNF Resident Average Distance	2023 Long-Stay SNF Resident Average Distance	2023 Aggregate Average Distance
Other	15.28	41.92	36.85	20.42	53.42	48.24
Rural/Urban						
Rural	26.79	38.96	31.22	24.33	37.35	28.58
Urban	11.38	15.42	12.95	11.38	15.60	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 (an increase of 5.36 miles) from their place of residence to a facility than short-stay residents for calendar year 2023. Additionally, the average driving distance decreased slightly (by 0.25 miles) from calendar year 2022.
- ◆ 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 2023:
 - SNF residents who had a psychiatric diagnosis other than Alzheimer's disease.
 - SNF residents with ID/DD indicated.
 - 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 a rural area.
- ◆ While the average distance for members who entered from other locations increased by 11.39 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 (24.33 and 37.35 miles, respectively) from their place of residence to a facility than SNF residents who resided in urban areas (11.38 and 15.60 miles, respectively). This represents a difference of 12.95 miles on average for short-stay residents and 21.75 miles on average for long-stay residents. The difference in average driving distance has decreased from calendar year 2022 for short-stay and long-stay residents by 2.46 miles and 1.79 miles, respectively.
 - Both short- and long-stay SNF residents who resided in rural areas traveled over twice as far as those who resided in urban areas.

ICF Statewide- and County-Level Distance Results

Table 3.10 presents 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 2023, with comparisons to the calendar year 2022 average rate, for both long- and short-stay residents combined.

Table 3.10—County-Level ICF Resident Distance Results

Please note, 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.

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.²¹

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 county offering at least one D-SNP.

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
Statewide	1,771	3.40	9.40	20.40	600.50	20.78	20.63
Alameda^	13	15.40	20.40	42.00	419.60	105.72	S
Alpine	0	N/A	N/A	N/A	N/A	N/A	N/A
Amador	S	S	S	S	S	S	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^	25	5.10	11.90	26.50	361.80	41.40	20.70
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^	S	S	S	S	S	S	S

²¹ California Department of Health Care Services. Data De-Identification Guidelines (DDG). Version 2.2. December 6, 2022. Available at: <https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2-2.pdf>. Accessed on: Feb 13, 2025.

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
Glenn^	0	N/A	N/A	N/A	N/A	N/A	N/A
Humboldt*,^	S	S	S	S	S	S	131.53
Imperial^	S	S	S	S	S	S	N/A
Inyo	0	N/A	N/A	N/A	N/A	N/A	N/A
Kern^	22	6.00	31.10	43.90	136.60	36.74	52.32
Kings^	S	S	S	S	S	S	S
Lake*	0	N/A	N/A	N/A	N/A	N/A	N/A
Lassen*	S	S	S	S	S	S	N/A
Los Angeles^	199	5.90	11.10	18.20	178.70	17.86	19.40
Madera^	S	S	S	S	S	S	S
Marin*,^	17	23.70	33.80	39.00	94.40	32.01	49.36
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	S
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*,^	602	1.50	6.00	11.90	333.00	9.04	9.10
Placer^	S	S	S	S	S	S	S
Plumas	0	N/A	N/A	N/A	N/A	N/A	N/A
Riverside^	95	17.60	29.00	38.40	81.00	31.14	28.68
Sacramento^	S	S	S	S	S	S	S
San Benito^	S	S	S	S	S	S	N/A
San Bernardino^	338	3.40	8.05	20.80	73.60	13.27	11.83
San Diego^	75	7.20	12.30	25.60	100.10	21.32	19.54

County	Number of Residents	2023 25th Percentile	2023 50th Percentile	2023 75th Percentile	2023 Maximum Distance	2023 Average Distance	2022 Average Distance
San Francisco [^]	S	S	S	S	S	S	S
San Joaquin [^]	12	1.65	3.60	11.30	20.60	6.58	S
San Luis Obispo ^{*,^}	45	3.20	13.10	15.80	173.50	20.90	17.62
San Mateo ^{*,^}	43	2.10	6.40	14.90	23.50	8.97	18.86
Santa Barbara ^{*,^}	19	5.00	17.20	34.90	147.10	30.76	44.64
Santa Clara [^]	14	9.70	11.00	17.90	68.10	16.61	16.65
Santa Cruz ^{*,^}	S	S	S	S	S	S	N/A
Shasta ^{*,^}	S	S	S	S	S	S	11.38
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	S
Solano ^{*,^}	30	3.50	14.55	21.00	41.20	14.14	28.96
Sonoma ^{*,^}	39	23.50	72.60	247.40	467.50	153.10	169.37
Stanislaus [^]	S	S	S	S	S	S	S
Sutter [^]	0	N/A	N/A	N/A	N/A	N/A	N/A
Tehama [^]	S	S	S	S	S	S	S
Trinity [*]	0	N/A	N/A	N/A	N/A	N/A	N/A
Tulare [^]	S	S	S	S	S	S	S
Tuolumne	0	N/A	N/A	N/A	N/A	N/A	N/A
Ventura ^{*,^}	102	1.60	5.20	25.80	118.10	16.23	13.75
Yolo [*]	S	S	S	S	S	S	S
Yuba	S	S	S	S	S	S	N/A

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

- ◆ The statewide average driving distance for ICF residents increased by 0.15 miles from calendar year 2022 to calendar year 2023.
- ◆ For calendar year 2023, while the statewide average driving distance for ICF residents was 20.78 miles from their place of residence to the facility, at least half of residents traveled

9.40 or fewer miles. Because at least 25 percent of ICF residents traveled 20.40 or more miles from their place of residence to the facility (with a maximum driving distance of 600.50 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 5 of the 17 counties with sufficient data (29.41 percent), at least half of ICF residents traveled fewer than 10.00 miles from their place of residence during calendar year 2023.

ICF Statewide Average Distance Results

Table 3.11 displays the statewide aggregate average driving distance (i.e., short- and long-stay residents combined), stratified by rural/urban for calendar years 2022 and 2023. 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.

Table 3.11—Statewide ICF Resident Distance Results

The average distances are presented in miles.

Stratification	2022 Aggregate Average Distance	2023 Aggregate Average Distance
Statewide		
Statewide Average Distance	20.63	20.78
Rural	31.01	38.48
Urban	18.74	17.78

HSAG identified the following notable findings from its assessment of the statewide ICF distance results:

- ◆ ICF residents who resided in rural areas had a longer average driving distance (38.48 miles) from their place of residence to a facility than ICF residents who resided in urban areas (17.78 miles). This represents a difference of 20.70 miles on average.
- ◆ The average distance for rural ICF residents increased by 7.47 miles, while the average distance for urban ICF residents decreased by 0.96 miles.

4. Conclusions and Considerations

Conclusions

Based on the results of the 2023–24 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 generally stayed the same from calendar year 2022 to calendar year 2023. Performance for the *Physical Health* composite measure improved slightly from calendar year 2022 to calendar year 2023.
 - *Hospital Admissions from SNFs* was the most common adverse event, with 18.79 percent of all residents experiencing at least one hospital admission during calendar year 2023, and this measure rate increased in calendar year 2023. However, the increase was partially attributable to the increasing age of the study population.
 - The largest change within the *Adverse Events* composite measure was the increase from 2022 in the *Percent of Residents Who Received an Antipsychotic* measure, resulting in a 49.15 percent relative difference between calendar years 2022 and 2023. This measure excludes residents for whom antipsychotic medication is appropriate; therefore, more SNF residents may be inappropriately receiving antipsychotic medications.
- ◆ The *Percent of Residents Who Have Depressive Symptoms* rate increased substantially over the COVID-19 PHE; however, the rate stabilized for the first time in calendar year 2023 at 6.69 percent. In calendar year 2019 (i.e., prior to the impacts of COVID-19), this rate was 1.07 percent.
- ◆ MCMC members residing in California SNFs experienced better outcomes than SNF residents nationally for eight of 11 long-stay quality measures that could be compared to national averages in both calendar years 2022 and 2023. The measures with rates worse than the national averages were *Percent of High-Risk Residents With Pressure Ulcers*, *Percent of Residents Who Were Physically Restrained*, and *Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder*.
- ◆ For the SNF Distance analysis, the statewide average driving distance for long-stay SNF residents from their place of residence to a facility was longer than for short-stay residents for calendar year 2023. 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 the community or 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 (24.33 and 37.35 miles, respectively) from their place of residence to a facility than SNF residents who resided in urban areas (11.38 and 15.60 miles, respectively). However, the average driving distance for rural areas improved by 2.64 miles in calendar year 2023.

- ◆ As expected, ICF residents who resided in rural areas had a longer average driving distance (38.48 miles) from their place of residence to a facility than ICF residents who resided in urban areas (17.78 miles). Additionally, the average driving distance for rural areas increased in calendar year 2023 by approximately 7.5 miles. The statewide average driving distance for ICF residents was generally the same from calendar year 2022 to calendar year 2023, with an increase of 0.15 miles.

Considerations

Based on the results of the 2023–24 SNF Experience and SNF/ICF Distance analyses, HSAG offers the following for DHCS' consideration.

- ◆ The SNF Experience results showed that 18.79 percent of long-stay SNF residents had a hospital admission from their SNF during calendar year 2023, which was a 7.86 percent relative increase from calendar year 2022. Many hospitalizations from SNFs are preventable/avoidable.²²
 - These findings are consistent with the findings of the 2022–23 SNF Experience analyses. In addition to the 2022–23 SNF Experience considerations, DHCS should consider controlling for age and other demographic characteristics when evaluating year-over-year rate changes to distinguish between changes in performance and changes in the study population.
- ◆ The SNF Experience analysis also showed that the *Percent of Residents Who Have Depressive Symptoms* measure rate has stabilized in calendar year 2023. However, the rate for calendar year 2023 is substantially higher than the rate for calendar year 2019.
 - Measurement year 2024 will be the first year since 2019 that data will not have been collected during the COVID-19 PHE. In addition to the 2022–23 SNF Experience considerations, DHCS should consider evaluating whether the *Percent of Residents Who Have Depressive Symptoms* measure rates begin returning to levels seen prior to the COVID-19 PHE.
- ◆ The SNF Experience rate for the *Percent of Residents Who Received an Antipsychotic Medication* measure had a large increase (resulting in a 49.15 percent relative difference) in calendar year 2023, which may indicate that inappropriate use of antipsychotic medications is increasing.
 - DHCS should consider investigating this increase by evaluating diagnoses for residents who are prescribed antipsychotics to determine if additional diagnoses should be excluded from this measure. DHCS may also consider investigating which antipsychotics are commonly prescribed among MCMC SNF residents and if these antipsychotics are being prescribed for off-label uses.

²² 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 18, 2025.

- ◆ Historically, the experiences of ICF residents have not been evaluated, given that ICFs are not included in the data used for MDS long-stay quality measures.
 - DHCS may consider utilizing Medi-Cal administrative data to calculate rates of hospital admissions and emergency department visits occurring during ICF stays, as these events can indicate quality of care and may be distinguishable in administrative data.
- ◆ The 2023–24 SNF/ICF Distance analyses results were consistent with the 2022–23 SNF/ICF Distance analyses results; therefore, there are no new considerations related to SNF/ICF Distance.
- ◆ Given that SNFs became covered by managed care in all 58 counties in January 2023, and most ICFs became covered by managed care in January 2024, DHCS should monitor how this transition in coverage impacts the experience and distance of SNF/ICF residents statewide.