



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

About This Document

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

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3.0	11/29/2023	POPU/LTSS team
4.0	11/6/2024	POPU/LTSS team
4.0 COMMENTS	<ul style="list-style-type: none"> - Measures finalized and added (10-13, 47-69) - Waitlist links added - Stratifications updated 	



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LTSS Business Need

In December 2022, the California Department of Health Care Services (DHCS) released the initial version of California's LTSS dashboard, with participation/utilization information related to California's Medi-Cal LTSS programs from 2017 through 2021. DHCS has subsequently released updated versions with additional measures and additional data years.

DHCS is committed to high-quality services for all, including the most vulnerable members of our communities. LTSS are critical programs that support older adults and people with disabilities in institutions as well as at home or in the community. Long-term care (LTC) facilities are essential providers in the continuum of care, and home and community-based services (HCBS) can allow consumers to remain in their homes and communities while they receive necessary care. As the state looks toward driving improvements in quality and health equity for LTSS recipients, this dashboard will provide transparency and information to support these efforts.

LTSS Universe

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

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



Data Differences Between Departments

Most of the DHCS LTSS dashboard measures report the annual number of certified eligible Medi-Cal members who have *used LTSS services* within a year. However, DHCS reports unique members *enrolled* in 1915c waiver programs (MCWP, MSSP, SDP, HCBA, HCBS-DD, and ALW). Those enrolled in a program during a given year may not have used any services.

The California Department of Developmental Services (DDS) publishes data for individuals with developmental and intellectual disabilities based on claims data (service and visit information) for the HCBS-DD and SDP programs, which is different from the enrollment counts published in the LTSS dashboard. Counts of services/visits reported by DDS will be higher than the number of individuals enrolled in the program reported on the LTSS dashboard since one person can have multiple visits.

The California Department of Social Services (CDSS) publishes monthly [IHSS recipient/consumer](#) counts, which is different from the annual counts published in this LTSS dashboard. The IHSS counts published in the LTSS dashboard are larger than the CDSS monthly enrollment counts, partly because of data source differences, but primarily because the LTSS dashboard includes any individual who was enrolled in IHSS for any period of time in the reported year. The CDSS counts only include IHSS enrollment for the reported month.

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

For example, Adult Day Health Center (ADHC)/CBAS providers self-report the total number of Medi-Cal managed care, Medi-Cal fee-for-service, and ADHC private pay participants to CDA. CDA uses the data to calculate average daily attendance and utilization rate as a percentage of the center's licensed capacity. For additional information, refer to CBAS [MSSR Instructions](#) or the monthly MSSR summary data on the CDA CBAS [Center Overview](#) webpage.



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

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

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

Measure List and Measure Description

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

Additional utilization measures have been added with the December 2023 release, including Medi-Cal HH and programs administered by the DDS. This iteration added measures for cost and facility length of stays and will improve the user experience through enhanced data visualization capabilities. .

Measure ID	Description
1a_MEDI-CAL_ALL	Number of certified eligible Medi-Cal members.
1b_MEDI-CAL_GE65	Number of certified eligible Medi-Cal members who are age 65 and older.
1c_MEDI-CAL_GE65_OR_DISABILITY	Number of certified eligible Medi-Cal members that are either age 65 and older (most of whom are also enrolled in Medicare) or are in Medi-Cal aid codes based on disability (many of whom are also enrolled in Medicare).

Measure ID	Description
2_LTSS_ALL	Number of certified eligible Medi-Cal members who received any LTSS benefit, including LTC and any HCBS.
3_LTSS_ALL_RATE	Number of certified eligible Medi-Cal members who received any LTSS benefit per 100,000 certified eligible Medi-Cal member months. This measure includes LTC stays and any HCBS.
4_LTSS_ALL_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who received any LTSS benefit. This measure includes LTC stays and any HCBS.
5_LTSS_SELECT_HCBS	Number of certified eligible Medi-Cal members who received LTSS benefits for LTC stays and/or select HCBS programs. For this measure and measures 6 and 7 below, “select HCBS” includes IHSS, CBAS, HCBA, ALW, CCT, and MSSP.
6_LTSS_SELECT_HCBS_RATE	Number of certified eligible Medi-Cal members who received LTSS benefits - LTC stays and/or select HCBS programs (IHSS, CBAS, HCBA, ALW, CCT or MSSP) per 100,000 certified eligible Medi-Cal member months.
7_LTSS_SELECT_HCBS_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who received LTSS benefits—LTC stays and/or select HCBS programs (IHSS, CBAS, HCBA, ALW, CCT or MSSP).
8_LTC_COUNTS	<ul style="list-style-type: none"> • 8a_LTC – Number of certified eligible Medi-Cal members with one or more LTC stays • 8b_LTC_AVG – Snap-Shot (Monthly Average) – Average number of certified eligible Medi-Cal members with one or more LTC stays per month • 8_1b_SNF - SNF – Number of certified eligible Medi-Cal members with one or more SNF stays

Measure ID	Description
	<ul style="list-style-type: none"> • 8_1c_SNF_ALZ_DEM – SNF – Members with Alzheimer’s disease and/or related dementia – Number of certified eligible Medi-Cal members with Alzheimer’s disease and/or related dementia with one or more SNF stays • 8_1d_SNF_NO_ALZ_DEM – SNF – Members without Alzheimer’s disease or related dementia – Number of certified eligible Medi-Cal members without Alzheimer’s disease or related dementia with one or more SNF stays • 8_1e_SUBACUTE – Subacute – Number of certified eligible Medi-Cal members with one or more subacute care stays • 8_1f_ICF – Number of certified eligible Medi-Cal members with one or more ICF stays • 8_1g_SNF_CUSTODIAL – Number of certified eligible Medi-Cal members with one or more custodial care stays
9_LTC_RATES	<ul style="list-style-type: none"> • 9a_LTC_RATE – Number of certified eligible Medi-Cal members with one or more LTC stays per 100,000 certified eligible Medi-Cal member months • 9b_LTC_AVG_PCT – Snapshot (Percent) – Average number of certified eligible Medi-Cal members with one or more LTC stays per month divided by the average monthly certified eligible Medi-Cal population • 9c_LTC_PCT_LTSS – Percent of LTSS participants with one or more LTC stays • 9d_LTC_PCT_MEDI-CAL – Percent of certified eligible Medi-Cal members with one or more LTC stays

Measure ID	Description
10_SNF_SHORT	Number of certified eligible Medi-Cal members with SNF stays of up to and including 100 days, all diagnosis codes.
11_SNF_SHORT_ALZ_DEM	Number of certified eligible Medi-Cal members with SNF stays of up to and including 100 days, with Alzheimer's disease and/or related dementia diagnosis codes.
12_SNF_LONG	Number of certified eligible Medi-Cal members with SNF stays of more than 100 days, all diagnosis codes.
13_SNF_LONG_ALZ_DEM	Number of certified eligible Medi-Cal members with SNF stays of more than 100 days, with Alzheimer's disease and/or related dementia diagnosis codes.
14_HCBS_ALL	<p>Number of certified eligible Medi-Cal members who utilized one or more HCBS, including all waiver programs and State Plan services.</p> <p>HCBS programs include:</p> <ul style="list-style-type: none"> • 1915(c) Waivers <ul style="list-style-type: none"> ○ ALW ○ SDP ○ HCBS-DD ○ HCBA ○ MCWP ○ MSSP • CCT • CBAS • HH services • IHSS
15_HCBS_ALL_RATE	Number of unique certified eligible Medi-Cal members who utilized one or more

Measure ID	Description
	HCBS services per 100,000 Medi-Cal member months
16_HCBS_ALL_PCT_LTSS	Percent of LTSS participants who utilized one or more HCBS services
17_HCBS_ALL_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who utilized one or more HCBS services
18_HCBS_SELECT	Number of certified eligible Medi-Cal members who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP). These programs were selected for inclusion based upon the nature of overlapping providers and population for these services
19_HCBS_SELECT_RATE	Number of certified eligible Medi-Cal members who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP) per 100,000 Medi-Cal member months
20_HCBS_SELECT_PCT_LTSS	Percent of LTSS participants who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP)
21_HCBS_SELECT_PCT_MEDI-CAL	Percent of certified eligible Medi-Cal members who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP)
22_HCBS_SELECT_PCT_GE65	Percent of certified eligible Medi-Cal members 65 years of age or older who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP)
23_HCBS_SELECT_PCT_GE65_OR_DISABILITY	Percent of Medi-Cal certified eligible members that are either age 65 and older or are in Medi-Cal aid codes based on disability (see 1c_MEDI-CAL_GE65_DISABILITY for the denominator) who utilized one or more select HCBS services (see 18_HCBS_SELECT for the numerator)

Measure ID	Description
24_1915c_MCWP	Number of certified eligible Medi-Cal members enrolled in the MCWP
25_1915c_ALW	Number of certified eligible Medi-Cal members enrolled in the ALW
25a_ALW_WAIT	Number of individuals on the ALW waitlist. Medi-Cal eligibility is confirmed when the individual is enrolled into the ALW waiver (Data source: MedCompass Database)
26a_CBAS	Number of certified eligible Medi-Cal members enrolled in CBAS
26b_CBAS_AVG	Snapshot (Monthly Average) – Average number of certified eligible Medi-Cal members enrolled in CBAS per month
27_CCT	Number of certified eligible Medi-Cal members enrolled in the CCT Project
28_CMC	Number of certified eligible Medi-Cal members enrolled in Cal Medi-Connect (CMC). For more information on CMC, please see this webpage. This measure will be discontinued after 2022.
29_RC	Number of certified eligible Medi-Cal members enrolled through Regional Center (RC) for HCBS-DD, SDP, or other related services including members receiving services through the 1915(i) HCBS DD State Plan.
30_RC_SNF	Number of certified eligible Medi-Cal members enrolled through RC for HCBS-DD, SDP, and other related services who had one or more SNF stays in the same year
31_1915c_HCBA	Number of certified eligible Medi-Cal members enrolled in the HCBA waiver
31a_HCBA_WAIT	Number of individuals on the HCBA Waiver wait list. Medi-Cal eligibility is confirmed when the individual is enrolled into the HCBA waiver (Data source: MedCompass Database)

Measure ID	Description
32_HCBA_SNF	Number of certified eligible Medi-Cal members who were enrolled in the HCBA waiver and had one or more SNF stays in the same year
33_HH	Number of certified eligible Medi-Cal members who received HH services
34_HH_SNF	Number of certified eligible Medi-Cal members who received HH services and had one or more SNF stays in the same year
35a_IHSS	Number of certified eligible Medi-Cal members who received IHSS
35b_IHSS_AVG	Snap-Shot (Monthly Average) – Average number of certified eligible Medi-Cal members who received IHSS per month
36_IHSS_ALW	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in ALW in the same year
37_IHSS_CBAS	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in CBAS in the same year
38_IHSS_RC	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in HCBS-DD and SDP or RC consumers in the same year
39_IHSS_HCBA	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in the HCBA waiver in the same year
40_IHSS_SNF	Number of certified eligible Medi-Cal members who received IHSS and had one or more SNF stays in the same year
41_IHSS_MSSP	Number of certified eligible Medi-Cal members who received IHSS and were enrolled in the MSSP waiver in the same year
42_1915c_MSSP	Number of certified eligible Medi-Cal members who received MSSP waiver services

Measure ID	Description
43_PACE	Number of certified eligible Medi-Cal members who enrolled in Program of All-Inclusive Care for the Elderly (PACE)
44_1915c_WAIVERS	Number of certified eligible Medi-Cal members who received services for one of the six 1915(c) waivers: <ul style="list-style-type: none"> • ALW • SDP • HCBA Waiver • HCBS-DD • MCWP • MSSP
45_1915c_HCBS_DD	Number of certified eligible Medi-Cal members who received the HCBS-DD
46_1915c_SDP	Number of certified eligible Medi-Cal members who received the California SDP
MEASURES BELOW ADDED IN JANUARY 2025	
47_SNF_LOS_MEDIAN	Median length of stay (LOS) for certified eligible Medi-Cal members in a SNF (4-month lookback period)
48_SUBACUTE_LOS_MEDIAN	Median LOS for certified eligible Medi-Cal members in a subacute care facility (4-month lookback period)
49_ICF_LOS_MEDIAN	Median LOS for certified eligible Medi-Cal members in an ICF (4-month lookback period)
50_CUSTODIAL_LOS_MEDIAN	Median LOS for certified eligible Medi-Cal members in custodial care (4-month lookback period)
51_1915c_ALW_COST	Reimbursement amount for specific ALW services received by Medi-Cal members enrolled in ALW (March – February reporting period)

Measure ID	Description
52_1915c_MCWP_COST	Reimbursement amount for specific MCWP services received by Medi-Cal members enrolled in MCWP
53_1915c_HCBA_COST	Reimbursement amount for specific HCBA services received by Medi-Cal members enrolled in HCBA
54_1915c_MSSP_COST	Reimbursement amount for specific MSSP services received by Medi-Cal members enrolled in MSSP (July – June reporting period)
55_1915c_SDP_COST	Reimbursement amount for specific SDP services received by Medi-Cal members enrolled in SDP (July – June reporting period)
56_1915c_HCBS_DD_COST	Reimbursement amount for specific HCBS-DD services received by Medi-Cal members enrolled in HCBS-DD
57_LTSS6_SHORT_COUNT	Number of LTC admissions resulting in a short-term stay (1 to 20 days).
58_LTSS6_SHORT_RATE	The rate of LTC admissions resulting in a short-term stay (1 to 20 days) per 1,000 LTSS Select HCBS participant months.
59_LTSS6_MEDIUM_COUNT	Number of LTC admissions resulting in a medium-term stay (21 to 100 days).
60_LTSS6_MEDIUM RATE	The rate of LTC admissions resulting in a medium-term stay (21 to 100 days) per 1,000 LTSS Select HCBS participant months.
61_LTSS6_LONG_COUNT	Number of LTC admissions resulting in long-term stay (greater than or equal to 101 days).
62_LTSS6_LONG_RATE	The rate of LTC admissions resulting in a long-term stay (greater than or equal to 101 days) per 1,000 LTSS Select HCBS participant months.
63_LTSS6_MEMBER_MONTH	Number of participant months for LTSS Select HCBS participants residing in the community for at least one day per month in the measurement year.

Measure ID	Description
64_LTSS7_COUNT	Number of successful discharges from LTC to the community (60 or more days in the community) within 100 days of LTC admission.
65_LTSS7_RATE	Proportion of admissions to a LTC facility that resulted in successful discharge to the community (community residence for 60 or more days) within 100 days of LTC admission.
66_LTSS7_ADMISSIONS	Number of admissions to a LTC facility directly from the community.
67_LTSS8_COUNT	Number of successful discharges (60 or more days in the community) from LTC long-term stays (101 or more days).
68_LTSS8_RATE	Proportion of successful discharges to the community (60 or more days in the community) from LTC long-term stays (101 or more days).
69_LTSS8_DISCHARGES	Number of discharges to the community from LTC long-term stays (101 or more days).

Measure Specification Details

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

1_Denominator Data

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

- **1a_MEDI-CAL_ALL** – Certified eligible Medi-Cal members enrolled for one or more months in the year (deduplicated) where ELIGIBILITY.AID_CD_CALC >'00'.
- **1b_MEDI-CAL_GE65** – Certified Medi-Cal members 65 years or older enrolled for one or more months in the year (deduplicated) where ELIGIBILITY.AID_CD_CALC >'00'.
- **1c_MEDI-CAL_GE65_OR_DISABILITY** – Certified eligible Medi-Cal members that are either age 65 and older (most of whom are also enrolled in Medicare) or are in Medi-Cal aid codes based on disability (many of whom are also enrolled in Medicare) enrolled for one or more months in the year (deduplicated). About 92 percent of Medi-Cal members who are 65 years of age or older are included in the 1c_MEDI-CAL_GE65_OR_DISABILITY population. The disability aid code list is below. [See the value set reference table for Aid Code descriptions.](#)

Older Adults or Disability-Related Aid Codes (ELIGIBILITY.AID_CD_CALC):

'10','13','14','16','17','18','20','23','24','26','27','28','36','55','60','63','64','66','67','68',

'80','1E','1H','1U','1X','1Y','2E','2H','5J','5R','6A','6C','6E','6G','6H','6J','6N','6P','6R','6S','6U','6V','6W','6X','6Y','8A','8C','8D','8G','C1','C2','C3','C4','C7','C8','D2','D3','D4','D5','D6','D7','F1','F2','F3','F4','G0','G3','G4','G9','J1','J2','J3','J4','J5','J6','J7','J8'

2_LTSS_ALL – LTSS – Count

Number of certified eligible Medi-Cal members who received any LTSS benefit, including LTC and/or any HCBS. This includes members in LTC facilities (SNF, subacute facility, ICF and/or custodial care/other facility) and those enrolled in any HCBS program: IHSS, CBAS, HCBA, ALW, HCBS-DD, SDP, 1915(i), HH, MSSP, MCWP, and CCT Project.

See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [HH](#), [MSSP](#), [MCWP](#), [CCT](#)) measure specifications for business rule details.

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

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

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

Numerator: See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [CCT](#), [HH](#), [MSSP](#), [MCWP](#)) measure specifications for business rule details.

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

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



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

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

Numerator: See program-specific ([LTC](#), [IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [CCT](#), [MSSP](#), [MCWP](#), [HH](#)) measure specifications for business rule details.

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

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

5_LTSS_SELECT_HCBS – LTSS: Select HCBS – Count

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

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

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

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

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

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

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

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

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

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

8_LTC_CNT – LTC Members – Count

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

8a_LTC	Count of certified eligible Medi-Cal members with one or more stays in a LTC facility (SNF, subacute facility, ICF and/or custodial care) for one or more days during the interval of interest (deduplicated count).
8b_LTC_AVG	Snapshot (Monthly Average) – Average number of certified eligible Medi-Cal members with one or more LTC stays per month.
8_1b_SNF	Number of certified eligible Medi-Cal members with one or more SNF stays.

8_1c_SNF_ALZ_DEM	Number of certified eligible Medi-Cal members with Alzheimer’s disease and/or related dementia with one or more SNF stays.
8_1d_SNF_NO_ALZ_DEM	Number of certified eligible Medi-Cal members without Alzheimer’s disease and/or related dementia with one or more SNF stays.
8_1e_SUBACUTE	Subacute – Number of certified eligible Medi-Cal members with one or more subacute care stays in the interval of interest.
8_1f_ICF	Number of certified eligible Medi-Cal members with one or more ICF stays in the interval of interest.
8_1g_CUSTODIAL	Number of certified eligible Medi-Cal members with one or more custodial care stays in the interval of interest.

LTC Determination and Dependent Measures

LTC users are identified by claims/encounters filed by LTC facilities with a service-from date during the interval of interest. For a tabular list of value sets/code descriptions, see the tab called “**LTC**” in the Value Set Reference Table/Code Descriptions.

Extracting LTC Provider Claims

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

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

FFS Delivery System:

Source Code (CLAIMS_HDR.SRC_CD) is 19 AND

Inpatient accommodation code (CLAIMS_DTL.INPAT_ACCOM_CD) in 01, 04, 11, 21, 31, 41, 61, 62, 65, 66, 71, 72, 75, 76, 85, 86, 83, 84, 91, 92, 97, and 98

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

OR FI Provider Type code (CLAIMS_HDR.FI_PROV_TYPE_CD) in 065 and 017

Managed Care Delivery System:

Source Code (CLAIMS_HDR.SRC_CD) is 80 AND

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

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

OR FI Provider Type code (CLAIMS_HDR.FI_PROV_TYPE_CD) in 065 and 017

Identifying LTC Type

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

Subacute Care

When Source code (CLAIMS_HDR.SRC_CD) is 19 AND
Inpatient Accommodation codes (CLAIMS_DTL.INPAT_ACCOM_CD) are in
71, 72, 75, 76, 83, 84, 85, 86, 91, 92, 97, 98

OR Provider Type Code (CLAIMS_HDR.FI_PROV_TYPE_CD) is 065

When Source code (CLAIMS_HDR.SRC_CD) is 80 AND
Revenue codes (CLAIMS_DTL.REVENUE_CD) are in
0190, 0199, 0410, 0932

OR Provider Type Code (CLAIMS_HDR.FI_PROV_TYPE_CD) is 065

SNF

When Source code (CLAIMS_HDR.SRC_CD) is 19 AND
Inpatient Accommodation codes (CLAIMS_DTL.INPAT_ACCOM_CD) are in
01, 04, 11, 21, 31

OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
311500000X, 313M00000X, 314000000X, 3140N1450X

When Source code (CLAIMS_HDR.SRC_CD) is 80 AND
Revenue codes (CLAIMS_DTL.REVENUE_CD) are in
0100, 1001, 1000

OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
311500000X, 313M00000X, 314000000X, 3140N1450X

ICF

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

41, 61, 62, 65, 66

OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
310500000X, 315P00000X

When Source code (CLAIMS_HDR.SRC_CD) is 80 AND

Revenue code (CLAIMS_DTL.REVENUE_CD) is 0169

OR Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
310500000X, 315P00000X

Custodial Care

When Source code (CLAIMS_HDR.SRC_CD) is 19 AND

Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
311Z00000X, 311ZA0620X

OR Provider Type Code (CLAIMS_HDR.FI_PROV_TYPE_CD) is 017

When Source code (CLAIMS_HDR.SRC_CD) is 80 AND

Provider Taxonomy (CLAIMS_HDR.PROV_TAXON) is in
311Z00000X, 311ZA0620X

OR Provider Type Code (CLAIMS_HDR.FI_PROV_TYPE_CD) is 017

Alzheimer's disease and/or related dementia

The file of members with an Alzheimer's disease and/or related dementia diagnoses flag is cumulative, a member is "tagged" from the first service date with a relevant diagnosis. See tab called "**Alzheimer_Dementia**" in the Value Set Reference Table/Code Descriptions.

Alzheimer's disease and/or related dementia population file

- The beginning date is always January 1, 2015 (CLAIMS_HDR.SVC_FROM_DT).
- The ending date is the end of the report period.
- Scan all diagnostic fields related to the claim (25 is the maximum per claim)
- The diagnosis must be in the target list of ICD10 diagnosis codes (periods are excluded from code values; CLAIMS_HDR_DIAG_ICD10.DIAG_CD_ICD10).

F0150, F0151, F0280, F0281, F0390, F0391, F04, F05, F061, F068,
G138, G300, G301, G308, G309, G3101, G3109, G311, G312, G94,
R4181, R54

We use the date of first diagnosis to determine a positive flag for LTC metrics. The date of first diagnosis must be on or before the service-from date of the LTC facility claim. If

a member is flagged at any point in a year, the member is counted as positive for the year.

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

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

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

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

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

9b_LTC_AVG_PCT	$\frac{\text{Sum of certified eligible Medi-Cal members with one or more LTC stays per month (deduplicated per month) / 12}}{\text{Sum of certified eligible Medi-Cal members (deduplicated per month) / 12}} \times 100$
----------------	---

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

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

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

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

10_SNF_SHORT – SNF Short-Stay – Count

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

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a SNF stay.

Calculating Stay Length: Stay start date (CLAIMS_HDR.SVC_FROM_DT) with a look-back period of 4 months before the calendar year and stay end date (CLAIMS_HDR.SVC_TO_DT) within the calendar year. If another stay occurred for a Medi-Cal member within 30 days of the initial stay, they were combined as one stay. Stays must be up to and including 100 days to be considered short stays. If a stay exceeded 365 days, it was truncated at 365 days and was not counted in the following year.



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

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

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a SNF stay and Alzheimer’s disease and/or other related dementia.

Calculating Stay Length: See [SNF_SHORT](#)

12_SNF_LONG – SNF Long-Stay – Count

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

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a SNF stay.

Calculating Stay Length: Stay start date (CLAIMS_HDR.SVC_FROM_DT) with a look-back period of 4 months before the calendar year and stay end date (CLAIMS_HDR.SVC_TO_DT) within the calendar year. If another stay occurred for a Medi-Cal member within 30 days of the initial stay, they were combined as one stay. Stays must be 101 days or more to be considered long stays. If a stay exceeded 365 days, it was truncated at 365 days and was not counted in the following year.

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

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

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a SNF stay and Alzheimer's disease and/or other related dementia.

Calculating Stay Length: See [SNF LONG](#)

14_HCBS_ALL – HCBS – Count

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

See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [CCT](#), [MSSP](#)) measure specifications for business rule details.

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

15_HCBS_ALL_RATE – HCBS – Rate

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

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [CCT](#), [MSSP](#)) measure specifications for business rule details.

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

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



16 HCBS_ALL_PCT_LTSS – HCBS - Percent LTSS

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

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [MSSP](#), [CCT](#))

Denominator: See [2 LTSS](#)

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

17_HCBS_ALL_PCT_MEDI-CAL – HCBS - Percent Medi-Cal

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

Numerator: See program-specific ([IHSS](#), [CBAS](#), [HCBA](#), [ALW](#), [HH](#), [MCWP](#), [HCBS-DD](#), [SDP](#), [1915\(i\)](#), [MSSP](#), [CCT](#)) measure specifications for business rule details.

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

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

18_HCBS_SELECT – HCBS: Select – Count

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

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



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

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

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

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

20_HCBS_SELECT_PCT_LTSS – HCBS: Select - Percent LTSS

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

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

Denominator: See [2 LTSS](#)

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

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

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

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



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

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

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

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

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

Percent of Medi-Cal certified eligible members who were either age 65 and older or in Medi-Cal aid codes based on disability (see 1c_MEDI-CAL_GE65_DISABLED for denominator specifications) who utilized one or more select HCBS services (IHSS, CBAS, HCBA, ALW, CCT, or MSSP).

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

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

24_1915c_MCWP – MCWP – Count

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

The MCWP provides comprehensive case management and direct care services to persons living with HIV/AIDS as an alternative to nursing facility care or hospitalization. Case management is participant-centered and provided using a team-based approach



by a registered nurse and social work case manager. Case managers work with the participant, their primary care provider, family, caregivers, and other service providers to determine and deliver needed services to participants who choose to live in a home setting rather than an institution.

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

Plan Type: Exclude PACE, SCAN and CMC

25_1915c_ALW – ALW – Count

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

The ALW is a HCBS waiver created by legislation that directed DHCS to develop and implement the project to test the efficacy of assisted living as a Medi-Cal benefit. The purpose of the ALW is to keep eligible seniors and persons with disabilities in their communities and out of institutional care settings.

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

Ages: 21 years old or older

Plan Type: Exclude CMC, PACE and SCAN

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



25a_ALW_WAIT – ALW Waitlist – Count

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

Monthly count of individuals on the ALW waitlist.

[ALW Monthly Dashboard April 2024 \(ca.gov\)](#)

26a_CBAS – CBAS – Count

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

CBAS offers services to eligible older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization. CBAS is a 1115(a) waiver benefit.

Enrollment:

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

OR WAIVER_ENROLLMENT.WAIVER_ID: '26' - Community-Based Adult Services (effective March 2020)

Ages: 18 years old or older

Plan Type: Exclude SCAN and PACE

26b_CBAS_AVG – CBAS Snapshot (Monthly Average)

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



27_CCT – CCT – Count

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

In December 2020, the federal government extended the term of the Money Follows the Person grant and appropriated additional funding for allocation to state grantees. CCT transition services are currently available through 2027.. DHCS works with designated CCT Lead Organizations to identify eligible Medi-Cal members who have continuously resided in state-licensed health care facilities for a period of 60 consecutive days or longer. Facility stays for short-term rehabilitation services reimbursed by Medicare are not counted toward the 60-day required period. CCT Lead Organization’s employer contract with transition coordinators who work directly with willing and eligible individuals, support networks, and providers to facilitate and monitor ‘members’ transitions from facilities to a community setting of their choice. Eligible individuals of all ages with physical and mental disabilities have an opportunity to participate in CCT. Data source: DHCS CCT Database.

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

Plan Type: Exclude CMC and PACE

28_CMC – CMC – Count

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

Enrollment: ELG_HLTH_CARE_PLN.PLAN_CD in (800,'801','802','803','804','805','806','807','808','809','810','811','812','813','814','815','816','817','818','819')

[See value set reference table for code descriptions.](#)

CMC transitions occurred after 2022 and this measure will only include data through 2022.

29_RC – Regional Center Consumers with Medi-Cal – Count

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

The HCBS-DD Waiver is administered by the California DDS who authorized HCBS for developmentally disabled persons who are Regional Center consumers. Twenty-one regional centers throughout California purchase and coordinate services and supports for individuals with developmental disabilities. The Waiver services make it possible for consumers to live in the community instead of an ICF for the Developmentally Disabled or a State Developmental Center.

Enrollment:

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

DD Services:

CLAIMS_HDR.VENDOR_CD: '93' - DDS Targeted Case Management

CLAIMS_HDR.SRC_CD:

'43' - Department of Developmental Services (DDS) Waiver

'52' - Department of Developmental Services (DDS) Waiver 1915i State Plan Amendment (SPA) ICF/DD

'53' - Self-Determination Program (SDP) (started in 2019)

Plan Type: Exclude CMC, PACE and SCAN.

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



30_RC_SNF – RC with SNF Stay – Count

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

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

31_1915c_HCBA – HCBA Waiver – Count

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

Enrollment: WAIVER_ENROLLMENT.WAIVER_ID = '21' - Home and Community-Based Alternatives Waiver

Plan Type: Exclude CMC, PACE and SCAN

31a_HCBA_WAIT – HCBA Waiver – Wait List Count

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

Monthly count of individuals on the HCBA waiver waitlist.

[HCBA Waiver Enrollment Dashboards \(ca.gov\)](#)

32_HCBA_SNF – HCBA with SNF Stay – Count

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

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

33_HH – HH – Count

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

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

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

34_HH_SNF – HH with SNF Stay – Count

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

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

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

35a_IHSS – IHSS – Count

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

The IHSS program provides services to eligible people 65 years or older, or those of any age with a disability. The goal of the IHSS program is to allow recipients to live safely in their own home and avoid the need for out of home care. Services usually need to be

provided in their own home. This could be a house, apartment, hotel, or the home of a relative.

Enrollment:

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

Ages: 65 years or older

Plan Type: Exclude PACE and SCAN

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

[See value set reference table for code descriptions.](#)

35b_IHSS_AVG – IHSS - Snap-Shot (Monthly Average)

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

See [IHSS](#) measurement specifications.

36_IHSS_ALW – IHSS and ALW – Count

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

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

37_IHSS_CBAS – IHSS and CBAS – Count

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

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

38_IHSS_RC – IHSS and RC – Count

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

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

39_IHSS_HCBA – IHSS and HCBA Waiver – Count

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

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

40_IHSS_SNF – IHSS with SNF Stay – Count

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

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

41_IHSS_MSSP – IHSS and MSSP – Count

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

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

42_1915c_MSSP – MSSP – Count

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

The MSSP waiver provides HCBS to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows the individuals to remain safely in their homes.

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

Ages: 65 years old or older

Plan Type: Exclude PACE and SCAN



43_PACE – PACE – Count

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

PACE provides a comprehensive medical/social service delivery system using an interdisciplinary team approach in a PACE Center that provides and coordinates all needed preventive, primary, acute and LTC services. Services are provided to older adults who would otherwise reside in nursing facilities. The PACE model affords eligible individuals to remain independent and in their homes for as long as possible. To be eligible, a person must be 55 years or older, reside in a PACE service area, be determined eligible at the nursing home level of care by DHCS, and be able to live safely in their home or community at the time of enrollment.

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

[See value set reference table for code descriptions](#)

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

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

Enrollment: [MCWP](#), [ALW](#), [SDP](#), [HCBA](#), [MSSP](#), and [HCBS-DD](#).

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



45_1915c_HCBS_DD – HCBS-DD – Count

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

The HCBS-DD Waiver is administered by the California DDS who authorize HCBS for developmentally disabled persons who are Regional Center consumers. Twenty-one regional centers throughout California purchase and coordinate services and supports for individuals with developmental disabilities. The Waiver services make it possible for consumers to live in the community instead of an ICF for the developmentally disabled or a State Developmental Center.

Enrollment: WAIVER_ENROLLMENT.WAIVER_ID = 12

Plan Type: Exclude CMC, PACE and SCAN.

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

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

Enrollment: CLAIMS_HDR.SRC_CD = 53

Plan Type: Exclude CMC, PACE and SCAN.

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

47 SNF_LOS_MEDIAN – Median LOS in a SNF – Count

This metric provides the median number of days certified eligible Medi-Cal members stayed in a SNF in the interval of interest.

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a SNF stay.

Calculating Stay Length: See [SNF SHORT](#)

48_SUBACUTE_LOS_MEDIAN – Median LOS in a Subacute Care Facility – Count

This metric provides the median number of days certified eligible Medi-Cal members stayed in a subacute care facility in the interval of interest.

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a subacute care stay.

Calculating Stay Length: See [SNF SHORT](#)

49_ICF_LOS_MEDIAN – Median LOS in an ICF – Count

This metric provides the median number of days certified eligible Medi-Cal members stayed in an ICF in the interval of interest.

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with an ICF stay.

Calculating Stay Length: See [SNF SHORT](#)

50_CUSTODIAL_LOS_MEDIAN – Median LOS in a Custodial Care Facility – Count

This metric provides the median number of days certified eligible Medi-Cal members stayed in a custodial care facility in the interval of interest.

ENROLLMENT: See [LTC](#) to identify Medi-Cal members with a custodial care stay.

Calculating Stay Length: See [SNF SHORT](#)



51_1915c_ALW_COST – Cost associated with ALW – Dollar Amount

Reimbursement amount for ALW services (March – February reporting period).

Enrollment: See [1915c ALW](#).

ALW Service Costs: Sum of FFS costs (CLAIMS_DTL.MEDI_CAL_REIMB_AMT) for specific procedures that can change year to year

52_1915c_MCWP_COST – Cost associated with MCWP – Dollar Amount

Reimbursement amount for MCWP services.

Enrollment: See [1915c MCWP](#)

MCWP Service Costs: Sum of FFS costs (CLAIMS_DTL.MEDI_CAL_REIMB_AMT) for specific procedures that can change year to year

53_1915c_HCBA_COST – Cost associated with HCBA – Dollar Amount

Reimbursement amount for HCBA services.

Enrollment: See [1915c HCBA](#).

HCBA Service Costs: Sum of FFS costs (CLAIMS_DTL.MEDI_CAL_REIMB_AMT) for specific procedures that can change year to year

54_1915c_MSSP_COST – Cost associated with MSSP – Dollar Amount

Reimbursement for MSSP services (July – June reporting period).

Enrollment: See [1915c MSSP](#).

HCBA Service Costs: Sum of FFS costs (CLAIMS_DTL.MEDI_CAL_REIMB_AMT) for specific procedures that can change year to year

55_1915c_SDP_COST – Cost associated with SDP – Dollar Amount

Reimbursement amount for SDP services (July – June reporting period).

Enrollment: See [1915c SDP](#).

HCBA Service Costs: Sum of FFS costs (CLAIMS_DTL.MEDI_CAL_REIMB_AMT) for specific procedures that can change year to year

56_1915c_HCBS_DD_COST – Cost associated with HCBS-DD – Dollar Amount

Reimbursement amount for HCBS-DD services.

Enrollment: See [1915c HCBS DD](#).

HCBA Service Costs: Sum of FFS costs (CLAIMS_DTL.MEDI_CAL_REIMB_AMT) for specific procedures that can change year to year



Disclaimer: The LTSS quality measures (LTSS 6, LTSS 7, and LTSS 8) include both managed care (MC) and fee-for-service (FFS) utilization, admissions, and discharge data identified through Uniform Bill Form (UB) revenue codes and Type of Bill (TOB) code value sets for Medi-Cal Members, aged 18 and older, for a given measurement period.

The data pull methodology for the LTSS quality measures differs from other Dashboard measures reporting because a member may have multiple stays, possibly occurring under different delivery systems. This deviates from CMS methodology. CMS reports FFS and MC stays as separate measures rather than one measure.

LTSS-6: Admission to a Facility from the Community Among LTSS Select HCBS Participants

The methodology for this measure aligns with 2024 specifications for the CMS MLTSS 6 measure unless otherwise specified. The number of admissions to a LTC facility among LTSS Select HCBS participants, aged 18 and older who resided in the community for at least one month. The number of short-term, medium-term, or long-term admissions is reported per 1,000 participant months.

[See Long-Term Services and Supports \(LTSS\) Quality Measures Technical Specifications.](#)

Definition and Measurement Period:

LTC STAY: see [LTC](#)

Measurement Period - Admissions and Participant Months: August 1 of the year prior to the measurement year through July 31 of the measurement year.

Resided in the Community: Members with no inpatient claims/encounters at a LTC facility for at least one day during the measurement period.

57_LTSS6_SHORT_COUNT – Short-Term Stay Count

Number of admissions resulting in a LTC short-term stay (1 to 20 days).

59_LTSS6_MEDIUM_COUNT – Medium-Term Stay Count

Number of admissions resulting in a LTC medium-term stay (21 to 100 days).



61_LTSS6_LONG_COUNT – Long-Term Stay Count

Number of admissions resulting in LTC long-term stay (greater than or equal to 101 days).

ENROLLMENT: Must have participated in a [LTSS Select HCBS](#) program for at least one month.

AGE: 18 and older as of the first day of the measurement period.

EXCLUSIONS: Participants who die in the facility or within one day of discharge.

NOTE: Data does not include Medicare claims or encounters.

58_LTSS6_SHORT_RATE – Short-Term Stay Rates

The rate of LTC admissions resulting in a short-term stay (1 to 20 days) per 1,000 LTSS Select HCBS participant months.

60_LTSS6_MEDIUM_RATE – Medium-Term Stay Rates

The rate of LTC admissions resulting in a medium-term stay (21 to 100 days) per 1,000 LTSS Select HCBS participant months.

62_LTSS6_LONG_RATE - Long-Term Stay Rates

The rate of LTC admissions resulting in a long-term stay (greater than or equal to 101 days) per 1,000 LTSS Select HCBS participant months.

Numerator:

See [LTSS6_SHORT_COUNT](#)

See [LTSS6_MEDIUM_COUNT](#)

See [LTSS6_LONG_COUNT](#)

Denominator: See [LTSS6_MEMBER_MONTHS](#)



63_LTSS6_MEMBER_MONTHS – Months in Community

Participant months reflect the total months each participant is enrolled in Medi-Cal and residing in the community for at least one day of the month.

ENROLLMENT: Must have participated in a [LTSS Select HCBS](#) program for at least one month.

Residing in the Community: No inpatient claims/encounters at a LTC facility for at least one day during the measurement period.

AGE: 18 and older as of August 1 of the year prior to the measurement year.

EXCLUSIONS: Participants residing in a LTC facility for an entire month and participants who die during the month are not considered residing in the Community for the month.

NOTE: Data does not include Medicare claims or encounters.

LTSS-7: Long-Term Services and Supports Minimizing Facility Length of Stay

The proportion of admissions to a LTC facility among LTSS Select HCBS participants, aged 18 years and older, that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission.

The methodology for this measure aligns with 2024 specifications for the CMS MLTSS 7 measure unless otherwise specified. [See Long-Term Services and Supports \(LTSS\) Quality Measures Technical Specifications](#)

Definitions and Measurement Periods

Discharge to the community: A discharge between July 1 of the year prior to the measurement year and October 31 of the measurement year. Member must have no inpatient claims/encounters at a LTC facility for at least 60 days after discharge.

Facility admission: An admission to the LTC facility directly from the community between July 1 of the year prior to the measurement year and June 30 of the measurement year.

64_LTSS7_COUNT – Successful Discharges within 100 days of Admission

Number of successful discharges to the community (60 or more days in the community) within 100 days of LTC admission.

Enrollment: See [LTSS SELECT HCBS](#) and [LTC](#).

AGE: 18 and older as of July 1 of the year prior to the measurement year.

Exclusions: Participants who die in the facility or within one day of discharge.

65_LTSS7_Rate – Discharge Rate

The proportion of admissions to a LTC facility that resulted in successful discharge to the community (community residence for 60 or more days) within 100 days of admission.

Numerator: See [LTSS7_COUNT](#).

Denominator: See [LTSS7_ADMISSIONS](#).

66_LTSS7_ADMISSIONS – Facility Admissions

Number of admissions to a LTC facility directly from the community.

Enrollment: See [LTSS Select HCBS](#) and [LTC](#).

AGE: 18 and older as of July 1 of the year prior to the measurement year.

Exclusions: Participants who die in the facility or within one day of discharge.



LTSS-8: Long-Term Services and Supports Successful Transition after Long-Term Facility Stay

The proportion of long-term LTC facility stays among LTSS Select HCBS participants, aged 18 years and older, that result in successful transitions to the community (community residence for 60 or more days).

The methodology for this measure aligns with 2024 specifications for the CMS MLTSS 8 measure unless otherwise specified. [See Long-Term Services and Supports \(LTSS\) Quality Measures Technical Specifications](#)

Definitions and Measurement Periods

Discharge/transition to the community: A discharge to the community from the LTC facility for all facility admissions and prior facility admissions between July 1 of the year prior to the measurement year and October 31 of the measurement year.

Facility admission: An LTC admission with a length of stay of 101 days or more between July 1 of the year prior to the measurement year and June 30 of the measurement year or prior facility admission where the length of stay was at least 101 days, inclusive of July 1 of the year prior to the measurement year.

67_LTSS8_COUNT – Long-Term Stay – Successful Discharges

Number of successful discharges (60 or more days in the community) from long-term LTC stays (101 or more days).

Enrollment: See [LTSS Select HCBS](#) and [LTC](#).

AGE: 18 and older as of July 1 of the year prior to the measurement year.

“Successful” discharge/transition: Member has had no inpatient claims/encounters at a LTC facility for at least 60 days after discharge.

Exclusions: Participants who die in the LTC facility or within one day of discharge.

NOTE: Data does not include Medicare claims or encounters.



68_LTSS8_RATE – Long-Term Stay Discharge Rate

The proportion of successful discharges from long-term LTC stays (101 or more days).

Numerator: See [LTSS8_COUNT](#).

Denominator: See [LTSS8_DISCHARGES](#).

69_LTSS8_DISCHARGES – Long-Term Stay Discharges

Number of discharges to the community from long-term LTC stays (101 or more days).

Enrollment: See [LTSS_Select_HCBS](#) and [LTC](#).

AGE: 18 and older as of July 1 of the year prior to the measurement year.

Exclusions: Discharges represented a transfer between facilities and those for which an expiration occurred while admitted (who die in the facility or within one day of discharge).



Dimension Stratifications and Value Set Reference Table

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

Dimensions	Dimension Stratification Groups/Categories
Year	Calendar years: 2017, 2018, 2019, 2020, 2021, 2022; based on participation/enrollment dates or dates of service
County of Responsibility	Medi-Cal Member County of Responsibility
Sex¹	Male, Female
Age	0-20, 21-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+
Race	American Indian or Alaska Native; Asian; Black or African American; White; Two or More Races; Some Other Race; Asked But No Answer/Unknown; No Race Selection and Hispanic or Latino Ethnicity
Ethnicity	Hispanic or Latino, Not Hispanic or /Latino, Asked but No Answer/Unknown
Plan Parent	Medi-Cal Member Managed Care Plan, Cal Medi-Connect (CMC) plans, Program of All-Inclusive Care for the Elderly (PACE) plans, and Senior Care Action Network (SCAN). See value set reference table for complete list.
Primary Spoken Language	American Sign Language (ASL), Arabic, Armenian, Cambodian, Chinese_Cantonese, Chinese_Mandarin, Chinese_Other, English, Farsi, Hmong, Korean, Other, Russian, Spanish, Tagalog, Vietnamese, Unknown
Dual Eligibility	Dual_Full, Non_Dual
Medi-Cal Delivery System (Statewide)	Managed Care, Fee-For-Service

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

¹ DHCS recognizes that male/female categories do not include all gender identities with which a person may identify. DHCS is updating its processes and collecting more self-reported information about member sexual orientations and Medi-Cal beneficiaries' gender identities, but the data are currently incomplete.

Measure Name Updates

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

Between version 3 and version 4 of this document, measures were added. Please see the table below, new measures are bolded in the “Current Measure Name” column.

Previous Measure Name	Current Measure Name
1a_MEDI-CAL_ALL	1a_MEDI-CAL_ALL
1b_MEDI-CAL_GE65	1b_MEDI-CAL_GE65
1c_MEDI-CAL_GE65_OR_DISABILITY	1c_MEDI-CAL_GE65_OR_DISABILITY
2_LTSS_ALL	2_LTSS_ALL
3_LTSS_ALL_RATE	3_LTSS_ALL_RATE
4_LTSS_ALL_PCT_MEDI-CAL	4_LTSS_ALL_PCT_MEDI-CAL
5_LTSS_SELECT_HCBS	5_LTSS_SELECT_HCBS
6_LTSS_SELECT_HCBS_RATE	6_LTSS_SELECT_HCBS_RATE
7_LTSS_SELECT_HCBS_PCT_MEDI-CAL	7_LTSS_SELECT_HCBS_PCT_MEDI-CAL
8a_LTC	8a_LTC
8b_LTC_AVG	8b_LTC_AVG
8_1b_SNF	8_1b_SNF
8_1c_SNF_ALZ	<i>8_1c_SNF_ALZ_DEM</i>
8_1d_SNF_NO_ALZ	<i>8_1d_SNF_NO_ALZ_DEM</i>
8_1e_SUBACUTE	8_1e_SUBACUTE
8_1f_ICF	8_1f_ICF
8_1g_CUSTODIAL	<i>8_1g_SNF_CUSTODIAL</i>
8_2a_QTR_LTC_TYPE	8_2a_QTR_LTC_TYPE
8_2b_LTC_STAY	8_2b_LTC_STAY
9a_LTC_RATE	9a_LTC_RATE
9b_LTC_AVG_PCT	9b_LTC_AVG_PCT
9c_LTC_PCT_LTSS	9c_LTC_PCT_LTSS
9d_LTC_PCT_MEDI-CAL	9d_LTC_PCT_MEDI-CAL
10_SNF_SHORT	10_SNF_SHORT
11_SNF_SHORT_ALZ	<i>11_SNF_SHORT_ALZ_DEM</i>

Previous Measure Name	Current Measure Name
12_SNF_LONG	12_SNF_LONG
13_SNF_LONG_ALZ	13_SNF_LONG_ALZ_DEM
14_HCBS_ALL	14_HCBS_ALL
15_HCBS_ALL_RATE	15_HCBS_ALL_RATE
16_HCBS_ALL_PCT_LTSS	16_HCBS_ALL_PCT_LTSS
17_HCBS_ALL_PCT_MEDI-CAL	17_HCBS_ALL_PCT_MEDI-CAL
18_HCBS_SELECT	18_HCBS_SELECT
19_HCBS_SELECT_RATE	19_HCBS_SELECT_RATE
20_HCBS_SELECT_PCT_LTSS	20_HCBS_SELECT_PCT_LTSS
21_HCBS_SELECT_PCT_MEDI-CAL	21_HCBS_SELECT_PCT_MEDI-CAL
22_HCBS_SELECT_GE65_PCT_MEDI-CAL	22_HCBS_SELECT_PCT_GE65
23_HCBS_SELECT_PCT_GE65_OR_DISABILITY	23_HCBS_SELECT_PCT_GE65_OR_DISABILITY
24_MCWP	24_1915c_MCWP
25_ALW	25_1915c_ALW
25a_ALW_WAIT	25a_ALW_WAIT
26a_CBAS	26a_CBAS
26b_CBAS_AVG	26b_CBAS_AVG
27_CCT	27_CCT
28_CMC	28_CMC
29_DD	29_RC
30_DD_SNF	30_RC_SNF
31_HCBA	31_1915c_HCBA
31a_HCBA_WAIT	31a_HCBA_WAIT
32_HCBA_SNF	32_HCBA_SNF
33_HH	33_HH
34_HH_SNF	34_HH_SNF
35a_IHSS	35a_IHSS
35b_IHSS_AVG	35b_IHSS_AVG
36_IHSS_ALW	36_IHSS_ALW
37_IHSS_CBAS	37_IHSS_CBAS
38_IHSS_DD	38_IHSS_RC
39_IHSS_HCBA	39_IHSS_HCBA
40_IHSS_SNF	40_IHSS_SNF
41_MLTSS	47_MLTSS (please see MLTSS 7 and 8 measures)
42_MSSP	42_1915c_MSSP
43_PACE	43_PACE

Previous Measure Name	Current Measure Name
44_IHSS_MSSP	41_IHSS_MSSP
n/a	44_1915c_WAIVERS
n/a	45_1915c_HCBS_DD
n/a	46_1915c_SDP
n/a	47_SNF_LOS_MEDIAN
n/a	48_SUBACUTE_LOS_MEDIAN
n/a	49_ICF_LOS_MEDIAN
n/a	50_CUSTODIAL_LOS_MEDIAN
n/a	51_1915c_ALW_COST
n/a	52_1915c_MCWP_COST
n/a	53_1915c_HCBA_COST
n/a	54_1915c_MSSP_COST
n/a	55_1915c_SDP_COST
n/a	56_1915c_HCBS_DD_COST
n/a	57_LTSS6_SHORT_COUNT
n/a	58_LTSS6_SHORT_RATE
n/a	59_LTSS6_MEDIUM_COUNT
n/a	60_LTSS6_MEDIUM_RATE
n/a	61_LTSS6_LONG_COUNT
n/a	62_LTSS6_LONG_RATE
n/a	63_LTSS6_MEMBER_MONTH
n/a	64_LTSS7_COUNT
n/a	65_LTSS7_RATE
n/a	66_LTSS7_ADMISSIONS
n/a	67_LTSS8_COUNT
n/a	68_LTSS8_RATE
n/a	69_LTSS8_DISCHARGES

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References

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

Item	Description
Business Case	Master Plan For Aging – MPA First Annual Report – January 2022 Master Plan for Aging Stakeholder Report (ca.gov) Home and Community-Based Services Spending Plan
External Source	Data Dashboard for Aging - Let's Get Healthy California An Overview of Long-Term Services and Supports and Medicaid: Final Report ASPE (hhs.gov) Medicaid and Long-Term Services and Supports: A Primer KFF HCBS Measure Set SMDL (medicaid.gov) Evaluating Home and Community-Based Services in California California Medicaid Research Institute (ucsf.edu) Understanding What Works: Measuring and Monitoring Quality in Medi-Cal's Home and Community-Based Services (chcf.org) Using Data for Good: Toward More Equitable Home and Community-Based Services in Medi-Cal (chcf.org)

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