

Data Notes for Medicaid TAF Long-Term Services and Supports Annual Expenditures and Users, 2022

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Introduction and methodology

This document includes state data notes and anomalies to be used as contextual information for the Medicaid Long-Term Services and Supports (LTSS) Annual Expenditures and Users 2022 Transformed Medicaid Statistical Information System Analytic File (TAF) data tables and research briefs summarizing key findings, which are available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html>. In some cases, the data notes describe issues with mapping claims to individual LTSS categories and other data notes describe overall TAF data quality issues. Because there are many interactions between the issues identified, we were unable to determine the overall impact of these issues on the results for each state.¹

Approach for state feedback notes on expenditures. We sent each state Medicaid agency a preview of our calculations for their LTSS expenditures for 2022 along with a companion methodology document. We hosted a webinar for states to address the layout of the expenditure preview files and our methodology, and states had the opportunity to ask questions about the methods and results. After this webinar, we collected feedback from states about the results through email and via web meetings, with a deadline for responses by the end of June 2024. State comments have been condensed and are included in the column in Table 1 labeled “State feedback notes on expenditures.”

Approach for 2022 data quality notes. In addition to collecting direct state feedback, we conducted systematic analyses of the quality of states’ TAF data related to the identification of LTSS users, expenditures, and characteristics (Table 1).² These analyses included:

¹ For more information about the methodology and the versions of the TAF that were used to produce the results, see the accompanying document titled “Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2022.”

² We were unable to do a comparison of state-reported PACE enrollment information from the Medicaid Managed Care Enrollment Report to PACE user counts in the DE file and determine whether PACE expenditures from capitation payment records existed for states with any PACE enrollment because the 2022 Medicaid Managed Care Enrollment Report data was not available at the time of our analyses.

- Summary of states' assessments on TAF DQ Atlas³ topics relevant to LTSS user and expenditure calculations. When an aspect of a state's data is considered unusable or of a high level of concern, it may adversely affect LTSS user counts, expenditures, and/or identification of characteristics.
- Comparison of state-reported expenditures from the CMS-64 reports (of more than \$1,000 in a given category) and TAF expenditure and user identification. For states that report expenditures in LTSS categories in the CMS-64, we would expect to identify both LTSS users and expenditures in those categories in the TAF (and vice versa). A discrepancy may indicate that TAF-based users and/or expenditures are misclassified. All of the CMS-64 categories used in the analysis can be mapped to either fee-for-service (FFS) or managed care (MC) expenditures except for one: section 1915(k) Community First Choice has three lines in the CMS-64 for reporting MC expenditures and one line for reporting FFS expenditures; we conducted separate checks for FFS and MC reporting.
- Discrepancy between information on home and community-based services (HCBS) program enrollment reported in the TAF Demographic and Eligibility (DE) enrollment file versus program information reported on claims and encounters in the TAF Other Services (OT) claims file. For states that identify enrollees in HCBS programs in the DE file, we would expect to identify claims for those types of HCBS in the OT files. A discrepancy might indicate the TAF-based users or expenditures for that category are over or underreported.

Acronyms for Table 1

ACS	American Community Survey
CMC	comprehensive managed care
CMS-64	The form CMS-64, Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program
DE	Demographic and Eligibility (TAF enrollment file)
DSH	disproportionate share hospital
FY	fiscal year
HCBS	home and community-based services
ICF/IID	intermediate care facility for individuals with intellectual disabilities
FFS	fee-for-service
LT	Long-Term Care (TAF claims file)
LTSS	long-term services and supports
MC	managed care
MFP	Money Follows the Person demonstration
MSIS	Medicaid Statistical Information System
OT	Other Services (TAF claims file)

³ For more information on the TAF DQ Atlas methods, including thresholds for determining data usability and definitions of key terms, please see the Background and Methods section for each topic, available at <https://www.medicaid.gov/dq-atlas/>.

PACE	Program of All-Inclusive Care for the Elderly
PAS	personal assistance services
TAF	T-MSIS Analytic Files
T-MSIS	Transformed Medicaid Statistical Information System

Table 1. Data notes for LTSS Annual Expenditures and Users, Calendar Year 2022 TAF Data

State	State feedback notes	2022 TAF data quality notes
Alabama	<ul style="list-style-type: none"> Alabama did not provide any notes. 	<ul style="list-style-type: none"> The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported PACE expenditures in the CMS-64 and PACE users in the DE file, but we did not identify capitation payments to PACE plans in the TAF OT file. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.
Alaska	<ul style="list-style-type: none"> Alaska indicated user counts and expenditures provided in the output are in alignment with expected values. 	<ul style="list-style-type: none"> We identified state plan private duty nursing services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
Arizona	<ul style="list-style-type: none"> Arizona indicated expenditures provided in the output are in alignment with expected values. 	<ul style="list-style-type: none"> The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify users or expenditures in the TAF. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2022 TAF data quality notes
Arkansas	<ul style="list-style-type: none"> Arkansas did not provide any notes. 	<ul style="list-style-type: none"> The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file.
California	<ul style="list-style-type: none"> California indicated that their user counts and expenditures were lower than expected. The state's user counts and expenditures may be underestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported section 1915(i) HCBS state plan option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported section 1915(k) Community First Choice FFS expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data. OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts. A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2022 TAF data quality notes
Colorado	<ul style="list-style-type: none"> Colorado indicated that they have FFS mental health facility expenditures. However, FFS mental health facility users and expenditures for Colorado are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. Colorado indicated that state plan private duty nursing services are being captured under the state plan home health services category. Colorado indicated that except for PACE, all LTSS in the state is FFS. However, non-PACE MC users and expenditures are reported in the output because there were TAF claims that met the criteria for non-PACE MC. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures in the TAF. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.
Connecticut	<ul style="list-style-type: none"> Connecticut did not provide any notes. 	<ul style="list-style-type: none"> We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures in the TAF.

State	State feedback notes	2022 TAF data quality notes
Delaware	<ul style="list-style-type: none"> Delaware indicated user counts and expenditures provided in the output are in alignment with expected values. 	<ul style="list-style-type: none"> We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. We identified section 1915(i) HCBS state plan option users in the OT file, but the state did not identify users in the DE file. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data.
District of Columbia	<ul style="list-style-type: none"> The District of Columbia did not provide any notes. 	<ul style="list-style-type: none"> The District reported section 1915(i) HCBS state plan option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The District reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The District reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified state plan case management services FFS users and FFS expenditures in the TAF, but the District did not report expenditures in the CMS-64.
Florida	<ul style="list-style-type: none"> Florida indicated that they do not have section 1915(i) HCBS state plan option users or expenditures. However, section 1915(i) HCBS state plan option users and expenditures for Florida are included in the output because the state had TAF claims that met the criteria for this service category. Florida indicated that they do not have section 1915(k) Community First Choice users or expenditures. However, section 1915(k) Community First Choice users and expenditures for Florida are included in the output because the state had TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(k) Community First Choice FFS and MC users and expenditures in the TAF, but the state did not identify users in the TAF DE file and did not report FFS or MC expenditures in the CMS-64. We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file.

State	State feedback notes	2022 TAF data quality notes
Florida (cont.)	<ul style="list-style-type: none"> Florida indicated that their FFS nursing facility services user count was lower than expected. This value may be underestimated when compared to other reports and/or data sources. Florida indicated that their MC nursing facility services expenditures were lower than expected. These values may be underestimated when compared to other reports and/or data sources. Florida indicated that they have MC mental health facility users and expenditures. However, MC mental health facility users and expenditures for Florida are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. Florida indicated that they have mental health facility DSH expenditures. However, mental health facility DSH expenditures for Florida are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category. Florida indicated that their MC section 1915(c) waiver program user count and expenditures were lower than expected. These values may be underestimated when compared to other reports and/or data sources. Florida indicated that their FFS section 1915(j) self-directed PAS option user count and expenditures were lower than expected. These values may be underestimated when compared to other reports and/or data sources. Florida indicated that some state plan private duty nursing services and state plan personal care services may be captured under the state plan home health services category. Florida indicated that their case management services user count and expenditures were lower than expected. These values may be underestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> We identified section 1915(i) HCBS state plan option users in the OT file, but the state did not identify users in the DE file. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data.

State	State feedback notes	2022 TAF data quality notes
Georgia	<ul style="list-style-type: none"> Georgia did not provide any notes. 	<ul style="list-style-type: none"> The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.
Hawaii	<ul style="list-style-type: none"> Hawaii did not provide any notes. 	<ul style="list-style-type: none"> The state reported nursing facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
Idaho	<ul style="list-style-type: none"> Idaho did not provide any notes. 	<ul style="list-style-type: none"> The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.
Illinois	<ul style="list-style-type: none"> Illinois did not provide any notes. 	<ul style="list-style-type: none"> The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2022 TAF data quality notes
Indiana	<ul style="list-style-type: none"> Indiana did not provide any notes. 	<ul style="list-style-type: none"> We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64.
Iowa	<ul style="list-style-type: none"> Iowa indicated expenditures provided in the output are in alignment with expected values. 	<ul style="list-style-type: none"> The state reported section 1915(i) HCBS state plan option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures in the TAF. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file. A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.
Kansas	<ul style="list-style-type: none"> Kansas indicated that they do not have FFS section 1915(c) waiver program expenditures. However, section 1915(c) waiver program expenditures for Kansas are included in the output because the state had TAF claims that met the criteria for this service category. Kansas indicated that their total section 1915(c) waiver program expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. Kansas indicated that their state plan personal care services expenditures were lower than expected based on what they provide through section 1915(c) waiver programs, but the output reported is for state plan personal care services expenditures not provided through another HCBS program. Kansas indicated that they provide state plan private duty nursing services through two HCBS waivers, but the output reported is for state plan private duty nursing services not provided through another HCBS program. However, state plan private duty nursing services users 	<ul style="list-style-type: none"> We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified section 1915(c) waiver program FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.

State	State feedback notes	2022 TAF data quality notes
Kansas (cont.)	<p>and expenditures for Kansas are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</p> <ul style="list-style-type: none"> • Kansas indicated that their nursing facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. • Kansas indicated that their state plan home health expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. 	.
Kentucky	<ul style="list-style-type: none"> • Kentucky indicated that they have an MFP demonstration. However, MFP users and expenditures for Kentucky are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. • Kentucky indicated that they do not have state plan personal care services. However, state plan personal care services users and expenditures for Kentucky are included in the output because the state had TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> • The state reported PACE expenditures in the CMS-64 and identified users in the DE file, but we did not identify capitation payments to PACE plans in the TAF OT file. • The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. • We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64.
Louisiana	<ul style="list-style-type: none"> • Louisiana did not provide any notes. 	<ul style="list-style-type: none"> • The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. • OT files are of concern because they have a high volume of CMC header records compared with other states. • OT files are of concern because they have a low volume of CMC encounter line records per header compared with other states.

State	State feedback notes	2022 TAF data quality notes
Maine	<ul style="list-style-type: none"> • Maine indicated that their ICF/IID expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources. • Maine indicated that their mental health facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. • Maine indicated that their state plan personal care services expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources. • Maine indicated that their state plan home health services expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources. • Maine indicated that they have state plan rehabilitative services. However, state plan rehabilitative services users and expenditures for Maine are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. • Maine indicated that their case management services expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. • Maine indicated that their state plan private duty nursing services expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> • The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. • The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.

State	State feedback notes	2022 TAF data quality notes
Maryland	<ul style="list-style-type: none"> Maryland did not provide any notes. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(i) HCBS state plan option users in the OT file, but the state did not identify users in the DE file. We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file. A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.
Massachusetts	<ul style="list-style-type: none"> Massachusetts indicated that they do not have any feedback on their state's output. 	<ul style="list-style-type: none"> The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file. OT files are of high concern because they have an unusually high volume of header records compared with other states. OT files are of concern because they have a high volume of CMC header records compared with other states. OT files are of concern because they have a low volume of CMC encounter line records per header compared with other states.

State	State feedback notes	2022 TAF data quality notes
Michigan	<ul style="list-style-type: none"> Michigan did not provide any notes. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported section 1915(i) HCBS state plan option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.
Minnesota	<ul style="list-style-type: none"> Minnesota indicated that they have an MC section 1915(c) waiver program. However, MC section 1915(c) waiver program users and expenditures for Minnesota are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported section 1915(i) HCBS state plan option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. OT files are of high concern because they have an unusually high volume of line records compared with other states.
Mississippi	<ul style="list-style-type: none"> Mississippi indicated that their section 1915(i) HCBS state plan option user count and expenditures differed from expected values. These values may differ when compared to other reports and/or data sources. Mississippi indicated that their state plan case management services user count and expenditures differed from expected values. These values may differ when compared to other reports and/or data sources. Mississippi indicated that their state plan rehabilitative services user count and expenditures differed from expected values. These values may differ when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported section 1915(i) HCBS state plan option expenditures in the CMS-64 and section 1915(i) HCBS state plan option users in the DE file, but we did not identify FFS users or FFS expenditures in the OT file. The state reported section 1915(k) Community First Choice FFS expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file.

State	State feedback notes	2022 TAF data quality notes
Missouri	<ul style="list-style-type: none"> Missouri did not provide any notes. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.
Montana	<ul style="list-style-type: none"> Montana did not provide any notes. 	<ul style="list-style-type: none"> The state reported section 1915(k) Community First Choice FFS expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
Nebraska	<ul style="list-style-type: none"> Nebraska did not provide any notes. 	<ul style="list-style-type: none"> The state reported state plan case management services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
Nevada	<ul style="list-style-type: none"> Nevada indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Nevada are included in the output as the state had claims in TAF that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.

State	State feedback notes	2022 TAF data quality notes
Nevada (cont.)	<ul style="list-style-type: none"> Nevada indicated that they do not have an MC section 1915(c) waiver program. However, MC section 1915(c) waiver program users and expenditures for Nevada are included in the output because the state had TAF claims that met the criteria for this service category. Nevada indicated that they do not have an MC section 1915(i) HCBS state plan option. However, MC section 1915(i) HCBS state plan option users and expenditures for Nevada are included in the output because the state had TAF claims that met the criteria for this service category. Nevada indicated that their state plan personal care services users were lower than expected. These user counts may be underestimated when compared to other reports and/or data sources. Nevada indicated that they have state plan private duty nursing services. However, state plan private duty nursing services users and expenditures for Nevada are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. Nevada indicated that their state plan home health services user count was higher than expected. This value may be overestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. We identified section 1915(i) HCBS state plan option users in the OT file, but the state did not identify users in the DE file.
New Hampshire	<ul style="list-style-type: none"> New Hampshire indicated that they do not have any feedback on their state's output. 	<ul style="list-style-type: none"> The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported section 1915(k) Community First Choice users in the DE file, but we did not identify users in the OT file. LT files are of concern due to a high percentage of missing or invalid type of service codes.

State	State feedback notes	2022 TAF data quality notes
New Jersey	<ul style="list-style-type: none"> New Jersey did not provide any notes. 	<ul style="list-style-type: none"> The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but the state did not identify users in the DE file and we did not identify FFS users or FFS expenditures in the OT file; instead, we identified section 1915(j) self-directed PAS option MC users and expenditures in the OT file. The state did not operate any section 1915(c) waiver programs in 2022, but we identified users with section 1915(c) waiver program claims in the OT file. The state did not identify users in the DE file. OT files are of high concern because they have an unusually high volume of header records compared with other states. OT files are of concern because they have a high volume of CMC header records compared with other states. OT files are of concern because they have a low volume of CMC encounter line records per header compared with other states. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data. OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2022 TAF data quality notes
New Mexico	<ul style="list-style-type: none"> New Mexico indicated that their nursing facility services expenditures were lower than expected. These values may be underestimated when compared to other reports and/or data sources. New Mexico indicated that their FFS mental health facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. New Mexico indicated that their total institutional LTSS expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. New Mexico indicated that they have PACE. However, PACE users and expenditures for New Mexico are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. New Mexico indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for New Mexico are included in the output because the state had TAF claims that met the criteria for this service category. New Mexico indicated that their state plan personal care services expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported PACE expenditures in the CMS-64, but we did not identify PACE users or capitation payments to PACE plans in the TAF OT file. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2022 TAF data quality notes
New York	<ul style="list-style-type: none"> New York did not provide any notes. 	<ul style="list-style-type: none"> The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures in the TAF. The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.

State	State feedback notes	2022 TAF data quality notes
North Carolina	<ul style="list-style-type: none"> North Carolina indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for North Carolina are included in the output because the state had TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported section 1915(c) waiver program expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. OT files are of concern because they have a high volume of CMC header records compared with other states.
North Dakota	<ul style="list-style-type: none"> North Dakota indicated that their MFP demonstration expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. North Dakota indicated that their mental health facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.

State	State feedback notes	2022 TAF data quality notes
Ohio	<ul style="list-style-type: none"> Ohio indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Ohio are included in the output because the state had TAF claims that met the criteria for this service category. Ohio indicated that they have a section 1915(i) HCBS state plan option. However, section 1915(i) HCBS state plan option users and expenditures for Ohio are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. Ohio indicated that they have an MFP demonstration. However, section MFP demonstration users and expenditures for Ohio are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. Ohio indicated that their state's users and expenditures data may not align with users and expenditures data in other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures in the TAF. The state reported PACE expenditures in the CMS-64 and PACE users in the DE file, but we did not identify capitation payments to PACE plans in the TAF OT file. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.
Oklahoma	<ul style="list-style-type: none"> Oklahoma indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Oklahoma are included in the output because the state had TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify any users in the DE file and did not report expenditures in the CMS-64. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.

State	State feedback notes	2022 TAF data quality notes
Oregon	<ul style="list-style-type: none"> Oregon did not provide any notes. 	<ul style="list-style-type: none"> The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(i) HCBS state plan option users in the OT file, but the state did not identify users in the DE file. We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file. LT files are of concern because they have unusually high number of CMC plans with no LT encounter records in the TAF. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data.
Pennsylvania	<ul style="list-style-type: none"> Pennsylvania did not provide any notes. 	<ul style="list-style-type: none"> We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. We identified state plan private duty nursing services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.

State	State feedback notes	2022 TAF data quality notes
Rhode Island	<ul style="list-style-type: none"> Rhode Island indicated that their state's HCBS rebalancing measures may not align with HCBS rebalancing measures in other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64, but we did not identify MC users or MC expenditures in the TAF. The state reported state plan case management services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state did not operate any section 1915(c) waiver programs in 2022, but we identified users with section 1915(c) waiver program claims in the OT file. The state did not identify users in the DE file. OT files are of concern because they have a low volume of CMC line records compared with other states. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
South Carolina	<ul style="list-style-type: none"> South Carolina did not provide any notes. 	<ul style="list-style-type: none"> The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.
South Dakota	<ul style="list-style-type: none"> South Dakota indicated that they have state plan personal care services. However, state plan personal care services users and expenditures for South Dakota are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. South Dakota indicated that they have state plan home health services. However, state plan home health services users and expenditures for South Dakota are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. South Dakota indicated that they have state plan rehabilitative services. However, state rehabilitative services users and expenditures for South Dakota are 	<ul style="list-style-type: none"> The state reported state plan home health services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64.

State	State feedback notes	2022 TAF data quality notes
South Dakota (cont.)	<p>reported as 0 in the output because there were no TAF claims that met the criteria for this service category.</p> <ul style="list-style-type: none"> South Dakota indicated that they do not have a section 1915(i) HCBS state plan option. However, section 1915(i) HCBS state plan option users and expenditures for South Dakota are included in the output because the state had TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> We identified state plan private duty nursing services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data.
Tennessee	<ul style="list-style-type: none"> Tennessee indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option users and expenditures for Tennessee are included in the output as the state had claims in TAF that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. We identified state plan home health services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64. We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.

State	State feedback notes	2022 TAF data quality notes
Texas	<ul style="list-style-type: none"> Texas did not provide any notes. 	<ul style="list-style-type: none"> We identified state plan private duty nursing services FFS users in the TAF, but the state did not report expenditures in the CMS-64. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file. The state reported section 1915(k) Community First Choice MC expenditures in the CMS-64 and identified section 1915(k) Community First Choice users in the DE file, but we did not identify MC users or MC expenditures in the TAF; instead, we identified FFS users and FFS expenditures in the TAF. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS.
Utah	<ul style="list-style-type: none"> Utah did not provide any notes. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(k) Community First Choice FFS users in the OT file, but the state did not identify users in the DE file and did not report FFS expenditures in the CMS-64. A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment. Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.

State	State feedback notes	2022 TAF data quality notes
Vermont	<ul style="list-style-type: none"> Vermont indicated that they do not have any feedback on their state's output. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state did not operate any section 1915(c) waiver programs in 2022, but we identified users with section 1915(c) waiver program claims in the OT file. The state did not identify users in the DE file. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data. OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts. A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment. Primary language in the TAF is of high concern due to the percentage of beneficiaries missing a primary language and/or the number of language categories in which TAF differs substantively from the ACS. A high percentage of beneficiaries have a missing ZIP code in the DE file.
Virginia	<ul style="list-style-type: none"> Virginia indicated that their PACE expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. 	<ul style="list-style-type: none"> The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified state plan personal care services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.

State	State feedback notes	2022 TAF data quality notes
Washington	<ul style="list-style-type: none"> Washington indicated that they do not have any feedback on their state's output. 	<ul style="list-style-type: none"> The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file. We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data.
West Virginia	<ul style="list-style-type: none"> West Virginia indicated that they do not have any feedback on their state's output. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file.

State	State feedback notes	2022 TAF data quality notes
Wisconsin	<ul style="list-style-type: none"> Wisconsin indicated that they have state plan personal care services. However, state plan personal care services users and expenditures for Wisconsin are reported as 0 in the output because there were no TAF claims that met the criteria for this service category. 	<ul style="list-style-type: none"> The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF. We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the OT file, but the state did not identify users in the DE file and did not report expenditures in the CMS-64. We identified PACE users and capitation payments to PACE plans in the TAF OT file, but the state did not report expenditures in the CMS-64. We identified section 1915(j) self-directed PAS option users in the OT file, but the state did not identify users in the DE file. The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file. LT files are of concern due to a large difference in FFS expenditures for institutional long-term care services between TAF and the CMS-64 data.
Wyoming	<ul style="list-style-type: none"> Wyoming indicated user counts and expenditures provided in the output are in alignment with expected values. 	

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