

# Data Notes for Medicaid TAF Long-Term Services and Supports Annual Expenditures and Users, 2019-2021

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July 24, 2024

## 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 2019–2021 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.<sup>1</sup>

**Approach for state feedback notes on expenditures.** We sent each state Medicaid agency a preview of our calculations for their LTSS expenditures for 2019–2021 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 August 31, 2023. State comments have been condensed and are included in the column in Table 1 labeled “State feedback notes on expenditures.”

**Approach for 2019-2021 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). These analyses included:

- Summary of states’ assessments on TAF DQ Atlas<sup>2</sup> 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.

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<sup>1</sup> 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, 2019–2021.”

<sup>2</sup> 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/>.

- Comparison of state-reported information 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 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.
- Comparison of state-reported PACE enrollment information from the Medicaid Managed Care Enrollment Report<sup>3</sup> to PACE user counts in the DE file and PACE expenditures from capitation payment records. For states that report enrollees in PACE plans in the Medicaid Managed Care Enrollment Report, we would expect to identify PACE enrollees in the DE file and PACE expenditures in capitation payment records (and vice versa). A discrepancy may indicate that TAF-based PACE user counts or expenditures are over or underreported.
- 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.

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<sup>3</sup> The Medicaid Managed Care Enrollment Report is available at <https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html>.

## 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
MFP	Money Follows the Person demonstration
MSIS	Medicaid Statistical Information System
OT	Other Services (TAF claims file)
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 Years 2019-2021 TAF Data

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
Alabama	<ul style="list-style-type: none"> <li>Alabama’s 2021 LTSS measures have been suppressed due to concerns about the quality of the TAF data used in the calculations. All LTSS measures for the state have been replaced with a value of "NC" indicating that the state's LTSS measures have not been calculated and their data are not included in any national calculations. Alabama only provided notes for the 2021 output, which are not relevant to report given the data suppression.</li> </ul>	<ul style="list-style-type: none"> <li>TAF data contain a high percentage of service use records that do not link to an eligibility record in the month of service.</li> <li>Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported PACE expenditures in the CMS-64. The state reported PACE users in the DE file, but we did not identify PACE expenditures in the OT file.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported PACE expenditures in the CMS-64. The state reported PACE users in the DE file, but we did not identify PACE expenditures in the OT file.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>Alabama’s 2021 LTSS measures have been suppressed due to concerns about the quality of the TAF data used in the calculations. All LTSS measures for the state have been replaced with a value of "NC" indicating that the state's LTSS measures have not been calculated and their data are not included in any national calculations.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Alaska</b>	<ul style="list-style-type: none"> <li>Alaska indicated expenditures provided in the output are in alignment with expected values.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Arizona</b>	<ul style="list-style-type: none"> <li>Arizona did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>The state reported state plan case management services expenditures in the CMS-64. The state had state plan case management services FFS users in the OT file, but did not have state plan case management services FFS expenditures.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Arkansas</b>	<ul style="list-style-type: none"> <li>Arkansas did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported ICF/IID expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> </ul>
<b>California</b>	<ul style="list-style-type: none"> <li>California indicated that they have a section 1915(i) HCBS state plan option authority. However, section 1915(i) HCBS state plan option expenditures for California are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>California indicated that they have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option expenditures for California are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern due to a high percentage of claims with unexpected combinations of type of bill code and place of service code, and this could have impacted the identification of state plan rehabilitative and private duty nursing service users.</li> <li>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.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> </ul>	<ul style="list-style-type: none"> <li>Place of service code in the OT file is of high concern, and this could have impacted the identification of state plan rehabilitative and private duty nursing service users.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>The state reported section 1915(j) self-directed PAS option expenditures in the CMS-64, but we did not identify FFS</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>California (cont)</b>	<ul style="list-style-type: none"> <li>California indicated that they have a section 1915(k) Community First Choice authority. However, section 1915(k) Community First Choice expenditures for California are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>California indicated that their MFP expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>California indicated that their 2020 PACE expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>California 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.</li> <li>California indicated that their total HCBS expenditures for 2020 were lower than expected.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<p>users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<p>beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>California (cont)</b>	<p>These expenditures may be underestimated when compared to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>California indicated that the decrease in nursing facility expenditures between 2019 and 2021 was unexpected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>California indicated that the decrease in ICF/IID expenditures between 2019 and 2021 was unexpected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>California indicated that their state plan personal care services may be underreported in TAF because California uses local codes that are not recognized in TAF. These expenditures may differ when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>		

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Colorado</b>	<ul style="list-style-type: none"> <li>Colorado indicated that they cover state plan private duty nursing services. However, state plan private duty nursing services 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 for 2019 to 2021 are being coded under state plan home health services.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>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.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>We identified state plan rehabilitative services FFS</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>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.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Colorado (cont)</b>		<p>users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>in the DE file, but we did not identify users in the OT file.</p>
<b>Connecticut</b>	<ul style="list-style-type: none"> <li>Connecticut indicated that they have mental health facility-DSH payments. However, mental health facility-DSH expenditures for Connecticut are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>Connecticut indicated that they did not have a section 1915(i) HCBS state plan option in 2019 and 2020. However, section 1915(i) HCBS state plan option expenditures for Connecticut are included in the output for 2019 and 2020 as the state had TAF claims that met the criteria for this service category. Connecticut indicated that their 2021 section 1915(i) HCBS state plan option expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Connecticut (cont)</b>	<ul style="list-style-type: none"> <li>Connecticut indicated that they do not cover state plan personal care services. However, state plan personal care services expenditures for Connecticut are included in the output as the state had TAF claims that met the criteria for this service category.</li> <li>Connecticut indicated that their 2019 case management expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> </ul>			

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Delaware</b>	<ul style="list-style-type: none"> <li>Delaware did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>We identified state plan case management services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>District of Columbia</b>	<ul style="list-style-type: none"> <li>The District of Columbia believes that self-directed personal care services covered under their section 1915(c) waiver program are being incorrectly captured under state plan personal care services.</li> <li>The District of Columbia indicated that they had an approved section 1915(i) HCBS state plan option in calendar years 2019-2021. However, section 1915(i) HCBS state plan option expenditures for the District of Columbia are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>The District of Columbia indicated that certain services are reported and/or classified differently in the TAF than in District-published reports or publications, including but not necessarily limited to self-directed services, MFP demonstration services, personal care services, and mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>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.</li> <li>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.</li> <li>The District reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>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.</li> <li>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.</li> <li>The District reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>The District reported 1915(i) expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>The District reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Florida</b>	<ul style="list-style-type: none"> <li>Florida did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>We identified section 1915(k) Community First Choice FFS and managed care users and expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>We identified section 1915(k) Community First Choice FFS and managed care users and expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>We identified section 1915(k) Community First Choice FFS and managed care users and expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Florida (cont)</b>		<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>
<b>Georgia</b>	<ul style="list-style-type: none"> <li>Georgia did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Hawaii</b>	<ul style="list-style-type: none"> <li>Hawaii identified mapping and data interpretation errors with their TAF LTSS data submission so the output might not match LTSS output from other reports and/or data sources produced by Hawaii.</li> <li>Hawaii indicated that their section 1915(c) waiver program expenditures were higher than expected and these expenditures did not experience the high increases reflected in the output from 2019 to 2021. These expenditures may be overestimated when compared to other reports and/or data sources.</li> <li>Hawaii indicated that their total managed care LTSS expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Idaho</b>	<ul style="list-style-type: none"> <li>Idaho indicated that they do not have any feedback on the provided output.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>The state reported section 1915(c) waiver program users in the DE file, but we did not identify users in the OT file.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Illinois</b>	<ul style="list-style-type: none"> <li>Illinois did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Indiana</b>	<ul style="list-style-type: none"> <li>Indiana did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>We identified state plan case management services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Iowa</b>	<ul style="list-style-type: none"> <li>Iowa indicated expenditures provided in the output are in alignment with expected values.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>Kansas</b>	<ul style="list-style-type: none"> <li>Kansas indicated that their nursing facility expenditures were lower than expected and estimated them increasing from around \$557 million in 2019 to \$630 million in 2021. These</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Kansas (cont)</b>	<p>expenditures may be underestimated when compared to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>• Kansas indicated that their 2019 and 2020 ICF/IID expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> <li>• Kansas indicated that their 2020 and 2021 section 1915(c) waiver program expenditures were lower than expected and estimated them increasing from around \$661 million in 2019 to \$741 million in 2020 to \$745 million in 2021. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>• Kansas indicated that their state plan personal care services expenditures appeared 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.</li> <li>• Kansas indicated that their case management services</li> </ul>	<ul style="list-style-type: none"> <li>• OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Kansas (cont)</b>	<p>expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>• 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 expenditures for Kansas are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>• Kansas indicated that their state plan home health services expenditures differed from expected values and may differ when compared to other reports and/or data sources.</li> </ul>			

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Kentucky</b>	<ul style="list-style-type: none"> <li>Kentucky indicated that they do not have any feedback on the provided output.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>TAF data are of high concern due to a large difference in enrollment numbers compared to Performance Indicator data.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Louisiana</b>	<ul style="list-style-type: none"> <li>Louisiana did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>
<b>Maine</b>	<ul style="list-style-type: none"> <li>Maine indicated that their ICF/IID expenditures were higher than expected and estimated their expenditures to be about three times lower than reported. These expenditures may be overestimated when compared</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of FFS claims with zero, missing, or negative payment amounts.</li> <li>The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The state reported mental health facility DSH</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported state plan rehabilitative services expenditures in the CMS-64,</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Maine (cont)</b>	<p>to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Maine indicated that their section 1915(c) waiver program expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>• Maine indicated that their 2019 state plan personal care services expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> <li>• 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.</li> <li>• Maine indicated that they have state plan rehabilitative services. However, state plan rehabilitative services</li> </ul>	FFS users or FFS expenditures in the TAF.	expenditures in the CMS-64, but we did not identify expenditures in the TAF.	<p>but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>• The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Maine (cont)</b>	<p>expenditures for Maine 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"> <li>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.</li> <li>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.</li> </ul>			
<b>Maryland</b>	<ul style="list-style-type: none"> <li>Maryland did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64,</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Maryland (cont)</b>		<p>type codes, or are missing service tracking payment.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Massachusetts</b>	<ul style="list-style-type: none"> <li>Massachusetts indicated that their LTSS expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>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.</li> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported state plan rehabilitative services</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Massachusetts (cont)</b>		<p>expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p>users in the OT file, but the state did not identify users in the DE file.</p>	
<b>Michigan</b>	<ul style="list-style-type: none"> <li>Michigan indicated that their nursing facility expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>Michigan indicated that there was a decrease in their FFS nursing facility payments in 2020 and 2021 compared with 2019 due to the COVID-19 pandemic. Michigan also changed the crossover indicator reporting in 2020 which resulted in a higher proportion of payments filtering out of the calculations.</li> <li>Michigan indicated that their state plan private duty nursing services expenditures were lower than expected due to the switch from professional to institutional claim type in 2020, so place of service codes are less frequently populated and</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>The state reported state plan personal care services expenditures in the CMS-64, but we did not identify</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported section 1915(i) HCBS state plan option users in the DE file,</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Michigan (cont)</b>	<p>more claims are filtered out by the place of service exclusion for the state plan private duty nursing service calculations. These expenditures may be underestimated when compared to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>Michigan indicated that their state plan rehabilitative services expenditures were lower than expected due to the switch from professional to institutional claim type in 2020, so place of service codes are less frequently populated and more claims are filtered out by the place of service exclusion for the state plan rehabilitative service calculations. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>Michigan indicated that they have state plan personal care services. However, FFS state plan personal care services expenditures for Michigan are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>FFS section 1915(c) waiver program payments dropped in 2020 and 2021, compared with</li> </ul>	FFS users or FFS expenditures in the TAF.	but we did not identify users in the OT file.	

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Michigan (cont)</b>	2019 due to the COVID-19 pandemic. Michigan also changed the crossover indicator reporting in 2020, which resulted in a higher proportion of payments filtering out of the calculations			
<b>Minnesota</b>	<ul style="list-style-type: none"> <li>Minnesota indicated that their managed care LTSS expenditures are lower than expected. Minnesota indicated that these differences may be attributed to an underlying system change regarding long-term care facility encounters. These expenditures may be underestimated when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of non-denied line claims compared with other states.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of non-denied line claims compared with other states.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of non-denied line claims compared with other states.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Mississippi</b>	<ul style="list-style-type: none"> <li>Mississippi did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>None.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Mississippi (cont)</b>				<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Missouri</b>	<ul style="list-style-type: none"> <li>Missouri did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Montana</b>	<ul style="list-style-type: none"> <li>Montana indicated that they do not have any feedback on the provided output.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>Nebraska indicated that their 2019 and 2020 section 1915(c) waiver program expenditures were lower than expected. These expenditures may be underestimated when</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of FFS claims</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of FFS claims</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>Primary language in the TAF is of high concern due to</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Nebraska (cont)</b>	<p>compared to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>Nebraska indicated that they have state plan personal care services and estimated expenditures around \$10 million each year. However, state plan personal care services expenditures for Nebraska are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>Nebraska indicated that they have state plan case management services and estimated expenditures around \$30 million each year. However, case management services program expenditures for Nebraska are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> <li>Nebraska 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.</li> <li>Nebraska indicated that their state plan rehabilitative services expenditures were higher than expected. These expenditures may be overestimated when</li> </ul>	<p>with zero, missing, or negative payment amounts.</p> <ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did</li> </ul>	<p>with zero, missing, or negative payment amounts.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified MFP demonstration services users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Nebraska (cont)</b>	compared to other reports and/or data sources.	<p>not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>We identified MFP demonstration services users in the OT file, but the state did not identify users in the DE file.</li> </ul>		
<b>Nevada</b>	<ul style="list-style-type: none"> <li>Nevada indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option expenditures for Nevada are included in the output as the state had TAF claims that met the criteria for this service category.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Nevada (cont)</b>		<p>identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>		<p>users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>New Hampshire</b>	<ul style="list-style-type: none"> <li>New Hampshire indicated that they do not have any feedback on the provided output.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported state plan rehabilitative services</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files are of concern due to a high percentage of missing or invalid type of service codes.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64,</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>New Hampshire (cont)</b>		<p>expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported section 1915(k) Community First Choice users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported section 1915(k) Community First Choice users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported PACE expenditures in the CMS-64, but we did not identify users or expenditures in the TAF.</li> <li>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.</li> <li>The state reported section 1915(k) Community First Choice users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>New Jersey</b>	<ul style="list-style-type: none"> <li>New Jersey did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>OT files are of high concern because they have an unusually high volume of line claims per header compared with other states.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>Primary language in the TAF is of high concern due to</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>OT files have a high percentage of managed care</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>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.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>New Jersey (cont)</b>		<p>differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</p> <ul style="list-style-type: none"> <li>• OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>• OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>• 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.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> </ul>	<p>encounters with zero, missing, or negative payment amounts.</p> <ul style="list-style-type: none"> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>• OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>• OT files are of concern because they have high volumes of CMC encounter line records per header compared with other states.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>New Mexico</b>	<ul style="list-style-type: none"> <li>New Mexico did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The Medicaid Managed Care Enrollment Report shows PACE users, but we did not identify PACE users or expenditures in TAF.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported PACE expenditures in the CMS-64, but we did not identify users or expenditures in the TAF.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported PACE expenditures in the CMS-64, but we did not identify users or expenditures in the TAF.</li> <li>The Medicaid Managed Care Enrollment Report shows PACE users, but we did not identify PACE users or expenditures in TAF.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The Medicaid Managed Care Enrollment Report shows PACE users, but we did not identify PACE users or expenditures in TAF.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported PACE expenditures in the CMS-64, but we did not identify users or expenditures in the TAF.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>New Mexico (cont)</b>		<ul style="list-style-type: none"> <li>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.</li> </ul>		
<b>New York</b>	<ul style="list-style-type: none"> <li>New York indicated that their managed care LTSS expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported section 1915(k) Community First Choice FFS and managed care expenditures in the CMS-64, but we did not identify FFS or managed care users or expenditures in the TAF.</li> <li>The state reported mental health facility DSH expenditures in the CMS-</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported section 1915(k) Community First Choice FFS and managed care expenditures in the CMS-64, but we did not identify FFS or managed care users or expenditures in the TAF.</li> <li>We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported state plan personal care services expenditures in the CMS-64, but we did not identify FFS</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported section 1915(k) Community First Choice FFS and managed care expenditures in the CMS-64, but we did not identify FFS or managed care</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>New York (cont)</b>		<p>64, but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<p>users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>	<p>users or expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>North Carolina</b>	<ul style="list-style-type: none"> <li>North Carolina indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option expenditures for North Carolina are included in the output as the state had TAF claims that met the criteria for this service category.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>North Dakota</b>	<ul style="list-style-type: none"> <li>North Dakota indicated that their MFP expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>
<b>Ohio</b>	<ul style="list-style-type: none"> <li>Ohio did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64,</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64,</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Ohio (cont)</b>		<p>64, but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported section 1915(i) HCBS state plan option users in the DE file, but we did not identify users in the OT file.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>Oklahoma</b>	<ul style="list-style-type: none"> <li>Oklahoma did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified section 1915(j) self-directed PAS option</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Oklahoma (cont)</b>		<ul style="list-style-type: none"> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>users in the OT file, but the state did not identify users in the DE file.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>users in the OT file, but the state did not identify users in the DE file.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>Oregon</b>	<ul style="list-style-type: none"> <li>Oregon indicated that their section 1915(c) waiver program 1915(c) authority expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> <li>Oregon indicated that their section 1915(k) Community First Choice 1915(k) authority expenditures were lower than expected, but these might be identified as section 1915(c) waiver program expenditures instead. These expenditures may be underestimated when compared to other reports and/or data sources.</li> <li>Oregon indicated that their state plan personal care services expenditures were higher than expected. These expenditures may be overestimated when compared</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>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.</li> <li>The state reported section 1915(j) self-directed PAS option expenditures in the</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>LT files are of concern because they have unusually high number of CMC plans</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Oregon (cont)</b>	<p>to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>Oregon indicated that they have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option expenditures for Oregon are reported as \$0 in the output because there were no TAF claims that met the criteria for this service category.</li> </ul>	<p>64, but we did not identify expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>with no LT encounter header records in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Pennsylvania</b>	<ul style="list-style-type: none"> <li>Pennsylvania indicated that their section 1915(j) self-directed PAS option expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified state plan private duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Pennsylvania (cont)</b>		<p>services FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>		
<b>Rhode Island</b>	<ul style="list-style-type: none"> <li>Rhode Island indicated that their nursing facility expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of expenditures do not link to an eligibility record in the month of service.</li> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>A high percentage of beneficiaries have a missing ZIP Code in the DE file.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC encounter line records compared with other states.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>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.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Rhode Island (cont)</b>		<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>		
<b>South Carolina</b>	<ul style="list-style-type: none"> <li>South Carolina did not provide any data notes.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>South Dakota</b>	<ul style="list-style-type: none"> <li>• South Dakota indicated that their MFP expenditures were higher than expected. These expenditures may be overestimated when compared to other reports and/or data sources.</li> <li>• South Dakota 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.</li> <li>• South Dakota 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.</li> <li>• South Dakota indicated that they do not have a section 1915(i) HCBS state plan option. However, section 1915(i) HCBS state plan option expenditures for South Dakota are included in the output as the state had TAF claims that met the criteria for this service category.</li> </ul>	<ul style="list-style-type: none"> <li>• We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>• 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.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>• We identified state plan case management services FFS users in the TAF but no FFS expenditures in the TAF. The state did not report expenditures in the CMS-64.</li> <li>• The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>• 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.</li> <li>• 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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Tennessee</b>	<ul style="list-style-type: none"> <li>Tennessee indicated that they do not have a section 1915(j) self-directed PAS option. However, section 1915(j) self-directed PAS option expenditures for Tennessee are included in the output because the state had TAF claims that met the criteria for this service category.</li> <li>Tennessee indicated that their state plan personal care services expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> <li>Tennessee indicated that their state plan home health services expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> <li>Tennessee indicated that their state plan rehabilitative services expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> <li>Tennessee indicated that their case management services expenditures differed from expected values. These</li> </ul>	<ul style="list-style-type: none"> <li>TAF data are of high concern due to a large difference in enrollment numbers compared to Performance Indicator data.</li> <li>OT files are of high concern because they have an unusually high volume of header claims compared with other states.</li> <li>OT files are of high concern because they have an unusually high volume of non-denied line claims compared with other states.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> <li>We identified section 1915(j) self-directed PAS option users in the OT file,</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>TAF data are of high concern due to a large difference in enrollment numbers compared to Performance Indicator data.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> <li>We identified section 1915(j) self-directed PAS option users in the OT file, but the</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Tennessee (cont)</b>	<p>expenditures may differ when compared to other reports and/or data sources.</p> <ul style="list-style-type: none"> <li>Tennessee indicated that their state plan private duty nursing services expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> <li>Tennessee indicated that their ICF/IID expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> <li>Tennessee indicated that their nursing facility expenditures differed from expected values. These expenditures may differ when compared to other reports and/or data sources.</li> </ul>	<p>but the state did not identify users in the DE file.</p>		<p>state did not identify users in the DE file.</p> <ul style="list-style-type: none"> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>Texas</b>	<ul style="list-style-type: none"> <li>Texas did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>The state reported section 1915(i) HCBS state plan</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> </ul>	<ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>We identified section 1915(j) self-directed PAS option FFS</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Texas (cont)</b>		<p>option expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported section 1915(k) Community First Choice managed care expenditures in the CMS-64, but but we did not identify managed care users or expenditures in the TAF.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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. The state reported section 1915(i) HCBS state plan option users in the DE file, but we did not identify users in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The state reported section 1915(k) Community First Choice managed care expenditures in the CMS-64, but but we did not identify managed care users or expenditures in the TAF.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported section 1915(i) HCBS state plan option users in the DE file, but we did not identify users in the OT file.</li> <li>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.</li> <li>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.</li> </ul>	<p>users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>The state reported section 1915(k) Community First Choice managed care expenditures in the CMS-64, but but we did not identify managed care users or expenditures in the TAF.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Texas (cont)</b>		<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>		
<b>Utah</b>	<ul style="list-style-type: none"> <li>Utah did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>The state reported state plan rehabilitative services expenditures in the CMS-64, but we did not identify</li> </ul>	<ul style="list-style-type: none"> <li>Procedure code for professional services in the OT file is of high concern, and this could have impacted the identification of state plan personal care service users.</li> <li>Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Dual eligibility code in the TAF is of high concern due to missing values or not having any beneficiaries in an expected category.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>The state reported state plan private duty nursing services expenditures in the CMS-64, but we did not identify FFS</li> </ul>



State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Utah (cont)</b>		FFS users or FFS expenditures in the TAF.	<ul style="list-style-type: none"> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>users or FFS expenditures in the TAF.</li> <li>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.</li> </ul>
<b>Vermont</b>	<ul style="list-style-type: none"> <li>Vermont did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of FFS claims with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of FFS claims with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking</li> </ul>	<ul style="list-style-type: none"> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>Primary language in the TAF is of high concern due to</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Vermont (cont)</b>		<p>type codes, or are missing service tracking payment.</p> <ul style="list-style-type: none"> <li>Primary language in the TAF is of high concern due to differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</li> <li>A high percentage of beneficiaries have a missing ZIP code in the DE file.</li> <li>The state did not operate any section 1915(c) waiver programs in 2019, but we identified users with section 1915(c) waiver program claims. The state did not identify users in the DE file.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>type codes, or are missing service tracking payment.</p> <ul style="list-style-type: none"> <li>A high percentage of beneficiaries have a missing ZIP code in the DE file.</li> <li>Vermont did not operate any section 1915(c) waiver programs in 2020, but we identified users with section 1915(c) waiver program claims. The state did not identify users in the DE file.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>differing categories compared to the ACS, a high percentage of beneficiaries with missing English proficiency, or the percentage of beneficiaries with limited English proficiency differing substantively from ACS.</p> <ul style="list-style-type: none"> <li>A high percentage of beneficiaries have a missing ZIP code in the DE file.</li> <li>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.</li> <li>Vermont did not operate any section 1915(c) waiver programs in 2021, but we identified users with section 1915(c) waiver program claims. The state did not identify users in the DE file.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Virginia</b>	<ul style="list-style-type: none"> <li>Virginia did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The state reported PACE expenditures in the CMS-64. The state reported PACE users in the DE file, but we did not find PACE expenditures in the TAF.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Washington</b>	<ul style="list-style-type: none"> <li>Washington did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>LT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>OT files have a high percentage of managed care encounters with zero, missing, or negative payment amounts.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified state plan rehabilitative services FFS</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>A high percentage of service tracking claims have problematic MSIS ID values, are missing service tracking type codes, or are missing service tracking payment.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>We identified state plan rehabilitative services FFS users and FFS expenditures in the TAF, but the state did</li> </ul>	<ul style="list-style-type: none"> <li>A high percentage of expenditures do not link to an eligibility record in the month of service.</li> <li>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.</li> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified state plan rehabilitative services FFS</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Washington (cont)</b>		<p>users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>We identified section 1915(c) waiver program users in the OT file, but the state did not identify users in the DE file.</li> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>	<p>users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(k) Community First Choice users in the OT file, but the state did not identify users in the DE file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>West Virginia</b>	<ul style="list-style-type: none"> <li>West Virginia did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>OT files are of concern because they have high volumes of CMC header records compared with other states.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility DSH expenditures in the CMS-64, but we did not identify expenditures in the TAF.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>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.</li> </ul>
<b>Wisconsin</b>	<ul style="list-style-type: none"> <li>Wisconsin did not provide any notes.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>The state reported mental health facility expenditures in the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</li> <li>We identified PACE users and expenditures in the TAF, but the state did not</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>The state reported mental health facility expenditures in</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We identified section 1915(i) HCBS state plan option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> <li>The state reported mental health facility expenditures in</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Wisconsin (cont)</b>		<p>report expenditures in the CMS-64.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>The state reported PACE expenditures in the CMS-64, but we did not identify users or expenditures in the TAF.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>	<p>the CMS-64, but we did not identify FFS users or FFS expenditures in the TAF.</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>The state reported MFP demonstration services users in the DE file, but we did not identify users in the OT file.</li> </ul>
<b>Wyoming</b>	<ul style="list-style-type: none"> <li>Wyoming indicated that they do not have a section 1915(j) self-directed PAS option. However, 2020 section 1915(j) self-directed PAS option expenditures for Wyoming are</li> </ul>	<ul style="list-style-type: none"> <li>The state reported PACE expenditures in the CMS-64. The state reported PACE users in the DE file, but we did not find PACE expenditures in the OT file.</li> </ul>	<ul style="list-style-type: none"> <li>We identified section 1915(j) self-directed PAS option FFS users and FFS expenditures in the TAF, but the state did not report expenditures in the CMS-64.</li> </ul>	<ul style="list-style-type: none"> <li>The Medicaid Managed Care Enrollment Report shows PACE users. The state reported PACE users in the DE file, but we did not find</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Wyoming (cont)</b>	<p>included in the output because the state had TAF claims that met the criteria for this service category.</p> <ul style="list-style-type: none"> <li>Wyoming indicated that their 2020 section 1915(c) waiver program expenditures were lower than expected. These expenditures may be underestimated when compared to other reports and/or data sources. Wyoming indicated that the section 1915(j) self-directed PAS option expenditures in 2020 should be categorized as section 1915(c) waiver program expenditures.</li> <li>Wyoming indicated that their 2020 state plan home health services expenditures were higher than expected and section 1915(c) waiver program expenditures might be captured under state plan home health services expenditures erroneously. These expenditures may be overestimated when compared to other reports and/or data sources.</li> <li>Wyoming indicated that their 2020 state plan case management services expenditures were higher than expected and section 1915(c) waiver program expenditures</li> </ul>		<ul style="list-style-type: none"> <li>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.</li> <li>The Medicaid Managed Care Enrollment Report shows PACE users. The state reported PACE users in the DE file, but we did not find PACE expenditures in the OT file.</li> <li>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.</li> </ul>	<p>PACE expenditures in the OT file.</p> <ul style="list-style-type: none"> <li>The state reported PACE expenditures in the CMS-64. The state reported PACE users in the DE file, but we did not find PACE expenditures in the OT file.</li> </ul>

State	State feedback notes on expenditures	2019 data quality notes	2020 data quality notes	2021 data quality notes
<b>Wyoming (cont)</b>	might be captured under state plan case management services expenditures erroneously. These expenditures may be overestimated when compared to other reports and/or data sources.			

**Suggested citation:** Carpenter, Alexandra, Michelle Eckstein, Caitlin Murray, Cara Stepanczuk, and Andrea Wysocki. "Data Notes for Medicaid TAF Long-Term Services and Supports Annual Expenditures and Users, 2019-2021." Mathematica, July 24, 2024.