

# Characteristics of People Using Medicaid Long-Term Services and Supports, 2023

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## Background

Medicaid is the largest payer for long-term services and supports (LTSS) in the United States, serving 9.7 million people using a variety of home and community-based services (HCBS) and institutional services in 2023. This brief presents characteristics of Medicaid LTSS users nationwide in 2023 across different HCBS and institutional categories, based on data from the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF).

We also describe the characteristics of the five LTSS subpopulations: (1) older adults (ages 65 and older); (2) people under age 65 with potentially disabling conditions; (3) people with autism spectrum disorder (ASD), intellectual disabilities (ID), or developmental disabilities (DD); (4) people with mental health (MH) conditions or substance use disorders (SUD); and (5) other people who use LTSS.<sup>1</sup>

### Key findings

- In 2023, the majority of people using Medicaid HCBS were younger than age 65, were not dually eligible for Medicaid and Medicare, lived in an urban area, and spoke English as their primary language.
- In 2023, the majority of people using Medicaid institutional services were ages 65 and older, were dually eligible for Medicaid and Medicare, lived in an urban area, and spoke English as their primary language.
- Greater proportions of older adults (ages 65 and older), people under age 65 with potentially disabling conditions, and people with MH conditions or SUD used institutional services than used HCBS, while greater proportions of people with ASD, ID, or DD and LTSS users in the “other” category used HCBS than used institutional services.

When interpreting findings, please note that completeness, quality, and consistency of the TAF data vary by state. To support interpretability of findings in this brief, we created LTSS TAF data quality measures to identify potential data quality issues that may affect states’ LTSS expenditure and user results. These measures can be found in accompanying documentation.<sup>2,3</sup>

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<sup>1</sup> For more information on the definitions of each LTSS subpopulation, refer to the document titled “Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2023” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations>.

<sup>2</sup> State data and anomaly notes and LTSS TAF data quality rating results are included in the document titled “Data Notes for Medicaid Transformed Medicaid Statistical Information System Analytic File Long-Term Services and Supports Annual Expenditures and Users, 2023,” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html>.

<sup>3</sup> Details on the LTSS TAF data quality analysis using 2023 data can be found in the document titled “Analysis of Data Quality in the Transformed Medicaid Statistical Information System Analytic Files for Identifying Medicaid Home and

## Characteristics of Medicaid HCBS users

Analyses of TAF data reported for calendar year 2023 depict Medicaid HCBS users<sup>4</sup> as a varied group in age, eligibility for Medicare, geographic distribution, language, and race and ethnicity. However, most Medicaid HCBS users nationwide were younger than age 65, were eligible only for Medicaid (not dually eligible for Medicaid and Medicare), lived in an urban area, and spoke English as their primary language (Tables 1a and 1b). Specifically, among the roughly 8.4 million HCBS users across the United States in 2023, 32.8 percent were ages 20 or younger, 25.2 percent were ages 21 to 44, and 22.1 percent were ages 45 to 64. Slightly more than half of HCBS users nationwide were female, and about two-thirds (68.6 percent) were eligible only for Medicaid (not dually eligible for Medicaid and Medicare).<sup>5</sup> About 81.6 percent of HCBS users lived in an urban area, 89.8 percent spoke English as their primary language, and 7.6 percent spoke Spanish as their primary language. Of all HCBS users, 49.0 percent were White non-Hispanic; 21.6 percent were Black non-Hispanic; 20.9 percent were Hispanic (of any race); and 8.6 percent were American Indian and Alaska Native (AIAN) non-Hispanic, Asian and Pacific Islander (API) non-Hispanic, or multiracial non-Hispanic. Across all LTSS subpopulations, in 2023 HCBS users were most likely to be in the subpopulation of people with MH conditions or SUD (42.0 percent), followed by people with ASD, ID, or DD (23.9 percent); other people who use LTSS (23.6 percent); older adults (19.8 percent); and people under age 65 with potentially disabling conditions (10.9 percent).<sup>6</sup>

As discussed in more detail below, the population characteristics of HCBS users in different programs and authorities that provide HCBS in 2023 differed from those of all Medicaid HCBS users (Tables 1a and 1b):

- **Section 1915(c) waiver programs<sup>7</sup>** users had demographic characteristics similar to those of HCBS users overall, although section 1915(c) waiver programs users included greater percentages of users

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Community-Based Services and Institutional Long-Term Services and Supports, 2023,” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html>.

<sup>4</sup> For more information about the categories of HCBS included in total user and expenditure calculations, refer to the document titled “Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2019-2021,” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html>.

<sup>5</sup> We assign users to one of the three dual-eligibility status categories (full-benefit dually eligible, partial-benefit dually eligible, and non-dually eligible) based on the category that applies to most of their enrolled months during the year. Dually eligible enrollees are Medicaid or CHIP enrollees also enrolled in Medicare Part A and/or B. Medicare is the primary payer for services delivered to dually eligible enrollees who are jointly covered by both programs. Enrollees who are full-benefit dually eligible are entitled to full-scope Medicaid coverage, including for health services that Medicare does not cover, such as LTSS. These enrollees may also be enrolled in a Medicare Savings Program to have Medicaid pay for some of the expenses they incur under Medicare. Enrollees who are partial-benefit dually eligible are entitled to have Medicaid pay for only some of the expenses they incur under Medicare, such as premiums and cost-sharing, through a Medicare Savings Program, but these enrollees are not eligible for any Medicaid services like LTSS. For more information, refer to the document titled “Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2023” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations>.

<sup>6</sup> These four subpopulations are not mutually exclusive; LTSS users are counted in each of the subpopulations for which they qualified. In contrast, the fifth subpopulation (other people who use LTSS) only contains LTSS users who did not meet the criteria for any of the four main subpopulations.

<sup>7</sup> Sections 1915(c), 1915(i), 1915(j), and 1915(k) refer to section 1915 of the Social Security Act.

who were ages 65 and older (31.7 percent compared with 19.8 percent of all HCBS users), dually eligible for Medicaid and Medicare with full Medicaid benefits (55.6 percent compared with 30.5 percent of all HCBS users), and White non-Hispanic (58.2 percent compared with 49.0 percent of all HCBS users).<sup>8</sup> Section 1915(c) waiver programs users and HCBS users overall also differed in terms of LTSS subpopulations. Compared with HCBS users overall, greater percentages of HCBS users in section 1915(c) waiver programs were under age 65 with potentially disabling conditions (21.5 percent compared with 10.9 percent of all HCBS users) or had ASD, ID, or DD (46.7 percent compared with 23.9 percent of all HCBS users). Lower percentages of section 1915(c) waiver programs users, compared with all HCBS users, had MH conditions or SUD (35.0 percent compared with 42.0 percent of all HCBS users) or met the criteria of the subpopulation of other people who use LTSS (7.1 percent compared with 23.6 percent of all HCBS users).

- **Section 1915(i) state plan HCBS benefit** users included greater percentages of users who were ages 65 and older (32.7 percent compared with 19.8 percent of all HCBS users) and female (59.0 percent compared with 53.6 percent of all HCBS users). Section 1915(i) state plan HCBS benefit users also included greater percentages of users who were dually eligible for Medicaid and Medicare with full Medicaid benefits (38.1 percent compared with 30.5 percent of all HCBS users), living in an urban area (94.5 percent compared with 81.6 percent of all HCBS users), and Hispanic of any race (29.8 percent compared with 20.9 percent of all HCBS users) or API non-Hispanic (17.3 percent compared with 5.7 percent of all HCBS users). In addition, greater percentages of section 1915(i) state plan HCBS benefit users spoke Spanish (14.9 percent compared with 7.6 percent of all HCBS users) or a language other than English or Spanish as their primary language (8.7 percent compared with 2.6 percent of all HCBS users). Finally, section 1915(i) state plan HCBS benefit users included greater percentages of users who met the criteria of the following subpopulations: other people who use LTSS (31.0 percent compared with 23.6 percent of all HCBS users) and older adults (32.7 percent compared with 19.8 percent of all HCBS users).
- **Section 1915(j) self-directed personal assistance services (PAS) option**<sup>9</sup> users included greater percentages of users who were ages 65 and older (25.2 percent compared with 19.8 percent of all HCBS users) and dually eligible for Medicaid and Medicare with full Medicaid benefits (41.5 percent compared with 30.5 percent of all HCBS users). A greater percentage of section 1915(j) self-directed PAS option users were in the LTSS subpopulation of people with MH conditions or SUD (55.7 percent compared with 42.0 percent of all HCBS users). In addition, Section 1915(j) self-directed PAS option users included lower percentages of users who were Hispanic of any race (8.0 percent compared with 20.9 percent of all HCBS users) or met the criteria of the subpopulation of other people who use LTSS (10.3 percent compared with 23.6 percent of all HCBS users). However, section 1915(j) self-directed

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<sup>8</sup> Dually eligible enrollees are Medicaid enrollees also enrolled in Medicare Part A and/or Part B. Medicare is the primary payer for services covered by both programs for enrollees who are eligible for the covered services. Full-benefit dually eligible enrollees are entitled to full-scope Medicaid coverage, including for services that Medicare does not cover, such as LTSS.

<sup>9</sup> Based on data quality checks and feedback from states, relative to other categories, many states misreported section 1915(j) self-directed PAS option claims, resulting in higher counts than expected; therefore, these counts should be interpreted with caution. For more information on the data source, methodology, state anomalies, and data tables, refer to the Methods box at the end of this document.

PAS option users were similar to HCBS users overall in terms of urban and rural residence, primary language, and likelihood of being in the other three LTSS subpopulations.

- **Section 1915(k) Community First Choice option** users included greater percentages of HCBS users who were ages 65 and older (49.6 percent compared with 19.8 percent of all HCBS users), dually eligible for Medicaid and Medicare with full Medicaid benefits (66.5 percent compared with 30.5 percent of all HCBS users), living in an urban area (89.0 percent compared with 81.6 percent of all HCBS users), API non-Hispanic (10.4 percent compared with 5.7 percent of all HCBS users), and White non-Hispanic (54.7 percent compared with 49.0 percent of all HCBS users). Section 1915(k) Community First Choice option users also included greater percentages of HCBS users who met the criteria of two LTSS subpopulations: older adults (49.6 percent compared with 19.8 percent of all HCBS users) and people under age 65 with potentially disabling conditions (19.6 percent compared with 10.9 percent of all HCBS users). Section 1915(k) Community First Choice option users were similar to all HCBS users in terms of primary language.
- **Program of All-Inclusive Care for the Elderly (PACE)** users included greater percentages of users who were ages 65 and older (79.7 percent compared with 19.8 percent of all HCBS users) and dually eligible for Medicaid and Medicare with full Medicaid benefits (77.4 percent compared with 30.5 percent of all HCBS users). These differences are expected, given that PACE enrolls people ages 55 and older, many of whom are also dually eligible for Medicaid and Medicare. Greater percentages of PACE users were female (64.3 percent compared with 53.6 percent of all HCBS users) and living in an urban area (92.8 percent compared with 81.6 percent of all HCBS users). PACE users included greater percentages of users who spoke Spanish (13.3 percent compared with 7.6 percent of all HCBS users) or a language other than English or Spanish (7.0 percent compared with 2.6 percent of all HCBS users). In addition, PACE users included greater percentages of users in the LTSS subpopulation of older adults (79.7 percent compared with 19.8 percent of all HCBS users) but lower percentages of users who met the criteria of any of the other LTSS subpopulations. PACE users were similar to all HCBS users in terms of race and ethnicity.
- **Section 1905(a) state plan personal care services (PCS)** users included greater percentages of users who were ages 65 and older (46.9 percent compared with 19.8 percent of all HCBS users) and dually eligible for Medicaid and Medicare with full Medicaid benefits (54.7 percent compared with 30.5 percent of all HCBS users). Section 1905(a) state plan PCS users included greater percentages of users who spoke Spanish as their primary language (11.8 percent compared with 7.6 percent of all HCBS users), were API non-Hispanic (9.8 percent compared with 5.7 percent of all HCBS users), and were Hispanic of any race (32.2 percent compared with 20.9 percent of all HCBS users). In addition, section 1905(a) state plan PCS users included greater percentages of HCBS users in the following subpopulations: older adults (46.9 percent compared with 19.8 percent of all HCBS users) and people under age 65 with potentially disabling conditions (14.3 percent compared with 10.9 percent of all HCBS users). Section 1905(a) state plan PCS users were similar to all HCBS users in terms of urban and rural residence.
- **Section 1905(a) state plan home health services** users were similar to all HCBS users in terms of demographic characteristics and LTSS subpopulations, despite minor differences in race and ethnicity between the two groups.

- **Section 1905(a) state plan rehabilitative services** users included greater percentages of HCBS users who were younger (47.0 and 32.8 percent were ages 0 to 20 and 21 to 44, respectively, compared with 32.8 and 25.2 percent, respectively, among all HCBS users) and were more often not dually eligible for Medicaid and Medicare (92.1 percent compared with 68.6 percent of all HCBS users). Compared to HCBS users overall, greater percentages of section 1905(a) state plan rehabilitative services spoke English as their primary language (94.0 percent compared with 89.8 percent of HCBS users overall) and were White non-Hispanic (57.6 percent compared with 49.0 percent of HCBS users overall). Users of section 1905(a) state plan rehabilitative services also included greater percentages of users who met the criteria of two LTSS subpopulations: people with MH conditions or SUD (54.6 percent compared with 42.0 percent of all HCBS users) and other people who use LTSS (26.9 percent compared with 23.6 percent of all HCBS users). Section 1905(a) state plan rehabilitative services users were similar to all HCBS users in terms of urban and rural residence.
- **Section 1905(a) state plan case management services** users were younger (8.5 percent of section 1905(a) state plan case management services users were ages 65 and older compared with 19.8 percent of all HCBS users) and more often male (54.2 percent compared with 46.4 percent of all HCBS users). Compared to HCBS users overall, section 1905(a) state plan case management services users also included greater percentages of users who met the criteria for the subpopulations of people with ASD, ID, or DD (46.3 percent compared with 23.9 percent of all HCBS users) and people with MH conditions or SUD (47.6 percent compared with 42.0 percent of all HCBS users). Section 1905(a) state plan case management services users were similar to all HCBS users in terms of dual-eligibility status, urban and rural residence, primary language, and race and ethnicity distributions.
- **Section 1905(a) state plan private duty nursing (PDN) services** users included greater percentages of HCBS users who were ages 21 to 64 (44.0 and 25.7 percent were ages 21 to 44 and 45 to 64, respectively, compared with 25.2 and 22.1 percent, respectively, among all HCBS users) and not dually eligible for Medicaid and Medicare (85.1 percent compared with 68.6 percent of all HCBS users). Section 1905(a) state plan PDN services users included greater percentages of users who spoke English as their primary language (96.9 percent compared with 89.8 percent of all HCBS users) and to be White non-Hispanic (66.2 percent compared with 49.0 percent of all HCBS users). Section 1905(a) state plan PDN services users also included greater percentages of HCBS users who met the criteria of the LTSS subpopulations of people under age 65 with a potentially disabling condition (15.4 percent compared with 10.9 percent of all HCBS users) and people with MH conditions or SUD (71.4 percent compared with 42.0 percent of all HCBS users). Section 1905(a) state plan PDN services users were similar to all HCBS users in terms of urban and rural residence.

## Characteristics of Medicaid institutional service users

Similar to HCBS users, Medicaid institutional service users<sup>10</sup> had varied characteristics in 2023. As a group, most institutional service users nationwide were older than 65, were female, were dually eligible for

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<sup>10</sup> For these analyses, institutional LTSS include nursing facilities, ICFs/IDD, and MH facilities. Although some states cover some services through section 1115 demonstration authority for adults ages 21 to 64 in institutions for mental diseases, we could not ensure this group was included in the MH facilities category because there was no recommended (tested) method of reliably identifying this population in the TAF.

Medicaid and Medicare, lived in an urban area, and spoke English as their primary language (Table 2). Specifically, among the roughly 1.5 million institutional service users across the United States in 2023, 63.9 percent were ages 65 and older. More than half of institutional service users nationally were female (57.8 percent), and 63.5 percent were dually eligible for Medicaid and Medicare with full Medicaid benefits. About 76.9 percent lived in an urban area, 95.8 percent spoke English as their primary language, and 2.8 percent spoke Spanish as their primary language. Of all institutional service users, 65.2 percent were White non-Hispanic; 20.0 percent were Black non-Hispanic; 10.0 percent were Hispanic (of any race); and 4.7 percent were either AIAN non-Hispanic, API non-Hispanic, or multiracial non-Hispanic. In 2023, in addition to a large percentage being in the older adult subpopulation (63.9 percent), a large percentage of institutional users were also in the subpopulation of people with MH conditions or SUD (62.0 percent), while smaller percentages were in the subpopulations of people under age 65 with potentially disabling conditions (15.9 percent); people with ASD, ID, or DD (10.1 percent); and other people who use LTSS (2.1 percent).

As discussed in more detail below, the population characteristics of institutional service users receiving each type of institutional service (Table 2) differed from the overall population of Medicaid institutional service users:

- **Nursing facility** users included greater percentages of users ages 65 or older (72.2 percent compared with 63.9 percent of all institutional service users) and were more often dually eligible for Medicaid and Medicare with full Medicaid benefits (69.7 percent compared with 63.5 percent of all institutional service users), but compared to all institutional service users a lower percentage belonged to the LTSS subpopulation of people with ASD, ID, or DD (3.9 percent compared with 10.1 percent of all institutional service users). Nursing facility users were similar to all institutional service users in terms of urban and rural residence, primary language, race and ethnicity, and presence in all other LTSS subpopulations.
- **Intermediate care facility for individuals with intellectual disabilities (ICF/IID)** users included lower percentages of users ages 65 and older (39.3 percent compared with 63.9 percent of all institutional service users). Compared to all institutional service users, greater percentages of ICF/IID users were male (51.2 percent compared with 42.1 percent of all institutional service users), dually eligible for Medicaid and Medicare with full Medicaid benefits (68.3 percent compared with 63.5 percent of all institutional service users), and White non-Hispanic (74.5 percent compared with 65.2 percent of all institutional service users). ICF/IID users included a greater percentage of institutional users who lived in a rural area (31.6 percent compared with 21.4 percent of all institutional service users). In addition, a greater percentage of ICF/IID users spoke English as their primary language (99.3 percent compared with 95.8 percent of all institutional service users). As expected, all ICF/IID users were part of the LTSS subpopulation of people with ASD, ID, or DD, given that ICF/IID utilization is a criterion for identifying people in that subpopulation. Compared to all institutional service users, lower percentages of ICF/IID users belonged to all other LTSS subpopulations except for the subpopulation under age 65 with potentially disabling conditions where there were greater percentages of ICF/IID users compared with all institutional users (21.2 percent compared with 15.9 percent of all institutional service users).

- **MH facility** users were younger than all institutional service users (68.9 percent were ages 0 to 20 compared with 8.2 percent of all institutional service users who were ages 0 to 20). They were more often not dually eligible for Medicaid and Medicare (86.5 percent compared with 35.3 percent of all institutional service users), but MH facility users included a greater percentage of individuals who were Hispanic of any race (15.4 percent compared with 10.0 percent of all institutional service users). As expected, all MH facility users belonged to the LTSS subpopulation of people with MH or SUD, given that use of MH facilities is a criterion for identifying people in that subpopulation. Compared to all institutional service users, lower percentages of MH facilities users belonged to any other LTSS subpopulations except for the subpopulation of people with ASD, ID, or DD (13.8 percent compared with 10.1 percent of all institutional service users).

## Conclusions

The characteristics of LTSS users differed across HCBS and institutional categories, with certain demographic groups being more likely than others to use certain types of services. For example, among HCBS users, greater percentages of people receiving services under the section 1915(i) state plan HCBS benefit were Hispanic of any race (29.8 percent) or API non-Hispanic (17.3 percent) relative to the overall HCBS population (20.9 percent and 5.7 percent, respectively). Among institutional service users, about 72.2 percent of people using nursing facilities were ages 65 and older, but 68.9 percent of people using MH facilities were ages 0 to 20. Compared with institutional service users, HCBS users tended to have greater percentages of people in younger age groups, had a lower percentage of people who were dually eligible for Medicaid and Medicare, and had greater percentages of people who were members of racial and ethnic minority groups. Compared with institutional services users, HCBS users also had a greater percentage of people who met the criteria for the LTSS subpopulation of people with ASD, ID, or DD and lower percentages of people in the older adult subpopulation and the subpopulation of people with MH conditions or SUD. These differences are important to keep in mind when designing policies that serve both current and future users of HCBS and institutional services.

**Table 1a.** Characteristics of HCBS users by HCBS program, 2023

Characteristic	Any HCBS <sup>a</sup> (N)	Any HCBS %	Section 1915(c) waiver programs (N)	Section 1915(c) waiver programs %	Section 1915(i) state plan HCBS benefit (N)	Section 1915(i) state plan HCBS benefit %	Section 1915(j) self-directed PAS option <sup>b</sup> (N)	Section 1915(j) self-directed PAS option <sup>b</sup> %	Section 1915(k) Community First Choice option (N)	Section 1915(k) Community First Choice option %	PACE (N)	PACE %
<b>Total</b>	<b>8,435,224</b>	<b>100.0</b>	<b>1,959,443</b>	<b>23.2</b>	<b>976,537</b>	<b>11.6</b>	<b>999,558</b>	<b>11.8</b>	<b>171,919</b>	<b>2.0</b>	<b>85,859</b>	<b>1.0</b>
<b>Age group</b>												
0–20	2,766,271	32.8	DS	DS	230,884	23.6	DS	DS	11,747	6.8	DS	DS
21–44	2,129,877	25.2	539,496	27.5	192,676	19.7	274,045	27.4	33,564	19.5	DS	DS
45–64	1,865,229	22.1	450,190	23.0	233,441	23.9	260,154	26.0	41,320	24.0	17,393	20.3
65+	1,673,739	19.8	620,901	31.7	319,484	32.7	252,387	25.2	85,288	49.6	68,464	79.7
Unknown	108	0.0	DS	DS	52	0.0	DS	DS	0	0.0	0	0.0
<b>Sex</b>												
Female	4,521,673	53.6	993,476	50.7	576,621	59.0	564,204	56.4	101,263	58.9	55,218	64.3
Male	3,913,346	46.4	965,945	49.3	399,879	40.9	DS	DS	70,656	41.1	DS	DS
Unknown	205	0.0	22	0.0	37	0.0	DS	DS	0	0.0	DS	DS
<b>Dual-eligibility status<sup>c</sup></b>												
Non-dually eligible	5,782,432	68.6	858,249	43.8	600,254	61.5	581,243	58.2	56,796	33.0	18,709	21.8
Full-benefit dually eligible	2,569,716	30.5	1,090,327	55.6	372,032	38.1	414,566	41.5	114,261	66.5	66,491	77.4
Partial-benefit dually eligible	83,076	1.0	10,867	0.6	4,251	0.4	3,749	0.4	862	0.5	659	0.8
<b>Rural/urban residence</b>												
Rural	1,481,260	17.6	368,587	18.8	50,062	5.1	190,729	19.1	18,111	10.5	5,529	6.4
Urban	6,883,525	81.6	1,573,689	80.3	922,562	94.5	801,119	80.1	153,084	89.0	79,692	92.8
Unknown	70,439	0.8	17,167	0.9	3,913	0.4	7,710	0.8	724	0.4	638	0.7



Characteristic	Any HCBS <sup>a</sup> (N)	Any HCBS %	Section 1915(c) waiver programs (N)	Section 1915(c) waiver programs %	Section 1915(i) state plan HCBS benefit (N)	Section 1915(i) state plan HCBS benefit %	Section 1915(j) self-directed PAS option <sup>b</sup> (N)	Section 1915(j) self-directed PAS option <sup>b</sup> %	Section 1915(k) Community First Choice option (N)	Section 1915(k) Community First Choice option %	PACE (N)	PACE %
<b>Primary language<sup>d</sup></b>												
English	7,573,635	89.8	1,792,493	91.5	746,161	76.4	934,319	93.5	150,784	87.7	68,470	79.7
Spanish	639,073	7.6	107,103	5.5	145,121	14.9	40,175	4.0	14,474	8.4	11,406	13.3
Any other language	222,516	2.6	59,847	3.1	85,255	8.7	25,064	2.5	6,661	3.9	5,983	7.0
<b>Race and ethnicity<sup>e</sup></b>												
AIAN, non-Hispanic	90,205	1.1	15,308	0.8	6,380	0.7	6,795	0.7	2,144	1.2	519	0.6
API, non-Hispanic	483,072	5.7	118,943	6.1	169,052	17.3	45,197	4.5	17,933	10.4	9,945	11.6
Black, non-Hispanic	1,818,464	21.6	398,375	20.3	198,066	20.3	274,053	27.4	24,741	14.4	14,339	16.7
Hispanic, any race	1,761,517	20.9	263,564	13.5	291,324	29.8	80,448	8.0	31,063	18.1	18,060	21.0
Multiracial, non-Hispanic	148,659	1.8	22,923	1.2	6,663	0.7	7,663	0.8	1,986	1.2	485	0.6
White, non-Hispanic	4,133,301	49.0	1,140,329	58.2	305,051	31.2	585,402	58.6	94,052	54.7	42,511	49.5
<b>LTSS subpopulation</b>												
Older adults (ages 65 and older)	1,673,739	19.8	620,901	31.7	319,484	32.7	252,387	25.2	85,288	49.6	68,464	79.7
People under age 65 with potentially disabling conditions	917,572	10.9	420,850	21.5	69,402	7.1	150,408	15.0	33,700	19.6	3,908	4.6
People with autism spectrum disorder (ASD), intellectual disabilities (ID), or developmental disabilities (DD)	2,017,636	23.9	915,321	46.7	104,274	10.7	218,160	21.8	24,601	14.3	533	0.6

Characteristic	Any HCBS <sup>a</sup> (N)	Any HCBS %	Section 1915(c) waiver programs (N)	Section 1915(c) waiver programs %	Section 1915(i) state plan HCBS benefit (N)	Section 1915(i) state plan HCBS benefit %	Section 1915(j) self-directed PAS option <sup>b</sup> (N)	Section 1915(j) self-directed PAS option <sup>b</sup> %	Section 1915(k) Community First Choice option (N)	Section 1915(k) Community First Choice option %	PACE (N)	PACE %
People with mental health (MH) conditions or substance use disorders (SUD)	3,544,732	42.0	685,619	35.0	314,261	32.2	556,914	55.7	64,882	37.7	16,001	18.6
Other people who use LTSS	1,988,128	23.6	138,141	7.1	303,193	31.0	103,288	10.3	20,050	11.7	9,804	11.4

Source: Mathematica's analysis of the 2023 TAF Release 1.

Note: This table shows the number of Medicaid beneficiaries who received program-based HCBS in 2023. We defined *program-based HCBS* as services for which enrollment information exists, including section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed PAS option, section 1915(k) Community First Choice option, and PACE. Money Follows the Person demonstration services are included as an individual category in accompanying table output, but they are not included in the aggregate calculations of total HCBS or total LTSS expenditures or users in Tables 1a or 1b in this analysis. The number of users across HCBS categories in Tables 1a and 1b does not sum to 100 percent because some beneficiaries received more than one type of HCBS during the year. We suppressed certain cells based on small cell sizes (1 to 10). We also suppressed data in cases where it would have been possible to derive the small-cell values.

<sup>a</sup> This is an unduplicated count of Medicaid beneficiaries who, in 2023, received any HCBS—either via a program including section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed PAS option, section 1915(k) Community First Choice option, and PACE, or section 1905(a) state plan benefits including personal care services, home health services, rehabilitative services, case management services, and private duty nursing services, as presented in Tables 1a and 1b, respectively.

<sup>b</sup> Based on data quality checks and feedback from states, relative to other categories, many states misreported section 1915(j) self-directed PAS option claims, resulting in higher counts than expected; therefore, these counts should be interpreted with caution.

<sup>c</sup> We coded people with null values for dual-eligibility status as non-dually eligible.

<sup>d</sup> We coded people with null values for primary language as primarily speaking English.

<sup>e</sup> In the TAF Race and Ethnicity Imputation (REI) Companion File we used for the analysis, each enrollee has a unique probability value of being in each race and ethnicity group. In most cases, enrollees would have a value of "1" for their self-reported race and ethnicity. Enrollees with missing self-reported race and ethnicity would have a value between 0 and 1 for each of the six race and ethnicity categories. Therefore, we calculated both the numerator (number of users for a given race and ethnicity and LTSS category) and the denominator (total number of users for a given LTSS category) in this table as the sum of the probabilities of users being in a given race and ethnicity group across all users of a given LTSS category, rounded to the nearest integer. A consequence of this approach is that the total number of users in an LTSS category (which serves as the denominator for the percentages in each column) is slightly different for the race and ethnicity rows than for the other characteristics. For example, the number of HCBS users calculated by summing the probabilities across all races and ethnicities—used as the denominator for the race and ethnicity group percentages—is 8,435,218; in contrast, the true count of HCBS users—used as the denominator for all other characteristics' group percentages—is 8,435,244. In addition, given the use of the REI file, there are no unknown values for race and ethnicity.

AIAN = American Indian and Alaska Native; API = Asian and Pacific Islander; DS = data suppressed; HCBS = home and community-based services; N = number; PACE = Program of All-Inclusive Care for the Elderly; PAS = personal assistance services; TAF = Transformed Medicaid Statistical Information System Analytic File.

**Table 1b.** Characteristics of HCBS users by section 1905(a) state plan HCBS, 2023

Characteristic	Any HCBS <sup>a</sup> (N)	Any HCBS <sup>a</sup> (%)	Section 1905(a) state plan personal care services <sup>b</sup> (N)	Section 1905(a) state plan personal care services <sup>b</sup> (%)	Section 1905(a) state plan home health services <sup>c</sup> (N)	Section 1905(a) state plan home health services <sup>c</sup> (%)	Section 1905(a) state plan rehabilitative services (N)	Section 1905(a) state plan rehabilitative services (%)	Section 1905(a) state plan case management services <sup>f</sup> (N)	Section 1905(a) state plan case management services <sup>f</sup> (%)	Section 1905(a) state plan private duty nursing services (N)	Section 1905(a) state plan private duty nursing services (%)
<b>Total</b>	<b>8,435,224</b>	<b>100.0</b>	<b>1,064,280</b>	<b>12.6</b>	<b>1,962,629</b>	<b>23.3</b>	<b>2,132,351</b>	<b>25.3</b>	<b>1,928,816</b>	<b>22.9</b>	<b>106,235</b>	<b>1.3</b>
<b>Age group</b>												
0–20	2,766,271	32.8	195,222	18.3	626,583	31.9	1,002,410	47.0	830,320	43.0	26,038	24.5
21–44	2,129,877	25.2	DS	DS	417,869	21.3	700,145	32.8	589,160	30.5	46,715	44.0
45–64	1,865,229	22.1	267,265	25.1	534,917	27.3	380,930	17.9	344,421	17.9	27,308	25.7
65 and older	1,673,739	19.8	498,940	46.9	383,242	19.50	DS	DS	164,881	8.5	6,174	5.8
Unknown	108	0.0	DS	DS	18	0.00	DS	DS	34	0.0	0	0.0
<b>Sex</b>												
Female	4,521,673	53.6	626,068	58.8	1,132,458	57.7	1,080,698	50.7	884,134	45.8	51,279	48.3
Male	3,913,346	46.4	438,162	41.2	830,125	42.3	1,051,630	49.3	1,044,644	54.2	54,956	51.7
Unknown	205	0.0	50	0.0	46	0.0	23	0.0	38	0.0	0	0.0
<b>Dual-eligibility status<sup>e</sup></b>												
Non-dually eligible	5,782,432	68.6	423,363	39.8	1,421,539	72.4	1,964,247	92.1	1,401,638	72.7	90,382	85.1
Full-benefit dually eligible	2,569,716	30.5	582,135	54.7	536,109	27.3	166,272	7.8	524,631	27.2	15,604	14.7
Partial-benefit dually eligible	83,076	1.0	58,782	5.5	4,981	0.3	1,832	0.1	2,547	0.1	249	0.2
<b>Rural/urban residence</b>												
Rural	1,481,260	17.6	165,908	15.6	311,313	15.9	452,018	21.2	351,346	18.2	22,733	21.4
Urban	6,883,525	81.6	891,779	83.8	1,638,945	83.5	1,660,832	77.9	1,559,503	80.9	82,765	77.9
Unknown	70,439	0.8	6,593	0.6	12,371	0.6	19,501	0.9	17,967	0.9	737	0.7

Characteristic	Any HCBS <sup>a</sup> (N)	Any HCBS <sup>a</sup> (%)	Section 1905(a) state plan personal care services <sup>b</sup> (N)	Section 1905(a) state plan personal care services <sup>b</sup> (%)	Section 1905(a) state plan home health services <sup>c</sup> (N)	Section 1905(a) state plan home health services <sup>c</sup> (%)	Section 1905(a) state plan rehabilitative services (N)	Section 1905(a) state plan rehabilitative services (%)	Section 1905(a) state plan case management services <sup>f</sup> (N)	Section 1905(a) state plan case management services <sup>f</sup> (%)	Section 1905(a) state plan private duty nursing services (N)	Section 1905(a) state plan private duty nursing services (%)
<b>Primary language<sup>f</sup></b>												
English	7,573,635	89.8	879,588	82.6	1,735,195	88.4	2,005,151	94.0	1,773,160	91.9	102,908	96.9
Spanish	639,073	7.6	125,701	11.8	172,633	8.8	107,146	5.0	131,802	6.8	1,902	1.8
Any other language	222,516	2.6	58,991	5.5	54,801	2.8	20,054	0.9	23,854	1.2	1,425	1.3
<b>Race and ethnicity<sup>g</sup></b>												
AIAN, non-Hispanic	90,205	1.1	14,056	1.3	19,827	1.0	29,277	1.4	20,637	1.10	786	0.7
API, non-Hispanic	483,072	5.7	104,006	9.8	109,540	5.6	54,575	2.6	77,065	4.0	2,276	2.1
Black, non-Hispanic	1,818,464	21.6	249,945	23.5	437,811	22.3	392,045	18.4	413,332	21.4	24,104	22.7
Hispanic, any race	1,761,517	20.9	342,814	32.2	534,090	27.2	361,251	16.9	400,118	20.7	7,855	7.4
Multiracial, non-Hispanic	148,659	1.8	9,228	0.9	27,264	1.4	66,238	3.1	37,034	1.9	928	0.9
White, non-Hispanic	4,133,301	49.0	344,230	32.3	834,096	42.5	1,228,963	57.6	980,630	50.8	70,286	66.2
<b>LTSS subpopulation</b>												
Older adults (ages 65 and older)	1,673,739	19.8	498,940	46.9	383,242	19.5	48,865	2.3	164,881	8.5	6,174	5.8
People under age 65 with potentially disabling conditions	917,572	10.9	152,690	14.3	302,410	15.4	109,811	5.1	208,491	10.8	16,413	15.4

Characteristic	Any HCBS <sup>a</sup> (N)	Any HCBS <sup>a</sup> (%)	Section 1905(a) state plan personal care services <sup>b</sup> (N)	Section 1905(a) state plan personal care services <sup>b</sup> (%)	Section 1905(a) state plan home health services <sup>c</sup> (N)	Section 1905(a) state plan home health services <sup>c</sup> (%)	Section 1905(a) state plan rehabilitative services (N)	Section 1905(a) state plan rehabilitative services (%)	Section 1905(a) state plan case management services <sup>f</sup> (N)	Section 1905(a) state plan case management services <sup>f</sup> (%)	Section 1905(a) state plan private duty nursing services (N)	Section 1905(a) state plan private duty nursing services (%)
People with autism spectrum disorder (ASD), intellectual disabilities (ID), or developmental disabilities (DD)	2,017,636	23.9	191,433	18.0	320,105	16.3	478,402	22.4	892,821	46.3	23,283	21.9
People with mental health (MH) conditions or substance use disorders (SUD)	3,544,732	42.0	334,759	31.5	748,165	38.1	1,163,877	54.6	918,989	47.6	75,887	71.4
Other people who use LTSS	1,988,128	23.6	139,505	13.1	612,982	31.2	574,651	26.9	290,914	15.1	8,606	8.1

Source: Mathematica's analysis of the 2023 TAF Release 1.

Note: This table shows the number of Medicaid beneficiaries who received section 1905(a) state plan HCBS (personal care services, home health services, rehabilitative services, case management services, and private duty nursing services) in 2023. The number of users across HCBS categories in Tables 1a and 1b does not sum to 100 percent because some beneficiaries received more than one type of HCBS during the year. We suppressed certain cells based on small cell sizes (1 to 10). We also suppressed data in cases where it would have been possible to derive the small-cell values.

<sup>a</sup> This is an unduplicated count of Medicaid beneficiaries who, in 2023, received any HCBS—either via a program including the section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed PAS option, section 1915(k) Community First Choice option, and PACE or section 1905(a) state plan benefits including personal care services, home health services, rehabilitative services, case management services, and private duty nursing services, as presented in Tables 1a and 1b, respectively. We included Money Follows the Person demonstration services as an individual category in accompanying table output but did not include them in the aggregate calculations of total HCBS or total LTSS expenditures or users in Tables 1a or 1b.

<sup>b</sup> This category includes section 1905(a) state plan personal care services and excludes personal care covered through the section 1915(j) self-directed PAS option.

<sup>c</sup> This category includes section 1905(a) state plan home health services and excludes all relevant services provided through section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed PAS option, and section 1915(k) Community First Choice option. We included all section 1905(a) state plan home health claims regardless of the length of service use.

<sup>d</sup> We included claims reported as either section 1905(a) state plan targeted case management or statewide case management.

<sup>e</sup> We coded people with null values for dual-eligibility status as non-dually eligible.

<sup>f</sup> We coded people with null values for primary language as primarily speaking English.

<sup>g</sup> In the TAF Race and Ethnicity Imputation (REI) Companion File we used for the analysis, each enrollee has a unique probability value of being in each race and ethnicity group. In most cases, enrollees would have a value of "1" for their self-reported race and ethnicity. Enrollees with missing self-reported race and ethnicity would have a value between 0 and 1 for each of the six race and ethnicity categories. Therefore, we calculated both the numerator (number of users for a given race and ethnicity and LTSS category) and the denominator (total number of users for a given LTSS category) in this table as the sum of the probabilities of users being in a given race and ethnicity group across all users of a given LTSS category, rounded to the nearest integer. A consequence of this approach is that the total number of users in an LTSS category (which serves as the denominator for the percentages in each column) is slightly different for the race and ethnicity rows than for the other characteristics. In addition, given the use of the REI file, there are no unknown values for race and ethnicity.

AIAN = American Indian and Alaska Native; API = Asian and Pacific Islander; DS = data suppressed; HCBS = home and community-based services; ICFs/IID = intermediate care facilities for individuals with intellectual disabilities; N = number; TAF = Transformed Medicaid Statistical Information System Analytic File.

**Table 2.** Characteristics of institutional service users by setting, 2023

Characteristic	Any institutional service <sup>a</sup> (N)	Any institutional service <sup>a</sup> (%)	Nursing facility (N)	Nursing facility (%)	ICF/IID (N)	ICF/IID (%)	Mental health facility <sup>b</sup> (N)	Mental health facility <sup>b</sup> (%)
<b>Total</b>	<b>1,519,234</b>	<b>100.0</b>	<b>1,294,881</b>	<b>85.2</b>	<b>86,184</b>	<b>5.7</b>	<b>161,319</b>	<b>10.6</b>
<b>Age group</b>								
0–20	125,302	8.2	10,340	0.8	DS	DS	111,095	68.9
21–44	91,159	6.0	50,762	3.9	20,780	24.1	20,259	12.6
45–64	331,745	21.8	298,229	23.0	27,253	31.6	DS	DS
65 and older	970,975	63.9	935,499	72.2	33,911	39.3	21,390	13.3
Unknown	53	0.0	51	0.0	DS	DS	DS	DS
<b>Sex</b>								
Female	878,784	57.8	759,378	58.6	DS	DS	91,663	56.8
Male	640,323	42.1	535,380	41.3	44,117	51.2	DS	DS
Unknown	127	0.0	123	0.0	DS	DS	DS	DS
<b>Dual-eligibility status<sup>c</sup></b>								
Non-dually eligible	535,673	35.3	373,949	28.9	26,559	30.8	139,529	86.5
Full-benefit dually eligible	964,587	63.5	902,859	69.7	58,894	68.3	21,513	13.3
Partial-benefit dually eligible	18,974	1.2	18,073	1.4	731	0.8	277	0.2
<b>Rural/urban residence</b>								
Rural	325,743	21.4	269,078	20.8	27,249	31.6	35,623	22.1
Urban	1,167,978	76.9	1,002,033	77.4	58,569	68.0	123,678	76.7
Unknown	25,513	1.7	23,770	1.8	366	0.4	2,018	1.3
<b>Primary language<sup>d</sup></b>								
English	1,456,054	95.8	1,238,145	95.6	85,539	99.3	155,227	96.2
Spanish	43,215	2.8	37,462	2.9	313	0.4	5,596	3.5
Any other language	19,965	1.3	19,274	1.5	332	0.4	496	0.3

Characteristic	Any institutional service <sup>a</sup> (N)	Any institutional service <sup>a</sup> (%)	Nursing facility (N)	Nursing facility (%)	ICF/IID (N)	ICF/IID (%)	Mental health facility <sup>b</sup> (N)	Mental health facility <sup>b</sup> (%)
<b>Race and ethnicity<sup>e</sup></b>								
AIAN, non-Hispanic	14,040	0.9	10,157	0.8	475	0.6	3,509	2.2
API, non-Hispanic	44,473	2.9	40,715	3.1	2,218	2.6	2,384	1.5
Black, non-Hispanic	304,559	20.0	255,987	19.8	13,927	16.2	40,556	25.1
Hispanic, any race	151,391	10.0	122,843	9.5	4,203	4.9	24,889	15.4
Multiracial, non-Hispanic	14,038	0.9	8,877	0.7	1,194	1.4	4,206	2.6
White, non-Hispanic	990,732	65.2	856,301	66.1	64,167	74.5	85,775	53.2
<b>LTSS subpopulation</b>								
Older adults (ages 65 and older)	970,975	63.9	935,499	72.2	33,911	39.3	21,390	13.3
People under age 65 with potentially disabling conditions	241,302	15.9	220,051	17.0	18,242	21.2	4,958	3.1
People with autism spectrum disorder (ASD), intellectual disabilities (ID), or developmental disabilities (DD)	153,745	10.1	50,620	3.9	86,184	100.0	22,279	13.8
People with mental health (MH) conditions or substance use disorders (SUD)	941,464	62.0	761,924	58.8	39,582	45.9	161,319	100.0
Other people who use LTSS	31,760	2.1	31,760	2.5	0.0	0.0	0.0	0.0

Source: Mathematica's analysis of the 2023 TAF Release 1.

Note: This table shows the number of Medicaid beneficiaries who received any institutional service in 2023. The number of users across institutional types does not sum to 100 percent because some beneficiaries received more than one type of institutional service during the year. We suppressed certain cells based on small cell sizes (1 to 10). We also suppressed data in cases where it would have been possible to derive the small-cell values.

<sup>a</sup> This is an unduplicated count of Medicaid beneficiaries who received any institutional service in 2023.

<sup>b</sup> Mental health facilities include institutions for mental diseases for people ages 65 and older and inpatient psychiatric facilities for people younger than age 21.



<sup>c</sup> We coded people with null values for dual-eligibility status as non-dually eligible.

<sup>d</sup> We coded people with null values for primary language as primarily speaking English.

<sup>e</sup> In the TAF Race and Ethnicity Imputation (REI) Companion File we used for the analysis, each enrollee has a unique probability value of being in each race and ethnicity group. In most cases, enrollees would have a value of "1" for their self-reported race and ethnicity. Enrollees with missing self-reported race and ethnicity would have a value between 0 and 1 for each of the six race and ethnicity categories. Therefore, we calculated both the numerator (number of users for a given race and ethnicity and LTSS category) and the denominator (total number of users for a given LTSS category) in this table as the sum of the probabilities of users being in a given race and ethnicity group across all users of a given LTSS category, rounded to the nearest integer. A consequence of this approach is that the total number of users in an LTSS category (which serves as the denominator for the percentages in each column) is slightly different for the race and ethnicity rows than for the other characteristics. In addition, given the use of the REI file, there are no unknown values for race and ethnicity.

AIAN = American Indian and Alaska Native; API = Asian and Pacific Islander; DS = data suppressed; ICF/IID = intermediate care facility for individuals with intellectual disabilities; TAF = Transformed Medicaid Statistical Information System Analytic File.

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## Methods

This brief contains a snapshot of the LTSS user and expenditure data, focusing on the characteristics of people using LTSS. All LTSS user and expenditure calculations for 2023 were based on the TAF. For the table output and for these analyses, institutional LTSS included nursing facilities, ICFs/IID, and mental health facilities. For expenditures only, institutional LTSS also included disproportionate share hospital (DSH) payments to mental health facilities. HCBS include section 1915(c) waiver programs, section 1915(i) state plan HCBS benefit, section 1915(j) self-directed PAS option, section 1915(k) Community First Choice option, the Program of All-Inclusive Care for the Elderly (PACE), and the following section 1905(a) state plan benefits: personal care services, home health services, rehabilitative services, case management services, and private duty nursing services. We reported Money Follows the Person demonstration services as an individual category in accompanying tables but did not include them in the aggregate calculations of total HCBS or total LTSS expenditures or users. Except for PACE expenditures and DSH payments to mental health facilities, LTSS expenditures included fee-for-service (FFS) expenditures, managed care plan payments to providers for managed care services, and supplemental payments. We assigned these expenditures to a specific LTSS category based on relevant codes found on TAF claims, including type of service, benefit type, program type, and waiver type. For PACE expenditures, we used capitation payment records and service-tracking claims. For DSH payments to mental health facilities, we used service-tracking claims and supplemental wraparound payments that (1) are add-on payments associated with a specific beneficiary above the negotiated per-service rate and (2) are distinct from supplemental payments made under the Upper Payment Limit demonstration. Except for PACE expenditures and DSH payments to mental health facilities, LTSS expenditures include FFS expenditures, managed care plan payments to providers for managed care services, and supplemental wraparound payments that are associated with a specific beneficiary above the negotiated per-service rate; these add-on payments are distinct from the supplemental payments made under the Upper Payment Limit (UPL) demonstration. We assigned these expenditures to a specific LTSS category based on relevant codes found on TAF claims, including type of service, benefit type, program type, and waiver type. For PACE expenditures, we used capitation payment records and service-tracking claims. For DSH payments to mental health facilities, we used service-tracking claims and supplemental payment records (to account for the rare case that DSH payments appear there). Except for PACE, we identified LTSS users for each LTSS category using FFS claims and managed care encounters, based on the same codes used to identify claims for the expenditure calculations. For PACE user counts, we identified enrollees based on enrollment records. Except for dual-eligibility status, which is based on the majority of enrolled months, we based the characteristics of enrollees on the most recent valid values in the calendar year. To define subpopulations (older adults (ages 65 and older); people under age 65 with potentially disabling conditions; people with ASD/ID/DD; people with MH/SUD; other people who use LTSS), we used individual-level characteristics including age, section 1915(c) waiver programs enrollment, chronic condition indicators, and service use to classify LTSS users in our sample into the first four subpopulations. These four subpopulations are not mutually exclusive, as we allow LTSS users to be classified in all subpopulations for which they qualify. The fifth LTSS subpopulation—other people who use LTSS—comprises LTSS users in our sample who do not meet the criteria of any of the other four subpopulations. To support our understanding of states' TAF data quality, we created LTSS TAF data quality measures to identify potential data quality issues that may affect states' LTSS expenditure and user results. There are separate FFS and managed care measures covering the following topics: institutional LTSS users, institutional LTSS expenditures, HCBS users, and HCBS expenditures.

For more information, refer to the following resources:

- More information on data and methods, including a description of the LTSS TAF data quality summary measures, can be found in the document titled "Methodology for Identifying Medicaid Long-Term Services and Supports Expenditures and Users, 2023," available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations>.
  - Details on the LTSS TAF data quality analysis using 2023 data can be found in the document titled "Analysis of Data Quality in the Transformed Medicaid Statistical Information System Analytic Files for Identifying Medicaid
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Home and Community-Based Services and Institutional Long-Term Services and Supports, 2023,” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations>.

- State data and anomaly notes and LTSS TAF data quality measure results are included in the document titled “Data Notes for Medicaid Transformed Medicaid Statistical Information System Analytic File Long-Term Services and Supports Annual Expenditures and Users, 2023,” available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations>.
  - Data tables for this brief, titled “Part C.1: Medicaid LTSS Users by Characteristic for Calendar Year 2023,” are available at <https://www.medicaid.gov/medicaid/long-term-services-supports/reports-evaluations/index.html>.
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