Quality of Care in Medi-Cal: Children in Foster Care Measurement Year 2024

Presentation of Results for Public Release

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

February 2026

Understanding Systems: Children in Medi-Cal

- Children in Medi-Cal receive medical and mental health services through Managed Care Plans (MCPs) and Fee-for-Service (FFS), and receive specialty mental health services (SMHS) through Behavioral Health Plans (BHPs)
- MCPs and BHPs have a Memorandum of Understanding to work together in the care of members
- Certain groups of children have additional services to coordinate care (e.g., children in foster care)
- For more information about children in Medi-Cal, see the Medi-Cal Children's Health Dashboard at http://www.dhcs.ca.gov/services/Pages/Medi-Cal_Childrens_Health_Advisory_Panel.aspx
- The California Department of Social Services also reports data on children in foster care. Differences in data sources or how technical specifications were applied may impact Department-specific rates.

Understanding Systems: Children in Foster Care

- Children in Foster Care have a comprehensive team to help facilitate care, comprised of:
  - Social Worker
  - Public Health Nurse
  - Judicial System
- In counties with County Organized Health Systems (COHS), children in Foster Care are in managed care
- In non-COHS counties, children in Foster Care may be in MCPs or FFS
- In all counties, children in Foster Care may receive care in BHPs depending on their needs

Assessing Quality of Care in Health Systems

- HEDIS (Health Effectiveness Data and Information Set) is a set of more than 90 standardized performance measures across six domains of care
- Used by more than 90 percent of America's health plans to measure performance
- Designed by expert panels and stakeholders to be relevant, scientifically sound, and feasible
- HEDIS is a registered trademark of the National Committee for Quality Assurance
- The measures in this report are also included in the CMS-mandated Child Core Set quality measures. The CMS Child and Adult Core Sets are specifically for Medicaid and CHIP, emphasizing standardized, state-level reporting to drive public program improvement and comparability.

HEDIS for Quality Improvement

- Measures are structured to capture developmental periods that align with clinical guidelines
- Inclusion criteria require that patients be continuously enrolled in Medi-Cal during the measurement period. This gives Medi-Cal, plans, and providers equal opportunities to influence the outcome for their patients
- Consistent, specification-aligned inclusion and exclusion criteria are applied to ensure that only the intended population is counted. This directly affects the numerator, denominator and final rate and is essential for accurate comparisons to benchmarks or other entities.
- There are multiple report cards based on HEDIS – California's Office of the Patient Advocate uses HEDIS for performance reporting on HMOs, PPOs and Medical Groups https://www.cdii.ca.gov/consumer-reports/health-care-quality-report-cards/

HEDIS Behavioral Health Measures

- ADD: Follow-Up Care for Children Prescribed Attention Deficit / Hyperactivity Disorder (ADHD) Medication - includes an initiation phase and a continuation phase
- FUH: Follow-Up After Hospitalization for Mental Illness, Ages 6 to 17 - includes a 7-day and a 30-day follow-up
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.
- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents. APC was retired from the CMS Core Set, replaced by APM starting in MY2019/FFY2020. DHCS last calculated this measure in MY2023. Similar measures (see Measure 5c.2) are available here: Report Index - California Child Welfare Indicators Project (CCWIP).

Data for this Report

- Data for calendar year 2024 were retrieved from the DHCS Management Information System/Decision Support System (MIS/DSS) between September and October 2025
- Medi-Cal data were linked to Department of Social Services data (January 2026) to identify children in out-of-home placements.
- Foster Care status is a subset of Medi-Cal enrollment; placement in a Group Home or Short-Term Residential Therapeutic Program (STRTP) is a status specific to members who are in Foster Care.
- National Medicaid scores given at the bottom of each table can be found on the Medicaid & CHIP Open Data 2024 Measure Performance Tables on the Child Core Set Measures

Data for this Report

- Because of claim lag, counts may rise over time as additional claims/encounters for services provided during the measurement period are submitted to DHCS
- Rates for subgroups of children that have denominators less than 30 are omitted because rates are unreliable (results are marked as “NA” where applicable)
- Rates for subgroups of children that have numerators less than 11 (1 – 10) are not shown to protect confidentiality (results are marked with an asterisk (*) where applicable)
- The overall Medi-Cal rates shown here and calculated from MIS/DSS may differ from plan-reported rates submitted to DHCS as part of the Managed Care Accountability Set (MCAS)

Out-of-Home Placement Coding

- Child Welfare Services/Case Management System (CWS/CMS) codes for a child's out-of-home placement type were used to identify group home/ Short-Term Residential Therapeutic Program (STRTP) placement, including
  - Group Home (1417)
  - STRTP Placement (6916)
- STRTP placements are included for 2019 onward per SB 403
- Rates are masked for group home/STRTP stratification if either the numerator or denominator met masking threshold.

ADD: Follow-Up Care for Children Prescribed ADHD Medication

- The percentage of children with a newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed.
- Two rates are reported: Initiation Phase and Continuation Phase
- Adjusting doses for the desired effect is very important for managing Attention Deficit Hyperactivity Disorder (ADHD) treatment appropriately.
- Foster Care is defined as being in an out-of-home placement when medication was first prescribed.

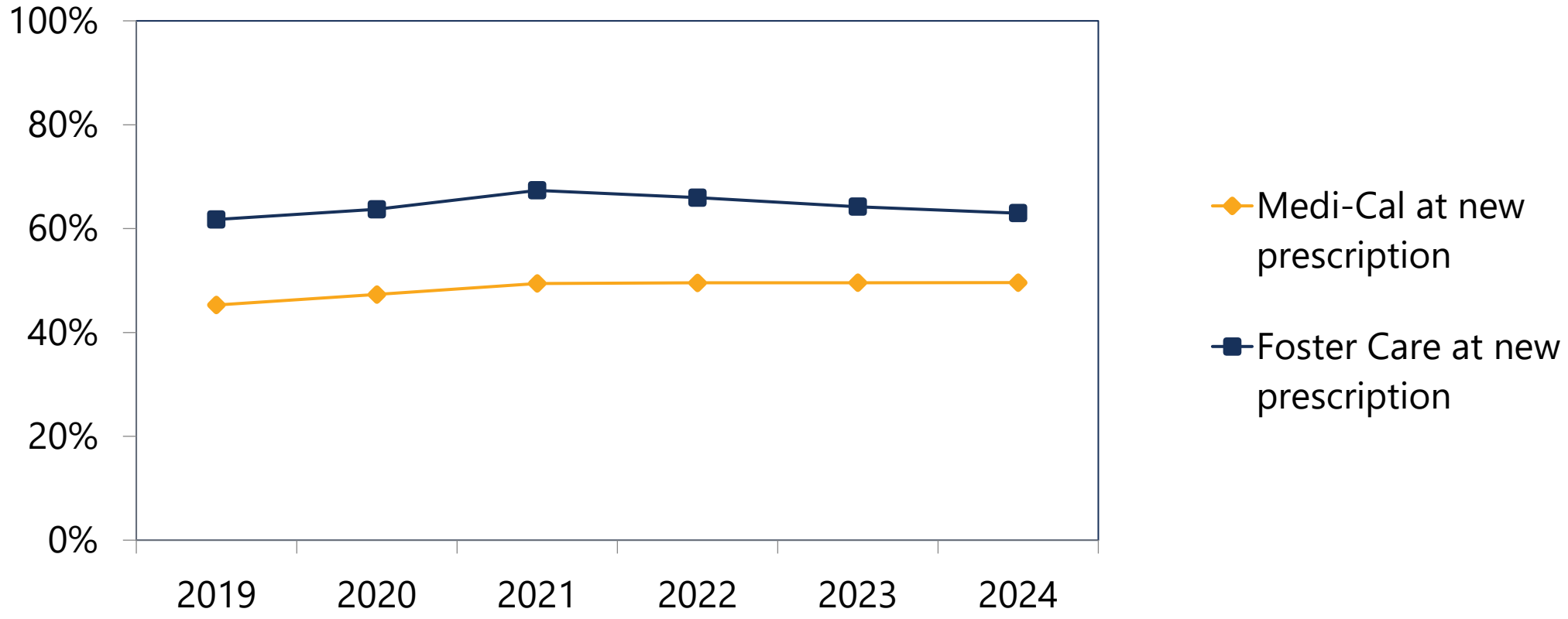
ADD: ADHD Medication Follow-Up

Initiation Phase, Ages 6 to 12

- New ADHD prescription (none for at least 120 days)
- 6 to 12 years old and enrolled 120 days prior to, and 30 days after, prescription
- Measures a visit with a provider with prescribing authority within 30 days of the new prescription

ADD: ADHD Medication Follow-Up

- **Initiation Phase, Ages 6 to 12**



ADD: ADHD Medication Follow-Up

Initiation Phase, Ages 6 to 12

	2023 Numerator	2023 Denominator	2023 Rate	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal at time of new prescription	10,254*	20,683*	49.6%*	11,157	22,492	49.6%
Foster Care at time of new prescription	585	911	64.2%	607	964	63.0%

MY2023/FFY2024 Medicaid Median: 47.4; Bottom Quartile: 41.1; Top Quartile: 52.4
*Note: MY2023 reported figures were revised after the December 2024 CMS submission.

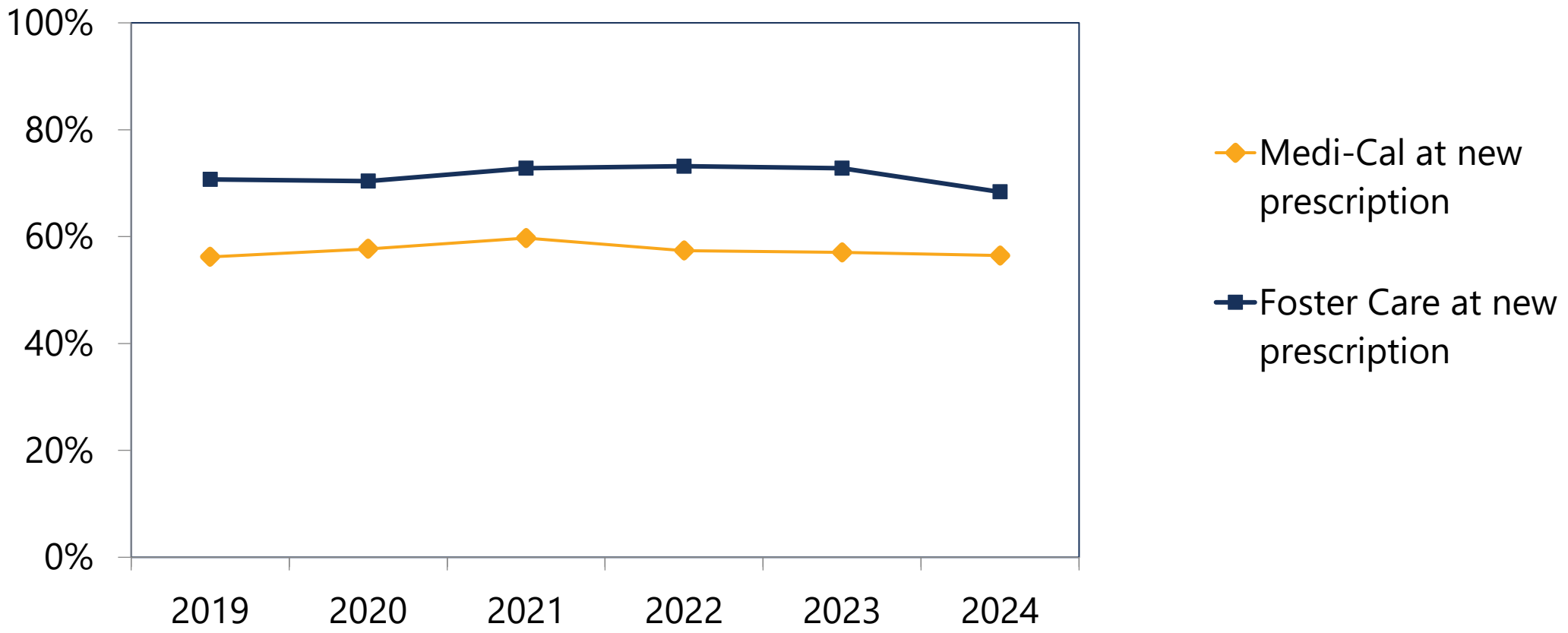
ADD: ADHD Medication Follow-Up

Continuation Phase, Ages 6 to 12

- New ADHD Prescription (none for at least 120 days)
- 6 to 12 years old and enrolled 120 days prior to, and 300 days after, the prescription
- Met the criteria for the Initiation Phase of having one visit within 30 days of the new prescription
- Has at least two more follow-up visits between 31 and 300 days (9 months) after the new prescription

ADD: ADHD Medication Follow-Up

- **Continuation Phase, Ages 6 to 12**



ADD: ADHD Medication Follow-Up

Continuation Phase, Ages 6 to 12

	2023 Numerator	2023 Denominator	2023 Rate	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal at time of new prescription	3,179*	5,574*	57.0%*	3,969	7,031	56.5%
Foster Care at time of new prescription	321	441	72.8%	337	493	68.4%

MY2023/FFY2024 Medicaid Median: 54.8; Bottom Quartile: 47.3; Top Quartile: 60.8
*Note: MY2023 reported figures were revised after the December 2024 CMS submission.

Considerations for ADD: ADHD Medication Follow-Up

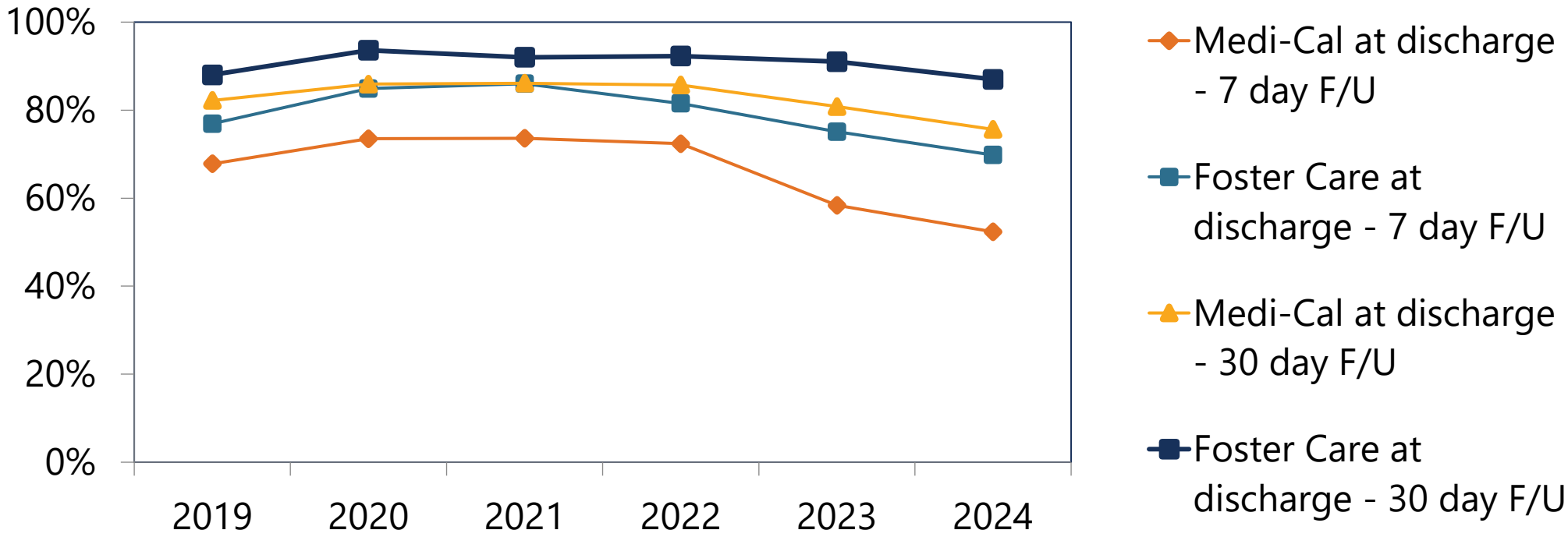
- ADHD medications represent approximately one-third of paid claims for psychotropic medications prescribed to children, especially in the 6 to 12-year-old age group
- While performance scores for Initiation and Continuation phases are similar, the number of children who qualify for the Continuation phase decreases to about half for Foster Care, and to about one-third for children in Medi-Cal
- This decrease occurs when:
  - Children are not continuously enrolled in Medi-Cal for the 10-month period after receiving the medication, or
  - Children do not have on-going medication during the 10-month period

FUH: Follow-Up After Hospitalization for Mental Illness

- Percentage of discharges for beneficiaries ages 6 to 17 who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.
- Two rates are reported:
  - Percentage of discharges for which children received follow-up within 7 days
  - Percentage of discharges for which children received follow-up within 30 days
- Ensures coordination of care for individuals leaving the inpatient setting. Individuals discharged from these settings may face health risks, including potential medication non-compliance, social isolation, substance use, suicidal ideation or self-harm, as well as financial or housing challenges.
- Foster Care is defined as being in an out-of-home placement when discharged from the hospital.

FUH: Follow-Up After Hospitalization for Mental Illness

Ages 6-17, 7-Day



* The MY2023 decrease reflects a methodology change due to a code update that excludes same-day hospital follow-ups. This is to align with CMS technical specifications.
* The MY2024 decrease reflects a methodology change due to a code update that more accurately captures both procedures and mental health provider list. This is to align with CMS technical specifications.

FUH: Follow-Up After Hospitalization for Mental Illness

- **Ages 6-17, 7-Day**

	2023 Numerator	2023 Denominator	2023 Rate	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal at discharge	7,307	12,516	58.4%	6,372	12,172	52.3%
Foster Care at discharge	552	735	75.1%	611	876	69.8%
Group Home/STRTP at discharge	165	200	82.5%	174	233	74.7%

MY2023/FFY2024 Medicaid Median: 44.8; Bottom Quartile: 35.2 Top Quartile: 56.4

FUH: Follow-Up After Hospitalization for Mental Illness

- **Ages 6-17, 30-Day**

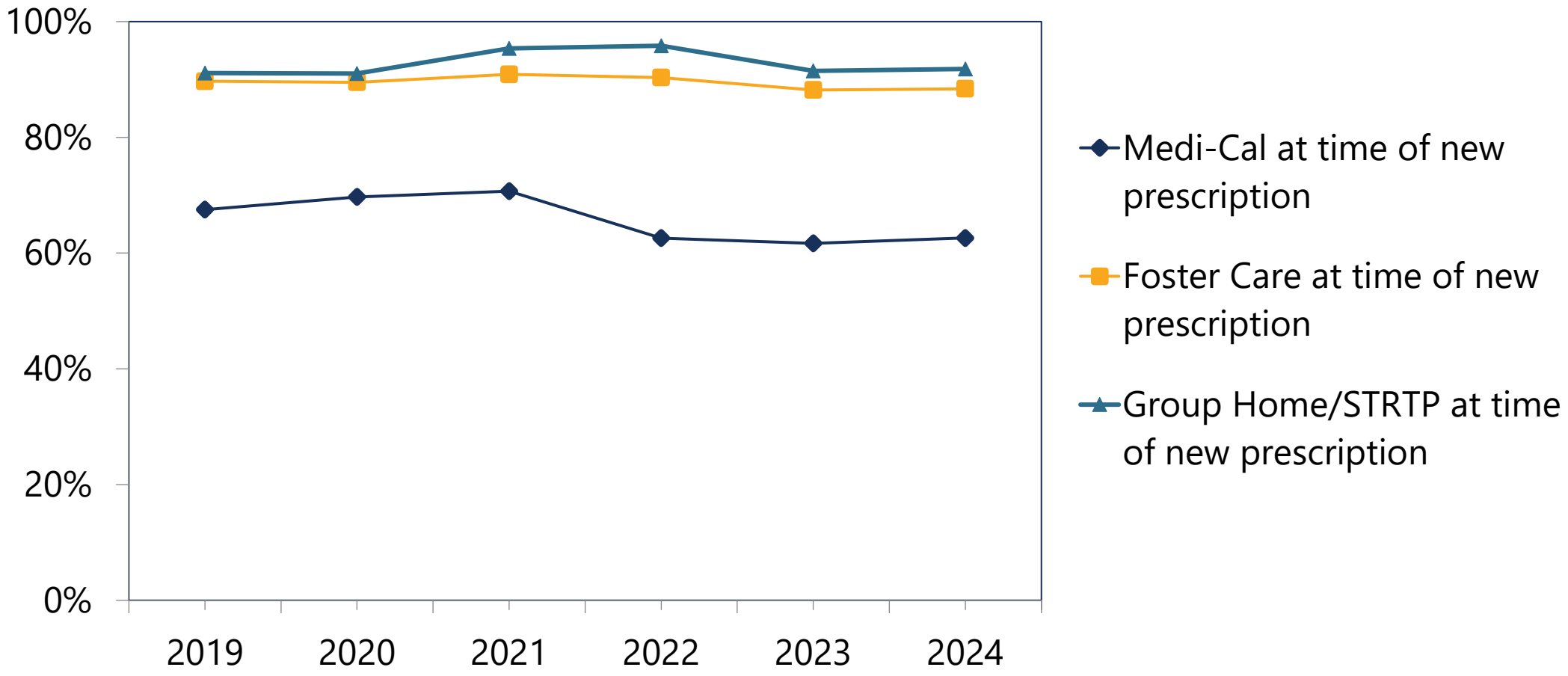
	2023 Numerator	2023 Denominator	2023 Rate	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal at discharge	10,116	12,516	80.8%	9,205	12,172	75.6%
Foster Care at discharge	669	735	91.0%	762	876	87.0%
Group Home/STRTP at discharge	188	200	94.0%	210	233	90.1%

MY2023/FFY2024 Medicaid Median: 70.0; Bottom Quartile: 62.8; Top Quartile: 76.7

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
- Diagnoses for which first-line medication may be appropriate are excluded (schizophrenia, other psychosis, autism, bipolar disorder) – if the diagnosis occurs at least twice during the measurement period.
- Monitors if clinicians under-utilize safer first-line psychosocial interventions and using antipsychotics for nonprimary indications in children and adolescents.
- Foster care is defined as being in an out-of-home placement when medication was first prescribed.

APP: First-Line Psychosocial Care, Ages 1 to 17



APP: First-Line Psychosocial Care, Ages 1 to 17

	2023 Numerator	2023 Denominator	2023 Rate	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal at time of new prescription	4,852	7,867	61.7%	4,559	7,284	62.6%
Foster Care at time of new prescription	537	609	88.2%	489	553	88.4%
Group Home/STRTP at time of new prescription	129	141	91.5%	101	110	91.8%

MY2023/FFY2024 Medicaid Median: 59.9; Bottom Quartile: 57.1; Top Quartile: 66.5

APP: First-Line Psychosocial Care Age Stratification

Age Group	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal 1 – 11 years	918	1,731	53.0%
Foster Care 1 – 11 years	133	141	94.3%
Medi-Cal 12 – 17 years	3,641	5,553	65.6%
Foster Care 12 – 17 years	356	412	86.4%

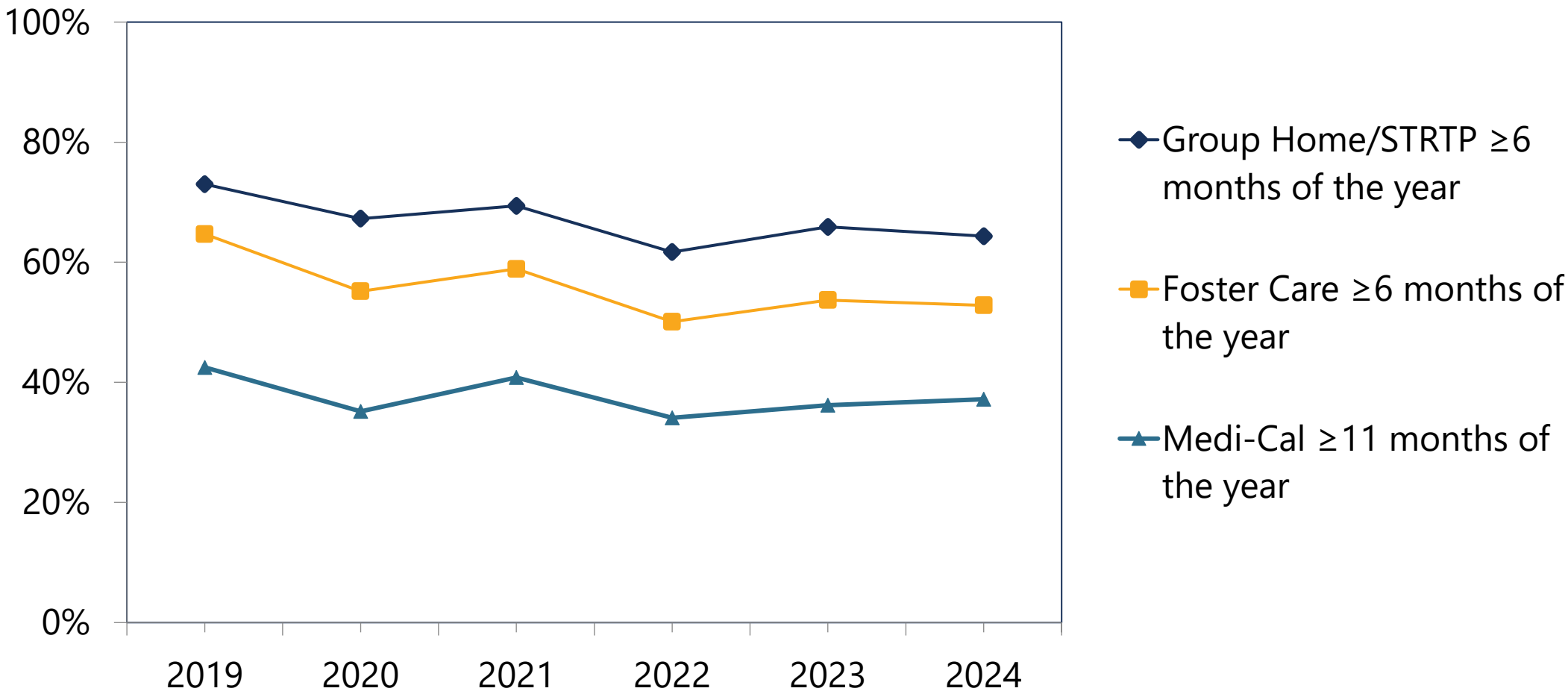
Considerations for APP: First-Line Psychosocial Care

- This measure was calculated using a modification to the HEDIS specification related to the allowed Healthcare Common Procedure Coding System (HCPCS) codes:
  - H2015, a code representing Community Services, is not part of the HEDIS measure value set but was included by CA if the H2015 service was provided by a specialty mental health professional
  - Beginning July 2023, Behavioral Health Billing Reform replaced HCPCS Level II codes with CPT codes and specialty mental health professionals stopped reporting H2015 to DHCS. An updated coding crosswalk wasn't available when the MY2024 measures were calculated. The updated coding crosswalk will be integrated in the MY2025 measure calculation.

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

- The percentage of children and adolescents ages 1 to 17 years who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: the percentage of children and adolescents on antipsychotics who received blood glucose testing, cholesterol testing; and both blood glucose and cholesterol testing.
- Use of antipsychotic medications increases the risk of developing serious health concerns, including diabetes, high cholesterol, and metabolic syndrome.
- This measure assesses the performance of metabolic monitoring for those children exposed to antipsychotic medications beyond a single acute treatment.
- Foster Care is defined as being in an out-of-home placement for 6 or more months of the measurement period.

APM: Metabolic Monitoring, Ages 1 to 17



APM: Metabolic Monitoring, Ages 1 to 17

	2023 Numerator	2023 Denominator	2023 Rate	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal ≥11 months of the year*	7,140	19,732	36.2%	7,793	20,951	37.2%
Foster Care ≥6 months of the year	856	1,595	53.7%	857	1,622	52.8%
Group Home/STRTP ≥6 months of the year	290	440	65.9%	287	446	64.3%

MY2023/FFY2024 Medicaid Median: 35.2; Bottom Quartile: 29.0; Top Quartile: 41.5

APM: Metabolic Monitoring Age Stratification

Age Group	2024 Numerator	2024 Denominator	2024 Rate
Medi-Cal 1 – 11 years	1,658	5,790	28.6%
Foster Care 1 – 11 years	166	377	44.0%
Group Home/STRTP 1 – 11 years	36	52	69.2%
Medi-Cal 12 – 17 years	6,135	15,161	40.5%
Foster Care 12 – 17 years	691	1,245	55.5%
Group Home/STRTP 12 – 17 years	251	394	63.7%