

Former Foster Youth Who Were in Foster Care and Medicaid in a Different State: Section 1115 Interim Evaluation Report

Through this demonstration California has continued to provide Medicaid coverage for Former Foster Youth (FFY) who aged out of foster care under the responsibility of another state while enrolled in Medicaid and have now applied for Medi-Cal in California where they reside. The demonstration results show increasing and strengthening overall coverage of FFY and improving health outcomes for these youth.

The Department of Health Care Services (DHCS) has gathered and compared FFY data from 2017 to 2018 to assess how the FFY are accessing eight specific categories of age appropriate health care services and to demonstrate a positive health outcome for the FFY. The data is set out in response to the questions below:

1) Demonstration Goal 1: Access to Care

a) Question: Does the demonstration provide continuous health insurance coverage?

- i. DHCS Response: Yes. Beneficiaries are continuously enrolled for 12-month periods until they reach 26 years of age. (Beneficiaries are considered “continuously enrolled” during the measurement year if enrolled in January and not age 26 by December 31st of measurement year.)
- ii. Measure: In 2017, 14,442 FFY beneficiaries were continuously enrolled for a 12-month period with a total of 25,795 FFY enrollments. In 2018, enrollment increased to a total of 16,590 FFY continuously enrolled for a 12-month period with a total of 28,186 FFY enrollments.

b) Question: How did beneficiaries utilize health services?

- i. DHCS Response: FFY beneficiaries accessed emergency and hospital services more often than their peers, and accessed ambulatory care at a lesser rate under the Medi-Cal program.
- ii. Measure of Health Care Utilization:
 - (1) Ambulatory Care Visits: In 2017, there were 6,719 FFY who had ambulatory care visits compared to a total of 15,177 FFY beneficiaries. In 2018, there were 7,722 FFY who had ambulatory care visits compared to a total of 17,387 FFY beneficiaries. The percentage of FFY utilization of ambulatory care visits remained the same at approximately 44 percent each year.

- (2) Behavioral Health Visits: In 2017, there were 2,077 FFY who had behavioral health visits compared to a total of 15,177 FFY beneficiaries. In 2018, there were 2,342 FFY who had behavioral health visits compared to a total of 17,387 FFY beneficiaries. The percentage of FFY utilization of behavioral health visits decreased slightly from approximately 14 percent in 2017 to 13 percent in 2018.
- (3) Emergency Department (ED) Visits: In 2017, there were 6,221 FFY who had ED visits compared to a total of 15,177 FFY beneficiaries. In 2018, there were 6,948 FFY who had ED visits compared to a total of 17,387 FFY beneficiaries. The percentage of FFY utilization of ED visits decreased slightly from approximately 41 percent in 2017 to 40 percent in 2018.
- (4) Inpatient Stay: In 2017, there were 517 FFY who had inpatient stays compared to a total of 15,177 FFY beneficiaries. In 2018, there were 640 FFY who had inpatient stays compared to a total of 17,387 FFY beneficiaries. The percentage of FFY utilization of inpatient stays rose slightly from approximately 3 percent in 2017 to 4 percent in 2018.

2) Demonstration Goal 2: Health Outcomes

a) *Question: What are the health outcomes for beneficiaries?*

- i. DHCS Response: The rates for chlamydia (CHL) and cervical cancer (CCS) screening are similar to their peers, as is initiation of treatment of substance use disorders (IET). FFY do not do as well on the medication measures (AMM, MPM or AMR), or for follow up after hospitalization for mental illness (FUH 30 day).
- ii. Measure:
 - (1) Chlamydia screening in women (CHL): The total number of FFY beneficiaries who received CHL screening in 2017 was 2,271 whereas the total number of FFY beneficiaries who received CHL screening in 2018 was 2,646. The percentage of FFY beneficiaries who received CHL screenings rose slightly from approximately 68 percent in 2017 to 69 percent in 2018.
 - (2) Initiation and Engagement of Alcohol and Other Drug Treatment (IET): The total number of FFY beneficiaries who received IET treatment in 2017 was 283 whereas the total number of FFY beneficiaries who received IET treatment in 2018 was 405. The percentage of FFY beneficiaries who received IET treatment rose from approximately 27 percent in 2017 to 31 percent in 2018.

- (3) Cervical Cancer Screening (CCS): The total number of FFY beneficiaries who received CCS screening in 2017 was 960 whereas the total number of FFY beneficiaries who received CCS screening in 2018 was 1,208. The percentage of FFY beneficiaries who received CCS screenings remained the same at approximately 43 percent each year.
- (4) Antidepressant Medication Management (AMM) – Continuous Phase: The total number of FFY beneficiaries who received AMM in 2017 was 33 whereas the total number of FFY beneficiaries who received AMM in 2018 was 46. The percentage of FFY beneficiaries who received AMM rose from 10 percent in 2017 to 13 percent in 2018.
- (5) Follow-up after Hospitalization for Mental Illness (FUH): The total number of FFY beneficiaries who received FUH in 2017 was 108 whereas the total number of FFY beneficiaries who received FUH in 2018 was 156. The percentage of FFY beneficiaries who received FUH decreased slightly from approximately 64 percent in 2017 to 63 percent in 2018.
- (6) Use of Opioids at High Dosage (OHD): The total number of FFY beneficiaries who received OHD in 2017 and 2018 is suppressed in accordance with California DHCS De-identification Guidelines due to the size of the population.
- (7) Asthma Medication Ratio for People with Asthma (AMR): The original category to be tracked was Medication Management for People with Asthma (MMA). AMR is being reported in place of MMA, since MMA is no longer being tracked. The total number of FFY beneficiaries who received AMR in 2017 was 44 whereas the total number of FFY beneficiaries who received AMR in 2018 was 41. The percentage of FFY beneficiaries who received AMR decreased from approximately 42 percent in 2017 to 36 percent in 2018.
- (8) Annual Monitoring for Patients Eligible for Persistent Medication (MPM) – Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB): The total number of FFY beneficiaries who received MPM in 2017 and 2018 was 19. The percentage of FFY beneficiaries who received MPM remained the same at approximately 73 percent each year.

3) Methodology:

- a) Evaluation design: The evaluation design utilizes a post-only assessment. The time frame for the post-only period began when the demonstration began using the 2015 data and ends when the demonstration ends.

- b) Data Collection and Sources: Enrollment data is collected through MEDS, a statewide data hub serving a variety of eligibility, enrollment and reporting functions for Medi-Cal and other state and federal benefits. MEDS maintains eligibility history for Medi-Cal and other health and human services programs. MEDS has data exchanges and interfaces with the Statewide Automated Welfare System (SAWS), the federal Social Security Administration, Medicare intermediaries, and the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS). Claims data is submitted through the ASC X12 837 version 5010, and pharmacy data is submitted through the NCPDP. There is also a foster youth flag for FFY that apply through online enrollment using the California Health Benefit Exchange (also known as Covered California).

Enrollment, claims and provider data, among other data types, is deposited into the Medi-Cal Management Information System/Decision Support System (MIS/DSS). The MIS/DSS, DHCS' primary data warehouse, contains Medi-Cal data beginning from October 1, 2004, and integrates data from approximately 30 different sources into a relational database.

Data for the demonstration is evaluated at yearly intervals. The first report provided to CMS covered January 1, 2015 through December 31, 2015. Two subsequent reports covered the calendar years of 2016 and 2017. The report for 2018 (Attachment QQ) is being submitted contemporaneously with this Interim Evaluation Report.

The comparison groups are the 2018 FFY population, the 2017 FFY population, and Medi-Cal beneficiaries of the same age group. The entire FFY population is being used as a proxy for the Out-of-State (OOS) FFY since the youths receive the same services through the same delivery system. The initial draft evaluation design used the 2015 enrollment data to describe the FFY group of 10,000 FFY. However, the number of enrollees in the FFY group continues to change on an annual basis.

No statistical testing will be conducted on the OOS FFY population since the sample size limits the power of the statistical tests. The raw data for the OOS FFY is posted in Attachment QQ. Baseline data is not available for the target population, OOS FFY, since they are coming from out of state.

- c) Data Analysis Strategy:

California utilizes quantitative methods to answer the valuation questions. The descriptive statistics include frequency count and a percentage comparison of all FFY. All data comes from MIS/DSS. All measures conform to the Centers for Medicare and Medicaid Services (CMS) Adult Health Care Quality Measures.

4) Baseline Data:

Baseline data is not available for the target population. Since the FFY are coming from out of state, there is no data from which to compare the youth before or after the demonstration project is completed.

5) Comparison Group:

California continues to enroll less than 200 OOS FFY annually. The state is using the Modified Evaluation Design provided by CMS for states with less than 500 FFY annual enrollee counts to conduct statistical significance testing of all FFY. The State continues to capture all proposed metrics on the complete FFY population, submitting the report on an annual basis as Attachment QQ for Enrollment, Utilization, and Access Measure.

6) Changes in Federal Law

On October 24, 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Section 1002 of the SUPPORT Act (H.R.6), Health Insurance for Former Foster Youth, extends Medicaid coverage for the OOS FFY regardless of the state they were in when they were in foster care. This amendment becomes effective for all OOS FFY who attain 18 years of age on or after January 1, 2023.

7) Request for Waiver Extension

DHCS is requesting an extension of the Medi-Cal 2020 Waiver for the OOS FFY to January 1, 2023, to coincide with the implementation of HR 6 Section 1002, as described above, to prevent any gaps in Medicaid coverage for this vulnerable population.