DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

State Demonstrations Group

December 20, 2023

Michelle Baass
Director & State Interim Medicaid Director
California Department of Health Care Services
1501 Capital Avenue, 6th Floor, MS 0000
Sacramento, CA 95814

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Summative Evaluation Reports, which are required by the Special Terms and Conditions (STCs), specifically STC #90 "Summative Evaluation Report" of the California section 1115 demonstration, "Medi-Cal 2020" (Project No: 11-W-00193/9). The Medi-Cal 2020 demonstration was approved on December 30, 2015 for a period of performance of December 30, 2015 through December 31, 2020, and subsequently temporarily extended through December 31, 2021. The Summative Evaluation Reports cover the Whole Person Care (WPC) pilots, California Children's Services (CCS) demonstration pilots, Dental Transformation Initiative (DTI), Seniors and Persons with Disabilities (SPD) program, and Out of State (OOS) Former Foster Care Youth (FFY) components. Each report covers the applicable component-specific period of performance during the demonstration approval period. CMS determined that the Evaluation Reports, submitted on December 21, 2021 for SPD and December 30, 2022 for all other components, and revised on March 10, 2022 for SPD and August 21, 2023 for all other components, are in alignment with the CMS-approved Evaluation Design and the requirements set forth in the STCs, and therefore, approves the state's Summative Evaluation Reports.

The Medi-Cal 2020 section 1115 demonstration aimed to improve access, quality of care, and health outcomes for Medicaid beneficiaries. The reports largely complied with the approved Evaluation Designs, utilizing the methods, data sources and measures outlined in the initial designs. The WPC Evaluation Report showed a reduction in emergency department visits, hospitalizations, and overall costs of approximately $99 per enrollee per year when compared to matched comparison groups using difference-in-differences analyses. The WPC component also successfully established infrastructure, engaged partners, and shared data, resulting in sustained enrollment and enhanced services for the population served. The CCS demonstration pilots utilized rigorous qualitative and quantitative analyses, and results showed the program achieved improved care coordination, access to services, client satisfaction, quality of care (e.g., depression screening, diabetes control and childhood vaccination) and cost-effectiveness when

compared to classic CCS[1]. In alignment with the DTI goals, the evaluation report showed improvements in expanding preventative dental services by 4 percent, transforming treatment approaches for early childhood caries, and increased dental service utilization over the demonstration evaluation period. Furthermore, the SPD Evaluation Report showed positive outcomes in implementing managed care among the population, improved process of care measures, increased ambulatory care utilization, and decreased per capita costs during the evaluation approval period. Finally, despite limitations with tracking members and data challenges, several quality improvements were noted in the OOS FFY report. The results indicated a steady increase in the number of FFY participants over time, as well as higher ambulatory care utilization and lower ED rates when compared to a Medi-Cal 2020 peer group.

In accordance with STC #92 "Public Access," the approved Summative Evaluation Reports may now be posted to the state's Medicaid website within 30 days. CMS will also post the Evaluation Reports on Medicaid.gov.

We appreciated our partnership on Medi-Cal 2020 and look forward to our continued partnership with the ongoing California Advancing and Innovating Medi-Cal (CalAIM) section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

[redacted]

Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Cheryl Young, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

[1] The Classic CCS model was the existing delivery system providing complex case management. This model was used as a comparison group to evaluate the effectiveness of the two CSS demonstration pilots.

Former Foster Youth Who Were in Foster Care and Medicaid in a Different State: California Section 1115(a) Final Evaluation Report

1) Executive Summary

California's Section 1115(a) Medicaid Waiver, entitled Medi-Cal 2020, was approved by the Centers for Medicare & Medicaid Services (CMS) on December 30, 2015, until December 31, 2020. The Medi-Cal 2020 demonstration aimed to transform and improve the quality of care, access, and efficiency of health care services for over 13 million Medi-Cal members. Through the 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 had applied for Medi-Cal in California where they resided. The demonstration results reflect increasing and strengthening overall coverage of FFY and improved health outcomes for these youth.

2) Description of the Demonstration

a) Background

When the Affordable Care Act (ACA) was implemented in 2014, California selected the option under the authority of a State Plan Amendment (SPA) number CA-14-0005 to provide Medicaid to FFY who exited foster care in another state at age 18 or older and were under age 26. A subsequent interpretation of the ACA resulted in the withdrawal of authority under the SPA to provide eligibility to Medicaid to youth who exited from foster care in a different state. CMS requested California submit a waiver to provide eligibility to Out of State (OOS) FFY.

On August 18, 2017, CMS approved an amendment to the Medi-Cal 2020 Waiver to allow the state of California to continue providing full scope Medicaid coverage for OOS FFY under age 26, consistent with federal requirements for coverage of this population. California was the first state to have its 1115(a) Waiver approved by CMS to OOS FFY who were in foster care in a state other than California and currently residing in California. Under the FFY Program, OOS FFY under age 26 who qualify consistent with the federal requirements receive full scope benefits in Medi-Cal until they turn 26. These youth do not need to re-apply for Medi-Cal until they age out of the program. At age 26, they are fully reassessed to determine if they are eligible for any other Medi-Cal programs. With the Medi-Cal 2020 Waiver amendment, eligibility and enrollment processes were not interrupted for individuals eligible under this coverage category.

The evaluation design known as Attachment QQ was created by CMS and approved on December 22, 2017, leveraging data available from 2015. CMS agreed that the

OOS FFY population was statistically insignificant for comparison in the evaluation design. Any statistical comparisons in Attachment QQ are between the FFY population and the Medi-Cal population age 18 to 25, inclusive (peer group). The waiver amendment authorized the state to include OOS FFY starting on November 1, 2017. The Department of Health Care Services (DHCS) submitted its first Attachment QQ for Demonstration Year (DY) DY 13 on October 17, 2018, using 2016 data. The DY 17 report (see page 69 for OOS FFY) and Attachment QQ used the most current data for FFY from 2020.

DHCS gathered and compared FFY data from 2016 to 2019, and 2020, to assess how FFY are accessing eight specific categories of age-appropriate health care services, and to demonstrate a positive health outcome for FFY.

The supporting detailed data is listed below:

b) Demonstration Goal 1: Access to Care

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

(1) DHCS' Response: Yes, beneficiaries are continuously enrolled for 12-month periods until they reach 26 years of age. (Note: Beneficiaries are considered "continuously enrolled" during the measurement year if enrolled in January and they do not reach age 26 by December 31st of measurement year.)

Measure: In 2016, 10,764 FFY beneficiaries were continuously enrolled for a 12-month period with a total of 22,720 FFY enrollments. In 2019, enrollment increased to a total of 17,422 FFY continuously enrolled for a 12-month period with a total of 29,004 FFY enrollments. More than 6,500 individuals were continuously enrolled in the FFY Program in 2019 than in 2016.

In 2020, enrollment increased to 27,773 FFY continuously enrolled for a 12-month period with a total of 31,240 FFY enrollments.

ii) *Question: How did beneficiaries utilize health services?*

DHCS' Response: FFY's use of behavioral health visits, emergency department (ED) visits, and inpatient stays were consistently greater than the peer group use of the same health services.

2016 and 2019 Data

Despite the growth of the FFY population, when comparing the 2016 data and the 2019 data, FFY reduced their use of ambulatory care visits and ED visits. This reduction reflects the enrollees' ability to seek health care in a timely manner versus waiting until their health-related issue(s)

required emergency care. Use of behavioral health visits and inpatient stays remained constant in the time period of 2016 and 2019.

When comparing the 2016 and 2019 data for the peer group, the peer group increased their utilization of ambulatory care visits and behavioral health visits whereas utilization of inpatient stays decreased. Utilization of ED visits remained constant.

Comparing use of health services between the groups in 2016 and 2019, on a percentage basis, FFY used behavioral health visits, ED visits, and inpatient stays more than the peer group did. However, FFY used ambulatory care visits less than the peer group did.

2020 Data

Consistent with the findings in 2016, 2019, and 2020 during the PHE, on a percentage basis, FFY utilization of ambulatory care visits, behavioral health visits, and inpatient stays were more often than the peer group while their ER visits were less than the peer group.

(a) Measure of Health Care Utilization:

(i) Ambulatory Care Visits: In 2016, there were 5,269 FFY ambulatory care visits compared to a total of 11,572 beneficiaries. In 2019, there were 8,206 FFY ambulatory care visits compared to a total of 18,153 FFY beneficiaries. The percentage of FFY utilization of ambulatory care visits decreased from approximately 46 percent in 2016 to 45 percent in 2019.

In 2016, there were 714,248 individuals in the peer group who had ambulatory care visits compared to a total of 1,360,902 in the peer group. In 2019, there were 709,024 individuals in the peer group who utilized ambulatory care visits compared to a total of 1,229,466 individuals in the peer group. The percentage of peer group utilization of ambulatory care visits increased from 52 percent in 2016 to 58 percent in 2019.

In 2020, there were 22,007 FFY ambulatory care visits compared to a total of 28,257 FFY beneficiaries. The percentage of FFY utilization of ambulatory care visits was approximately 78 percent. In 2020, there were 1,027,061 individuals in the peer group who utilized ambulatory care visits compared to a total of 1,441,425 individuals in the peer group. The percentage of peer group utilization of ambulatory care visits was approximately 71 percent.

(ii) Behavioral Health Visits: In 2016, there were 1,610 FFY behavioral health visits compared to a total of 11,572 FFY beneficiaries. In 2019, there were 2,543 FFY behavioral health visits compared to a

total of 18,153 FFY beneficiaries. The percentage of FFY utilization of behavioral health visits remained the same at 14 percent each year.

In 2016, there were 88,908 individuals in the peer group who had behavioral health visits compared to a total of 1,360,902 individuals in the peer group. In 2019, there were 113,409 individuals in the peer group who had behavioral health visits compared to a total of 1,229,466 individuals in the peer group. The percentage of peer group utilization of behavioral health visits increased from seven percent in 2016 to nine percent in 2019.

In 2020, there were 6,544 FFY behavioral health visits compared to a total of 28,257 FFY beneficiaries. The percentage of FFY utilization of behavioral health visits was 23 percent in 2020. In 2020, there were 120,002 individuals in the peer group, who utilized behavioral health visits, compared to a total of 1,441,425 individuals in the peer group. The percentage of peer group utilization of behavioral health visits was eight percent.

(iii) ED Visits: In 2016, there were 4,877 FFY ED visits compared to a total of 11,572 FFY beneficiaries. In 2019, there were 7,066 FFY ED visits compared to a total of 18,153 FFY beneficiaries. The percentage of FFY utilization of ED visits decreased from 42 percent in 2016 to 39 percent in 2019.

In 2016, there were 386,674 individuals in the peer group who had ED visits compared to a total of 1,360,902 individuals in the peer group. In 2019, there were 350,306 individuals in the peer group who had ED visits compared to a total of 1,229,466 individuals in the peer group. The percentage of peer group utilization of ED visits remained the same at 28 percent for 2016 and 2019.

In 2020, there were 5,434 FFY ED visits compared to a total of 28,257 FFY beneficiaries. The percentage of FFY utilization of ED visits was 19 percent in 2020. In 2020, there were 307,720 in the peer group who had ED visits compared to a total of 1,441,425 individuals in the peer group. The percentage of the peer group utilization of ED visits was 21 percent.

(iv) Inpatient Stay: In 2016, there were 422 FFY inpatient stays compared to a total of 11,572 FFY beneficiaries. In 2019, there were 684 FFY inpatient stays compared to a total 18,153 FFY beneficiaries. The percentage of FFY utilization of inpatient stays remained the same at four percent for 2016 and 2019 each year.

In 2016, there were 20,506 individuals in the peer group who had inpatient stays compared to a total of 1,360,902 individuals in the

peer group. In 2019, there were 18,153 individuals in the peer group who had inpatient stays compared to a total of 1,229,466 individuals in the peer group. The percentage of peer group utilization of inpatient stays decreased from two percent in 2016 to one percent in 2019.

In 2020, there were 1,242 FFY inpatient stays compared to a total of 28,257 FFY beneficiaries. The percentage of FFY utilization of inpatient stays was four percent in 2020. In 2020, there were 26,452 in the peer group who had inpatient stays compared to a total of 1,441,425 individuals in the peer group. The percentage of the peer group utilization of inpatient stays was two percent.

c) Demonstration Goal 2: Health Outcomes

i) Question: What are the health outcomes for beneficiaries?

DHCS' Response: For 2016 and 2019, FFY increased their use of Chlamydia Screening in Women (CHL), Cervical Cancer Screening (CCS), Antidepressant Medication Management (AMM) quality measures for health outcomes but decreased their use of Initiation and Engagement of Alcohol and Other Drug Treatment (IET). For 2016 and 2019, the peer group usage increased their use of CHL, CCS and AMM but decreased their use of IET and Follow-Up After Hospitalization for Mental Illness (FUH).

All data for FFY Use of Opioids at High Dosage (OHD) was suppressed due to DHCS Data De-identification Guidelines (DDG). FFY data for 2016 for Asthma Medication Ratio (AMR) and Annual Monitoring for Patients on Persistent Medication (MPM) was also suppressed due to DDG; therefore, data for these two health outcomes is from 2017 and 2018. In 2017 and 2018, FFY's use of MPM remained constant, whereas use of AMR decreased. During the same period, the peer group usage of AMR increased and MPM remained constant.

In 2016, FFY used CCS and CHL more than did the peer group, but used IET, AMM, and FUH less than the peer group. In 2019, FFY used IET and CHL more than did the peer group and used CCS, AMM and FUH less than the peer group. The FFY data reflects FFY are utilizing the CHL for women, as well as initiation of treatment of substance use disorders (IET), at greater numbers than did the peer group, consistent with the sexual activity and alcohol/drug use of this age. FFY generally do not do as well on medication measures (AMM or AMR), or follow up after hospitalization for mental illness (FUH 30 days).

Comparing use of health services between the groups in 2017 and 2018, on a percentage basis, FFY used AMR and MPM less than did the peer group.

For 2020, FFY used CHL, IET, and FUH more than did the peer group, but FFY used CCS the same as did the peer group. FFY used AMM and AMR less than did the peer group. There was insufficient data due to DDG to provide a comparison between the two groups for OHD and MPM for 2020.

(a) Measure:

(i) Chlamydia screening in women (CHL): The total number of FFY beneficiaries who received CHL screening in 2016 was 1,851 compared to 2,782 FFY who received CHL screening in 2019. The percentage of FFY beneficiaries who received CHL screenings increased from 69 percent in 2016 to 72 percent in 2019.

The total number of individuals in the peer group who received CHL screening in 2016 was 182,300 compared to 186,776 who received CHL screening in 2019. The percentage of individuals in the peer group who received CHL screenings increased from 62 percent in 2016 to 64 percent in 2019.

In 2020, there were 5,187 FFY who received CHL screening. The percentage of FFY utilization of CHL screening was 69 percent. In 2020, there were 187,371 in the peer group who received CHL screening. The percentage of the peer group utilization of CHL screening was 60 percent.

Throughout the waiver, the FFY use the CHL screening more than the peer group.

(ii) Initiation and Engagement of Alcohol and Other Drug Treatment (IET): The total number of FFY beneficiaries who received IET treatment in 2016 was 298 compared to 304 FFY who had IET treatment in 2019. The percentage of FFY beneficiaries who received IET treatments decreased from 53 percent in 2016 to 30 percent in 2019.

The total number of individuals in the peer group who received IET treatment in 2016 was 11,116 compared to 7,082 in the peer group who received IET treatment in 2019. The percentage of individuals in the peer group who received IET treatment decreased from 58 percent in 2016 to 29 percent in 2019.

In 2020, there were 5,187 FFY who received IET treatment. The percentage of FFY utilization of IET treatment was 36 percent. In 2020, there were 6,910 in the peer group who received IET. The percentage of the peer group utilization of IET treatment was 29 percent.

Both groups dropped their utilization of the IET treatment from 2016 to 2019. In 2020, the percentage of FFY using the IET treatment increased where the peer group maintained its utilization.

(iii) Cervical Cancer Screening (CCS): The total number of FFY beneficiaries who received CCS treatment in 2016 was 516 compared to 1,276 FFY who had CCS treatment in 2019. The percentage of FFY beneficiaries who received CCS treatments increased from 34 percent in 2016 to 40 percent in 2019.

The total number of individuals in the peer group who received CCS treatment in 2016 was 50,164 compared to 64,930 who received CCS treatment in 2019. The percentage of individuals in the peer group who received CCS treatment increased from 28 percent in 2016 to 43 percent in 2019.

In 2020, there were 1,599 FFY who received CCS treatment. The percentage of FFY utilization of CCS treatment was 39 percent. In 2020, there were 70,519 in the peer group who received CCS. The percentage of the peer group utilization of CCS treatment was 39 percent.

(iv) Antidepressant Medication Management (AMM): The total number of FFY beneficiaries who received AMM treatment in 2016 was 26 compared to 59 FFY who had AMM treatment in 2019. The percentage of FFY beneficiaries who received AMM treatments increased from 11 percent in 2016 to 14 percent in 2019.

The total number of individuals in the peer group who received AMM treatment in 2016 was 1,909 compared to 4,245 who received AMM treatment in 2019. The percentage of individuals in the peer group who received AMM treatment increased from 18 percent in 2016 to 24 percent in 2019.

In 2020, there were 144 FFY who received AMM treatment. The percentage of FFY utilization of AMM treatment was 17 percent. In 2020, there were 5,358 in the peer group who received AMM. The percentage of the peer group utilization of AMM treatment was 25 percent.

(v) Follow-up After Hospitalization for Mental Illness (FUH): The total number of FFY beneficiaries who received FUH treatment in 2016 was 148 compared to 181 FFY who received FUH in 2019. The percentage of FFY beneficiaries who received FUH treatments increased from 69 percent in 2016 to 71 percent in 2019.

The total number of individuals in the peer group who received FUH treatment in 2016 was 4,659 compared to 4,767 who received FUH in 2019. The percentage of individuals in the peer group who received FUH treatment increased from 71 percent in 2016 to 72 percent in 2019.

In 2020, there were 409 FFY who received FUH treatment. The percentage of FFY utilization of FUH treatment was 77 percent. In 2020, there were 5,195 in the peer group who received FUH. The percentage of the peer group utilization of FUH treatment was 75 percent.

(vi) Use of Opioids at High Dosage (OHD): The total number of FFY beneficiaries who received OHD in 2016 and 2019 was suppressed in accordance with DDG due to the size of the population.

The total number of individuals in the peer group who received OHD treatment in 2016 was 40 compared to 20 in the peer group who received OHD in 2019. The percentage of individuals in the peer group who received OHD treatment increased from .66 percent in 2016 to 1.48 percent in 2019.

In 2020, the total number of FFY beneficiaries who received OHD was suppressed in accordance with DDG due to the size of the population. In 2020, there were 20 in the peer group who received OHD. The percentage of the peer group utilization of OHD treatment was 1.90 percent.

(vii) 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 MMA in 2016 was suppressed in accordance with DDG due to the size of the population.

The total number of FFY beneficiaries who received AMR treatment in 2017 was 44 compared to 39 FFY who had AMR treatment in 2019. The percentage of FFY beneficiaries who received AMR treatments decreased from 42 percent in 2017 to 34 percent in 2019.

The total number of individuals in the peer group who received AMR treatment in 2017 was 5,387 compared to 5,533 who received AMR treatment in 2019. The percentage of individuals in the peer group who received AMR treatment increased from 54 percent in 2017 to 55 percent in 2019.

In 2020, there were 99 FFY who received AMR treatment. The percentage of FFY utilization of AMR treatment was 43 percent. In 2020, there were 5,248 in the peer group who received AMR. The percentage of the peer group utilization of AMR treatment was 46 percent.

(viii) 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 2016 was suppressed in accordance with DDG due to the size of the population.

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 73 percent each year.

The total number of individuals in the peer group who received MPM in 2017 was 2,381 compared to 2,515 who received MPM in 2019. The percentage of individuals in the peer group who received MPM remained the same at 77 percent for 2017 and 2018.

In 2020, the total number of FFY beneficiaries and peer group individuals who received MPM was suppressed in accordance with DDG due to the size of the population.

3) Summary of Evaluation Design Employed

a) Evaluation design: The evaluation design utilizes a post-only assessment. The time frame for the post-only period started when the demonstration began using the 2016 data and ended at the conclusion of the demonstration.

b) Data Collection and Sources: Enrollment data is collected through the Medi-Cal Eligibility Data Systems (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 National Council for Prescription Drug Programs (NCPDP). There is also a foster youth flag for FFY who apply through the online portal 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. The report for 2020, including Attachment QQ, was submitted with the DY 17 Report and the final report, which were submitted in early 2022.

The comparison groups are the 2016 FFY population to the 2019 and then the 2020 FFY population, and Medi-Cal beneficiaries of the same age group. The entire FFY population is being used as a proxy for the OOS FFY since the youth receive the same services through the same delivery system. The initial draft evaluation design used the available 2015 enrollment data to describe the FFY group of 10,000 FFY. 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 and 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 are 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 CMMS Adult Health Care Quality Measures.

4) Population

FFY are individuals who were removed from their home and placed under the care and the responsibility of the state until they exited foster care at age 18 or older. Youth who exit foster care at age 18 or older remain eligible for the FFY Program until they turn 26. These youth experience trauma with being removed from their homes, remaining in the foster care system and their health suffers. When they exit foster care, it is common for FFY to move often and lack stability. The FFY are enrolled in fee-for-service Medi-Cal to enable them to access Medi-Cal, regardless of where they are in the state.

Annually California enrolls fewer than 200 OOS FFY. With the COVID-19 Public Health Emergency (PHE) the number of OOS FFY enrolled increased to just over

300 OOS FFY. It is anticipated the numbers of OOS FFY will decrease when the PHE ends. The state continues to use the Modified Evaluation Design provided by CMS for states with fewer than 500 FFY annual enrollee counts.

The comparison testing is between all FFY and the Medi-Cal population (peer group) ages 18 to 25. In 2020, DHCS measure specifications for the data collected for assessing utilization and quality measures were adjusted to more accurately reflect the current Healthcare Effectiveness Data and Information Set (HEDIS) measures. With the adjustment, the data from 2016 to 2019 cannot be compared directly to 2020. This report looks at the data from 2016 to 2019 and 2020 to gather conclusions. California captured all proposed metrics on the complete FFY population and submitted an annual report as Attachment QQ for Enrollment, Utilization, and Access Measure.

5) Final Evaluation Findings

Adding the OOS FFY to the 2020 Waiver ensured they continued to receive Medi-Cal eligibility despite the change in interpretation of the ACA language. Since the start of the waiver, the number of FFY enrolled in the FFY Program has grown at a steady rate. This growth provides health care for a group that doesn't have parental figures to ensure they receive health care.

FFY utilize Medi-Cal differently than the peer Group. By 2019, FFY utilized access to care in three out of four categories to a greater degree than the peer group. In 2019, they used the ambulatory care visits to a lesser degree than the peer group. FFY access the quality measures of CHL and CCSs more than the peer group. FFY generally do not do as well with ongoing treatments which is reflective of their lack of stability.

In 2020, ambulatory care visits were greater for FFY when compared to the peer group which could be reflective of the PHE and a delay in treatment. ED visits decreased for FFY which again could be because of the PHE.

6) Successes, Challenges and Lessons Learned

The 2020 Waiver revealed the challenge of tracking FFY once they left foster care to ensure they continue to receive Medi-Cal up to age 26. Many FFY have eligibility for other programs that offer cash aid in addition to the FFY Program. When these youth lose their eligibility for the cash aid programs, they are not always placed back into the FFY Program, potentially creating a gap in their Medi-Cal coverage. To remedy this, DHCS developed and implemented a data field in MEDS for counties to track youth eligible for the FFY Program to prevent any gaps in Medi-Cal coverage. The data collected for this field also identifies the location where the youth was in foster care, whether in California or out-of-state. The new MEDS field is being populated by our county partners on a prospective basis.

With the passage of the Substance Use-Disorder Prevention that Promotes Opioid Recover and Treatment (SUPPORT) for Patients and Communities Act, Section 1002, OOS FFY will be eligible for Medicaid coverage from ages 18 to 26 regardless of the state in which they reside and the state where they were in foster care. The SUPPORT Act, Section 1002 is effective for all OOS FFY who exit foster care at 18 years of age on or after January 1, 2023. To remedy the potential gap in coverage for OOS FFY, California included the OOS FFY in its request for the five-year renewal of the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Demonstration Waiver that was approved on December 29, 2021. Since OOS FFY were included in the new CalAIM Section 1115(a) Demonstration request, those FFY who exit foster care before January 1, 2023 will have their Medi-Cal eligibility maintained for the next five years under the CalAIM Waiver. It is anticipated that the OOS FFY population eligible for Medi-Cal under the CalAIM Waiver will begin to decline since any OOS FFY exiting foster care on or after January 1, 2023 will be covered under Section 1002 of the SUPPORT Act and any resulting proposed state plan amendments (SPAs).

During the PHE, most individuals enrolled in Medi-Cal cannot be terminated from the program until the PHE ends. California enrolls FFY immediately into Medi-Cal based upon their self-attesting to being a FFY at application, and then verifies their eligibility for the FFY Program after enrollment into the program. Due to the PHE, individuals who were verified after enrollment as not eligible for the FFY Program remain in Medi-Cal until the PHE is lifted. When the PHE is lifted, counties will fully reassess the youth in the FFY Program who have been determined not eligible for the program to determine if they are eligible for any other Medi-Cal program. Once the FFY are fully reassessed, the number of eligible youths remaining in the FFY Program is expected to be lower.