

Quality of Care in Medi-Cal: Children in Foster Care Measurement Year 2022

Presentation of Results for Public Release

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 Mental Health Plans (MHPs)
- » MCPs and MHPs 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

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 MHPs depending on their needs

Assessing Quality of Care in Health Systems

- » HEDIS: Healthcare Effectiveness Data and Information Set
- » Used by more than 90% of America's health plans to measure performance
- » There are ~ 90 HEDIS measures across six domains of care
- » 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
<http://www.ncqa.org/HEDISQualityMeasurement.aspx#sthash.Xe0X6upv.dpuf>

HEDIS for Quality Improvement

- » Measures are structured to capture time periods that align with clinical guidelines
- » Inclusion criteria require that patients be enrolled with a given plan/group/provider during the measurement period
- » This gives providers equal opportunities to influence the outcome for their patients
- » Each measure has inclusion and exclusion criteria which are essential for comparability of results
- » 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.opa.ca.gov/reportcards/Pages/HealthCareQualityOrganizations.aspx>

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 6-17: includes a 7-day and a 30-day follow-up
- » APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents [lower rates are better]. APC was retired from the FFY2020 CMS Child Core Set (last used in MY2018/FFY2019, replaced by APM in MY2019/FFY2020)
- » APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.
- » APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

What we understand from HEDIS Measures

- » ADD: Follow-up care - assesses dose adjustments for ADHD/ADD medications
- » FUH: Follow-up after hospitalizations - assesses follow-up care which assesses stabilization and helps prevent re-hospitalization
- » APC: Concurrent antipsychotics - assesses the use of two or more antipsychotic medications for ongoing treatment (lower rates are better)
- » APP: Psychosocial care - assesses supportive treatments for new antipsychotic medications
- » APM: Metabolic monitoring - assesses whether monitoring of potential risks associated with ongoing treatment is performed

Data for this Report

- » Data for calendar year 2022 were retrieved from the DHCS Management Information System/Decision Support System between September and October 2023
- » Medi-Cal data were linked to Department of Social Services data (January 2024) 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 site <https://data.medicaid.gov/>

Data for this Report, Continued

- » Actual counts of children in each measure for the most recent year may increase as reporting becomes more complete
- » 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 are suppressed to protect confidentiality (results are marked with an asterisk (*) where applicable)

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 not displayed for group home/STRTP stratification if either the numerator or denominator met suppression threshold

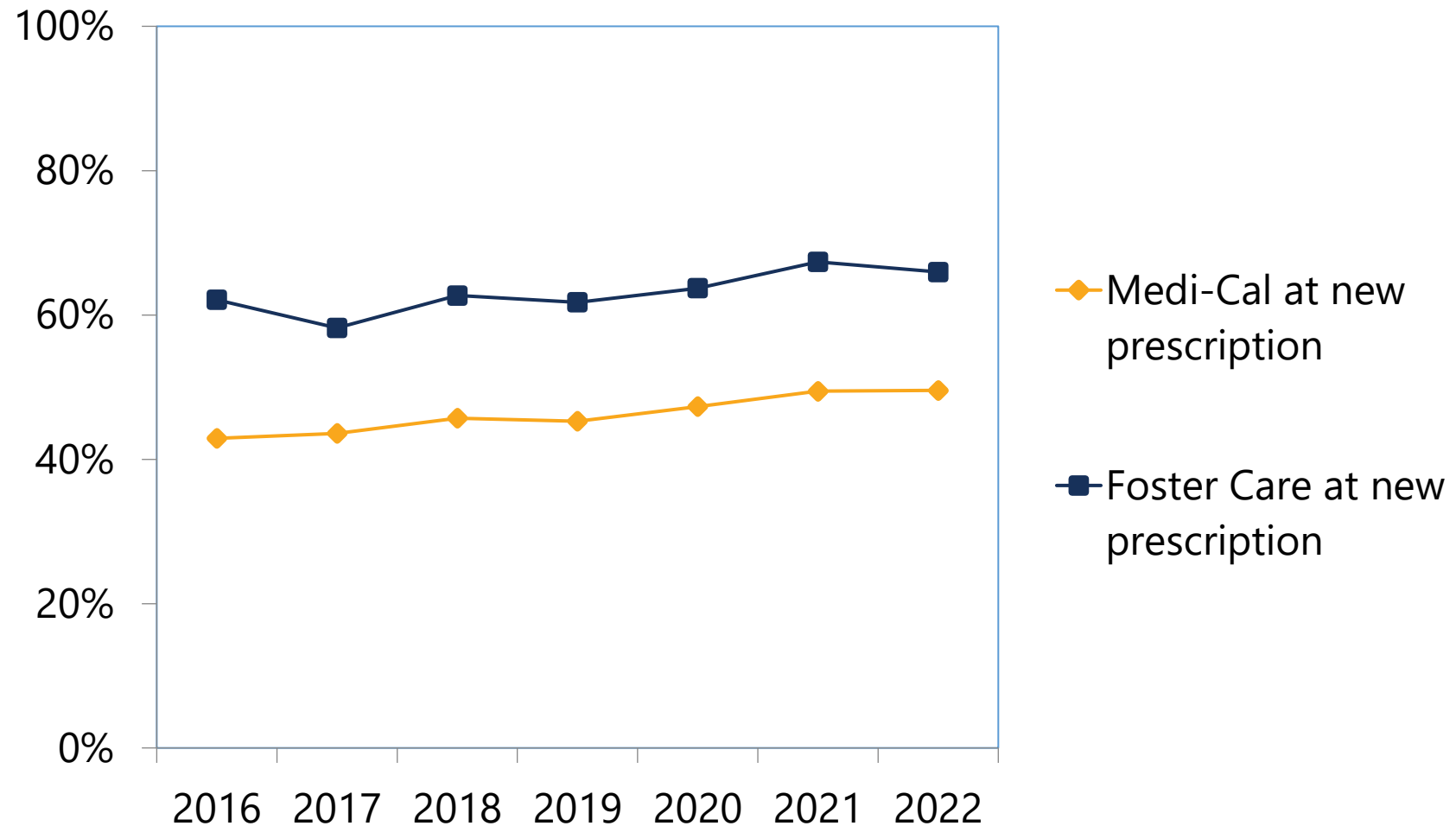
Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- » Adjusting doses for the desired effect is very important for Attention Deficit Hyperactivity Disorder (ADHD) treatment
- » Foster Care is defined as being in an out-of-home placement when medication was first prescribed

Initiation Phase

- » 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 – 12



ADD: ADHD Medication Follow-Up: Initiation Phase

	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal at time of new prescription	9,689	19,603	49.5%	9,388	18,948	49.6%
Foster Care at time of new prescription	718	1,066	67.4%	581	881	66.0%

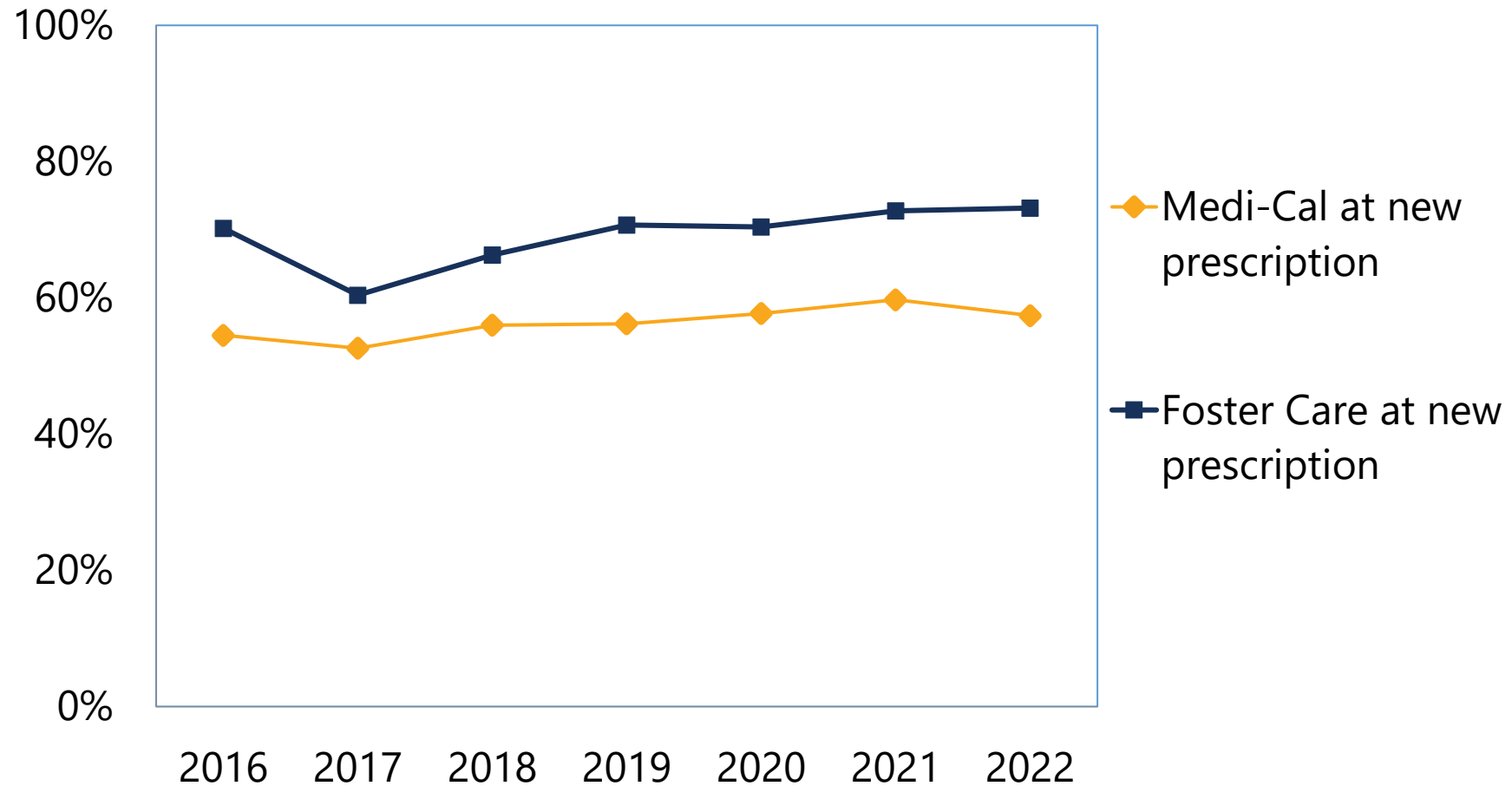
MY2021/FFY2022 Medicaid Median: 43.0; Bottom Quartile: 36.4; Top Quartile: 49.4

ADD: Follow-Up Care for Children Prescribed ADHD Medication

Continuation Phase

- » New ADHD prescription (none for at least 120 days)
- » 6 to 12 years old and enrolled 120 days prior to, and 300 days, after 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 after the new prescription

ADD: ADHD Medication Follow-Up: Continuation Phase, Ages 6 – 12



ADD: ADHD Medication Follow-Up: Continuation Phase

	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal at time of new prescription	2,967	4,967	59.7%	2,902	5,057	57.4%
Foster Care at time of new prescription	393	540	72.8%	311	425	73.2%

MY2021/FFY2022 Medicaid Median: 54.1; Bottom Quartile: 45.1; Top Quartile: 59.5

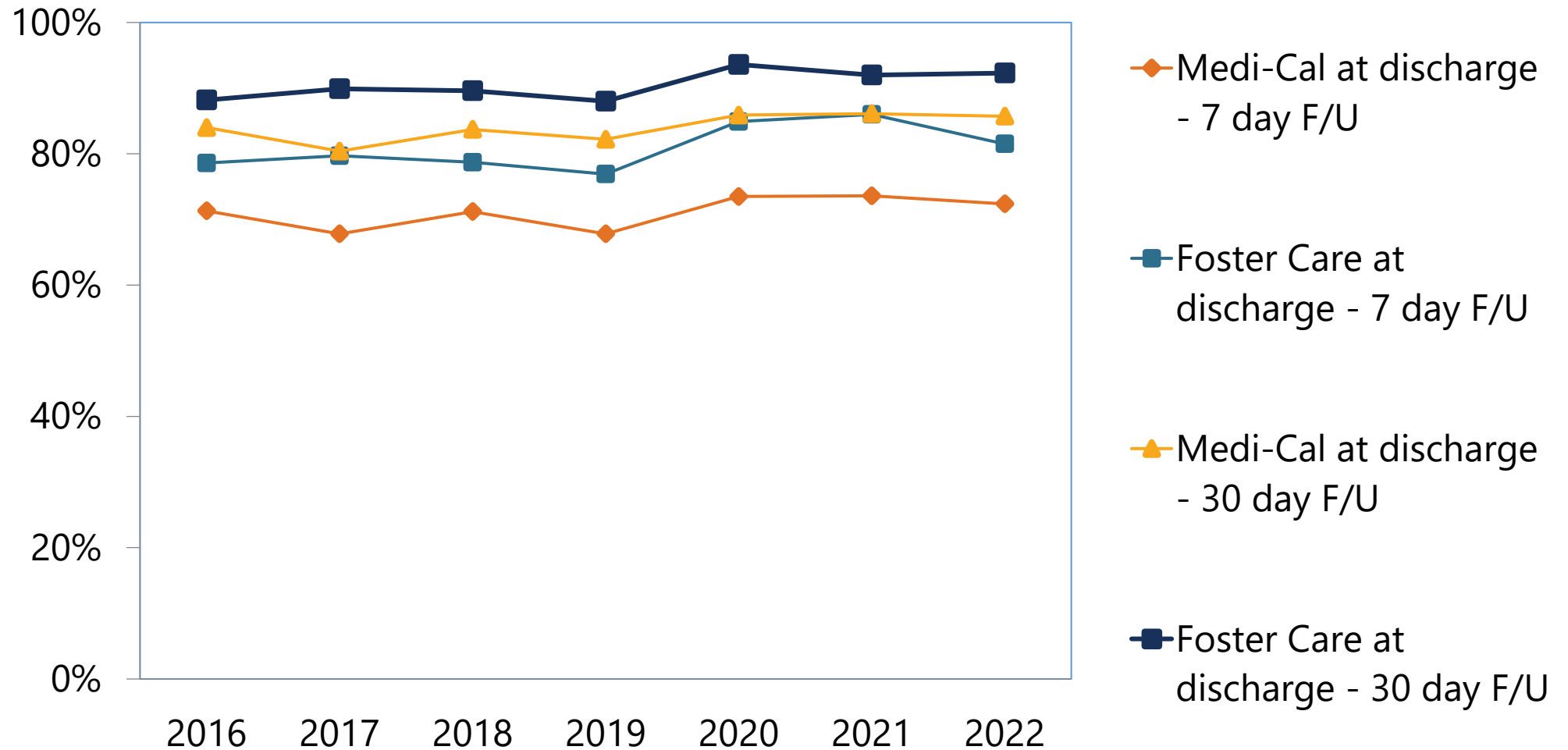
Considerations for ADHD Medication Follow-Up

- » 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-fourth 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

Follow-up After Hospitalization for Mental Illness (FUH)

- » Children who were hospitalized for treatment of mental illness and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported for children ages 6 to 17:
 - Percentage of discharges for which children received follow-up within 7 days
 - Percentage of discharges for which children received follow-up within 30 days
- » Foster Care is defined as being in an out-of-home placement when discharged from hospitalization

FUH: Follow-Up after Hospitalization for Mental Illness, Ages 6 – 17



FUH: Follow-Up after Hospitalization for Mental Illness: 7-Day

	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal at discharge, 6-17	7,476	10,152	73.6%	8,114	11,211	72.4%
Foster Care at discharge, 6-17	650	752	86.4%	582	714	81.5%
Group Home/STRTP at discharge, 6-17	218	244	89.3%	169	204	82.8%

MY2021/FFY2022 Medicaid Median: 47.9; Bottom Quartile: 40.1; Top Quartile: 57.5

FUH: Follow-Up after Hospitalization for Mental Illness: 30-Day

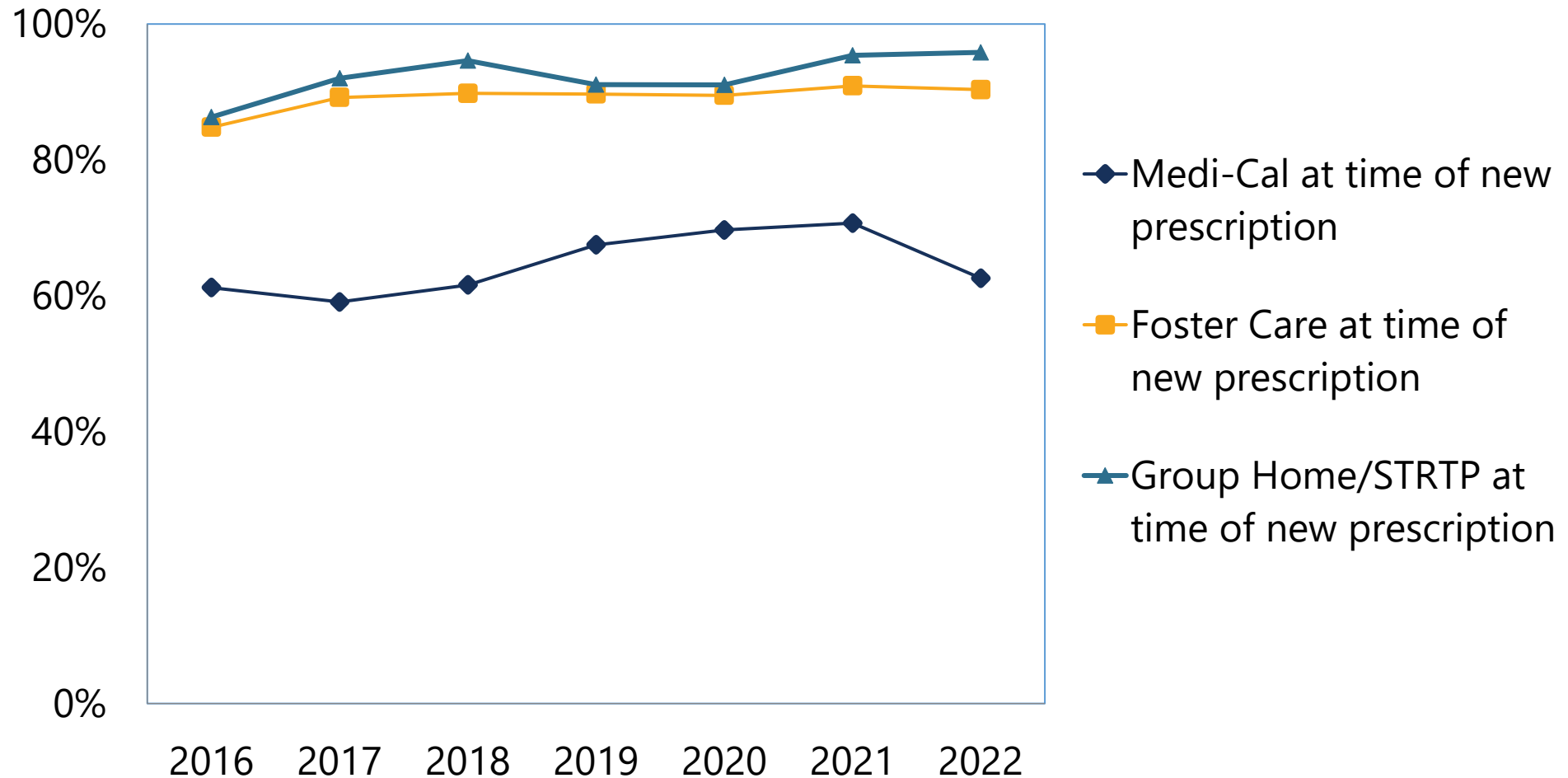
	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal at discharge, 6-17	8,741	10,152	86.1%	9,610	11,211	85.7%
Foster Care at discharge, 6-17	713	752	94.8%	659	714	92.3%
Group Home/STRTP at discharge, 6-17	232	244	95.1%	184	204	90.2%

MY2021/FFY2022 Medicaid Median: 70.4; Bottom Quartile: 62.1; Top Quartile: 79.6

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

- » New antipsychotic prescription with none for at least 120 days prior
- » 1 to 17 years old and enrolled 120 days prior to, and 30 days, after new prescription
- » 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
- » Receipt of psychosocial services 90 days before through 30 days after the new prescription
- » Foster care is defined as being in an out-of-home placement when medication was first prescribed

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



APP: First-Line Psychosocial Care

	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal at time of new prescription	3,787	5,354	70.7%	4,588	7,331	62.6%
Foster Care at time of new prescription	569	626	90.9%	523	579	90.3%
Group Home/STRTP at time of new prescription	207	217	95.4%	161	168	95.8%

MY2021/FFY2022 Medicaid Median: 62.6; Bottom Quartile: 58.6; Top Quartile: 67.2

APP: First-Line Psychosocial Care Age Stratification

Age Group	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal 1 – 11 years	856	1,592	53.8%
Foster Care 1 – 11 years	135	146	92.5%
Medi-Cal 12 – 17 years	3,732	5,739	65.0%
Foster Care 12 – 17 years	388	433	89.6%

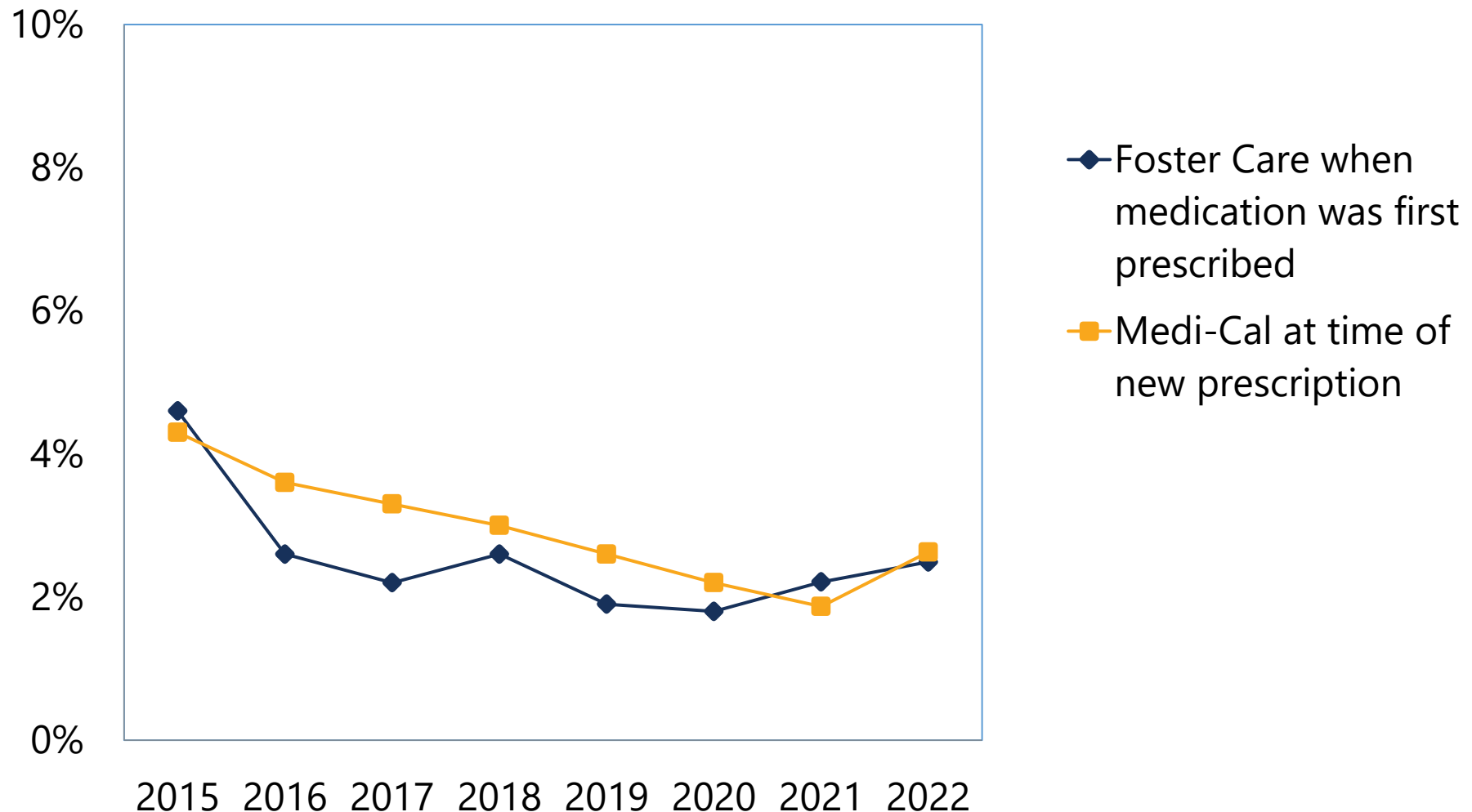
Considerations for First-Line Psychosocial Care

- » 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
 - H2015 was included by CA if the H2015 service was provided by a mental health professional

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- » The percentage of children who received one antipsychotic medication for 90 continuous days who had two or more antipsychotic medications during any 90-day period [lower rates are better]
- » Antipsychotics are associated with the potential for significant side effects; two concurrent antipsychotics increases that potential
- » Foster Care is defined as being in an out-of-home placement (OHP) when medication was first prescribed
- » APC was retired from the FFY2020 CMS Child Core Set (last used in MY2018/FFY2019, replaced by APM in MY2019/FFY2020)

APC: Use of Concurrent Antipsychotics: Ages 1-17 [lower rates are better]



APC: Use of Concurrent Antipsychotics: Ages 1-17 [lower rates are better]

	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal \geq 11 months of the year	155	8,299	1.9%	273	10,369	2.6%
Foster Care \geq 6 months of the year	17	914	1.9%	12	482	2.5%

MY2018 Medicaid Median: 2.6; Bottom Quartile: 3.5; Top Quartile: 1.7; APC was retired in MY2019/FFY2020 and last used in the MY2018/FFY2019 CMS Child Core Set

APC: Use of Concurrent Antipsychotics - Age Stratification [lower rates are better]

Age Group	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal 1 – 11 years	32	2,606	1.2%
Medi-Cal 12 – 17 years	241	7,763	3.1%

The 2022 numerator for youth in foster care was too small to report by age group.

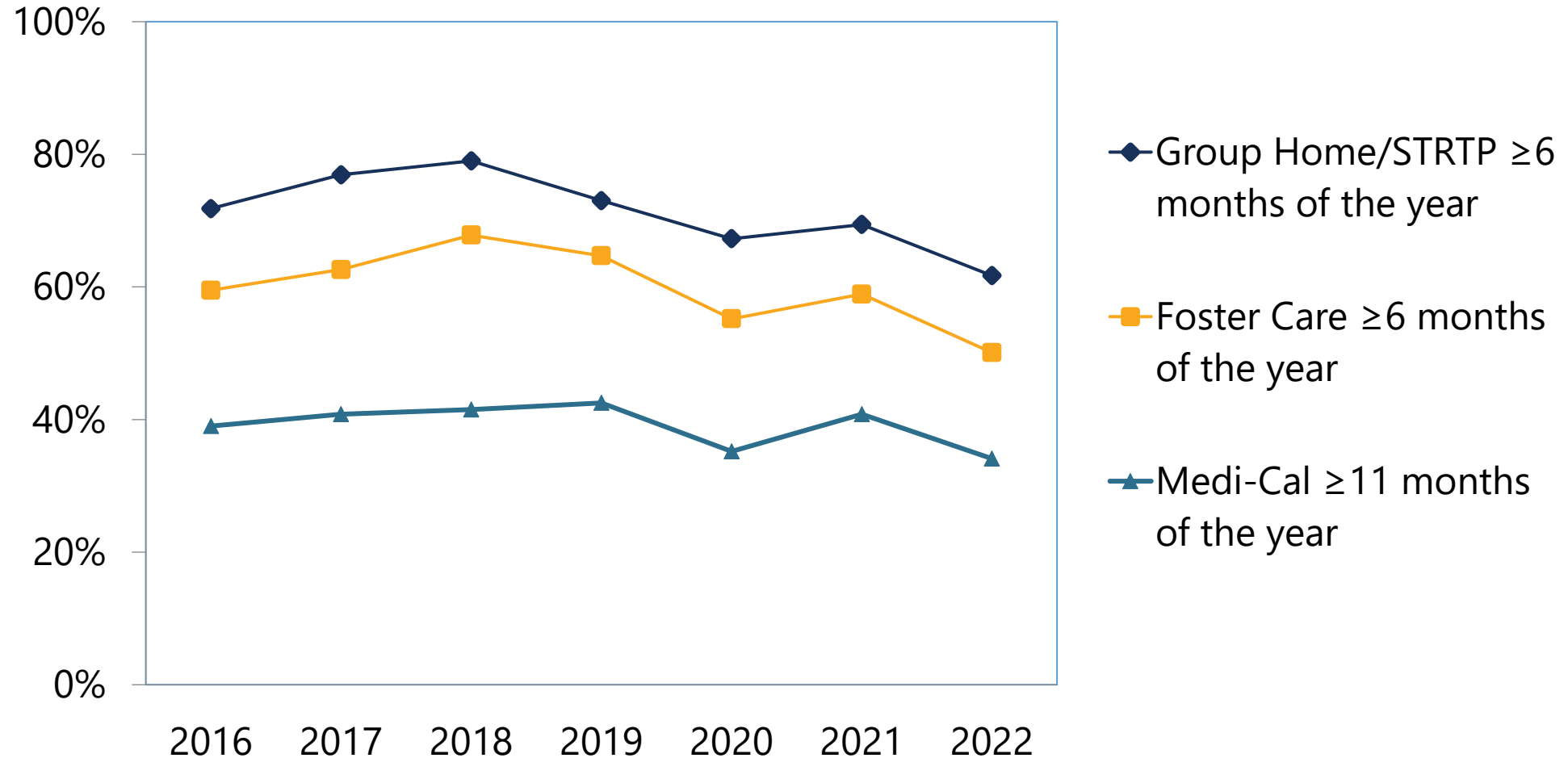
Considerations for Concurrent Antipsychotics

- » Lower rates are better
- » A new Treatment Authorization Request (TAR) policy was initiated in November 2014 for antipsychotic prescriptions for children
- » The APC rate for children in foster care on two antipsychotics increased in 2022, but was still lower than the 2016 - 2018 APC rates.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

- » Foster Care is defined as being in an out-of-home placement for 6 or more months of the measurement period.
- » Must have at least two antipsychotic medication dispensing events in the measurement year
- » Tests performed for glucose or HbA1c **and** lipid or cholesterol
- » Use of antipsychotic medications increases the risk for and complications of 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

APM: Metabolic Monitoring, Ages 1-17



*APM: Metabolic Monitoring, Ages 1-17

	2021 Numerator	2021 Denominator	2021 Rate	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal ≥ 11 months of the year*	5,895	14,441	40.8%	6,001	17,604	34.1%
Foster Care ≥ 6 months of the year	911	1,548	58.9%	775	1548	50.1%
Group Home/STRTP ≥ 6 months of the year	406	585	69.4%	292	473	61.7%

*The overall APM rates shown here and calculated from MISDSS may differ from plan-reported rates submitted to DHCS as part of the Managed Care Accountability Set (MCAS).

MY2021/FFY2022 Medicaid Median: 33.2; Bottom Quartile: 27.3; Top Quartile: 41.5

APM: Metabolic Monitoring

Age Stratification

Age Group	2022 Numerator	2022 Denominator	2022 Rate
Medi-Cal 1 – 11 years	1,136	4,148	27.4%
Foster Care 1 – 11 years	140	353	39.7%
Group Home/STRTP 1 – 11 years	27	58	46.6%
Medi-Cal 12 – 17 years	4,865	13,456	36.2%
Foster Care 12 – 17 years	635	1,195	53.1%
Group Home/STRTP 12 – 17 years	265	415	63.9%