Performance Outcomes System

Report run on March 13, 2018

Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi- Cal Specialty Mental Health Services (SMHS) for children and youth.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop the Performance Measurement Paradigm, and to develop indicators and measures. The Performance Outcomes System will be used to evaluate the domains of access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Further information on the Performance Measures System implementation is available on the DHCS website. Documents posted include the relevant legislation, plans submitted to the Legislature, and handouts for meetings with the Stakeholder Advisory Committee back to the first meeting in 2012. To obtain this information go to: http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx

Purpose and Overview

These county-specific reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth arriving, exiting, and continuing services over a two-year period. The time to step down table provides a view over the past four years of the time to step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). ***Note:*** *The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.*

Definitions

Population - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

- Age 20 or younger during the approved date of service on the claim.

Data Sources -

- Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 13/14 through FY 16/17.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 13/14 through FY16/17.

Additional Information

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at: http://www.dhcs.ca.gov/services/MH/Documents/POS_MeasuresCatalog_Sept2016.pdf

Note on Privacy:
The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium, medium, whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

Report Interpretation

*County-specific findings may be interpreted alongside the POS statewide and population-based report findings.

***New Age Methodology** for Identifying Children under 21 (POS reports posted after to 7/1/17): Beneficiaries that were under the age of 21 for the entire fiscal year (their age was less than 21 as of June 30th of the reported fiscal year).

*The **penetration rates** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). For the POS, the penetration rate is calculated by taking the total number of youth who received one or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted. Penetration rates provide a measure of initial contact with the specialty mental health system.

*The **engagement rates** are calculated similarly to penetration rates but are intended to measure ongoing engagement with the specialty mental health system. The engagement rate is calculated by taking the total number of youth who received five or more SMHS' in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY.

*The ***snapshot*** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses six general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

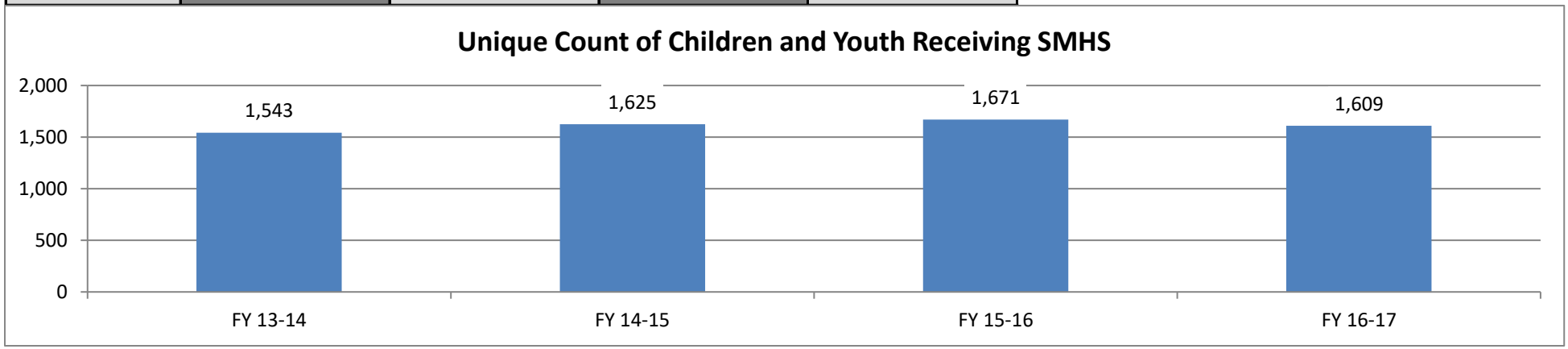
*The psychiatric emergency services/hospital data reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based off of the beneficiary's county of Medi-Cal responsibility during the eligibility month when the inpatient service occurred.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Luis Obispo County as of March 13, 2018

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 13-14	1,543		27,624	
FY 14-15	1,625	5.3%	28,774	4.2%
FY 15-16	1,671	2.8%	29,766	3.4%
FY 16-17	1,609	-3.7%	29,483	-1.0%
Compound Annual Growth Rate SFY**		**1.4%**		**2.2%**



**SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.*

***SFY = State Fiscal Year which is July 1 through June 30.*

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Luis Obispo County as of March 13, 2018

Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 13-14	^	^	^	^	20	1.3%	325	21.1%	835	54.1%	243	15.7%	105	6.8%
FY 14-15	^	^	^	^	30	1.8%	386	23.8%	826	50.8%	267	16.4%	99	6.1%
FY 15-16	^	^	11	0.7%	26	1.6%	424	25.4%	783	46.9%	^	^	89	5.3%
FY 16-17	^	^	15	0.9%	21	1.3%	444	27.6%	716	44.5%	^	^	74	4.6%

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

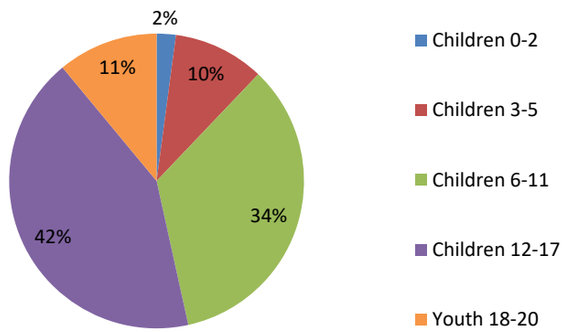
^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

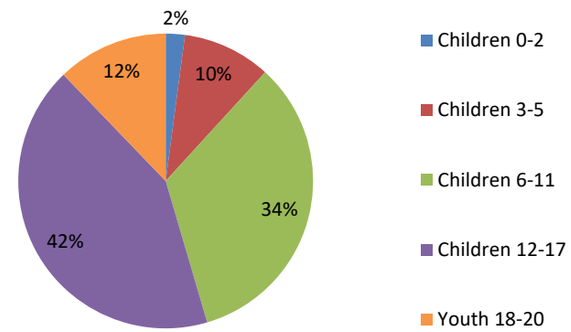
San Luis Obispo County as of March 13, 2018

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 13-14	33	2.1%	155	10.0%	531	34.4%	654	42.4%	170	11.0%
FY 14-15	34	2.1%	157	9.7%	547	33.7%	689	42.4%	198	12.2%
FY 15-16	37	2.2%	176	10.5%	527	31.5%	697	41.7%	234	14.0%
FY 16-17	60	3.7%	187	11.6%	483	30.0%	641	39.8%	238	14.8%

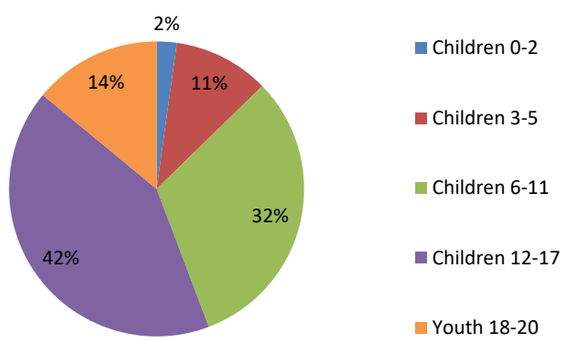
Fiscal Year 13-14 Age Group Distribution



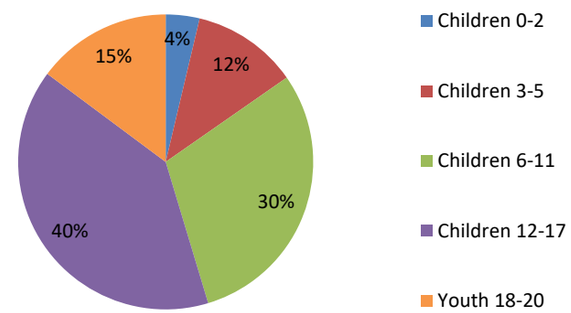
Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution



Fiscal Year 16-17 Age Group Distribution

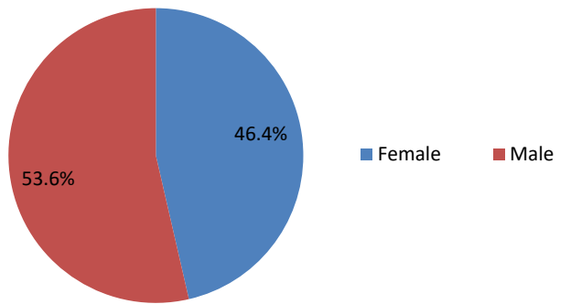


Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

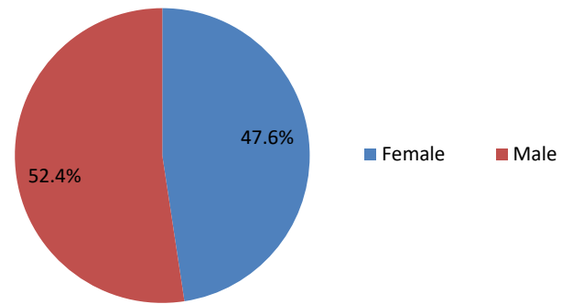
San Luis Obispo County as of March 13, 2018

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 13-14	716	46.4%	827	53.6%
FY 14-15	773	47.6%	852	52.4%
FY 15-16	750	44.9%	921	55.1%
FY 16-17	715	44.4%	894	55.6%

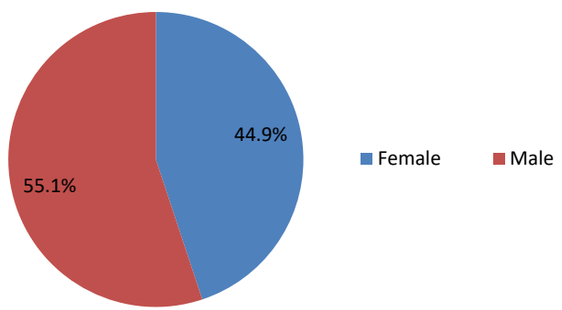
Fiscal Year 13-14 Gender Distribution



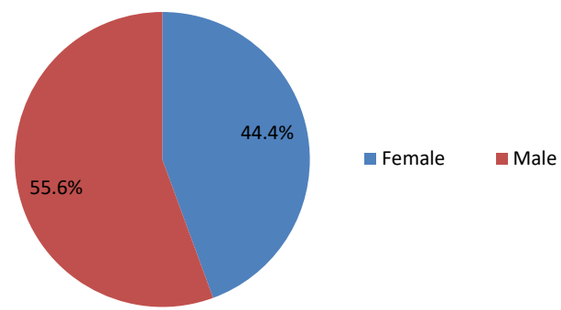
Fiscal Year 14-15 Gender Distribution



Fiscal Year 15-16 Gender Distribution



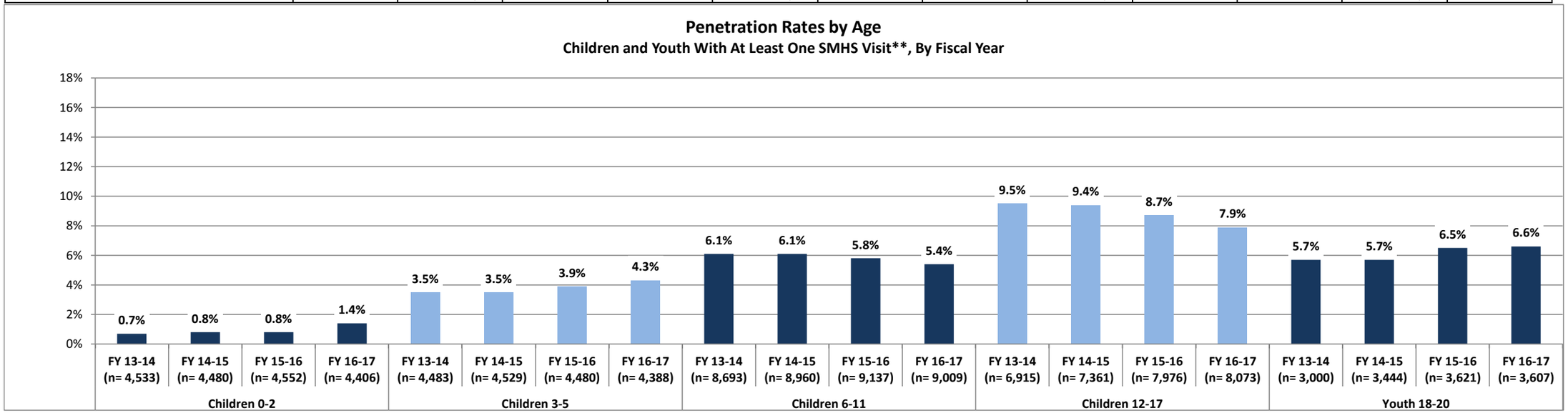
Fiscal Year 16-17 Gender Distribution



Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

San Luis Obispo County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**1,543**	**27,624**	**5.6%**	**1,625**	**28,774**	**5.6%**	**1,671**	**29,766**	**5.6%**	**1,609**	**29,483**	**5.5%**
Children 0-2	33	4,533	0.7%	34	4,480	0.8%	37	4,552	0.8%	60	4,406	1.4%
Children 3-5	155	4,483	3.5%	157	4,529	3.5%	176	4,480	3.9%	187	4,388	4.3%
Children 6-11	531	8,693	6.1%	547	8,960	6.1%	527	9,137	5.8%	483	9,009	5.4%
Children 12-17	654	6,915	9.5%	689	7,361	9.4%	697	7,976	8.7%	641	8,073	7.9%
Youth 18-20	170	3,000	5.7%	198	3,444	5.7%	234	3,621	6.5%	238	3,607	6.6%
Alaskan Native or American Indian	^	100	^	^	98	^	^	95	^	^	89	^
Asian or Pacific Islander	^	689	^	^	752	^	11	724	1.5%	15	671	2.2%
Black	20	320	6.3%	30	318	9.4%	26	287	9.1%	21	292	7.2%
Hispanic	325	11,295	2.9%	386	11,708	3.3%	424	12,324	3.4%	444	12,320	3.6%
White	835	11,545	7.2%	826	11,804	7.0%	783	11,618	6.7%	716	11,153	6.4%
Other	243	2,268	10.7%	267	2,689	9.9%	^	3,146	^	^	3,539	^
Unknown	105	1,407	7.5%	99	1,405	7.0%	89	1,572	5.7%	74	1,419	5.2%
Female	716	13,696	5.2%	773	14,242	5.4%	750	14,681	5.1%	715	14,515	4.9%
Male	827	13,928	5.9%	852	14,532	5.9%	921	15,085	6.1%	894	14,968	6.0%

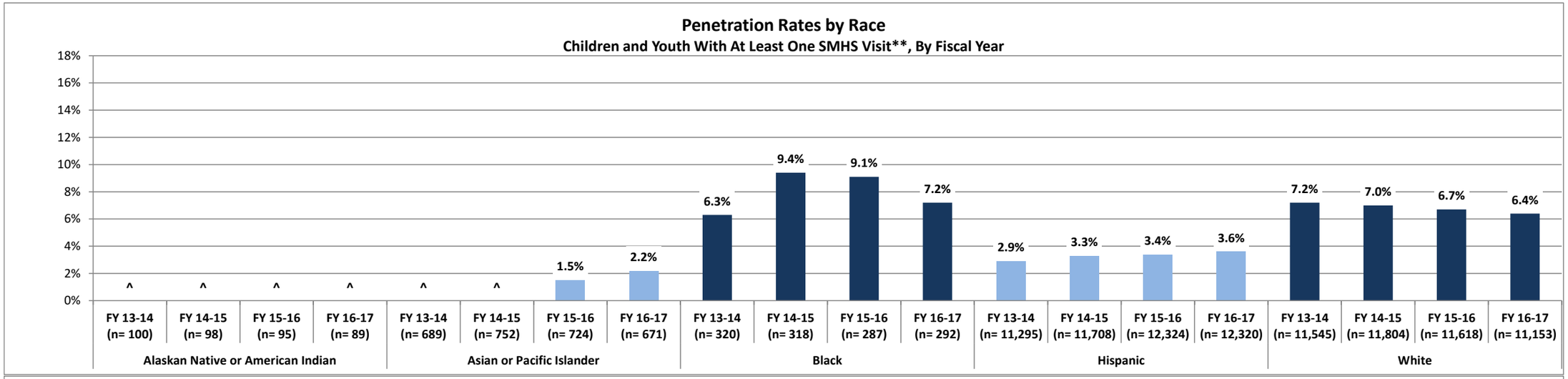


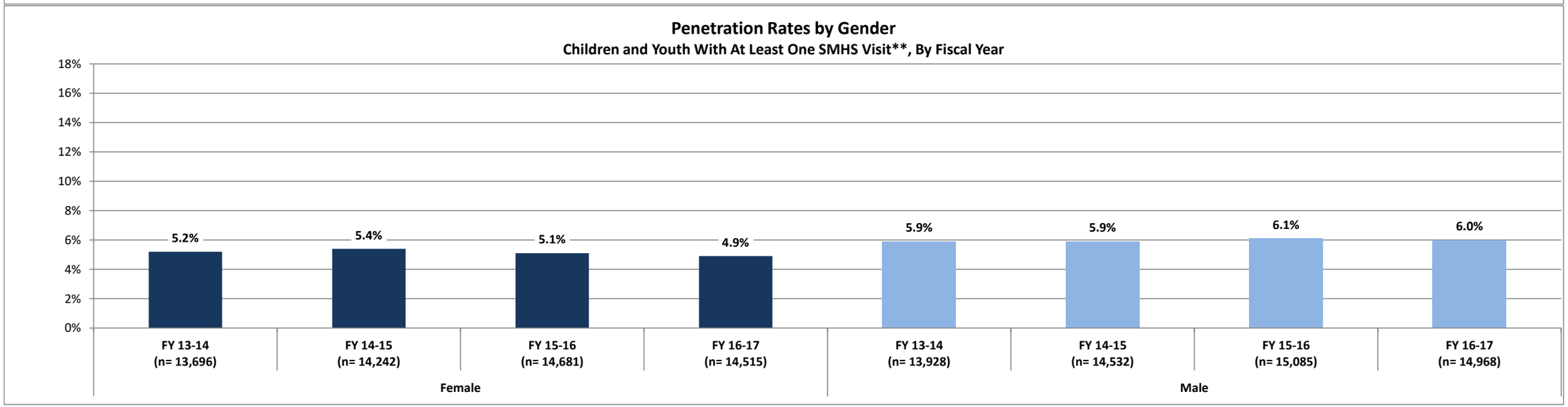
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

San Luis Obispo County as of March 13, 2018





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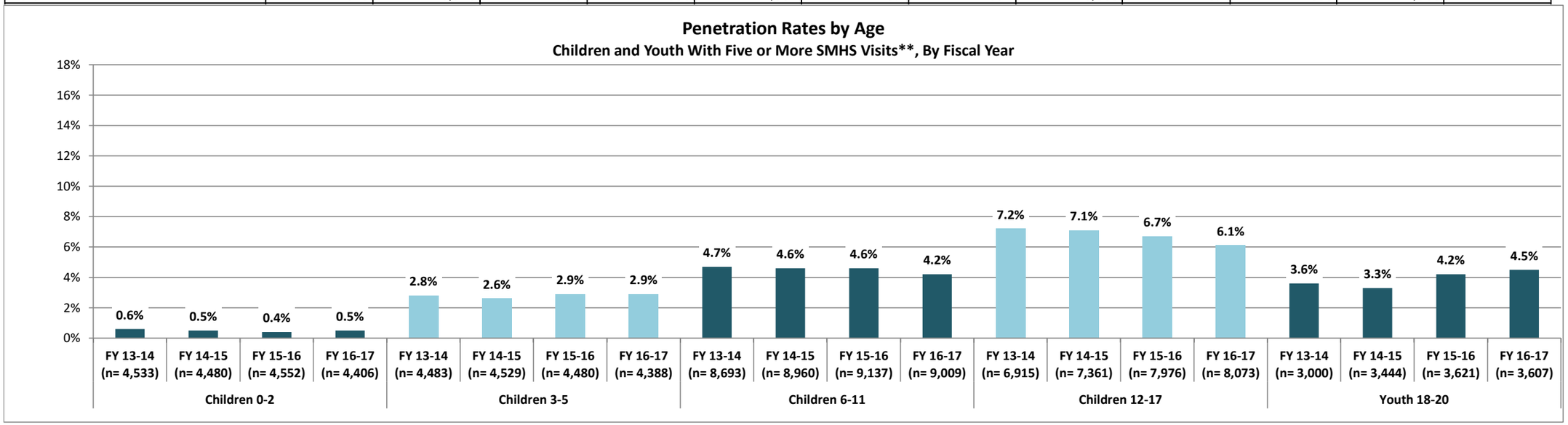
***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

San Luis Obispo County as of March 13, 2018

	FY 13-14			FY 14-15			FY 15-16			FY 16-17		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**1,166**	**27,624**	**4.2%**	**1,183**	**28,774**	**4.1%**	**1,253**	**29,766**	**4.2%**	**1,176**	**29,483**	**4.0%**
Children 0-2	25	4,533	0.6%	23	4,480	0.5%	19	4,552	0.4%	21	4,406	0.5%
Children 3-5	126	4,483	2.8%	117	4,529	2.6%	132	4,480	2.9%	128	4,388	2.9%
Children 6-11	405	8,693	4.7%	411	8,960	4.6%	416	9,137	4.6%	374	9,009	4.2%
Children 12-17	501	6,915	7.2%	520	7,361	7.1%	534	7,976	6.7%	491	8,073	6.1%
Youth 18-20	109	3,000	3.6%	112	3,444	3.3%	152	3,621	4.2%	162	3,607	4.5%
Alaskan Native or American Indian	^	100	^	^	98	^	^	95	^	^	89	^
Asian or Pacific Islander	^	689	^	^	752	^	^	724	^	^	671	^
Black	18	320	5.6%	21	318	6.6%	22	287	7.7%	15	292	5.1%
Hispanic	227	11,295	2.0%	248	11,708	2.1%	306	12,324	2.5%	315	12,320	2.6%
White	648	11,545	5.6%	629	11,804	5.3%	583	11,618	5.0%	522	11,153	4.7%
Other	181	2,268	8.0%	201	2,689	7.5%	260	3,146	8.3%	257	3,539	7.3%
Unknown	81	1,407	5.8%	76	1,405	5.4%	72	1,572	4.6%	54	1,419	3.8%
Female	541	13,696	4.0%	553	14,242	3.9%	559	14,681	3.8%	521	14,515	3.6%
Male	625	13,928	4.5%	630	14,532	4.3%	694	15,085	4.6%	655	14,968	4.4%

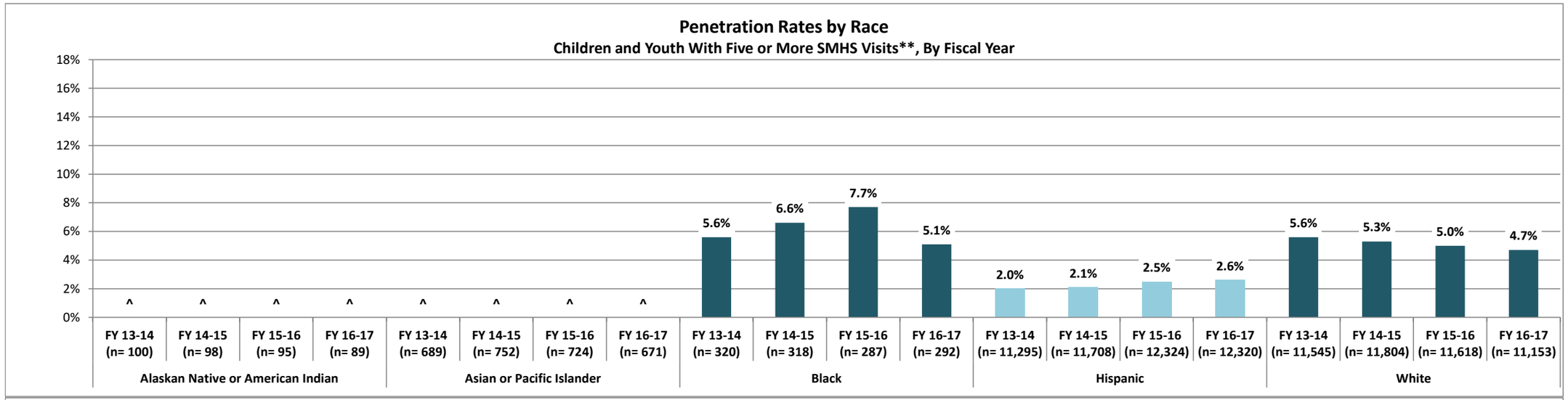


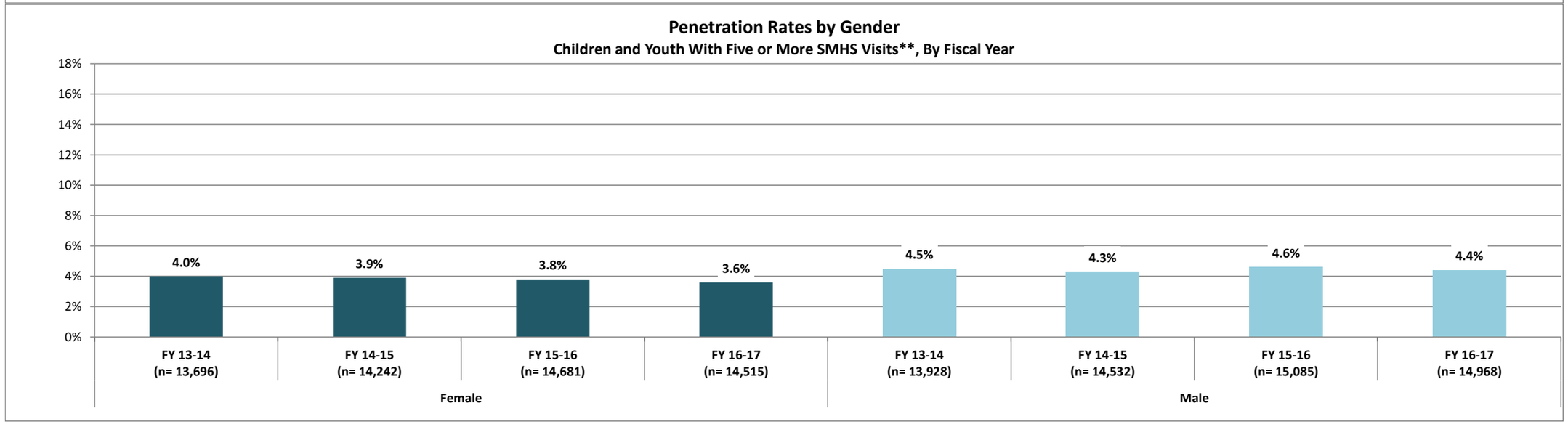
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

San Luis Obispo County as of March 13, 2018





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***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

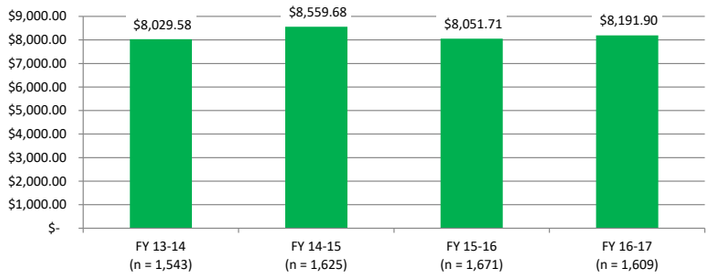
^ Data has been suppressed to protect patient privacy.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year

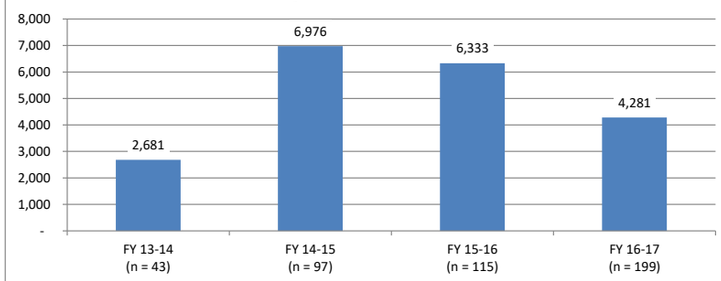
San Luis Obispo County as of March 13, 2018

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 13-14	$ 8,029.58	2,681	395	383	1,939	8,419	271	233	22	489	0	2	0	9	0	61	2
FY 14-15	$ 8,559.68	6,976	1,419	301	1,647	5,922	377	277	13	707	0	4	0	12	28	145	3
FY 15-16	$ 8,051.71	6,333	1,338	272	1,625	5,664	421	244	12	472	0	12	0	11	0	75	2
FY 16-17	$ 8,191.90	4,281	1,187	226	1,531	5,364	390	311	26	492	498	0	0	11	21	163	3
MEAN	**$ 8,208.22**	**5,068**	**1,085**	**296**	**1,686**	**6,342**	**365**	**266**	**18**	**540**	**498**	**6**	**0**	**10**	**25**	**111**	**3**

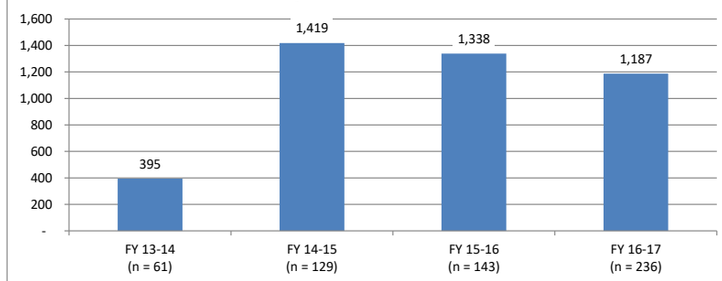
Total Approved Per Unique Beneficiary
By Service Fiscal Year



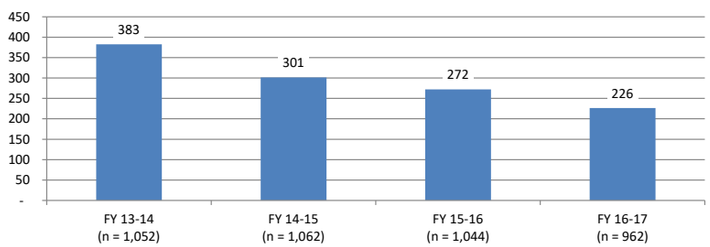
IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year



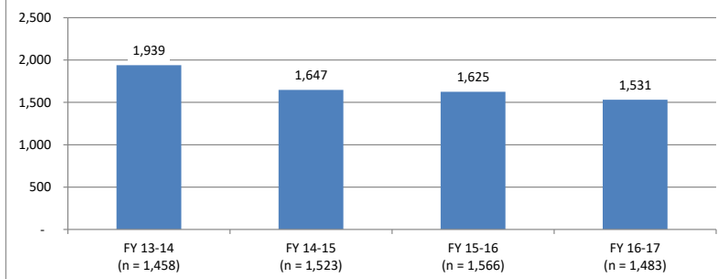
ICC Minutes Per Unique Beneficiary
By Service Fiscal Year



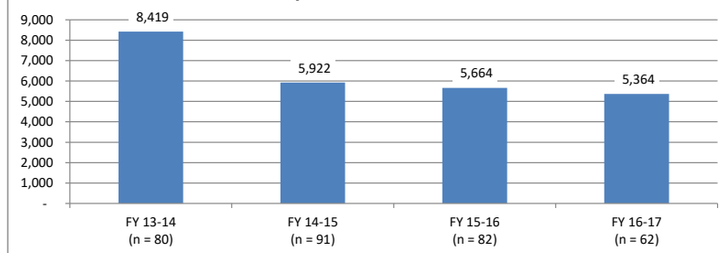
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



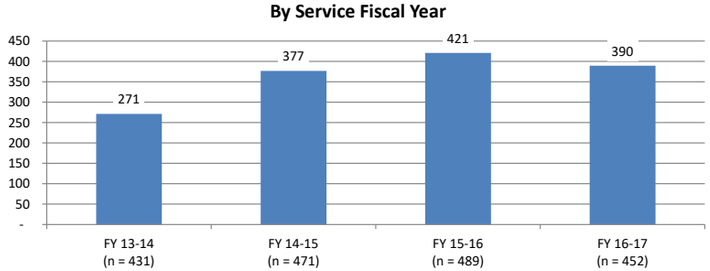
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



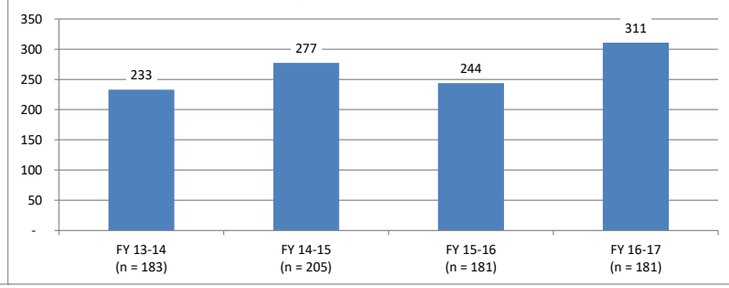
Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year



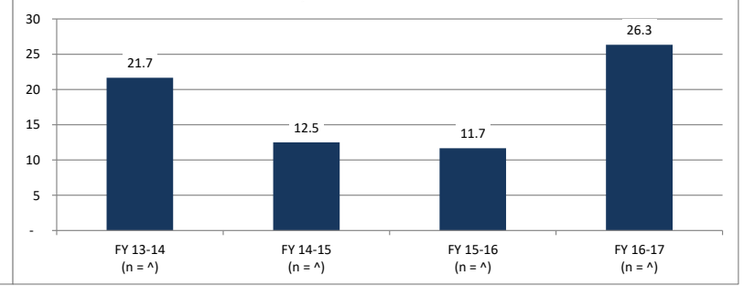
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



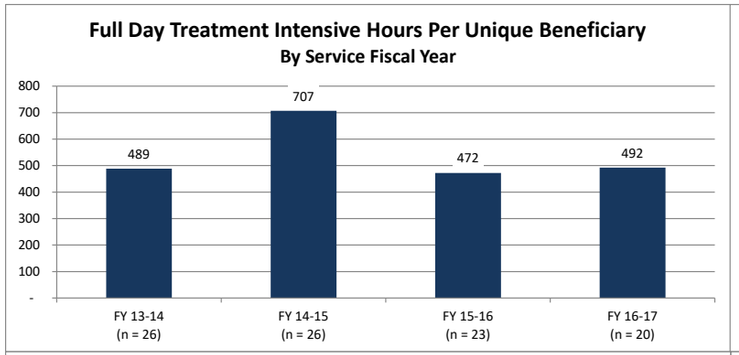
Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year

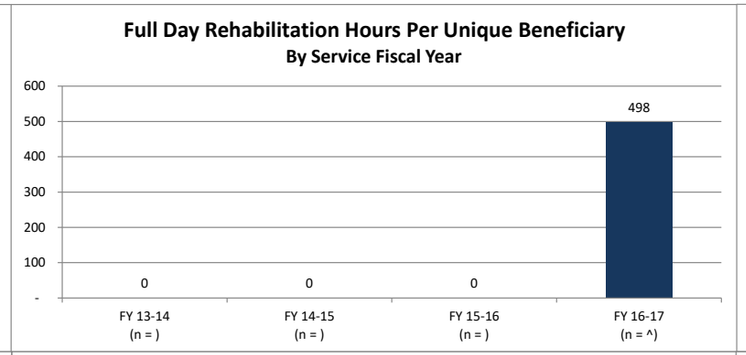


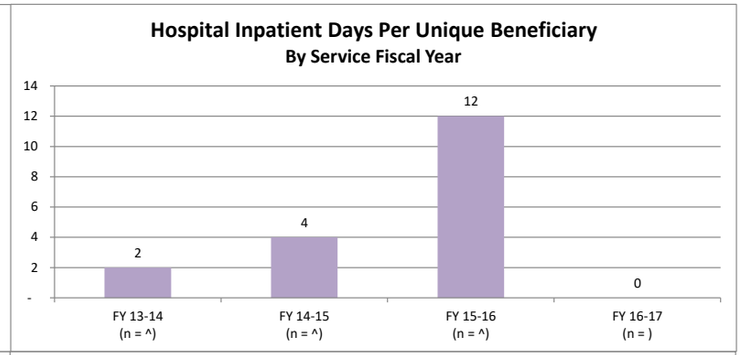
**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

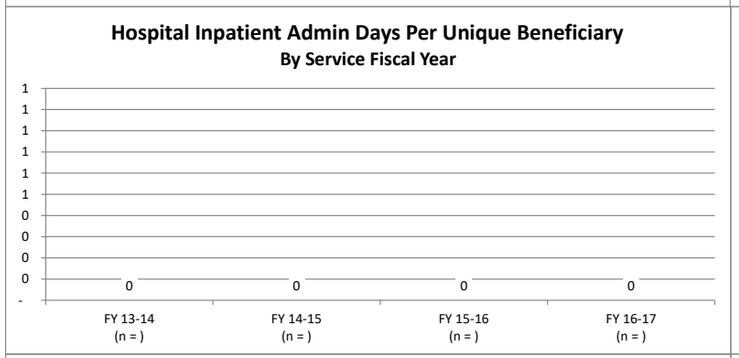
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

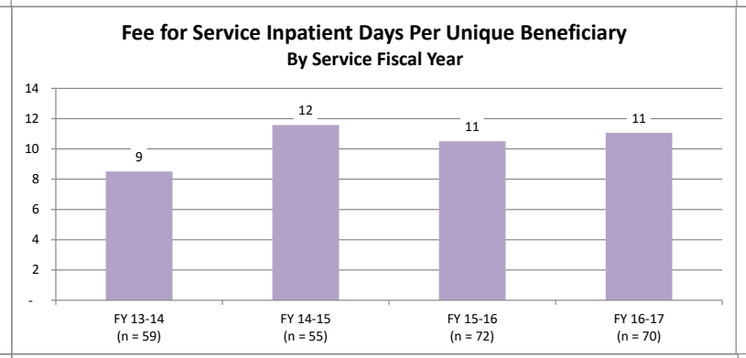
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
San Luis Obispo County as of March 13, 2018

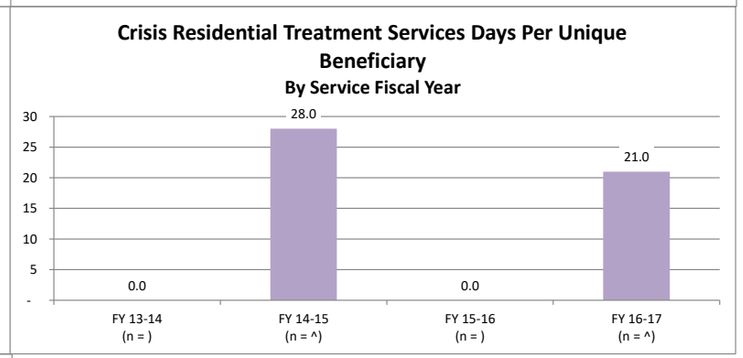


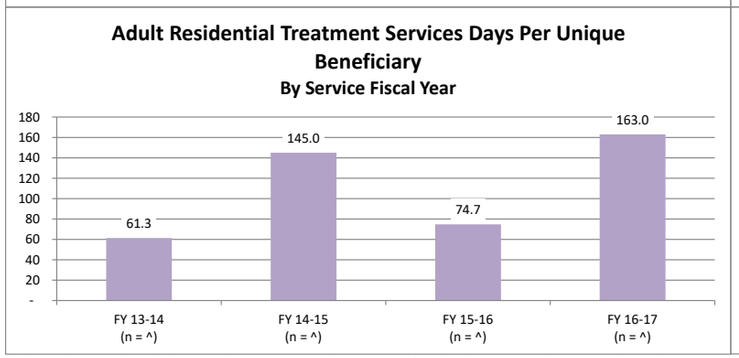


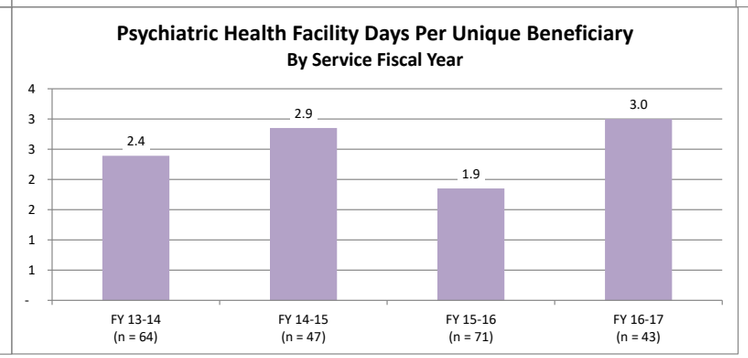












**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

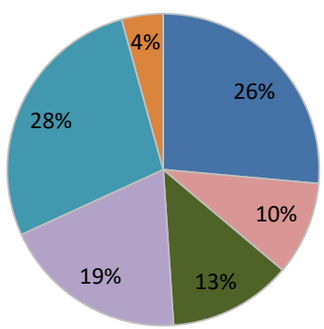
Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

San Luis Obispo County as of March 13, 2018

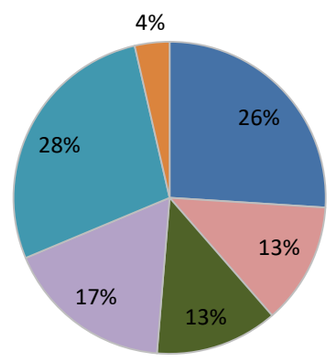
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR).
Exiting	Children/Youth that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
Arriving & Exiting	A distinct category in which children/youth met both the criteria for **Arrivals** and **Exiting** above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Children/Youth had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 13-14	408	26.4%	150	9.7%	198	12.8%	296	19.2%	424	27.5%	67	4.3%	1,543	100%
FY 14-15	423	26.0%	205	12.6%	206	12.7%	283	17.4%	450	27.7%	58	3.6%	1,625	100%
FY 15-16	386	23.1%	231	13.8%	188	11.3%	321	19.2%	457	27.3%	88	5.3%	1,671	100%
FY 16-17	356	22.1%	210	13.1%	184	11.4%	312	19.4%	452	28.1%	95	5.9%	1,609	100%

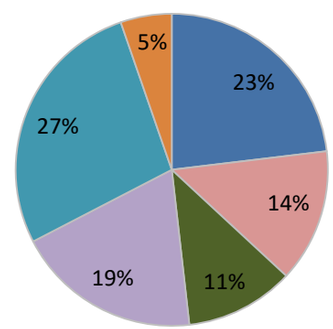
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



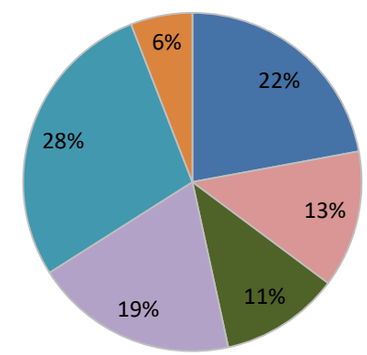
Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 16-17 Arrivals, Service Continuance, & Exits Distribution



- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

San Luis Obispo County as of March 13, 2018

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 13-14	50	55.6%	24	26.7%	^	^	^	^	0	278	22.1	6
FY 14-15	71	67.0%	24	22.6%	^	^	^	^	0	118	8.6	3
FY 15-16	65	65.0%	22	22.0%	^	^	^	^	0	361	15.0	5
FY 16-17	77	72.6%	13	12.3%	^	^	^	^	0	118	11.0	3

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

** **No Step Down** is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.*

^ Data has been suppressed to protect patient privacy.