Quality of Care in Medi-Cal: Children in Foster Care Measurement Year 2023

Presentation of Results for Public Release

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

July 2025

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: Health Effectiveness Data and Information Set
- Used by more than 90 percent of America's health plans to measure performance
- There are approximately 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

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.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 is a retired measure, replaced by APM starting in MY2019/FFY2020. It is not calculated by DHCS for MY2023. For a general reference, please refer to Measure 5c.2 at Report Index - California Child Welfare Indicators Project (CCWIP)

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
- 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 2023 were retrieved from the DHCS Management Information System/Decision Support System between September and October 2024
- Medi-Cal data were linked to Department of Social Services data (January 2025) 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 2023 Measure Performance Tables on the Child Core Set Measures

Data for this Report

- 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 masked 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 masked for group home/STRTP stratification if either the numerator or denominator met masking threshold.

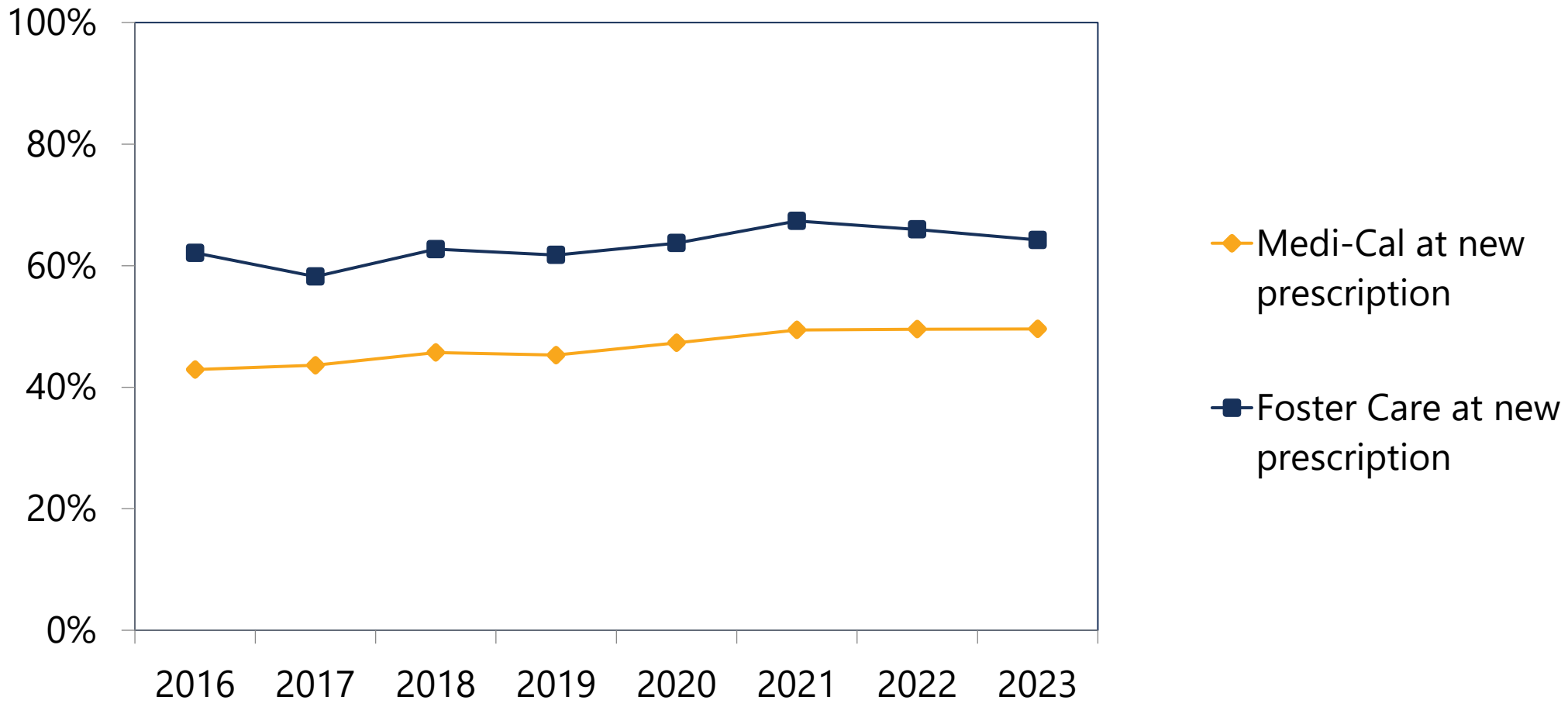
Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- 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
- There are two subcategories for the ADD measure: Initiation and Continuation

1. 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 to 12



ADD: ADHD Medication Follow-Up Initiation Phase

	2022 Numerator	2022 Denominator	2022 Rate	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal at time of new prescription	9,388	18,948	49.6%	10,254*	20,683*	49.6%*
Foster Care at time of new prescription	581	881	66.0%	585	911	64.2%

MY2022/FFY2023 Medicaid Median: 46.0; Bottom Quartile: 42.0; Top Quartile: 50.1

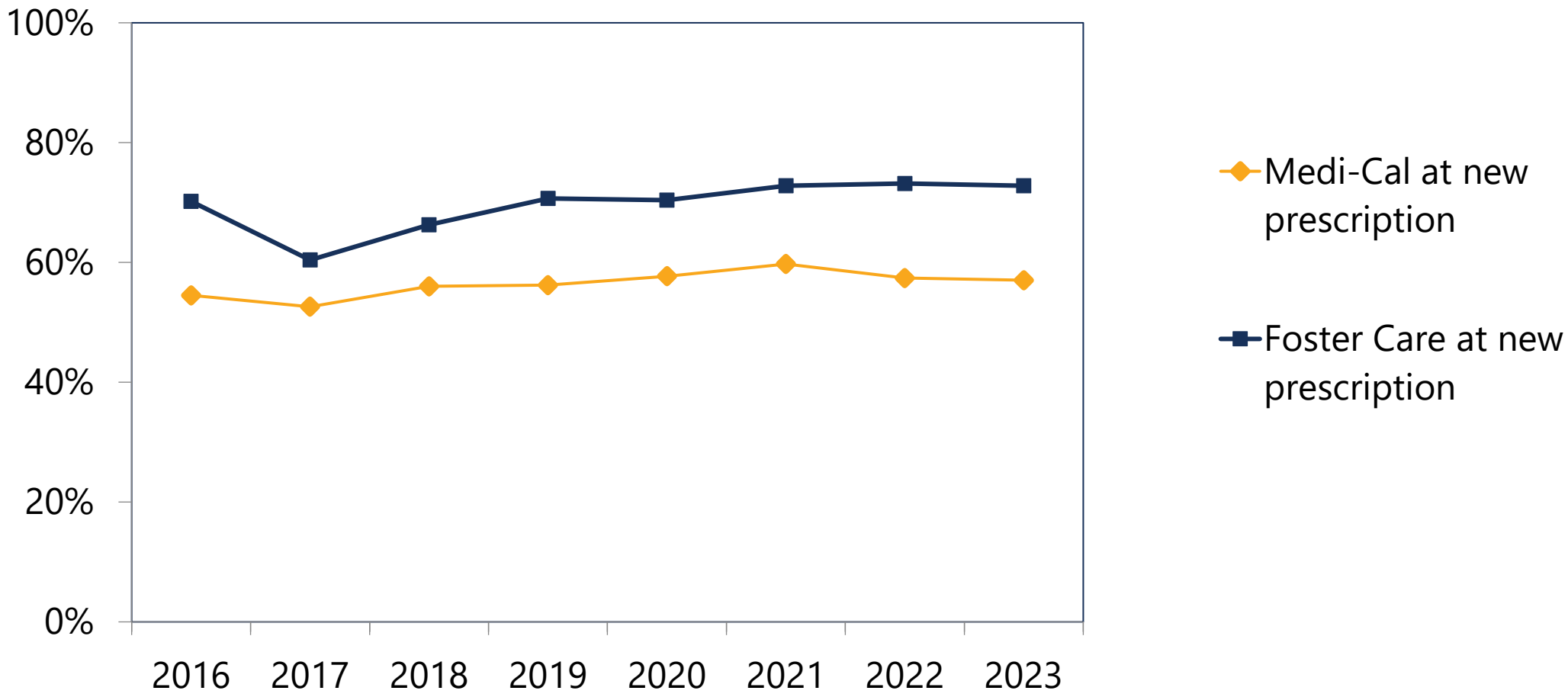
*Due to a database mapping issue, the reported figures were revised after the December 2024 CMS submission.

ADD: Follow-Up Care for Children Prescribed ADHD Medication

2. 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, 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 after the new prescription

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



ADD: ADHD Medication Follow-Up Continuation Phase

	2022 Numerator	2022 Denominator	2022 Rate	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal at time of new prescription	2,902	5,057	57.4%	3,179*	5,574*	57.0%*
Foster Care at time of new prescription	311	425	73.2%	321	441	72.8%

MY2022/FFY2023 Medicaid Median: 54.1; Bottom Quartile: 49.0; Top Quartile: 60.4

*Due to a database mapping issue, the reported figures were revised after the December 2024 CMS submission.

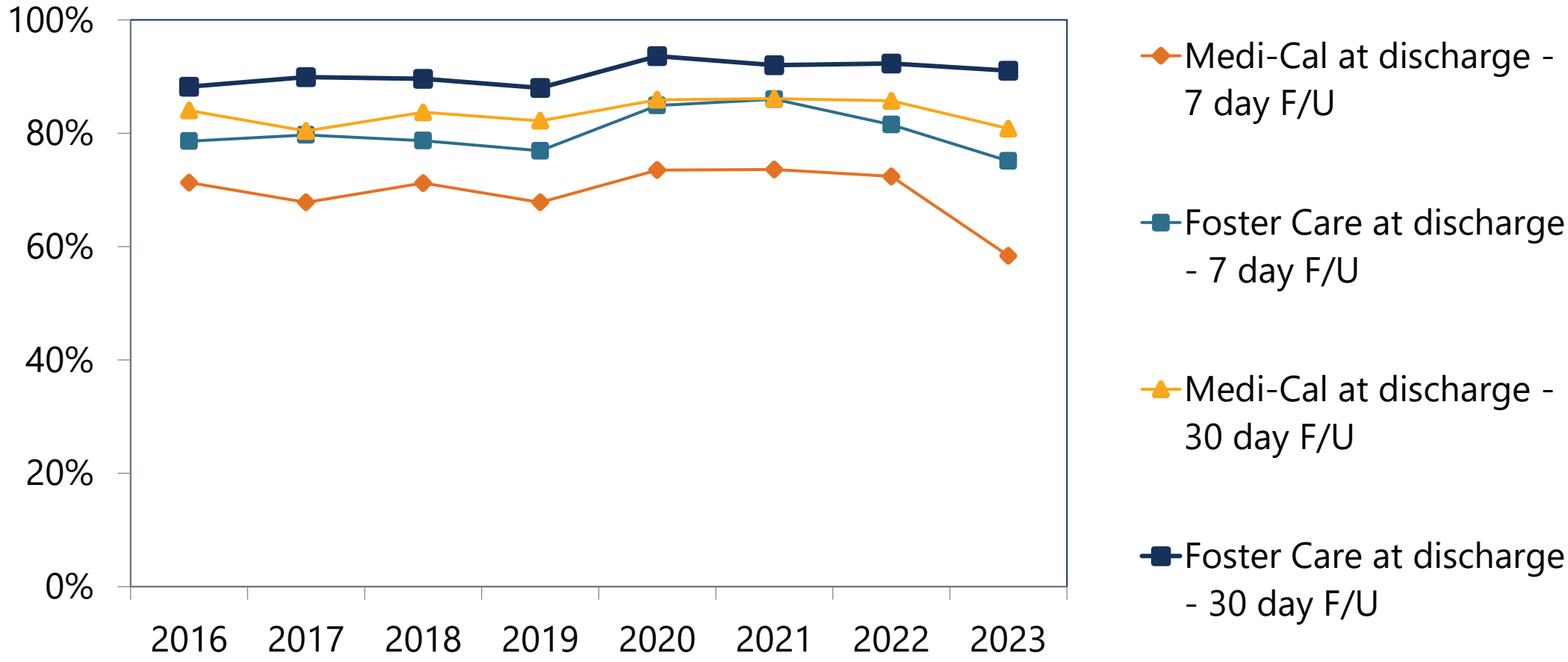
Considerations for ADHD Medication Follow-Up

- 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 selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider
- 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 to 17



* The MY2023 decrease reflects a methodology change due to a code update that excludes same-day hospital follow-ups. This is a CMS-approved update per the measure technical specifications.

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

	2022 Numerator	2022 Denominator	2022 Rate	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal at discharge, 6-17	8,114	11,211	72.4%	7,307	12,516	58.4%
Foster Care at discharge, 6-17	582	714	81.5%	552	735	75.1%
Group Home/STRTP at discharge, 6-17	169	204	82.8%	165	200	82.5%

MY2022/FFY2023 Medicaid Median: 47.3; Bottom Quartile: 38.6 Top Quartile: 57.2

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

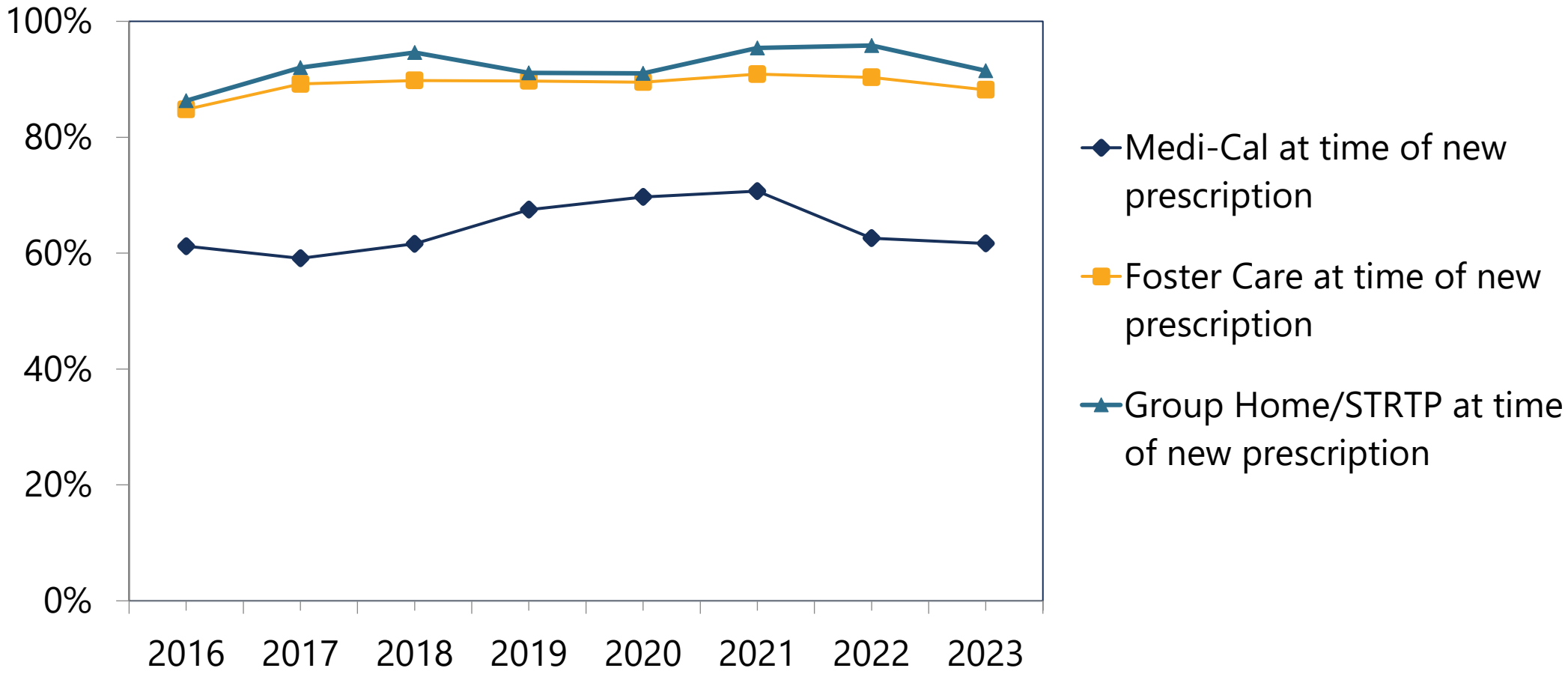
	2022 Numerator	2022 Denominator	2022 Rate	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal at discharge, 6-17	9,610	11,211	85.7%	10,116	12,516	80.8%
Foster Care at discharge, 6-17	659	714	92.3%	669	735	91.0%
Group Home/STRTP at discharge, 6-17	184	204	90.2%	188	200	94.0%

MY2022/FFY2023 Medicaid Median: 72.1; Bottom Quartile: 62.6; Top Quartile: 78.2

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, 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 to 17



APP: First-Line Psychosocial Care

	2022 Numerator	2022 Denominator	2022 Rate	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal at time of new prescription	4,588	7,331	62.6%	4,852	7,867	61.7%
Foster Care at time of new prescription	523	579	90.3%	537	609	88.2%
Group Home/STRTP at time of new prescription	161	168	95.8%	129	141	91.5%

MY2022/FFY2023 Medicaid Median: 60.5; Bottom Quartile: 57.2; Top Quartile: 67.8

APP: First-Line Psychosocial Care Age Stratification

Age Group	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal 1 – 11 years	1,020	1,942	52.5%
Foster Care 1 – 11 years	160	179	89.4%
Medi-Cal 12 – 17 years	3,832	5,925	64.7%
Foster Care 12 – 17 years	377	430	87.7%

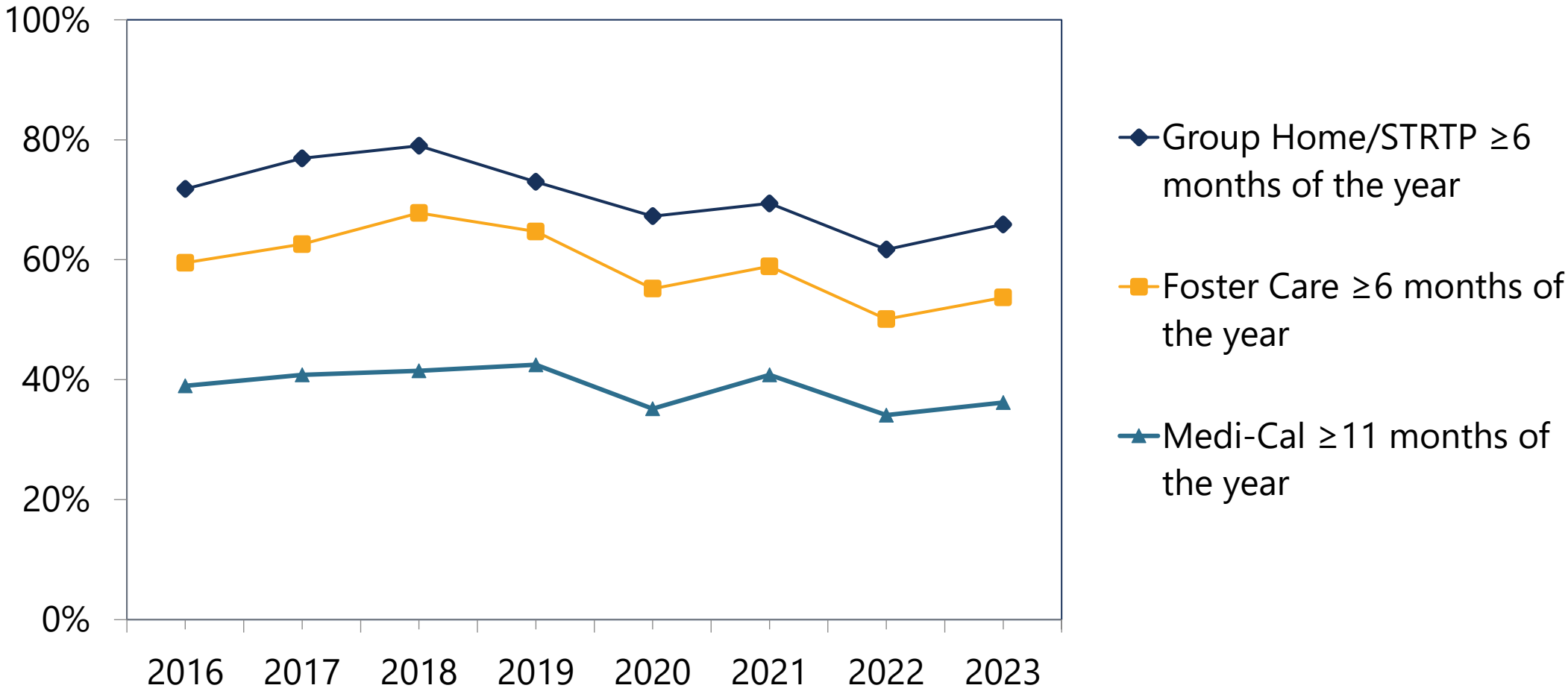
Considerations for First-Line Psychosocial Care

- 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
  - H2015 stopped being reported from July 2023 due to Behavioral Health Reform replacing HCPCS Level II codes with CPT codes.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

- 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 of 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
- 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

	2022 Numerator	2022 Denominator	2022 Rate	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal ≥11 months of the year*	6,001	17,604	34.1%	7,140	19,732	36.2%
Foster Care ≥6 months of the year	775	1,548	50.1%	856	1,595	53.7%
Group Home/STRTP ≥6 months of the year	292	473	61.7%	290	440	65.9%

MY2022/FFY2023 Medicaid Median: 32.3; Bottom Quartile: 26.7; Top Quartile: 41.6

*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)

APM: Metabolic Monitoring Age Stratification

Age Group	2023 Numerator	2023 Denominator	2023 Rate
Medi-Cal 1 – 11 years	1,380	5,134	26.9%
Foster Care 1 – 11 years	165	372	44.4%
Group Home/STRTP 1 – 11 years	30	48	62.5%
Medi-Cal 12 – 17 years	5,760	14,598	39.5%
Foster Care 12 – 17 years	691	1,223	56.5%
Group Home/STRTP 12 – 17 years	260	392	66.3%