

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

September 11, 2020

Jaycee Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
1501 Capitol Ave, 6th Floor, MS 00000
Sacramento, CA 95814

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) acknowledges receipt of the interim evaluation of the out-of-state former foster youth (OOS FFY) component of California's section 1115 Medicaid demonstration, entitled "Medi-Cal 2020" (Project Number 11-W-00193/9, approved from December 30, 2015 through December 31, 2020). The interim evaluation report will be posted to Medicaid.gov shortly.

We find that the interim evaluation is consistent with the evaluation design, and it acknowledges the difficulty in tracking outcomes for the OOS FFY population separately from the broader FFY population enrolled in the Medi-Cal program, given the small population in the OOS FFY group. The small sample sizes precluded statistical testing; however, there are indications of improvement in outcomes over the course of the demonstration, specifically as reflected in quality measures for cancer screenings and initiation and engagement of alcohol and other drug treatment. While these outcome measures are broadly similar for the FFY population compared with the overall Medi-Cal population of similar age, other quality measures, such as follow-up after hospitalization for mental illness and asthma medication ratio for people with asthma suggest there may be scope for improvement. CMS looks forward to the data presented in the summative evaluation report, which will incorporate additional years of analysis offering a fuller depiction of the demonstration performance.

If you have any questions regarding CMS’s assessment of this interim evaluation report, or any aspects of your state’s section 1115 demonstration, please contact your CMS project officer, Ms. Lorraine Nawara, who is available via email at Lorraine.Nawara1@cms.hhs.gov.

Sincerely,

Danielle Daly
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Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

**Andrea J.
Casart -S**

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Andrea J Casart
Director
Division of Eligibility and Coverage
Demonstrations

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

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

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

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

1) Demonstration Goal 1: Access to Care

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

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

b) Question: How did beneficiaries utilize health services?

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

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

2) Demonstration Goal 2: Health Outcomes

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

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

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

3) Methodology:

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

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

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

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

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

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

- c) Data Analysis Strategy:

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

4) Baseline Data:

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

5) Comparison Group:

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

6) Changes in Federal Law

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

7) Request for Waiver Extension

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

ATTACHMENT QQ Former Foster Youth in California 2017 Enrollment, Utilization, and Health Outcomes						
	Medi-Cal 18 to 25 years old		Former Foster Youth		Former Foster Youth Out of State	
	n=	%	n=	%	n=	%
ENROLLMENT ¹						
Any Enrolled in 2017	1,918,483	100%	25,795	100%	279	100%
12 Months Enrolled	1,285,367	67%	14,442	56%	111	40%
UTILIZATION ²						
11 Months Enrolled	1,357,044	100%	15,177	100%	123	100%
Ambulatory Care Visit	732,858	54%	6,719	44%	56	46%
Behavioral Health Visit	106,149	8%	2,077	14%	17	14%
ED Visit	388,540	29%	6,221	41%	44	36%
Inpatient Stay	21,276	2%	517	3%	NR ⁴	NR ⁴
QUALITY MEASURES ³						
CHL	191,936	62%	2,271	68%	19	59%
IET initiation ⁵	8,950	28%	283	27%	NR ⁴	NR ⁴
CCS ⁶	68,608	40%	960	43%	NR ⁴	NR ⁴
AMM continuous	2,671	18%	33	10%	NR ⁴	NR ⁴
FUH 30 day	5,088	71%	108	64%	NR ⁴	NR ⁴
OHD	15	0.39%	NR ⁴	NR ⁴	NR ⁴	NR ⁴
MPM (ACE/ARB)	2,381	77%	19	73%	NR ⁴	NR ⁴
AMR ⁷	5,387	54%	44	42%	NR ⁴	NR ⁴

¹ Continuously enrolled (12 months), full scope with no share of cost; age 18-25 as of 31Dec2017; FFY defined using aid codes; FFY Out-of-State from self-attestation; data source: MIS/DSS on 27DEC2018; Information Management Division

² If enrolled 11/12 months, Ambulatory Care as defined in 2018 HEDIS value set 'Ambulatory Visits'; Behavioral Health Visit if outpatient CA Specialty Mental Health (src_cd 21 or 37) or encounter with CPT code in 907xx or 908xx; ED visit as defined in 2018 HEDIS value set 'ED'; ; Inpatient Stay as defined in 2018 HEDIS value set 'Inpatient Stay'; data source: MIS/DSS 27DEC2018; Information Management Division

³ Core Set Quality Measures reported to CMS Jan 2019 by Information Management Division.

Numerators and scores are given for:

Chlamydia Screening in Women (CHL), Initiation and
Engagement of Alcohol and Other Drug Treatment (IET) - Initiation Phase, Cervical Cancer
Screening (CCS), Antidepressant Medication
Management (AMM) - Continuous Phase, Follow-Up After Hospitalization for
Mental Illness (FUH) - 30 day, Use of Opioids at High Dosage (OHD), and
Annual Monitoring for Patients on Persistent Medication (MPM) - ACE or ARB, Asthma
Medication Ratio (AMR).

⁴ Not Reportable (NR): Data is suppressed in accordance with CA DHCS De-identification Guidelines at <https://www.dhcs.ca.gov/dataandstats/Documents/DHCS-DDG-V2.0-120116.pdf>

⁵ IET specifications are new this year; scores cannot be compared to previous years. ⁶CCS numerator captures 24 and 25 year olds with a three year look back. Many young adults in the denominator have not been in Medi-Cal for three years, thus reducing these scores compared to the overall Medi-Cal population.

⁷ AMR (Asthma Medication Ratio) is new this year in the CMS Core Sets; MMA is no longer reported.

ATTACHMENT QQ Former Foster Youth in California 2018 Enrollment, Utilization, and Health Outcomes						
	Medi-Cal 18 to 25 years old		Former Foster Youth		Former Foster Youth Out of State	
	n=	%	n=	%	n=	%
ENROLLMENT ¹						
Any Enrolled in 2018	1,848,665	100%	28,186	100%	196	100%
12 Months Enrolled	1,253,658	68%	16,590	59%	45	23%
UTILIZATION ²						
11 Months Enrolled	1,323,020	100%	17,387	100%	66	100%
Ambulatory Care Visit	735,704	56%	7,722	44%	34	52%
Behavioral Health Visit	113,675	9%	2,342	13%	NR ⁴	NR ⁴
ED Visit	377,250	29%	6,948	40%	29	44%
Inpatient Stay	23,208	2%	640	4%	NR ⁴	NR ⁴
QUALITY MEASURES ³						
CHL	196,665	63%	2,646	69%	11	73%
IET initiation ⁵	9,974	32%	405	31%	NR ⁴	NR ⁴
CCS ⁶	69,712	42%	1,208	43%	NR ⁴	NR ⁴
AMM continuous	3,562	22%	46	13%	NR ⁴	NR ⁴
FUH 30 day	5,090	72%	156	63%	NR ⁴	NR ⁴
OHD	31	1.33%	NR ⁴	NR ⁴	NR ⁴	NR ⁴
MPM (ACE/ARB)	2,515	77%	19	73%	NR ⁴	NR ⁴
AMR ⁷	5,604	55%	41	36%	NR ⁴	NR ⁴

¹ Continuously enrolled (12 months), full scope with no share of cost; age 18-25 as of 23JAN2020; FFY defined using aid codes; FFY Out-of-State from self-attestation; data source: MIS/DSS on 23JAN2020; Information Management Division

² If enrolled 11/12 months, Ambulatory Care as defined in 2019 HEDIS value set 'Ambulatory Visits'; Behavioral Health Visit if outpatient CA Specialty Mental Health (src_cd 21 or 37) or encounter with CPT code in 907xx or 908xx; ED visit as defined in 2019 HEDIS value set 'ED'; ; Inpatient Stay as defined in 2019 HEDIS value set 'Inpatient Stay'; data source: MIS/DSS DEC2019; Information Management Division

³ Core Set Quality Measures reported to CMS Dec 2019 by Information Management Division.

Numerators and scores are given for:

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Engagement of Alcohol and Other Drug Treatment (IET) - Initiation Phase, Cervical Cancer
Screening (CCS), Antidepressant Medication
Management (AMM) - Continuous Phase, Follow-Up After Hospitalization for
Mental Illness (FUH) - 30 day, Use of Opioids at High Dosage (OHD), and
Annual Monitoring for Patients on Persistent Medication (MPM) - ACE or ARB, Asthma
Medication Ratio (AMR).

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