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Commonwealth of Virginia
Department of Medical Assistance Services

2023–24 Child Welfare Focus Study Report

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1. Executive Summary

The Commonwealth of Virginia Department of Medical Assistance Services (DMAS) contracted with Health Services Advisory Group, Inc. (HSAG) to conduct the Child Welfare Focus Study in state fiscal year (SFY) 2023–24 (Contract Year 3). Children in foster care, children receiving adoption assistance, and former foster care members face many barriers to adequate healthcare, and DMAS is committed to improving the quality of, access to, and timeliness of care for these members.

The 2023–24 Child Welfare Focus Study assesses healthcare utilization during measurement year (MY) 2023 (i.e., January 1–December 31, 2023) among children in foster care, children receiving adoption assistance, and former foster care members compared to utilization among similar members not in these programs (henceforth referred to as "controls") who were also enrolled with Medicaid managed care organizations (MCOs). Additionally, this study assesses timely access to care for members who transitioned into or out of the foster care program and identifies disparities in healthcare utilization and timely access to care based on demographic factors.

Methodology and Study Indicators

For the Child Welfare Focus Study, HSAG identified the eligible populations for each child welfare program using the specific program's aid category to determine member enrollment at any point during the measurement period:

- Children in Foster Care—All children enrolled in Medicaid under 18 years of age as of January 1, 2023, and identified by DMAS as enrolled in Medicaid under the aid category "076" for children in foster care.
- Children Receiving Adoption Assistance—All children enrolled in Medicaid under 18 years of age as of January 1, 2023, and identified by DMAS as enrolled in Medicaid under the aid category "072" for children receiving adoption assistance.
- Former Foster Care Members—All members enrolled in Medicaid 19 to 26 years of age as of January 1, 2023, and identified by DMAS as enrolled in Medicaid under the aid category "070" for former foster care members.

For the healthcare utilization analysis, the eligible populations were limited to members enrolled in Medicaid managed care with any MCO or a combination of MCOs during the measurement year, with enrollment gaps totaling no more than 45 days.[1] Additionally, HSAG matched this group of continuously enrolled members to controls meeting the same age and enrollment criteria and sharing similar demographic and health characteristics to determine the final study populations and controls. HSAG assessed performance on select Centers for Medicare & Medicaid Services' (CMS') Core Set of Adult Health Care Quality Measures for Medicaid and Core Set of Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program (Adult and Child Core Set) and state custom utilization measures by comparing the rates for the study populations to the rates for controls.

[1] HSAG considered Medallion 4.0 (Acute) and Coordinated Care Plus (CCC Plus) (Managed Long-Term Services and Supports [MLTSS]) enrollment prior to October 1, 2023, and Cardinal Care Managed Care enrollment on or after October 1, 2023, as Medicaid managed care enrollment.

For the timely access to care analysis, HSAG worked with DMAS to develop custom measure specifications to assess timely access to primary and dental care for members who were newly enrolled in the foster care program; timely access to primary and dental care for members who aged out of the foster care program; and timely access to behavioral healthcare for members who were newly enrolled in foster care, members who were newly enrolled in adoption assistance, and members who aged out of the foster care program. These members were continuously enrolled in Medicaid managed care with any MCO or a combination of MCOs during the follow-up period for assessing timely care. These populations were not matched to controls.

Study data included administrative claims and encounters, as well as demographic, eligibility, and enrollment data to examine services received by members for MY 2023.

Healthcare Utilization Analysis

To determine the extent to which children in foster care, children receiving adoption assistance, and former foster care members who were continuously enrolled with one or more MCOs throughout the study period utilized healthcare services, HSAG assessed 22 measures, representing 34 study indicators, across six domains, as displayed in Table 1-1.

Table 1-1—Healthcare Utilization Measure Indicators

Measure and Indicators
Primary Care
Child and Adolescent Well-Care Visits (WCV)
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6+) and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2+)^
Oral Health
Annual Dental Visit (ADV)
Preventive Dental Services (PDENT-CH)
Oral Evaluation, Dental Services (OEV-CH)
Topical Fluoride for Children—Dental or Oral Health Services (TFL-CH)
Behavioral Health
Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–A) and Effective Continuation Phase Treatment (AMM–C)*
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (FUH)
Follow-Up After Emergency Department (ED) Visit for Mental Illness—30-Day Follow-Up (FUM)
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing (APM)^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)^

Measure and Indicators
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication—One-Month Follow-Up, Two-Month Follow-Up, Three-Month Follow-Up, Six-Month Follow-Up, and Nine-Month Follow-Up (ADD)^
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)*
Substance Use
Follow-Up After ED Visit for Substance Use—30-Day Follow-Up (FUA)†
Initiation and Engagement of Substance Use Disorder (SUD) Treatment—Initiation of SUD Treatment (IET–I) and Engagement of SUD Treatment (IET–E)
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)*
Respiratory Health
Asthma Medication Ratio (AMR)
Service Utilization
Ambulatory Care Visits
ED Visits
Inpatient Visits
Behavioral Health Encounters—Total, Addiction and Recovery Treatment Services (ARTS), Community Mental Health (CMH) Services, Residential Treatment Center (RTC) Services, Therapeutic Services, and Traditional Services
Overall Service Utilization

^ Indicates these study indicators were not calculated for the former foster care members as the measure indicators are not applicable to members 19 to 26 years of age.
** Indicates these study indicators were only calculated for the former foster care members as the measure indicates are only applicable to members 18 years of age and older.*
† Indicates these study indicators were only calculated for the former foster care members, as the denominators for the children in foster care and the children receiving adoption assistance members are historically very small.

Timely Access to Care Analysis

To determine the extent to which children newly enrolled in foster care, members receiving adoption assistance, and members who aged out of the foster care program who were continuously enrolled with one or more MCOs throughout the measurement period utilized healthcare services in a timely manner, HSAG assessed five measures, representing 16 study indicators, as displayed in Table 1-2.

Table 1-2—Timely Access to Care Measure Indicators

Measure and Indicators
Timely Access to Care for New Foster Care Members—Timely Access to Primary Care for New Foster Care Members, Timely Access to Dental Care for New Foster Care Members, Timely Access to Primary Care or

Measure and Indicators
Dental Care for New Foster Care Members, and Timely Access to Primary Care and Dental Care for New Foster Care Members
Timely Access to Behavioral Health Care for New Foster Care Members—Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members, Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members with a Behavioral Health Diagnosis, Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members, and Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis
Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members—Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members and Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis
Timely Access to Care for Members Who Aged Out of Foster Care—Timely Access to Primary Care for Members Who Aged Out of Foster Care, Timely Access to Dental Care for Members Who Aged Out of Foster Care, Timely Access to Primary Care or Dental Care for Members Who Aged Out of Foster Care, and Timely Access to Primary Care and Dental Care for Members Who Aged Out of Foster Care
Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care—Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care and Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care With a Behavioral Health Diagnosis

Appendix A: Study Indicators presents detailed descriptions of each study indicator, including references to the CMS Adult and Child Core Set Technical Specifications and Resource Manual for Federal Fiscal Year (FFY) 2024 Reporting and the custom measure specifications for the service utilization and timely access to care measures.

Health Disparities Analysis

HSAG assessed health disparities among members in child welfare programs based on key demographic factors (i.e., race, age, gender, MCO, and region) for both the healthcare utilization measures and the timely access to care measures. For the healthcare utilization measures, HSAG also assessed health disparities among each group of controls and compared results to the study populations. HSAG identified health disparities using logistic regression models that predict numerator compliance and compare the results of each demographic stratification to a reference group. HSAG excluded comparisons for which disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model). The reference groups consisted of members in any other stratification (e.g., the reference group for members in Tidewater was all other members not in the Tidewater region). A health disparity was defined as a demographic stratification whose rate was significantly higher or lower than the reference group rate. Significant rate differences were defined by a *p*-value of less than 0.05.

Findings

Healthcare Utilization Findings

Table 1-3 contains the healthcare utilization study indicator results for the children in foster care study population and the matched controls with *p*-values indicating whether the rate differences between children in foster care and controls were statistically significant.

Table 1-3—Healthcare Utilization Study Indicator Results for Children in Foster Care and Controls

Measure	Children in Foster Care Rate	Controls Rate	*p*
Primary Care			
Child and Adolescent Well-Care Visits	62.7%	55.2%	<0.001*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	65.6%	52.5%	0.02*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	83.5%	79.2%	0.28
Oral Health			
Annual Dental Visit	72.1%	56.6%	<0.001*
Preventive Dental Services	67.1%	50.8%	<0.001*
Oral Evaluation, Dental Services	66.3%	49.5%	<0.001*
Topical Fluoride for Children—Dental or Oral Health Services	33.4%	21.5%	<0.001*
Behavioral Health			
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	57.7%	58.9%	0.86
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up	76.7%	66.7%	0.33
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing	36.4%	38.5%	0.69
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	86.3%	72.5%	0.07
Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up	76.1%	66.0%	0.06
Follow-Up Care for Children Prescribed ADHD Medication—Two-Month Follow-Up	88.8%	81.3%	0.08
Follow-Up Care for Children Prescribed ADHD Medication—Three-Month Follow-Up	91.8%	88.2%	0.32
Follow-Up Care for Children Prescribed ADHD Medication—Six-Month Follow-Up	94.0%	95.8%	0.49
Follow-Up Care for Children Prescribed ADHD Medication—Nine-Month Follow-Up	95.5%	99.3%	0.06

Measure	Children in Foster Care Rate	Controls Rate	*p*
Substance Use			
Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment	33.9%	28.1%	0.57
Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment	19.6%	3.1%	0.05*
Respiratory Health			
Asthma Medication Ratio	77.1%	77.8%	0.93
Service Utilization			
Ambulatory Care Visits	86.8%	88.0%	0.16
Emergency Department Visits	26.7%	36.7%	<0.001*
Inpatient Visits	6.0%	4.8%	0.03*
Behavioral Health Encounters—Total	68.5%	56.1%	<0.001*
Behavioral Health Encounters—ARTS	3.9%	1.8%	<0.001*
Behavioral Health Encounters—CMH Services	33.1%	19.3%	<0.001*
Behavioral Health Encounters—RTC Services	9.2%	4.6%	<0.001*
Behavioral Health Encounters—Therapeutic Services	2.2%	1.5%	0.06
Behavioral Health Encounters—Traditional Services	65.8%	53.8%	<0.001*
Overall Service Utilization	89.7%	91.8%	0.004*

** Indicates that the rates were statistically different between the children in foster care and controls.*
P-values were calculated using Chi-square tests and Fisher's exact tests to quantify the relationship between foster care status and numerator compliance. Measure rates and p-values presented in this table are not adjusted for demographic and health characteristics.
Denominators vary by study indicator; please refer to Appendix A: Study Indicators for indicator-specific technical specifications.

Among the 29 study indicators, children in foster care had rates of healthcare utilization higher than or equal to controls for 21 study indicators, 13 of which were statistically significant. Of note, the rates for children in foster care were significantly lower than the rates for controls for two study indicators. The children in foster care eligible population included 7,401 children enrolled in Medicaid during MY 2023. Among the eligible population, 3,543 children (47.9 percent) were continuously enrolled with any MCO or combination of MCOs during the measurement year. Finally, 3,421 of the continuously enrolled children in foster care (96.6 percent) were matched to a control member and included in the final study population for comparison to controls. Demographic characteristics of the study population did not differ substantially from the eligible population, except that there were 2.5 percentage points fewer children 2 years of age or younger, 2.7 percentage points more children 6 to 10 years of age, and 2.8 percentage points more members in the MLTSS population.

Table 1-4 contains the healthcare utilization study indicator results for the children receiving adoption assistance study population and the matched controls with *p*-values indicating whether the rate differences between children receiving adoption assistance and controls were statistically significant.

Table 1-4—Healthcare Utilization Study Indicator Results for Children Receiving Adoption Assistance and Controls

Measure	Children Receiving Adoption Assistance Rate	Controls Rate	*p*
Primary Care			
Child and Adolescent Well-Care Visits	48.3%	50.4%	0.01*
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	0.0%	47.6%	1.00
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	78.6%	60.0%	0.08
Oral Health			
Annual Dental Visit	59.7%	57.9%	0.03*
Preventive Dental Services	55.3%	53.2%	0.01*
Oral Evaluation, Dental Services	54.1%	51.9%	0.01*
Topical Fluoride for Children—Dental or Oral Health Services	25.6%	22.7%	<0.001*
Behavioral Health			
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	60.7%	50.9%	0.11
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up	71.2%	77.8%	0.38
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing	34.9%	31.9%	0.45
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	54.2%	61.7%	0.33
Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up	51.7%	58.9%	0.07
Follow-Up Care for Children Prescribed ADHD Medication—Two-Month Follow-Up	69.3%	77.2%	0.03*
Follow-Up Care for Children Prescribed ADHD Medication—Three-Month Follow-Up	78.3%	83.9%	0.08
Follow-Up Care for Children Prescribed ADHD Medication—Six-Month Follow-Up	84.7%	92.4%	0.002*
Follow-Up Care for Children Prescribed ADHD Medication—Nine-Month Follow-Up	91.3%	95.6%	0.03*
Substance Use			
Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment	45.1%	33.8%	0.20
Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment	9.8%	6.8%	0.54
Respiratory Health			
Asthma Medication Ratio	82.4%	75.5%	0.19
Service Utilization			
Ambulatory Care Visits	83.0%	84.2%	0.05

Measure	Children Receiving Adoption Assistance Rate	Controls Rate	*p*
Emergency Department Visits	18.5%	30.7%	<0.001*
Inpatient Visits	3.1%	2.8%	0.28
Behavioral Health Encounters—Total	54.7%	47.5%	<0.001*
Behavioral Health Encounters—ARTS	1.6%	1.4%	0.45
Behavioral Health Encounters—CMH Services	14.0%	14.0%	0.96
Behavioral Health Encounters—RTC Services	4.6%	3.1%	<0.001*
Behavioral Health Encounters—Therapeutic Services	1.1%	1.5%	0.05*
Behavioral Health Encounters—Traditional Services	53.8%	45.8%	<0.001*
Overall Service Utilization	85.7%	87.9%	<0.001*

** Indicates that the rates were statistically different between the children receiving adoption assistance and controls.*
P-values were calculated using Chi-square tests and Fisher's exact tests to quantify the relationship between adoption assistance status and numerator compliance. Measure rates and p-values presented in this table are not adjusted for demographic and health characteristics.
Denominators vary by study indicator; please refer to Appendix A: Study Indicators for indicator-specific technical specifications.

Among the 29 study indicators, children receiving adoption assistance had rates of healthcare utilization higher than or equal to controls for 16 study indicators, seven of which were statistically significant. Of note, the rates for children receiving adoption assistance were significantly lower than the rates for the controls for seven indicators. The children receiving adoption assistance eligible population included 8,738 children enrolled in Medicaid during MY 2023. Among the eligible population, 7,134 children (81.6 percent) were continuously enrolled with any MCO or combination of MCOs during the measurement year. Finally, 7,100 of the continuously enrolled children receiving adoption assistance (99.5 percent) were matched to a control member and included in the final study population for comparison to controls. Demographic characteristics of the study population did not differ substantially from the eligible population, except that there were 1.9 percentage points fewer children 2 years of age and younger.

Table 1-5 contains the healthcare utilization study indicator results for the former foster care members study population and the matched controls with *p*-values indicating whether the rate differences between former foster care members and controls were statistically significant.

Table 1-5—Healthcare Utilization Study Indicator Results for Former Foster Care Members and Controls

Measure	Former Foster Care Members Rate	Controls Rate	*p*
Primary Care			
Child and Adolescent Well-Care Visits	21.1%	20.1%	0.74
Oral Health			
Annual Dental Visit	44.1%	26.6%	0.001*
Preventive Dental Services	37.2%	21.5%	0.002*

Measure	Former Foster Care Members Rate	Controls Rate	*p*
Oral Evaluation, Dental Services	39.7%	21.0%	<0.001*
Topical Fluoride for Children—Dental or Oral Health Services	8.5%	5.7%	0.32
Behavioral Health			
Antidepressant Medication Management—Effective Acute Phase Treatment	35.3%	37.8%	0.74
Antidepressant Medication Management—Effective Continuation Phase Treatment	15.3%	24.4%	0.14
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	25.8%	18.8%	0.44
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up	48.6%	58.8%	0.49
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	66.7%	58.9%	0.37
Substance Use			
Follow-Up After ED Visit for Substance Use—30-Day Follow-Up	20.0%	32.0%	0.33
Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment	51.4%	51.9%	0.94
Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment	15.0%	15.4%	0.94
Use of Pharmacotherapy for Opioid Use Disorder	65.2%	71.4%	0.44
Respiratory Health			
Asthma Medication Ratio	100.0%	57.9%	0.06
Service Utilization			
Ambulatory Care Visits	57.0%	62.6%	0.001*
Emergency Department Visits	43.0%	37.7%	0.002*
Inpatient Visits	8.2%	9.3%	0.24
Behavioral Health Encounters—Total	36.1%	31.0%	0.002*
Behavioral Health Encounters—ARTS	9.1%	7.9%	0.21
Behavioral Health Encounters—CMH Services	8.7%	5.5%	<0.001*
Behavioral Health Encounters—RTC Services	4.4%	2.8%	0.01*
Behavioral Health Encounters—Therapeutic Services	2.0%	0.8%	0.004*
Behavioral Health Encounters—Traditional Services	34.8%	30.2%	0.005*
Overall Service Utilization	69.8%	71.2%	0.38

** Indicates that the rates were statistically different between the former foster care members and controls.*
P-values were calculated using Chi-square tests and Fisher's exact tests to quantify the relationship between former foster care status and numerator compliance. Measure rates and p-values presented in this table are not adjusted for demographic and health characteristics.
Denominators vary by study indicator; please refer to Appendix A: Study Indicators for indicator-specific technical specifications.

Among the 25 study indicators, former foster care members had higher rates of healthcare utilization than controls for 15 study indicators, nine of which were significantly significant. Of note, the former foster care rate was significantly lower than the rate for controls for one study indicator. The former foster care members eligible population included 2,309 members enrolled in Medicaid during MY 2023.

Among the eligible population, 1,645 members (71.2 percent) were continuously enrolled with any MCO or combination of MCOs during the measurement year. Finally, 1,641 of the continuously enrolled former foster care members (99.8 percent) were matched to a control member and included in the final study population for comparison to controls. Demographic characteristics of the study population did not differ substantially from the eligible population, except for that there were more members 23 to 26 years of age (by 2.6 percentage points) and more male members (by 3.2 percentage points).

Timely Access to Care Findings

Table 1-6 contains the timely access to care study indicator results for children newly enrolled in foster care, children newly enrolled in adoption assistance, and members who aged out of foster care.

Table 1-6—Timely Access to Care Study Indicator Results

Measure	Denominator	Numerator	Rate
Timely Access to Care for New Foster Care Members—Timely Access to Primary Care for New Foster Care Members	1,822	1,562	85.7%
Timely Access to Care for New Foster Care Members—Timely Access to Dental Care for New Foster Care Members	1,822	878	48.2%
Timely Access to Care for New Foster Care Members—Timely Access to Primary Care or Dental Care for New Foster Care Members	1,822	1,640	90.0%
Timely Access to Care for New Foster Care Members—Timely Access to Primary Care and Dental Care for New Foster Care Members	1,822	800	43.9%
Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members—Timely Access to Behavioral Health Care for New Foster Members	1,596	787	49.3%
Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members—Timely Access to Behavioral Health Care for New Foster Members with a Behavioral Health Diagnosis	638	507	79.5%
Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members—Timely Access to Behavioral Health Care for New Foster Members	1,450	1,060	73.1%
Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members—Timely Access to Behavioral Health Care for New Foster Members with a Behavioral Health Diagnosis	572	528	92.3%
Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members—Timely Access to Behavioral Health Care for New Adoption Assistance Members	777	360	46.3%
Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members—Timely Access to Behavioral Health Care for New Adoption Assistance Members with a Behavioral Health Diagnosis	321	224	69.8%
Timely Access to Care for Members Who Aged Out of Foster Care—Timely Access to Primary Care for Members Who Aged Out of Foster Care	92	68	73.9%
Timely Access to Care for Members Who Aged Out of Foster Care—Timely Access to Dental Care for Members Who Aged Out of Foster Care	92	36	39.1%

Measure	Denominator	Numerator	Rate
Timely Access to Care for Members Who Aged Out of Foster Care—Timely Access to Primary Care or Dental Care for Members Who Aged Out of Foster Care	92	73	79.3%
Timely Access to Care for Members Who Aged Out of Foster Care—Timely Access to Primary Care and Dental Care for Members Who Aged Out of Foster Care	92	31	33.7%
Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care—Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care	92	41	44.6%
Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care—Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care with a Behavioral Health Diagnosis	73	40	54.8%

Please refer to Appendix A: Study Indicators for indicator-specific technical specifications.

The majority of children newly enrolled in foster care and members who aged out of foster care had a timely visit with a primary care provider (PCP) (85.7 percent and 73.9 percent, respectively), while the majority of these members did not have a timely visit with a dental provider (48.2 percent and 39.1 percent, respectively). Most members who had a dental provider visit also had a PCP visit. Among members newly enrolled in foster care, members newly enrolled in adoption assistance, and members who aged out of foster care, members with a behavioral health diagnosis were more likely to have a visit with a mental health provider (MHP) within one year of enrollment compared to members without a behavioral health diagnosis (by 19.2 percentage points, 23.5 percentage points, and 10.2 percentage points, respectively). Among those with a behavioral health diagnosis, 92.3 percent of new foster care members and 69.8 percent of new adoption assistance members had an MHP visit within one year of enrollment. Furthermore, 79.5 percent of children newly enrolled in foster care had an MHP visit within 60 days of enrollment. However, only 54.8 percent of members who aged out of foster care had an MHP visit within the measurement year.

Health Disparities Findings

Table 1-7 contains the count and percentage of study indicators for which a health disparity was identified by member characteristic (e.g., age category) for each analysis. A health disparity was defined as a member characteristic whose rate was significantly higher or lower than the reference group rate. This summary table does not include study indicator results for controls for the healthcare utilization analysis; however, these results are discussed in sections 3, 4, and 5.

Table 1-7—Count and Percentage of Study Indicators With a Health Disparity

Disparity Type and Analysis	Count of Study Indicators	Percent of Study Indicators
Age Category		
Healthcare Utilization: Children in Foster Care	16	69.6%
Healthcare Utilization: Children Receiving Adoption Assistance	15	62.5%
Healthcare Utilization: Former Foster Care Members	5	20.0%
Timely Access to Care	8	80.0%

Disparity Type and Analysis	Count of Study Indicators	Percent of Study Indicators
Sex		
Healthcare Utilization: Children in Foster Care	5	20.8%
Healthcare Utilization: Children Receiving Adoption Assistance	5	20.0%
Healthcare Utilization: Former Foster Care Members	8	34.8%
Timely Access to Care	2	12.5%
Race		
Healthcare Utilization: Children in Foster Care	3	12.5%
Healthcare Utilization: Children Receiving Adoption Assistance	10	40.0%
Healthcare Utilization: Former Foster Care Members	12	50.0%
Timely Access to Care	6	37.5%
Region		
Healthcare Utilization: Children in Foster Care	16	66.7%
Healthcare Utilization: Children Receiving Adoption Assistance	15	62.5%
Healthcare Utilization: Former Foster Care Members	14	58.3%
Timely Access to Care	11	68.8%
MCO		
Healthcare Utilization: Children in Foster Care	14	58.3%
Healthcare Utilization: Children Receiving Adoption Assistance	14	56.0%
Healthcare Utilization: Former Foster Care Members	11	45.8%
Timely Access to Care	10	62.5%

For the healthcare utilization study indicators, the health disparities analysis identified few disparities by race for children in foster care and by sex for all study populations; however, 50.0 percent of indicators for former foster care members had an identified disparity based on race. There were consistent trends among these disparities for the former foster care members (e.g., for disparities by sex, female members were more likely to use certain services like annual dental visits and ED visits). There were more health disparities identified by region and MCO; however, findings varied across study indicators. Additionally, for children in foster care and children receiving adoption assistance, a majority of study indicators had disparities based on age category. For example, older children were less likely to have a well-care visit. However, some of these disparities may also reflect the relevance of certain services to specific age categories (e.g., older children are more likely to be diagnosed with a behavioral health condition and therefore more likely to use behavioral health services). For the timely access to care analysis, a majority of study indicators had disparities based on age, region, and MCO.

Study Limitations

Study findings and conclusions may be affected by limitations related to the study design and source data. As such, caveats include, but are not limited to, the following:

- Study indicator rates must be interpreted with caution given the denominator limitations. The covariate balance between the denominator-limited study populations and the denominator-limited control groups may be disrupted when one member in a matched pair qualifies for a study indicator denominator and the other member does not. The smaller the denominators, the greater the risk of imbalance between the study populations and their control groups. Covariate balance between the stratification-limited study populations and the stratification-limited control groups may be similarly disrupted when only one member in a matched pair qualifies for a stratification that was matched by propensity score. However, for the SFY 2023–24 study, all characteristics for which rates were stratified were exact-matched except for member sex, and HSAG found that most covariates were balanced within the overall male and female groups.
- Study indicator results and the accuracy of demographic characteristics (e.g., region, MCO) may be influenced by the accuracy and timeliness of the administrative claims and encounter data used for calculations and must be interpreted within the broader context of the population. Many study indicators are also based on CMS Core Set technical specifications, which may not comprehensively mirror the complete range of clinical practices recommended by AAP for members in the study population (e.g., an enhanced periodicity schedule customized to align with the needs of children in foster care). Furthermore, selected study indicators were originally developed by CMS to assess access to care or the degree to which care adhered to clinical guidelines, rather than to assess the frequency of service utilization. Findings should be interpreted with respect to the intent of the CMS Core Set technical specifications.
- The administrative claims and encounter data do not include denied pharmacy encounters. Therefore, study indicators for which the specifications include denied claims may underestimate pharmaceutical events (e.g., identification of members on antipsychotics for the denominator of the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* indicator). However, this limitation applies to all reported measurement years and populations, so trending and comparisons between populations are not affected.
- The study populations and control groups were limited by several factors, including continuous enrollment and having a comparable match; therefore, study findings are not generalizable to other children in foster care, children receiving adoption assistance, or former foster care members; to other members not in these programs; or to other CMS Core Set measure calculations. However, despite the limitations of the denominators, study indicator results are generalizable to the full study populations and control groups.
- MY 2021, MY 2022, and MY 2023 findings may be impacted by the COVID-19 public health emergency (PHE), which expired on May 11, 2023.[2] Therefore, HSAG recommends exercising caution when interpreting these findings, where applicable.
- Each reporting year, the code sets used in the measures specifications to identify services are updated to reflect codes that were billable during the measurement year. Therefore, some rate differences between measurement years may be attributable to changes in code sets and billing practices rather than changes in utilization.

[2] U.S. Department of Health and Human Services. Covid-19 Public Health Emergency. Available at: https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html. Accessed on October 16, 2024.

Conclusions and Recommendations

The 2023–24 Child Welfare Focus Study highlights identified priorities for the Virginia Medicaid program related to improving and monitoring healthcare utilization and timely access to care for members in child welfare programs and identifying health disparities. DMAS continues to work with HSAG and the MCOs to address areas of opportunity to provide high quality care to Virginians. This section includes the conclusions from this year's study, recommendations for DMAS' consideration, and DMAS' follow-up on prior year focus study recommendations. As context for the conclusions and recommendations, DMAS has implemented policy changes and supported initiatives during the study period to improve utilization of and timely access to care among members in child welfare programs, including the following:

Safe and Sound Task Force

Under the leadership of Virginia's Governor, the Safe and Sound Task Force continued through SFY 2023–24. The objective of the task force is to work collaboratively across state and local agencies serving youth in foster care to address the barriers related to safe and appropriate placements. Through this work, the Task Force has identified that access to appropriate and timely medical and behavioral health services is a priority for ensuring safe and appropriate placements for these children.

The core priorities identified by the Task Force include addressing gaps in children's community-based behavioral health services and increasing access to evidence-based services, as well as improving residential treatment services for children. The Task Force will continue under the current administration to focus on increasing the provision of services to children, families, and those in the community who provide for their well-being. Representatives from DMAS' Health Care Services and Behavioral Health divisions will continue to participate in the Core Team of the Task Force to work toward the goal of improving medical and behavioral health care services as well as timely access to and utilization of services for child welfare members. DMAS utilizes conclusions and recommendations from the Child Welfare Focus Study to inform our participation and input in the work of the Task Force.

Right Help Right Now

The Governor's Right Help Right Now plan aims to achieve the goal that all Virginians will, 1) be able to access behavioral health care when they need it; 2) have prevention and management services personalized to their needs, particularly for children, youth, and families; 3) know who to call, who will help, and where to go when in crisis; and 4) have paths to reentry and stabilization when transitioning from a crisis. DMAS is an integral partner and stakeholder within this plan.

In support of the Governor's Right Help Right Now Behavioral Health Transformation Plan, DMAS in collaboration with other state agencies and stakeholders has been working on initiatives to begin redesigning Medicaid legacy community mental health rehabilitative services (CMHRS) for youth. The new 2024-2026 biennium budget provides DMAS with the authority to replace our CMHRS services and case management services. Additionally, a new bill (Senate Bill 403) adds two new professions and scopes of practice for Behavioral Health Technicians and Behavioral Health Technician Assistants. This new scope of practice (to be developed by the Department of Health Professions) will be integrated into the newly designed Medicaid behavioral health services.

DMAS' goal, in partnership with this plan, is to increase efficacy, access, and utilization of effective and appropriate behavioral health services for Medicaid members in Virginia. Considering the importance of behavioral health services to the child welfare member population, including identified disparities and areas of improvement in this year's Child Welfare Focus Study related to behavioral health services, DMAS will continue to work collaboratively with its partners to move Right Help Right Now forward.

Cardinal Care Managed Care Transition

As part of the 2021 Appropriations Act, DMAS was directed to merge our two managed care programs, Medallion 4.0 and CCC Plus. DMAS' strategy to achieve these legislative directives was implemented in phases, including the initial phase to rebrand as Cardinal Care in January 2023. DMAS received federal approval from CMS to consolidate the Medallion 4.0 and CCC Plus programs under Cardinal Care Managed Care effective October 1, 2023. Cardinal Care Managed Care provides a strong foundation for priority initiatives, including Right Help Right Now and the ongoing managed care procurement.

One change to the contract impacting the Child Welfare Focus Study member population is the enhanced Model of Care requirements for the health plans. The new Cardinal Care Managed Care contract requires health plans to implement an enhanced model of care to determine intensity and frequency of care management for members based on their needs. Youth in foster care, adoption assistance, and transitioning out of foster care have been included in high-priority populations. These members are assigned to high-intensity care management for the first three months following enrollment into Medicaid or entry into the child welfare system. Children aging out of foster care are also assigned to high-intensity case management for three months prior to when they age out, and three months after aging out. Outside of these mandatory high-intensity periods, children in foster care, children receiving adoption assistance, or former foster care members will remain a "priority population," thereby receiving low, moderate, or high intensity care management at the MCO's discretion.

It is anticipated that the improvements made in the transition to the current Cardinal Care Managed Care contract, and specifically the new requirements related to the Child Welfare Focus Study populations, will lead to an improvement in overall utilization, timeliness of healthcare, and health disparities among these members.

Managed Care Procurement and Foster Care Specialty Plan RFP

A request for proposal (RFP) to re-procure the Cardinal Care Managed Care contracts was released by DMAS in August 2023 and notice of award was posted December 30, 2024. As part of the re-procurement, Virginia awarded statewide managed care contracts to five (5) health plans. Additionally, Virginia selected one health plan to administer a Foster Care Specialty Plan (FCSP) to meet the unique needs of the State's children and youth currently and formerly involved in the child welfare system. As the single statewide managed care organization and entity accountable for the provision of health care services to children and youth currently and formerly involved in the foster care system, the FCSP will be able to improve the level of coordination between the local Departments of Social Services (LDSS), providers, and other stakeholders involved in serving the Plan's members. The FCSP will be a single point of accountability for the state, will mitigate access and continuity of care issues, and with a flexible model to address the unique needs of members and initiatives of Virginia.

DMAS anticipates the development and implementation of the FCSP will address many of the challenges faced by the child welfare member populations in receiving seamless, integrated, and coordinated health care.

Partnership for Petersburg (P4P)

On August 26, 2022, Governor Glenn Youngkin announced the Partnership for Petersburg initiative, which includes six focus areas: Prepare Petersburg Students for Life, Improve Access to Health Care, Keep Our Community Safe, Keep Petersburg Moving, Foster Business & Economic Growth, and Build Relationships with Community and Faith Leaders. The Commonwealth of Virginia and community partners, including DMAS, have continued to work together on this initiative to improve the health of Petersburg residents by expanding access to screenings, promoting awareness of primary care and prenatal care, and addressing health disparities by connecting Petersburg residents with medical and social services.

DMAS' Input on Prior Focus Study Recommendations

Focus Study Measures and Analyses

The 2022-23 Child Welfare Focus Study continued to monitor healthcare utilization among children in foster care. For the third year, children receiving adoption assistance and former foster care members were also included as child welfare populations in this study. SFY 2022–23 was the second year analyzing measures related to health disparities and timely access to care for children in foster care, children receiving adoption assistance, and former foster care members. This includes timely access to care for members who transitioned into or out of the foster care program and identifies disparities in healthcare utilization and timely access to care based on demographic factors such as age, sex, race, region, and MCO.

Based on HSAG's prior focus study recommendations, DMAS has requested that the 2023–24 Child Welfare Focus Study, as well as all future studies, continue to include these additional analyses. Considering the impact of the COVID-19 PHE on healthcare utilization during the last three measurement years, rates during these years may not be representative of historical or new baseline rates. This will allow DMAS to continue to monitor impacts of the COVID-19 PHE, to verify or establish new appropriate baseline rates post-pandemic, and to identify areas for improvement and monitor impacts of program changes. DMAS will continue to analyze data and utilize recommendations posed by HSAG to improve access to healthcare services and reduce health disparities among members involved in the child welfare system, to determine areas of focus and improvement.

Quality Improvement Recommendations

HSAG provided DMAS with several recommendations related to quality improvement in the areas of healthcare utilization, timeliness of care, and healthcare disparities among children in foster care, children receiving adoption assistance, and former foster care members. This year, DMAS has utilized a variety of methods to collaborate with members and/or their guardians, providers, and other stakeholders, as well as to initiate and continue quality improvement strategies to address HSAG's recommendations.

Virginia continued to host CMS and Children's Bureau's Improving Timely Health Care for Children and Youth in Foster Care Affinity Group through its conclusion in December 2023. This Affinity Group

supported states in implementing quality improvement (QI) activities to improve timely healthcare services to meet the needs of children in foster care. The Virginia Affinity Group's aim statement is to increase the rate of children entering foster care who receive an initial medical examination within 30 days, according to Virginia State guidelines. The Virginia team collected and analyzed data related to the process and outcome measures identified for the project, which included:

- Timely transfer of information about new foster care members from the LDSS agencies to the MCOs (process measure),
- Timely initial MCO outreach to foster care members to support service initiation efforts (process measure), and
- Timely initial comprehensive medical examinations (outcome measure).

Additionally, the Virginia team hypothesized that the process measures listed above would lead to improvement in the other areas identified for improvement by HSAG in the 2022-23 Child Welfare Focus Study. These included utilization of the *Initiation and Engagement of SUD Treatment* indicators for youth in foster care and *Timely Access to Dental Care for New Foster Care Members.*

The most successful pilot test conducted by the Foster Care Affinity Group was a warm handoff between the LDSS agency and the assigned MCO when a youth entered foster care. Through this warm handoff, the MCO notification time for children placed in foster care in the test locality improved from an average of 39 days to one (1) day from the date of custody. Additionally, successful outreach by the MCO to the member or legal guardian to assist with scheduling necessary services improved from an average of 52 days to three (3) days. The interventions tested successfully removed information silos and improved coordination and collaboration among the child's guardian (DSS), DMAS, and the assigned MCO. The QI interventions also allowed MCOs to collaborate directly with the LDSS agency around a common member goal and improved LDSS staff's understanding of the importance of timely healthcare services.

To continue to address additional areas of QI recommendations from the Child Welfare Focus Study, the agencies represented in the Affinity Group continue to meet as a QI-focused action group of the ongoing Foster Care Partnership group (discussed below).

Community Partnerships and Focus Groups

DMAS continues to facilitate monthly virtual statewide Foster Care Partnership meetings with child welfare stakeholders from across the state. These stakeholders included those from the Virginia Department of Social Services (VDSS), LDSS, the Virginia Commission on Youth, Licensed Child Placing Agencies (LCPAs), Medicaid contracted MCOs, and the Virginia Office of Children's Services, among others.

The purpose of the Foster Care Partnership is to improve collaboration among all individuals involved in the treatment and care of youth in foster care in Virginia, as well as to focus on actionable goals related to improving services for youth in foster care. The areas of focus are developed based on cross-sector discussions around current needs of youth in foster care, factoring in results and recommendations of the 2022–23 Child Welfare Focus Study.

In addition to utilizing the Foster Care Partnership to solicit feedback in planning for the implementation of the upcoming FCSP, stakeholders involved also share challenges, barriers, and best practices

around accessing timely and appropriate services. The recent areas of focus for the group have been related to awareness of and access to Medicaid Behavioral Health services, and more specifically the spectrum of Crisis Services available to youth in foster care, youth in adoption assistance, and former foster care individuals. The Foster Care Partnership hosts an annual review of the Child Welfare Focus Study results, conclusions, and recommendations for discussion and brainstorming to identify areas of focus moving forward. The group will identify one to two recommendations to focus on for continued QI workgroup efforts.

As previously discussed, as part of the Governor's "Right Help. Right Now." initiative, DMAS is re-designing Medicaid legacy community mental health rehabilitative services (CMHRS) for youth. In July 2024, DMAS hosted the first meeting of workgroup with internal and external stakeholders to begin work on this project. Year 1 of the project will concentrate on policy, rate development and stakeholder engagement with the assistance of the DMAS contractor Mercer. The group will also be focusing on workforce development to reduce disparities in access to services regionally. This will be an opportunity to provide input based on Child Welfare Focus Study recommendations, and to get feedback from impacted members and stakeholders related to behavioral health-specific measures and disparities.

Member Outreach

DMAS has continued to engage in frequent member and stakeholder outreach. DMAS sends a quarterly Foster Care Newsletter to keep partners and stakeholders up to date about resources, events and trainings, and any changes or news related to Medicaid that may impact youth in the child welfare system. These newsletters have included information from all recent Foster Care Partnership trainings, as well as upcoming events and trainings, and member "success stories" related to MCOs addressing barriers to necessary services and improving access to care. These newsletters now reach over 650 members, guardians, providers, community-based agencies, state agencies, and others statewide interested in keeping up to date with child welfare initiatives.

Additionally, a flyer created by the Foster Care Partnership continues to be distributed electronically on a regular basis to LDSS foster care staff and other stakeholders. The flyer includes information regarding Medicaid coverage for youth, managed care case management services, and information regarding transition to independent living services, including the VDSS Fostering Futures Program. It also includes contact information for all MCOs and DMAS and information about accessing services.

DMAS' Maternal and Child Health team has participated in several panels and/or provided educational information and training regarding the DMAS Foster Care and Adoption Assistance program, services and benefits available, and managed care case management. These outreach and education opportunities have included presentations at the annual Children's Services Act Conference, the VDSS Permanency Conference, DMAS' BabySteps Bimonthly meeting, the Medicaid Member Advisory Committee, the Board of Medical Assistance Services, the Governor's Safe & Sound Task Force, and the Central Region Independent Living Advocates for Youth, among others. DMAS will continue making education, awareness, and training an area of focus for this member population and stakeholders who work with them around the State. Continued collaboration and understanding of DMAS' role will improve services and utilization for children in foster care, children receiving adoption assistance, and former foster care members.

DMAS continues to maintain managed care contract requirements that all MCOs have foster care liaisons with competencies in child welfare to support members in foster care and address foster care-

specific inquiries from stakeholders such as LDSS and LCPAs. DMAS also has a dedicated foster care email box to streamline and address inquiries related to foster care and adoption assistance services.

Managed Care Oversight Efforts

As previously discussed, as of October 2023, DMAS is operating under one unified health program called Cardinal Care. Cardinal Care is a single brand encompassing all health coverage programs for Virginia's 2 million Medicaid members. At the time of this report, there were five (5) managed care organizations contracted with DMAS serving members in foster care, members in adoption assistance, and former foster care.

DMAS continues to improve efforts to track and analyze a variety of data sources to evaluate Virginia's foster care Medicaid programs. DMAS MCOs continue to report on a variety of measures monthly, including those related to care coordination and member outreach, service utilization, and efforts to assist members who age out of the child welfare system with transition planning. DMAS has created a dashboard for easier analysis and tracking of utilization and member outreach over time and by MCO. These monthly reports also allow MCOs to report barriers to member outreach and engagement so that DMAS can assist and address efficient outreach and communication. The data from these monthly reports are tied to both Cardinal Care contract compliance and program oversight, presenting DMAS with an opportunity to utilize various data sources, including those in the Child Welfare Focus Study, to better understand the status of Medicaid programs serving youth in foster care.

Healthcare Utilization: Children in Foster Care

Children in foster care are children who have been removed from their birth family homes for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety.[3] While these children are in foster care, the State has custody and therefore primary responsibility for ensuring children receive the appropriate healthcare services. For example, a foster child's service worker must ensure the child meets a schedule of well-child visits and dental examinations based on nationally recognized guidelines.[4] This study demonstrated that children in foster care had higher rates of appropriate healthcare utilization than comparable controls for the majority of study indicators in MY 2021, MY 2022, and MY 2023. During MY 2023, children in foster care had higher rates than controls for all indicators in the Primary Care and Oral Health domains, seven of 11 indicators in the Behavioral Health Domain, and 7 of 10 indicators in the Service Utilization domain. Rate differences between children in foster care and controls across study indicators persisted even after matching on many demographic and health characteristics.

During MY 2023, children in foster care had lower rates compared to controls for eight study indicators, of which two were statistically significant: *ED Visits* and *Overall Service Utilization*. The lower rate for the *ED Visits* indicator may reflect better management of health conditions for children in foster care compared to controls. For the *Overall Service Utilization* study indicator, the rate difference between children in foster care and controls was very small, and the rate for children in foster care was almost 90 percent. Additionally, the rate for the *Follow-Up After Hospitalization for Mental Illness—7-Day*

[3] Virginia Department of Social Services. Foster Care (FC). Available at: https://www.dss.virginia.gov/family/fc/index.cgi#manuals. Accessed on: Dec 27, 2024.
[4] Virginia Department of Social Services. Child and Family Services Manual: Identifying Services to Be Provided. Available at: Child and Family Services Manual.pdf. Accessed on: Dec 27, 2024.

Follow-Up indicator for children in foster care was 1.2 percentage points lower than controls during MY 2023. However, this rate difference notably improved from a negative rate difference of 22.0 percentage points during MY 2022.

The Virginia Foster Care Affinity Group worked on improving timely initial MCO outreach to foster care members to support service initiation efforts through December 2023 and predicted that these efforts may help improve rates of SUD treatment initiation and engagement. Findings show that while historically the rates of SUD treatment initiation and engagement for children in foster care has been lower than controls, the rates for children in foster care were higher than controls during MY 2023. However, for the *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicator, the MY 2023 rates for both children in foster care and controls were still below the national Medicaid 50th percentile. Additionally, the rates for children in foster care being higher than controls during MY 2023 is mostly explained by the decrease in the rates for controls, rather than an increase in the rates for children in foster care. These findings indicate additional opportunity for improvement in timely SUD treatment.

Among children in foster care, 15 study indicator rates increased, while 12 study indicator rates decreased from MY 2022 to MY 2023. Of note, all indicators in the Primary Care and Oral Health domains increased. The largest decline from MY 2022 to MY 2023 was for the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator (by 11.0 percentage points). However, seven of the MY 2022 to MY 2023 rate declines for children in foster care were by less than 3.0 percentage points. The largest increase from MY 2022 to MY 2023 was for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* indicator (by 22.1 percentage points). The MCOs documented quality improvement efforts related to this indicator in their QAPI Program Evaluation for MY 2023. Three MCOs (i.e., Aetna, HealthKeepers, and Sentara) demonstrated substantial improvements in indicator rates for children in foster care, though denominators are small and therefore subject to greater year-to-year variability.

Among children in foster care, 16 study indicators demonstrated disparities across age categories. These disparities were typically seen among the controls as well, and sometimes reflect the relevance of certain services to specific age categories. For example, behavioral health conditions are more likely to be diagnosed later in life, so rates for the *Behavioral Health Encounters* indicators are expected to be higher among older children. Notably, children in foster care who were 14 years of age and older had significantly higher rates for the *ED Visits* and *Inpatient Visits* study indicators when compared to the other age categories during MY 2021, MY 2022, and MY 2023. Older children in foster care also had significantly lower rates for the *Child and Adolescent Well-Care Visits* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* study indicators. Additionally, male members tended to have significantly lower rates for the Service Utilization domain. While three study indicators demonstrated disparities between racial groups, there were no overarching trends by race. Of note, members in the Roanoke/Alleghany region had significantly lower rates for most Oral Health domain study indicators and significantly higher rates for most *Behavioral Health Encounters* indicators compared to members in other regions, while members in the Northern & Winchester region had higher rates for Oral Health domain study indicators. For MCOs, members enrolled with Aetna had significantly lower rates for all Oral Health domain study indicators compared to members enrolled with other MCOs, while members enrolled with HealthKeepers had significantly higher rates for most of the Oral Health domain study indicators.

Based on the findings detailed in this report, HSAG offers the following recommendations related to children in foster care:

- While MY 2023 was the first year for which the *Initiation and Engagement of SUD Treatment* indicator rates for children in foster care exceeded controls, these indicators continue to demonstrate opportunities for improvement. Therefore, HSAG recommends that DMAS monitor whether indicator rates for children in foster care continue to exceed controls and that DMAS continue to focus quality improvement efforts toward improving utilization of SUD treatment services for children in foster care. In their QAPI Program Evaluations for MY 2023, some MCOs identified barriers to SUD treatment for their Medicaid members (e.g., lack of member consent for PCPs to share information with behavioral health providers, difficulty monitoring members in real-time, difficulty reaching members to schedule appointments, lower follow-through on walk-in time slots compared to specific appointment times, limited in-network providers, and unstable housing). However, MCOs may also consider identifying barriers that are specific to children in foster care by interviewing case managers, service workers, and foster parents, given that rates for children in foster care have been lower than controls for most measurement years. Additionally, some MCOs are implementing quality improvements related to the *Initiation and Engagement of SUD Treatment* indicator, such as educating members on the importance of consenting to information exchange between their PCP and behavioral health providers, increasing peer support and care coordination services to follow members with poor compliance, and building relationships with hospital discharge planning teams to improve transition planning. MCOs may also consider additional strategies, such as modifying reimbursement structures to encourage greater availability of providers for SUD treatment and increasing telehealth capacities to encourage telehealth if a physical office visit represents a barrier. MCOs should assess the impacts of interventions and share successful strategies at the Foster Care Partnership meetings.
- The analysis identified few disparities of concern among children in foster care. While a greater percentage of indicators demonstrated disparities by age and region during MY 2023 compared to MY 2022, a lower percentage of indicators had disparities by race and MCO in MY 2023. DMAS may consider focusing quality improvement efforts to reduce health disparities toward preventing ED visits where appropriate and understanding the main drivers of inpatient visits among older children in foster care, as well as improving the rates of dental services among children in foster care in the Roanoke/Alleghany region. DMAS and the MCOs may consider conducting focus groups with key parties (i.e., case managers, service workers, and foster parents) for these subpopulations to understand age-specific and region-specific risk factors and barriers associated with utilization of these services and implement targeted interventions for the greatest impact.
- DMAS' selection of HealthKeepers to administer the upcoming FCSP statewide program represents a commitment to improving the efficiency and quality of healthcare services for members in child welfare programs.[5] Among the 15 indicators in the Primary Care, Oral Health, Behavioral Health, Substance Use, and Respiratory Health domains, the rate for children in foster care enrolled with HealthKeepers exceeded the rate for all eligible controls for 13 indicators during MY 2023. DMAS may consider monitoring the impact of members' upcoming transition into the FCSP on study indicators relative to controls and national benchmarks. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to children in

[5] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

foster care through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.

- While the current study design provides insight into utilization of healthcare services, it does not assess health outcomes or member experiences among children in foster care. HSAG recommends assessing chronic conditions disproportionately impacting children in foster care. For example, a future focus study could assess rates of outcomes such as type 2 diabetes or utilize a cascade of care study indicator evaluating the treatment progression of children in foster care diagnosed with an outcome, such as SUD, from initial diagnosis to remission. Additionally, capturing member experience could provide additional insight into the quality of care for children in foster care, as well as their health-related quality of life. Therefore, DMAS may consider utilizing custom surveys of foster parents and children in foster care, where appropriate, to capture this information.

Healthcare Utilization: Children Receiving Adoption Assistance

Children in the adoption assistance program are children with special needs who have been adopted from foster care. The Adoption Assistance program provides medical and financial assistance for the benefit of these children to help facilitate adoption placements and ensure permanency for children with special needs.[6] Whereas the State is primarily responsible for ensuring children in foster care receive appropriate healthcare services, the adoptive parents are primarily responsible for children in the adoption assistance program. Furthermore, adoptive parents are not required to ensure the adoption assistance child meets the same medical service requirements as children in foster care, such as a specific schedule of well-child visits.[7] The adoptive parents may also choose to enroll the adoption assistance child in private insurance instead of Medicaid. This study demonstrated that children receiving adoption assistance have higher rates of appropriate healthcare utilization than comparable controls for approximately half of the study indicators in MY 2021, MY 2022, and MY 2023. During MY 2023, children receiving adoption assistance had higher rates than controls for one of three indicators in the Primary Care domain, all indicators in the Oral Health domain, four of 11 indicators in the Behavioral Health Domain, the one indicator in the Respiratory Health domain, and 5 of 10 indicators in the Service Utilization domain. Rate differences between children receiving adoption assistance and controls across study indicators persisted even after matching on many demographic and health characteristics.

During MY 2023, children receiving adoption assistance had lower rates compared to controls for 13 study indicators, of which seven differences were statistically significant. The largest significant differences were for the *ED Visits* study indicator (by 12.2 percentage points) and the *Follow Up Care for Children Prescribed ADHD Medication—Two-Month Follow-Up* study indicator (by 7.9 percentage points). However, the lower rate of ED visits may reflect better management of health conditions for children receiving adoption assistance compared to controls. For four study indicators, the rates for children receiving adoption assistance were less than 3.0 percentage points lower than the controls.

Among children receiving adoption assistance, 17 study indicator rates increased, while 11 study indicator rates decreased from MY 2022 to MY 2023. Of note, all indicators in the Oral Health domain increased. The largest rate decreases from MY 2022 to MY 2023 were for the *Follow-Up After ED Visit*

[6] Virginia Department of Social Services. Child and Family Services Manual: Adoption Assistance. Available at: https://www.dss.virginia.gov/files/division/dfs/ap/intro_page/manuals/02-01-2022/Section_2_Adoption_Assistance.pdf. Accessed on: Dec 30, 2024.
[7] Ibid.

for Mental Illness—30-Day Follow-Up study indicator (by 13.2 percentage points) and the *Follow-Up Care for Children Prescribed ADHD Medication—Six-Month Follow-Up* study indicator (by 6.7 percentage points). Additionally, five of the rate decreases among children in adoption assistance from MY 2022 to MY 2023 were by less than 3.0 percentage points.

Since children receiving adoption assistance is the largest child welfare population, and p-value calculations are influenced by sample size, statistical tests to identify health disparities were most sensitive for this population. Among children receiving adoption assistance, 15 study indicators demonstrated disparities across age categories. Like the findings for children in foster care, these disparities were typically seen among the controls as well, and sometimes reflect the relevance of certain services to specific age categories. However, for other measures, such as all indicators in the Oral Health domain, older children receiving adoption assistance had significantly lower rates compared to younger children. Of note, female members had significantly lower rates for several *Behavioral Health Encounters* study indicators, while White members had significantly lower rates for all of the indicators in the Oral Health domain and three of the *Behavioral Heath Encounters* study indicators. Additionally, members in the Northern & Winchester region had significantly lower rates for *Child and Adolescent Well-Care Visits*, three of the four indicators in the Oral Health domain, and six of the 10 indicators in the Service Utilization domain compared to members in other regions, while members in the Roanoke/Alleghany region had significantly lower rates for all Oral Health domain indicators compared to members in other regions. Additionally, members enrolled with Aetna and Molina had significantly lower rates for *Child and Adolescent Well-Care Visits*, all indicators in the Oral Health domain, and four of the 10 Service Utilization indicators compared to members enrolled with other MCOs.

Based on the findings detailed in this report, HSAG offers the following recommendations related to children receiving adoption assistance:

- The SFY 2023–24 study found that children receiving adoption assistance had lower rates than controls for two of the Primary Care domain indicators and several Behavioral Health domain study indicators. There was also a notable decrease in the rate for children receiving adoption assistance for the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator during MY 2023. Many children receiving adoption assistance have special medical conditions that may preclude doctor visits from being billed as a well-child visit. Therefore, HSAG recommends that DMAS consider focusing quality improvement efforts toward improving utilization of behavioral health follow-up visits, where appropriate, for children receiving adoption assistance. For example, MCOs could work with care coordinators and adoptive parents to identify barriers to behavioral health follow-up visits specific to this population (e.g., transportation challenges for adoptive parents, competing medical needs) and test strategies to address those specific barriers.
- The upcoming FCSP statewide program run by HealthKeepers will be available to children receiving adoption assistance.[8] Among the 15 indicators in the Primary Care, Oral Health, Behavioral Health, Substance Use, and Respiratory Health domains, the rate for children receiving adoption assistance enrolled with HealthKeepers exceeded the rate for all eligible controls for 9 indicators during MY 2023. DMAS may consider monitoring the impact of members' upcoming transition into the FCSP on study indicators relative to controls and national benchmarks. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the

[8] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to children receiving adoption assistance through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.

- A greater percentage of indicators demonstrated disparities by sex, race, and MCO during MY 2023 compared to MY 2022, while a comparable percentage of indicators had disparities by age and region in MY 2023 compared to MY 2022. Rates tended to be lower for older members, as well as for members in the Northern & Winchester region. DMAS and the MCOs may consider conducting focus groups with key parties (i.e., care coordinators and adoptive parents) for these subpopulations to understand stratification-specific challenges associated with utilization of these services and implement targeted interventions for the greatest impact.
- While the current study design provides insight into utilization of healthcare services, it does not assess member experiences among children receiving adoption assistance. Capturing member experience could provide additional insight into the quality of care for children receiving adoption assistance, as well as their health-related quality of life. Therefore, DMAS may consider utilizing custom surveys of adoptive parents and children receiving adoption assistance, where appropriate, to capture this information.

Healthcare Utilization: Former Foster Care Members

For this study, former foster care members were defined as young adults 19 to 26 years of age who were in foster care and enrolled in Medicaid at the time of their 18th birthday. These members aged out of the foster care program without a permanent home and are eligible to continue receiving Medicaid benefits through age 26. While the State has primary responsibility for the healthcare of children in foster care, and adoptive parents have primary responsibility for the healthcare of children receiving adoption assistance, former foster care members are responsible for their own healthcare. Unlike children in foster care, former foster care members are not required by the State to meet a certain schedule of medical services. Furthermore, this population is more likely to experience barriers to healthcare, such as poverty and homelessness.[9] This study demonstrated that former foster care members have higher rates of appropriate healthcare utilization than comparable controls for a slight majority of study indicators in MY 2021, MY 2022, and MY 2023. During MY 2023, former foster care members had higher rates than controls for the one indicator in the Primary Care domain, all indicators in the Oral Health domain, two of 9 indicators in the Behavioral Health Domain, the one indicator in the Respiratory Health domain, and 7 of 10 indicators in the Service Utilization domain. Rate differences between former foster care members and controls across study indicators persisted even after matching on many demographic and health characteristics.

During MY 2023, former foster care members had lower rates compared to controls for 10 study indicators. The only statistically significant difference was for the *Ambulatory Care Visits* indicator (by 5.6 percentage points). The largest rate differences were for the *Follow-Up After ED Visit for Substance Use—30-Day Follow-Up* indicator (by 12.0 percentage points), *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator (by 10.2 percentage points), and the *Antidepressant Medication Management—Effective Continuation Phase Treatment* indicator (by 9.1 percentage points). For four

[9] Virginia Department of Social Services. Child and Family Services Manual: Achieving Permanency for Older Youth: Working with Youth 14-17. Available at: https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/07_2022/Section_13_achieving_permanency_for_older_youth.pdf. Accessed on: Jan 2, 2025.

study indicators, the rates for former foster care members were less than 3.0 percentage points lower than the controls.

Among former foster care members, 16 study indicator rates increased, while six study indicator rates decreased from MY 2022 to MY 2023. Of note, rates for three of the four indicators in the Oral Health domain increased by at least 15 percentage points, while rates for controls were stable or declined. Additionally, former foster care members' rate for the *Topical Fluoride for Children—Dental or Oral Health Services* study indicator nearly doubled. All study indicators in the Behavioral Health domain with prior year data also increased, of which two indicators increased by at least 10 percentage points. The largest declines from MY 2022 to MY 2023 were for the *Overall Service Utilization* indicator (by 3.9 percentage points) and the *Ambulatory Care Visits* indicator (by 3.5 percentage points). All other study indicators that decreased from MY 2022 to MY 2023 did so by less than 3.0 percentage points.

Former foster care members 23 to 26 years of age had significantly lower rates for five indicators in the Service Utilization domain compared to members 19 to 22 years of age, and male members had significantly lower rates for six indicators in the Service Utilization domain compared to female members. Of note, Black or African American members had significantly higher rates and White members had significantly lower rates for two of the four indicators in the Oral Health domain. Conversely, White members had significantly higher rates and Black or African American members had significantly lower rates for four of the indicators in the Service Utilization domain. Additionally, members in the Central region had significantly higher rates for all Oral Health domain indicators, the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator, four of six *Behavioral Health Encounters* indicators, and the *Overall Service Utilization* indicator. Eleven study indicators demonstrated disparities by MCO; however, there were no overarching trends.

Based on the findings detailed in this report, HSAG offers the following recommendations related to former foster care members:

- The SFY 2023–24 study found that healthcare utilization for former foster care members is increasing. In particular, rates for former foster care members for all Oral Health domain study indicators and all Behavioral Health domain study indicators with prior year data increased from MY 2022 to MY 2023. DMAS may consider identifying policy changes (e.g., changes to case management) that may have contributed to these increases and ensuring these strategies are upheld.
- The upcoming FCSP statewide program run by HealthKeepers will be available to former foster care members.[10] Among the 15 indicators in the Primary Care, Oral Health, Behavioral Health, Substance Use, and Respiratory Health domains, the rate for former foster care members enrolled with HealthKeepers exceeded the rate for all eligible controls for 5 indicators during MY 2023. Of note, HealthKeepers had the lowest rates among the MCOs for three out of four study indicators in the Substance Use subdomain. DMAS may consider monitoring the impact of members' transition into the FCSP on study indicators relative to controls and national benchmarks. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to former foster care members through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.

[10] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

- Disparities were particularly consistent for male members, who had significantly lower utilization of services for seven study indicators, and for members in the Central region, who had significantly higher utilization of services for ten study indicators. DMAS may consider focusing quality improvement efforts among former foster care members toward male members and consider exploring what characteristics of the Central region may have contributed to increased utilization over MY 2023. DMAS and the MCOs may consider conducting focus groups with, administering surveys to, or enhancing individual member outreach to male members to understand challenges associated with utilization of these services and implement targeted interventions for the greatest impacts. Additionally, understanding successes in the Central region can help inform improvement efforts in other regions.
- While the current study design provides insight into utilization of healthcare services, it does not assess health outcomes or member experiences among former foster care members. HSAG recommends assessing chronic conditions disproportionately impacting former foster care members. For example, a future focus study could assess rates of outcomes such as mortality or utilize a cascade of care study indicator evaluating the treatment progression of former foster care members diagnosed with an outcome, such as SUD, from initial diagnosis to remission. Additionally, capturing member experience could provide additional insight into the quality of care and ease of access to care for former foster care members, as well as their health-related quality of life. Therefore, DMAS may consider utilizing custom surveys of former foster care members to capture this information.

Timely Access to Care

SFY 2023–24 is the third year to include analyses for timely access to care in this study. Virginia State guidelines require that children in foster care receive a medical examination no later than 30 days after initial placement in foster care.[11] VDSS guidelines also require that the child have a visit with a mental health professional within 60 days of initial placement in foster care if a trauma, mental health, or substance use condition is identified during the medical examination.[12] These guidelines do not impact a child's placement in Medicaid or an MCO. Additionally, DMAS' Cardinal Care Managed Care Contract encourages MCOs to assist in ensuring that children in foster care receive both a PCP and a dental visit within 30 days of plan enrollment, unless the child's social worker attests that the child has seen a provider within 90 days prior to enrollment. However, it is important to note that this timeframe may be exceeded by the time the child is enrolled with an MCO. Additionally, MCOs may encounter challenges obtaining information from the child's social worker or foster care parent for recently placed children in foster care[13] The SFY 2023-24 study found that most children in foster care are receiving timely access to primary care; however, there may still be some room for improvement in meeting State guidelines. Additionally, while only 48.2 percent of new foster care members had a visit with a dental provider within 30 days after or 90 days prior to entering foster care, the rate of timely dental visits improved substantially from MY 2022.

[11] Virginia Department of Social Services. Child and Family Services Manual: Identifying Services to Be Provided. Available at: https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/09_2024/section_12_identifying_services_to_be_provided.pdf. Accessed on: Jan 2, 2025.
[12] Ibid.
[13] Commonwealth of Virginia DMAS. Cardinal Care Managed Care Services Agreement. Available at: https://www.dmas.virginia.gov/media/d0djxoar/fy24-cardinal-contract-mid-year-amendment.pdf. Accessed on: Jan 2, 2025.

Study indicators also assessed timely access to primary and dental care for members who aged out of foster care. Findings demonstrate that most members who aged out of foster care in the year prior to the MY had a visit with a PCP during MY 2023. Similar to new foster care members, only 39.1 percent of members who aged out of foster care had a visit with a dental provider during MY 2023. However, the rates for both PCP visits and dental provider visits among members who aged out of foster care increased substantially from MY 2022 to MY 2023.

Several study indicators assessed timely access to behavioral healthcare for new foster care members, new adoption assistance members, and members who aged out of foster care. The SFY 2023–24 study found that most new foster care members with a diagnosed behavioral health condition had at least one visit with an MHP within 60 days of enrollment in the foster care program. Additionally, nearly all new foster care members with a behavioral health diagnosis had a visit with an MHP within a year after enrollment in the foster care program. For newly enrolled members in the adoption assistance program, most members with a behavioral health diagnosis had a visit with an MHP within a year after enrollment. Lastly, most members who aged out of foster care had a behavioral health diagnosis, and 54.8 percent of these members had a visit with an MHP during MY 2023. Of note, this rate improved substantially from MY 2022 to MY 2023.

Similar to the healthcare utilization analysis, HSAG conducted a health disparities analysis for the timely access to care study indicators. Among new foster care members, older members were less likely to have a visit with a PCP but more likely to have a visit with a dental provider. Only 34.5 percent of children 2 years of age or younger received a timely visit with a dental provider, despite that dental examinations are required for children in foster care beginning at age six months or when the child develops teeth, whichever is later. Among all new foster care members, older members were more likely to have an MHP visit for both the 60-day and one-year time frames; however, this trend was mostly explained by older members being more likely to have a behavioral health diagnosis. When limited to members with a behavioral health diagnosis, older members were less likely to have a MHP visit within the 60-day time frame. Female members who aged out of foster care were significantly more likely to have a visit with a PCP than male members. Among new foster care members and children receiving adoption assistance, Black or African American members were less likely to have an MHP visit in the one-year time frame. Members newly enrolled in foster care in the Northern & Winchester region were significantly less likely to have a PCP or MHP visit compared to members in other regions, and members newly enrolled in the adoption assistance program in Northern & Winchester were significantly less likely to have an MHP visit. For both new foster care members and members who aged out of foster care, members enrolled with Sentara were more likely to have a visit with a PCP compared to members enrolled with other MCOs, and for new foster care members only, members enrolled with Sentara were more likely to have an MHP visit in both the 60-day and one-year time frames.

Based on the findings detailed in this report, HSAG offers the following recommendations related to timely access to care:

- The study indicator findings identified some opportunities for improvement in timely access to healthcare services, particularly in dental care for new foster care members and both primary care and dental care for members who aged out of foster care. However, these rates demonstrated substantial progress from MY 2022 to MY 2023. DMAS may consider expanding strategies that successfully impacted timely access to care (e.g., providing members who are aging out of foster care with a “health summary” consolidating key medical information, providing a warm handoff between the LDSS agency and the assigned MCO for new foster care members) and monitoring

MCO compliance with these directives. Additionally, DMAS may consider utilizing primary data collection (e.g., focused interviews, surveys) from key parties (e.g., former foster care members, social workers, foster parents, MCOs) to identify additional barriers and potential solutions.

- The health disparities analysis identified disparities in timely access to care across age, sex, race, region, and MCO. The greatest disparities in MY 2023 were between female and male members who aged out of foster care, where male members were much less likely to have a PCP visit; and new foster care members 2 years of age or younger, who were less likely to have a visit with a dental provider compared to members in other age groups. Both disparities additionally persisted in both MY 2021 and MY 2022. DMAS may consider focusing quality improvement efforts for timely access to care toward male members who aged out of foster care, and timely access to dental care for younger new foster care members. DMAS may also consider working with MCOs to educate foster parents on the expected dental visit schedule for children 2 years of age and younger and that oral inspections performed by PCPs are not a substitute for complete dental evaluations performed by dentists.
- The upcoming FCSP statewide program run by HealthKeepers will be available to children in foster care, children receiving adoption assistance, and former foster care members.[14] Among the 16 timely access study indicators, the rates for members enrolled with HealthKeepers were significantly higher for two study indicators (i.e., access to dental care among new foster care members) and significantly lower for zero study indicators compared to the rate for members enrolled with other MCOs during MY 2023. DMAS may consider monitoring the impact of members' transition into the FCSP on study indicators relative to historical rates. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to members transitioning into and out of foster care through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.

[14] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

2. Overview and Methodology

Overview

Beginning in contract year 2015–16, DMAS contracted with HSAG to conduct, as an optional EQR task under CMS Medicaid guidelines,[15] an annual focus study that provides quantitative information about children and adolescents placed in foster care and receiving medical services through Medicaid MCOs. DMAS takes steps to continually improve the quality and timeliness of care for members in child welfare programs (i.e., children in foster care, children receiving adoption assistance, and former foster care members) who receive Medicaid benefits. For instance, DMAS is currently redesigning community mental health rehabilitative services for youth under the Governor's Right Help Right Now plan. Additionally, DMAS hosts community partnership meetings with stakeholders, such as Medicaid MCOs, from across Virginia to improve transition planning and increase utilization of services among members in child welfare programs.

In contract year 2023–24, HSAG conducted the Child Welfare Focus Study to determine the extent to which members in child welfare programs received the expected preventive and therapeutic medical care under a managed care service delivery program compared to members not in a child welfare program and receiving Medicaid managed care benefits during MY 2023 (i.e., January 1, 2023–December 31, 2023). Since contract year 2021–22, HSAG has also evaluated timely access to care for members who transitioned into or out of the foster care program. A policy statement published in 2015 by the American Academy for Pediatrics (AAP) outlined a significant number of barriers in providing adequate and timely health services to children in foster care.[16] These issues, compounded with the complexities of care for children with histories of trauma and potentially limited healthcare access, make the assessment of preventive and baseline healthcare services critical for a population in the developmental stages of life. Additionally, children in foster care are likely to require services from both physical and behavioral health providers,[17] necessitating levels of care coordination and follow-up beyond those expected for most children and adolescents. These physical and behavioral health conditions create additional challenges for youth aging out of the foster care system who are unable to find a permanent home and must navigate the transition into adulthood and adult healthcare.[18]

Additionally, DMAS requested that HSAG evaluate disparities in healthcare utilization and timely access to care based on demographic factors (i.e., age, sex, race, region, and MCO). Federal regulations require state Medicaid agencies to incorporate a plan to identify, evaluate, and reduce health disparities as part of their managed care state quality strategy.[19] DMAS' Quality Strategy is committed to monitoring health disparities to inform quality improvement efforts and ensure that Virginia

[15] Department of Health and Human Services, Centers for Medicare & Medicaid Services. Protocol 9. Conducting Focus Studies of Health Care Quality, February 2023. Available at: https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf. Accessed on: Jan 13, 2025.

[16] American Academy of Pediatrics. Health care issues for children and adolescents in foster care and kinship care. *Pediatrics*. Oct 2015:136:4. Available at: https://publications.aap.org/pediatrics/article/136/4/e1131/73819/Health-Care-Issues-for-Children-and-Adolescents-in. Accessed on: Jan 13, 2025.

[17] Deutsch SA, Lynch A, Zlotnik S, et.al. Mental health, behavioral and developmental issues for youth in foster care. *Current Problems in Pediatric and Adolescent Health Care*. 2015; 45:292–297.

[18] Dworsky A, Courtney M. Addressing the Mental Health Service Needs of Foster Youth During the Transition to Adulthood: How Big is the Problem and What Can States Do? *Journal of Adolescent Health*.2009; 44:1–2.

[19] CMS. CMS External Quality Review (EQR) Protocols. Available at: http://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf. Accessed on: Jan 13, 2025.

Medicaid members have access to high-quality care. DMAS' Quality Strategy defines health disparities as health differences that are closely linked with social, economic, and/or environmental disadvantages.[20] The 2023–24 Child Welfare Focus Study presents study indicator results stratified by member demographics and assesses whether health disparities were statistically significant.

The Child Welfare Focus Study also compares MY 2023 findings to MY 2021 and MY 2022 findings, where applicable. Since the COVID-19 PHE was ongoing during MY 2021, MY 2022, and MY 2023, results should be interpreted with caution as they may be impacted by policies enacted to address the PHE.

Methodology

Data Sources

This study examines services received by children in foster care, children receiving adoption assistance, and former foster care members during MY 2023 (i.e., January 1, 2023–December 31, 2023). Additionally, selected study indicators include services occurring up to one year before this measurement year. Appendix A: Study Indicators provides detailed information on the measurement period for each study indicator. HSAG received administrative claims and encounters paid through June 30, 2024, as well as demographic, eligibility, and enrollment data, from DMAS in July 2024 for this study. In addition, DMAS supplied HSAG with dental encounter data from the Medicaid dental benefit manager, DentaQuest.

Healthcare Utilization Analysis

For the healthcare utilization analysis, HSAG identified the eligible populations for each child welfare program using the specific program's aid category to determine member enrollment at any point during the measurement period:

- Children in Foster Care—All children enrolled in Medicaid under 18 years of age as of January 1, 2023, and identified by DMAS as enrolled in Medicaid under the aid category "076" for children in foster care.
- Children Receiving Adoption Assistance—All children enrolled in Medicaid under 18 years of age as of January 1, 2023, and identified by DMAS as enrolled in Medicaid under the aid category "072" for children in the adoption assistance program.
- Former Foster Care Members—All members enrolled in Medicaid 19 to 26 years of age as of January 1, 2023, and identified by DMAS as enrolled in Medicaid under the aid category "070" for young adults formerly in foster care.

To identify each study population for the healthcare utilization indicators, the eligible population for each child welfare program was limited to members who were continuously enrolled in their respective aid category (e.g., aid category "076" for children in foster care) through Medicaid managed care with any

[20] Commonwealth of Virginia DMAS. 2023–2025 Quality Strategy. Available at: https://www.dmas.virginia.gov/media/ernmrksw/2023-2025-quality-strategy.pdf. Accessed on: Jan 13, 2025.

MCO or combination of MCOs during the measurement year.[21] Continuous enrollment was defined as no more than 45 days without enrollment in managed care under the child welfare program's aid category during the measurement year. Limiting to continuously enrolled members at an early step allowed HSAG to better understand the characteristics of the study populations and to identify closely matched controls that supported the continuous enrollment criteria required for the study indicators.

To identify the controls, HSAG first identified members meeting the same age criteria as their respective eligible population (e.g., under 18 years of age for children in foster care) and who were continuously enrolled in managed care under an aid category other than "076", "072," or "070" over the study period. Continuously enrolled members in the child welfare programs were compared to these continuously enrolled members not in child welfare programs (i.e., the pool of potential controls) to identify demographic and health characteristics that differed between the populations.

Health characteristics were assessed through primary diagnoses in the claims and encounter data. Diagnoses were grouped based on the Clinical Classifications Software (CCS) and Clinical Classifications Software Refined (CCSR),[22] clinical expertise, and historical knowledge of the challenges facing each population. Appendix B: Characteristics of the Controls provides detailed information on the construction of the health characteristics groups.

Next, HSAG calculated propensity scores for the continuously enrolled members and the pool of potential controls during the study period. To calculate propensity scores, HSAG used logistic regression models to predict child welfare program status based on one to two demographic characteristics and seven to 13 population-specific health characteristics. Matching characteristics differed between the study populations, since HSAG only included characteristics that differed meaningfully from controls for each study population. Additionally, HSAG removed characteristics from the final propensity score model that were insignificant during initial propensity score modeling using all characteristics, based on the Wald Chi-square test. Members residing in an unknown managed care geographic region were removed before propensity score calculations because this category was too small for reliable balancing.

For all three populations (i.e., children in foster care, children receiving adoption assistance, and former foster care members), unless otherwise specified, HSAG used the following demographic characteristics as categorical variables for propensity score calculations:

- Sex: Male, Female (Children in Foster Care and Former Foster Care Members only)
- Medicaid Population: Acute, MLTSS, More Than One Medicaid Population

For all three populations, unless otherwise specified, HSAG used the following healthcare characteristics as binary variables for propensity score calculations:

- Diagnosis of Adjustment Disorder
- Diagnosis of Anxiety Disorder
- Diagnosis of ADHD

[21] HSAG considered Acute and MLTSS enrollment prior to October 1, 2023, and Cardinal Care Managed Care enrollment after October 1, 2023, as managed care enrollment.

[22] Agency for Healthcare Research and Quality. Tools Archive for Clinical Classifications Software Refined. Available at: https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccsr_archive.jsp#ccsr. Accessed on: Jan 13, 2025.

- Diagnosis of Congenital Anomaly (Children in Foster Care and Children Receiving Adoption Assistance only)
- Diagnosis of Developmental Disorder (Children in Foster Care and Children Receiving Adoption Assistance only)
- Diagnosis of Intentional Self-Harm (Children Receiving Adoption Assistance and Former Foster Care Members only)
- Diagnosis of Maltreatment/Abuse (Children in Foster Care only)
- Diagnosis of Mood Disorder
- Diagnosis of Neurological Disorder (Children in Foster Care and Children Receiving Adoption Assistance only)
- Diagnosis of Obesity and Metabolic Syndrome (Children in Foster Care only)
- Diagnosis of Other Mental Health Disorders (Children in Foster Care only)
- Diagnosis of Rheumatologic Condition (Children Receiving Adoption Assistance and Former Foster Care Members only)
- Diagnosis of Substance Use Disorder
- ED Visit for Mental Health (Children in Foster Care and Children Receiving Adoption Assistance only)
- Acute Inpatient Visit for Mental Health (Children in Foster Care and Children Receiving Adoption Assistance only)

After calculating propensity scores, the continuously enrolled populations and their comparison groups were exact-matched by the following:

- Age category: Infant (≤ 2 Years), Preschool (3 to 5 Years), Elementary School (6 to 10 Years), Middle School (11 to 13 Years), High School (14 to 17 Years), Young Adult (19 to 22 Years), and Adult (23 to 26 Years)[23]
- Continuously Enrolled MCO: Aetna Better Health of Virginia (Aetna); HealthKeepers, Inc. (HealthKeepers); Molina Complete Care of Virginia, LLC (Molina); Sentara Health Plan (Sentara);[24] UnitedHealthcare of the Mid-Atlantic, Inc. (United); and More Than One MCO[25]
- Region: Central, Charlottesville/Western, Northern & Winchester, Roanoke/Alleghany, Southwest, Tidewater, and Unknown[26, 27]
- Race category: White, Black or African American, and Other[28]

[23] Age categories were calculated using the member's age at the beginning of the measurement year (i.e., January 1, 2023).
[24] Given that Virginia Premier and Optima merged under one MCO (i.e., Sentara) in July 2023, HSAG included members with enrollment in Optima or VA Premier under Sentara for MY 2023.
[25] MCO was assigned based on continuous enrollment. If a member was continuously enrolled with a single MCO during the measurement year with no more than one gap in enrollment of no more than 45 days, then HSAG assigned the MCO as the member's continuously enrolled MCO. Otherwise, HSAG assigned a member's continuously enrolled MCO as More Than One MCO (e.g., members who were continuously enrolled with more than one MCO simultaneously or members who were not continuously enrolled with any single MCO). Using continuous enrollment to determine MCO assignment improves the accuracy of which MCO was responsible for a member's healthcare during the measurement year.
[26] Regional attribution was based on the demographic file and the SFY 2022–23 Managed Care Services Agreement provided by DMAS and reflects the managed care regions.
[27] Commonwealth of Virginia Department of Medical Assistance Services. Medallion 4.0 (Acute) Managed Care Services Agreement: Jul 1, 2022–Jun 30, 2023. Attachment XII. 405–406. Available at: https://www.dmas.virginia.gov/media/4981/medallion-40-sfy23.pdf. Accessed on: Jan 13, 2025.
[28] Due to the limited number of children in foster care in race categories other than White and Black or African American, other race categories were combined into an "Other" race category. Race categories did not include consideration of ethnicity data.

HSAG exact-matched on age category because age is tied to health risk, likelihood of diagnosis, and healthcare utilization, and because age determined which healthcare claims were used in the health characteristic assessment. HSAG exact-matched on continuously enrolled MCO to improve the covariate balance when stratifying findings by MCO. HSAG exact-matched on region because region is tied to health risk and provider availability. HSAG exact-matched by race since study indicator rates were stratified by race, and HSAG found that other characteristics were not sufficiently balanced within racial groups without exact matching. The study also stratified study indicator rates by gender; however, HSAG continued to include gender in the propensity score model instead of exact matching, since HSAG found that other characteristics were sufficiently balanced within gender groups. Please refer to the Health Disparities Analysis subsection for more information on how rates were stratified.

Finally, HSAG matched the continuously enrolled groups and controls on their propensity scores within exact-matched sub-groups using the greedy 5→1 algorithm.[29] Covariate balance between the study populations and their matched controls was assessed by covariate-level Chi-square tests, an omnibus test, and a standardized differences assessment. Statistical tests, like the Chi-square test and the omnibus test, are traditional approaches to balance assessment, which examine individual covariate balance and overall covariate balance, respectively. The standardized differences assessment assesses balance without relying on sample size, which influences the sensitivity of the Chi-square and omnibus tests. Since this study's sample sizes are large and vary across the study populations, a standardized differences assessment helps provide a more reliable estimate of balance than statistical tests alone. Appendix B: Characteristics of the Controls details the interpretation of the covariate balance tests.

For alignment with other quality initiatives, most healthcare utilization measures were based on CMS' Adult and Child Core Set Technical Specifications and Resource Manual for FFY 2024 Reporting or custom measure specifications.[30, 31] The healthcare utilization analysis assessed 22 measures, representing 34 study indicators, across six domains as displayed in Table 2-1.

Table 2-1—Healthcare Utilization Measure Indicators

Measure and Indicators
Primary Care
Child and Adolescent Well-Care Visits (WCV)
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6+)^ and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2+)^
Oral Health
Annual Dental Visit (ADV)

[29] Parsons LS. Reducing Bias in a Propensity Score Matched-Pair Sample Using Greedy Matching Techniques. Available at: https://support.sas.com/resources/papers/proceedings/proceedings/sugi26/p214-26.pdf. Accessed on: Jan 13, 2025.

[30] Since CMS retired the *Preventive Dental Services* measure in the FFY 2022 Core Set technical specifications, the Child Welfare Focus Study continued to use the FFY 2021 Core Set technical specifications for this measure.

[31] The *Annual Dental Visit* measure was calculated in accordance with the specifications outlined on the National Quality Forum (NQF) Quality Positioning System for NQF #1388. Additionally, since Medicaid members may receive dental services from a non-dental provider (e.g., Federally Qualified Health Center), HSAG modified the specifications in MY 2023 to allow visits with any provider authorized to provide dental services but restricted visits to those with a Current Dental Terminology (CDT) code to ensure only visits for dental services were counted.

Measure and Indicators
Preventive Dental Services (PDENT-CH)
Oral Evaluation, Dental Services (OEV-CH)
Topical Fluoride for Children—Dental or Oral Health Services (TFL-CH)
Behavioral Health
Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–A)* and Effective Continuation Phase Treatment (AMM–C)*
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (FUH)
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up (FUM)
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing (APM)^
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)^
Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up, Two-Month Follow-Up, Three-Month Follow-Up, Six-Month Follow-Up, and Nine-Month Follow-Up (ADD)^
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)*
Substance Use
Follow-Up After ED Visit for Substance Use—30-Day Follow-Up (FUA)†
Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment (IET–I) and Engagement of SUD Treatment (IET–E)
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)*
Respiratory Health
Asthma Medication Ratio (AMR)
Service Utilization
Ambulatory Care Visits
ED Visits
Inpatient Visits
Behavioral Health Encounters—Total, ARTS, CMH Services, RTC Services, Therapeutic Services, and Traditional Services
Overall Service Utilization

^ Indicates these study indicators were not calculated for former foster care members as the measure indicators are not applicable to members 19 to 26 years of age.
** Indicates these study indicators were only calculated for former foster care members as the measure indicators are only applicable to members 18 years of age and older.*
† Indicates these study indicators were only calculated for the former foster care members, as the denominators for the children in foster care and the children receiving adoption assistance members are historically very small.

When available, HSAG compared MY 2023 study indicator rates to NCQA's Quality Compass®,[32] national Medicaid health maintenance organization (HMO) percentiles or CMS' FFY 2023 Adult and Child Core Set national medians[33] (henceforth referred to as national Medicaid percentiles), where applicable, to provide additional context for indicator results.

To assess whether indicator rates were statistically different between the study populations and their matched controls, HSAG calculated *p*-values to determine the association between program status (e.g., membership in the foster care program) and numerator compliance. For indicators for which all contingency table cell sizes (i.e., the number of numerator-positive and numerator-negative members for each group) were greater than or equal to 5, HSAG calculated *p*-values using Chi-square tests. For indicators with small contingency table cell sizes, HSAG used Fisher's exact test because Fisher's exact test is more accurate than the Chi-square test when cell sizes are small. A *p*-value less than 0.05 was considered statistically significant.

Timely Access to Care Analysis

For the timely access to care analysis, HSAG developed custom measures to determine the extent to which children newly enrolled in the foster care program and children who aged out of the foster care program were able to access healthcare services in a timely manner. Since the measure specifications are specific to experiences in the foster care program, HSAG included all members who met the denominator criteria in the rate calculations (i.e., the denominators were not further limited to specific populations), and these members were not matched to controls. HSAG assessed 5 measures, representing 16 study indicators, as displayed in Table 2-2.

Table 2-2—Timely Access to Care Measure Indicators

Measure and Indicators
Timely Access to Care for New Foster Care Members—Timely Access to Primary Care for New Foster Care Members, Timely Access to Dental Care for New Foster Care Members, Timely Access to Primary Care or Dental Care for New Foster Care Members, and Timely Access to Primary Care and Dental Care for New Foster Care Members
Timely Access to Behavioral Health Care for New Foster Care Members—Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members, Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members With a Behavioral Health Diagnosis, Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members, and Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis
Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members—Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members and Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis
Timely Access to Care for Members Who Aged Out of Foster Care—Timely Access to Primary Care for Members Who Aged Out of Foster Care, Timely Access to Dental Care for Members Who Aged Out of Foster

[32] Quality Compass® is a registered trademark of NCQA.
[33] Centers for Medicare & Medicaid Services. 2023 Child and Adult Health Care Quality Measures Quality. Available at: https://data.medicaid.gov/dataset/e85033c7-367e-467e-9e81-8e85048102b8. Accessed on: Jan 13, 2025.

Measure and Indicators
Care, Timely Access to Primary Care or Dental Care for Members Who Aged Out of Foster Care, and Timely Access to Primary Care and Dental Care for Members Who Aged Out of Foster Care
Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care—Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care and Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care With a Behavioral Health Diagnosis

Appendix A: Study Indicators presents detailed descriptions of each measure included in the healthcare utilization analysis and the timely access to care analysis, including pertinent references to Adult and Child Core Set technical specifications and/or value sets as well as complete specifications for the custom measures.

Health Disparities Analysis

In order to better understand how member demographic characteristics might have impacted the study indicator rates, HSAG performed an analysis to identify health disparities for the healthcare utilization and timely access to care measures for MY 2021, MY 2022, and MY 2023. For each demographic characteristic (i.e., age category, sex, race, region, and continuously enrolled MCO,[34] where applicable[35]), HSAG calculated study indicator rates for each demographic group (e.g., members in the Tidewater region) and their reference group. The reference group contained all members in any other demographic strata (e.g., the reference group for members in the Tidewater region was all other members not in the Tidewater region). Additionally, HSAG calculated logistic regression models predicting numerator compliance based on a binary indicator for each demographic group among members in each study indicator denominator. The *p*-value for the demographic group's coefficient in the logistic regression model was used to identify statistically significant health disparities between the demographic groups and their reference groups. HSAG excluded comparisons for which disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

For this report, a *p*-value less than 0.05 indicated a health disparity. When analyzing a given demographic group, HSAG classified the stratified rate in one of the following three categories based on the preceding analyses:

- Higher Rate
  - The *p*-value for the coefficient in the logistic regression model was less than 0.05, indicating a health disparity, and the stratified rate for the demographic group was higher than the rate for the reference group.
- Lower Rate

[34] Given that Virginia Premier and Optima merged under one MCO (i.e., Sentara) in July 2023, HSAG included members with enrollment in Optima or VA Premier under Sentara for MY 2023. Additionally, HSAG recalculated MY 2021 and MY 2022 rates and health disparities *p*-values to combine Optima and VA Premier (i.e., displayed under Sentara) for comparison to the Sentara stratification in MY 2023.

[35] Some measures only have one group within a demographic characteristic (e.g., there is only one age category included in the *Timely Access to Care for Members Who Aged Out of Foster Care* measure), so a health disparities analysis cannot be performed for that demographic characteristic.

  - The *p*-value for the coefficient in the logistic regression model was less than 0.05, indicating a health disparity, and the stratified rate for the demographic group was lower than the rate for the reference group.
- Similar Rate
  - The *p*-value for the coefficient in the logistic regression model was greater than or equal to 0.05. This means no health disparity was identified when the stratification was compared to the reference group.

3. Healthcare Utilization: Children in Foster Care Findings

Characteristics of the Children in Foster Care Eligible Population and Study Population

This section provides findings describing the demographic characteristics of the 7,401 children in the foster care eligible population and the 3,421 children in the foster care study population. The eligible population consisted of children in foster care younger than 18 years of age as of January 1, 2023, receiving healthcare coverage from DMAS at any time during MY 2023. Table 3-1 displays the distribution of the children in foster care eligible population by age category, sex, race, region, MCO, and Medicaid population.

Table 3-1—Distribution of Children in Foster Care (n=7,401)

Category	Number	Percent
Age Category		
≤ 2 years	1,465	19.8%
3 to 5 years	1,244	16.8%
6 to 10 years	1,631	22.0%
11 to 13 years	1,075	14.5%
≥ 14 years	1,986	26.8%
Sex		
Male	3,873	52.3%
Female	3,528	47.7%
Race		
Black or African American	2,437	32.9%
White	4,758	64.3%
Other	206	2.8%
Region		
Central	1,516	20.5%
Charlottesville/Western	1,340	18.1%
Northern & Winchester	1,031	13.9%
Roanoke & Alleghany	1,208	16.3%
Southwest	1,001	13.5%
Tidewater	1,274	17.2%
Unknown	31	0.4%
Latest MCO in the Measurement Year		
Aetna	801	10.8%
HealthKeepers	2,056	27.8%
Molina	461	6.2%
Sentara*	3,316	44.8%
United	580	7.8%

Category	Number	Percent
Other	187	2.5%
Latest Medicaid Population in the Measurement Year		
MLTSS	114	1.5%
Acute	7,099	95.9%
Other	188	2.5%

** Includes members only enrolled in FFS.*
*** Includes members enrolled in FAMIS and members only enrolled in FFS.*

Children in foster care were disproportionately male (52.3 percent) and Black or African American (32.9 percent) compared to the general population in Virginia, which was 49.4 percent male and 20.0 percent Black or African American in 2023.[36] Children in foster care were mostly from the Central (20.5 percent), Charlottesville/Western (18.1 percent), and Tidewater (17.2 percent) regions. The region for a small proportion of children in foster care (0.4 percent) was unknown; these children tended to be missing some address information or had an out-of-state address. Children in foster care were most likely to be enrolled with Sentara (44.8 percent) or HealthKeepers (27.8 percent). Only 2.5 percent of children in foster care were enrolled with an Other MCO (i.e., only enrolled in FFS during MY 2023).[37] Children in foster care were most likely to be in the Acute population (95.9 percent). The Medicaid population for 2.5 percent of children in foster care was Other, meaning they were enrolled through FAMIS or were only enrolled in FFS during MY 2023.

The study population consisted of those in the children in foster care eligible population who were continuously enrolled in Medicaid managed care with any MCO or a combination of MCOs during the study period, for whom a match not in a child welfare program could be found. Continuous enrollment was defined as enrollment gaps totaling no more than 45 days. Among the children in foster care eligible population, 46.2 percent (n=3,421) of children met the requirements for the study population, compared to 52.7 percent for MY 2022 and 50.9 percent for MY 2021. The demographic makeup of the study population mirrored the demographic makeup of the foster care eligible population, except that there were 2.5 percentage points fewer children 2 years of age or younger, 2.7 percentage points more children 6 to 10 years of age, and 2.8 percentage points more members in the MLTSS population. The disproportionate exclusion of infants can be attributed to the inability of children born more than 45 days into the measurement year to meet the continuous enrollment criteria, since these children would have an enrollment gap greater than 45 days.

Table B-1 and Table B-4 present the demographic and health characteristics of continuously enrolled children in foster care and the continuously enrolled controls prior to matching (n=3,543). Continuously enrolled children in foster care tended to be older, male, White, less likely to be in the MLTSS population, less likely to be enrolled with HealthKeepers and more likely to be enrolled with Sentara compared to the continuously enrolled controls. Furthermore, continuously enrolled children in foster care were less likely to live in the Central, Tidewater, or Northern & Winchester regions and more likely to live in the Charlottesville/Western, Roanoke/Alleghany, and Southwest regions. In terms of health characteristics, continuously enrolled children in foster care were more likely to have diagnoses for several health conditions, primarily mental illnesses (e.g., adjustment disorder, anxiety disorder). Additionally, children in foster care were more likely to have ED and acute inpatient visits for mental

[36] United States Census Bureau. Virginia QuickFacts. Available at: https://www.census.gov/quickfacts/VA. Accessed on: Jan 13, 2025.
[37] Children in foster care may temporarily move to FFS and may not be enrolled with an MCO during the measurement year.

health than the controls, which may indicate greater severity of mental illness among children in foster care. The higher rate of ED visits and acute inpatient visits may also indicate that children in foster care are more likely to seek care for mental illness through these means, especially if prior access to psychiatric care had been limited prior to entering foster care. The historical Child Welfare Focus Study reports demonstrated that rates often differ by member characteristics such as age and MCO, and these findings provided justification for matching children in foster care and the controls.

HSAG was able to match 96.6 percent (n=3,421) of continuously enrolled children in foster care to controls with similar demographic and health characteristics. Table B-7 and Table B-10 present the demographic and health characteristics of the final study population and their matched controls. Matching successfully balanced all demographic and health characteristics between the study population and the controls.

Appendix B: Characteristics of the Controls presents detailed descriptions of the demographic and health characteristics of children in foster care and children in the controls prior to matching, as well as covariate balance findings.

Healthcare Utilization Among Children in Foster Care and Controls

This section provides findings from the study indicators used to assess healthcare utilization for the children in foster care study population, as well as findings for the matched controls not enrolled through a child welfare program. The tables displayed in this section also include stratified rates and shading to indicate the results of the health disparities analysis. The narrative focuses on differences in rates for children in foster care and controls that were greater than 5.0 percentage points for stratified rates during MY 2023. If the difference for All Eligible Members was greater than 5.0 percentage points, the narrative for stratified rates instead focuses on differences between children in foster care and controls that were greater than the difference for All Eligible Members or that were greater than 5.0 percentage points in the opposite direction. The narrative does not discuss differences for which the children in foster care denominator or the controls denominator was less than 30, since these rates are expected to have greater variability. Additionally, the narrative compares the MY 2023 rates for All Eligible Members to the national Medicaid 50th percentile, discusses the change in the rates for All Eligible Members from MY 2022 to MY 2023, and discusses health disparities identified in MY 2023.

Although the controls have been matched to children in foster care on a variety of demographic and health characteristics, HSAG advises caution in comparing the study indicator results between the children in foster care and controls. Due to the different criteria for denominators across measures, one child in a matched pair may be included in a measure calculation while the other child is not. When matched pairs are separated, the distribution of characteristics in the denominator-eligible study population and the denominator-eligible controls may differ from the overall distribution, and balanced covariates are no longer guaranteed. Furthermore, HSAG advises caution in interpreting the *p*-values, as denominator sizes vary by measure, and sample size influences the precision of the *p*-value calculation. When interpreting trending (e.g., comparing measure rates across measurement years), healthcare utilization in MY 2021, MY 2022, and MY 2023 may also be impacted by the COVID-19 pandemic; however, rate comparisons within MY 2021, MY 2022, and MY 2023 (i.e., to controls) are still reliable.

Primary Care

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6+)

Table 3-2 displays the MY 2021, MY 2022, and MY 2023 *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator measures the percentage of children who turned 15 months old during the measurement year who received six or more well-child visits with a PCP.

Table 3-2—Rates of Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	63.8%	60.0%	65.1%	57.7%	65.6%+	52.5%
Sex						
Male	66.0%	59.6%	67.4%	60.4%	64.2%	55.7%
Female	61.4%	60.6%	62.5%	54.4%	67.1%	49.3%
Race						
Black or African American	60.0%	48.2%	65.5%	53.2%	68.9%	51.2%
White	64.8%	66.0%	64.5%	59.3%	63.3%	52.6%
Other	100.0%^	75.0%^	100.0%	80.0%	100.0%^	66.7%^
Region						
Central	51.5%	57.6%	61.3%	56.0%	61.5%	48.3%
Charlottesville/Western	66.7%	73.1%	70.0%	60.0%	56.3%	43.8%
Northern & Winchester	60.0%	57.7%	64.3%	64.1%	60.0%	59.1%
Roanoke/Alleghany	74.5%	51.7%	73.5%	44.1%	72.7%	56.3%
Southwest	73.3%	71.4%	52.6%	71.4%	80.0%	56.3%
Tidewater	58.1%	56.3%	62.5%	57.9%	71.4%	57.7%
MCO						
Aetna	58.3%	68.4%	64.7%	64.0%	87.5%	62.5%
HealthKeepers	65.9%	60.0%	68.8%	54.2%	71.9%	52.2%
Molina	62.5%	60.0%	44.4%	60.0%	66.7%	57.1%
Sentara*	65.8%	51.6%	70.3%	57.1%	56.3%	46.3%
United	55.0%	84.6%	69.2%	61.5%	66.7%	80.0%
More Than One MCO	100.0%^	75.0%^	33.3%	50.0%	25.0%	16.7%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-2 shows that 65.6 percent of children in foster care and 52.5 percent of controls who turned 15 months old during MY 2023 received six or more well-child visits with a PCP, and the difference was statistically significant (p=0.02). The rates for children in foster care were notably higher than controls for female members (by 17.8 percentage points) and Black or African American members (by 17.7 percentage points). While there were large rate differences between children in foster care and controls for members in the Other racial group; members in the Central, Roanoke/Alleghany, Southwest, and Tidewater regions; and members enrolled in Aetna and HealthKeepers, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rate for children in foster care was above the national Medicaid 50th percentile, while the rate for controls was below the national Medicaid 50th percentile. The rate for children in foster care increased by 0.5 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 5.2 percentage points. For children in foster care, members enrolled with Sentara were significantly less likely to have well-child visits compared to members enrolled with other MCOs during MY 2023, while members enrolled with Aetna were significantly more likely.

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2+)

Table 3-3 displays the MY 2021, MY 2022, and MY 2023 *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* indicator measures the percentage of children who turned 30 months old during the measurement year who received two or more well-child visits with a PCP.

Table 3-3—Rates of Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	79.7%	75.8%	77.9%+	65.0%	83.5%	79.2%
Sex						
Male	81.8%	77.5%	85.4%	64.9%	86.6%	77.2%
Female	76.8%	73.4%	68.9%	65.1%	80.0%	82.1%
Race						
Black or African American	84.0%	78.1%	75.6%	57.6%	80.7%	77.8%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
White	76.4%	75.0%	79.0%	69.7%	84.3%	80.0%
Other	100.0%^	50.0%^	83.3%	66.7%	100.0%^	75.0%^
Region						
Central	86.0%	56.4%	78.4%	51.4%	71.4%	80.0%
Charlottesville/Western	75.0%	85.0%	71.8%	66.0%	94.6%	80.0%
Northern & Winchester	76.9%	74.5%	75.6%	69.4%	80.8%	90.9%
Roanoke/Alleghany	73.7%	82.9%	80.0%	76.9%	79.3%	74.3%
Southwest	77.3%	76.9%	81.0%	70.6%	85.7%	66.7%
Tidewater	88.1%	80.6%	81.8%	58.8%	85.3%	83.7%
MCO						
Aetna	92.9%	85.7%	66.7%	60.0%	87.0%	91.7%
HealthKeepers	74.2%	75.0%	86.9%	73.1%	82.4%	85.7%
Molina	73.7%	70.0%	72.2%	52.6%	71.4%	64.3%
Sentara*	83.3%	73.3%	80.2%	63.9%	82.7%	76.8%
United	63.2%	83.3%	55.6%	58.8%	84.6%	61.1%
More Than One MCO	100.0%^	66.7%^	100.0%^	80.0%^	100.0%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-3 shows that 83.5 percent of children in foster care and 79.2 percent of controls who turned 30 months old during MY 2023 received two or more well-child visits with a PCP, and the difference was not statistically significant (p=0.28). The rates for children in foster care were notably higher than controls for male members (by 9.4 percentage points), members in the Charlottesville/Western region (by 14.6 percentage points), and members enrolled with Sentara (by 5.9 percentage points). While there were large rate differences between foster care members and controls for members in the Other racial group; members in the Central, Northern & Winchester, Roanoke/Alleghany, and Southwest regions; and members enrolled with Molina and United, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile. The rates for children in foster care and controls from MY 2022 to MY 2023 increased by 5.6 and 14.2 percentage points, respectively. Of note, the rate for controls decreased from MY 2021 to MY 2022 by 10.8 percentage points. There were no disparities identified for children in foster care members. For children in foster care only, female members were significantly less likely to have two or more well-child visits with a PCP compared to male members in MY 2022;

however, this disparity no longer existed during MY 2023 due to an increase in the rate for female members (by 11.1 percentage points).

Child and Adolescent Well-Care Visits (WCV)

Table 3-4 displays the MY 2021, MY 2022, and MY 2023 *Child and Adolescent Well-Care Visits* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Child and Adolescent Well-Care Visits* indicator measures the percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) during the measurement year. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-4—Rates of *Child and Adolescent Well-Care Visits* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	64.8%+	54.7%	61.5%+	52.9%	62.7%+	55.2%
Age Category						
3 to 11 Years	68.5%	60.2%	64.7%	59.6%	66.2%	60.9%
12 to 17 Years	63.8%	50.5%	60.8%	47.4%	60.0%	49.7%
18 to 21 Years	45.5%	34.6%	44.8%	32.7%	46.5%	36.8%
Sex						
Male	64.5%	55.4%	60.6%	55.4%	61.6%	54.7%
Female	65.3%	53.8%	62.5%	49.7%	64.0%	55.8%
Race						
Black or African American	66.0%	56.9%	63.1%	55.6%	62.5%	56.0%
White	64.5%	53.5%	60.7%	51.4%	62.5%	54.6%
Other	57.7%	53.1%	60.3%	54.2%	72.7%	59.7%
Region						
Central	61.8%	56.2%	60.1%	51.6%	60.4%	53.7%
Charlottesville/Western	66.2%	50.3%	59.9%	49.7%	63.9%	54.4%
Northern & Winchester	63.6%	58.3%	64.9%	60.2%	62.4%	64.3%
Roanoke/Alleghany	61.3%	54.8%	62.2%	51.0%	65.3%	52.6%
Southwest	63.5%	45.6%	62.0%	46.0%	62.4%	46.8%
Tidewater	71.4%	61.1%	60.9%	58.5%	62.5%	60.3%
MCO						
Aetna	59.5%	49.6%	62.5%	52.1%	54.9%	49.2%
HealthKeepers	65.8%	61.4%	63.6%	57.0%	63.9%	59.5%
Molina	59.5%	46.6%	60.1%	43.6%	52.3%	54.0%
Sentara*	65.7%	53.0%	59.1%	51.1%	64.4%	54.3%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
United	63.4%	48.8%	63.3%	56.8%	61.9%	53.3%
More Than One MCO	72.5%	62.7%	80.3%	53.7%	73.8%	52.5%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-4 shows that 62.7 percent of children in foster care and 55.2 percent of controls had a well-care visit with a PCP or an OB/GYN during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were notably higher than controls for members 12 to 17 and 18 to 21 years of age (by 10.3 and 9.7 percentage points, respectively); female members (by 8.2 percentage points); White members and members in the Other racial group (by 7.9 and 13.0 percentage points, respectively); members in the Charlottesville, Roanoke/Alleghany, and Southwest regions (by 9.5, 12.7, and 15.6 percentage points, respectively); and members enrolled with Sentara, United, and More Than One MCO (by 10.1, 8.6, and 21.3 percentage points, respectively).

The MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile for members 3 to 11 years of age; however, only the rate for children in foster care exceeded the national Medicaid 50th percentile for members 12 to 17 years of age. The rate for the 18 to 21 years age group was not comparable to the national Medicaid 50th percentile, since members 19 to 21 years of age are excluded from this study population, and older members are less likely to have well-care visits. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 1.2 and 2.3 percentage points, respectively. For both children in foster care and controls, members 12 to 17 and 18 to 21 years of age were significantly less likely to have a well-care visit compared to members in other age groups during MY 2023, while members 3 to 11 years of age were significantly more likely. The disparities for members 3 to 11 and 18 to 21 years of age also existed during MY 2021 and MY 2022. For both children in foster care and controls, members enrolled with Aetna were significantly less likely to have a well-care visit compared to members enrolled with other MCOs during MY 2023. Additionally, for children in foster care only, members enrolled with Molina were significantly less likely to have a well-care visit. For children in foster care only, members enrolled with Sentara were significantly less likely to have a well-care visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for Sentara (by 5.3 percentage points).

Oral Health

Annual Dental Visit (ADV)

Table 3-5 displays the MY 2021, MY 2022, and MY 2023 *Annual Dental Visit* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with

identified health disparities are indicated with shading. The *Annual Dental Visit* indicator measures the percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year.[38] Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-5—Rates of *Annual Dental Visit* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	70.6%+	52.4%	68.6%+	53.7%	72.1%+	56.6%
Age Category						
≤ 2 Years	59.1%	38.9%	56.7%	36.8%	63.9%	39.0%
3 to 5 Years	70.4%	53.1%	69.8%	56.9%	70.5%	61.9%
6 to 10 Years	74.0%	59.1%	71.5%	61.8%	75.5%	65.7%
11 to 13 Years	77.5%	56.5%	76.4%	56.2%	76.8%	58.6%
≥ 14 Years	70.2%	50.8%	67.4%	51.2%	71.3%	51.1%
Sex						
Male	68.8%	51.2%	67.5%	53.1%	71.1%	55.9%
Female	72.7%	53.9%	69.9%	54.4%	73.1%	57.4%
Race						
Black or African American	71.2%	53.5%	68.8%	50.3%	70.9%	55.3%
White	70.2%	51.9%	68.6%	55.3%	72.4%	57.2%
Other	70.2%	52.4%	65.4%	57.7%	79.5%	58.0%
Region						
Central	70.0%	53.2%	69.4%	53.6%	70.1%	61.4%
Charlottesville/Western	68.1%	49.5%	67.6%	53.5%	70.7%	52.0%
Northern & Winchester	71.9%	64.4%	67.9%	64.2%	74.8%	64.2%
Roanoke/Alleghany	64.9%	45.2%	65.1%	51.0%	69.8%	53.2%
Southwest	75.7%	53.3%	74.1%	51.5%	77.2%	54.7%
Tidewater	73.9%	50.3%	68.8%	49.4%	71.9%	54.8%
MCO						
Aetna	67.7%	51.6%	68.0%	50.1%	65.1%	51.5%
HealthKeepers	71.2%	55.0%	70.8%	58.8%	74.0%	60.5%
Molina	64.4%	48.4%	60.7%	41.1%	66.9%	46.6%
Sentara*	70.0%	51.5%	67.6%	53.2%	72.6%	56.3%
United	77.7%	50.9%	68.3%	50.0%	70.8%	53.8%
More Than One MCO	79.7%	58.9%	87.3%	56.8%	85.5%	69.1%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

[38] HSAG modified the specifications for this measure in MY 2023 to allow visits with any provider authorized to provide dental services but restricted visits to those with a CDT code to ensure only visits for dental services were counted. Please see the Healthcare Utilization Analysis section in the Overview and Methodology for more details regarding these updates.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-5 shows that 72.1 percent of children in foster care and 56.6 percent of controls had a dental visit during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were higher than controls for members across all stratified rates, with the largest differences for members that were 2 years of age and younger, 11 to 13 years of age, and 14 years of age and older (by 24.9, 18.2, and 20.2 percentage points, respectively); female members (by 15.7 percentage points); Black or African American members and members in the Other racial group (by 15.6 and 21.5 percentage points, respectively); members in the Charlottesville/Western, Roanoke/Alleghany, Southwest, and Tidewater regions (by 18.7, 16.6, 22.5, and 17.1 percentage points, respectively); and members enrolled with Molina, Sentara, United, and More Than One MCO (by 20.3, 16.3, 17.0, and 16.4 percentage points, respectively).

For all eligible members, the MY 2023 rates for both children in foster care and controls were higher than the national Medicaid 50th percentiles for all age groups.[39] The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 3.5 and 2.9 percentage points, respectively. These rate changes are mostly due to the change in the indicator specifications from MY 2022 to MY 2023. For both children in foster care and controls, members 2 years of age and younger were significantly less likely to have a dental visit compared to members in other age groups during MY 2023, while members 6 to 10 years of age were significantly more likely. Additionally, for children in foster care only, members 11 to 13 years of age were significantly more likely to have a dental visit. These disparities also existed during MY 2021 and MY 2022. For children in foster care only, members in the Southwest region were significantly more likely to have a dental visit compared to members in other regions during MY 2023. These disparities also existed during MY 2021 and MY 2022. For children in foster care only, members in the Roanoke/Alleghany region were significantly less likely to have a dental visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for Roanoke/Alleghany (by 4.7 percentage points). For both children in foster care and controls, members enrolled with Aetna were significantly less likely to have a dental visit compared to members enrolled with other MCOs during MY 2023, while members enrolled with More Than One MCO were significantly more likely. The disparity for children in foster care enrolled with More Than One MCO also existed in MY 2022. For children in foster care only, members enrolled with Molina were significantly less likely to have a dental visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for Molina (by 6.2 percentage points).

Preventive Dental Services (PDENT-CH)

Table 3-6 displays the MY 2021, MY 2022, and MY 2023 *Preventive Dental Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Preventive Dental Services* indicator measures the percentage of members 1 to 20 years of age and eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services who received at least one preventive

[39] Since the national benchmarks have different age stratifications than the age categories in this report, comparisons were made between the age stratifications that were the most similar.

dental service during the measurement year. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-6—Rates of *Preventive Dental Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	64.6%+	45.6%	63.3%+	47.7%	67.1%+	50.8%
Age Category						
≤ 2 Years	50.2%	31.0%	49.0%	28.1%	54.6%	31.3%
3 to 5 Years	68.4%	49.1%	67.0%	54.2%	68.0%	59.0%
6 to 10 Years	70.9%	55.9%	69.2%	58.8%	73.0%	62.7%
11 to 13 Years	71.2%	49.4%	73.0%	51.8%	73.7%	54.8%
≥ 14 Years	63.5%	42.5%	60.7%	44.8%	65.4%	43.9%
Sex						
Male	64.1%	44.9%	63.0%	47.7%	66.8%	50.2%
Female	65.1%	46.4%	63.7%	47.6%	67.4%	51.4%
Race						
Black or African American	66.5%	47.5%	63.5%	44.7%	67.1%^	50.5%^
White	63.5%	44.5%	63.3%	49.0%	66.7%	50.8%
Other	64.8%	48.3%	59.8%	51.2%	77.6%	53.6%
Region						
Central	64.8%	46.7%	64.9%	48.9%	65.6%	55.8%
Charlottesville/Western	60.4%	42.0%	62.2%	47.4%	65.8%	45.6%
Northern & Winchester	65.6%	57.2%	63.2%	58.6%	71.8%	58.3%
Roanoke/Alleghany	57.2%	38.7%	56.5%	42.1%	62.5%	47.0%
Southwest	70.3%	45.8%	69.0%	46.2%	71.2%	46.9%
Tidewater	70.3%	44.3%	65.2%	43.6%	67.6%	51.3%
MCO						
Aetna	62.7%	46.5%	62.1%	44.0%	61.0%	46.4%
HealthKeepers	65.3%	49.4%	65.0%	52.3%	69.6%	55.3%
Molina	56.2%	38.4%	54.3%	31.8%	59.8%	40.9%
Sentara*	64.2%	43.8%	62.9%	47.7%	67.7%	50.6%
United	70.8%	44.6%	64.1%	47.2%	63.8%	46.1%
More Than One MCO	73.8%	54.4%	78.8%	47.5%	79.5%	55.8%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-6 shows that 67.1 percent of children in foster care and 50.8 percent of controls had at least one preventive dental service during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were higher than controls across all stratified rates, with the largest differences for members 2 years of age and younger, 11 to 13 years of age, and 14 years of age and older (by 23.3, 18.9, and 21.5 percentage points, respectively); Black or African American members and members in the Other racial group (by 16.6 and 24.0 percentage points, respectively); members in the Charlottesville/Western and Southwest regions (by 20.2 and 24.3 percentage points, respectively); and members enrolled with Molina, Sentara, United, and More Than One MCO (by 18.9, 17.1, 17.7, and 23.7 percentage points, respectively).

National Medicaid benchmarks were not available for this indicator. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 3.8 and 3.1 percentage points, respectively. For both children in foster care and controls, members 2 years of age and younger were significantly less likely to have a preventive dental service compared to members in other age groups during MY 2023, while members 6 to 10 years of age were significantly more likely. Additionally, for children in foster care only, members 11 to 13 years of age were significantly more likely to have a preventive dental service. These disparities also existed during MY 2021 and MY 2022. For children in foster care only, members 14 years of age and older were significantly less likely to have a preventive dental service during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this age group (by 4.7 percentage points). For children in foster care only, members in the Other racial group were significantly more likely to have a preventive dental service compared to members in other racial groups during MY 2023. For children in foster care only, members in the Roanoke/Alleghany region were significantly less likely to have a preventive dental service compared to members in other regions during MY 2023, while members in the Northern & Winchester region and the Southwest region were significantly more likely. The disparities for the Roanoke/Alleghany and Southwest regions were also present during MY 2021 and MY 2022. For both children in foster care and controls, members enrolled with Molina were significantly less likely to have a preventive dental service compared to members enrolled with other MCOs during MY 2023, while members enrolled with HealthKeepers were significantly more likely. The disparity for Molina also existed during MY 2021 and MY 2022. Additionally, for children in foster care only, members enrolled with Aetna were significantly less likely to have a preventive dental service, while members enrolled with More Than One MCO were significantly more likely.

Oral Evaluation, Dental Services (OEV-CH)

Table 3-7 displays the MY 2021, MY 2022, and MY 2023 *Oral Evaluation, Dental Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Oral Evaluation, Dental Services* indicator measures the percentage of enrolled children under 21 years of age who received a comprehensive or periodic oral evaluation within the measurement year. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-7—Rates of *Oral Evaluation, Dental Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	63.5%+	44.5%	61.8%+	46.2%	66.3%+	49.5%
Age Category						
≤ 2 Years	51.5%	30.2%	50.3%	27.3%	55.1%	31.1%
3 to 5 Years	66.7%	46.9%	65.2%	51.7%	67.9%	56.9%
6 to 10 Years	68.7%	54.5%	67.2%	57.4%	71.8%	60.5%
11 to 13 Years	68.4%	47.0%	69.8%	50.4%	72.0%	53.5%
≥ 14 Years	63.1%	43.3%	58.9%	43.9%	64.4%	43.9%
Sex						
Male	63.0%	44.0%	61.7%	46.1%	66.0%	49.1%
Female	64.1%	45.1%	61.9%	46.3%	66.7%	49.9%
Race						
Black or African American	65.1%	47.0%	62.2%	43.5%	66.5%	49.8%
White	62.5%	43.0%	61.8%	47.6%	65.8%	49.2%
Other	65.9%	47.7%	56.1%	46.3%	76.5%	52.9%
Region						
Central	65.4%	46.2%	63.4%	47.9%	65.3%	54.9%
Charlottesville/Western	56.8%	39.4%	59.4%	45.6%	66.2%	44.2%
Northern & Winchester	65.5%	56.8%	62.6%	56.1%	71.2%	57.8%
Roanoke/Alleghany	55.6%	36.7%	54.5%	41.2%	60.9%	46.1%
Southwest	69.2%	44.9%	67.3%	43.9%	67.9%	43.6%
Tidewater	69.9%	44.2%	64.9%	42.8%	67.5%	50.5%
MCO						
Aetna	60.6%	45.3%	59.8%	42.5%	58.8%	45.0%
HealthKeepers	65.5%	49.1%	64.4%	51.2%	69.0%	53.8%
Molina	56.2%	36.9%	54.8%	29.7%	59.3%	39.7%
Sentara*	62.2%	42.4%	61.0%	46.2%	67.0%	49.4%
United	71.2%	42.4%	62.8%	44.9%	63.0%	45.7%
More Than One MCO	72.3%	53.0%	72.3%	47.0%	78.5%	54.4%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-7 shows that 66.3 percent of children in foster care and 49.5 percent of controls received a comprehensive or periodic oral evaluation during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were higher than controls across all stratified rates, with the largest differences for members 2 years of age and younger, 11 to 13 years of age, and 14 years of age and older (by 24.0, 18.5, and 20.5 percentage points, respectively); male members (by 16.9 percentage points); members in the Other racial group (by 23.6 percentage points); members in the Charlottesville/Western, Southwest, and Tidewater regions (by 22.0, 24.3, and 17.0 percentage points, respectively); and members enrolled with Molina, Sentara, United, and More Than One MCO (by 19.6, 17.6, 17.3, and 24.1 percentage points, respectively).

For all eligible members, the MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile. The rates for children in foster care and controls increased from MY 2022 to MY 2023 by 4.5 and 3.3 percentage points, respectively. For both children in foster care and controls, members 2 years of age and younger were significantly less likely to have an oral evaluation compared to members in other age groups during MY 2023, while members 6 to 10 years of age were significantly more likely. Additionally, for children in foster care only, members 11 to 13 years of age were significantly more likely to have an oral evaluation. These disparities also existed during MY 2021 and MY 2022. For children in foster care only, members 14 years of age and older were significantly less likely to have an oral evaluation during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this age group (by 5.5 percentage points). For children in foster care, members in the Other racial group were significantly more likely to have an oral evaluation compared to members in other racial groups during MY 2023. For both children in foster care and controls, members in the Northern & Winchester region were significantly more likely to have an oral evaluation compared to members in other regions during MY 2023. Additionally, for children in foster care only, members in the Roanoke/Alleghany region were significantly less likely to have an oral evaluation. This disparity also existed during MY 2021 and MY 2022. For both children in foster care and controls, members enrolled with Molina were significantly less likely to have an oral evaluation compared to members enrolled with other MCOs during MY 2023, while members enrolled with HealthKeepers were significantly more likely. Additionally, for children in foster care only, members enrolled with Aetna were significantly less likely to have an oral evaluation, while members enrolled with More Than One MCO were significantly more likely. The disparities for Molina also existed during MY 2021 and MY 2022.

Topical Fluoride for Children—Dental or Oral Health Services (TFL-CH)

Table 3-8 displays the MY 2021, MY 2022, and MY 2023 *Topical Fluoride for Children—Dental or Oral Health Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Topical Fluoride for Children—Dental or Oral Health Services* indicator measures the percentage of enrolled children 1 through 20 years of age who received at least two topical fluoride applications as dental or oral health services during the measurement year. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-8—Rates of *Topical Fluoride for Children—Dental or Oral Health Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	35.0%+	20.8%	29.1%+	19.3%	33.4%+	21.5%
Age Category						
≤ 2 Years	29.5%	20.5%	26.1%	16.8%	29.6%	18.5%
3 to 5 Years	36.5%	19.9%	31.8%	21.4%	36.5%	24.2%
6 to 10 Years	41.9%	25.8%	33.7%	24.4%	40.8%	28.3%
11 to 13 Years	43.6%	24.4%	35.5%	19.9%	36.7%	23.9%
≥ 14 Years	27.5%	15.4%	22.4%	15.0%	24.9%	13.5%
Sex						
Male	34.5%	19.7%	30.9%	19.9%	33.4%	20.8%
Female	35.7%	22.2%	27.1%	18.7%	33.4%	22.3%
Race						
Black or African American	35.0%	19.3%	30.9%	17.3%	34.0%	20.9%
White	35.1%	21.3%	28.4%	20.2%	33.3%	21.7%
Other	33.3%	28.7%	24.7%	24.4%	29.4%	22.6%
Region						
Central	38.4%	21.9%	30.6%	21.7%	32.8%	23.8%
Charlottesville/Western	30.8%	18.2%	29.5%	14.6%	32.7%	19.9%
Northern & Winchester	41.9%	30.2%	32.3%	29.8%	39.5%	28.8%
Roanoke/Alleghany	24.5%	16.5%	21.3%	14.5%	28.4%	18.9%
Southwest	33.1%	18.4%	26.6%	15.3%	32.0%	17.4%
Tidewater	40.5%	20.1%	33.4%	20.0%	36.3%	20.4%
MCO						
Aetna	30.2%	21.8%	26.7%	16.9%	28.3%	21.1%
HealthKeepers	38.8%	25.1%	32.0%	23.1%	37.7%	24.9%
Molina	30.7%	15.8%	24.4%	14.7%	28.7%	14.1%
Sentara*	33.5%	19.1%	27.9%	18.2%	32.0%	19.9%
United	34.2%	17.6%	27.5%	21.0%	36.9%	22.7%
More Than One MCO	52.5%	24.1%	47.4%	13.9%	35.1%	27.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-8 shows that 33.4 percent of children in foster care and 21.5 percent of controls received at least two topical fluoride applications as dental or oral health services during MY 2023, and the difference was statistically significant ($p<0.001$). Low rates may be due to some topical fluoride treatments not being captured in the administrative data, and the American Dental Association (ADA) only recommends fluoride treatment for people at elevated risk for caries. Additionally, ADA has less strict clinical recommendations for people 6 years of age and older (e.g., people 6 years of age and older can use home-use fluoride treatments instead of receiving fluoride varnish, and two out of three procedure codes in the *Topical Fluoride for Children* specifications are for fluoride varnish).[40] The rates for children in foster care were higher than controls across all stratified rates, with the largest differences being for members 3 to 5, 6 to 10, and 11 to 13 years of age (by 12.3, 12.5, and 12.8 percentage points, respectively); male members (by 12.6 percentage points); Black or African American members (by 13.1 percentage points); members in the Charlottesville/Western, Southwest, and Tidewater regions (by 12.8, 14.6, and 15.9 percentage points, respectively); and members enrolled with HealthKeepers, Molina, Sentara, and United (by 12.8, 14.6, 12.1, and 14.2 percentage points, respectively).

For all eligible members, the MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile. The rates for children in foster care and controls increased from MY 2022 to MY 2023 by 4.3 and 2.2 percentage points, respectively. For both children in foster care and controls, members 14 years of age and older were significantly less likely to receive at least two topical fluoride applications compared to members in other age groups during MY 2023, while members 6 to 10 years of age were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children in foster care only, members 2 years of age and younger were also significantly less likely to receive at least two topical fluoride applications during MY 2023. For children in foster care only, female members were significantly less likely to receive at least two topical fluoride applications during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for female members (by 6.3 percentage points). For both children in foster care and controls, members in the Northern & Winchester region were significantly more likely to receive at least two topical fluoride applications compared to members in other regions during MY 2023. For children in foster care only, members in the Roanoke/Alleghany region were significantly less likely to receive at least two topical fluoride applications compared to members in other regions during MY 2023.This disparity also existed during MY 2021 and MY 2022. For both children in foster care and controls, members enrolled with HealthKeepers were significantly more likely to receive at least two topical fluoride applications during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children in foster care only, members enrolled with Aetna were significantly less likely to receive at least two topical fluoride applications compared to members enrolled with other MCOs during MY 2023.

Behavioral Health

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (FUH)

Table 3-9 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with

[40] American Dental Association. Fluoride: Topical and Systematic Supplements. Available at: https://www.ada.org/resources/ada-library/oral-health-topics/fluoride-topical-and-systemic-supplements. Accessed on: Jan 13, 2025.

shading. The *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* indicator measures the percentage of discharges for children 6 to 17 years of age who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses for which the member had a follow-up visit within seven days after discharge with a mental health provider. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-9—Rates of *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	64.2%	59.7%	35.6%-	57.6%	57.7%	58.9%
Age Category						
3 to 5 Years	100.0%^	—	—	—	—	—
6 to 10 Years	81.0%	50.0%	58.3%	62.5%	59.1%	54.5%
11 to 13 Years	71.0%	68.8%	31.6%	58.8%	75.8%	66.7%
≥ 14 Years	51.9%	57.5%	32.2%	56.1%	51.5%	57.4%
Sex						
Male	75.9%	58.8%	35.5%	60.0%	60.0%	50.0%
Female	59.7%	60.0%	35.6%	56.1%	56.8%	65.9%
Race						
Black or African American	60.5%	72.7%	23.5%	50.0%	63.3%	61.9%
White	68.2%	53.8%	42.3%	60.9%	53.8%	58.8%
Other	0.0%^	0.0%^	50.0%	—	100.0%^	0.0%^
Region						
Central	42.3%	72.7%	36.4%	55.6%	57.1%	66.7%
Charlottesville/Western	55.6%	53.3%	23.1%	53.8%	62.1%	76.9%
Northern & Winchester	93.3%	25.0%	50.0%	80.0%	44.4%	50.0%
Roanoke/Alleghany	73.7%	70.0%	50.0%	62.5%	60.6%	30.0%
Southwest	57.1%	28.6%	33.3%	60.0%	42.9%^	0.0%^
Tidewater	83.3%	73.3%	30.8%	41.7%	61.8%	60.0%
MCO						
Aetna	50.0%	80.0%	42.9%	50.0%	78.6%	75.0%
HealthKeepers	74.2%	73.9%	33.3%	46.7%	61.1%	65.0%
Molina	71.4%	37.5%	40.0%^	0.0%^	25.0%^	100.0%^
Sentara*	56.9%	52.0%	35.2%	73.5%	58.5%	52.3%
United	50.0%^	0.0%^	50.0%	33.3%	50.0%^	100.0%^
More Than One MCO	85.7%	—	0.0%^	33.3%^	25.0%^	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-9 shows that 57.7 percent of children in foster care and 58.9 percent of controls had a follow-up visit within seven days after discharge with a mental health provider during MY 2023, and the difference was not statistically significant (p=0.86). The rates for children in foster care were notably higher than controls for male members (by 10.0 percentage points) and members enrolled with Sentara (by 6.2 percentage points). Conversely, the rates for children in foster care were notably lower than controls for members 14 years of age and older (by 5.9 percentage points) and female members (by 9.1 percentage points). While there were large rate differences between foster care members and controls for most of the other stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile. The rates for children in foster care and controls increased from MY 2022 to MY 2023 by 22.1 and 1.3 percentage points, respectively. Of note, the rate for children in foster care decreased from MY 2021 to MY 2022 by 28.6 percentage points. The large decrease observed during MY 2022 in the rate for children in foster care was due to a relative increase in follow-up visits between eight and 15 days after hospitalization for mental illness and a relative decrease in follow-up visits within seven days. The large increase observed in MY 2023 nearly returns to the MY 2021 rate and is predominantly due to follow-up visits occurring earlier again. For children in foster care only, members 14 years of age and older were significantly less likely to have a follow-up visit within seven days after discharge with a mental health provider compared to members in other age groups during MY 2023, while members 11 to 13 years of age were significantly more likely. The disparity for members 14 years of age and older also existed during MY 2021.

Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up (FUM)

Table 3-10 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator measures the percentage of ED visits for children 6 to 17 years of age with a principal diagnosis of mental illness or intentional self-harm for which the member had a follow-up visit for mental illness within 30 days of the ED visit. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-10—Rates of *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	92.9%	81.5%	87.7%	74.4%	76.7%	66.7%
Age Category						
3 to 5 Years	—	—	—	100.0%^	—	—
6 to 10 Years	100.0%^	87.5%^	87.5%	60.0%	100.0%^	77.8%^
11 to 13 Years	80.0%	83.3%	92.3%	70.0%	75.0%	87.5%
≥ 14 Years	92.0%	76.9%	86.1%	83.3%	70.8%	50.0%
Sex						
Male	93.3%	90.9%	82.6%	70.6%	66.7%	66.7%
Female	92.6%	75.0%	90.5%	77.3%	84.0%	66.7%
Race						
Black or African American	93.8%^	100.0%^	88.2%	57.1%	68.4%	62.5%
White	92.0%^	68.8%^	87.5%	78.1%	87.0%	68.0%
Other	100.0%^	100.0%^	—	—	0.0%^	—
Region						
Central	100.0%^	100.0%^	93.8%	70.0%	33.3%	33.3%
Charlottesville/Western	88.9%	80.0%	82.4%	66.7%	85.7%	75.0%
Northern & Winchester	100.0%^	66.7%^	100.0%^	83.3%^	83.3%	80.0%
Roanoke/Alleghany	100.0%^	50.0%^	83.3%	76.9%	83.3%	88.9%
Southwest	100.0%^	—	80.0%^	100.0%^	100.0%^	100.0%^
Tidewater	83.3%^	100.0%^	90.9%	33.3%	77.8%	50.0%
MCO						
Aetna	100.0%^	50.0%^	50.0%^	100.0%^	100.0%^	50.0%^
HealthKeepers	90.9%	90.0%	88.2%	45.5%	61.5%	58.3%
Molina	100.0%^	100.0%^	50.0%	—	100.0%^	—
Sentara*	87.5%	76.9%	89.5%	82.6%	87.5%	76.9%
United	100.0%^	100.0%^	100.0%^	100.0%^	60.0%	75.0%
More Than One MCO	100.0%^	—	100.0%^	100.0%^	75.0%	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.

— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-10 shows that 76.7 percent of children in foster care and 66.7 percent of controls had a follow-up visit for mental illness within 30 days of the ED visit during MY 2023, and the difference was not statistically significant (p=0.33). While there were large rate differences between children in foster care and controls for most stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rate for children in foster care was above the national Medicaid 50th percentile, while the rate for controls was similar to the national Medicaid 50th percentile. The rates for both children in foster care and controls decreased from MY 2022 to MY 2023 by 11.0 and 7.7 percentage points, respectively. Approximately 10 percent of children in foster care in the denominator had a follow-up visit within 31 to 90 days of the ED visit, indicating some members are still receiving a follow-up visit, though not within the 30-day timeframe. For both children in foster care and controls, members in the Central region were significantly less likely to have a follow-up visit for mental illness within 30 days of the ED visit compared to members in other regions during MY 2023.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing (APM)

Table 3-11 displays the MY 2021, MY 2022, and MY 2023 *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing* indicator measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and who received blood glucose and cholesterol testing. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-11—Rates of *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	38.0%	35.7%	38.3%	31.3%	36.4%	38.5%
Age Category						
≤ 2 Years	—	—	—	0.0%^	—	—
3 to 5 Years	25.0%	85.7%	40.0%	33.3%	25.0%	25.0%
6 to 10 Years	36.8%	35.6%	40.0%	19.4%	33.8%	30.6%
11 to 13 Years	36.4%	28.1%	36.8%	32.3%	31.7%	45.5%
≥ 14 Years	40.8%	33.3%	37.7%	37.5%	40.6%	41.8%
Sex						
Male	36.2%	36.7%	37.4%	25.6%	30.8%	41.8%
Female	40.0%	34.0%	39.3%	41.3%	43.1%	34.0%
Race						
Black or African American	41.4%	36.4%	40.2%	36.0%	35.6%	44.4%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
White	35.4%	36.3%	38.0%	30.4%	37.6%	35.0%
Other	75.0%^	0.0%^	0.0%^	0.0%^	0.0%^	100.0%^
Region						
Central	42.3%	34.6%	40.4%	22.2%	31.9%	32.0%
Charlottesville/Western	36.6%	46.4%	36.0%	31.6%	35.3%	47.6%
Northern & Winchester	42.9%	30.0%	44.1%	47.4%	61.5%	40.0%
Roanoke/Alleghany	18.4%	43.8%	37.0%	38.5%	31.3%	20.8%
Southwest	55.9%	46.2%	37.0%	41.2%	37.5%	57.9%
Tidewater	38.2%	21.2%	36.2%	10.0%	27.7%	38.9%
MCO						
Aetna	58.8%	33.3%	43.5%	35.7%	33.3%	22.2%
HealthKeepers	39.8%	26.7%	31.9%	30.6%	34.5%	30.8%
Molina	10.5%	25.0%	62.5%	50.0%	30.0%^	0.0%^
Sentara*	39.1%	45.8%	37.7%	28.3%	35.7%	45.3%
United	53.8%	33.3%	66.7%	54.5%	57.1%	25.0%
More Than One MCO	14.3%^	0.0%^	22.2%^	0.0%^	45.5%^	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-11 shows that 36.4 percent of children in foster care and 38.5 percent of controls with two or more antipsychotic prescriptions received blood glucose and cholesterol testing during MY 2023, and the difference was not statistically significant (p=0.69). The rate for children in foster care was notably higher than controls for female members (by 9.1 percentage points). Conversely, the rates for children in foster care were notably lower than controls for male members (by 11.0 percentage points); Black or African American members (by 8.8 percentage points); and members enrolled with Sentara (by 9.6 percentage points). While there were large rate differences between children in foster care and controls for most of the other stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rate for children in foster care was similar to the national Medicaid 50th percentile, while the rate for the controls was above the national Medicaid 50th percentile. The rate for children in foster care decreased from MY 2022 to MY 2023 by 1.9 percentage points, while the rate for controls increased by 7.2 percentage points. For children in foster care only,

male members were significantly less likely to receive blood glucose and cholesterol testing during MY 2023, while female members were significantly more likely. For children in foster care only, members in the Northern & Winchester region were significantly more likely to receive blood glucose and cholesterol testing compared to members in other regions during MY 2023.

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

Table 3-12 displays the MY 2021, MY 2022, and MY 2023 *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* indicator measures the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-12—Rates of *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	89.2%+	68.4%	77.9%+	60.8%	86.3%	72.5%
Age Category						
≤ 2 Years	—	—	—	0.0%^	—	—
3 to 5 Years	80.0%	75.0%	60.0%	62.5%	0.0%^	100.0%^
6 to 10 Years	86.4%	90.0%	87.1%	37.5%	96.2%	75.0%
11 to 13 Years	88.9%	70.0%	75.0%	50.0%	83.3%	66.7%
≥ 14 Years	93.9%	50.0%	70.8%	75.0%	85.3%	71.4%
Sex						
Male	91.2%	75.0%	71.8%	53.8%	80.0%	60.9%
Female	87.8%	57.1%	86.2%	68.0%	92.5%	88.2%
Race						
Black or African American	96.3%	69.2%	86.4%	54.5%	90.9%	80.0%
White	85.7%	69.6%	75.6%	62.5%	82.6%	68.0%
Other	—	50.0%	0.0%^	—	100.0%^	—
Region						
Central	88.9%	87.5%	80.0%	66.7%	84.2%	66.7%
Charlottesville/Western	91.7%	37.5%	84.2%	88.9%	90.0%	70.0%
Northern & Winchester	80.0%	75.0%	80.0%	71.4%	92.3%	75.0%
Roanoke/Alleghany	90.9%	50.0%	90.0%	41.7%	92.3%	77.8%
Southwest	83.3%	75.0%	81.8%	50.0%	66.7%	60.0%
Tidewater	94.7%	80.0%	53.8%	44.4%	87.5%	83.3%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
MCO						
Aetna	100.0%^	0.0%^	100.0%^	57.1%^	100.0%^	66.7%^
HealthKeepers	90.5%	81.8%	62.5%	53.8%	85.7%	50.0%
Molina	90.9%	50.0%	66.7%	50.0%	100.0%^	100.0%^
Sentara*	84.4%	75.0%	85.0%	71.4%	87.8%	76.9%
United	66.7%	50.0%	100.0%^	40.0%^	33.3%^	100.0%^
More Than One MCO	100.0%^	0.0%^	50.0%	66.7%	100.0%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-12 shows that 86.3 percent of children in foster care and 72.5 percent of controls had documentation of psychosocial care as first-line treatment during MY 2023, and the difference was not statistically significant (p=0.07). While there were large rate differences between children in foster care and controls for members in most of the stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 8.4 and 11.7 percentage points, respectively. Of note, the rate for children in foster care during MY 2023 returned to a similar rate as seen during MY 2021, and the rate for controls during MY 2023 exceeded its MY 2021 rate. For children in foster care, members in the Tidewater region were significantly less likely to have documentation of psychosocial care as first-line treatment compared to members in other regions during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for the Tidewater region (by 33.7 percentage points).

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

Table 3-13 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up Care for Children Prescribed ADHD Medication* measure rates among children in foster care and controls by month of follow-up. Table 3-14 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up* indicator rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up Care for Children Prescribed ADHD Medication* indicator measures the percentage of children and adolescents 6 to 12 years of age who were newly

prescribed ADHD medication who had a follow-up visit within one, two, three, six, or nine months of when the first ADHD medication was dispensed.

Table 3-13—Rates of *Follow-Up Care for Children Prescribed ADHD Medication* Among Children in Foster Care and Controls, by Month of Follow-Up

Month of Follow-Up	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
One-Month	78.1%	66.4%	77.3%	75.0%	76.1%	66.0%
Two-Months	88.6%	81.8%	90.0%	90.1%	88.8%	81.3%
Three-Months	93.0%	90.2%	93.6%	93.4%	91.8%	88.2%
Six-Months	96.5%	96.5%	97.3%	97.4%	94.0%	95.8%
Nine-Month	98.2%	97.2%	97.3%	98.7%	95.5%	99.3%

Table 3-13 shows that 76.1 percent of children in foster care had a follow-up visit within one month of when their first ADHD medication was dispensed, and 95.5 percent of children in foster care had a follow-up visit within nine months. The results for children in foster care were similar to the results seen for this group during MY 2021 and MY 2022. Additionally, while the rates for children in foster care were 10.1 percentage points higher than controls for a follow-up visit within one month, the gap between the rates for children in foster care and controls closed for follow-up visits for two, three, six, and nine months, with the rate for controls exceeding the rate for children in foster care for follow-up visits for six and nine months. These findings indicate that children in foster care are more likely to have a follow-up visit earlier than controls; however, this gap closes over time and by six months after the first ADHD medication is dispensed, children in foster care are less likely to have a follow-up visit than controls.

Table 3-14—Rates of *Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	78.1%+	66.4%	77.3%	75.0%	76.1%	66.0%
Age Category						
6 to 10 Years	78.8%	66.7%	77.8%	77.2%	79.0%	66.0%
11 to 13 Years	75.9%	65.9%	75.9%	68.4%	67.6%	66.0%
Sex						
Male	75.6%	67.7%	73.3%	72.4%	75.0%	63.9%
Female	83.3%	64.0%	82.0%	78.5%	77.3%	70.2%
Race						
Black or African American	77.5%	62.3%	70.6%	77.0%	74.5%	71.4%
White	77.8%	68.6%	81.1%	73.3%	76.9%	62.1%
Other	100.0%^	75.0%^	50.0%^	100.0%^	100.0%^	100.0%^

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
Region						
Central	79.3%	53.6%	55.6%	78.8%	80.0%	78.1%
Charlottesville/Western	63.6%	62.1%	87.5%	84.0%	75.0%	71.4%
Northern & Winchester	80.0%	75.0%	71.4%	64.3%	72.7%	66.7%
Roanoke/Alleghany	90.9%	80.0%	87.5%	70.4%	55.6%	57.1%
Southwest	73.3%	81.3%	88.2%	76.2%	88.0%	73.7%
Tidewater	86.4%	60.6%	71.4%	71.9%	85.7%	53.1%
MCO						
Aetna	72.7%	62.5%	55.6%	87.5%	85.7%	57.1%
HealthKeepers	78.6%	57.4%	78.0%	72.5%	81.0%	66.0%
Molina	66.7%	60.0%	33.3%	80.0%	62.5%	66.7%
Sentara*	78.7%	72.6%	82.7%	74.6%	74.2%	67.2%
United	83.3%	83.3%	100.0%^	75.0%^	33.3%	75.0%
More Than One MCO	100.0%^	50.0%^	66.7%^	0.0%^	100.0%^	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-14 shows that 76.1 percent of children in foster care and 66.0 percent of controls had a follow-up care visit within 30 days of when their first ADHD medication was dispensed during MY 2023, and the difference was not statistically significant (p=0.06). The rates for children in foster care were notably higher than controls for members 6 to 10 years of age (by 13.0 percentage points), male members (by 11.1 percentage points), White members (by 14.8 percentage points), and members enrolled with HealthKeepers (by 15.0 percentage points). While there were large rate differences between children in foster care and controls for members in the Southwest region and the Tidewater region, and members enrolled with Aetna and United, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children in foster care and controls were above the national Medicaid 50th percentile. The rates for children in foster care and controls decreased from MY 2022 to MY 2023 by 1.2 and 9.0 percentage points, respectively. For children in foster care only, members in the Roanoke/Alleghany region were significantly less likely to have a follow-up care visit within 30 days of when their first ADHD medication was dispensed compared to members in other regions during MY 2023. For children in foster care only, members in the Central region were significantly less likely to have a follow-up visit during MY 2022; however, this disparity no longer

existed during MY 2023 due to an increase in the rate for the Central region (by 24.4 percentage points).

Substance Use

Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment (IET–I)

Table 3-15 displays the MY 2021, MY 2022, and MY 2023 *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* rates among children in foster care and controls 13 years of age and older stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicator measures the percentage of new SUD episodes among adolescent and adult members that result in initiation of SUD treatment within 14 days of the diagnosis.[41] Since the children in foster care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-15—Rates of *Initiation and Engagement of Substance Use Disorder (SUD) Treatment—Initiation of SUD Treatment* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	39.7%	50.0%	40.4%	50.0%	33.9%	28.1%
Age Category						
11 to 13 Years	75.0%	—	66.7%	75.0%	50.0%^	0.0%^
≥ 14 Years	37.0%	50.0%	38.9%	47.5%	32.7%^	31.0%^
Sex						
Male	42.4%	63.6%	38.5%	40.9%	34.5%	25.0%
Female	36.0%	38.5%	41.9%	59.1%	33.3%	31.3%
Race						
Black or African American	52.6%	80.0%	35.7%	75.0%	25.0%	33.3%
White	31.6%	44.4%	40.5%	42.9%	38.5%	26.1%
Other	100.0%^	0.0%^	100.0%^	100.0%^	0.0%^	—
Region						
Central	54.5%	75.0%	44.4%	80.0%	33.3%	33.3%
Charlottesville/Western	28.6%	60.0%	57.1%	44.4%	9.1%^	100.0%^
Northern & Winchester	30.8%	33.3%	33.3%	20.0%	50.0%	7.7%
Roanoke/Alleghany	55.6%	—	22.2%	77.8%	12.5%	40.0%
Southwest	12.5%	33.3%	42.9%	50.0%	60.0%	50.0%
Tidewater	50.0%	66.7%	33.3%	40.0%	50.0%	33.3%

[41] HSAG advises caution in interpreting rate changes over time for this indicator since CMS' measure specifications greatly changed between MY 2021 and MY 2022 (e.g., the measure changed from a percentage of members to a percentage of SUD events).

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
MCO						
Aetna	14.3%	25.0%	0.0%^	50.0%^	62.5%^	0.0%^
HealthKeepers	38.1%	40.0%	50.0%	23.1%	36.8%^	0.0%^
Molina	75.0%^	100.0%^	50.0%	66.7%	0.0%^	100.0%^
Sentara*	40.9%	44.4%	36.0%	60.9%	24.0%	37.5%
United	50.0%	50.0%	50.0%	50.0%	—	100.0%^
More Than One MCO	—	—	0.0%^	100.0%^	100.0%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-15 shows that 33.9 percent of new SUD episodes among children in foster care and 28.1 percent of new SUD episodes among controls resulted in initiation of treatment within 14 days of diagnosis during MY 2023, and the difference was not statistically significant (p=0.57). While there were large rate differences between children in foster care and controls for most of the stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children in foster care and controls were below the national Medicaid 50th percentile. The rates for children in foster care and controls decreased from MY 2022 to MY 2023 by 6.5 and 21.9 percentage points, respectively. There were no disparities identified for children in foster care members.

Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment (IET–E)

Table 3-16 displays the MY 2021, MY 2022, and MY 2023 *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* rates among children in foster care and controls 13 years of age and older stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* indicator measures the percentage of new SUD episodes among adolescent and adult members for which SUD treatment was initiated that also resulted in engagement in ongoing SUD treatment within 34 days of the initiation visit.[42] Since the children in foster

[42] HSAG advises caution in interpreting rate changes over time for this indicator since CMS' measure specifications greatly changed between MY 2021 and MY 2022 (e.g., the measure changed from a percentage of members to a percentage of SUD events).

care population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 3-16—Rates of *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	20.7%	16.7%	10.5%	13.6%	19.6%+	3.1%
Age Category						
11 to 13 Years	0.0%^	—	33.3%	25.0%	50.0%^	0.0%^
≥ 14 Years	22.2%^	16.7%^	9.3%	12.5%	17.3%^	3.4%^
Sex						
Male	27.3%	27.3%	19.2%	13.6%	27.6%^	6.3%^
Female	12.0%	7.7%	3.2%	13.6%	11.1%^	0.0%^
Race						
Black or African American	36.8%^	0.0%^	7.1%	25.0%	12.5%^	0.0%^
White	10.5%^	22.2%^	9.5%	8.6%	23.1%^	4.3%^
Other	100.0%^	0.0%^	100.0%^	100.0%^	0.0%^	—
Region						
Central	18.2%	50.0%	0.0%^	0.0%^	13.3%^	0.0%^
Charlottesville/Western	0.0%^	0.0%^	7.1%	11.1%	0.0%^	0.0%^
Northern & Winchester	15.4%	16.7%	16.7%	10.0%	33.3%^	0.0%^
Roanoke/Alleghany	33.3%	—	11.1%	33.3%	0.0%^	10.0%^
Southwest	12.5%	16.7%	28.6%	16.7%	60.0%^	0.0%^
Tidewater	40.0%^	0.0%^	8.3%^	0.0%^	16.7%^	0.0%^
MCO						
Aetna	14.3%^	0.0%^	0.0%^	0.0%^	50.0%^	0.0%^
HealthKeepers	14.3%	20.0%	5.0%	15.4%	26.3%^	0.0%^
Molina	50.0%	25.0%	0.0%^	0.0%^	0.0%^	100.0%^
Sentara*	22.7%	11.1%	12.0%	17.4%	8.0%^	0.0%^
United	25.0%	50.0%	50.0%^	0.0%^	—	0.0%^
More Than One MCO	—	—	0.0%^	0.0%^	0.0%^	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-16 shows that 19.6 percent of new SUD episodes among children in foster care and 3.1 percent of new SUD episodes among controls resulted in initiation of SUD treatment within 14 days of diagnosis and engagement in ongoing SUD treatment during MY 2023, and the difference was statistically significant (p=0.05). While there were large rate differences between children in foster care and controls for many of the stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rate for children in foster care was above the national Medicaid 50th percentile, while the rate for controls was below the national Medicaid 50th percentile. The rate for children in foster care increased by 9.1 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 10.5 percentage points. There were no disparities identified for children in foster care members.

Respiratory Health

Asthma Medication Ratio (AMR)

Table 3-17 displays the MY 2021, MY 2022, and MY 2023 *Asthma Medication Ratio* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Asthma Medication Ratio* indicator measures the percentage of children and adolescents 5 to 18 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Table 3-17—Rates of *Asthma Medication Ratio* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	85.7%	80.2%	82.5%	76.1%	77.1%	77.8%
Age Category						
5 to 11 Years	92.9%	76.3%	83.3%	85.7%	85.7%	85.2%
12 to 18 Years	81.0%	83.7%	81.8%	69.8%	70.4%	70.4%
Sex						
Male	83.3%	79.2%	84.6%	73.3%	74.1%	74.2%
Female	88.2%	81.8%	78.6%	80.8%	81.0%	82.6%
Race						
Black or African American	81.3%	74.4%	68.4%	73.7%	71.4%	73.3%
White	94.4%	85.4%	94.7%	78.8%	83.3%	83.3%
Other	0.0%^	100.0%^	100.0%^	—	66.7%	—
Region						
Central	83.3%	82.4%	80.0%	77.8%	61.5%	71.4%
Charlottesville/Western	100.0%^	76.9%^	83.3%	86.7%	83.3%	70.0%
Northern & Winchester	0.0%^	75.0%^	66.7%	71.4%	100.0%^	100.0%^

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
Roanoke/Alleghany	66.7%	80.0%	83.3%	50.0%	100.0%^	75.0%^
Southwest	100.0%^	90.0%^	75.0%	90.9%	33.3%^	100.0%^
Tidewater	88.9%	78.3%	90.9%	62.5%	60.0%	81.3%
MCO						
Aetna	100.0%^	100.0%^	83.3%^	100.0%^	50.0%	66.7%
HealthKeepers	100.0%^	82.1%^	81.8%	72.2%	86.7%	75.0%
Molina	0.0%^	—	100.0%^	80.0%^	100.0%^	100.0%^
Sentara*	86.7%	76.1%	88.2%	76.3%	82.6%	81.1%
United	100.0%^	100.0%^	33.3%	66.7%	25.0%	—
More Than One MCO	—	100.0%^	100.0%^	100.0%^	—	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-17 shows that 77.1 percent of children in foster care and 77.8 percent of controls who were identified as having persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during MY 2023, and the difference was not statistically significant (p=0.93). While there were large rate differences between children in foster care and controls for members in most regions and members enrolled with Aetna and HealthKeepers, these rates had small denominators, so the rates may be less reliable.

The rates for children in foster care and controls were above the national Medicaid 50th percentile for members 5 to 11 and 12 to 18 years of age. The rate for children in foster care decreased by 5.4 percentage points from MY 2022 to MY 2023, while the rate for controls increased by 1.7 percentage points. For children in foster care only, members enrolled with United were significantly less likely to have a ratio of controller medications to total asthma medications of 0.50 or greater compared to members enrolled with other MCOs during MY 2023.

Service Utilization

Ambulatory Care Visits

Table 3-18 displays the MY 2021, MY 2022, and MY 2023 *Ambulatory Care Visits* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics

with identified health disparities are indicated with shading. The *Ambulatory Care Visits* indicator measures the percentage of members who had an ambulatory care visit during the measurement year.

Table 3-18—Rates of *Ambulatory Care Visits* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	88.9%	89.7%	86.8%	88.1%	86.8%	88.0%
Age Category						
≤ 2 Years	92.2%	93.4%	90.3%	91.8%	92.2%	93.6%
3 to 5 Years	89.4%	90.1%	86.6%	89.5%	88.1%	89.0%
6 to 10 Years	86.5%	89.5%	85.0%	87.6%	85.2%	88.2%
11 to 13 Years	88.2%	89.5%	89.1%	87.9%	83.9%	84.7%
≥ 14 Years	88.7%	86.9%	85.0%	85.5%	85.5%	85.1%
Sex						
Male	88.7%	88.9%	86.9%	88.4%	85.3%	87.1%
Female	89.2%	90.6%	86.8%	87.9%	88.5%	89.0%
Race						
Black or African American	88.4%	88.0%	85.1%	85.1%	85.7%	85.0%
White	89.4%	90.8%	88.0%	89.8%	87.2%	89.7%
Other	84.1%	84.1%	80.5%	87.8%	92.9%	83.5%
Region						
Central	88.2%	87.9%	83.4%	84.0%	82.9%	85.7%
Charlottesville/Western	90.6%	91.7%	87.8%	89.8%	88.4%	88.2%
Northern & Winchester	82.5%	87.6%	84.2%	89.7%	85.3%	88.0%
Roanoke/Alleghany	90.6%	91.3%	90.8%	91.1%	91.7%	87.4%
Southwest	92.1%	91.1%	92.4%	92.2%	91.0%	93.3%
Tidewater	89.8%	88.7%	84.3%	84.3%	83.4%	86.8%
MCO						
Aetna	87.5%	86.9%	83.7%	87.2%	82.6%	85.9%
HealthKeepers	87.7%	89.8%	87.4%	88.2%	87.1%	89.5%
Molina	86.7%	83.7%	79.0%	80.8%	77.8%	84.5%
Sentara*	89.5%	91.1%	87.7%	88.8%	88.4%	87.6%
United	91.4%	87.7%	86.8%	89.7%	85.4%	87.7%
More Than One MCO	96.4%	92.8%	97.6%	92.8%	97.5%	96.2%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-18 shows that 86.8 percent of children in foster care and 88.0 percent of controls had an ambulatory care visit during MY 2023, and the difference was not statistically significant (p=0.16). The rates for children in foster care were notably higher than controls for members in the Other racial group (by 9.4 percentage points) and notably lower than controls for members enrolled with Molina (by 6.7 percentage points).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for children in foster care did not change from MY 2022 to MY 2023, while the rate for controls decreased by 0.1 percentage points. For both children in foster care and controls, members 11 to 13 years of age were significantly less likely to have an ambulatory care visit compared to members in other age groups during MY 2023, while members 2 years of age and younger were significantly more likely. The disparities for members 2 years of age and younger also existed during MY 2021 and MY 2022. For children in foster care only, members 14 years of age and older were significantly less likely to have an ambulatory care visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for these members (by 0.5 percentage points). For children in foster care only, male members were significantly less likely to have an ambulatory care visit during MY 2023, while female members were significantly more likely. For children in foster care only, Black or African American members were significantly less likely to have an ambulatory care visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for these members (by 0.6 percentage points). For both children in foster care and controls, members in the Central region were significantly less likely to have an ambulatory care visit compared to members in other regions during MY 2023, while members in the Southwest region were significantly more likely. For children in foster care only, members in the Tidewater region were significantly less likely to have an ambulatory care visit, while members in the Roanoke/Alleghany were significantly more likely. These disparities also existed during MY 2022. For both children in foster care and controls, members enrolled with More Than One MCO were significantly more likely to have an ambulatory care visit compared to members enrolled with other MCOs during MY 2023. This disparity existed for children in foster care during MY 2021 and MY 2022. For children in foster care only, members enrolled with Aetna and Molina were significantly less likely to have an ambulatory care visit compared to members enrolled with other MCOs during MY 2023, while members enrolled with were significantly more likely. The disparities for Aetna and Molina also existed during MY 2022.

ED Visits

Table 3-19 displays the MY 2021, MY 2022, and MY 2023 *ED Visits* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *ED Visits* indicator measures the percentage of members who had an ED visit during the measurement year.

Table 3-19—Rates of *ED Visits* Among Children in Foster Care and Controls

	MY 2021		MY 2022		MY 2023	
Category	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	24.8%-	31.5%	26.9%-	35.5%	26.7%-	36.7%
Age Category						
≤ 2 Years	26.4%	43.5%	30.6%	48.7%	29.1%	47.3%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
3 to 5 Years	20.0%	27.2%	19.6%	37.2%	22.7%	40.1%
6 to 10 Years	16.0%	23.6%	19.4%	30.0%	20.6%	31.6%
11 to 13 Years	18.2%	26.3%	24.6%	27.6%	25.1%	30.6%
≥ 14 Years	37.9%	35.0%	36.6%	34.4%	34.7%	35.2%
Sex						
Male	22.3%	30.5%	25.3%	35.6%	25.0%	36.0%
Female	27.6%	32.6%	28.8%	35.4%	28.7%	37.4%
Race						
Black or African American	24.8%	33.8%	26.1%	38.7%	28.2%	37.3%
White	24.7%	30.5%	27.7%	34.5%	26.1%	36.7%
Other	26.1%	25.0%	17.1%	18.3%	22.4%	27.1%
Region						
Central	25.2%	34.0%	27.3%	34.3%	29.7%	40.7%
Charlottesville/Western	24.6%	27.8%	24.9%	32.4%	22.9%	30.6%
Northern & Winchester	21.3%	29.9%	26.1%	38.8%	24.0%	35.9%
Roanoke/Alleghany	26.9%	35.6%	29.7%	36.7%	29.1%	38.3%
Southwest	29.2%	36.0%	32.7%	40.8%	29.1%	40.5%
Tidewater	22.5%	27.3%	22.9%	32.7%	25.2%	34.4%
MCO						
Aetna	25.1%	32.7%	26.9%	36.9%	24.9%	40.3%
HealthKeepers	23.7%	32.0%	26.6%	35.5%	25.5%	35.1%
Molina	29.6%	40.9%	27.9%	35.2%	26.3%	37.6%
Sentara*	25.3%	30.5%	26.8%	34.1%	26.7%	36.4%
United	21.8%	28.0%	28.2%	43.2%	31.5%	40.6%
More Than One MCO	22.9%	26.5%	28.9%	38.6%	39.2%	31.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-19 shows that 26.7 percent of children in foster care and 36.7 percent of controls had an ED visit during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were notably lower than controls for members 2 years of age and younger, 3 to 5 years of age, and 6 to 10 years of age (by 18.2, 17.4, and 11.0 percentage points, respectively); male members (by 11.0 percentage points); White members (by 10.6 percentage points); members in the Central, Northern & Winchester, and Southwest regions (by 11.0, 11.9, 11.4 percentage points, respectively); and members enrolled with Aetna and Molina (by 15.4 and 11.3 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for children in foster care decreased from MY 2022 to MY 2023 by 0.2 percentage points, while the rate for controls increased by 1.2 percentage points. For both children in foster care and controls, members 6 to 10 years of age were significantly less likely to have an ED visit compared to members in other age groups during MY 2023. For children in foster care only, members 3 to 5 years of age were significantly less likely to have an ED visit, while members 14 years of age and older were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children in foster care, male members were significantly less likely to have an ED visit during MY 2023, while female members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children in foster care, members of the Other racial group were significantly less likely to have an ED visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this racial group (by 5.3 percentage points). For both children in foster care and controls, members in the Charlottesville/Western region were significantly less likely to have an ED visit compared to members in other regions during MY 2023, while members in the Central region were significantly more likely. For children in foster care only, members in the Tidewater region were significantly less likely to have an ED visit during MY 2023; however, this disparity no longer existed during MY 2023 due to an increase in the rate for the Tidewater region (by 2.3 percentage points). For children in foster care only, members enrolled with More Than One MCO were significantly more likely to have an ED visit compared to members enrolled with other MCOs during MY 2023.

Inpatient Visits

Table 3-20 displays the MY 2021, MY 2022, and MY 2023 *Inpatient Visits* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Inpatient Visits* indicator measures the percentage of members who had an inpatient visit during the measurement year.

Table 3-20—Rates of *Inpatient Visits* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	4.5%	4.4%	5.1%	4.2%	6.0%+	4.8%
Age Category						
≤ 2 Years	2.1%	6.0%	3.4%	7.2%	5.6%	8.4%
3 to 5 Years	0.8%	0.8%	1.9%	1.8%	1.6%	1.4%
6 to 10 Years	2.9%	2.0%	2.5%	1.7%	3.8%	2.5%
11 to 13 Years	8.3%	5.6%	5.4%	4.4%	6.8%	4.5%
≥ 14 Years	8.2%	7.1%	10.2%	5.8%	11.0%	7.1%
Sex						
Male	3.0%	3.5%	3.7%	3.6%	4.5%	4.3%
Female	6.3%	5.5%	6.7%	5.0%	7.6%	5.3%
Race						
Black or African American	4.7%	4.6%	5.9%	3.8%	5.7%	4.3%
White	4.3%	4.3%	4.6%	4.5%	6.1%	5.0%
Other	6.8%	3.4%	6.1%	1.2%	5.9%	5.9%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
Region						
Central	4.8%	5.1%	6.6%	3.9%	7.1%	5.8%
Charlottesville/Western	5.7%	5.1%	5.8%	4.4%	6.4%	5.2%
Northern & Winchester	3.8%	3.2%	4.2%	6.5%	4.6%	4.4%
Roanoke/Alleghany	5.5%	4.0%	5.3%	3.8%	6.8%	3.9%
Southwest	2.6%	4.2%	3.3%	4.0%	3.6%	3.8%
Tidewater	4.0%	4.4%	4.2%	3.0%	6.3%	5.0%
MCO						
Aetna	3.4%	4.0%	4.3%	3.8%	5.5%	3.6%
HealthKeepers	4.5%	4.4%	4.4%	4.2%	4.4%	4.1%
Molina	4.9%	5.9%	5.0%	4.1%	6.7%	4.6%
Sentara*	4.7%	4.4%	5.8%	4.3%	6.9%	5.4%
United	3.3%	3.3%	4.3%	2.6%	5.9%	4.1%
More Than One MCO	8.4%	6.0%	4.8%	10.8%	5.1%	7.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-20 shows that 6.0 percent of children in foster care and 4.8 percent of controls had an inpatient visit during MY 2023, and the difference was statistically significant (p=0.03). The rate differences between children in foster care and controls were similar across the stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 0.9 and 0.6 percentage points, respectively. For both children in foster care and controls, members 3 to 5 and 6 to 10 years of age were significantly less likely to have an inpatient visit compared to members in other age groups during MY 2023, while members 14 years of age and older were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children in foster care only, members 2 years of age and younger were significantly less likely to have an inpatient visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this age group (by 2.2 percentage points). For children in foster care only, male members were significantly less likely to have an inpatient visit during MY 2023, while female members were significantly more likely. For children in foster care only, members in the Southwest region were significantly less likely to have an inpatient visit compared to members in other regions during MY 2023. For children in foster care only, members enrolled with HealthKeepers were less likely to have an inpatient visit compared to members enrolled with other MCOs during MY 2023, while members enrolled with Sentara were significantly more likely.

Behavioral Health Encounters—Total

Table 3-21 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Total* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Total* indicator measures the percentage of members who had a behavioral health encounter during the measurement year.

Table 3-21—Rates of *Behavioral Health Encounters—Total* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	71.0%+	57.5%	65.4%+	51.9%	68.5%+	56.1%
Age Category						
≤ 2 Years	45.6%	33.6%	46.0%	34.6%	50.2%	37.2%
3 to 5 Years	62.2%	38.5%	52.0%	35.4%	55.0%	38.3%
6 to 10 Years	76.7%	67.5%	69.6%	53.6%	73.7%	62.1%
11 to 13 Years	84.8%	72.2%	79.4%	67.3%	83.0%	70.9%
≥ 14 Years	83.2%	70.9%	76.0%	64.7%	77.7%	67.6%
Sex						
Male	71.1%	57.7%	64.4%	52.1%	68.8%	57.1%
Female	70.9%	57.2%	66.5%	51.7%	68.2%	54.9%
Race						
Black or African American	70.6%	55.5%	64.3%	51.5%	67.6%	53.7%
White	71.4%	58.6%	66.3%	52.4%	68.9%	57.7%
Other	64.8%	54.5%	52.4%	45.1%	71.8%	45.9%
Region						
Central	71.1%	56.5%	65.0%	51.7%	64.9%	53.3%
Charlottesville/Western	71.3%	59.8%	63.2%	52.5%	69.6%	55.0%
Northern & Winchester	62.3%	46.1%	59.2%	41.7%	64.5%	47.2%
Roanoke/Alleghany	72.9%	62.1%	70.7%	58.2%	73.5%	60.5%
Southwest	76.2%	61.0%	70.4%	53.5%	74.0%	62.5%
Tidewater	72.7%	59.1%	64.9%	53.2%	65.9%	57.8%
MCO						
Aetna	69.1%	53.8%	62.8%	48.2%	63.0%	53.0%
HealthKeepers	70.6%	57.1%	66.4%	52.3%	69.6%	57.4%
Molina	68.5%	50.7%	61.6%	42.9%	57.2%	41.8%
Sentara*	71.5%	60.3%	64.6%	53.5%	69.8%	58.4%
United	68.3%	50.6%	66.2%	49.6%	68.0%	50.2%
More Than One MCO	86.7%	55.4%	88.0%	62.7%	83.5%	58.2%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-21 shows that 68.5 percent of children in foster care and 56.1 percent of controls had a behavioral health encounter during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were notably higher than controls across all stratified rates, with the largest difference being for members 2 years of age and younger and 3 to 5 years of age (by 13.0 and 16.7 percentage points, respectively); female members (by 13.3 percentage points); Black or African American members and members in the Other racial group (by 13.9 and 25.9 percentage points, respectively); members in the Charlottesville/Western, Northern & Winchester, and Roanoke/Alleghany regions (by 14.6, 17.3, and 13.0 percentage points, respectively); and members enrolled with Molina, United, and More Than One MCO (by 15.4, 17.8, and 25.3 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 3.1 and 4.2 percentage points, respectively. For both children in foster care and controls, members 2 years of age and younger and 3 to 5 years of age were significantly less likely to have a behavioral health encounter compared to members in other age groups during MY 2023, while members 6 to 10 years of age, 11 to 13 years of age, and 14 years of age and older were significantly more likely. Most of these disparities also existed during MY 2021 and MY 2022. These identified disparities may reflect that behavioral health conditions are more likely to be diagnosed later in life. For children in foster care only, members in the Other racial group were significantly less likely to have a behavioral health encounter compared to members in other racial groups during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this racial group (by 19.4 percentage points). For both children in foster care and controls, members in the Roanoke/Alleghany region and the Southwest region were significantly more likely to have a behavioral health encounter during MY 2023. Most of these disparities existed during MY 2021 and MY 2022. For children in foster care only, members in the Central region were significantly less likely to have a behavioral health encounter compared to members in other regions during MY 2023. For children in foster care only, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this region (by 5.3 percentage points). For both children in foster care and controls, members enrolled with Molina were significantly less likely to have a behavioral health encounter compared to members enrolled with other MCOs during MY 2023. For children in foster care only, members enrolled with Aetna were significantly less likely to have a behavioral health encounter during MY 2023, while members enrolled with More Than One MCO were significantly more likely. The disparity for members enrolled with More Than One MCO also existed during MY 2021 and MY 2022.

Behavioral Health Encounters—ARTS

Table 3-22 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—ARTS* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—ARTS* indicator measures the percentage of members with a behavioral health encounter with ARTS.

Table 3-22—Rates of *Behavioral Health Encounters—ARTS* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	1.9%+	0.7%	2.8%+	1.5%	3.9%+	1.8%
Age Category						
≤ 2 Years	0.0%^	0.0%^	0.0%^	0.3%^	0.2%	0.2%
3 to 5 Years	0.0%^	0.2%^	0.2%^	0.0%^	0.5%	0.3%
6 to 10 Years	0.9%	0.6%	0.8%	0.2%	1.3%	0.7%
11 to 13 Years	1.1%	0.6%	1.8%	1.8%	4.9%	2.1%
≥ 14 Years	6.0%	1.8%	8.5%	4.2%	10.6%	4.9%
Sex						
Male	2.4%	0.5%	2.5%	1.3%	3.3%	2.1%
Female	1.3%	1.0%	3.1%	1.7%	4.5%	1.5%
Race						
Black or African American	2.6%	0.5%	1.7%	0.6%	2.6%	1.7%
White	1.5%	0.8%	3.4%	2.0%	4.3%	1.9%
Other	3.4%	1.1%	2.4%	1.2%	8.2%	1.2%
Region						
Central	1.7%	1.1%	2.4%	0.9%	3.5%	1.7%
Charlottesville/Western	1.0%	0.1%	3.5%	1.7%	4.0%	1.7%
Northern & Winchester	4.0%	1.9%	3.1%	2.2%	5.3%	2.5%
Roanoke/Alleghany	1.3%^	0.0%^	3.8%	2.1%	4.7%	2.4%
Southwest	1.9%	0.9%	1.8%	1.8%	3.1%	1.0%
Tidewater	1.9%	0.5%	2.0%	0.6%	3.0%	1.7%
MCO						
Aetna	1.5%	0.9%	2.0%	0.3%	3.9%	1.7%
HealthKeepers	2.9%	1.1%	2.8%	1.4%	4.6%	1.9%
Molina	1.5%	0.5%	1.8%	1.8%	1.5%	1.0%
Sentara*	1.5%	0.3%	2.9%	1.6%	3.8%	1.9%
United	2.5%	1.6%	3.0%	2.6%	2.7%	1.8%
More Than One MCO	0.0%^	1.2%^	7.2%	2.4%	3.8%	2.5%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-22 shows 3.9 percent of children in foster care and 1.8 percent of controls had a behavioral health encounter with ARTS during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were notably higher than controls for members 14 years of age and older (by 5.7 percentage points) and members in the Other racial group (by 7.0 percentage points).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 1.1 and 0.3 percentage points, respectively. For both children in foster care and controls, members 2 years of age and younger, 3 to 5 years of age, and 6 to 10 years of age were significantly less likely to have a behavioral health encounter with ARTS compared to members in other age groups during MY 2023, while members 14 years of age and older were significantly more likely. The disparities identified for children in foster care members 6 to 10 years of age and 14 years of age and older also existed during MY 2021 and MY 2022. For children in foster care only, Black or African American members were significantly less likely to have a behavioral health encounter with ARTS compared to members in other racial groups during MY 2023, while members in the Other racial group were significantly more likely.

Behavioral Health Encounters—CMH Services

Table 3-23 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—CMH Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—CMH Services* indicator measures the percentage of members who had a behavioral health encounter with CMH services.

Table 3-23—Rates of *Behavioral Health Encounters—CMH Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	38.8%+	21.7%	35.3%+	20.0%	33.1%+	19.3%
Age Category						
≤ 2 Years	7.1%	3.2%	9.2%	2.9%	9.0%	3.4%
3 to 5 Years	33.3%	15.5%	30.0%	16.7%	27.7%	16.1%
6 to 10 Years	46.5%	28.8%	40.9%	24.0%	38.6%	25.0%
11 to 13 Years	53.0%	30.6%	47.4%	30.6%	44.4%	27.4%
≥ 14 Years	51.6%	28.5%	45.3%	25.0%	42.1%	22.6%
Sex						
Male	39.0%	23.8%	34.5%	20.7%	32.8%	20.2%
Female	38.6%	19.1%	36.2%	19.2%	33.5%	18.3%
Race						
Black or African American	40.1%	23.8%	37.2%	19.7%	35.3%	21.1%
White	38.3%	21.0%	34.7%	20.4%	32.3%	18.8%
Other	33.0%	10.2%	23.2%	12.2%	24.7%	8.2%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
Region						
Central	41.4%	19.8%	39.2%	17.9%	33.9%	15.8%
Charlottesville/Western	39.1%	21.4%	33.0%	20.3%	33.3%	19.1%
Northern & Winchester	29.7%	10.1%	26.1%	11.1%	27.9%	10.4%
Roanoke/Alleghany	43.3%	26.7%	44.2%	27.2%	37.4%	26.9%
Southwest	39.7%	31.3%	33.2%	29.4%	34.8%	28.1%
Tidewater	38.8%	22.8%	34.2%	16.6%	30.8%	16.6%
MCO						
Aetna	37.3%	20.2%	35.2%	16.6%	30.1%	18.5%
HealthKeepers	37.3%	18.6%	34.0%	15.3%	32.4%	15.4%
Molina	34.0%	20.7%	32.9%	12.3%	26.3%	14.9%
Sentara*	40.3%	25.1%	35.7%	24.7%	34.9%	23.0%
United	36.2%	15.2%	35.5%	20.1%	30.6%	16.9%
More Than One MCO	50.6%	18.1%	50.6%	19.3%	45.6%	15.2%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-23 shows that 33.1 percent of children in foster care and 19.3 percent of controls had a behavioral health encounter with CMH services during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were notably higher than controls across all stratified rates, with the largest differences for members 11 to 13 years of age and 14 years of age and older (by 17.0 and 19.5 percentage points, respectively); female members (by 15.2 percentage points); Black or African American members and members in the Other racial group (by 14.2 and 16.5 percentage points, respectively); members in the Central, Charlottesville/Western, Northern & Winchester, and Tidewater regions (by 18.1, 14.2, 17.5, and 14.2 percentage points, respectively); and members enrolled with HealthKeepers and More Than One MCO (by 17.0 and 30.4 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls decreased from MY 2022 to MY 2023 by 2.2 and 0.7 percentage points, respectively. For both children in foster care and controls, members 2 years of age and younger and 3 to 5 years of age were significantly less likely to have a behavioral health encounter with CMH services compared to members in other age groups during MY 2023, while members 6 to 10 years of age, 11 to 13 years of age, and 14 years of age and older were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children in foster care and controls, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter with CMH services compared to members

in other regions during MY 2023, while members in the Roanoke/Alleghany region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children in foster care and controls, members enrolled with Sentara were significantly more likely to have a behavioral health encounter with CMH services compared to members enrolled with other MCOs during MY 2023. For children in foster care only, members enrolled with Molina were significantly less likely to have a behavioral health encounter with CMH services compared to members enrolled with other MCOs during MY 2023, while members enrolled with More Than One MCO were significantly more likely.

Behavioral Health Encounters—RTC Services

Table 3-24 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—RTC Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—RTC Services* indicator measures the percentage of members who had a behavioral health encounter with RTC services. Please note, starting in July 2025, RTC placement and services will become a carved-out service rather than an excluded service.

Table 3-24—Rates of *Behavioral Health Encounters—RTC Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	4.4%+	2.6%	5.5%+	4.1%	9.2%+	4.6%
Age Category						
≤ 2 Years	0.8%	0.8%	1.0%	1.9%	1.2%	2.7%
3 to 5 Years	1.5%	1.5%	4.9%	6.2%	5.1%	5.7%
6 to 10 Years	3.0%	1.1%	5.2%	2.6%	6.4%	3.2%
11 to 13 Years	8.8%	4.1%	5.8%	4.4%	11.7%	4.9%
≥ 14 Years	7.8%	5.1%	8.9%	5.2%	19.0%	6.3%
Sex						
Male	3.2%	1.8%	5.1%	4.1%	9.0%	4.9%
Female	5.7%	3.5%	5.9%	4.0%	9.5%	4.2%
Race						
Black or African American	4.6%	2.7%	5.5%	4.1%	8.7%	4.7%
White	4.2%	2.5%	5.4%	4.2%	9.3%	4.7%
Other	5.7%	2.3%	7.3%	0.0%	15.3%	2.4%
Region						
Central	5.1%	2.7%	5.8%	4.6%	10.0%	4.9%
Charlottesville/Western	5.5%	2.7%	7.0%	4.2%	9.2%	5.7%
Northern & Winchester	3.8%	1.7%	5.1%	4.9%	7.6%	4.6%
Roanoke/Alleghany	5.6%	2.3%	7.1%	4.3%	12.8%	5.6%
Southwest	1.4%	2.3%	2.0%	2.0%	4.2%	1.5%
Tidewater	3.7%	3.4%	4.7%	3.8%	10.4%	4.8%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
MCO						
Aetna	2.4%	2.1%	5.3%	4.8%	9.4%	4.1%
HealthKeepers	4.7%	3.3%	5.4%	4.0%	8.9%	4.0%
Molina	3.9%	4.4%	4.6%	3.2%	6.7%	3.1%
Sentara*	4.6%	2.3%	5.9%	4.2%	9.6%	5.1%
United	3.7%	0.8%	2.6%	2.1%	8.7%	4.1%
More Than One MCO	7.2%	0.0%	8.4%	6.0%	12.7%	8.9%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-24 shows that 9.2 percent of children in foster care and 4.6 percent of controls had a behavioral health encounter with RTC services during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children in foster care were notably higher than controls for members 11 to 13 years of age and 14 years of age and older (by 6.8 and 12.7 percentage points, respectively); female members (by 5.3 percentage points); members in the Other racial group (by 12.9 percentage points); members in the Central, Roanoke/Alleghany, and Tidewater regions (by 5.1, 7.2 and 5.6 percentage points, respectively); and members enrolled with Aetna (by 5.3 percentage points).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 3.7 and 0.5 percentage points, respectively. Approximately 1.8 percentage points of the increase in the rate for children in foster care was attributable to the addition of the Healthcare Common Procedure Coding System (HCPCS) code H2020 (i.e., therapeutic behavioral services, per diem) to the codes used to identify RTC services.[43] For both children in foster care and controls, members 2 years of age and younger and 6 to 10 years of age were significantly less likely to have a behavioral health encounter with RTC services compared to members in other age groups during MY 2023, while members 14 years of age and older were significantly more likely. Most of these disparities also existed during MY 2021 and MY 2022. For children in foster care only, members 3 to 5 years of age were significantly less likely to have a behavioral health encounter with RTC services during MY 2023, while members 11 to 13 years of age were significantly more likely. For both children in foster care and controls, members in the Southwest region were significantly less likely to have a behavioral health encounter with RTC services compared to members in other regions during MY 2023. This disparity for children in foster care also existed during MY 2021 and MY 2022. For children in foster care only, members in the Roanoke/Alleghany region were significantly more likely to have a behavioral health encounter with RTC services during MY 2023. For children in foster care only, members enrolled

[43] While DMAS classifies the H2020 code as residential treatment, providers may also use this code for other behavioral health services.

with United were significantly less likely to have a behavioral health encounter with RTC services compared to members enrolled with other MCOs during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this group (by 6.1 percentage points).

Behavioral Health Encounters—Therapeutic Services

Table 3-25 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Therapeutic Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Therapeutic Services* indicator measures the percentage of members who had a behavioral health encounter with therapeutic services.

Table 3-25—Rates of *Behavioral Health Encounters—Therapeutic Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	10.4%+	5.9%	10.9%+	6.0%	2.2%	1.5%
Age Category						
≤ 2 Years	2.0%	1.8%	1.0%	1.9%	0.0%^	0.0%^
3 to 5 Years	9.2%	6.4%	8.8%	9.1%	2.1%	1.3%
6 to 10 Years	11.1%	8.5%	12.6%	8.3%	4.4%	2.0%
11 to 13 Years	12.6%	7.9%	14.1%	7.3%	2.8%	3.0%
≥ 14 Years	15.8%	5.4%	15.8%	4.2%	1.2%	1.6%
Sex						
Male	12.1%	7.1%	12.3%	7.7%	2.5%	1.7%
Female	8.5%	4.5%	9.3%	4.0%	1.8%	1.3%
Race						
Black or African American	10.5%	6.4%	10.0%	6.1%	2.8%	1.7%
White	10.7%	5.7%	11.5%	6.2%	1.9%	1.5%
Other	3.4%	5.7%	6.1%	0.0%	1.2%	1.2%
Region						
Central	13.4%	6.2%	10.6%	4.9%	2.1%	0.6%
Charlottesville/Western	9.7%	6.0%	11.9%	9.3%	3.4%	2.8%
Northern & Winchester	5.3%	2.7%	6.5%	3.3%	0.7%^	0.0%^
Roanoke/Alleghany	13.7%	5.1%	12.0%	5.9%	3.4%	3.2%
Southwest	14.7%	10.3%	16.0%	9.4%	1.3%	0.4%
Tidewater	6.6%	6.1%	9.2%	3.9%	1.7%	2.0%
MCO						
Aetna	9.8%	5.2%	8.5%	7.5%	1.9%	1.1%
HealthKeepers	8.6%	6.4%	9.7%	4.2%	2.1%	0.8%
Molina	10.8%	5.4%	7.8%	3.2%	1.0%	2.1%
Sentara*	11.2%	6.2%	12.4%	7.2%	2.6%	1.9%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
United	12.8%	4.1%	10.7%	4.7%	0.9%	2.7%
More Than One MCO	13.3%	4.8%	14.5%	7.2%	1.3%	1.3%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-25 shows that 2.2 percent of children in foster care and 1.5 percent of controls had a behavioral health visit with therapeutic services during MY 2023, and the difference was not statistically significant (p=0.06). The rate differences between children in foster care and controls were similar across the stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls decreased from MY 2022 to MY 2023 by 8.7 and 4.5 percentage points, respectively. Approximately 7.5 percentage points of the decrease in the rate for children in foster care was attributable to changes in the codes used to identify therapeutic services. For children in foster care only, members 14 years of age and older were significantly less likely to have a behavioral health encounter with therapeutic services compared to members in other age groups during MY 2023, while members 6 to 10 years of age were significantly more likely. For both children in foster care and controls, members in the Charlottesville/Western region and the Roanoke/Alleghany region were significantly more likely to have a behavioral health encounter with therapeutic services compared to members in other regions during MY 2023.

Behavioral Health Encounters—Traditional Services

Table 3-26 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Traditional Services* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Traditional Services* indicator measures the percentage of members who had a behavioral health encounter with traditional services.

Table 3-26—Rates of *Behavioral Health Encounters—Traditional Services* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	67.8%+	53.8%	61.2%+	47.9%	65.8%+	53.8%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
Age Category						
≤ 2 Years	42.9%	33.0%	43.3%	33.7%	47.6%	37.0%
3 to 5 Years	56.5%	35.3%	44.8%	30.5%	52.0%	37.0%
6 to 10 Years	73.7%	63.7%	64.7%	48.3%	71.4%	59.2%
11 to 13 Years	82.3%	68.2%	76.4%	61.1%	80.0%	67.9%
≥ 14 Years	80.8%	65.0%	72.9%	61.4%	74.9%	64.4%
Sex						
Male	67.7%	53.3%	60.0%	48.3%	66.4%	54.5%
Female	67.9%	54.4%	62.6%	47.4%	65.2%	53.1%
Race						
Black or African American	67.1%	50.8%	59.5%	47.0%	64.7%	50.6%
White	68.4%	55.5%	62.4%	48.6%	66.2%	55.8%
Other	60.2%	51.1%	51.2%	42.7%	71.8%	45.9%
Region						
Central	67.1%	52.9%	60.8%	48.0%	62.5%	51.1%
Charlottesville/Western	67.0%	57.3%	59.6%	49.4%	65.4%^	53.8%^
Northern & Winchester	59.2%	44.6%	54.6%	39.9%	60.8%	47.2%
Roanoke/Alleghany	69.5%	54.6%	64.6%	49.8%	70.5%	54.3%
Southwest	73.8%	56.8%	68.6%	49.9%	72.3%	61.0%
Tidewater	71.0%	56.0%	60.8%	49.9%	64.4%	55.6%
MCO						
Aetna	61.8%	48.0%	57.0%	44.7%	60.8%	48.9%
HealthKeepers	68.4%	54.6%	63.0%	49.1%	67.8%	55.6%
Molina	65.0%	46.8%	56.6%	39.7%	55.2%	38.7%
Sentara*	68.8%	56.7%	60.5%	48.5%	66.4%	56.4%
United	63.0%	45.3%	60.3%	47.4%	64.8%	47.9%
More Than One MCO	85.5%	51.8%	88.0%	59.0%	81.0%	55.7%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-26 shows that 65.8 percent of children in foster care and 53.8 percent of controls had a behavioral health visit with traditional services during MY 2023, and the difference was statistically significant (p<0.001). The rates for children in foster care were higher than controls across all stratified

rates, with the largest differences for members 3 to 5, 6 to 10, and 11 to 13 years of age (by 15.0, 12.2, and 12.1 percentage points, respectively); female members (by 12.1 percentage points); Black or African American members and members in the Other racial group (by 14.1 and 25.9 percentage points, respectively); members in the Northern & Winchester and Roanoke/Alleghany regions (by 13.6 and 16.2 percentage points, respectively); and members enrolled with HealthKeepers, Molina, United, and More Than One MCO (by 12.2, 16.5, 16.9, and 25.3 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children in foster care and controls increased from MY 2022 to MY 2023 by 4.6 and 5.9 percentage points, respectively. For both children in foster care and controls, members 2 years of age and younger and 3 to 5 years of age were significantly less likely to have a behavioral health encounter with traditional services compared to members in other age groups during MY 2023, while members 6 to 10 years of age, 11 to 13 years of age, and 14 years of age and older were significantly more likely. Most of these disparities also existed during MY 2021 and MY 2022. For both children in foster care and controls, members in the Northern & Winchester region were significantly less likely to have a behavioral health visit with traditional services compared to members in other regions during MY 2023, while members in the Southwest region were significantly more likely. These disparities for children in foster care also existed during MY 2021 and MY 2022. For children in foster care only, members in the Central region were significantly less likely to have a behavioral health encounter with traditional services during MY 2023, while members in the Roanoke/Alleghany region were significantly more likely. For both children in foster care and controls, members enrolled with Aetna and Molina were significantly less likely to have a behavioral health encounter with traditional services compared to members enrolled with other MCOs during MY 2023. For children in foster care only, members enrolled with More Than One MCO were significantly more likely to have a behavioral health encounter with traditional services during MY 2023. This disparity also existed during MY 2021 and MY 2022.

Overall Service Utilization

Table 3-27 displays the MY 2021, MY 2022, and MY 2023 *Overall Service Utilization* rates among children in foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Overall Service Utilization* indicator measures the percentage of members who had an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter during the measurement year.

Table 3-27—Rates of *Overall Service Utilization* Among Children in Foster Care and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
All Eligible Members	92.1%	93.0%	89.7%-	91.6%	89.7%-	91.8%
Age Category						
≤ 2 Years	93.4%	95.6%	92.4%	93.8%	93.9%	94.8%
3 to 5 Years	90.9%	91.4%	88.5%	91.2%	88.6%	91.3%
6 to 10 Years	90.4%	92.9%	88.0%	90.9%	88.5%	92.3%
11 to 13 Years	92.3%	93.6%	91.3%	92.5%	88.5%	90.9%
≥ 14 Years	93.4%	91.7%	89.3%	90.6%	89.5%	90.0%

Category	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
Sex						
Male	91.6%	92.4%	89.8%	92.0%	88.2%	91.5%
Female	92.8%	93.7%	89.6%	91.2%	91.4%	92.1%
Race						
Black or African American	91.5%	92.4%	88.3%	90.1%	88.7%	90.1%
White	92.6%	93.4%	90.6%	92.5%	90.0%	92.8%
Other	87.5%	88.6%	85.4%	89.0%	95.3%	85.9%
Region						
Central	92.1%	92.1%	87.0%	90.4%	86.8%	90.0%
Charlottesville/Western	92.9%	94.6%	91.1%	92.7%	91.1%	91.9%
Northern & Winchester	86.3%	90.9%	86.6%	92.0%	87.6%	90.3%
Roanoke/Alleghany	94.4%	94.7%	93.9%	93.2%	94.4%	92.3%
Southwest	95.1%	94.4%	94.0%	95.3%	93.7%	95.4%
Tidewater	92.2%	91.3%	87.2%	87.6%	85.9%	91.4%
MCO						
Aetna	90.8%	89.9%	85.9%	89.7%	85.4%	89.8%
HealthKeepers	90.6%	93.4%	90.4%	91.5%	89.8%	92.9%
Molina	92.1%^	89.2%^	86.3%	86.8%	83.5%	88.7%
Sentara*	92.8%	93.9%	90.2%	92.2%	91.1%	91.8%
United	93.4%	90.9%	89.7%	92.7%	89.0%	90.9%
More Than One MCO	97.6%	96.4%	97.6%	100.0%	98.7%	96.2%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children in foster care was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children in foster care was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 3-27 shows that 89.7 percent of children in foster care and 91.8 percent of controls had an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter (i.e., any service) during MY 2023, and the difference was statistically significant (p=0.004). The rate for children in foster care was notably higher than controls for members in the Other racial group (by 9.4 percentage points). Conversely, the rates for children in foster care were notably lower than controls for members in the Tidewater region (by 5.5 percentage points) and members enrolled with Molina (by 5.2 percentage points).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for children in foster care did not change from MY 2022 to MY 2023, while the rate

for controls increased by 0.2 percentage points. For both children in foster care and controls, members 2 years of age and younger were significantly more likely to utilize any service compared to members in other age groups during MY 2023. This disparity also existed during MY 2022. For children in foster care, male members were significantly less likely to utilize any service during MY 2023, while female members were significantly more likely. For both children in foster care and controls, members in the Southwest region were significantly more likely to utilize any service compared to members in other regions during MY 2023. This disparity for children in foster care also existed during MY 2021 and MY 2022. For children in foster care only, members in the Central region and the Tidewater region were significantly less likely to utilize any service compared to members in other regions during MY 2023, while members in the Roanoke/Alleghany region were significantly more likely. Most of these disparities also existed during MY 2021 and MY 2022. For children in foster care only, members in the Northern & Winchester region were significantly less likely to utilize any service during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this region (by 1.0 percentage point). For children in foster care only, members enrolled with Aetna and Molina were significantly less likely to utilize any service compared to members enrolled with other MCOs during MY 2023, while members enrolled with Sentara and More Than One MCO were significantly more likely. The disparities for Aetna and More Than One MCO also existed during MY 2022.

4. Healthcare Utilization: Children Receiving Adoption Assistance Findings

Characteristics of the Children Receiving Adoption Assistance Eligible Population and Study Population

This section provides findings describing the demographic characteristics of the 8,738 members in the children receiving adoption assistance eligible population and the 7,134 members in the children receiving adoption assistance study population. The eligible population consisted of children in the adoption assistance program younger than 18 years of age as of January 1, 2023, and receiving healthcare coverage from DMAS at any time during MY 2023. Table 4-1 displays the distribution of the children receiving adoption assistance eligible population by age category, sex, race, region, MCO, and Medicaid population.

Table 4-1—Distribution of Children Receiving Adoption Assistance (n=8,738)†

Category	Number	Percent
Age Category		
≤ 2 years	303	3.5%
3 to 5 years	968	11.1%
6 to 10 years	2,635	30.2%
11 to 13 years	1,885	21.6%
≥ 14 years	2,947	33.7%
Sex		
Male	4,738	54.2%
Female	4,000	45.8%
Race		
Black or African American	2,572	29.4%
White	5,929	67.9%
Other	237	2.7%
Region		
Central	1,821	20.8%
Charlottesville/Western	1,416	16.2%
Northern & Winchester	1,360	15.6%
Roanoke & Alleghany	1,507	17.2%
Southwest	1,068	12.2%
Tidewater	1,557	17.8%
Latest MCO in the Measurement Year		
Aetna	799	9.1%
HealthKeepers	2,620	30.0%
Molina	421	4.8%
Sentara*	4,044	46.3%
United	727	8.3%

Category	Number	Percent
Other	127	1.5%
Latest Medicaid Population in the Measurement Year		
MLTSS	266	3.0%
Acute	8,345	95.5%
Other	127	1.5%

† Members with Unknown Region are included in the Eligible Population but are not displayed in this table.
** Includes members only enrolled in FFS.*

While children receiving adoption assistance were disproportionately male (54.2 percent) compared to the general population in Virginia, which was 49.4 percent male in 2023, children receiving adoption assistance were proportionately White (67.9 percent) compared to the general population in Virginia, which was 68.3 percent White in 2023.[44] Children receiving adoption assistance resided mostly in the Central (20.8 percent), Roanoke & Allegany (17.2 percent), and Tidewater (17.8 percent) regions. Children receiving adoption assistance were most likely to be enrolled with HealthKeepers (30.0 percent) or Sentara (46.3 percent). Children receiving adoption assistance were most likely to be in the Acute population (95.5 percent). Only 1.5 percent of children receiving adoption assistance were enrolled with an Other MCO (i.e., only enrolled in FFS during MY 2023).[45]

The study population consisted of members in the children receiving adoption assistance eligible population who were continuously enrolled in Medicaid managed care with any MCO or a combination of MCOs during the study period for whom a match not in a child welfare program could be found. Continuous enrollment was defined as enrollment gaps totaling no more than 45 days. Among the adoption assistance eligible population, 81.6 percent (n=7,134) of children met the requirements for the study population, compared to 47.9 percent of children in foster care. Children receiving adoption assistance may be more likely to meet the continuous enrollment criteria than children in foster care since one of the qualifications for adoption assistance is having been in foster care for 18 months or longer.[46] The demographic characteristics of the children receiving adoption assistance study population mirrored the demographic characteristics of the eligible population, except that there were 1.9 percentage points fewer children 2 years of age and younger. The disproportionate exclusion of infants can be attributed to the inability of children born more than 45 days into the measurement year to meet the continuous enrollment criteria, since these children would have an enrollment gap greater than 45 days.

Table B-2 and Table B-5 present the demographic and health characteristics of continuously enrolled children receiving adoption assistance and the continuously enrolled controls prior to matching (n=7,134). Continuously enrolled children receiving adoption assistance tended to be older, male, White, more likely to be enrolled with Sentara, and less likely to be in the MLTSS population compared to the continuously enrolled controls. Furthermore, continuously enrolled children receiving adoption assistance were less likely to reside in the Central, Northern & Winchester, or Tidewater regions and were more likely to live in the Charlottesville/Western, Roanoke/Alleghany, or Southwest regions. In

[44] United States Census Bureau. Virginia QuickFacts. Available at: https://www.census.gov/quickfacts/VA. Accessed on: Jan 13, 2025.
[45] Adoption assistance children may temporarily move to FFS and may not be enrolled with an MCO during the measurement year.
[46] Virginia Department of Social Services. Adoptive Assistance Screening Tool. Available at: https://www.dss.virginia.gov/files/division/dfs/ap/intro_page/forms/032-04-0091-09-eng.pdf. Accessed on: Jan 13, 2025.

terms of health characteristics, continuously enrolled children receiving adoption assistance were more likely to have diagnoses for health conditions, notably ADHD, anxiety, developmental disorders, and mood disorders. Additionally, children receiving adoption assistance were more likely to have ED and acute inpatient visits for mental health than the controls, which may indicate greater severity of mental illness among adoption assistance children. The higher rate of ED visits and acute inpatient visits may also indicate that children receiving adoption assistance were more likely to seek care for mental illness through these means, especially if prior access to psychiatric care had been limited prior to entering the child welfare program.

HSAG was able to match 99.5 percent (n=7,100) of continuously enrolled children receiving adoption assistance to controls with similar demographic and health characteristics. Table B-8 and Table B-11 present the demographic and health characteristics of the final study population and their matched controls. Matching successfully balanced all demographic and health characteristics between the study population and the controls.

Appendix B: Characteristics of the Controls presents detailed descriptions of the demographic and health characteristics of children receiving adoption assistance and controls prior to and after matching, as well as covariate balance findings.

Healthcare Utilization Among Children Receiving Adoption Assistance and Controls

This section provides findings from the study indicators used to assess healthcare utilization for children receiving adoption assistance in the study population, as well as findings for the matched controls not enrolled through a child welfare program. The tables displayed in this section also include stratified rates and shading to indicate the results of the health disparities analysis. The narrative focuses on differences in rates for children receiving adoption assistance and controls that were greater than 5.0 percentage points for stratified rates during MY 2023. If the difference for All Eligible Members was greater than 5.0 percentage points, the narrative for stratified rates instead focuses on differences between children receiving adoption assistance and controls that were greater than the difference for All Eligible Members or that were greater than 5.0 percentage points in the opposite direction. The narrative does not discuss differences for which the denominator for children receiving adoption assistance or the denominator for controls was less than 30, since these rates are expected to have greater variability. Additionally, the narrative compares the MY 2023 rates for All Eligible Members to the national Medicaid 50th percentile, discusses the change in the rates for All Eligible Members from MY 2022 to MY 2023, and discusses health disparities identified in MY 2023.

Although the controls have been matched to the children receiving adoption assistance on a variety of demographic and health characteristics, HSAG advises caution in comparing the study indicator results between children receiving adoption assistance and controls. Due to the different criteria for denominators across measures, one child in a matched pair may be included in a measure calculation while the other child is not. When matched pairs are separated, the distribution of characteristics in the denominator-eligible study population and the denominator-eligible controls may differ from the overall distribution, and balanced covariates are no longer guaranteed. Furthermore, HSAG advises caution in interpreting the *p*-values, as denominator sizes vary by measure, and sample size influences the precision of the *p*-value calculation. Healthcare utilization in MY 2021, MY 2022, and MY 2023 may

also be impacted by the COVID-19 pandemic; however, rate comparisons within MY 2021, MY 2022, and MY 2023 (i.e., to controls) are still reliable.

Primary Care

Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6+)

Table 4-2 displays the MY 2021, MY 2022, and MY 2023 *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* indicator measures the percentage of children who turned 15 months old during the measurement year who received six or more well-child visits with a PCP. Please note that the denominators in Table 4-2 are small due to the combination of the measure specifications with the criteria for the study population. The measure specifications only include children who turned age 15 months during the measurement year, and there were few children receiving adoption assistance at this young of an age.

Table 4-2—Rates of *Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	50.0%	65.3%	0.0%	55.3%	0.0%	47.6%
Sex						
Male	100.0%^	76.9%^	0.0%^	46.7%^	—	63.6%^
Female	0.0%^	52.2%^	0.0%^	60.9%^	0.0%	30.0%^
Race						
Black or African American	—	20.0%	0.0%^	50.0%^	—	42.9%^
White	50.0%	76.9%	0.0%^	56.7%^	0.0%	50.0%^
Other	—	—	—	—	—	—
Region						
Central	—	44.4%	—	66.7%^	—	40.0%^
Charlottesville/Western	100.0%^	71.4%^	0.0%^	33.3%^	—	0.0%^
Northern & Winchester	—	80.0%	—	83.3%^	—	66.7%^
Roanoke/Alleghany	100.0%^	50.0%^	0.0%^	22.2%^	—	71.4%^
Southwest	—	100.0%^	—	60.0%^	0.0%	0.0%^
Tidewater	0.0%^	70.0%^	—	75.0%^	—	100.0%^

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
MCO						
Aetna	—	66.7%	—	100.0%^	—	100.0%^
HealthKeepers	0.0%^	64.3%^	0.0%^	57.1%^	0.0%	100.0%^
Molina	—	40.0%	—	25.0%^	—	0.0%^
Sentara*	50.0%	69.6%	0.0%^	62.5%^	—	41.7%^
United	100.0%^	75.0%^	—	42.9%^	—	0.0%^
More Than One MCO	—	—	—	0.0%^	—	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-2 shows that 0.0 percent of children receiving adoption assistance and 47.6 percent of controls who turned 15 months old during MY 2023 received six or more well-child visits with a PCP, and the difference was not statistically significant (p=1.00). While there were large rate differences between children receiving adoption assistance and controls for most stratified rates, these rates had very small denominators and may be less reliable.

For all eligible members, the MY 2023 rates for children receiving adoption assistance and controls were below the national Medicaid 50th percentile. The rate for children receiving adoption assistance did not change from MY 2022 to MY 2023, while the rate for controls decreased by 7.7 percentage points. There were no disparities identified for children receiving adoption assistance.

Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2+)

Table 4-3 displays the MY 2021, MY 2022, and MY 2023 *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* indicator measures the percentage of children who turned 30 months old during the measurement year who received two or more well-child visits with a PCP.

Table 4-3—Rates of *Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	71.0%	72.9%	79.2%	65.7%	78.6%	60.0%
Sex						
Male	65.8%	73.1%	86.4%	66.7%	78.9%	61.9%
Female	77.4%	72.7%	73.1%	64.7%	78.3%	57.1%
Race						
Black or African American	66.7%	84.6%	91.7%	64.3%	68.8%	55.6%
White	72.2%	67.6%	74.3%	70.0%	84.6%	64.0%
Other	—	100.0%^	100.0%^	0.0%^	—	0.0%^
Region						
Central	57.1%	75.0%	80.0%	58.3%	87.5%	75.0%
Charlottesville/Western	81.8%^	100.0%^	100.0%^	40.0%^	50.0%	50.0%
Northern & Winchester	75.0%^	100.0%^	60.0%	80.0%	55.6%	57.1%
Roanoke/Alleghany	61.5%	54.5%	75.0%	87.5%	90.9%	60.0%
Southwest	81.8%	44.4%	72.7%	50.0%	87.5%	33.3%
Tidewater	75.0%	85.7%	100.0%^	66.7%^	75.0%^	100.0%^
MCO						
Aetna	57.1%	66.7%	100.0%^	50.0%^	100.0%^	75.0%^
HealthKeepers	83.3%	84.6%	71.4%^	100.0%^	71.4%	36.4%
Molina	55.6%	71.4%	66.7%	80.0%	100.0%^	80.0%^
Sentara*	75.8%	70.0%	87.0%	57.1%	73.3%	61.5%
United	62.5%	60.0%	57.1%^	100.0%^	100.0%^	100.0%^
More Than One MCO	—	—	100.0%^	0.0%^	50.0%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-3 shows that 78.6 percent of children receiving adoption assistance and 60.0 percent of controls who turned 30 months old during MY 2023 received two or more well-child visits with a PCP, and the difference was not statistically significant (p=0.08). While there were large rate differences between children receiving adoption assistance and controls for most stratified rates, these rates had small denominators and may be less reliable.

For all eligible members, the MY 2023 rate for children receiving adoption assistance was above the national Medicaid 50th percentile, while controls were below the national Medicaid 50th percentile. The rate of well-child visits for children receiving adoption assistance and controls decreased from MY 2022 to MY 2023 by 0.6 and 5.7 percentage points, respectively. There were no disparities identified for children receiving adoption assistance.

Child and Adolescent Well-Care Visits (WCV)

Table 4-4 displays the MY 2021, MY 2022, and MY 2023 *Child and Adolescent Well-Care Visits* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Child and Adolescent Well-Care Visits* indicator measures the percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-4—Rates of *Child and Adolescent Well-Care Visits* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	47.1%	48.2%	45.9%	47.3%	48.3%-	50.4%
Age Category						
3 to 11 Years	50.0%	51.5%	48.8%	50.5%	52.6%	54.5%
12 to 17 Years	47.0%	48.1%	45.4%	47.5%	46.1%	49.1%
18 to 21 Years	33.6%	30.6%	34.0%	30.0%	38.8%	35.9%
Sex						
Male	47.9%	48.2%	45.6%	47.6%	47.0%	51.1%
Female	46.1%	48.3%	46.2%	47.0%	49.8%	49.5%
Race						
Black or African American	53.5%	50.2%	50.6%	48.7%	54.8%	51.9%
White	44.4%	47.3%	43.7%	46.7%	45.4%	50.0%
Other	40.3%	47.2%	48.3%	49.2%	47.9%	42.2%
Region						
Central	48.5%	48.5%	41.9%	47.0%	45.0%	48.2%
Charlottesville/Western	50.4%	47.9%	51.5%	46.2%	52.1%	51.7%
Northern & Winchester	31.7%	52.2%	35.8%	55.3%	35.5%	56.3%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Roanoke/Alleghany	49.5%	46.4%	48.0%	44.0%	45.9%	48.6%
Southwest	44.4%	40.2%	45.2%	39.9%	51.2%	40.7%
Tidewater	54.2%	51.8%	52.5%	50.4%	59.8%	55.5%
MCO						
Aetna	36.8%	42.4%	38.6%	48.6%	41.8%	45.0%
HealthKeepers	49.8%	53.1%	46.9%	51.5%	50.0%	54.7%
Molina	33.3%	40.6%	30.8%	36.0%	38.9%	42.3%
Sentara*	49.6%	47.3%	48.2%	45.4%	49.8%	49.0%
United	38.4%	43.5%	40.2%	46.7%	44.7%	51.8%
More Than One MCO	39.4%	60.0%	61.8%	52.2%	42.7%	56.8%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-4 shows that 48.3 percent of children receiving adoption assistance and 50.4 percent of controls had a well-care visit with a PCP or an OB/GYN during MY 2023, and the difference was statistically significant (p=0.01). For children receiving adoption assistance, rates were notably higher than controls for members in the Other racial group (by 5.7 percentage points). Conversely, the rates for children receiving adoption assistance were notably lower than controls for members in the Northern & Winchester region (by 20.8 percentage points) and for members enrolled with United and More Than One MCO (by 7.1 and 14.1 percentage points, respectively).

MY 2023 rates for children receiving adoption assistance and controls were below the national Medicaid 50th percentile for members 3 to 11 and 12 to 17 years of age. The rate for the 18 to 21 years age group was not comparable to the national Medicaid 50th percentile, since members 19 to 21 years of age are excluded from this study population, and older members are less likely to have well-care visits. The rates of well-care visits for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 2.4 and 3.1 percentage points, respectively. For both children receiving adoption assistance and controls, members 12 to 17 and 18 to 21 years of age were significantly less likely to have a well-care visit compared to members in other age groups during MY 2023, while members 3 to 11 years of age were significantly more likely. The disparities for members 3 to 11 and 18 to 21 years of age also existed during MY 2021 and MY 2022. For children receiving adoption assistance, male members were significantly less likely to have a well-care visit during MY 2023, while female members were significantly more likely. For children receiving adoption assistance, White members were significantly less likely to have a well-care visit during MY 2023, while Black or

African American members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Tidewater region were significantly more likely to have a well-care visit compared to members in other regions during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Central region and the Northern & Winchester region were significantly less likely to have a well-care visit compared to members in other regions during MY 2023, while members in the Charlottesville/Western region were significantly more likely. For most of these regions, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members enrolled with Aetna and Molina were significantly less likely to have a well-care visit compared to members enrolled with other MCOs during MY 2023. These disparities also existed during MY 2021 and MY 2022 for children receiving adoption assistance; however, this disparity did not exist for controls enrolled with Aetna during MY 2022. For children receiving adoption assistance only, members enrolled with Sentara were significantly more likely to have a well-care visit compared to members enrolled with other MCOs during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with United were significantly less likely to have a well-care visit compared to members enrolled with other MCOs during MY 2021 and MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for United (by 4.5 percentage points).

Oral Health

Annual Dental Visit (ADV)

Table 4-5 displays the MY 2021, MY 2022, and MY 2023 *Annual Dental Visit* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Annual Dental Visit* indicator measures the percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year.[47] Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-5—Rates of *Annual Dental Visit* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	53.2%+	50.8%	57.3%+	54.3%	59.7%+	57.9%
Age Category						
≤ 2 Years	40.5%	40.2%	47.3%	35.3%	45.9%	45.7%

[47] HSAG modified the specifications for this measure in MY 2023 to allow visits with any provider authorized to provide dental services but restricted visits to those with a CDT code to ensure only visits for dental services were counted. Please see the Healthcare Utilization Analysis section in the Overview and Methodology for more details regarding these updates.

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
3 to 5 Years	52.2%	50.4%	58.0%	55.0%	64.3%	62.2%
6 to 10 Years	57.5%	55.6%	60.7%	60.5%	64.1%	63.5%
11 to 13 Years	57.2%	52.0%	61.7%	56.6%	63.3%	59.4%
≥ 14 Years	48.1%	46.6%	52.0%	48.0%	52.7%	51.1%
Sex						
Male	52.1%	49.5%	56.4%	53.4%	58.9%	57.2%
Female	54.6%	52.3%	58.4%	55.4%	60.6%	58.8%
Race						
Black or African American	53.9%	49.1%	58.6%	51.8%	61.9%	56.2%
White	53.0%	51.5%	56.7%	55.3%	58.6%	58.8%
Other	50.6%	54.7%	59.1%	55.6%	61.2%	54.1%
Region						
Central	53.7%	51.2%	59.5%	54.5%	60.4%	61.3%
Charlottesville/Western	50.8%	49.3%	59.7%	54.8%	62.1%	56.3%
Northern & Winchester	47.3%	60.0%	51.7%	65.4%	54.7%	67.8%
Roanoke/Alleghany	53.4%	46.8%	52.7%	51.2%	57.0%	54.5%
Southwest	62.9%	51.4%	67.6%	50.4%	66.0%	52.3%
Tidewater	52.8%	47.4%	54.3%	50.3%	58.7%	54.4%
MCO						
Aetna	45.8%	47.1%	48.9%	49.7%	52.8%	55.5%
HealthKeepers	55.2%	53.0%	59.2%	57.8%	62.6%	62.2%
Molina	43.1%	45.5%	43.4%	44.6%	45.7%	50.7%
Sentara*	54.3%	50.4%	59.1%	53.9%	60.4%	56.5%
United	51.0%	49.7%	53.8%	51.8%	57.8%	55.4%
More Than One MCO	62.1%	63.1%	64.7%	65.7%	64.5%	65.8%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-5 shows that 59.7 percent of children receiving adoption assistance and 57.9 percent of controls had a dental visit during MY 2023, and the difference was statistically significant (p=0.03). The rates for children receiving adoption assistance were notably higher than controls for Black or African American members and members in the Other racial group (by 5.7 and 7.1 percentage points,

respectively), and members in the Charlottesville/Western region and Southwest region (by 5.8 and 13.7 percentage points, respectively). Conversely, the rate for children receiving adoption assistance was notably lower than controls for members in the Northern & Winchester region (by 13.1 percentage points) and members enrolled with Molina (by 5.0 percentage points).

For all eligible members, MY 2023 rates for both children receiving adoption assistance and controls were above the national Medicaid 50th percentile for members for all age groups.[48] The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 2.4 and 3.6 percentage points, respectively. These rate changes are mostly due to the change in the indicator specifications from MY 2022 to MY 2023. For both children receiving adoption assistance and controls, members 2 years of age and younger and 14 years of age and older were significantly less likely to have a dental visit compared to members in other age groups during MY 2023, while members 3 to 5 and 6 to 10 years of age were significantly more likely. The disparities for members 2 years of age and younger, 6 to 10 years of age, and 14 years of age and older also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members 11 to 13 years of age were significantly more likely to have a dental visit compared to members in other age groups during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, White members were significantly less likely to have a dental visit compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. For both children receiving adoption assistance and controls, members in the Roanoke/Alleghany region were significantly less likely to have a dental visit compared to members in other regions during MY 2023. This disparity also existed during MY 2022. For children receiving adoption assistance only, members in the Northern & Winchester region were significantly less likely to have a dental visit compared to members in other regions during MY 2023, while members in the Southwest region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Tidewater region were significantly less likely to have a dental visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for the Tidewater region (by 4.4 percentage points). For both children receiving adoption assistance and controls, members enrolled with Molina were significantly less likely to have a dental visit compared to members enrolled with other MCOs during MY 2023, while members enrolled with HealthKeepers were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with Aetna were significantly less likely to have a dental visit compared to members enrolled with other MCOs during MY 2023. This disparity also existed during MY 2021 and MY 2022.

Preventive Dental Services (PDENT-CH)

Table 4-6 displays the MY 2021, MY 2022, and MY 2023 *Preventive Dental Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Preventive Dental Services* indicator measures the percentage of members 1 to 20 years of age eligible for EPSDT services who received at least one preventive dental service during the measurement year. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

[48] Since the national benchmarks display different age stratifications than the age categories in this report, comparisons were made between the age stratifications that were the most similar.

Table 4-6—Rates of *Preventive Dental Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	48.3%+	45.0%	53.2%+	49.5%	55.3%+	53.2%
Age Category						
≤ 2 Years	37.1%	30.8%	46.2%	29.0%	42.3%	38.3%
3 to 5 Years	49.8%	47.3%	57.0%	52.3%	62.0%	59.0%
6 to 10 Years	54.7%	52.0%	58.0%	58.0%	61.5%	60.9%
11 to 13 Years	51.5%	46.4%	57.3%	51.7%	58.8%	54.9%
≥ 14 Years	41.0%	38.6%	45.7%	41.0%	46.4%	44.4%
Sex						
Male	47.4%	44.0%	52.9%	49.1%	55.2%	53.0%
Female	49.3%	46.2%	53.5%	49.9%	55.5%	53.5%
Race						
Black or African American	49.8%	43.6%	54.4%	47.3%	58.5%	52.0%
White	47.6%	45.6%	52.6%	50.4%	54.0%	54.0%
Other	45.6%	48.8%	55.8%	50.8%	52.9%	49.7%
Region						
Central	48.3%	45.0%	56.0%	50.8%	57.2%	58.1%
Charlottesville/Western	45.0%	41.6%	54.6%	49.3%	57.4%	51.6%
Northern & Winchester	42.1%	56.2%	47.6%	60.7%	50.8%	63.5%
Roanoke/Alleghany	48.3%^	41.5%^	47.5%	44.4%	51.2%	48.7%
Southwest	60.1%	45.4%	65.0%	46.2%	62.0%	47.2%
Tidewater	48.0%	42.0%	50.2%	46.0%	54.5%	49.1%
MCO						
Aetna	40.2%	42.7%	45.0%	45.0%	48.8%	50.2%
HealthKeepers	50.3%	47.2%	55.0%	53.1%	58.3%	57.6%
Molina	37.4%	40.5%	37.1%	37.5%	41.1%	46.2%
Sentara*	49.3%	44.2%	55.2%	49.1%	56.1%	51.8%
United	46.5%	45.8%	49.3%	47.4%	54.2%	50.9%
More Than One MCO	57.6%	53.0%	61.8%	58.8%	56.6%	63.2%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-6 shows that 55.3 percent of children receiving adoption assistance and 53.2 percent of controls had at least one preventive dental service during MY 2023, and the difference was statistically significant (p=0.01). The rates for children receiving adoption assistance were notably higher than controls for Black or African American members (by 6.5 percentage points) and members in the Charlottesville/Western, Southwest, and Tidewater regions (by 5.8, 14.8, and 5.4 percentage points, respectively). Conversely, the rate for children receiving adoption assistance was notably lower than controls for members in the Northern & Winchester region (by 12.7 percentage points) and members enrolled with Molina and More Than One MCO (by 5.1 and 6.6 percentage points, respectively).

National Medicaid benchmarks were not available for this indicator. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 2.1 and 3.7 percentage points, respectively. For both children receiving adoption assistance and controls, members 2 years of age and younger and 14 years of age and older were significantly less likely to have a preventive dental service compared to members in other age groups during MY 2023, while members 3 to 5 and 6 to 10 years of age were significantly more likely. For children receiving adoption assistance only, members 11 to 13 years of age were significantly more likely to have a preventive dental service compared to members in other age groups during MY 2023. For most age groups, these disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, White members were significantly less likely to have a preventive dental service compared to members in other age groups during MY 2023, while Black or African American members were significantly more likely. For both children receiving adoption assistance and controls, members in the Roanoke/Alleghany region were significantly less likely to have a preventive dental service compared to members in other regions during MY 2023. This disparity also existed during MY 2022. For children receiving adoption assistance only, members in the Northern & Winchester region were significantly less likely to have a preventive dental service compared to members in other regions during MY 2023, while members in the Southwest region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Tidewater region were significantly less likely to have a preventive dental service during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for the Tidewater region (by 4.3 percentage points). For both children receiving adoption assistance and controls, members enrolled with Molina were significantly less likely to have a preventive dental service compared to members enrolled with other MCOs during MY 2023, while members enrolled with HealthKeepers were significantly more likely. For children receiving adoption assistance only, members enrolled with Aetna were significantly less likely to have a preventive dental service during MY 2023. For most MCOs, these disparities also existed during MY 2021 and MY 2022.

Oral Evaluation, Dental Services (OEV-CH)

Table 4-7 displays the MY 2021, MY 2022, and MY 2023 *Oral Evaluation, Dental Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Oral Evaluation, Dental Services* indicator measures the percentage of enrolled children under 21 years of age who received a comprehensive or periodic oral evaluation within the measurement year. Since the

children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-7—Rates of *Oral Evaluation, Dental Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	47.2%+	44.0%	52.1%+	48.1%	54.1%+	51.9%
Age Category						
≤ 2 Years	36.3%	30.0%	46.2%	26.9%	42.9%	37.5%
3 to 5 Years	49.1%	45.9%	56.4%	50.7%	61.2%	57.4%
6 to 10 Years	53.5%	50.5%	56.7%	56.2%	59.5%	58.8%
11 to 13 Years	49.6%	45.5%	56.2%	49.1%	57.5%	52.7%
≥ 14 Years	40.5%	38.0%	44.7%	40.8%	45.7%	44.3%
Sex						
Male	46.5%	43.1%	51.7%	47.7%	54.2%	51.6%
Female	48.0%	45.2%	52.6%	48.6%	54.1%	52.2%
Race						
Black or African American	49.2%	42.7%	53.9%	46.4%	57.3%	51.0%
White	46.3%	44.6%	51.3%	48.9%	52.8%	52.4%
Other	45.0%	47.5%	53.0%	48.1%	52.4%	48.7%
Region						
Central	47.5%	44.2%	53.8%	49.1%	55.6%	56.8%
Charlottesville/Western	44.1%	40.4%	54.4%	48.0%	56.3%	50.0%
Northern & Winchester	41.3%	55.3%	47.1%	59.3%	50.3%	62.3%
Roanoke/Alleghany	45.8%	39.9%	46.6%	42.6%	50.5%	47.6%
Southwest	58.8%	44.2%	62.3%	44.9%	58.9%	43.9%
Tidewater	47.8%	41.6%	50.2%	45.5%	53.7%	49.0%
MCO						
Aetna	38.4%	41.9%	43.2%	43.5%	47.8%	48.6%
HealthKeepers	49.1%	46.5%	54.4%	52.1%	57.2%	56.2%
Molina	36.4%	38.8%	37.5%	36.5%	39.7%	44.9%
Sentara*	48.5%	43.1%	53.8%	47.7%	54.6%	50.4%
United	45.3%	44.3%	48.9%	45.2%	52.7%	50.5%
More Than One MCO	56.1%	53.0%	57.4%	54.4%	60.5%	60.5%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-7 shows that 54.1 percent of children receiving adoption assistance and 51.9 percent of controls received a comprehensive or periodic oral evaluation during MY 2023, and the difference was statistically significant (p=0.01). The rates for children receiving adoption assistance were notably higher than controls for members 2 years of age and younger (by 5.4 percentage points); Black or African American members (by 6.3 percentage points); and members in the Charlottesville/Western region and the Southwest region (by 6.3 and 15.0 percentage points, respectively). Conversely, the rate for children receiving adoption assistance was notably lower than controls for members in the Northern & Winchester region (by 12.0 percentage points) and members enrolled with Molina (by 5.2 percentage points).

For all eligible members, the MY 2023 rates for children receiving adoption assistance and controls were above the national Medicaid 50th percentile for members under 21 years of age. However, members 19 to 20 years of age tend to have lower rates of comprehensive or periodic oral evaluations, so benchmarks may slightly underestimate rates for members up to age 18. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 2.0 and 3.8 percentage points, respectively. For both children receiving adoption assistance and controls, members 2 years of age and younger and members 14 years of age and older were significantly less likely to have an oral evaluation compared to members in other age groups during MY 2023, while members 3 to 5 and 6 to 10 years of age were significantly more likely. For children receiving adoption assistance only, members 11 to 13 years of age were significantly more likely to have an oral evaluation during MY 2023. For most of these age groups, these disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, White members were significantly less likely to have an oral evaluation compared to members in other racial groups during MY 2023, while Black or African Americans members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Roanoke/Alleghany region were significantly less likely to have an oral evaluation compared to members in other regions during MY 2023. This disparity also existed during MY 2022. For children receiving adoption assistance only, members in the Northern & Winchester region were significantly less likely to have an oral evaluation compared to members in other regions during MY 2023, while members in Southwest region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members enrolled with Molina were significantly less likely to have an oral evaluation compared to members enrolled with other MCOs during MY 2023, while members enrolled with HealthKeepers were significantly more likely. For children receiving adoption assistance only, members enrolled with Aetna were significantly less likely to have an oral evaluation compared to members enrolled with other MCOs during MY 2023. For most MCOs, these disparities also existed during MY 2021 and MY 2022.

Topical Fluoride for Children—Dental or Oral Health Services (TFL-CH)

Table 4-8 displays the MY 2021, MY 2022, and MY 2023 *Topical Fluoride for Children—Dental or Oral Health Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Topical Fluoride for Children—Dental or Oral Health Services* indicator measures the percentage of enrolled children 1 through 20 years of age who received at least two topical fluoride

applications as dental or oral health services within the measurement year. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-8—Rates of *Topical Fluoride for Children—Dental or Oral Health Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	23.7%+	19.6%	23.3%+	19.5%	25.6%+	22.7%
Age Category						
≤ 2 Years	19.0%	19.2%	18.6%	17.9%	25.7%	18.7%
3 to 5 Years	24.6%	20.2%	26.4%	21.7%	31.7%	25.2%
6 to 10 Years	29.1%	24.1%	26.8%	24.0%	30.1%	28.1%
11 to 13 Years	25.9%	21.0%	25.5%	20.2%	26.3%	24.3%
≥ 14 Years	17.8%	14.7%	18.1%	14.7%	19.4%	16.3%
Sex						
Male	23.1%	19.8%	22.9%	19.4%	25.7%	23.0%
Female	24.4%	19.3%	23.7%	19.6%	25.5%	22.4%
Race						
Black or African American	25.2%	17.7%	23.6%	17.0%	28.0%	21.1%
White	23.0%	20.2%	23.1%	20.4%	24.4%	23.4%
Other	22.5%	26.3%	23.8%	24.9%	28.7%	22.7%
Region						
Central	26.9%	21.2%	24.4%	21.3%	26.2%	24.2%
Charlottesville/Western	23.3%	19.2%	22.4%	17.8%	27.7%	23.2%
Northern & Winchester	21.3%	29.8%	22.7%	29.4%	25.5%	30.6%
Roanoke/Alleghany	21.0%	15.8%	19.3%	14.2%	21.7%	19.3%
Southwest	28.2%	16.4%	30.9%	16.9%	28.9%	18.4%
Tidewater	21.6%	15.3%	21.3%	17.6%	24.4%	20.2%
MCO						
Aetna	16.2%	17.8%	16.6%	17.6%	21.2%	22.8%
HealthKeepers	25.5%	21.8%	24.1%	23.8%	26.9%	24.8%
Molina	15.2%	16.0%	16.8%	13.7%	18.7%	20.1%
Sentara*	24.8%	18.6%	24.4%	17.9%	26.3%	21.7%
United	21.7%	20.0%	23.7%	18.1%	25.0%	21.1%
More Than One MCO	24.2%	25.8%	20.6%	16.2%	22.4%	28.9%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-8 shows that 25.6 percent of children receiving adoption assistance and 22.7 percent of controls received at least two topical fluoride applications as dental or oral health services during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children receiving adoption assistance were notably higher than controls for members 2 years of age and younger and members 3 to 5 years of age (by 7.0 and 6.5 percentage points, respectively); Black or African American members and members in the Other racial group (by 6.9 and 6.0 percentage points, respectively); and members in the Southwest region (by 10.5 percentage points). Conversely, the rates for children receiving adoption assistance were notably lower than controls for members in the Northern & Winchester region (by 5.1 percentage points) and members enrolled with More Than One MCO (by 6.5 percentage points).

For all eligible members, the MY 2023 rates for both children receiving adoption assistance and controls were above the national Medicaid 50th percentile for members under 21 years of age. However, members 19 to 20 years of age tend to have lower rates of topical fluoride applications, so benchmarks may slightly underestimate rates for members up to 18 years of age. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 2.3 and 3.2 percentage points, respectively. For both children receiving adoption assistance and controls, members 14 years of age and older were significantly less likely to have at least two topical fluoride applications compared to members in other age groups during MY 2023, while members 6 to 10 years of age were significantly more likely. For children receiving adoption assistance only, members 3 to 5 years of age were significantly more likely to have at least two topical fluoride applications during MY 2023. For most age groups, these disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, White members were significantly less likely to have at least two topical fluoride applications compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. For both children receiving adoption assistance and controls, members in the Roanoke/Alleghany region were significantly less likely to have at least two topical fluoride applications compared to members in other regions during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Southwest region were significantly more likely to have at least two topical fluoride applications during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with Aetna and Molina were significantly less likely to have at least two topical fluoride applications compared to members enrolled with other MCOs during MY 2023. These disparities also existed during MY 2021 and MY 2022.

Behavioral Health

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (FUH)

Table 4-9 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are

indicated with shading. The *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* indicator measures the percentage of discharges for children 6 to 17 years of age who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses for which the member had a follow-up visit within seven days after discharge with a mental health provider. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-9—Rates of *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	59.7%	52.0%	53.7%	59.7%	60.7%	50.9%
Age Category						
6 to 10 Years	50.0%	66.7%	75.0%	83.3%	46.2%	70.0%
11 to 13 Years	62.9%	60.0%	43.8%	65.4%	69.2%	40.6%
≥ 14 Years	60.0%	45.9%	54.3%	52.5%	59.5%	53.0%
Sex						
Male	49.2%	57.9%	60.3%	55.2%	59.7%	54.3%
Female	69.8%	48.4%	49.5%	62.8%	61.5%	49.3%
Race						
Black or African American	64.0%	47.5%	54.9%	51.9%	49.1%	40.0%
White	57.7%	54.4%	52.7%	64.4%	67.9%	54.7%
Other	33.3%	66.7%	100.0%	—	0.0%^	66.7%^
Region						
Central	55.9%	72.2%	50.9%	63.6%	52.8%	70.8%
Charlottesville/Western	54.5%	60.0%	60.9%	54.5%	51.4%	60.9%
Northern & Winchester	50.0%	30.0%	50.0%	50.0%	73.1%	53.8%
Roanoke/Alleghany	70.0%	60.0%	65.4%	53.8%	60.0%	33.3%
Southwest	83.3%	57.1%	58.3%^	100.0%^	80.0%	25.0%
Tidewater	60.7%	40.0%	43.8%	61.9%	67.6%	40.0%
MCO						
Aetna	75.0%	55.6%	50.0%	66.7%	87.5%	45.5%
HealthKeepers	67.4%	55.9%	53.2%	71.4%	58.5%	48.1%
Molina	37.5%^	100.0%^	55.6%	50.0%	71.4%	62.5%
Sentara*	58.6%	50.0%	54.1%	57.5%	59.8%	49.1%
United	37.5%	33.3%	0.0%^	42.9%^	50.0%	75.0%
More Than One MCO	—	50.0%	100.0%^	100.0%^	50.0%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-9 shows that 60.7 percent of children receiving adoption assistance and 50.9 percent of controls had a follow-up visit within seven days after discharge with a mental health provider during MY 2023, and the difference was not statistically significant (p=0.11). While there were large rate differences between children receiving adoption assistance and controls for most stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children receiving adoption assistance and controls were above the national Medicaid 50th percentile. The rate for children receiving adoption assistance increased from MY 2022 to MY 2023 by 7.0 percentage points, while the rate for controls decreased by 8.8 percentage points. For children receiving adoption assistance, Black or African American members were significantly less likely to have a follow-up visit within seven days after discharge with a mental health provider compared to members in other age groups during MY 2023, while White members were significantly more likely.

Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up (FUM)

Table 4-10 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator measures the percentage of ED visits for children 6 to 17 years of age with a principal diagnosis of mental illness or intentional self-harm for which the member had a follow-up visit for mental illness within 30 days of the ED visit. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-10—Rates of *Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	80.0%	67.4%	84.4%	79.3%	71.2%	77.8%
Age Category						
3 to 5 Years	—	—	100.0%^	—	100.0%^	100.0%^

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
6 to 10 Years	100.0%^	85.7%^	100.0%^	75.0%^	72.7%	66.7%
11 to 13 Years	80.0%	53.8%	94.7%	79.2%	90.9%	66.7%
≥ 14 Years	77.5%	69.2%	71.0%	81.8%	59.0%	84.2%
Sex						
Male	65.4%	91.7%	84.8%	80.0%	71.8%	80.8%
Female	89.7%	58.8%	83.9%	78.6%	70.6%	75.7%
Race						
Black or African American	84.0%	73.3%	85.7%	76.9%	66.7%	85.7%
White	77.5%	65.5%	85.7%	80.0%	73.3%	73.2%
Other	—	50.0%	0.0%^	—	100.0%^	100.0%^
Region						
Central	75.0%	73.3%	92.9%	61.5%	57.1%	78.9%
Charlottesville/Western	70.0%	50.0%	66.7%	85.7%	77.8%	77.8%
Northern & Winchester	90.0%	50.0%	88.9%	55.6%	60.0%	85.7%
Roanoke/Alleghany	70.0%	72.7%	91.7%	90.9%	92.3%	64.3%
Southwest	80.0%^	100.0%^	87.5%^	100.0%^	80.0%^	100.0%^
Tidewater	92.9%	62.5%	72.2%	91.7%	80.0%	77.8%
MCO						
Aetna	66.7%	75.0%	75.0%	66.7%	87.5%	87.5%
HealthKeepers	80.8%	50.0%	88.9%	63.6%	73.9%	61.9%
Molina	75.0%^	100.0%^	80.0%^	100.0%^	50.0%^	100.0%^
Sentara*	77.8%	77.3%	81.8%	88.9%	68.8%	84.0%
United	100.0%^	50.0%^	100.0%^	100.0%^	66.7%	83.3%
More Than One MCO	100.0%^	100.0%^	100.0%^	—	—	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-10 shows that 71.2 percent of children receiving adoption assistance and 77.8 percent of controls had a follow-up visit for mental illness within 30 days of an ED visit during MY 2023, and the

difference was not statistically significant (p=0.38). While there were large rate differences for most stratified rates, these stratified rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children receiving adoption assistance and controls were above the national Medicaid 50th percentile. The rates for both children receiving adoption assistance and controls decreased from MY 2022 to MY 2023 by 13.2 and 1.5 percentage points, respectively. For children receiving adoption assistance only, members 14 years of age and older were significantly less likely have a follow-up visit for mental illness within 30 days of an ED visit compared to members in other age groups during MY 2023, while members 11 to 13 years of age were significantly more likely. The disparity for members 14 years of age and older also existed during MY 2022.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing (APM)

Table 4-11 displays the MY 2021, MY 2022, and MY 2023 *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing* indicator measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and who received blood glucose and cholesterol testing. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-11—Rates of *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	34.1%	34.6%	37.6%	33.2%	34.9%	31.9%
Age Category						
3 to 5 Years	36.4%	16.7%	50.0%	60.0%	16.7%	50.0%
6 to 10 Years	29.1%	37.7%	36.2%	25.0%	30.1%	25.4%
11 to 13 Years	32.6%	31.8%	39.0%	26.5%	32.9%	36.8%
≥ 14 Years	38.2%	35.8%	37.1%	41.2%	40.9%	32.1%
Sex						
Male	34.0%	32.1%	36.7%	31.4%	32.5%	26.8%
Female	34.3%	39.0%	39.1%	35.8%	39.4%	42.3%
Race						
Black or African American	28.6%	30.9%	33.8%	24.4%	37.3%	33.3%
White	37.3%	36.5%	39.7%	35.5%	34.2%	31.7%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Other	0.0%^	0.0%^	25.0%	50.0%	0.0%	25.0%
Region						
Central	29.8%	29.5%	32.0%	27.0%	30.5%	33.3%
Charlottesville/Western	40.7%	15.4%	29.5%	31.3%	36.1%	32.1%
Northern & Winchester	13.1%	50.0%	29.3%	37.0%	37.5%	43.5%
Roanoke/Alleghany	34.8%	36.8%	43.1%	38.9%	31.5%	24.1%
Southwest	60.0%	43.8%	58.7%	41.4%	44.4%	37.5%
Tidewater	35.5%	34.6%	36.7%	26.3%	36.2%	31.0%
MCO						
Aetna	25.0%	40.0%	43.5%	25.0%	33.3%	26.7%
HealthKeepers	26.2%	34.3%	28.7%	25.0%	28.3%	23.8%
Molina	23.8%	14.3%	30.0%	20.0%	22.2%	42.9%
Sentara*	39.2%	37.7%	43.4%	40.2%	39.5%	34.8%
United	42.9%	15.4%	42.1%	37.5%	38.5%	50.0%
More Than One MCO	66.7%	33.3%	33.3%	0.0%	30.0%	40.0%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-11 shows that 34.9 percent of children receiving adoption assistance and 31.9 percent of controls with two or more antipsychotic prescriptions received blood glucose and cholesterol testing during MY 2023, and the difference was not statistically significant (p=0.45). The rate for children receiving adoption assistance was notably higher than controls for members 14 years of age and older (by 8.8 percentage points); male members (by 5.7 percentage points); and members in the Roanoke/Alleghany region and the Tidewater region (by 7.4 and 5.2 percentage points, respectively). While there were large rate differences between children receiving adoption assistance and controls for members 3 to 5 years of age; members of the Other racial group; members in the Northern & Winchester region and the Southwest region; and members enrolled with Aetna, Molina, United, and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children receiving adoption assistance and controls were below the national Medicaid 50th percentile. The rates for both children receiving adoption assistance and controls decreased from MY 2022 to MY 2023 by 2.7 and 1.3 percentage

points, respectively. For children receiving adoption assistance only, members 14 years of age and older were significantly more likely to receive blood glucose and cholesterol testing during MY 2023. For both children receiving adoption assistance and controls, members enrolled with HealthKeepers were significantly less likely to receive blood glucose and cholesterol testing during MY 2023, while members enrolled with Sentara were significantly more likely. These disparities also existed during MY 2021 and MY 2022.

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

Table 4-12 displays the MY 2021, MY 2022, and MY 2023 *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* indicator measures the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-12—Rates of *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	59.3%	65.3%	58.9%	53.3%	54.2%	61.7%
Age Category						
3 to 5 Years	50.0%	33.3%	50.0%	50.0%	55.6%	—
6 to 10 Years	70.7%	72.7%	66.7%	30.8%	55.6%	57.9%
11 to 13 Years	48.5%	66.7%	48.6%	66.7%	57.1%	64.7%
≥ 14 Years	57.8%	62.1%	59.6%	57.1%	50.9%	62.5%
Sex						
Male	57.1%	59.1%	56.7%	35.5%	51.2%	55.6%
Female	63.0%	75.0%	62.5%	72.4%	58.6%	70.8%
Race						
Black or African American	63.8%	61.9%	57.4%	55.6%	55.0%	65.0%
White	56.6%	67.3%	59.3%	52.4%	53.9%	61.5%
Other	—	50.0%	100.0%	—	—	0.0%^
Region						
Central	62.5%	73.3%	50.0%	58.3%	53.1%	50.0%
Charlottesville/Western	38.5%	28.6%	70.0%	66.7%	42.9%	80.0%
Northern & Winchester	50.0%	40.0%	52.9%	50.0%	41.7%	50.0%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Roanoke/Alleghany	82.1%	76.9%	67.5%	50.0%	61.1%	73.3%
Southwest	60.0%	85.7%	60.0%	50.0%	83.3%	20.0%
Tidewater	51.6%	55.6%	56.8%	44.4%	50.0%	66.7%
MCO						
Aetna	33.3%	50.0%	66.7%	50.0%	72.7%^	100.0%^
HealthKeepers	68.1%	63.2%	63.0%	56.3%	61.7%	55.6%
Molina	75.0%^	100.0%^	66.7%^	100.0%^	75.0%^	100.0%^
Sentara*	50.9%	67.4%	53.9%	46.7%	46.4%	60.6%
United	50.0%	50.0%	66.7%	71.4%	28.6%^	100.0%^
More Than One MCO	100.0%^	—	66.7%	—	75.0%	60.0%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-12 shows that 54.2 percent of children receiving adoption assistance and 61.7 percent of controls with a new prescription for an antipsychotic medication had documentation of psychosocial care as first-line treatment during MY 2023, and the difference was not statistically significant (p=0.33). The rates for children receiving adoption assistance were notably lower than the rates for controls for White members (by 7.6 percentage points) and members enrolled with Sentara (by 14.2 percentage points). There were large rate differences for most stratified rates; however, these rates had small denominators, and the rates may be less reliable.

For all eligible members, the MY 2023 rates for children receiving adoption assistance were below the national Medicaid 50th percentile, while rates for the controls were above the national Medicaid 50th percentile. The rate for children receiving adoption assistance decreased from MY 2022 to MY 2023 by 4.7 percentage points, while the rate for controls increased by 8.4 percentage points. There were no disparities identified for children receiving adoption assistance during MY 2023.

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

Table 4-13 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up Care for Children Prescribed ADHD Medication* rates among children receiving adoption assistance and controls stratified by month

of follow-up. Table 4-14 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up Care for Children Prescribed ADHD Medication* indicator measures the percentage of children and adolescents 6 to 12 years of age who were newly prescribed ADHD medication and who had at least three follow-up visits within a 10-month period, one of which was within one, two, three, six, or nine months of when the first ADHD medication was dispensed. This indicator has been modified to include children 6 to 13 years of age.

Table 4-13—Rates of *Follow-Up Care for Children Prescribed ADHD Medication* Among Children Receiving Adoption Assistance and Controls, by Month of Follow-Up

Month of Follow-Up	MY 2021		MY 2022		MY 2023	
	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate	Children in Foster Care Rate	Control Rate
One-Month	51.4%	58.1%	52.9%	62.9%	51.7%	58.9%
Two-Months	62.9%	74.3%	68.9%	80.6%	69.3%	77.2%
Three-Months	73.1%	81.0%	80.9%	87.0%	78.3%	83.9%
Six-Months	86.1%	91.5%	91.4%	94.6%	84.7%	92.4%
Nine-Months	91.0%	94.0%	94.6%	96.5%	91.3%	95.6%

Table 4-13 shows that 51.7 percent of children receiving adoption assistance had a follow-up visit within one month of when their first ADHD medication was dispensed, and 91.3 percent of children receiving adoption assistance had a follow-up visit within nine months. Additionally, the rates for children receiving adoption assistance were 7.2, 7.9, 5.6, 7.7, and 4.3 percentage points lower than controls for a follow-up visit within one month, two months, three months, six months, and nine months, respectively. These findings indicate that children receiving adoption assistance were less likely to have a follow-up visit than controls for all follow-up periods.

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

Table 4-14—Rates of *Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	51.4%	58.1%	52.9%-	62.9%	51.7%	58.9%
Age Category						
6 to 10 Years	48.4%	56.1%	53.6%	67.3%	53.7%	60.8%
11 to 13 Years	56.7%	61.3%	51.3%	55.5%	47.4%	54.8%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Sex						
Male	48.6%	57.3%	51.3%	59.5%	53.0%	60.1%
Female	55.1%	59.6%	55.4%	69.5%	50.0%	56.3%
Race						
Black or African American	45.2%	59.6%	47.6%	58.5%	48.2%	51.4%
White	53.9%	58.4%	55.6%	65.4%	52.7%	62.7%
Other	57.1%	28.6%	50.0%	75.0%	57.1%	57.1%
Region						
Central	44.8%	55.8%	48.0%	60.8%	57.7%	55.4%
Charlottesville/Western	54.1%	65.2%	57.1%	65.9%	50.9%	64.4%
Northern & Winchester	51.5%	57.1%	40.0%	67.7%	51.2%	62.5%
Roanoke/Alleghany	53.5%	56.5%	63.0%	55.4%	41.8%	57.4%
Southwest	67.7%	62.9%	65.7%	79.4%	55.2%	63.2%
Tidewater	44.2%	54.5%	43.4%	59.7%	53.2%	56.0%
MCO						
Aetna	52.4%	47.8%	36.8%	61.1%	62.5%	58.3%
HealthKeepers	51.6%	58.0%	48.8%	56.6%	51.7%	63.2%
Molina	33.3%	54.5%	83.3%	35.7%	50.0%	33.3%
Sentara*	53.3%	60.7%	57.4%	69.6%	51.5%	58.3%
United	53.8%	53.3%	45.5%	69.2%	42.9%	51.9%
More Than One MCO	20.0%	50.0%	40.0%	33.3%	33.3%	80.0%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-14 shows that 51.7 percent of children receiving adoption assistance and 58.9 percent of controls had a follow-up visit within one month after the first ADHD medication was dispensed during MY 2023, and the difference was not statistically significant (p=0.07). The rates for controls were notably higher than the rates for children receiving adoption assistance for members 11 to 13 years of age (by 7.4 percentage points); White members (by 10.0 percentage points); members in the Charlottesville/Western, Northern & Winchester, and Roanoke/Alleghany regions (by 13.5, 11.3, and 15.6 percentage points, respectively); and members enrolled with HealthKeepers (by 11.5 percentage points). While there were also large rate differences for members in the Southwest region and

members enrolled with Molina, United, and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both children receiving adoption assistance and controls and were above the national Medicaid 50th percentile. The rates for both children receiving adoption assistance and controls decreased from MY 2022 to MY 2023 by 1.2 and 4.0 percentage points, respectively. There were no disparities identified for children receiving adoption assistance during MY 2023.

Substance Use

Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment (IET–I)

Table 4-15 displays the MY 2021, MY 2022, and MY 2023 *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* rates among children receiving adoption assistance and controls 13 years of age and older stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicator measures the percentage of new SUD episodes among adolescent and adult members that result in initiation of SUD treatment within 14 days of the diagnosis.[49] Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-15—Rates of *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	54.1%+	30.0%	42.3%	37.5%	45.1%	33.8%
Age Category						
11 to 13 Years	50.0%^	0.0%^	33.3%	50.0%	25.0%	12.5%
≥ 14 Years	54.5%^	33.3%^	43.5%	36.2%	46.8%	36.4%
Sex						
Male	47.6%	42.1%	44.0%	43.8%	43.3%	27.5%
Female	62.5%	19.0%	40.7%	31.3%	47.6%	41.2%
Race						
Black or African American	46.7%	14.3%	38.5%	61.9%	27.3%	56.3%
White	57.1%	34.4%	41.7%	27.5%	50.0%	29.6%

[49] HSAG advises caution in interpreting rate changes over time for this indicator since CMS' measure specifications greatly changed between MY 2021 and MY 2022 (e.g., the measure changed from a percentage of members to a percentage of SUD events).

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Other	100.0%^	0.0%^	66.7%^	0.0%^	50.0%^	0.0%^
Region						
Central	54.5%	20.0%	63.6%	33.3%	62.5%	33.3%
Charlottesville/Western	83.3%	16.7%	36.4%	42.9%	45.5%	75.0%
Northern & Winchester	14.3%	27.3%	45.5%	16.7%	45.5%	30.0%
Roanoke/Alleghany	42.9%	75.0%	40.0%	41.2%	33.3%	8.3%
Southwest	66.7%	30.0%	37.5%	12.5%	25.0%^	0.0%^
Tidewater	100.0%^	25.0%^	16.7%	64.3%	100.0%^	50.0%^
MCO						
Aetna	50.0%^	0.0%^	100.0%^	25.0%^	100.0%^	40.0%^
HealthKeepers	61.5%	26.7%	43.5%	40.0%	56.0%	16.0%
Molina	0.0%^	0.0%^	0.0%^	25.0%^	66.7%	33.3%
Sentara*	64.7%	41.2%	41.7%	38.2%	27.3%	47.1%
United	0.0%^	20.0%^	50.0%^	0.0%^	—	33.3%
More Than One MCO	—	—	—	100.0%^	—	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-15 shows that 45.1 percent of new SUD episodes among children receiving adoption assistance and 33.8 percent of new SUD episodes among controls resulted in initiation of treatment within 14 days of the diagnosis during MY 2023, and the difference was not statistically significant (p=0.20). The rate for children receiving adoption assistance was notably higher than controls for White members (by 20.4 percentage points). While there were large rate differences between children receiving adoption assistance and controls for most stratified rates, these rates had small denominators, so rates may be less reliable.

For all eligible members, the MY 2023 rates for children receiving adoption assistance were above the national Medicaid 50th percentile, while the rate for controls were below the national Medicaid 50th percentile. The rate for children receiving adoption assistance increased from MY 2022 to MY 2023 by 2.8 percentage points, while the rate for controls decreased by 3.7 percentage points. For children

receiving adoption assistance only, members enrolled with Sentara were significantly less likely to initiate SUD treatment compared to members enrolled with other MCOs during MY 2023.

Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment (IET–E)

Table 4-16 displays the MY 2021, MY 2022, and MY 2023 *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* rates among children receiving adoption assistance and controls 13 years of age and older stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* indicator measures the percentage of new SUD episodes among adolescent and adult members for which SUD treatment was initiated that also resulted in engagement in ongoing SUD treatment within 34 days of the initiation visit.[50] Since the children receiving adoption assistance population includes members 18 years of age and younger, this indicator has been modified to include the corresponding ages.

Table 4-16—Rates of *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	8.1%	10.0%	7.7%	6.3%	9.8%	6.8%
Age Category						
11 to 13 Years	25.0%^	0.0%^	16.7%	16.7%	0.0%^	0.0%^
≥ 14 Years	6.1%^	11.1%^	6.5%	5.2%	10.6%^	7.6%^
Sex						
Male	4.8%	15.8%	4.0%	6.3%	6.7%	10.0%
Female	12.5%	4.8%	11.1%	6.3%	14.3%	2.9%
Race						
Black or African American	6.7%^	0.0%^	7.7%	14.3%	0.0%^	12.5%^
White	9.5%^	12.5%^	8.3%	2.5%	10.5%	5.6%
Other	0.0%^	0.0%^	0.0%^	0.0%^	50.0%^	0.0%^
Region						
Central	9.1%^	0.0%^	9.1%^	0.0%^	12.5%^	0.0%^
Charlottesville/Western	16.7%	16.7%	0.0%^	0.0%^	0.0%^	33.3%^
Northern & Winchester	0.0%^	18.2%^	18.2%^	0.0%^	0.0%^	3.3%^
Roanoke/Alleghany	14.3%^	0.0%^	20.0%	17.6%	20.0%^	0.0%^
Southwest	0.0%^	10.0%^	0.0%^	0.0%^	25.0%^	0.0%^
Tidewater	0.0%^	0.0%^	0.0%^	7.1%^	0.0%^	0.0%^

[50] HSAG advises caution in interpreting rate changes over time for this indicator since CMS' measure specifications greatly changed between MY 2021 and MY 2022 (e.g., the measure changed from a percentage of members to a percentage of SUD events).

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
MCO						
Aetna	0.0%^	0.0%^	100.0%^	0.0%^	0.0%^	0.0%^
HealthKeepers	15.4%	6.7%	8.7%^	0.0%^	8.0%	4.0%
Molina	0.0%^	0.0%^	0.0%^	0.0%^	0.0%^	0.0%^
Sentara*	5.9%	17.6%	4.2%	8.8%	13.6%	11.8%
United	0.0%^	0.0%^	0.0%^	0.0%^	—	0.0%^
More Than One MCO	—	—	—	100.0%	—	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-16 shows that 9.8 percent of SUD episodes for children receiving adoption assistance and 6.8 percent of SUD episodes for controls resulted in initiation of treatment within 14 days of the diagnosis and engagement in ongoing SUD treatment during MY 2023, and the difference was not statistically significant (p=0.54). While there were large rate differences between children receiving adoption assistance and controls for most stratified rates, these rates had small denominators, so rates may be less reliable.

For all eligible members, the MY 2023 rates for both children receiving adoption assistance and controls were below the national Medicaid 50th percentile. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 2.1 and 0.5 percentage points, respectively. There were no disparities identified for children receiving adoption assistance during MY 2023.

Respiratory Health

Asthma Medication Ratio (AMR)

Table 4-17 displays the MY 2021, MY 2022, and MY 2023 *Asthma Medication Ratio* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Asthma*

Medication Ratio indicator measures the percentage of children and adolescents 5 to 18 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Table 4-17—Rates of *Asthma Medication Ratio* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	86.1%+	71.4%	86.0%+	71.0%	82.4%	75.5%
Age Category						
5 to 11 Years	86.2%	78.9%	88.9%	77.1%	89.1%	90.0%
12 to 18 Years	86.1%	67.0%	84.2%	68.2%	75.5%	65.1%
Sex						
Male	84.3%	73.5%	84.5%	70.0%	80.3%	76.6%
Female	88.7%	69.0%	88.0%	72.3%	85.7%	73.5%
Race						
Black or African American	83.5%	66.0%	78.6%	68.8%	77.6%	67.7%
White	87.6%	75.0%	94.9%	72.5%	87.5%	82.7%
Other	100.0%^	50.0%^	66.7%	—	66.7%	66.7%
Region						
Central	87.5%	60.0%	87.5%	62.1%	76.0%	63.9%
Charlottesville/Western	90.9%	81.0%	82.4%	77.3%	83.3%	91.3%
Northern & Winchester	81.3%	72.2%	88.9%	77.8%	84.6%	91.7%
Roanoke/Alleghany	89.7%	72.0%	82.6%	75.0%	90.0%	89.5%
Southwest	95.5%	75.0%	100.0%^	90.5%^	86.7%	85.7%
Tidewater	75.6%	72.2%	80.0%	60.0%	78.3%	61.5%
MCO						
Aetna	80.0%	66.7%	88.9%^	100.0%^	76.9%	80.0%
HealthKeepers	83.7%	62.5%	87.1%	64.8%	73.3%	66.0%
Molina	88.9%^	100.0%^	100.0%^	100.0%^	100.0%^	100.0%^
Sentara*	86.9%	78.0%	83.1%	72.5%	88.7%	78.0%
United	100.0%^	44.4%^	100.0%^	66.7%^	75.0%^	100.0%^
More Than One MCO	—	—	100.0%^	60.0%^	100.0%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-17 shows that 82.4 percent of children receiving adoption assistance and 75.5 percent of controls who were identified as having persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during MY 2023, and the difference was not statistically significant (p=0.19). The rates for children receiving adoption assistance were notably higher than controls for members 12 to 18 years of age (by 10.4 percentage points); female members (by 12.2 percentage points); Black or African American members (by 9.9 percentage points); and members enrolled with HealthKeepers and Sentara (by 7.3 and 10.7 percentage points, respectively). While there were large rate differences for members in the Central, Charlottesville/Western, Northern & Winchester, and Tidewater regions and members enrolled with United, these rates had small denominators, so the rates may be less reliable.

The rates for both children receiving adoption assistance and controls were above the national Medicaid 50th percentile for members 5 to 11 years of age, while the rate for children receiving adoption assistance only was above the national Medicaid 50th percentile for members 12 to 18 years of age. The rate for children receiving adoption assistance decreased from MY 2022 to MY 2023 by 3.6 percentage points, while the rate for controls increased by 4.5 percentage points.

Service Utilization

Ambulatory Care Visits

Table 4-18 displays the MY 2021, MY 2022, and MY 2023 *Ambulatory Care Visits* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Ambulatory Care Visits* indicator measures the percentage of members who had an ambulatory care visit during the measurement year.

Table 4-18—Rates of *Ambulatory Care Visits* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	81.4%-	83.6%	81.4%-	82.9%	83.0%	84.2%
Age Category						
≤ 2 Years	84.4%	93.1%	87.7%	90.8%	90.2%	94.6%
3 to 5 Years	83.0%	86.3%	84.1%	88.6%	88.1%	88.1%
6 to 10 Years	80.5%	82.8%	81.6%	84.0%	84.8%	84.6%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
11 to 13 Years	82.4%	85.2%	81.0%	84.5%	81.9%	84.1%
≥ 14 Years	80.7%	81.6%	80.5%	79.0%	80.2%	82.3%
Sex						
Male	80.9%	83.7%	81.7%	82.9%	82.8%	84.2%
Female	81.8%	83.4%	81.2%	83.0%	83.1%	84.1%
Race						
Black or African American	80.7%	80.6%	81.3%	78.7%	83.2%	80.8%
White	81.8%	85.0%	81.6%	85.0%	82.9%	85.7%
Other	76.3%	80.6%	77.3%	77.9%	80.4%	81.5%
Region						
Central	82.0%	82.7%	80.5%	78.9%	81.1%	82.8%
Charlottesville/Western	84.1%	83.8%	81.6%	85.3%	84.8%	84.9%
Northern & Winchester	68.7%	82.4%	69.4%	81.8%	70.4%	84.0%
Roanoke/Alleghany	85.5%	86.7%	86.9%	87.1%	87.3%	86.3%
Southwest	90.5%	88.0%	91.5%	88.6%	90.9%	87.3%
Tidewater	78.8%	79.5%	80.0%	78.9%	83.9%	80.8%
MCO						
Aetna	75.5%	81.6%	77.3%	79.6%	75.8%	81.0%
HealthKeepers	81.7%	84.1%	82.6%	83.0%	83.2%	86.0%
Molina	72.4%	71.8%	68.9%	76.6%	71.9%	77.1%
Sentara*	83.9%	84.7%	83.3%	84.4%	85.4%	84.2%
United	74.0%	81.7%	74.5%	79.4%	79.1%	82.7%
More Than One MCO	81.8%	87.9%	91.2%	89.7%	92.1%	93.4%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-18 shows that 83.0 percent of children receiving adoption assistance and 84.2 percent of controls had an ambulatory care visit during MY 2023, and the difference was not statistically significant (p=0.05). The rate for children receiving adoption assistance was notably lower than controls for members in the Northern & Winchester region (by 13.6 percentage points) and members enrolled with Aetna and Molina (by 5.2 percentage points each).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 1.6 and 1.3 percentage points, respectively. For both children receiving adoption assistance and controls, member 14 years of age and older were significantly less likely to have an ambulatory care visit compared to members in other age groups during MY 2023, while members 2 years of age and younger and members 3 to 5 years of age were significantly more likely. These disparities existed only for controls during MY 2021 and MY 2022. For children receiving adoption assistance only, members 6 to 10 years of age were significantly more likely to have an ambulatory care visit compared to members in other age groups during MY 2023. For both children receiving adoption assistance and controls, members in the Roanoke/Alleghany region and the Southwest region were significantly more likely to have an ambulatory care visit compared to members in other regions during MY 2023. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Central region and the Northern & Winchester region were significantly less likely to have an ambulatory care visit compared to members in other regions during MY 2023. The disparity for the Northern & Winchester region also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members enrolled with Aetna and Molina were significantly less likely to have an ambulatory care visit compared to members enrolled with other MCOs during MY 2023, while members enrolled with More Than One MCO were significantly more likely. For most of these MCOs, these disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with United were significantly less likely to have an ambulatory care visit compared to members enrolled with other MCOs during MY 2023, while members enrolled with Sentara were significantly more likely. These disparities also existed during MY 2021 and MY 2022.

ED Visits

Table 4-19 displays the MY 2021, MY 2022, and MY 2023 *ED Visits* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *ED Visits* indicator measures the percentage of members who had an ED visit during the measurement year.

Table 4-19—Rates of *ED Visits* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	16.1%-	24.1%	17.7%-	29.3%	18.5%-	30.7%
Age Category						
≤ 2 Years	20.6%	31.3%	30.8%	41.5%	26.8%	47.3%
3 to 5 Years	14.4%	23.6%	18.2%	34.9%	20.2%	36.6%
6 to 10 Years	12.0%	20.9%	13.6%	27.4%	15.9%	28.6%
11 to 13 Years	14.1%	20.0%	16.1%	27.3%	17.2%	28.3%
≥ 14 Years	21.0%	29.1%	21.5%	30.0%	20.8%	31.7%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Sex						
Male	16.1%	22.9%	17.3%	29.0%	19.2%	29.9%
Female	16.1%	25.4%	18.2%	29.7%	17.7%	31.7%
Race						
Black or African American	16.3%	26.6%	17.5%	30.7%	17.7%	31.4%
White	16.0%	23.0%	18.0%	29.0%	19.0%	30.7%
Other	14.4%	21.9%	14.4%	22.7%	14.3%	22.2%
Region						
Central	16.1%	25.0%	17.5%	30.0%	19.9%	34.4%
Charlottesville/Western	14.9%	21.9%	15.9%	25.8%	16.9%	27.3%
Northern & Winchester	13.3%	22.5%	16.1%	29.4%	15.9%	30.2%
Roanoke/Alleghany	16.2%	24.5%	17.6%	29.4%	18.9%	32.1%
Southwest	21.5%	28.5%	23.5%	34.6%	22.9%	34.9%
Tidewater	15.7%	22.9%	17.1%	27.7%	17.1%	25.6%
MCO						
Aetna	16.0%	22.9%	17.4%	29.6%	16.9%	26.3%
HealthKeepers	16.0%	23.8%	17.7%^	29.2%^	18.8%	31.6%
Molina	14.3%	20.4%	16.7%	28.8%	19.9%	28.8%
Sentara*	16.0%	24.7%	17.4%	29.1%	18.6%	30.6%
United	18.3%	22.7%	19.6%	31.0%	18.3%	34.3%
More Than One MCO	16.7%	37.9%	29.4%	30.9%	19.7%	27.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-19 shows that 18.5 percent of children receiving adoption assistance and 30.7 percent of controls had an ED visit during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for children receiving adoption assistance were notably lower than controls for all stratified rates, with the largest differences for members 2 years of age and younger, 3 to 5, and 6 to 10 years of age (by 20.5, 16.4, and 12.7 percentage points, respectively); female members (by 14.0 percentage points); Black or African American and White members (by 13.7 and 11.7 percentage points, respectively); members in the Central, Northern & Winchester, and Roanoke/Alleghany regions (by 14.5, 14.3, and

13.2 percentage points, respectively); and members enrolled with HealthKeepers and United (by 12.8 and 16.0 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 0.8 and 1.4 percentage points, respectively. For both children receiving adoption assistance and controls, members 6 to 10 years of age were significantly less likely to have an ED visit compared to members in other age groups during MY 2023, while members 2 years of age and younger were significantly more likely. For children receiving adoption assistance only, members 14 years of age and older were significantly more likely to have an ED visit compared to members in other age groups during MY 2023. For most of these age groups, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Southwest region were significantly more likely to have an ED visit compared to members in other regions during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Northern & Winchester region were significantly less likely to have an ED visit compared to members in other regions during MY 2023.

Inpatient Visits

Table 4-20 displays the MY 2021, MY 2022, and MY 2023 *Inpatient Visits* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Inpatient Visits* indicator measures the percentage of members who had an inpatient visit during the measurement year.

Table 4-20—Rates of *Inpatient Visits* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	2.8%	2.4%	3.3%+	2.3%	3.1%	2.8%
Age Category						
≤ 2 Years	3.1%	1.9%	2.3%	4.6%	3.6%	6.3%
3 to 5 Years	0.5%	0.6%	1.3%	1.3%	1.1%	1.3%
6 to 10 Years	1.4%	1.1%	1.5%	1.4%	1.4%	1.4%
11 to 13 Years	3.2%	2.5%	3.8%	2.5%	3.0%	2.9%
≥ 14 Years	4.3%	3.9%	5.1%	3.3%	5.3%	4.3%
Sex						
Male	2.5%	1.7%	2.6%	1.9%	2.9%	2.4%
Female	3.1%	3.2%	4.0%	2.9%	3.4%	3.3%
Race						
Black or African American	3.4%	2.7%	3.7%	2.3%	3.1%	3.0%
White	2.5%	2.2%	3.2%	2.4%	3.2%	2.8%
Other	1.9%	2.5%	1.1%	1.1%	1.1%	2.1%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Region						
Central	3.5%	2.1%	4.4%	1.8%	3.4%	3.2%
Charlottesville/Western	3.4%	2.5%	3.7%	2.4%	4.0%	3.4%
Northern & Winchester	1.9%	2.0%	2.4%	3.0%	2.6%	2.3%
Roanoke/Alleghany	2.4%	2.6%	2.7%	2.2%	2.6%	2.7%
Southwest	1.9%	1.8%	2.5%	2.4%	1.9%	1.8%
Tidewater	3.0%	3.0%	3.3%	2.5%	3.7%	3.2%
MCO						
Aetna	1.5%	2.3%	2.3%	1.5%	2.3%	2.4%
HealthKeepers	2.9%	2.2%	3.3%	2.4%	3.5%	2.4%
Molina	2.4%	1.4%	2.7%	2.0%	3.1%	3.8%
Sentara*	2.9%	2.5%	3.6%	2.5%	3.2%	3.2%
United	2.8%	2.4%	2.4%	2.4%	1.3%	1.5%
More Than One MCO	3.0%	4.5%	4.4%	1.5%	6.6%	2.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-20 shows that 3.1 percent of children receiving adoption assistance and 2.8 percent of controls had an inpatient visit during MY 2023, and the difference was not statistically significant (p=0.28). The rate differences between children receiving adoption assistance and controls were similar across the stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for children receiving adoption assistance decreased from MY 2022 to MY 2023 by 0.2 percentage points, while the rate for controls increased by 0.5 percentage points. For both children receiving adoption assistance and controls, members 3 to 5 and 6 to 10 years of age were significantly less likely to have an inpatient visit compared to members in other age groups during MY 2023, while members 14 years of age and older were significantly more likely. For most of these age groups, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Southwest region were significantly less likely to have an inpatient visit compared to members in other regions during MY 2023. For children receiving adoption assistance only, members enrolled with United were significantly less likely to have an inpatient visit compared to members enrolled with other MCOs during MY 2023.

Behavioral Health Encounters—Total

Table 4-21 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Total* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Total* indicator measures the percentage of members who had a behavioral health encounter during the measurement year.

Table 4-21—Rates of *Behavioral Health Encounters—Total* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	51.6%+	44.9%	45.7%+	40.2%	54.7%+	47.5%
Age Category						
≤ 2 Years	25.0%	25.0%	29.2%	23.8%	29.5%	25.9%
3 to 5 Years	31.0%	23.5%	28.5%	20.7%	35.6%	27.2%
6 to 10 Years	49.5%	42.5%	40.5%	35.9%	51.9%	42.8%
11 to 13 Years	59.5%	54.0%	51.5%	48.0%	60.5%	54.9%
≥ 14 Years	56.2%	48.8%	52.3%	45.5%	60.1%	53.7%
Sex						
Male	54.1%	47.3%	46.9%	40.2%	56.6%	50.6%
Female	48.7%	42.1%	44.3%	40.3%	52.4%	43.9%
Race						
Black or African American	54.6%	44.6%	49.4%	41.4%	59.2%	47.4%
White	50.7%	45.4%	44.3%	39.9%	52.8%	48.0%
Other	38.8%	34.4%	38.1%	34.8%	51.3%	37.0%
Region						
Central	51.3%	43.4%	45.3%	37.2%	54.2%	46.8%
Charlottesville/Western	54.1%	44.2%	46.1%	41.2%	58.6%	47.9%
Northern & Winchester	40.3%	37.0%	34.0%	31.6%	42.4%	38.6%
Roanoke/Alleghany	55.4%	48.9%	51.2%	42.9%	58.0%	48.8%
Southwest	49.7%	46.0%	42.7%	39.3%	50.1%	46.3%
Tidewater	56.6%	49.1%	52.3%	48.2%	62.2%	55.1%
MCO						
Aetna	45.9%	39.4%	38.4%	36.8%	46.2%	43.4%
HealthKeepers	53.0%	47.0%	46.9%	41.5%	55.2%	48.5%
Molina	46.6%	34.7%	39.1%	32.1%	42.1%	39.0%
Sentara*	53.3%	46.4%	47.9%	41.8%	57.6%	48.7%
United	42.5%	38.2%	35.4%	30.3%	49.0%	43.9%
More Than One MCO	53.0%	42.4%	55.9%	57.4%	65.8%	59.2%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-21 shows that 54.7 percent of children receiving adoption assistance and 47.5 percent of controls had a behavioral health visit during MY 2023, and the difference was statistically significant (p<0.001). There were similar rate differences between children receiving adoption assistance and controls for all stratifications.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 9.0 and 7.3 percentage points, respectively. For both children receiving adoption assistance and controls, members 2 years of age and younger, 3 to 5, and 6 to 10 years of age were significantly less likely to have a behavioral health encounter compared to members in other age groups during MY 2023, while members 11 to 13 years of age and 14 years of age and older were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, female members were significantly less likely to have a behavioral health encounter during MY 2023, while male members were significantly more likely. For children receiving adoption assistance, these disparities existed during MY 2021 and MY 2022, while these disparities only existed for controls during MY 2022. For children receiving adoption assistance only, White members were significantly less likely to have a behavioral health encounter compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Other racial group were significantly less likely to have a behavioral health encounter during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this racial group (by 13.2 percentage points). For both children receiving adoption assistance and controls, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter compared to members in other regions during MY 2023, while members in the Tidewater region were significantly more likely. For children receiving adoption assistance only, members in the Southwest region were significantly less likely to have a behavioral health encounter compared to members in other regions during MY 2023, while members in the Charlottesville/Western region and the Roanoke/Alleghany region were significantly more likely. For most regions, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members enrolled with Aetna and Molina were significantly less likely to have a behavioral health encounter compared to members enrolled with other MCOs during MY 2023. For children receiving adoption assistance only, members enrolled with United were significantly less likely to have a behavioral health encounter compared to members enrolled with other MCOs during MY 2023, while members enrolled with Sentara were significantly more likely. For most MCOs, these disparities also existed during MY 2021 and MY 2022.

Behavioral Health Encounters—ARTS

Table 4-22 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—ARTS* rates among children receiving adoption assistance and controls stratified by member characteristics. For MY 2021, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—ARTS* indicator measures the percentage of members who had a behavioral health encounter with ARTS.

Table 4-22—Rates of *Behavioral Health Encounters—ARTS* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	0.4%	0.5%	1.0%	0.9%	1.6%	1.4%
Age Category						
≤ 2 Years	0.0%^	0.0%^	0.8%	0.0%	0.0%	0.9%
3 to 5 Years	0.0%^	0.0%^	0.0%^	0.0%^	0.1%^	0.0%^
6 to 10 Years	0.1%	0.1%	0.4%	0.1%	0.2%	0.4%
11 to 13 Years	0.2%	0.5%	0.7%	0.9%	1.4%	0.8%
≥ 14 Years	0.8%	1.1%	2.1%	1.9%	3.3%	3.1%
Sex						
Male	0.4%	0.5%	1.1%	0.8%	1.6%	1.5%
Female	0.3%	0.6%	1.0%	1.1%	1.6%	1.3%
Race						
Black or African American	0.5%	0.5%	1.1%	0.8%	1.6%	1.3%
White	0.3%	0.6%	1.0%	1.0%	1.6%	1.4%
Other	1.3%	0.0%	0.6%	1.1%	1.1%	2.6%
Region						
Central	0.4%	0.4%	1.3%	0.6%	1.7%	1.0%
Charlottesville/Western	0.4%	0.4%	0.8%	1.0%	1.8%	1.6%
Northern & Winchester	0.6%	1.1%	1.3%	0.8%	2.1%	3.3%
Roanoke/Alleghany	0.2%	0.6%	1.1%	1.2%	1.8%	1.4%
Southwest	0.3%	0.7%	1.0%	1.1%	1.2%	0.6%
Tidewater	0.2%	0.3%	0.8%	1.0%	0.9%	0.7%
MCO						
Aetna	0.2%	0.3%	1.3%	0.8%	0.8%	1.8%
HealthKeepers	0.4%	0.5%	1.2%	0.9%	2.0%	1.7%
Molina	1.0%	1.0%	2.0%^	0.0%^	2.4%	1.4%
Sentara*	0.3%	0.5%	0.9%	1.1%	1.5%	1.1%
United	0.4%	1.0%	0.6%	0.6%	0.8%	1.7%
More Than One MCO	0.0%	1.5%	1.5%	2.9%	1.3%	3.9%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-22 shows that 1.6 percent of children receiving adoption assistance and 1.4 percent of controls had a behavioral health encounter with ARTS during MY 2023, and the difference was not statistically significant (p=0.45). The rate differences between children receiving adoption assistance and controls were similar across the stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator for this analysis. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 0.6 and 0.5 percentage points, respectively. For both children receiving adoption assistance and controls, members 6 to 10 years of age were significantly less likely to have a behavioral health encounter with ARTS compared to members in other age groups during MY 2023, while members 14 years of age and older were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Tidewater region were significantly less likely to have a behavioral health encounter with ARTS compared to members in other regions during MY 2023.

Behavioral Health Encounters—CMH Services

Table 4-23 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—CMH Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—CMH Services* indicator measures the percentage of members who had a behavioral health encounter with CMH services.

Table 4-23—Rates of *Behavioral Health Encounters—CMH Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	14.0%	14.2%	13.1%	13.4%	14.0%	14.0%
Age Category						
≤ 2 Years	2.5%	2.5%	3.1%	2.3%	2.7%	3.6%
3 to 5 Years	9.4%	8.6%	8.2%	9.0%	10.9%	11.6%
6 to 10 Years	13.8%	16.1%	13.0%	14.8%	13.0%	14.0%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
11 to 13 Years	15.6%	15.2%	14.3%	14.5%	15.4%	16.8%
≥ 14 Years	15.3%	14.5%	14.5%	13.5%	15.4%	13.5%
Sex						
Male	16.2%	16.3%	15.0%	14.6%	15.9%	15.8%
Female	11.5%	11.7%	11.0%	12.0%	11.8%	11.9%
Race						
Black or African American	15.3%	15.6%	14.9%	15.4%	15.8%	15.8%
White	13.7%	13.8%	12.6%	12.7%	13.5%	13.5%
Other	6.9%	8.1%	6.6%	10.5%	7.4%	7.9%
Region						
Central	12.1%	12.3%	11.3%	10.6%	12.3%	11.2%
Charlottesville/Western	13.6%	13.3%	13.1%	13.0%	14.6%	14.0%
Northern & Winchester	9.5%	6.8%	8.7%	6.2%	7.9%	6.9%
Roanoke/Alleghany	17.7%	20.5%	14.9%	18.6%	16.2%	20.1%
Southwest	18.7%	21.6%	17.5%	19.2%	15.7%	17.6%
Tidewater	13.9%	12.6%	14.2%	14.2%	17.3%	14.9%
MCO						
Aetna	12.4%	12.9%	9.4%	9.9%	11.9%	13.3%
HealthKeepers	13.2%	11.3%	12.6%	11.8%	14.0%	11.7%
Molina	11.2%	9.5%	8.7%	13.0%	12.7%	11.0%
Sentara*	15.1%	16.6%	14.8%	15.2%	14.9%	16.0%
United	13.5%	13.3%	11.2%	11.4%	9.4%	12.6%
More Than One MCO	13.6%	16.7%	14.7%	19.1%	25.0%	17.1%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-23 shows that 14.0 percent of children receiving adoption assistance and 14.0 percent of controls had a behavioral health encounter with CMH services during MY 2023, and the difference was not statistically significant (p=0.96). The rate differences between children receiving adoption assistance and controls were similar across stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls

increased from MY 2022 to MY 2023 by 0.9 and 0.6 percentage points, respectively. For both children receiving adoption assistance and controls, members 2 years of age and younger were significantly less likely to have a behavioral health encounter with CMH services compared to members in other age groups during MY 2023. For children receiving adoption assistance only, members 3 to 5 years of age were significantly less likely to have a behavioral health encounter with CMH services compared to members in other age groups during MY 2023, while members 14 years of age and older were significantly more likely. For most age groups, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, female members were significantly less likely to have a behavioral health encounter with CMH services during MY 2023, while male members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Other racial group were significantly less likely to have a behavioral health encounter with CMH services compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. For most of these racial groups, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Central region and the Northern & Winchester region were significantly less likely to have a behavioral health encounter with CMH services compared to members in other regions during MY 2023, while members in the Roanoke/Alleghany region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Tidewater region were significantly more likely to have a behavioral health encounter with CMH services compared to members in other regions during MY 2023. For both children receiving adoption assistance and controls, members enrolled with Sentara were significantly more likely to have a behavioral health encounter with CMH services compared to members enrolled with other MCOs during MY 2023. This disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with United were significantly less likely to have a behavioral health encounter with CMH services compared to members enrolled with other MCOs during MY 2023, while members enrolled with More Than One MCO were significantly less likely. For children receiving adoption assistance only, members enrolled with Aetna and Molina were significantly less likely to have a behavioral health encounter with CMH services during MY 2022; however, these disparities no longer existed during MY 2023 due to increases in the rates for these members (by 2.5 and 4.0 percentage points, respectively).

Behavioral Health Encounters—RTC Services

Table 4-24 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—RTC Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—RTC Services* indicator measures the percentage of members who had a behavioral health encounter with RTC services. Please note, starting in July 2025, RTC placement and services will become a carved-out service rather than an excluded service.

Table 4-24—Rates of *Behavioral Health Encounters—RTC Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	2.7%+	1.9%	4.3%+	2.6%	4.6%+	3.1%
Age Category						
≤ 2 Years	0.0%	1.9%	1.5%	1.5%	0.9%	3.6%
3 to 5 Years	1.7%	1.5%	4.6%	3.3%	5.1%	4.0%
6 to 10 Years	2.1%	0.7%	4.1%	2.1%	3.9%	2.4%
11 to 13 Years	2.5%	2.0%	4.4%	2.9%	4.4%	3.5%
≥ 14 Years	3.9%	2.8%	4.5%	2.5%	5.3%^	3.1%^
Sex						
Male	2.7%	1.6%	4.6%	2.8%	5.1%	3.0%
Female	2.7%	2.1%	4.0%	2.3%	3.9%	3.1%
Race						
Black or African American	3.3%	2.1%	5.0%	3.1%	5.7%	2.8%
White	2.4%	1.7%	4.0%	2.4%	4.2%	3.3%
Other	3.1%	1.9%	2.2%	1.7%	1.1%	0.5%
Region						
Central	4.0%	1.7%	5.9%	2.8%	4.6%	3.0%
Charlottesville/Western	2.8%	1.4%	3.6%	2.5%	5.6%	3.3%
Northern & Winchester	2.2%	1.9%	3.6%	2.3%	4.3%	2.7%
Roanoke/Alleghany	2.8%	2.5%	4.4%	2.8%	4.6%	3.5%
Southwest	1.0%	1.2%	3.0%	1.0%	2.4%	1.8%
Tidewater	2.5%	2.2%	4.2%	3.4%	5.4%	3.7%
MCO						
Aetna	1.7%	2.0%	3.5%	1.8%	3.3%	2.4%
HealthKeepers	3.4%	2.1%	5.2%	3.0%	5.8%	3.0%
Molina	2.0%	0.7%	3.7%	1.3%	4.1%	3.4%
Sentara*	2.5%	1.8%	4.0%	2.4%	4.1%	3.2%
United	2.8%	1.2%	3.7%	3.1%	4.0%	2.6%
More Than One MCO	1.5%	3.0%	5.9%	4.4%	9.2%	3.9%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-24 shows that 4.6 percent of children receiving adoption assistance and 3.1 percent of controls had a behavioral health encounter with RTC services during MY 2023, and the difference was statistically significant ($p<0.001$). The rate differences between children receiving adoption assistance and controls were similar across stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 0.3 and 0.5 percentage points, respectively. For children receiving adoption assistance only, female members were significantly less likely to have a behavioral health encounter with RTC services during MY 2023, while male members were significantly more likely. For children receiving adoption assistance only, White members and members in the Other racial group were significantly less likely to have a behavioral health encounter with RTC services compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. The disparity for Black or African American members also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members in the Southwest region were significantly less likely to have a behavioral health encounter with RTC services compared to members in other regions during MY 2023. For children receiving adoption assistance, this disparity also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with Sentara were significantly less likely to have a behavioral health encounter with RTC services compared to members enrolled with other MCOs during MY 2023, while members enrolled with HealthKeepers were significantly more likely. The disparity for members enrolled with HealthKeepers also existed during MY 2021 and MY 2022.

Behavioral Health Encounters—Therapeutic Services

Table 4-25 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Therapeutic Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Therapeutic Services* indicator measures the percentage of members who had a behavioral health encounter with therapeutic services.

Table 4-25—Rates of *Behavioral Health Encounters—Therapeutic Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	5.0%$^{+}$	4.3%	5.3%$^{+}$	4.2%	1.1%$^{-}$	1.5%
Age Category						
≤ 2 Years	2.5%	2.5%	2.3%	1.5%	0.0%	0.0%
3 to 5 Years	6.5%	5.2%	5.6%	5.4%	1.0%	1.7%
6 to 10 Years	5.8%	5.7%	6.9%	6.2%	1.3%	1.9%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
11 to 13 Years	4.2%	3.9%	4.9%	3.7%	1.1%	1.5%
≥ 14 Years	4.6%	3.0%	4.4%	2.6%	1.0%	1.1%
Sex						
Male	6.4%	5.6%	6.8%	5.5%	1.3%	1.8%
Female	3.4%	2.7%	3.6%	2.7%	0.9%	1.2%
Race						
Black or African American	4.9%	4.4%	5.8%	4.5%	1.4%	1.9%
White	5.1%	4.2%	5.2%	4.1%	1.0%	1.4%
Other	2.5%	3.8%	4.4%	3.3%	0.0%^	0.0%^
Region						
Central	5.4%	4.4%	4.8%	4.0%	0.9%	1.7%
Charlottesville/Western	4.8%	4.1%	5.4%	4.4%	1.6%	2.3%
Northern & Winchester	3.5%	1.8%	3.6%	2.0%	0.5%	0.7%
Roanoke/Alleghany	6.3%	5.0%	5.7%	4.4%	1.8%	2.6%
Southwest	6.5%	8.2%	7.8%	6.7%	0.0%^	0.0%^
Tidewater	4.0%	3.0%	5.2%	4.2%	1.5%	1.2%
MCO						
Aetna	3.8%	3.5%	4.1%	3.3%	0.8%	0.8%
HealthKeepers	5.4%	3.9%	5.8%	4.1%	1.1%	1.3%
Molina	3.7%	2.4%	3.7%	3.7%	0.3%	1.0%
Sentara*	5.0%	4.6%	5.4%	4.3%	1.2%	1.7%
United	5.6%	5.2%	5.7%	4.9%	1.1%	1.5%
More Than One MCO	3.0%	4.5%	2.9%	7.4%	1.3%	2.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-25 shows that 1.1 percent of children receiving adoption assistance and 1.5 percent of controls had a behavioral health visit with therapeutic services during MY 2023, and the difference was statistically significant (p=0.05). The rate differences between children receiving adoption assistance and controls were similar across the stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls decreased from MY 2022 to MY 2023 by 4.2 and 2.7 percentage points, respectively. Approximately 3.5 percentage points of the decrease in the rate for children receiving adoption assistance was attributable to changes in the codes used to identify therapeutic services. For both children receiving adoption assistance and controls, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter with therapeutic services compared to members in other regions during 2023, while members in the Roanoke/Alleghany region were significantly more likely. The disparity for the Northern & Winchester region also existed during MY 2021 and MY 2022.

Behavioral Health Encounters—Traditional Services

Table 4-26 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Traditional Services* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Traditional Services* indicator measures the percentage of members who had a behavioral health encounter with traditional services.

Table 4-26—Rates of *Behavioral Health Encounters—Traditional Services* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	50.3%+	42.4%	43.2%+	37.2%	53.8%+	45.8%
Age Category						
≤ 2 Years	25.0%	25.0%	26.9%	23.1%	29.5%	25.9%
3 to 5 Years	29.7%	21.8%	25.4%	17.4%	35.2%	25.9%
6 to 10 Years	47.8%	39.5%	37.5%	31.9%	51.0%	41.0%
11 to 13 Years	58.4%	51.9%	49.6%	45.4%	59.6%	53.1%
≥ 14 Years	55.0%	46.1%	50.0%	42.9%	59.0%	52.1%
Sex						
Male	52.7%	44.3%	43.7%	36.7%	55.6%	48.8%
Female	47.6%	40.2%	42.6%	37.7%	51.6%	42.5%
Race						
Black or African American	53.6%	41.1%	47.1%	37.5%	58.3%	45.0%
White	49.2%	43.4%	41.7%	37.2%	51.9%	46.6%
Other	38.1%	32.5%	35.9%	30.9%	50.8%	35.4%
Region						
Central	49.9%	41.2%	42.8%	34.2%	53.3%	45.6%
Charlottesville/Western	53.5%	42.6%	43.3%	38.9%	57.4%	46.9%
Northern & Winchester	39.0%	35.9%	32.2%	29.9%	41.8%	38.2%
Roanoke/Alleghany	53.6%	44.1%	48.2%	37.7%	57.1%	45.3%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Southwest	47.4%	44.2%	39.3%	36.8%	49.3%	45.1%
Tidewater	55.9%	46.2%	50.5%	44.9%	61.2%	52.8%
MCO						
Aetna	43.6%	36.9%	36.8%	34.1%	45.2%	40.8%
HealthKeepers	52.3%	45.1%	44.7%	38.6%	54.3%	47.2%
Molina	43.9%	33.3%	36.8%	28.8%	41.8%	36.6%
Sentara*	52.1%	43.4%	45.3%	38.4%	56.5%	46.9%
United	39.8%	36.0%	31.4%	28.3%	48.6%	42.4%
More Than One MCO	53.0%	39.4%	54.4%	52.9%	65.8%	56.6%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-26 shows that 53.8 percent of children receiving adoption assistance and 45.8 percent of controls had a behavioral health visit with traditional services during MY 2023, and the difference was statistically significant ($p<0.001$). The rate differences for children receiving adoption assistance were notably higher than controls for members 3 to 5 and 6 to 10 years of age (by 9.3 and 10.0 percentage points, respectively); female members (by 9.1 percentage points); Black or African American members and members in the Other racial group (by 13.3 and 15.4 percentage points, respectively); members in the Charlottesville/Western, Roanoke/Alleghany, and Tidewater regions (by 10.5, 11.8, and 8.4 percentage points, respectively); and members enrolled with Sentara and More Than One MCO (by 9.6 and 9.2 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls increased from MY 2022 to MY 2023 by 10.6 and 8.6 percentage points, respectively. For both children receiving adoption assistance and controls, members 2 years of age and younger, 3 to 5 years of age, and 6 to 10 years of age were significantly less likely to have a behavioral health encounter with traditional services compared to members in other age groups during MY 2023, while members 11 to 13 years of age and 14 years of age and older were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, female members were significantly less likely to have a behavioral health encounter with traditional services during MY 2023, while male members were significantly more likely. These disparities also existed during MY 2021. For children receiving adoption assistance only, White members were significantly less likely to have a behavioral health encounter with traditional services compared to

members in other racial groups, while Black or African American members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Other racial group were significantly less likely to have a behavioral health encounter with traditional services during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this racial group (by 14.9 percentage points). For both children receiving adoption assistance and controls, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter with traditional services compared to members in other regions during MY 2023, while members in the Tidewater region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Southwest region were significantly less likely to have a behavioral health encounter with traditional services compared to members in other regions during MY 2023, while members in the Charlottesville/Western region and the Roanoke/Alleghany region were significantly more likely. For most of these regions, these disparities also existed during MY 2021 and MY 2022. For both children receiving adoption assistance and controls, members enrolled with Aetna and Molina were significantly less likely to have a behavioral health encounter with traditional services compared to members enrolled with other MCOs during MY 2023. For most of these MCOs, these disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with United were significantly less likely to have a behavioral health encounter with traditional services compared to members enrolled with other MCOs during MY 2023, while members enrolled with Sentara and More Than One MCO were significantly more likely. For most of these MCOs, these disparities also existed during MY 2021 and MY 2022.

Overall Service Utilization

Table 4-27 displays the MY 2021, MY 2022, and MY 2023 *Overall Service Utilization* rates among children receiving adoption assistance and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Overall Service Utilization* indicator measures the percentage of members who had an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter during the measurement year.

Table 4-27—Rates of *Overall Service Utilization* Among Children Receiving Adoption Assistance and Controls

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
All Eligible Members	84.1%-	86.7%	84.0%-	86.9%	85.7%-	87.9%
Age Category						
≤ 2 Years	86.3%	93.8%	92.3%	91.5%	92.0%	96.4%
3 to 5 Years	83.9%	87.8%	85.4%	90.1%	89.4%	90.0%
6 to 10 Years	83.3%	85.7%	83.5%	87.7%	86.4%	88.1%
11 to 13 Years	84.6%	87.9%	83.9%	88.1%	85.2%	87.6%
≥ 14 Years	84.2%	86.1%	83.7%	84.2%	84.0%	86.9%

Category	MY 2021		MY 2022		MY 2023	
	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate	Children Receiving Adoption Assistance Rate	Control Rate
Sex						
Male	83.8%	87.0%	84.1%	86.9%	85.5%	88.4%
Female	84.4%	86.4%	83.9%	86.9%	85.8%	87.4%
Race						
Black or African American	83.9%	85.1%	83.7%	84.6%	85.9%	86.0%
White	84.2%	87.6%	84.3%	88.1%	85.6%	88.9%
Other	82.5%	83.8%	80.7%	81.2%	84.1%	83.6%
Region						
Central	84.8%	86.0%	83.4%	84.0%	84.8%	87.4%
Charlottesville/Western	86.3%	87.0%	84.5%	87.9%	87.6%	87.6%
Northern & Winchester	72.2%	84.6%	72.9%	85.6%	73.9%	86.9%
Roanoke/Alleghany	87.5%	90.0%	88.8%	90.1%	89.4%	90.5%
Southwest	92.4%	91.2%	92.8%	91.3%	92.1%	90.2%
Tidewater	82.2%	83.3%	82.8%	84.4%	86.6%	85.4%
MCO						
Aetna	78.8%	84.8%	79.8%	84.9%	77.9%	84.7%
HealthKeepers	84.4%	87.2%	85.0%	87.3%	85.3%	89.4%
Molina	75.2%	74.8%	71.2%	81.3%	75.0%	81.5%
Sentara*	86.2%	87.9%	85.7%	87.7%	88.3%	88.0%
United	78.5%	84.7%	78.8%	83.9%	83.6%	87.4%
More Than One MCO	86.4%	92.4%	95.6%	95.6%	94.7%	97.4%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for children receiving adoption assistance was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for children receiving adoption assistance was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 4-27 shows that 85.7 percent of children receiving adoption assistance and 87.9 percent of controls had an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter (i.e., any service) during MY 2023, and the difference was statistically significant ($p<0.001$). The rate for children receiving adoption assistance was notably lower than controls for members in the Northern & Winchester region (by 13.0 percentage points) and members enrolled with Aetna and Molina (by 6.8 and 6.5 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rates for both children receiving adoption assistance and controls increased during MY 2022 to MY 2023 by 1.7 and 1.0 percentage points, respectively. For children receiving adoption assistance only, members 14 years of age and older were significantly less likely to utilize any service compared to members in other age groups during MY 2023, while members 3 to 5 years of age were significantly more likely. For both children receiving adoption assistance and controls, members in the Roanoke/Alleghany region and the Southwest region were significantly more likely to utilize any service compared to members in other regions during MY 2023. These disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members in the Northern & Winchester region were significantly less likely to utilize any service compared to members in other regions during MY 2023, while members in the Charlottesville/Western region were significantly more likely. For both children receiving adoption assistance and controls, members enrolled with Aetna and Molina were significantly less likely to utilize any service compared to members enrolled with other MCOs during MY 2023, while members enrolled with More Than One MCO were significantly more likely. For most of these MCOs, these disparities also existed during MY 2021 and MY 2022. For children receiving adoption assistance only, members enrolled with Sentara were significantly more likely to utilize any service compared to members enrolled with other MCOs during MY 2023. This disparity also existed during MY 2021 and MY 2022.

5. Healthcare Utilization: Former Foster Care Members Findings

Characteristics of the Former Foster Care Members Eligible Population and Study Population

This section provides findings describing the demographic characteristics of the 2,309 members in the former foster care eligible population and the 1,641 members in the former foster care study population. The eligible population consisted of former foster care members from 19 to 26 years of age as of January 1, 2023, and receiving healthcare coverage from DMAS at any time during MY 2023. Table 5-1 displays the distribution of the former foster care members eligible population by age category, sex, race, region, MCO, and Medicaid population.

Table 5-1—Distribution of Former Foster Care Members (n=2,309)

Category	Number	Percent
Age Category		
19 to 22 years	1,276	55.3%
23 to 26 years	1,033	44.7%
Sex		
Male	1,170	50.7%
Female	1,139	49.3%
Race		
Black or African American	834	36.1%
White	1,391	60.2%
Other	84	3.6%
Region		
Central	583	25.2%
Charlottesville/Western	400	17.3%
Northern & Winchester	278	12.0%
Roanoke & Alleghany	328	14.2%
Southwest	259	11.2%
Tidewater	459	19.9%
Latest MCO in the Measurement Year		
Aetna	205	8.9%
HealthKeepers	649	28.1%
Molina	145	6.3%
Sentara*	1,096	47.5%
United	190	8.2%
Other	24	1.0%
Latest Medicaid Population in the Measurement Year		
MLTSS	107	4.6%
Acute	2,178	94.3%
Other	24	1.0%

† Members with Unknown Region are included in the Eligible Population but are not displayed in this table.
** Includes members only enrolled in FFS.*

Members in the former foster care population were disproportionately Black or African American (36.1 percent) compared to the general population in Virginia, which was 20.0 percent Black or African American in 2023.[51] Former foster care members were mostly from the Central (25.2 percent), Charlottesville/Western (17.3 percent), or Tidewater (19.9 percent) regions. Former foster care members were most likely to be enrolled with HealthKeepers (28.1 percent) and Sentara (47.5 percent). Former foster care members were most likely to be in the Acute population (94.3 percent). Only 1.0 percent of former foster care members were enrolled with an Other MCO (i.e., only enrolled in FFS during MY 2023).[52]

The study population consisted of members in the former foster care eligible population who were continuously enrolled in Medicaid managed care with any MCO or a combination of MCOs during the study period, for whom a match not in a child welfare program could be found. Continuous enrollment was defined as enrollment gaps totaling no more than 45 days. Among the former foster care eligible population, 71.1 percent (n=1,641) of members met the requirements for the study population. The demographic makeup of the study population closely mirrored the demographic makeup of the former foster care eligible population, except for that there were more members 23 to 26 years of age (by 2.6 percentage points) and more male members (by 3.2 percentage points).

Table B-3 and Table B-6 present the demographic and health characteristics of continuously enrolled former foster care members (n=1,645) and the continuously enrolled comparison group (n=197,796) prior to matching. Continuously enrolled former foster care members tended to be older, male, White, less likely to be enrolled with Aetna and more likely to be enrolled with Sentara, and less likely to be in the MLTSS population compared to the continuously enrolled comparison group. Furthermore, continuously enrolled former foster care members were less likely to live in the Tidewater or Northern & Winchester regions and more likely to live in the Charlottesville/Western, Roanoke/Alleghany, or Southwest regions. In terms of health characteristics, continuously enrolled former foster care members were more likely to have diagnoses for several health conditions, primarily mood disorders and anxiety disorders.

HSAG was able to match 99.9 percent (n=1,641) of continuously enrolled former foster care members to members in the comparison group with similar demographic and health characteristics. Table B-9 and Table B-12 present the demographic and health characteristics of the final study population and their matched controls. Matching successfully balanced all demographic and health characteristics between the study population and the controls.

Appendix B: Characteristics of the Controls presents detailed descriptions of the demographic and health characteristics of former foster care members and members in the comparison group prior to matching, as well as covariate balance findings.

[51] United States Census Bureau. Virginia QuickFacts. Available at: https://www.census.gov/quickfacts/VA. Accessed on: Jan 13, 2025.

[52] Former foster care members may temporarily move to FFS and may not be enrolled with an MCO during the measurement year.

Healthcare Utilization Among Former Foster Care Members and Controls

This section provides findings from the study indicators used to assess healthcare utilization for the former foster care members study population, as well as findings for the matched controls not enrolled through a child welfare program. The tables displayed in this section also include stratified rates and shading to indicate the results of the health disparities analysis. The narrative focuses on differences in rates for former foster care members and controls that were greater than 5.0 percentage points for stratified rates during MY 2023. If the difference for All Eligible Members was greater than 5.0 percentage points, the narrative for stratified rates instead focuses on differences between former foster care members and controls that were greater than the difference for All Eligible Members or that were greater than 5.0 percentage points in the opposite direction. The narrative does not discuss differences for which the former foster care members denominator or the controls denominator was less than 30, since these rates are expected to have greater variability. Additionally, the narrative compares the MY 2023 rates for All Eligible Members to the national Medicaid 50th percentile, discusses the change in the rates for All Eligible Members from MY 2022 to MY 2023, and discusses health disparities identified in MY 2023.

Although the controls have been matched to the former foster care members on a variety of demographic and health characteristics, HSAG advises caution in comparing the study indicator results between the former foster care members and controls. Due to the different criteria for denominators across measures, one member in a matched pair may be included in a measure calculation while the other member is not. When matched pairs are separated, the distribution of characteristics in the denominator-eligible study population and the denominator-eligible controls may differ from the overall distribution, and balanced covariates are no longer guaranteed. Furthermore, HSAG advises caution in interpreting the *p*-values, as denominator sizes vary by measure, and sample size influences the precision of the *p*-value calculation. Healthcare utilization in MY 2021, MY 2022, and MY 2023 may also be impacted by the COVID-19 pandemic; however, rate comparisons within MY 2021, MY 2022, and MY 2023 (i.e., to controls) are still reliable.

Primary Care

Child and Adolescent Well-Care Visits (WCV)

Table 5-2 displays the MY 2021, MY 2022, and MY 2023 *Child and Adolescent Well-Care Visits* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Child and Adolescent Well-Care Visits* indicator measures the percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-2—Rates of *Child and Adolescent Well-Care Visits* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	19.6%	17.4%	17.8%	16.6%	21.1%	20.1%
Sex						
Male	11.0%	9.8%	7.8%	9.1%	15.8%	13.4%
Female	28.3%	26.0%	28.6%	25.3%	27.3%	29.3%
Race						
Black or African American	20.2%	17.0%	19.0%	15.4%	19.8%	20.0%
White	18.4%	17.6%	17.1%	17.5%	21.5%	19.9%
Other	35.7%	19.0%	17.6%	11.8%	28.6%	27.3%
Region						
Central	22.5%	22.3%	20.8%	15.6%	24.0%	18.9%
Charlottesville/Western	20.3%	12.4%	23.1%	15.8%	23.1%	27.8%
Northern & Winchester	22.2%	25.8%	15.6%	22.5%	25.8%	19.1%
Roanoke/Alleghany	17.1%	12.8%	18.3%	17.2%	17.5%	13.6%
Southwest	16.7%	9.1%	11.8%	9.1%	14.3%	21.7%
Tidewater	17.8%	19.4%	14.3%	18.2%	17.9%	20.0%
MCO						
Aetna	18.4%	19.5%	26.5%	9.5%	18.5%	21.6%
HealthKeepers	20.3%	22.0%	17.7%	18.8%	17.4%	19.9%
Molina	0.0%^	18.2%^	11.1%	10.0%	27.8%	6.7%
Sentara*	22.2%	14.0%	17.4%	16.0%	23.8%	21.2%
United	12.9%	21.9%	13.3%	26.5%	10.0%	12.5%
More Than One MCO	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-2 shows that 21.1 percent of former foster care members and 20.1 percent of controls had a well-care visit with a PCP or an OB/GYN during MY 2023, and the difference was not statistically significant (p=0.74). The rates for former foster care members were notably higher than controls for

members in the Central region and the Northern & Winchester region (by 5.1 and 6.7 percentage points, respectively), and members enrolled with Molina (by 21.1 percentage points). Conversely, the rate for former foster care members in the Southwest region (by 7.4 percentage points) was lower than the rate for controls.

For all eligible members, the MY 2023 rates for both former foster care members and controls were below the national Medicaid 50th percentile for 18 to 21 years of age. However, the rates for former foster care members and controls are limited to members 19 years of age and older as of the beginning of the measurement year, and older members tend to have lower rates of well-care visits. The rate of well-care visits for former foster care members increased by 3.3 percentage points from MY 2022 to MY 2023, while the rate for controls increased by 3.5 percentage points. For both former foster care members and controls, male members were significantly less likely to have a well-care visit compared to female members during MY 2023.This disparity also existed during MY 2021 and MY 2022.

Oral Health

Annual Dental Visit (ADV)

Table 5-3 displays the MY 2021, MY 2022, and MY 2023 *Annual Dental Visit* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Annual Dental Visit* indicator measures the percentage of members 2 to 20 years of age who had at least one dental visit during the measurement year.[53] Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-3—Rates of *Annual Dental Visit* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	32.1%	27.2%	29.1%	28.0%	44.1%+	26.6%
Sex						
Male	25.0%	20.1%	21.4%	25.3%	43.8%	21.4%
Female	39.8%	35.1%	36.2%	31.3%	44.4%	33.0%
Race						
Black or African American	37.1%	25.6%	25.7%	27.0%	62.1%	28.7%
White	28.9%	29.1%	31.4%	27.2%	38.2%	26.2%
Other	37.5%	16.7%	25.0%	62.5%	—	0.0%^

[53] HSAG modified the specifications for this measure in MY 2023 to allow visits with any provider authorized to provide dental services but restricted visits to those with a Current Dental Terminology CDT code to ensure only visits for dental services were counted. Please see the Healthcare Utilization Analysis section in the Overview and Methodology for more details regarding these updates.

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Region						
Central	45.1%	29.9%	34.3%	27.4%	74.3%	25.0%
Charlottesville/Western	35.7%	25.4%	46.2%	35.6%	30.8%	24.2%
Northern & Winchester	38.9%	22.9%	37.5%	46.2%	58.3%	51.7%
Roanoke/Alleghany	26.3%	28.6%	17.2%	27.1%	20.0%	16.1%
Southwest	40.0%	28.6%	28.6%	15.6%	19.0%	18.2%
Tidewater	17.9%	27.0%	14.6%	20.8%	44.4%	26.3%
MCO						
Aetna	23.5%	36.4%	31.6%	30.8%	63.6%	13.0%
HealthKeepers	37.2%	23.0%	36.4%	32.0%	47.4%	28.2%
Molina	23.1%	50.0%	15.4%	25.0%	33.3%	37.5%
Sentara*	32.0%	28.4%	27.6%	27.9%	38.5%	27.2%
United	23.1%	6.3%	20.0%	11.1%	33.3%	21.4%
More Than One MCO	—	100.0%	33.3%	20.0%	100.0%^	66.7%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-3 shows that 44.1 percent of former foster care members and 26.6 percent of controls had a dental visit during MY 2023, and the difference was statistically significant (p=0.001). The rates for former foster care members were notably higher than controls for members in the Central region (by 49.3 percentage points) and members enrolled with HealthKeepers (by 19.2 percentage points). While there were large rate differences for Black or African American members, members in the Tidewater region, and members enrolled with Aetna and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

National Medicaid benchmarks were not available for this indicator. The rate of dental visits for former foster care members increased by 15.0 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 1.4 percentage points. The rate change for former foster care members was partially due to the change in the indicator specifications from MY 2022 to MY 2023; however, most of the rate change was not impacted by the specifications. For former foster care members only, male

members were significantly less likely to have a dental visit compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 22.5 percentage points). For former foster care members only, White members were significantly less likely to have a dental visit compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. For former foster care members only, members in the Southwest region were significantly less likely to have a dental visit compared to members in other regions during MY 2023, while members in the Central region were significantly more likely.

Preventive Dental Services (PDENT-CH)

Table 5-4 displays the MY 2021, MY 2022, and MY 2023 *Preventive Dental Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Preventive Dental Services* indicator measures the percentage of individuals 1 to 20 years of age eligible for EPSDT services who received at least one preventive dental service during the reporting period. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-4—Rates of *Preventive Dental Services* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	22.5%	20.1%	21.7%	21.7%	37.2%+	21.5%
Sex						
Male	17.7%	14.0%	12.2%	18.8%	34.3%	18.0%
Female	27.7%	26.7%	30.5%	25.0%	40.7%	25.7%
Race						
Black or African American	28.1%	19.0%	17.6%	20.7%	46.7%	24.2%
White	19.1%	21.5%	24.0%	21.0%	34.1%	20.3%
Other	25.0%	8.3%	25.0%	50.0%	—	0.0%^
Region						
Central	34.6%	20.8%	27.1%	19.2%	66.7%	22.1%
Charlottesville/Western	18.6%	23.1%	30.8%	31.1%	22.2%	20.6%
Northern & Winchester	27.8%	22.9%	31.3%	43.6%	50.0%	41.4%
Roanoke/Alleghany	23.1%	17.9%	10.3%	20.8%	13.3%	9.4%
Southwest	23.3%	17.1%	23.8%	6.3%	19.0%	13.0%
Tidewater	13.4%	17.6%	9.8%	14.3%	30.0%	21.1%
MCO						
Aetna	16.7%	27.3%	31.6%	23.1%	36.4%	12.5%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
HealthKeepers	23.1%	17.0%	27.3%	26.8%	40.0%	25.3%
Molina	23.1%	40.0%	0.0%^	12.5%^	33.3%	25.0%
Sentara*	24.4%	20.9%	21.4%	20.6%	34.0%	21.0%
United	7.7%	6.3%	13.3%	11.1%	33.3%	14.3%
More Than One MCO	—	0.0%	0.0%^	20.0%^	100.0%^	33.3%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-4 shows that 37.2 percent of former foster care members and 21.5 percent of controls had a preventive dental service during MY 2023, and the difference was statistically significant (p=0.002). The rates for former foster care members were notably higher than controls for male members (by 16.3 percentage points), Black or African American members (by 22.5 percentage points), members in the Central region (by 44.6 percentage points). While there were large rate differences for members enrolled with Aetna, United, and More Than One MCO, these rates had small denominators and may be less reliable.

National Medicaid benchmarks were not available for this indicator. The rate of preventive dental services for former foster care members increased by 15.5 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 0.2 percentage points. For former foster care members only, male members were significantly less likely to have a preventive dental service compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 22.1 percentage points). For former foster care members only, members in the Central region were significantly more likely to have a preventive dental service compared to members in other regions during MY 2023.

Oral Evaluation, Dental Services (OEV-CH)

Table 5-5 displays the MY 2021, MY 2022, and MY 2023 *Oral Evaluation, Dental Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Oral Evaluation, Dental Services* indicator measures the percentage of enrolled children under 21 years of age who received a

comprehensive or periodic oral evaluation within the measurement year. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-5—Rates of *Oral Evaluation, Dental Services* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	24.1%	20.7%	22.2%	22.0%	39.7%+	21.0%
Sex						
Male	19.2%	15.2%	14.3%	20.0%	37.3%	17.2%
Female	29.4%	26.7%	29.5%	24.3%	42.6%	25.7%
Race						
Black or African American	31.5%	18.2%	18.9%	20.7%	56.7%	25.3%
White	19.7%	23.2%	24.0%	21.5%	34.1%	18.8%
Other	25.0%	8.3%	25.0%	50.0%	—	0.0%^
Region						
Central	38.5%	20.8%	27.1%	20.5%	66.7%	23.4%
Charlottesville/Western	27.9%	21.5%	34.6%	31.1%	25.9%	20.6%
Northern & Winchester	22.2%	22.9%	31.3%	46.2%	50.0%	41.4%
Roanoke/Alleghany	20.5%	25.0%	10.3%	18.8%	20.0%	3.1%
Southwest	23.3%	17.1%	23.8%	6.3%	19.0%	13.0%
Tidewater	13.4%	18.9%	9.8%	14.3%	40.0%	21.1%
MCO						
Aetna	22.2%	27.3%	31.6%	15.4%	54.5%	12.5%
HealthKeepers	26.9%	17.0%	25.5%	27.8%	40.0%	25.3%
Molina	15.4%	40.0%	0.0%^	12.5%^	33.3%	25.0%
Sentara*	25.2%	21.5%	21.4%	21.2%	35.8%	20.0%
United	7.7%	6.3%	20.0%	11.1%	33.3%	14.3%
More Than One MCO	—	100.0%	33.3%	20.0%	100.0%^	33.3%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-5 shows that 39.8 percent of former foster care members and 21.0 percent of controls had a comprehensive or periodic oral evaluation during MY 2023, and the difference was statistically significant (p<0.001). The rates for former foster care members were notably higher than controls for male members (by 20.1 percentage points), Black or African American members (by 31.4 percentage points), members in the Central region (by 43.3 percentage points), and members enrolled with Sentara (by 15.8 percentage points). While there were large rate differences for members in the Roanoke/Alleghany and Tidewater regions; and members enrolled with Aetna, United, and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

Comparable national Medicaid benchmarks were not available for this indicator for this age group. The rate of comprehensive or periodic oral evaluations for former foster care members increased by 17.5 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 1.0 percentage points. For former foster care members only, male members were significantly less likely to have an oral evaluation compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 22.5 percentage points).For former foster care members only, White members were significantly less likely to have an oral evaluation compared to members in other racial groups during MY 2023, while Black or African American members were more likely. Additionally, for former foster members only, members in the Southwest region were significantly less likely to have an oral evaluation during MY 2023 compared to members in other regions, while members in the Central region were significantly more likely.

Topical Fluoride for Children—Dental or Oral Health Services (TFL-CH)

Table 5-6 displays the MY 2021, MY 2022, and MY 2023 *Topical Fluoride for Children—Dental or Oral Health Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Topical Fluoride for Children—Dental or Oral Health Services* indicator measures the percentage of enrolled children 1 through 20 years of age who received at least two topical fluoride applications as dental or oral health services within the measurement year. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-6—Rates of *Topical Fluoride for Children* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	4.5%	4.2%	4.9%	3.5%	8.5%	5.7%
Sex						
Male	4.7%	1.8%	2.0%	2.4%	7.8%	6.3%
Female	4.2%	6.8%	7.6%	4.9%	9.3%	4.9%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Race						
Black or African American	7.9%	0.8%	5.4%	3.6%	13.8%	4.3%
White	1.3%	6.7%	4.1%	3.6%	6.7%	6.9%
Other	25.0%^	0.0%^	12.5%^	0.0%^	—	0.0%^
Region						
Central	7.8%	5.2%	11.4%	4.1%	17.1%	3.9%
Charlottesville/Western	4.8%	4.8%	3.8%	4.4%	3.8%	12.1%
Northern & Winchester	0.0%^	5.7%^	6.3%	7.7%	8.3%	17.2%
Roanoke/Alleghany	7.9%	3.6%	0.0%^	0.0%^	0.0%^	0.0%^
Southwest	3.3%	2.9%	0.0%^	3.1%^	4.8%	4.5%
Tidewater	1.5%	2.7%	0.0%^	2.6%^	11.1%^	0.0%^
MCO						
Aetna	5.9%	4.5%	5.3%^	0.0%^	9.1%^	0.0%^
HealthKeepers	3.8%	2.3%	7.3%	4.1%	7.9%	5.1%
Molina	15.4%^	0.0%^	0.0%^	12.5%^	0.0%^	12.5%^
Sentara*	3.2%	5.1%	4.1%	3.0%	9.6%	5.8%
United	7.7%	6.3%	6.7%^	0.0%^	11.1%	14.3%
More Than One MCO	—	0.0%	0.0%^	0.0%^	0.0%^	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.

— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-6 shows that 8.5 percent of former foster care members and 5.7 percent of controls received at least two topical fluoride applications as dental or oral health services during MY 2023, and the difference was not statistically significant (p=0.32). Low rates may be due to some topical fluoride treatments not being captured in the administrative data, and ADA only recommends fluoride treatment

for people at elevated risk for caries[54]. Additionally, ADA has less strict clinical recommendations for people 6 years of age and older (e.g., people 6 years of age and older can use home-use fluoride treatments instead of receiving fluoride varnish, and two out of three procedure codes in the Topical Fluoride for Children specifications are for fluoride varnish).[55] The rate for former foster care members was notably higher than controls for members in the Central region (by 13.2 percentage points). While there were large rate differences for Black or African American members, members in the Charlottesville/Western, Northern & Winchester, and Tidewater regions, and members enrolled with Aetna and Molina, these rates had small denominators, so the rates may be less reliable.

Comparable national Medicaid benchmarks were not available for this indicator for this age group. The rate of topical fluoride applications for former foster care members increased by 3.6 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 2.2 percentage points. For former foster care members only, members in the Central region were significantly more likely to have at least two topical fluoride applications compared to members in other regions during MY 2023.

Behavioral Health

Antidepressant Medication Management—Effective Acute Phase Treatment (AMM–A)

Table 5-7 displays the MY 2021, MY 2022, and MY 2023 *Antidepressant Medication Management—Effective Acute Phase Treatment* rates among former foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Antidepressant Medication Management—Effective Acute Phase Treatment* indicator measures the percentage of members 18 years of age and older with a diagnosis of major depression who were treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 12 weeks. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-7—Rates of *Antidepressant Medication Management—Effective Acute Phase Treatment* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	33.3%	42.1%	27.8%	36.2%	35.3%	37.8%
Age Category						
19-22 years	33.3%	35.9%	26.2%	38.1%	31.4%	36.0%
23-26 Years	33.3%	54.8%	31.3%	33.3%	41.2%	40.6%

[54] American Dental Association. Fluoride: Topical and Systematic Supplements. Available at: https://www.ada.org/resources/ada-library/oral-health-topics/fluoride-topical-and-systemic-supplements. Accessed on: Jan 13, 2025.
[55] Ibid.

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Sex						
Male	25.0%	42.9%	13.5%	32.4%	29.0%	41.4%
Female	36.7%	41.8%	36.7%	38.2%	38.9%	35.8%
Race						
Black or African American	19.6%	36.7%	30.8%	24.0%	21.9%	36.0%
White	42.9%	45.3%	26.5%	39.0%	42.3%	37.5%
Other	50.0%^	0.0%^	33.3%	66.7%	100.0%^	100.0%^
Region						
Central	30.0%	50.0%	19.2%	22.2%	26.1%	30.4%
Charlottesville/Western	47.4%	50.0%	29.4%	33.3%	29.4%	50.0%
Northern & Winchester	38.5%	25.0%	16.7%	53.8%	60.0%	33.3%
Roanoke/Alleghany	22.2%	33.3%	33.3%	40.0%	41.7%	29.4%
Southwest	42.9%	36.4%	29.4%	50.0%	60.0%	42.9%
Tidewater	23.5%	38.5%	38.5%	28.6%	27.8%	46.7%
MCO						
Aetna	40.0%	45.5%	36.4%	25.0%	37.5%^	0.0%^
HealthKeepers	25.0%	39.1%	26.1%	26.7%	26.7%	31.0%
Molina	30.0%	33.3%	50.0%	12.5%	100.0%^	50.0%^
Sentara*	33.9%	42.3%	26.5%	46.2%	36.2%	47.4%
United	62.5%	66.7%	14.3%	40.0%	33.3%	42.9%
More Than One MCO	0.0%^	—	0.0%^	50.0%^	—	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-7 shows that 35.3 percent of former foster care members and 37.8 percent of controls who had a diagnosis of major depression and who were treated with an antidepressant medication remained on antidepressant medication for at least 12 weeks during MY 2023, and the difference was not statistically significant (p=0.74). The rates for former foster care members were notably lower than controls for male members (by 12.4 percentage points), Black or African American members (by 14.1

percentage points), and members enrolled with Sentara (by 11.2 percentage points). While there were large rate differences for members in the Charlottesville/Western, Northern & Winchester, Roanoke/Alleghany, Southwest, and Tidewater regions; and members enrolled with Aetna, Molina, and United, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were below the national Medicaid 50th percentile. The rate of antidepressant medication adherence for former foster care members increased by 7.5 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 1.6 percentage points. For former foster care members only, male members were significantly less likely to remain on their antidepressant medication compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 15.5 percentage points). For former foster care members only, Black or African American members were significantly less likely to remain on an antidepressant medication for at least 12 weeks during MY 2023 compared to members in other racial groups.

Antidepressant Medication Management—Effective Continuation Phase Treatment (AMM–C)

Table 5-8 displays the MY 2021, MY 2022, and MY 2023 *Antidepressant Medication Management—Effective Continuation Phase Treatment* rates among former foster care and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Antidepressant Medication Management—Effective Continuation Phase Treatment* indicator measures the percentage of members 18 years of age and older with a diagnosis of major depression who were treated with antidepressant medication and who remained on an antidepressant medication treatment for at least six months. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-8—Rates of *Antidepressant Medication Management—Effective Continuation Phase Treatment* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	13.5%	20.0%	12.4%	16.2%	15.3%	24.4%
Age Category						
19-22 years	13.6%	18.8%	9.2%	14.3%	15.7%	24.0%
23-26 Years	13.3%	22.6%	18.8%	19.0%	14.7%	25.0%
Sex						
Male	6.3%	17.9%	2.7%	21.6%	9.7%	34.5%
Female	16.5%	20.9%	18.3%	13.2%	18.5%	18.9%
Race						
Black or African American	10.9%	16.7%	11.5%	4.0%	3.1%	20.0%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
White	15.9%	21.9%	11.8%	18.2%	23.1%	26.8%
Other	0.0%^	0.0%^	33.3%	66.7%	0.0%^	0.0%^
Region						
Central	16.7%	23.3%	7.7%	5.6%	13.0%	13.0%
Charlottesville/Western	5.3%	22.2%	17.6%	19.0%	17.6%	50.0%
Northern & Winchester	15.4%	12.5%	0.0%^	30.8%^	20.0%	33.3%
Roanoke/Alleghany	11.1%^	0.0%^	16.7%	20.0%	16.7%	17.6%
Southwest	21.4%	36.4%	5.9%	16.7%	20.0%	28.6%
Tidewater	11.8%	23.1%	23.1%	9.5%	11.1%	20.0%
MCO						
Aetna	20.0%	18.2%	9.1%	12.5%	12.5%^	0.0%^
HealthKeepers	8.3%	21.7%	13.0%	13.3%	13.3%	20.7%
Molina	10.0%^	0.0%^	16.7%^	0.0%^	100.0%^	0.0%^
Sentara*	14.3%	19.2%	14.3%	21.2%	15.5%	34.2%
United	25.0%	66.7%	0.0%^	20.0%^	0.0%^	14.3%^
More Than One MCO	0.0%^	—	0.0%^	0.0%^	—	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-8 shows that 15.3 percent of former foster care members and 24.4 percent of controls who had a diagnosis of major depression and who were treated with an antidepressant medication remained on antidepressant medication for at least six months during MY 2023, and the difference was not statistically significant (p=0.14). The rates for former foster care members were notably lower than controls for members 23 to 26 years of age (by 10.3 percentage points), male members (by 24.8 percentage points), Black or African American members (by 16.9 percentage points), and members enrolled with Sentara (by 18.7 percentage points). While there were large rate differences for members in the Charlottesville/Western and Northern & Winchester regions, and members enrolled with Aetna, Molina, and United, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were below the national Medicaid 50th percentile. The rate of antidepressant medication adherence for at least six months for former foster care members increased by 2.9 percentage points from MY 2022 to MY 2023, while the rate for controls increased by 12 percentage points. For former foster care members only, Black or African American members were significantly less likely to adhere to antidepressant medication for at least six months during MY 2023, while White members were significantly more likely.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (FUH)

Table 5-9 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* indicator measures the percentage of discharges for members 18 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses for which the member had a follow-up visit within seven days after discharge with a mental health provider. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-9—Rates of *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	26.9%	33.3%	14.9%	32.1%	25.8%	18.8%
Age Category						
19-22 years	22.9%	35.0%	20.0%	35.3%	22.5%	11.1%
23-26 Years	36.8%	30.8%	4.5%	27.3%	30.8%	28.6%
Sex						
Male	18.8%	36.8%	12.0%	25.0%	28.2%	20.0%
Female	34.3%	28.6%	16.7%	41.7%	22.2%	17.6%
Race						
Black or African American	22.2%	31.3%	21.4%	26.7%	21.4%^	0.0%^
White	27.3%	37.5%	8.1%	41.7%	29.7%^	27.3%^
Other	40.0%^	0.0%^	50.0%^	0.0%^	0.0%^	0.0%^
Region						
Central	21.1%	45.5%	26.1%	33.3%	30.0%	33.3%
Charlottesville/Western	22.2%	50.0%	12.5%	20.0%	20.0%	20.0%
Northern & Winchester	37.5%^	0.0%^	33.3%	33.3%	50.0%	25.0%
Roanoke/Alleghany	14.3%^	100.0%^	9.1%	50.0%	33.3%	12.5%
Southwest	36.4%	20.0%	0.0%^	0.0%^	0.0%^	0.0%^

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Tidewater	30.8%	12.5%	7.1%	25.0%	25.0%^	0.0%^
MCO						
Aetna	44.4%	66.7%	50.0%^	0.0%^	0.0%^	50.0%^
HealthKeepers	27.8%	25.0%	10.5%	50.0%	18.8%	9.1%
Molina	0.0%^	100.0%^	0.0%^	20.0%^	33.3%	50.0%
Sentara*	22.9%	29.2%	16.7%	30.8%	27.3%	15.4%
United	50.0%^	0.0%^	0.0%^	50.0%^	28.6%^	0.0%^
More Than One MCO	—	—	0.0%^	—	100.0%^	50.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-9 shows that 25.8 percent of former foster care members and 18.8 percent of controls had a follow-up visit within seven days after discharge during MY 2023, and the difference was not statistically significant (p=0.44). The rates for former foster care members were notably higher than controls for members 19 to 22 years of age (by 11.4 percentage points), male members (by 8.2 percentage points), and members enrolled with Sentara (by 11.9 percentage points). While there were large rate differences between former foster care members and controls for members in the Northern & Winchester, Roanoke/Alleghany, and Tidewater regions and members enrolled with HealthKeepers, Molina, and United, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rate for the former foster care members was below the national Medicaid 50th percentile for members 18 to 64 years of age, while the rate for controls was above the national Medicaid 50th percentile. The rate for former foster care members increased from MY 2022 to MY 2023 by 10.9 percentage points, while the rate for controls decreased by 13.3 percentage points. Of note, the rate for children in foster care during MY 2023 returned to a rate similar to MY 2021. The rate change for former foster care members was driven by increases in the rates for members 23 to 26 years of age, male members, White members, and members enrolled with Sentara. There were no disparities identified for former foster care members during MY 2023.

Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up (FUM)

Table 5-10 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator measures the percentage of ED visits for children 18 years of age and older with a principal diagnosis of mental illness or intentional self-harm for which the member had a follow-up visit for mental illness within 30 days of the ED visit. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-10—Rates of *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	48.6%	26.7%	36.4%	43.8%	48.6%	58.8%
Age Category						
19-22 years	38.1%	20.0%	53.8%	50.0%	56.5%	70.0%
23-26 Years	64.3%	40.0%	11.1%	33.3%	33.3%	42.9%
Sex						
Male	47.1%^	0.0%^	40.9%	37.5%	55.0%	71.4%
Female	50.0%^	50.0%^	31.8%	50.0%	40.0%	50.0%
Race						
Black or African American	55.6%	66.7%	45.8%	20.0%	55.6%	50.0%
White	45.8%	16.7%	26.3%	55.6%	46.2%	61.5%
Other	50.0%	—	0.0%^	50.0%^	—	—
Region						
Central	40.0%	50.0%	42.9%	42.9%	68.8%	25.0%
Charlottesville/Western	85.7%^	100.0%^	40.0%	33.3%	40.0%	—
Northern & Winchester	0.0%^	0.0%^	0.0%^	—	100.0%^	100.0%^
Roanoke/Alleghany	50.0%	14.3%	14.3%	33.3%	25.0%^	100.0%^
Southwest	20.0%^	0.0%^	50.0%^	100.0%^	50.0%	50.0%
Tidewater	57.1%^	0.0%^	45.5%	50.0%	14.3%^	100.0%^
MCO						
Aetna	80.0%	33.3%	40.0%	50.0%	71.4%^	100.0%^
HealthKeepers	33.3%^	100.0%^	33.3%	25.0%	62.5%	57.1%
Molina	66.7%^	0.0%^	50.0%^	0.0%^	0.0%^	—
Sentara*	42.9%	22.2%	37.5%	62.5%	35.3%	55.6%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
United	66.7%^	0.0%^	0.0%^	0.0%^	100.0%^	—
More Than One MCO	0.0%^	—	100.0%^	—	—	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-10 shows that 48.6 percent of former foster care members and 58.8 percent of controls had a follow-up visit within 30 days after an ED visit during MY 2023, and the difference was not statistically significant (p=0.49). While there were large rate differences between former foster care members and controls for most stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were higher than the national Medicaid 50th percentile for members 18 to 64 years of age. The rate of follow-up visits within 30 days of an ED visit for mental illness for former foster care members increased by 12.2 percentage points from MY 2022 to MY 2023, returning to a rate similar to the MY 2021 rate, while the rate for controls increased by 15.0 percentage points. For former foster care members only, members in the Central region were significantly more likely to have a follow-up visit within 30 days after an ED visit during MY 2023 compared to members in other regions, while controls were significantly less likely.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

Table 5-11 displays the MY 2021, MY 2022, and MY 2023 *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* indicator measures the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder and were dispensed an antipsychotic medication who had a diabetes screening test during the measurement year. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-11—Rates of *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	—	—	—	—	66.7%	58.9%
Age Category						
19-22 years	—	—	—	—	70.0%	58.8%
23-26 Years	—	—	—	—	62.1%	59.1%
Sex						
Male	—	—	—	—	58.3%	42.3%
Female	—	—	—	—	75.8%	73.3%
Race						
Black or African American	—	—	—	—	73.5%	70.6%
White	—	—	—	—	61.8%	56.8%
Other	—	—	—	—	0.0%^	0.0%^
Region						
Central	—	—	—	—	57.7%	55.6%
Charlottesville/Western	—	—	—	—	66.7%	40.0%
Northern & Winchester	—	—	—	—	85.7%	42.9%
Roanoke/Alleghany	—	—	—	—	80.0%	77.8%
Southwest	—	—	—	—	33.3%	60.0%
Tidewater	—	—	—	—	71.4%	85.7%
MCO						
Aetna	—	—	—	—	57.1%	40.0%
HealthKeepers	—	—	—	—	64.3%	66.7%
Molina	—	—	—	—	50.0%	66.7%
Sentara*	—	—	—	—	68.4%	57.7%
United	—	—	—	—	33.3%	60.0%
More Than One MCO	—	—	—	—	100.0%^	50.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.

— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-11 shows that 66.7 percent of former foster care members and 58.9 percent of controls with schizophrenia, schizoaffective disorder, or bipolar disorder and dispensed an antipsychotic medication had a diabetes screening test during MY 2023, and the difference was not statistically significant (*p*=0.37). The rates for former foster care members were notably higher than controls for members 19 to 22 years of age (by 11.2 percentage points) and male members (by 16.0 percentage points). While there were large rate differences between former foster care members and controls for members in the Charlottesville/Western, Northern & Winchester, Southwest, and Tidewater regions and members enrolled with Aetna, United, Sentara, and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were below the national Medicaid 50th percentile. There were no disparities identified for former foster care members during MY 2023.

Substance Use

Follow-Up after ED Visit for Substance Use—30-Day Follow-Up (FUA)

Table 5-12 displays the MY 2021, MY 2022, and MY 2023 *Follow-Up After ED Visit for Substance Use—30-Day Follow-Up* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Follow-Up After ED Visit for Substance Use—30-Day Follow-Up* indicator measures the percentage of ED visits for members 18 years of age and older with a principal diagnosis of SUD for which the member had a follow-up visit for SUD. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages. Please note, due to substantial changes to the measure specifications for this indicator, there is a break in trending between MY 2021 and MY 2022.

Table 5-12—Rates of *Follow-Up after ED Visit for Substance Use—30-Day Follow-Up* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	5.0%	14.3%	18.4%	13.3%	20.0%	32.0%
Age Category						
19-22 years	6.7%^	18.2%^	20.8%^	0.0%^	33.3%	35.3%
23-26 Years	0.0%^	0.0%^	14.3%^	25.0%^	7.7%	25.0%
Sex						
Male	0.0%^	22.2%^	15.0%^	33.3%^	27.8%^	30.8%^

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Female	9.1%^	0.0%^	22.2%^	0.0%^	0.0%^	33.3%^
Race						
Black or African American	0.0%^	33.3%^	11.1%^	0.0%^	16.7%	25.0%
White	9.1%^	9.1%^	20.7%	11.1%	22.2%	33.3%
Other	—	—	—	25.0%	0.0%^	—
Region						
Central	0.0%^	0.0%^	0.0%^	—	25.0%	16.7%
Charlottesville/Western	0.0%^	0.0%^	0.0%^	0.0%^	50.0%	75.0%
Northern & Winchester	0.0%^	100.0%^	50.0%^	0.0%^	100.0%^	66.7%^
Roanoke/Alleghany	0.0%^	20.0%^	33.3%^	25.0%^	0.0%^	0.0%^
Southwest	25.0%^	—	20.0%	—	66.7%	16.7%
Tidewater	0.0%^	0.0%^	0.0%^	0.0%^	0.0%^	33.3%^
MCO						
Aetna	0.0%^	33.3%^	25.0%^	0.0%^	0.0%^	100.0%^
HealthKeepers	0.0%^	100.0%^	15.4%^	0.0%^	20.0%	40.0%
Molina	0.0%^	—	0.0%^	0.0%^	—	0.0%^
Sentara*	10.0%^	0.0%^	16.7%	11.1%	30.0%	20.0%
United	—	—	40.0%	—	0.0%^	50.0%^
More Than One MCO	0.0%^	—	0.0%^	100.0%^	—	—

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.

— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-12 shows that 20.0 percent of former foster care members and 32.0 percent of controls had a follow-up visit within 30 days after an ED visit for substance use during MY 2023, and the difference was not statistically significant (p=0.33). While there were large rate differences between former foster care members and controls for most of the stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were below the national Medicaid 50th percentile for members 18 years of age and older. The rate of follow-up visits within 30 days of an ED visit for SUD for former foster care members decreased by 1.6 percentage points from MY 2022 to MY 2023, while the rate for controls increased by 18.7 percentage points. The denominators for the All Eligible Members group are small; therefore, a few members may drive large fluctuations in the rates. There were no disparities identified for former foster care members during MY 2023.

Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment (IET–I)

Table 5-13 displays the MY 2021, MY 2022, and MY 2023 *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicator measures the percentage of new SUD episodes among adolescent and adult members that result in initiation of SUD treatment within 14 days of the diagnosis.[56] Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-13—Rates of *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	47.0%	45.8%	44.0%	43.3%	51.4%	51.9%
Age Category						
19-22 years	46.8%	38.6%	44.9%	40.4%	54.1%	56.9%
23-26 Years	47.5%	57.1%	43.0%	47.4%	48.9%	47.2%
Sex						
Male	46.6%	45.0%	47.9%	35.4%	52.6%	57.1%
Female	47.5%	46.9%	41.1%	52.4%	50.0%	45.8%
Race						
Black or African American	30.6%	39.3%	40.9%	57.1%	56.9%	72.7%
White	52.6%	50.0%	44.5%	42.2%	48.2%	46.3%
Other	80.0%	—	60.0%^	0.0%^	100.0%	—
Region						
Central	36.8%	35.0%	54.1%	65.0%	60.8%	60.7%
Charlottesville/Western	52.6%	58.3%	42.9%	58.8%	48.6%	46.2%

[56] HSAG advises caution in interpreting rate changes over time for this indicator since CMS' measure specifications greatly changed between MY 2021 and MY 2022 (e.g., the measure changed from a percentage of members to a percentage of SUD events).

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Northern & Winchester	47.1%	50.0%	31.6%	50.0%	44.4%	45.5%
Roanoke/Alleghany	54.5%	44.4%	52.9%	36.8%	46.9%	53.3%
Southwest	40.0%	70.0%	37.5%	22.2%	46.2%	45.5%
Tidewater	50.0%	30.8%	34.6%	17.6%	50.0%	53.3%
MCO						
Aetna	38.5%	44.4%	33.3%	20.0%	43.8%	42.9%
HealthKeepers	48.3%	52.9%	45.8%	45.2%	52.0%	41.4%
Molina	60.0%	50.0%	36.4%	57.1%	50.0%	58.3%
Sentara*	43.6%	41.7%	44.4%	35.9%	53.9%	54.3%
United	61.5%	50.0%	47.1%	71.4%	22.2%	66.7%
More Than One MCO	50.0%	—	60.0%^	100.0%^	71.4%^	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-13 shows that 51.4 percent of SUD episodes for former foster care members and 51.9 percent of SUD episodes for controls with a new episode of SUD resulted in initiation of treatment within 14 days of diagnosis during MY 2023, and the difference was not statistically significant (p=0.94). The rates for former foster care members were notably lower than controls for Black or African American members (by 15.8 percentage points). While there were large rate differences for members in the Other racial group, members in the Roanoke/Alleghany region, and members enrolled with HealthKeepers, Molina, United, and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were above the national Medicaid 50th percentile for members 18 to 64 years of age. The rate of treatment initiation for former foster care members decreased by 7.4 percentage points from MY 2022 to MY 2023, while the rate for controls decreased by 8.6 percentage points. There were no disparities identified for former foster care members during MY 2023.

Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment (IET–E)

Table 5-14 displays the MY 2021, MY 2022, and MY 2023 *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* indicator measures the percentage of new SUD episodes among adolescent and adult members for which SUD treatment was initiated that also resulted in engagement in ongoing SUD treatment within 34 days of the initiation visit.[57] Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-14—Rates of *Initiation and Engagement of SUD Treatment—Engagement of SUD Treatment* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	12.0%	13.9%	13.7%	12.2%	15.0%	15.4%
Age Category						
19-22 years	9.1%	11.4%	11.2%	11.5%	12.9%	11.8%
23-26 Years	17.5%	17.9%	16.5%	13.2%	17.0%	18.9%
Sex						
Male	13.8%	15.0%	12.3%	10.4%	21.6%	17.9%
Female	10.2%	12.5%	14.7%	14.3%	6.6%	12.5%
Race						
Black or African American	11.1%	7.1%	6.8%	14.3%	12.1%	13.6%
White	10.5%	18.2%	16.0%	12.5%	16.7%	15.9%
Other	40.0%	—	20.0%^	0.0%^	0.0%^	—
Region						
Central	0.0%^	10.0%^	18.9%	15.0%	5.9%	21.4%
Charlottesville/Western	15.8%^	0.0%^	14.3%	17.6%	25.7%	23.1%
Northern & Winchester	11.8%	12.5%	10.5%^	0.0%^	11.1%	9.1%
Roanoke/Alleghany	9.1%	22.2%	14.7%	15.8%	18.8%	20.0%
Southwest	15.0%	30.0%	16.7%	11.1%	23.1%	13.6%
Tidewater	20.0%	15.4%	3.8%	5.9%	5.0%^	0.0%^
MCO						
Aetna	7.7%	22.2%	20.0%^	0.0%^	12.5%	28.6%
HealthKeepers	17.2%	23.5%	10.4%	6.5%	6.0%	6.9%

[57] HSAG advises caution in interpreting rate changes over time for this indicator since CMS' measure specifications greatly changed between MY 2021 and MY 2022 (e.g., the measure changed from a percentage of members to a percentage of SUD events).

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Molina	0.0%^	0.0%^	9.1%	14.3%	0.0%^	8.3%^
Sentara*	10.9%	8.3%	12.5%	17.9%	20.2%	17.4%
United	15.4%	12.5%	17.6%	14.3%	11.1%	33.3%
More Than One MCO	0.0%^	—	40.0%^	0.0%^	28.6%^	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-14 shows that 15.0 percent of new SUD episodes among former foster care members and 15.4 percent of new SUD episodes among controls resulted in initiation of treatment within 14 days of diagnosis and engagement in ongoing SUD treatment during MY 2023, and the difference was not statistically significant (p=0.94). The rate for former foster care members was notably lower than controls for female members (by 5.9 percentage points). While there were large rate differences for members in the Central, Southwest, and Tidewater regions and members enrolled in Aetna, Molina, United, and More Than One MCO, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were similar to the national Medicaid 50th percentile for members 18 to 64 years of age. The rate for former foster care members increased by 1.3 percentage points from MY 2022 to MY 2023, while the rate for controls increased by 3.2 percentage points. For former foster care members only, female members were significantly less likely to engage in SUD treatment during MY 2023, while male members were significantly more likely. Additionally, members in the Central region and members enrolled with HealthKeepers were significantly less likely to engage in SUD treatment during MY 2023 compared to members enrolled with other MCOs.

Use of Pharmacotherapy for Opioid Use Disorder (OUD)

Table 5-15 displays the MY 2021, MY 2022, and MY 2023 *Use of Pharmacotherapy for Opioid Use Disorder* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Use of Pharmacotherapy for Opioid Use Disorder* indicator measures the percentage of members 18 to

64 years of age with an opioid use disorder who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages.

Table 5-15—Rates of *Use of Pharmacotherapy for Opioid Use Disorder* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	—	—	—	—	65.2%	71.4%
Age Category						
19-22 years	—	—	—	—	58.6%	73.1%
23-26 Years	—	—	—	—	70.3%	70.3%
Sex						
Male	—	—	—	—	58.3%	75.8%
Female	—	—	—	—	73.3%	66.7%
Race						
Black or African American	—	—	—	—	54.5%	66.7%
White	—	—	—	—	66.7%	72.2%
Other	—	—	—	—	100.0%^	—
Region						
Central	—	—	—	—	50.0%	76.5%
Charlottesville/Western	—	—	—	—	71.4%	75.0%
Northern & Winchester	—	—	—	—	71.4%	40.0%
Roanoke/Alleghany	—	—	—	—	72.2%	71.4%
Southwest	—	—	—	—	57.1%	75.0%
Tidewater	—	—	—	—	60.0%	66.7%
MCO						
Aetna	—	—	—	—	71.4%	77.8%
HealthKeepers	—	—	—	—	85.0%	66.7%
Molina	—	—	—	—	0.0%^	80.0%^
Sentara*	—	—	—	—	60.7%	75.0%
United	—	—	—	—	50.0%	66.7%
More Than One MCO	—	—	—	—	0.0%^	0.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-15 shows that 65.2 percent of former foster care members and 71.4 percent of controls with an opioid use disorder received pharmacotherapy during MY 2023, and the difference was not statistically significant (p=0.44). Rates for former foster care members were notably lower than controls for male members (by 17.5 percentage points). Conversely, rates for former foster care members were notably higher than controls for female members (by 6.6 percentage points). While there were large rate differences for most stratified rates, these rates had small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rates for both former foster care members and controls were above the national Medicaid 50th percentile for members 18 to 64 years of age. For former foster care members only, members enrolled with HealthKeepers were significantly more likely to receive pharmacotherapy during MY 2023 compared to members enrolled with other MCOs.

Respiratory Health

Asthma Medication Ratio (AMR)

Table 5-16 displays the MY 2021, MY 2022, and MY 2023 *Asthma Medication Ratio* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Asthma Medication Ratio* indicator measures the percentage of members 19 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Since the former foster care population includes members 19 to 26 years of age, this indicator has been modified to include the corresponding ages. Please note that the denominators in Table 5-16 are small due to the combination of the measure specifications with the criteria for the study population. The measure specifications only include members who were identified as having persistent asthma through an emergency department or inpatient visit, at least four outpatient visits, or at least four medication events, and there were few former foster care members ages 19 to 26 who met these criteria.

Table 5-16—Rates of *Asthma Medication Ratio* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	69.2%	66.7%	22.2%	60.0%	100.0%	57.9%
Sex						
Male	50.0%^	100.0%^	0.0%^	58.8%^	100.0%^	63.6%^
Female	72.7%^	44.4%^	28.6%^	61.5%^	100.0%^	50.0%^
Race						
Black or African American	40.0%	83.3%	25.0%	42.9%	—	57.1%^
White	87.5%	55.6%	20.0%	80.0%	100.0%	58.3%^
Other	—	—	—	0.0%^	—	—
Region						
Central	0.0%^	66.7%^	0.0%^	50.0%^	—	100.0%^
Charlottesville/Western	100.0%^	33.3%^	66.7%^	33.3%^	100.0%^	66.7%^
Northern & Winchester	100.0%^	100.0%^	0.0%^	75.0%^	—	0.0%^
Roanoke/Alleghany	100.0%^	50.0%^	0.0%^	80.0%^	100.0%^	50.0%^
Southwest	100.0%^	100.0%^	—	100.0%^	—	66.7%^
Tidewater	60.0%	75.0%	0.0%^	60.0%^	—	40.0%^
MCO						
Aetna	—	100.0%^	—	100.0%^	—	—
HealthKeepers	66.7%	33.3%	0.0%^	44.4%^	100.0%^	42.9%^
Molina	—	—	—	0.0%^	—	—
Sentara*	70.0%	85.7%	33.3%^	62.5%^	100.0%^	62.5%^
United	—	—	0.0%^	100.0%^	—	66.7%^
More Than One MCO	—	—	—	—	—	100.0%^

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
— Indicates that a rate was not presented either because it was not calculated for the measurement year or the denominator was zero.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-16 shows that 100.0 percent of former foster care members and 57.9 percent of controls who were identified as having persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during MY 2023, and the difference was not statistically significant (*p*=0.06). While there were large rate differences for nearly all stratified rates, these rates had very small denominators, so the rates may be less reliable.

For all eligible members, the MY 2023 rate for former foster care members was above the national Medicaid 50th percentile for members 19 to 50 years of age, while the MY 2023 rate for controls was below the benchmark. The rate for former foster care members increased by 77.8 percentage points from MY 2022 to MY 2023, while the rate for controls decreased 2.1 percentage points from MY 2022 to MY 2023. Since the denominators for the All Eligible Members group are small, a few members may drive large fluctuations in the rates. There were no disparities identified for former foster care members during MY 2023.

Service Utilization

Ambulatory Care Visits

Table 5-17 displays the MY 2021, MY 2022, and MY 2023 *Ambulatory Care Visits* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Ambulatory Care Visits* indicator measures the percentage of members who had an ambulatory care visit during the measurement year.

Table 5-17—Rates of *Ambulatory Care Visits* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	62.3%-	66.9%	60.5%-	66.6%	57.0%-	62.6%
Age Category						
19-22 years	63.3%	68.8%	61.3%	66.9%	61.0%	65.2%
23-26 Years	60.4%	63.3%	59.4%	66.1%	52.6%	59.8%
Sex						
Male	48.4%	54.9%	47.9%	55.6%	45.2%	50.6%
Female	76.5%	79.4%	74.0%	78.0%	70.8%	76.2%
Race						
Black or African American	59.0%	63.9%	57.2%	63.1%	51.6%	62.3%
White	64.2%	68.9%	62.6%	69.1%	60.9%	63.7%
Other	65.0%	63.3%	59.7%	58.2%	46.2%	49.2%
Region						
Central	62.2%	66.9%	63.2%	64.5%	59.5%	58.4%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Charlottesville/Western	63.7%	70.9%	63.5%	68.9%	63.2%	69.3%
Northern & Winchester	61.7%	62.8%	56.9%	63.6%	52.6%	60.2%
Roanoke/Alleghany	60.0%	70.6%	62.1%	70.5%	62.4%	63.2%
Southwest	66.1%	68.9%	62.1%	68.4%	58.7%	69.3%
Tidewater	61.4%	61.9%	55.1%	65.1%	46.5%	60.0%
MCO						
Aetna	61.0%	75.9%	62.6%	67.7%	55.5%	61.0%
HealthKeepers	63.6%	65.0%	63.4%	68.9%	58.4%	62.3%
Molina	45.0%	49.5%	46.5%	55.9%	40.0%	50.5%
Sentara*	64.5%	70.3%	61.2%	67.5%	58.4%	64.8%
United	58.0%	52.1%	54.6%	59.2%	56.1%	58.5%
More Than One MCO	82.4%	94.1%	84.6%	76.9%	71.4%	81.0%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-17 shows that 57.0 percent of former foster care members and 62.6 percent of controls had an ambulatory care visit during MY 2023, and the difference was statistically significant (p=0.001). The rates for former foster care members were notably lower than controls for members 23 to 26 years of age (by 7.2 percentage points); Black or African American members (by 10.7 percentage points); members in the Charlottesville/Western, Northern & Winchester, Southwest, and Tidewater regions (by 6.1, 7.6, 10.6, and 13.5 percentage points, respectively); and members enrolled with Molina and Sentara (by 10.5 and 6.4 percentage points). While there was a large rate difference for members enrolled with More Than One MCO, these rates had small denominators, so the rates may be less reliable.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members and controls decreased by 1.8 percentage points and 0.3 percentage points, respectively, from MY 2022 to MY 2023. For both former foster care members and controls, members 23 to 26 years of age were significantly less likely to have an ambulatory care visit during MY 2023, while members 19 to 22 years of age were significantly more likely. Male members were significantly less likely to have an ambulatory care visit than female members during MY 2023. This disparity also existed during MY 2021 and MY 2022. For former foster care members only, Black or African American members were significantly less likely to have an

ambulatory care visit during MY 2023, while White members were significantly more likely. This disparity also existed during MY 2022. Additionally, for former foster care members only, members in the Tidewater region were significantly less likely to have an ambulatory care visit compared to members in other regions during MY 2023, while members in the Charlottesville/Western region were significantly more likely. Former foster care members enrolled with Molina were significantly less likely to have an ambulatory care visit during MY 2023 compared to members enrolled in other MCOs. This disparity also existed during MY 2021 and MY 2022.

ED Visits

Table 5-18 displays the MY 2021, MY 2022, and MY 2023 *ED Visits* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *ED Visits* indicator measures the percentage of members who had an ED visit during the measurement year.

Table 5-18—Rates of *ED Visits* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	44.3%+	38.5%	45.4%+	39.1%	43.0%+	37.7%
Age Category						
19-22 years	45.9%	38.3%	47.9%	39.4%	46.9%	37.2%
23-26 Years	41.2%	38.9%	41.6%	38.5%	38.5%	38.3%
Sex						
Male	39.5%	31.0%	39.1%	30.8%	34.7%	31.5%
Female	49.1%	46.2%	52.1%	47.7%	52.6%	44.7%
Race						
Black or African American	45.4%	47.1%	46.1%	43.1%	45.5%	42.4%
White	44.9%	34.9%	46.2%	37.8%	42.5%	36.3%
Other	21.7%	11.7%	25.4%	20.9%	27.7%	18.5%
Region						
Central	43.8%	47.9%	47.7%	39.9%	46.7%	42.3%
Charlottesville/Western	40.8%	31.5%	43.0%	35.8%	41.2%	29.6%
Northern & Winchester	43.3%	26.7%	45.1%	30.8%	33.7%	34.7%
Roanoke/Alleghany	51.0%	35.9%	49.4%	42.9%	55.1%	39.3%
Southwest	44.6%	44.1%	46.3%	42.6%	39.1%	43.6%
Tidewater	43.2%	38.9%	41.5%	40.4%	38.5%	36.0%
MCO						
Aetna	49.6%	42.6%	47.1%	43.9%	52.1%	37.7%
HealthKeepers	45.0%	36.4%	47.9%	39.3%	41.6%	36.8%
Molina	38.7%	38.7%	38.6%	33.9%	33.7%	32.6%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Sentara*	43.8%	39.7%	44.1%	39.4%	42.7%	38.7%
United	43.7%	35.3%	46.9%	31.5%	43.9%	39.8%
More Than One MCO	41.2%	23.5%	69.2%	76.9%	57.1%	33.3%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-18 shows that 43.0 percent of former foster care members and 37.7 percent of controls had an ED visit during MY 2023, and the difference was statistically significant (p=0.002). The rates for former foster care members were notably higher than controls during MY 2023 for members 19 to 22 years of age (by 9.7 percentage points); female members (by 7.9 percentage points); White members and members in the Other racial group (by 6.2 and 9.2 percentage points); members in the Charlottesville/Western and Roanoke/Alleghany regions (by 11.6 and 15.8 percentage points, respectively); and members enrolled with Aetna (by 14.4 percentage points). While there was a large rate difference for members enrolled with More Than One MCO, these rates had small denominators, so the rates may be less reliable.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members and controls decreased by 2.4 percentage points and 1.4 percentage points, respectively, from MY 2022 to MY 2023. For former foster care members only, members 23 to 26 years of age were significantly less likely to have an ED visit during MY 2023, while member 19 to 22 years of age were significantly more likely. This disparity also existed during MY 2022. For both former foster care members and controls, male members were significantly less likely to have an ED visit compared to female members during MY 2023. This disparity also existed during MY 2021 and MY 2022. Additionally, for former foster care members only, members in the Other racial group were significantly less likely to have an ED visit compared to members in other racial groups during MY 2023. This disparity existed during MY 2021 and MY 2022. Former foster care members in the Northern & Winchester region were significantly less likely to have an ED visit compared to members in other regions during MY 2023, while members in the Roanoke/Alleghany region were significantly more likely. For former foster care members only, members enrolled with Aetna were significantly more likely to have an ED visit compared to members enrolled with other MCOs.

Inpatient Visits

Table 5-19 displays the MY 2021, MY 2022, and MY 2023 *Inpatient Visits* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Inpatient Visits* indicator measures the percentage of members with an inpatient visit during the measurement year.

Table 5-19—Rates of *Inpatient Visits* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	10.4%	9.6%	9.9%	9.9%	8.2%	9.3%
Age Category						
19-22 years	11.0%	8.8%	10.4%	9.2%	9.2%	8.4%
23-26 Years	9.2%	11.3%	9.3%	11.1%	7.0%	10.3%
Sex						
Male	6.7%	4.6%	6.7%	5.1%	5.8%	4.1%
Female	14.1%	14.9%	13.4%	15.1%	11.0%	15.2%
Race						
Black or African American	10.3%	11.7%	10.2%	10.6%	8.2%	9.7%
White	10.5%	8.8%	9.7%	9.7%	8.3%	9.4%
Other	10.0%	3.3%	11.9%	9.0%	6.2%	4.6%
Region						
Central	9.9%	10.2%	10.9%	10.9%	8.8%	8.6%
Charlottesville/Western	9.0%	11.8%	8.2%	10.9%	9.4%	10.5%
Northern & Winchester	10.0%	5.6%	9.7%	6.7%	7.1%	7.1%
Roanoke/Alleghany	10.2%	8.6%	12.3%	11.1%	8.1%	11.5%
Southwest	12.4%	13.6%	8.4%	7.4%	7.8%	7.3%
Tidewater	11.4%	8.2%	9.4%	10.2%	7.1%	10.2%
MCO						
Aetna	12.8%	12.1%	9.7%	9.0%	7.5%	9.6%
HealthKeepers	10.2%	6.8%	10.3%	9.3%	7.1%	8.8%
Molina	7.2%	9.0%	7.1%	13.4%	7.4%	8.4%
Sentara*	10.6%	10.8%	10.3%	10.6%	8.7%	9.4%
United	9.2%	9.2%	8.5%	2.3%	8.1%	9.8%
More Than One MCO	11.8%	17.6%	23.1%	46.2%	19.0%	19.0%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-19 shows that 8.2 percent of former foster care members and 9.3 percent of controls had an inpatient visit during MY 2023, and the difference was not statistically significant (p=0.24). The rate differences between former foster care members and controls were similar across the stratified rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members decreased by 1.7 percentage points and the rate for controls decreased by 0.6 percentage points from MY 2022 to MY 2023. For both former foster care members and controls, male members were significantly less likely to have an inpatient visit compared to female members during MY 2023. This disparity also existed during MY 2021 and MY 2022.

Behavioral Health Encounters—Total

Table 5-20 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Total* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Total* indicator measures the percentage of members with a behavioral health encounter during the measurement year.

Table 5-20—Rates of *Behavioral Health Encounters—Total* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	35.6%+	31.9%	33.6%+	28.3%	36.1%+	31.0%
Age Category						
19-22 years	36.4%	32.3%	35.7%	28.4%	38.4%	32.1%
23-26 Years	34.3%	31.1%	30.4%	28.1%	33.5%	29.8%
Sex						
Male	28.4%	26.0%	25.9%	21.0%	30.7%	24.6%
Female	43.0%	38.1%	41.7%	35.9%	42.4%	38.2%
Race						
Black or African American	34.0%	28.7%	33.9%	24.4%	32.6%	25.7%
White	36.9%	34.6%	33.5%	30.8%	38.5%	34.7%
Other	31.7%	20.0%	31.3%	23.9%	29.2%	21.5%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Region						
Central	38.5%	33.6%	39.4%	29.4%	40.5%	32.1%
Charlottesville/Western	37.0%	36.3%	34.8%	29.7%	38.6%	34.7%
Northern & Winchester	32.8%	27.2%	26.7%	23.6%	26.5%	27.0%
Roanoke/Alleghany	38.4%	34.7%	35.6%	33.3%	39.3%	36.8%
Southwest	33.3%	35.6%	31.1%	26.3%	36.9%	33.0%
Tidewater	32.1%	25.0%	28.9%	25.7%	31.1%	23.7%
MCO						
Aetna	37.6%	38.3%	40.0%	25.8%	38.4%	28.1%
HealthKeepers	35.5%	32.7%	32.5%	29.8%	37.0%	31.6%
Molina	27.9%	19.8%	24.4%	22.0%	28.4%	32.6%
Sentara*	36.3%	32.4%	33.8%	28.3%	35.2%	30.6%
United	34.5%	29.4%	33.8%	26.9%	36.6%	29.3%
More Than One MCO	52.9%	29.4%	69.2%	69.2%	61.9%	57.1%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-20 shows that 36.1 percent of former foster care members and 31.0 percent of controls had a behavioral health encounter during MY 2023, and the difference was statistically significant (p=0.002). The rates for former foster care members were notably higher than controls for members 19 to 22 years of age (by 6.3 percentage points); male members (by 6.1 percentage points); Black or African American members and members in the Other racial group (by 6.9 and 7.7 percentage points, respectively); members in the Central and Tidewater regions (by 8.4 and 7.4 percentage points, respectively); and members enrolled with Aetna, HealthKeepers, and United (by 10.3, 5.4, and 7.3 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members increased by 2.5 percentage points and the rate for controls increased by 2.7 percentage points from MY 2022 to MY 2023. For former foster care members only, members 23 to 26 years of age were significantly less likely to have a behavioral health encounter during MY 2023, while members 19 to 22 years of age were significantly more likely. This disparity also existed during MY 2022. For both former foster care members and controls, male members were significantly less likely to have a behavioral health encounter compared

to female members during MY 2023. This disparity also existed during MY 2021 and MY 2022. For both former foster care members and controls, Black or African American members were significantly less likely to have a behavioral health encounter during MY 2023 compared to other racial groups, while White members were significantly more likely. For former foster care members only, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter during MY 2023 compared to members in other regions, while members in the Central region were significantly more likely. Additionally, for both former foster care members and controls during MY 2023, members in the Tidewater region were significantly less likely to have a behavioral health encounter compared to members in other regions. This disparity also existed during MY 2022. For former foster care members and controls, members enrolled with More Than One MCO were significantly more likely to have a behavioral health encounter during MY 2023. This disparity also existed during MY 2022.

Behavioral Health Encounters—ARTS

Table 5-21 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—ARTS* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—ARTS* indicator measures the percentage of members with a behavioral health encounter with ARTS.

Table 5-21—Rates of *Behavioral Health Encounters—ARTS* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	5.8%	4.5%	7.3%+	5.5%	9.1%	7.9%
Age Category						
19-22 years	5.4%	4.0%	7.0%	4.5%	8.4%	8.6%
23-26 Years	6.7%	5.5%	7.7%	6.9%	9.8%	7.1%
Sex						
Male	5.5%	5.5%	5.4%	5.1%	8.0%	7.0%
Female	6.2%	3.4%	9.4%	5.9%	10.3%	8.8%
Race						
Black or African American	4.6%	2.7%	6.3%	3.6%	6.3%	4.5%
White	6.7%	5.8%	8.2%	6.7%	11.0%	10.2%
Other	5.0%^	0.0%^	3.0%	3.0%	4.6%	1.5%
Region						
Central	5.2%	3.9%	7.4%	4.6%	7.2%	7.4%
Charlottesville/Western	3.8%	5.5%	5.8%	5.8%	11.2%	9.0%
Northern & Winchester	5.6%	3.9%	7.2%	4.6%	6.6%	7.7%
Roanoke/Alleghany	6.5%	3.3%	10.7%	9.2%	12.8%	12.4%
Southwest	10.7%	10.7%	11.1%	7.4%	13.4%	8.9%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Tidewater	5.4%	2.3%	4.2%	3.1%	6.2%	3.7%
MCO						
Aetna	7.1%	5.7%	7.7%	3.9%	11.6%	6.8%
HealthKeepers	7.3%	4.8%	7.6%	4.3%	7.5%	7.5%
Molina	2.7%	2.7%	3.9%	5.5%	4.2%	8.4%
Sentara*	4.8%	4.0%	6.8%	6.1%	9.4%	7.8%
United	7.6%	7.6%	10.0%	6.2%	11.4%	10.6%
More Than One MCO	17.6%	0.0%	30.8%	15.4%	23.8%	4.8%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-21 shows that 9.1 percent of former foster care members and 7.9 percent of controls had a behavioral health encounter with ARTS during MY 2023, and the difference was not statistically significant (p=0.24). While there was a large rate difference for members enrolled with More Than One MCO, these rates had small denominators, so the rates may be less reliable.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members increased by 1.8 percentage points and the rate for controls increased by 2.4 percentage points from MY 2022 to MY 2023. For former foster care members only, male members were significantly less likely to have a behavioral health encounter with ARTS compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 2.6 percentage points). For both former foster care members and controls during MY 2023, Black or African American members were significantly less likely to have a behavioral health encounter with ARTS compared to other racial groups, while White members were significantly more likely. For former foster care members only, members in the Southwest region were significantly more likely to have a behavioral health encounter with ARTS compared to members in other regions during MY 2023. This disparity existed during MY 2021 and MY 2022. Additionally, for both former foster care members and controls during MY 2023, members in the Tidewater region were significantly less likely to have a behavioral health encounter with ARTS than members in other regions, while members in the Roanoke/Alleghany region were significantly more likely. These disparities also existed during MY 2022. For former foster care members only, members enrolled with More Than One MCO during MY 2023 were significantly more likely to have a behavioral health encounter with ARTS compared to members enrolled with other MCOs. This disparity also existed during MY 2022.

Behavioral Health Encounters—CMH Services

Table 5-22 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—CMH Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—CMH Services* indicator measures the percentage of members with a behavioral health encounter with CMH services.

Table 5-22—Rates of *Behavioral Health Encounters—CMH Services* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	10.1%+	6.3%	9.8%+	5.1%	8.7%+	5.5%
Age Category						
19-22 years	10.1%	6.1%	11.0%	5.6%	10.1%	5.4%
23-26 Years	10.1%	6.5%	8.0%	4.4%	7.1%	5.5%
Sex						
Male	8.9%	5.3%	8.6%	3.9%	7.5%	4.5%
Female	11.3%	7.3%	11.0%	6.4%	10.0%	6.6%
Race						
Black or African American	12.2%	7.9%	13.7%	7.1%	11.6%	7.6%
White	8.7%	5.5%	7.8%	4.2%	7.4%	4.5%
Other	11.7%	1.7%	4.5%	1.5%	1.5%	1.5%
Region						
Central	15.6%	9.6%	17.4%	9.8%	13.0%	10.2%
Charlottesville/Western	9.7%	6.6%	7.8%	4.8%	6.5%	4.7%
Northern & Winchester	5.6%	3.9%	3.6%	0.5%	3.6%	3.1%
Roanoke/Alleghany	10.2%	8.2%	9.6%	5.4%	9.8%	5.1%
Southwest	9.6%	6.2%	8.9%	4.2%	8.9%	5.0%
Tidewater	6.8%	2.3%	5.8%	2.4%	6.8%	1.8%
MCO						
Aetna	14.2%	7.1%	15.5%	3.2%	11.6%	6.8%
HealthKeepers	9.8%	6.1%	9.3%	4.1%	6.7%	3.8%
Molina	8.1%	3.6%	7.9%	3.1%	5.3%	3.2%
Sentara*	9.5%	6.6%	9.7%	6.1%	9.3%	6.4%
United	7.6%	5.9%	5.4%	4.6%	8.1%	5.7%
More Than One MCO	41.2%	5.9%	30.8%	23.1%	28.6%	9.5%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-22 shows that 8.7 percent of former foster care members and 5.5 percent of controls had a behavioral health encounter with CMH services during MY 2023, and the difference was statistically significant ($p<0.001$). The rates for former foster care members were notably higher than controls for members in the Tidewater region (by 5.0 percentage points). While there was a large rate difference for members enrolled with More Than One MCO, these rates had small denominators, so the rates may be less reliable.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members decreased by 1.1 percentage points while the rate for controls increased by 0.4 percentage points from MY 2022 to MY 2023. For former foster care members only, members 19 to 22 years of age were significantly more likely to have a behavioral health encounter with CMH services compared to members 23 to 26 years of age during MY 2023. This disparity also existed during MY 2022. For both former foster care members and controls, White members were significantly less likely to have a behavioral health encounter with CMH services compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. These disparities for former foster care members also existed during MY 2021 and MY 2022. Former foster care members and controls in the Northern & Winchester region were significantly less likely to have a behavioral health encounter with CMH services compared to members in other regions during MY 2023, while members in the Central region were significantly more likely. These disparities also existed during MY 2021 and MY 2022. Both former foster care members and controls enrolled with More Than One MCO were significantly more likely to have a behavioral health encounter with CMH services during MY 2023 compared to members enrolled with other MCOs. This disparity also existed during MY 2021 and MY 2022.

Behavioral Health Encounters—RTC Services

Table 5-23 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—RTC Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—RTC Services* indicator measures the percentage of members with a behavioral health encounter with RTC services. Please note, starting in July 2025, RTC placement and services will become a carved-out service rather than an excluded service.

Table 5-23—Rates of *Behavioral Health Encounters—RTC Services* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	5.0%+	2.5%	5.1%+	2.7%	4.4%+	2.8%
Age Category						
19-22 years	5.4%	2.2%	5.5%	2.7%	4.9%	3.4%
23-26 Years	4.4%	3.0%	4.4%	2.7%	3.9%	2.2%
Sex						
Male	4.9%	3.0%	4.4%	3.1%	4.6%	2.4%
Female	5.2%	1.9%	5.8%	2.3%	4.1%	3.2%
Race						
Black or African American	4.9%	2.5%	5.5%	3.0%	4.0%	2.3%
White	5.1%	2.5%	4.9%	2.5%	4.8%	3.2%
Other	5.0%	1.7%	3.0%	3.0%	1.5%	1.5%
Region						
Central	5.2%	2.6%	6.1%	3.1%	4.7%	3.3%
Charlottesville/Western	3.8%	4.2%	3.8%	3.8%	5.1%	3.6%
Northern & Winchester	5.0%	1.1%	4.1%	2.6%	4.1%	3.1%
Roanoke/Alleghany	4.1%	1.2%	6.5%	3.4%	3.8%	3.0%
Southwest	7.3%	3.4%	4.7%	1.6%	4.5%	0.6%
Tidewater	5.4%	2.0%	4.5%	1.6%	4.0%	2.5%
MCO						
Aetna	4.3%	2.1%	5.2%	1.3%	3.4%	1.4%
HealthKeepers	5.7%	1.8%	5.1%	2.3%	4.0%	3.1%
Molina	3.6%	1.8%	3.1%	4.7%	4.2%	3.2%
Sentara*	5.4%	3.1%	5.4%	2.8%	4.5%	2.6%
United	3.4%	1.7%	3.8%	2.3%	4.1%	4.1%
More Than One MCO	0.0%	0.0%	7.7%	15.4%	19.0%	4.8%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-23 shows that 4.4 percent of former foster care members and 2.8 percent of controls had a behavioral health encounter with RTC services during MY 2023, and the difference was statistically significant (p=0.01). The rate differences between former foster care members and controls were similar across the stratified rates, except for members enrolled with More Than One MCO for which the denominators were too small to ensure reliable rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members decreased by 0.7 percentage points and the rate for controls increased by 0.1 percentage points from MY 2022 to MY 2023. For former foster care members only, members enrolled with More Than One MCO were significantly more likely to have a behavioral health encounter with RTC services than members enrolled with other MCOs during MY 2023.

Behavioral Health Encounters—Therapeutic Services

Table 5-24 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Therapeutic Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Therapeutic Services* indicator measures the percentage of members with a behavioral health encounter with therapeutic services.

Table 5-24—Rates of *Behavioral Health Encounters—Therapeutic Services* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	4.1%	2.9%	2.0%+	0.6%	2.0%+	0.8%
Age Category						
19-22 years	4.0%	2.9%	1.7%	0.9%	2.2%	0.8%
23-26 Years	4.4%	2.8%	2.4%	0.1%	1.7%	0.8%
Sex						
Male	3.3%	2.6%	1.6%	0.2%	1.8%	0.7%
Female	5.0%	3.1%	2.3%	1.0%	2.1%	0.9%
Race						
Black or African American	5.6%	4.6%	3.5%	0.8%	3.6%	1.0%
White	3.1%	2.1%	1.2%	0.6%	1.0%	0.7%
Other	6.7%^	0.0%^	0.0%^	0.0%^	1.5%^	0.0%^
Region						
Central	10.2%	6.8%	3.9%	0.7%	3.3%	1.2%
Charlottesville/Western	2.4%	1.4%	0.7%	0.3%	0.4%	1.4%
Northern & Winchester	0.0%^	0.6%^	0.5%^	0.0%^	1.0%	0.5%
Roanoke/Alleghany	2.9%	3.7%	2.7%	0.8%	3.0%	0.9%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
Southwest	1.1%	2.3%	1.1%	0.5%	0.6%^	0.0%^
Tidewater	3.4%	0.9%	1.3%	1.0%	2.2%	0.3%
MCO						
Aetna	5.0%	1.4%	5.8%^	0.0%^	1.4%	1.4%
HealthKeepers	4.3%	3.2%	2.1%	0.6%	1.0%	0.2%
Molina	1.8%	0.9%	0.0%^	0.8%^	1.1%^	0.0%^
Sentara*	3.8%	3.3%	1.3%	0.7%	2.3%	0.9%
United	3.4%	2.5%	2.3%	0.8%	2.4%	1.6%
More Than One MCO	29.4%	5.9%	15.4%^	0.0%^	14.3%	4.8%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-24 shows that 2.0 percent of former foster care members and 0.8 percent of controls had a behavioral health encounter with therapeutic services during MY 2022, and the difference was statistically significant (p=0.004). The rate differences between former foster care members and controls were similar across the stratified rates, except for members enrolled with More Than One MCO for which the denominators were too small to ensure reliable rates.

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members did not change, while the rate for controls increased by 0.2 percentage points from MY 2022 to MY 2023. For former foster care members only, White members were significantly less likely to have a behavioral health encounter with therapeutic services compared to members in other racial groups during MY 2023, while Black or African American members were significantly more likely. These disparities also existed during MY 2021 and MY 2022. For former foster care members only, members in the Central region were significantly more likely to have a behavioral health encounter with therapeutic services compared to members in other regions during MY 2023. This disparity also existed during MY 2021 and MY 2022. Additionally, former foster care members enrolled with More Than One MCO were significantly more likely to have a behavioral health encounter with therapeutic services compared to members enrolled with other MCOs during MY 2023. For former foster care members only, members enrolled with Sentara were significantly less likely to have a behavioral health encounter with therapeutic services

during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for Sentara (by 1.0 percentage point).

Behavioral Health Encounters—Traditional Services

Table 5-25 displays the MY 2021, MY 2022, and MY 2023 *Behavioral Health Encounters—Traditional Services* rates among former foster care members and controls stratified by member characteristics. Additionally, member characteristics with identified health disparities are indicated with shading. The *Behavioral Health Encounters—Traditional Services* indicator measures the percentage of members with a behavioral health encounter with traditional services.

Table 5-25—Rates of *Behavioral Health Encounters—Traditional Services* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	34.2%+	30.9%	32.2%+	27.0%	34.8%+	30.2%
Age Category						
19-22 years	34.8%	31.3%	33.9%	27.2%	36.9%	31.6%
23-26 Years	33.0%	30.0%	29.5%	26.7%	32.5%	28.6%
Sex						
Male	26.7%	24.9%	24.7%	20.2%	29.5%	23.6%
Female	41.8%	37.1%	40.0%	34.0%	41.0%	37.6%
Race						
Black or African American	32.1%	26.5%	32.4%	22.2%	31.4%	24.3%
White	35.6%	34.2%	32.0%	30.0%	37.2%	34.1%
Other	31.7%	20.0%	31.3%	23.9%	27.7%	21.5%
Region						
Central	35.7%	30.7%	37.7%	25.9%	38.8%	30.7%
Charlottesville/Western	36.0%	35.6%	33.8%	29.0%	37.9%	33.9%
Northern & Winchester	32.8%	26.7%	25.6%	23.6%	26.0%	26.5%
Roanoke/Alleghany	35.1%	33.9%	33.3%	32.6%	35.9%	35.0%
Southwest	32.8%	35.6%	30.5%	25.3%	36.3%	33.0%
Tidewater	31.8%	24.7%	27.6%	25.5%	30.5%	23.4%
MCO						
Aetna	36.9%	36.9%	38.7%	24.5%	37.0%	28.1%
HealthKeepers	34.5%	31.4%	31.5%	28.8%	34.9%	30.5%
Molina	25.2%	19.8%	24.4%	21.3%	28.4%	31.6%
Sentara*	34.5%	31.3%	32.0%	26.6%	34.3%	29.7%

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
United	33.6%	29.4%	31.5%	26.9%	35.8%	29.3%
More Than One MCO	47.1%	29.4%	69.2%	69.2%	57.1%	52.4%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.
- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-25 shows that 34.8 percent of former foster care members and 30.2 percent of controls had a behavioral health encounter with traditional services during MY 2023, and the difference was statistically significant (p=0.005). The rates for former foster care members were notably higher than controls for members 19 to 22 years of age (by 5.3 percentage points), male members (by 5.9 percentage points), Black or African American members and members in the Other racial group (by 7.1 and 6.2 percentage points, respectively), members in the Central region and the Tidewater region (by 8.1 and 7.1 percentage points, respectively), and members enrolled with Aetna and United (by 8.9 and 6.5 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members increased by 2.6 percentage points and the rate for controls increased by 3.2 percentage points from MY 2022 to MY 2023. For both former foster care members and controls, male members were significantly less likely to have a behavioral health encounter with traditional services compared to female members during MY 2023. This disparity also existed during MY 2021 and MY 2022. For both former foster care members and controls, Black or African American members were significantly less likely to have a behavioral health encounter with traditional services during MY 2023, while White members were significantly more likely. For former foster care members only, members in the Northern & Winchester region were significantly less likely to have a behavioral health encounter with traditional services compared to members in other regions during MY 2023, and members in the Central region were significantly more likely. These disparities also existed during MY 2022. Additionally, for former foster care members and controls, members enrolled with More Than One MCO were significantly more likely to have a behavioral health encounter with traditional services during MY 2023 compared to members enrolled with other MCOs. This disparity also existed during MY 2022.

Overall Service Utilization

Table 5-26 displays the MY 2021, MY 2022, and MY 2023 *Overall Service Utilization* rates among former foster care members care and controls stratified by member characteristics. Additionally,

member characteristics with identified health disparities are indicated with shading. The *Overall Service Utilization* indicator measures the percentage of members with an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter during the measurement year.

Table 5-26—Rates of *Overall Service Utilization* Among Former Foster Care Members and Controls

Category	MY 2021		MY 2022		MY 2023	
	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate	Former Foster Care Members Rate	Control Rate
All Eligible Members	74.7%	75.4%	73.7%	75.0%	69.8%	71.2%
Age Category						
19-22 years	76.3%	75.7%	75.7%	75.3%	73.5%	72.7%
23-26 Years	71.6%	74.7%	70.7%	74.5%	65.7%	69.6%
Sex						
Male	65.7%	64.5%	64.4%	65.2%	61.3%	61.2%
Female	83.8%	86.7%	83.6%	85.2%	79.8%	82.5%
Race						
Black or African American	73.8%	75.3%	72.8%	75.7%	68.1%	72.9%
White	75.8%	75.9%	74.7%	75.5%	71.8%	71.5%
Other	65.0%	66.7%	65.7%	59.7%	55.4%	52.3%
Region						
Central	75.0%	78.1%	75.8%	74.9%	73.7%	70.5%
Charlottesville/Western	75.1%	75.8%	77.1%	75.1%	74.7%	74.0%
Northern & Winchester	72.8%	70.6%	70.8%	71.3%	61.7%	68.9%
Roanoke/Alleghany	77.1%	76.7%	76.2%	76.6%	76.5%	71.4%
Southwest	75.1%	78.0%	74.7%	77.4%	69.3%	76.5%
Tidewater	73.0%	72.2%	67.7%	74.5%	60.9%	68.3%
MCO						
Aetna	74.5%	84.4%	73.5%	76.1%	69.9%	68.5%
HealthKeepers	74.8%	74.1%	75.9%	76.5%	71.3%	70.7%
Molina	60.4%	64.9%	62.2%	63.0%	56.8%	60.0%
Sentara*	76.3%	77.3%	74.5%	77.0%	69.3%	72.6%
United	73.9%	63.0%	68.5%	64.6%	74.0%	74.0%
More Than One MCO	94.1%	94.1%	100.0%	92.3%	90.5%	85.7%

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

+ Indicates that the rate for former foster care members was significantly higher than the rate for the control group of all eligible members.

- Indicates that the rate for former foster care members was significantly lower than the rate for the control group of all eligible members.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 5-26 shows that 69.8 percent of former foster care members and 71.2 percent of controls had an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter (i.e., any service) during MY 2023, and the difference was not statistically significant (p=0.38). The rates for former foster care members were notably higher than controls for members in the Roanoke/Alleghany region (by 5.1 percentage points). The rates for former foster care members were notably lower than controls for members in the Northern & Winchester, Southwest, and Tidewater regions (by 7.2, 7.2, and 7.4 percentage points, respectively).

National Medicaid benchmarks were not applicable to this indicator since it is a custom indicator developed for this analysis. The rate for former foster care members decreased by 3.9 percentage points and the rate for controls decreased by 3.8 percentage points from MY 2022 to MY 2023. For former foster care members only, members 23 to 26 years of age were significantly less likely to utilize any service compared to member 19 to 22 years of age during MY 2023. This disparity also existed during MY 2021 and MY 2022. For both former foster care members and controls, male members were significantly less likely to utilize any service compared to female members during MY 2023. This disparity also existed during MY 2021 and MY 2022. For former foster care members and controls, members in the Other racial group were significantly less likely to utilize any service during MY 2023 compared to other racial groups, while for former foster care members only, White members were significantly more likely. Former foster care members in the Tidewater region and the Northern & Winchester region were significantly less likely to utilize any service during MY 2023 compared to members in other regions, while former foster care members in the Central region and the Roanoke/Alleghany region were significantly more likely. For both former foster care members and controls, members enrolled with Molina were significantly less likely to utilize any service during MY 2023 compared to members enrolled with other MCOs. This disparity also existed during MY 2021 and MY 2022.

6. Timely Access to Care Findings

Timely Access to Care for New Foster Care Members

This section provides findings from the study indicators used to assess timely access to care for new foster care members for MY 2023. The tables displayed in this section also include stratified rates and shading to indicate the results of the health disparities analysis. Since the study indicators in this section are custom indicators that were developed for this analysis, national Medicaid benchmarks were not applicable for comparison.

Timely Access to Primary Care

Table 6-1 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Primary Care for New Foster Care Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Primary Care for New Foster Care Members* indicator measures the percentage of members newly enrolled in the foster care program who had at least one visit with a PCP within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date.

Table 6-1—Rates of *Timely Access to Primary Care for New Foster Care Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	1,699	86.2%	1,778	86.8%	1,822	85.7%
Age Category						
≤ 2 Years	580	92.1%	547	92.3%	559	90.9%
3 to 5 Years	207	88.4%	252	88.5%	271	90.8%
6 to 10 Years	301	81.7%	338	91.1%	353	84.4%
11 to 13 Years	228	84.6%	246	85.8%	245	80.4%
≥ 14 Years	383	80.4%	395	75.2%	394	79.4%
Sex						
Male	877	85.6%	903	83.9%	909	85.7%
Female	822	86.7%	875	89.8%	913	85.8%
Race						
Black or African American	515	84.5%	580	87.6%	619	81.6%
White	1150	87.0%	1148	86.7%	1135	88.4%
Other	34	85.3%	50	82.0%	68	79.4%
Region						
Central	287	85.0%	326	85.0%	387	84.5%
Charlottesville/Western	285	88.8%	287	89.2%	306	89.5%
Northern & Winchester	243	79.4%	240	80.8%	245	78.0%
Roanoke/Alleghany	358	88.5%	362	90.6%	298	83.9%
Southwest	231	90.5%	254	87.0%	261	92.7%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
Tidewater	288	84.4%	301	86.4%	316	85.1%
MCO						
Aetna	225	83.1%	197	87.8%	237	83.1%
HealthKeepers	409	84.8%	434	86.2%	453	84.8%
Molina	129	88.4%	137	80.3%	147	86.4%
Sentara*	752	86.7%	837	88.2%	791	88.1%
United	174	88.5%	170	85.9%	179	82.7%

†Members with Unknown Region and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-1 shows that 85.7 percent of newly enrolled members in the foster care program had at least one visit with a PCP within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date during MY 2023, and this rate decreased by 1.1 percentage points from MY 2022. Members 2 years of age and younger and members 3 to 5 years of age were significantly more likely to have a PCP visit compared to members in other age groups. Members 11 to 13 years of age and members 14 years of age and older were significantly less likely to have a PCP visit compared to members in other age groups. The disparities for members 2 years of age and younger and members 14 years of age and older also existed during MY 2021 and MY 2022. Black or African American members were significantly less likely to have a PCP visit, while White members were significantly more likely to have a PCP visit compared to members in other racial groups. Additionally, members in the Charlottesville/Western and Southwest regions were significantly more likely to have a PCP visit, while members in the Northern & Winchester region were significantly less likely to have a PCP visit compared to members in other regions. The disparity for the Northern & Winchester region also existed during MY 2021 and MY 2022. Finally, members enrolled with Sentara were significantly more likely to have a PCP visit. Members enrolled with Molina were significantly less likely to have a PCP visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for Molina (by 6.1 percentage points).

Timely Access to Dental Care

Table 6-2 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Dental Care for New Foster Care Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Dental Care for New Foster Care Members* indicator measures the percentage of members newly enrolled in the foster care program who had at least one visit with a dental provider within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date.

Table 6-2—Rates of *Timely Access to Dental Care for New Foster Care Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	1,699	44.0%	1,778	47.2%	1,822	48.2%
Age Category						
≤ 2 Years	580	19.7%	547	22.7%	559	24.9%
3 to 5 Years	207	58.0%	252	62.7%	271	57.2%
6 to 10 Years	301	59.1%	338	63.9%	353	65.2%
11 to 13 Years	228	61.8%	246	62.2%	245	60.8%
≥ 14 Years	383	50.7%	395	47.8%	394	52.0%
Sex						
Male	877	39.6%	903	46.6%	909	47.9%
Female	822	48.7%	875	47.9%	913	48.5%
Race						
Black or African American	515	40.8%	580	50.5%	619	47.7%
White	1150	45.0%	1148	46.1%	1135	48.5%
Other	34	55.9%	50	36.0%	68	47.1%
Region						
Central	287	42.2%	326	48.5%	387	51.9%
Charlottesville/Western	285	43.5%	287	42.9%	306	46.1%
Northern & Winchester	243	44.0%	240	54.6%	245	44.5%
Roanoke/Alleghany	358	41.3%	362	33.1%	298	44.6%
Southwest	231	54.1%	254	55.1%	261	52.1%
Tidewater	288	41.3%	301	54.5%	316	49.1%
MCO						
Aetna	225	44.9%	197	41.6%	237	44.7%
HealthKeepers	409	47.2%	434	51.8%	453	51.9%
Molina	129	39.5%	137	42.3%	147	38.8%
Sentara*	752	41.9%	837	47.2%	791	50.6%
United	174	48.3%	170	45.9%	179	40.2%

†Members with Unknown Region and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-2 shows that 48.2 percent of newly enrolled members in the foster care program had at least one visit with a dental provider within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date during MY 2023, and this rate increased by 1.0 percentage points from MY 2022. Members 2 years of age and younger were significantly less likely to have a dental provider visit compared to members in other age groups, while members in all other age groups except 14 years of age and older were significantly more likely to have visit with a dental

provider. These disparities also existed during MY 2021 and MY 2022. Members in the Roanoke/Allegheny region were significantly less likely to have a dental provider visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for the Roanoke/Alleghany region (by 11.5 percentage points). Members enrolled with Molina and United were less likely to have a visit with a dental provider compared to members enrolled with other MCOs.

Timely Access to Primary Care or Dental Care

Table 6-3 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Primary Care or Dental Care for New Foster Care Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Primary Care or Dental Care for New Foster Care Members* indicator measures the percentage of members newly enrolled in the foster care program who had at least one visit with a PCP or dental provider within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date.

Table 6-3—Rates of *Timely Access to Primary Care or Dental Care for New Foster Care Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	1,699	90.3%	1,778	91.2%	1,822	90.0%
Age Category						
≤ 2 Years	580	92.2%	547	92.7%	559	91.9%
3 to 5 Years	207	92.8%	252	93.3%	271	94.1%
6 to 10 Years	301	87.0%	338	96.4%	353	91.2%
11 to 13 Years	228	91.7%	246	91.5%	245	87.3%
≥ 14 Years	383	87.7%	395	83.0%	394	85.0%
Sex						
Male	877	90.1%	903	89.3%	909	90.0%
Female	822	90.5%	875	93.1%	913	90.0%
Race						
Black or African American	515	88.5%	580	92.2%	619	86.4%
White	1150	91.0%	1148	90.8%	1135	92.2%
Other	34	94.1%	50	88.0%	68	85.3%
Region						
Central	287	91.3%	326	90.5%	387	89.1%
Charlottesville/Western	285	93.3%	287	93.0%	306	92.5%
Northern & Winchester	243	84.4%	240	87.1%	245	85.3%
Roanoke/Alleghany	358	91.1%	362	92.5%	298	88.3%
Southwest	231	93.9%	254	92.9%	261	95.4%
Tidewater	288	87.8%	301	90.0%	316	89.2%
MCO						
Aetna	225	89.8%	197	92.9%	237	87.8%
HealthKeepers	409	89.0%	434	90.8%	453	90.3%
Molina	129	89.9%	137	86.9%	147	89.1%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
Sentara*	752	90.8%	837	91.9%	791	91.9%
United	174	91.4%	170	90.0%	179	86.0%

†Members with Unknown Region and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-3 shows that 90.0 percent of newly enrolled members in the foster care program had at least one visit with a PCP or dental provider within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date during MY 2023, and this rate decreased by 1.2 percentage points from MY 2022. Members 14 years of age and older were significantly less likely to have a PCP or dental provider visit compared to members in other age groups, and member 3 to 5 years of age were significantly more likely during MY 2023. The disparity for members 14 years of age and older also existed during MY 2022. Black or African American members were significantly less likely to have a PCP or dental provider visit, while White members were significantly more likely to have a PCP or dental provider visit compared to other racial groups. Additionally, members in the Northern & Winchester region were significantly less likely to have a PCP or dental provider visit compared to members in other regions, and this disparity also existed during MY 2021 and MY 2022. Members in the Southwest region were significantly more likely to have a PCP or dental provider visit during MY 2023. This disparity also existed during MY 2021. Members enrolled with Sentara were significantly more likely to have a PCP or dental provider visit compared to members enrolled with other MCOs.

Timely Access to Primary Care and Dental Care

Table 6-4 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Primary Care and Dental Care for New Foster Care Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Primary Care and Dental Care for New Foster Care Members* indicator measures the percentage of members newly enrolled in the foster care program who had at least one visit with a PCP and one visit with a dental provider within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date.

Table 6-4—Rates of *Timely Access to Primary Care and Dental Care for New Foster Care Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	1,699	39.8%	1,778	42.9%	1,822	43.9%
Age Category						
≤ 2 Years	580	19.5%	547	22.3%	559	23.8%
3 to 5 Years	207	53.6%	252	57.9%	271	53.9%
6 to 10 Years	301	53.8%	338	58.6%	353	58.4%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
11 to 13 Years	228	54.8%	246	56.5%	245	53.9%
≥ 14 Years	383	43.3%	395	40.0%	394	46.4%
Sex						
Male	877	35.1%	903	41.3%	909	43.6%
Female	822	44.9%	875	44.6%	913	44.2%
Race						
Black or African American	515	36.7%	580	45.9%	619	42.8%
White	1150	41.0%	1148	42.0%	1135	44.7%
Other	34	47.1%	50	30.0%	68	41.2%
Region						
Central	287	35.9%	326	42.9%	387	47.3%
Charlottesville/Western	285	38.9%	287	39.0%	306	43.1%
Northern & Winchester	243	39.1%	240	48.3%	245	37.1%
Roanoke/Alleghany	358	38.8%	362	31.2%	298	40.3%
Southwest	231	50.6%	254	49.2%	261	49.4%
Tidewater	288	37.8%	301	50.8%	316	44.9%
MCO						
Aetna	225	38.2%	197	36.5%	237	40.1%
HealthKeepers	409	43.0%	434	47.2%	453	46.4%
Molina	129	38.0%	137	35.8%	147	36.1%
Sentara*	752	37.8%	837	43.5%	791	46.8%
United	174	45.4%	170	41.8%	179	36.9%

†Members with Unknown Region and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.

Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-4 shows that 43.9 percent of newly enrolled members in the foster care program had at least one visit with a PCP and one visit with a dental provider within 30 days after the first foster care enrollment date or within 90 days prior to the first foster care enrollment date during MY 2023, and this rate increased by 1.0 percentage point since MY 2022. Members 2 years of age and younger were significantly less likely to have a PCP visit and dental provider visit compared to members in other age groups, while members 3 to 5, 6 to 10, and 11 to 13 years of age were significantly more likely to have a PCP visit and a dental provider visit compared to members in other age groups. These disparities also existed during MY 2021 and MY 2022. Additionally, members in the Northern & Winchester region were less likely to have a PCP visit and a dental provider visit compared to members in other regions. Members in the Roanoke/Allegheny region were significantly less likely to have both a PCP visit and dental provider visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for the Roanoke/Alleghany region (by 9.1 percentage points). Members enrolled with Molina and United were significantly less likely to have a PCP visit and dental provider visit, while

members enrolled with Sentara were more likely to have a PCP visit and dental provider visit compared to members enrolled with other MCOs.

Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members

Timely Access to Behavioral Health Care Within 60 Days

Table 6-5 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members* indicator measures the percentage of members newly enrolled in the foster care program who had at least one visit with a mental health provider (MHP) within 60 days of the first foster care enrollment date.

Table 6-5—Rates of *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	—	—	1,601	50.5%	1,596	49.3%
Age Category						
≤ 2 Years	—	—	484	20.9%	476	21.8%
3 to 5 Years	—	—	232	45.7%	242	39.7%
6 to 10 Years	—	—	304	69.1%	320	65.0%
11 to 13 Years	—	—	222	72.5%	218	69.7%
≥ 14 Years	—	—	359	64.3%	340	66.8%
Sex						
Male	—	—	812	46.8%	796	50.1%
Female	—	—	789	54.4%	800	48.5%
Race						
Black or African American	—	—	516	51.2%	538	50.4%
White	—	—	1038	50.1%	1005	49.2%
Other	—	—	47	53.2%	53	41.5%
Region						
Central	—	—	293	47.1%	327	51.4%
Charlottesville/Western	—	—	257	45.5%	265	48.3%
Northern & Winchester	—	—	212	30.2%	226	28.8%
Roanoke/Alleghany	—	—	334	64.1%	251	59.0%
Southwest	—	—	228	58.3%	239	61.9%
Tidewater	—	—	270	53.0%	281	45.6%
MCO						
Aetna	—	—	178	46.6%	193	41.5%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
HealthKeepers	—	—	374	49.7%	393	47.8%
Molina	—	—	123	47.2%	120	37.5%
Sentara*	—	—	738	54.3%	704	57.0%
United	—	—	152	42.8%	159	37.1%
More Than One MCO	—	—	36	44.4%	27	51.9%

†Members with Unknown Region are included in the All Eligible Members rate but are not displayed in this table.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-5 shows that 49.3 percent of newly enrolled members in the foster care program had at least one visit with an MHP within 60 days after the first foster care enrollment date during MY 2023, and this rate decreased by 1.2 percentage points from MY 2022. Members 2 years of age and younger and 3 to 5 years of age were significantly less likely to have an MHP visit compared to members in other age groups, while members 6 to 10 years of age, 11 to 13 years of age, and 14 years of age and older were more likely to have an MHP visit compared to members in other age groups. Except for members 3 to 5 years of age, these disparities also existed during MY 2022. Additionally, members in the Southwest region and the Roanoke/Alleghany region were more likely to have an MHP visit compared to members in other regions, while members in the Northern & Winchester region were less likely to have an MHP visit. These disparities also existed during MY 2022. Members enrolled with Sentara were more likely to have an MHP visit compared to members enrolled with other MCOs, while members enrolled with Aetna, Molina, and United were less likely. The disparities for Sentara and United also existed during MY 2022.

Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members With a Behavioral Health Diagnosis

Table 6-6 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members With a Behavioral Health Diagnosis* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members With a Behavioral Health Diagnosis* indicator measures the percentage of members newly enrolled in the foster care program with a diagnosis of mental illness who had at least one visit with an MHP within 60 days of the first foster care enrollment date.

Table 6-6—Rates of *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members With a Behavioral Health Diagnosis*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	—	—	643	79.0%	638	79.5%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
Age Category						
≤ 2 Years	—	—	S	S	S	S
3 to 5 Years	—	—	S	S	S	S
6 to 10 Years	—	—	179	86.6%	177	83.6%
11 to 13 Years	—	—	144	80.6%	147	84.4%
≥ 14 Years	—	—	266	75.2%	247	75.3%
Sex						
Male	—	—	303	75.2%	311	80.7%
Female	—	—	340	82.4%	327	78.3%
Race						
Black or African American	—	—	219	74.9%	216	76.4%
White	—	—	405	81.0%	407	80.8%
Other	—	—	19	84.2%	15	86.7%
Region						
Central	—	—	126	75.4%	140	78.6%
Charlottesville/Western	—	—	105	73.3%	109	82.6%
Northern & Winchester	—	—	57	71.9%	59	67.8%
Roanoke/Alleghany	—	—	136	90.4%	104	82.7%
Southwest	—	—	115	83.5%	125	83.2%
Tidewater	—	—	104	73.1%	101	76.2%
MCO						
Aetna	—	—	59	74.6%	61	68.9%
HealthKeepers	—	—	144	79.2%	161	78.3%
Molina	—	—	37	75.7%	31	74.2%
Sentara*	—	—	345	80.0%	335	82.4%
United	—	—	51	76.5%	42	81.0%

†Members with Unknown Region and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-6 shows that 79.5 percent of newly enrolled members in the foster care program with a diagnosis of mental illness had at least one visit with an MHP within 60 days after the first foster care enrollment date during MY 2023, and this rate increased 0.5 percentage points from MY 2022. Members 14 years of age and older were significantly less likely to have an MHP visit compared to members in other age groups during MY 2023. This disparity also existed during MY 2022. Male members were significantly less likely to have an MHP visit during MY 2022; however, this disparity no

longer existed during MY 2023 due to an increase in the rate for male members (by 5.5 percentage points). Additionally, members in the Northern/Winchester region were less likely to have an MHP visit compared to members in other regions. Members enrolled with Aetna were less likely to have an MHP visit compared to members enrolled with other MCOs.

Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members

Timely Access to Behavioral Health Care Within 1 Year

Table 6-7 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members* indicator measures the percentage of members newly enrolled in the foster care program who had at least one visit with an MHP within one year of the first foster care enrollment date.

Table 6-7—Rates of *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	—	—	1,368	67.1%	1,450	73.1%
Age Category						
≤ 2 Years	—	—	419	32.0%	361	43.8%
3 to 5 Years	—	—	207	64.3%	255	68.6%
6 to 10 Years	—	—	252	89.7%	281	86.8%
11 to 13 Years	—	—	138	92.0%	187	89.3%
≥ 14 Years	—	—	352	84.7%	366	86.3%
Sex						
Male	—	—	706	65.7%	733	69.3%
Female	—	—	662	68.6%	717	77.0%
Race						
Black or African American	—	—	414	65.5%	490	72.2%
White	—	—	926	67.9%	916	73.3%
Other	—	—	28	64.3%	44	79.5%
Region						
Central	—	—	223	70.0%	270	67.8%
Charlottesville/Western	—	—	242	64.5%	240	68.3%
Northern & Winchester	—	—	198	52.0%	193	62.2%
Roanoke/Alleghany	—	—	285	67.7%	271	84.5%
Southwest	—	—	188	77.7%	216	81.9%
Tidewater	—	—	226	70.8%	251	72.5%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
MCO						
Aetna	—	—	175	71.4%	154	70.8%
HealthKeepers	—	—	344	65.4%	366	70.8%
Molina	—	—	88	61.4%	109	70.6%
Sentara*	—	—	571	66.7%	635	76.1%
United	—	—	119	68.1%	124	71.8%
More Than One MCO	—	—	71	73.2%	62	69.4%

†Members with Unknown Region are included in the All Eligible Members rate but are not displayed in this table.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-7 shows that 73.1 percent of newly enrolled members in the foster care program had at least one visit with an MHP within one year of the first foster care enrollment date during MY 2023, and this rate increased by 6.0 percentage points from MY 2022. Members 2 years of age and younger were significantly less likely to have an MHP visit compared to members in other age groups, while members 6 to 10 years of age, 11 to 13 years of age, and 14 years of age and older were more likely to have an MHP visit compared to members in other age groups. These disparities also existed during MY 2022. Male members were significantly less likely to have an MHP visit compared to female members. Additionally, members in the Central and Northern & Winchester regions were significantly less likely to have an MHP visit compared to members in other regions, while members in the Roanoke/Alleghany and Southwest regions were significantly more likely. The disparities for members in the Northern & Winchester and Southwest regions also existed during MY 2022. Members enrolled with Sentara were more likely to have an MHP visit compared to members enrolled with other MCOs.

Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis

Table 6-8 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis* indicator measures the percentage of members who newly enrolled in the foster care program with a diagnosis of mental illness who had at least one visit with an MHP within one year of the first foster care enrollment date.

Table 6-8—Rates of *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	—	—	520	93.1%	572	92.3%
Age Category						
≤ 2 Years	—	—	—	—	S	S
3 to 5 Years	—	—	33	90.9%	S	S
6 to 10 Years	—	—	137	97.8%	156	93.6%
11 to 13 Years	—	—	96	94.8%	117	94.9%
≥ 14 Years	—	—	254	90.2%	268	90.7%
Sex						
Male	—	—	245	91.8%	257	91.8%
Female	—	—	275	94.2%	315	92.7%
Race						
Black or African American	—	—	158	89.9%	207	88.4%
White	—	—	354	94.6%	345	94.8%
Region						
Central	—	—	96	95.8%	113	90.3%
Charlottesville/Western	—	—	96	90.6%	94	88.3%
Northern & Winchester	—	—	45	88.9%	53	90.6%
Roanoke/Alleghany	—	—	133	92.5%	99	96.0%
Southwest	—	—	81	93.8%	110	96.4%
Tidewater	—	—	66	95.5%	101	92.1%
MCO						
Aetna	—	—	63	90.5%	53	83.0%
HealthKeepers	—	—	128	94.5%	143	91.6%
Molina	—	—	19	100.0%^	37	86.5%
Sentara*	—	—	252	92.9%	281	94.0%
United	—	—	35	88.6%	39	97.4%
More Than One MCO	—	—	23	95.7%	19	100.0%^

†Members with Other Race and Unknown Region are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-8 shows that 92.3 percent of newly enrolled members in the foster care program with a behavioral health diagnosis had at least one visit with an MHP within one year of the first foster care enrollment date during MY 2023, and this rate decreased by 0.8 percentage points from MY 2022.

Black or African American members were significantly less likely to have an MHP visit, while White members were significantly more likely to have an MHP visit compared to members in other racial groups. The disparity for White members also existed in MY 2022. Additionally, members enrolled with Aetna were significantly less likely to have an MHP visit compared to members enrolled with other MCOs.

Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members

Timely Access to Behavioral Health Care Within 1 Year

Table 6-9 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members* indicator measures the percentage of members newly enrolled in the adoption assistance program who had at least one visit with an MHP within one year of the first adoption assistance enrollment date.

Table 6-9—Rates of *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	—	—	812	44.3%	777	46.3%
Age Category						
≤ 2 Years	—	—	90	26.7%	68	35.3%
3 to 5 Years	—	—	187	25.7%	188	36.2%
6 to 10 Years	—	—	262	51.9%	248	52.8%
11 to 13 Years	—	—	130	47.7%	122	48.4%
≥ 14 Years	—	—	143	62.9%	151	51.7%
Sex						
Male	—	—	437	43.7%	402	49.5%
Female	—	—	375	45.1%	375	42.9%
Race						
Black or African American	—	—	230	39.1%	233	45.1%
White	—	—	559	45.8%	525	47.4%
Region						
Central	—	—	168	42.3%	150	47.3%
Charlottesville/Western	—	—	113	41.6%	151	36.4%
Northern & Winchester	—	—	134	27.6%	137	34.3%
Roanoke/Alleghany	—	—	135	62.2%	131	64.9%
Southwest	—	—	113	46.0%	88	51.1%
Tidewater	—	—	148	46.6%	120	47.5%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
MCO						
Aetna	—	—	69	33.3%	76	42.1%
HealthKeepers	—	—	234	42.3%	214	49.1%
Molina	—	—	44	29.5%	43	37.2%
Sentara*	—	—	358	48.9%	326	48.2%
United	—	—	69	46.4%	86	41.9%
More Than One MCO	—	—	38	47.4%	32	43.8%

†Members with Other Race and Unknown Region are included in the All Eligible Members rate but are not displayed in this table.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-9 shows that 46.3 percent of newly enrolled members in the adoption assistance program had at least one visit with an MHP within one year of the first adoption assistance enrollment date during MY 2023, and this rate has increased by 2.0 percentage points from MY 2022. Members 3 to 5 years of age were significantly less likely to have an MHP visit compared to members in other age groups, while members 6 to 10 years of age were more likely to have an MHP visit compared to members in other age groups. These disparities also existed during MY 2022. Members 2 years of age and younger were significantly less likely to have an MHP visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for this age group (by 8.6 percentage points). Additionally, members in the Charlottesville/Western and Northern & Winchester regions were significantly less likely to have an MHP visit compared to members in other regions, while members in the Roanoke/Alleghany region were significantly more likely. The disparities for members in the Northern & Winchester and Roanoke/Alleghany regions also existed during MY 2022. Members enrolled with Molina were significantly less likely to have an MHP visit during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for Molina (by 7.7 percentage points).

Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis

Table 6-10 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis* indicator measures the percentage of members newly enrolled in the adoption assistance program with a diagnosis of mental illness who had at least one visit with an MHP within one year of the first adoption assistance enrollment date.

Table 6-10—Rates of *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	—	—	356	68.3%	321	69.8%
Age Category						
≤ 2 Years	—	—	S	S	—	—
3 to 5 Years	—	—	S	S	34	70.6%
6 to 10 Years	—	—	149	67.8%	136	72.1%
11 to 13 Years	—	—	75	62.7%	62	66.1%
≥ 14 Years	—	—	91	74.7%	89	68.5%
Sex						
Male	—	—	200	67.5%	181	72.4%
Female	—	—	156	69.2%	140	66.4%
Race						
Black or African American	—	—	94	64.9%	107	62.6%
White	—	—	252	68.7%	210	72.9%
Region						
Central	—	—	72	61.1%	58	70.7%
Charlottesville/Western	—	—	49	63.3%	70	58.6%
Northern & Winchester	—	—	41	63.4%	49	61.2%
Roanoke/Alleghany	—	—	76	80.3%	52	78.8%
Southwest	—	—	61	65.6%	40	75.0%
Tidewater	—	—	57	71.9%	52	78.8%
MCO						
Aetna	—	—	22	54.5%	S	S
HealthKeepers	—	—	116	65.5%	103	71.8%
Molina	—	—	S	S	S	S
Sentara*	—	—	183	69.4%	147	72.1%
United	—	—	S	S	37	59.5%

†Members with Other Race, Unknown Region, and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-10 shows that 69.8 percent of newly enrolled members in the adoption assistance program with a behavioral health diagnosis had at least one visit with an MHP within one year of the first adoption assistance enrollment date during MY 2023, and this rate increased by 1.5 percentage points from MY 2022. Black or African American members were significantly less likely to have an MHP visit compared

to members in other racial groups. Members in the Charlottesville/Western region were significantly less likely to have an MHP visit compared to members in other regions.

Timely Access to Care for Members Who Aged Out of Foster Care

Timely Access to Primary Care

Table 6-11 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Primary Care for Members Who Aged Out of Foster Care* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Primary Care for Members Who Aged Out of Foster Care* indicator measures the percentage of 19-year-old members who had aged out of foster care who had at least one visit with a PCP during the measurement year.

Table 6-11—Rates of *Timely Access to Primary Care for Members Who Aged Out of Foster Care*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	179	69.8%	152	67.8%	92	73.9%
Sex						
Male	97	60.8%	75	46.7%	49	61.2%
Female	82	80.5%	77	88.3%	43	88.4%
Race						
Black or African American	65	69.2%	51	58.8%	20	70.0%
White	109	71.6%	95	71.6%	72	75.0%
Region						
Central	43	69.8%	55	63.6%	26	73.1%
Charlottesville/Western	34	73.5%	21	61.9%	22	81.8%
Northern & Winchester	S	S	S	S	S	S
Roanoke/Alleghany	28	71.4%	26	69.2%	13	84.6%
Southwest	25	80.0%	20	75.0%	18	66.7%
Tidewater	S	S	S	S	S	S
MCO						
Aetna	S	S	S	S	S	S
HealthKeepers	58	72.4%	42	64.3%	27	70.4%
Molina	S	S	S	S	S	S
Sentara*	89	74.2%	68	72.1%	43	93.0%
United	S	S	S	S	S	S

†Members with Other Race and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.

— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-11 shows that 73.9 percent of members who aged out of foster care had at least one visit with a PCP during MY 2023, and this rate increased by 6.1 percentage points from MY 2022. Male members who aged out of foster care were significantly less likely to have a PCP visit compared to female members. This disparity also existed during MY 2021 and MY 2022. Members enrolled with Sentara were significantly more likely to have a PCP visit compared to members enrolled with other MCOs.

Timely Access to Dental Care

Table 6-12 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Dental Care for Members Who Aged Out of Foster Care* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Dental Care for Members Who Aged Out of Foster Care* indicator measures the percentage of 19-year-old members who had aged out of foster care who had at least one visit with a dental provider during the measurement year.

Table 6-12—Rates of *Timely Access to Dental Care for Members Who Aged Out of Foster Care*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	179	34.6%	152	29.6%	92	39.1%
Sex						
Male	97	27.8%	75	20.0%	49	38.8%
Female	82	42.7%	77	39.0%	43	39.5%
Race						
Black or African American	65	40.0%	51	23.5%	20	60.0%
White	109	31.2%	95	32.6%	72	33.3%
Region						
Central	43	48.8%	55	36.4%	26	73.1%
Charlottesville/Western	S	S	S	S	S	S
Northern & Winchester	S	S	S	S	S	S
Roanoke/Alleghany	S	S	S	S	S	S
Southwest	25	44.0%	S	S	S	S
Tidewater	S	S	S	S	S	S
MCO						
Aetna	S	S	S	S	S	S
HealthKeepers	58	36.2%	42	33.3%	S	S
Molina	S	S	S	S	S	S
Sentara*	89	38.2%	68	29.4%	43	37.2%
United	S	S	S	S	S	S

†Members with Other Race and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.

S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-12 shows that 39.1 percent of members who aged out of foster care had at least one visit with a dental provider during MY 2023, and this rate increased by 9.5 percentage points from MY 2022. Male members were significantly less likely to have a dental provider visit compared to female members during MY 2021 and MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 18.8 percentage points from MY 2022). White members were significantly less likely to have a dental provider visit, while Black or African American members were significantly more likely to have a dental provider visit compared to members in other racial groups. Additionally, members in the Central region were significantly more likely to have a dental provider visit compared to members in other regions.

Timely Access to Primary Care or Dental Care

Table 6-13 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Primary Care or Dental Care for Members Who Aged Out of Foster Care* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Primary Care or Dental Care for Members Who Aged Out of Foster Care* indicator measures the percentage of 19-year-old members who had aged out of foster care who had at least one visit with a PCP or dental provider during the measurement year.

Table 6-13—Rates of *Timely Access to Primary Care or Dental Care for Members Who Aged Out of Foster Care*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	179	74.3%	152	71.7%	92	79.3%
Sex						
Male	97	64.9%	75	52.0%	49	71.4%
Female	82	85.4%	77	90.9%	43	88.4%
Race						
Black or African American	65	73.8%	51	60.8%	20	75.0%
White	109	76.1%	95	76.8%	72	80.6%
Region						
Central	43	74.4%	55	69.1%	26	84.6%
Charlottesville/Western	34	73.5%	S	S	22	86.4%
Northern & Winchester	15	80.0%	S	S	S	S
Roanoke/Alleghany	28	78.6%	26	69.2%	13	84.6%
Southwest	25	88.0%	20	80.0%	18	72.2%
Tidewater	34	58.8%	19	73.7%	S	S

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
MCO						
Aetna	S	S	14	78.6%	S	S
HealthKeepers	58	74.1%	42	66.7%	27	74.1%
Molina	S	S	S	S	S	S
Sentara*	89	78.7%	68	76.5%	43	95.3%
United	S	S	S	S	S	S

†Members with Other Race and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
^ Indicates that disparities could not be determined because the logistic regression model could not be calculated (e.g., denominators were too small to ensure a reliable model).
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-13 shows that 79.3 percent of members who aged out of foster care had at least one visit with a PCP or dental care provider during MY 2023, and this rate increased by 7.6 percentage points from MY 2022. Male members were significantly less likely to have a dental provider visit compared to female members during MY 2021 and MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 19.4 percentage points from MY 2022). Additionally, members enrolled with Sentara were significantly more likely to have a PCP or dental provider visit compared to members enrolled with other MCOs.

Timely Access to Primary Care and Dental Care

Table 6-14 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Primary Care and Dental Care for Members Who Aged Out of Foster Care* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Primary Care and Dental Care for Members Who Aged Out of Foster Care* indicator measures the percentage of 19-year-old members who had aged out of foster care who had at least one visit with a PCP and at least one visit with a dental provider during the measurement year.

Table 6-14—Rates of *Timely Access to Primary Care and Dental Care for Members Who Aged Out of Foster Care*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	179	30.2%	152	25.7%	92	33.7%
Sex						
Male	97	23.7%	75	14.7%	49	28.6%
Female	82	37.8%	77	36.4%	43	39.5%
Race						
Black or African American	65	35.4%	51	21.6%	20	55.0%
White	109	26.6%	95	27.4%	72	27.8%
Region						
Central	43	44.2%	55	30.9%	26	61.5%
Charlottesville/Western	S	S	S	S	S	S
Northern & Winchester	S	S	S	S	S	S
Roanoke/Alleghany	S	S	S	S	S	S
Southwest	S	S	S	S	S	S
Tidewater	S	S	S	S	S	S
MCO						
Aetna	S	S	S	S	S	S
HealthKeepers	58	34.5%	42	31.0%	S	S
Molina	S	S	S	S	S	S
Sentara*	89	33.7%	68	25.0%	43	34.9%
United	S	S	S	S	S	S

†Members with Other Race and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-14 shows that 33.7 percent of members who aged out of foster care had at least one PCP visit and at least one visit with a dental care provider during MY 2023, and this rate increased by 8.0 percentage points from MY 2022. Given that the statewide rates for the *Timely Access to Dental Care for Members Who Aged Out of Foster Care* indicator were 34.8 percentage points lower than the rates for the *Timely Access to Primary Care for Members Who Aged Out of Foster Care* indicator, the *Timely Access to Primary Care and Dental Care Members Who Aged Out of Foster Care* statewide rate was mostly limited by the low rates of dental provider visits. Male members were significantly less likely to have a PCP visit and dental provider visit compared to female members during MY 2021 and MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 13.9 percentage points from MY 2022). White members were significantly less likely to have a PCP visit and dental provider visit, while Black or African American members were significantly

more likely to have a PCP visit and dental provider visit compared to members in other racial groups. Additionally, members in the Central region were significantly more likely to have a PCP visit and dental provider visit compared to members in other regions.

Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care

Timely Access to Behavioral Health Care

Table 6-15 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care* indicator measures the percentage of 19-year-old members who had aged out of foster care who had at least one visit with an MHP during the measurement year.

Table 6-15—Rates of *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	179	32.4%	152	38.8%	92	44.6%
Sex						
Male	97	27.8%	75	26.7%	49	40.8%
Female	82	37.8%	77	50.6%	43	48.8%
Race						
Black or African American	65	33.8%	51	37.3%	S	S
White	109	31.2%	95	38.9%	S	S
Region						
Central	43	34.9%	55	47.3%	26	42.3%
Charlottesville/Western	34	35.3%	S	S	S	S
Northern & Winchester	S	S	S	S	S	S
Roanoke/Alleghany	S	S	S	S	S	S
Southwest	S	S	S	S	S	S
Tidewater	S	S	S	S	S	S
MCO						
Aetna	S	S	S	S	S	S
HealthKeepers	58	29.3%	42	38.1%	27	48.1%
Molina	S	S	S	S	S	S
Sentara*	89	37.1%	68	36.8%	43	41.9%
United	S	S	S	S	S	S

†Members with Other Race and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.

Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-15 shows that 44.6 percent of members who aged out of the foster care program had at least one visit with an MHP during MY 2023, and this rate increased by 5.8 percentage points from MY 2022. Male members were significantly less likely to have an MHP visit compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 14.1 percentage points).

Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care With a Behavioral Health Diagnosis

Table 6-16 displays the MY 2021, MY 2022, and MY 2023 rates for the *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care With a Behavioral Health Diagnosis* indicator for the statewide population and stratified by member characteristics. Member characteristics with identified health disparities are indicated with shading. The *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care With a Behavioral Health Diagnosis* indicator measures the percentage of 19-year-old members who had aged out of foster care and who have a diagnosis of mental illness who had at least one visit with an MHP during the measurement year.

Table 6-16—Rates of *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care With a Behavioral Health Diagnosis*

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
All Eligible Members†	142	39.4%	120	45.8%	73	54.8%
Sex						
Male	76	35.5%	56	33.9%	39	48.7%
Female	66	43.9%	64	56.3%	34	61.8%
Race						
Black or African American	55	40.0%	43	41.9%	S	S
White	84	39.3%	73	47.9%	S	S
Region						
Central	33	42.4%	46	52.2%	21	52.4%
Charlottesville/Western	30	36.7%	S	S	S	S
Northern & Winchester	S	S	S	S	S	S
Roanoke/Alleghany	S	S	S	S	S	S
Southwest	S	S	S	S	S	S
Tidewater	S	S	S	S	S	S
MCO						
Aetna	S	S	S	S	S	S
HealthKeepers	43	37.2%	34	44.1%	19	63.2%

Category	MY 2021		MY 2022		MY 2023	
	Denom	Rate	Denom	Rate	Denom	Rate
Molina	S	S	S	S	S	S
Sentara*	76	42.1%	52	46.2%	35	51.4%
United	S	S	S	S	S	S

†Members with Other Race and More Than One MCO are included in the All Eligible Members rate but are not displayed in this table.
S indicates that the rate has been suppressed due to a small numerator or denominator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
Blue shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was higher than the reference group rate.
Orange shading indicates that a disparity was identified (i.e., had a p-value less than or equal to 0.05) and the stratified rate was lower than the reference group rate.
— Indicates that a rate was not presented because it was not calculated for the measurement year.
** HSAG combined Optima and VA Premier for MY 2021 and MY 2022 in this year's report and display the rates as Sentara. For MY 2023, HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.*

Table 6-16 shows that 54.8 percent of members who had aged out of foster care and who have a behavioral health diagnosis had at least one visit with an MHP during MY 2023, and this rate increased by 9.0 percentage points from MY 2022. Male members were significantly less likely to have an MHP visit compared to female members during MY 2022; however, this disparity no longer existed during MY 2023 due to an increase in the rate for male members (by 14.8 percentage points).

7. Conclusions and Recommendations

SFY 2023–24 is the ninth year of the Child Welfare Focus Study and the sixth year to conduct a comparative analysis to similar members also enrolled in Medicaid (i.e., controls). HSAG collaborated with DMAS to ensure that this study may inform current and future quality improvement actions affecting members in child welfare programs. Comparing members in child welfare programs to similar members offers a comprehensive investigation of the unique successes and challenges in these members' healthcare. The present healthcare utilization rates for the study populations can be understood in the context of the indicator results for controls, after accounting for Medicaid managed care enrollment, age, race, sex, region, MCO, Medicaid population, and pertinent health characteristics. Furthermore, tracking rates over time provides insight into the impact on healthcare utilization of quality improvement efforts, the COVID-19 pandemic, and other variables correlated with time. Additionally, the study included an analysis of timely access to care for members transitioning into and out of the foster care program and an assessment of disparities in healthcare utilization and timely access to care across key member characteristics. The following section discusses limitations of the study and then provides conclusions and recommendations specific to each study population and analysis.

Study Limitations

Study findings and conclusions may be affected by limitations related to the study design and source data. As such, caveats include, but are not limited to, the following:

- Study indicator rates must be interpreted with caution given the denominator limitations. The covariate balance between the denominator-limited study populations and the denominator-limited control groups may be disrupted when one member in a matched pair qualifies for a study indicator denominator and the other member does not. The smaller the denominators, the greater the risk of imbalance between the study populations and their control groups. Covariate balance between the stratification-limited study populations and the stratification-limited control groups may be similarly disrupted when only one member in a matched pair qualifies for a stratification that was matched by propensity score. However, for the SFY 2023–24 study, all characteristics for which rates were stratified were exact-matched except for member sex, and HSAG found that most covariates were balanced within the overall male and female groups.
- Study indicator results and the accuracy of demographic characteristics (e.g., region, MCO) may be influenced by the accuracy and timeliness of the administrative claims and encounter data used for calculations and must be interpreted within the broader context of the population. Many study indicators are also based on CMS Core Set technical specifications, which may not comprehensively mirror the complete range of clinical practices recommended by AAP for members in the study population (e.g., an enhanced periodicity schedule customized to align with the needs of children in foster care). Furthermore, selected study indicators were originally developed by CMS to assess access to care or the degree to which care adhered to clinical guidelines, rather than to assess the frequency of service utilization. Findings should be interpreted with respect to the intent of the CMS Core Set technical specifications.
- The administrative claims and encounter data do not include denied pharmacy encounters. Therefore, study indicators for which the specifications include denied claims may underestimate pharmaceutical events (e.g., identification of members on antipsychotics for the denominator of the

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics indicator). However, this limitation applies to all reported measurement years and populations, so trending and comparisons between populations are not affected.

- The study populations and control groups were limited by several factors, including continuous enrollment and having a comparable match; therefore, study findings are not generalizable to other children in foster care, children receiving adoption assistance, or former foster care members; to other members not in these programs; or to other CMS Core Set measure calculations. However, despite the limitations of the denominators, study indicator results are generalizable to the full study populations and control groups.
- MY 2021, MY 2022, and MY 2023 findings may be impacted by the COVID-19 PHE, which expired on May 11, 2023.[58] Therefore, HSAG recommends exercising caution when interpreting these findings, where applicable.
- Each reporting year, the code sets used in the measures specifications to identify services are updated to reflect codes that were billable during the measurement year. Therefore, some rate differences between measurement years may be attributable to changes in code sets and billing practices rather than changes in utilization.

Conclusions and Recommendations

The 2023–24 Child Welfare Focus Study highlights identified priorities for the Virginia Medicaid program related to improving and monitoring healthcare utilization and timely access to care for members in child welfare programs and identifying health disparities. DMAS continues to work with HSAG and the MCOs to address areas of opportunity to provide high quality care to Virginians. This section includes the conclusions from this year's study, recommendations for DMAS' consideration, and DMAS' follow-up on prior year focus study recommendations. As context for the conclusions and recommendations, DMAS has implemented policy changes and supported initiatives during the study period to improve utilization of and timely access to care among members in child welfare programs, including the following:

Safe and Sound Task Force

Under the leadership of Virginia's Governor, the Safe and Sound Task Force continued through SFY 2023–24. The objective of the task force is to work collaboratively across state and local agencies serving youth in foster care to address the barriers related to safe and appropriate placements. Through this work, the Task Force has identified that access to appropriate and timely medical and behavioral health services is a priority for ensuring safe and appropriate placements for these children.

The core priorities identified by the Task Force include addressing gaps in children's community-based behavioral health services and increasing access to evidence-based services, as well as improving residential treatment services for children. The Task Force will continue under the current administration to focus on increasing the provision of services to children, families, and those in the community who provide for their well-being. Representatives from DMAS' Health Care Services and Behavioral Health divisions will continue to participate in the Core Team of the Task Force to work toward the goal of improving medical and behavioral health care services as well as timely access to

[58] U.S. Department of Health and Human Services. Covid-19 Public Health Emergency. Available at: https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html. Accessed on October 16, 2024.

and utilization of services for child welfare members. DMAS utilizes conclusions and recommendations from the Child Welfare Focus Study to inform our participation and input in the work of the Task Force.

Right Help Right Now

The Governor's Right Help Right Now plan aims to achieve the goal that all Virginians will, 1) be able to access behavioral health care when they need it; 2) have prevention and management services personalized to their needs, particularly for children, youth, and families; 3) know who to call, who will help, and where to go when in crisis; and 4) have paths to reentry and stabilization when transitioning from a crisis. DMAS is an integral partner and stakeholder within this plan.

In support of the Governor's Right Help Right Now Behavioral Health Transformation Plan, DMAS in collaboration with other state agencies and stakeholders has been working on initiatives to begin redesigning Medicaid legacy CMHRS for youth. The new 2024-2026 biennium budget provides DMAS with the authority to replace our CMHRS services and case management services. Additionally, a new bill (Senate Bill 403) adds two new professions and scopes of practice for Behavioral Health Technicians and Behavioral Health Technician Assistants. This new scope of practice (to be developed by the Department of Health Professions) will be integrated into the newly designed Medicaid behavioral health services.

DMAS' goal, in partnership with this plan, is to increase efficacy, access, and utilization of effective and appropriate behavioral health services for Medicaid members in Virginia. Considering the importance of behavioral health services to the child welfare member population, including identified disparities and areas of improvement in this year's Child Welfare Focus Study related to behavioral health services, DMAS will continue to work collaboratively with its partners to move Right Help Right Now forward.

Cardinal Care Managed Care Transition

As part of the 2021 Appropriations Act, DMAS was directed to merge our two managed care programs, Medallion 4.0 and CCC Plus. DMAS' strategy to achieve these legislative directives was implemented in phases, including the initial phase to rebrand as Cardinal Care in January 2023. DMAS received federal approval from CMS to consolidate the Medallion 4.0 and CCC Plus programs under Cardinal Care Managed Care effective October 1, 2023. Cardinal Care Managed Care provides a strong foundation for priority initiatives, including Right Help Right Now and the ongoing managed care procurement.

One change to the contract impacting the Child Welfare Focus Study member population is the enhanced Model of Care requirements for the health plans. The new Cardinal Care Managed Care contract requires health plans to implement an enhanced model of care to determine intensity and frequency of care management for members based on their needs. Youth in foster care, adoption assistance, and transitioning out of foster care have been included in high-priority populations. These members are assigned to high-intensity care management for the first three months following enrollment into Medicaid or entry into the child welfare system. Children aging out of foster care are also assigned to high-intensity case management for three months prior to when they age out, and three months after aging out. Outside of these mandatory high-intensity periods, children in foster care, children receiving adoption assistance, or former foster care members will remain a "priority population," thereby receiving low, moderate, or high intensity care management at the MCO's discretion.

It is anticipated that the improvements made in the transition to the current Cardinal Care Managed Care contract, and specifically the new requirements related to the Child Welfare Focus Study populations, will lead to an improvement in overall utilization, timeliness of healthcare, and health disparities among these members.

Managed Care Procurement and Foster Care Specialty Plan RFP

An RFP to re-procure the Cardinal Care Managed Care contracts was released by DMAS in August 2023 and notice of award was posted December 30, 2024. As part of the re-procurement, Virginia awarded statewide managed care contracts to five (5) health plans. Additionally, Virginia selected one health plan to administer a FCSP to meet the unique needs of the State's children and youth currently and formerly involved in the child welfare system. As the single statewide managed care organization and entity accountable for the provision of health care services to children and youth currently and formerly involved in the foster care system, the FCSP will be able to improve the level of coordination between the LDSS, providers, and other stakeholders involved in serving the Plan's members. The FCSP will be a single point of accountability for the state, will mitigate access and continuity of care issues, and with a flexible model to address the unique needs of members and initiatives of Virginia.

DMAS anticipates the development and implementation of the FCSP will address many of the challenges faced by the child welfare member populations in receiving seamless, integrated, and coordinated health care.

Partnership for Petersburg (P4P)

On August 26, 2022, Governor Glenn Youngkin announced the Partnership for Petersburg initiative, which includes six focus areas: Prepare Petersburg Students for Life, Improve Access to Health Care, Keep Our Community Safe, Keep Petersburg Moving, Foster Business & Economic Growth, and Build Relationships with Community and Faith Leaders. The Commonwealth of Virginia and community partners, including DMAS, have continued to work together on this initiative to improve the health of Petersburg residents by expanding access to screenings, promoting awareness of primary care and prenatal care, and addressing health disparities by connecting Petersburg residents with medical and social services.

DMAS' Input on Prior Focus Study Recommendations

Focus Study Measures and Analyses

The 2022-23 Child Welfare Focus Study continued to monitor healthcare utilization among children in foster care. For the third year, children receiving adoption assistance and former foster care members were also included as child welfare populations in this study. SFY 2022–23 was the second year analyzing measures related to health disparities and timely access to care for children in foster care, children receiving adoption assistance, and former foster care members. This includes timely access to care for members who transitioned into or out of the foster care program and identifies disparities in healthcare utilization and timely access to care based on demographic factors such as age, sex, race, region, and MCO.

Based on HSAG's prior focus study recommendations, DMAS has requested that the 2023–24 Child Welfare Focus Study, as well as all future studies, continue to include these additional analyses. Considering the impact of the COVID-19 PHE on healthcare utilization during the last three

measurement years, rates during these years may not be representative of historical or new baseline rates. This will allow DMAS to continue to monitor impacts of the COVID-19 PHE, to verify or establish new appropriate baseline rates post-pandemic, and to identify areas for improvement and monitor impacts of program changes. DMAS will continue to analyze data and utilize recommendations posed by HSAG to improve access to healthcare services and reduce health disparities among members involved in the child welfare system, to determine areas of focus and improvement.

Quality Improvement Recommendations

HSAG provided DMAS with several recommendations related to quality improvement in the areas of healthcare utilization, timeliness of care, and healthcare disparities among children in foster care, children receiving adoption assistance, and former foster care members. This year, DMAS has utilized a variety of methods to collaborate with members and/or their guardians, providers, and other stakeholders, as well as to initiate and continue quality improvement strategies to address HSAG's recommendations.

Virginia continued to host CMS and Children's Bureau's Improving Timely Health Care for Children and Youth in Foster Care Affinity Group through its conclusion in December 2023. This Affinity Group supported states in implementing QI activities to improve timely healthcare services to meet the needs of children in foster care. The Virginia Affinity Group's aim statement is to increase the rate of children entering foster care who receive an initial medical examination within 30 days, according to Virginia State guidelines. The Virginia team collected and analyzed data related to the process and outcome measures identified for the project, which included:

- Timely transfer of information about new foster care members from the LDSS agencies to the MCOs (process measure),
- Timely initial MCO outreach to foster care members to support service initiation efforts (process measure), and
- Timely initial comprehensive medical examinations (outcome measure).

Additionally, the Virginia team hypothesized that the process measures listed above would lead to improvement in the other areas identified for improvement by HSAG in the 2022-23 Child Welfare Focus Study. These included utilization of the *Initiation and Engagement of SUD Treatment* indicators for youth in foster care and *Timely Access to Dental Care for New Foster Care Members.*

The most successful pilot test conducted by the Foster Care Affinity Group was a warm handoff between the LDSS agency and the assigned MCO when a youth entered foster care. Through this warm handoff, the MCO notification time for children placed in foster care in the test locality improved from an average of 39 days to one (1) day from the date of custody. Additionally, successful outreach by the MCO to the member or legal guardian to assist with scheduling necessary services improved from an average of 52 days to three (3) days. The interventions tested successfully removed information silos and improved coordination and collaboration among the child's guardian (DSS), DMAS, and the assigned MCO. The QI interventions also allowed MCOs to collaborate directly with the LDSS agency around a common member goal and improved LDSS staff's understanding of the importance of timely healthcare services.

To continue to address additional areas of QI recommendations from the Child Welfare Focus Study, the agencies represented in the Affinity Group continue to meet as a QI-focused action group of the ongoing Foster Care Partnership group (discussed below).

Community Partnerships and Focus Groups

DMAS continues to facilitate monthly virtual statewide Foster Care Partnership meetings with child welfare stakeholders from across the state. These stakeholders included those from the VDSS, LDSS, the Virginia Commission on Youth, LCPAs, Medicaid contracted MCOs, and the Virginia Office of Children's Services, among others.

The purpose of the Foster Care Partnership is to improve collaboration among all individuals involved in the treatment and care of youth in foster care in Virginia, as well as to focus on actionable goals related to improving services for youth in foster care. The areas of focus are developed based on cross-sector discussions around current needs of youth in foster care, factoring in results and recommendations of the 2022–23 Child Welfare Focus Study.

In addition to utilizing the Foster Care Partnership to solicit feedback in planning for the implementation of the upcoming FCSP, stakeholders involved also share challenges, barriers, and best practices around accessing timely and appropriate services. The recent areas of focus for the group have been related to awareness of and access to Medicaid Behavioral Health services, and more specifically the spectrum of Crisis Services available to youth in foster care, youth in adoption assistance, and former foster care individuals. The Foster Care Partnership hosts an annual review of the Child Welfare Focus Study results, conclusions, and recommendations for discussion and brainstorming to identify areas of focus moving forward. The group will identify one to two recommendations to focus on for continued QI workgroup efforts.

As previously discussed, as part of the Governor's "Right Help. Right Now." initiative, DMAS is re-designing Medicaid legacy CMHRS for youth. In July 2024, DMAS hosted the first meeting of workgroup with internal and external stakeholders to begin work on this project. Year 1 of the project will concentrate on policy, rate development and stakeholder engagement with the assistance of the DMAS contractor Mercer. The group will also be focusing on workforce development to reduce disparities in access to services regionally. This will be an opportunity to provide input based on Child Welfare Focus Study recommendations, and to get feedback from impacted members and stakeholders related to behavioral health-specific measures and disparities.

Member Outreach

DMAS has continued to engage in frequent member and stakeholder outreach. DMAS sends a quarterly Foster Care Newsletter to keep partners and stakeholders up to date about resources, events and trainings, and any changes or news related to Medicaid that may impact youth in the child welfare system. These newsletters have included information from all recent Foster Care Partnership trainings, as well as upcoming events and trainings, and member "success stories" related to MCOs addressing barriers to necessary services and improving access to care. These newsletters now reach over 650 members, guardians, providers, community-based agencies, state agencies, and others statewide interested in keeping up to date with child welfare initiatives.

Additionally, a flyer created by the Foster Care Partnership continues to be distributed electronically on a regular basis to LDSS foster care staff and other stakeholders. The flyer includes information

regarding Medicaid coverage for youth, managed care case management services, and information regarding transition to independent living services, including the VDSS Fostering Futures Program. It also includes contact information for all MCOs and DMAS and information about accessing services.

DMAS' Maternal and Child Health team has participated in several panels and/or provided educational information and training regarding the DMAS Foster Care and Adoption Assistance program, services and benefits available, and managed care case management. These outreach and education opportunities have included presentations at the annual Children's Services Act Conference, the VDSS Permanency Conference, DMAS' BabySteps Bimonthly meeting, the Medicaid Member Advisory Committee, the Board of Medical Assistance Services, the Governor's Safe & Sound Task Force, and the Central Region Independent Living Advocates for Youth, among others. DMAS will continue making education, awareness, and training an area of focus for this member population and stakeholders who work with them around the State. Continued collaboration and understanding of DMAS' role will improve services and utilization for children in foster care, children receiving adoption assistance, and former foster care members.

DMAS continues to maintain managed care contract requirements that all MCOs have foster care liaisons with competencies in child welfare to support members in foster care and address foster care-specific inquiries from stakeholders such as LDSS and LCPAs. DMAS also has a dedicated foster care email box to streamline and address inquiries related to foster care and adoption assistance services.

Managed Care Oversight Efforts

As previously discussed, as of October 2023, DMAS is operating under one unified health program called Cardinal Care. Cardinal Care is a single brand encompassing all health coverage programs for Virginia's 2 million Medicaid members. At the time of this report, there were five (5) managed care organizations contracted with DMAS serving members in foster care, members in adoption assistance, and former foster care.

DMAS continues to improve efforts to track and analyze a variety of data sources to evaluate Virginia's foster care Medicaid programs. DMAS MCOs continue to report on a variety of measures monthly, including those related to care coordination and member outreach, service utilization, and efforts to assist members who age out of the child welfare system with transition planning. DMAS has created a dashboard for easier analysis and tracking of utilization and member outreach over time and by MCO. These monthly reports also allow MCOs to report barriers to member outreach and engagement so that DMAS can assist and address efficient outreach and communication. The data from these monthly reports are tied to both Cardinal Care contract compliance and program oversight, presenting DMAS with an opportunity to utilize various data sources, including those in the Child Welfare Focus Study, to better understand the status of Medicaid programs serving youth in foster care.

Healthcare Utilization: Children in Foster Care

Children in foster care are children who have been removed from their birth family homes for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety.[59] While these children are in foster care, the State has custody and therefore primary responsibility for ensuring children receive the appropriate healthcare services. For example, a foster child's service worker must ensure the child meets a schedule of well-child visits and dental examinations based on nationally recognized guidelines.[60] This study demonstrated that children in foster care had higher rates of appropriate healthcare utilization than comparable controls for the majority of study indicators in MY 2021, MY 2022, and MY 2023. During MY 2023, children in foster care had higher rates than controls for all indicators in the Primary Care and Oral Health domains, seven of 11 indicators in the Behavioral Health Domain, and 7 of 10 indicators in the Service Utilization domain. Rate differences between children in foster care and controls across study indicators persisted even after matching on many demographic and health characteristics.

During MY 2023, children in foster care had lower rates compared to controls for eight study indicators, of which two were statistically significant: *ED Visits* and *Overall Service Utilization*. The lower rate for the *ED Visits* indicator may reflect better management of health conditions for children in foster care compared to controls. For the *Overall Service Utilization* study indicator, the rate difference between children in foster care and controls was very small, and the rate for children in foster care was almost 90 percent. Additionally, the rate for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* indicator for children in foster care was 1.2 percentage points lower than controls during MY 2023. However, this rate difference notably improved from a negative rate difference of 22.0 percentage points during MY 2022.

The Virginia Foster Care Affinity Group worked on improving timely initial MCO outreach to foster care members to support service initiation efforts through December 2023 and predicted that these efforts may help improve rates of SUD treatment initiation and engagement. Findings show that while historically the rates of SUD treatment initiation and engagement for children in foster care has been lower than controls, the rates for children in foster care were higher than controls during MY 2023. However, for the *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* indicator, the MY 2023 rates for both children in foster care and controls were still below the national Medicaid 50th percentile. Additionally, the rates for children in foster care being higher than controls during MY 2023 is mostly explained by the decrease in the rates for controls, rather than an increase in the rates for children in foster care. These findings indicate additional opportunity for improvement in timely SUD treatment.

Among children in foster care, 15 study indicator rates increased, while 12 study indicator rates decreased from MY 2022 to MY 2023. Of note, all indicators in the Primary Care and Oral Health domains increased. The largest decline from MY 2022 to MY 2023 was for the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator (by 11.0 percentage points). However, seven of the MY 2022 to MY 2023 rate declines for children in foster care were by less than 3.0 percentage points. The largest increase from MY 2022 to MY 2023 was for the *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* indicator (by 22.1 percentage points). The MCOs documented quality

[59] Virginia Department of Social Services. Foster Care (FC). Available at: https://www.dss.virginia.gov/family/fc/index.cgi#manuals. Accessed on: Dec 27, 2024.
[60] Virginia Department of Social Services. Child and Family Services Manual: Identifying Services to Be Provided. Available at: Child and Family Services Manual.pdf. Accessed on: Dec 27, 2024.

improvement efforts related to this indicator in their QAPI Program Evaluation for MY 2023. Three MCOs (i.e., Aetna, HealthKeepers, and Sentara) demonstrated substantial improvements in indicator rates for children in foster care, though denominators are small and therefore subject to greater year-to-year variability.

Among children in foster care, 16 study indicators demonstrated disparities across age categories. These disparities were typically seen among the controls as well, and sometimes reflect the relevance of certain services to specific age categories. For example, behavioral health conditions are more likely to be diagnosed later in life, so rates for the *Behavioral Health Encounters* indicators are expected to be higher among older children. Notably, children in foster care who were 14 years of age and older had significantly higher rates for the *ED Visits* and *Inpatient Visits* study indicators when compared to the other age categories during MY 2021, MY 2022, and MY 2023. Older children in foster care also had significantly lower rates for the *Child and Adolescent Well-Care Visits* and *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* study indicators. Additionally, male members tended to have significantly lower rates for the Service Utilization domain. While three study indicators demonstrated disparities between racial groups, there were no overarching trends by race. Of note, members in the Roanoke/Alleghany region had significantly lower rates for most Oral Health domain study indicators and significantly higher rates for most *Behavioral Health Encounters* indicators compared to members in other regions, while members in the Northern & Winchester region had higher rates for Oral Health domain study indicators. For MCOs, members enrolled with Aetna had significantly lower rates for all Oral Health domain study indicators compared to members enrolled with other MCOs, while members enrolled with HealthKeepers had significantly higher rates for most of the Oral Health domain study indicators.

Based on the findings detailed in this report, HSAG offers the following recommendations related to children in foster care:

- While MY 2023 was the first year for which the *Initiation and Engagement of SUD Treatment* indicator rates for children in foster care exceeded controls, these indicators continue to demonstrate opportunities for improvement. Therefore, HSAG recommends that DMAS monitor whether indicator rates for children in foster care continue to exceed controls and that DMAS continue to focus quality improvement efforts toward improving utilization of SUD treatment services for children in foster care. In their QAPI Program Evaluations for MY 2023, some MCOs identified barriers to SUD treatment for their Medicaid members (e.g., lack of member consent for PCPs to share information with behavioral health providers, difficulty monitoring members in real-time, difficulty reaching members to schedule appointments, lower follow-through on walk-in time slots compared to specific appointment times, limited in-network providers, and unstable housing). However, MCOs may also consider identifying barriers that are specific to children in foster care by interviewing case managers, service workers, and foster parents, given that rates for children in foster care have been lower than controls for most measurement years. Additionally, some MCOs are implementing quality improvements related to the *Initiation and Engagement of SUD Treatment* indicator, such as educating members on the importance of consenting to information exchange between their PCP and behavioral health providers, increasing peer support and care coordination services to follow members with poor compliance, and building relationships with hospital discharge planning teams to improve transition planning. MCOs may also consider additional strategies, such as modifying reimbursement structures to encourage greater availability of providers for SUD treatment and increasing telehealth capacities to encourage telehealth if a physical office visit

represents a barrier. MCOs should assess the impacts of interventions and share successful strategies at the Foster Care Partnership meetings.

- The analysis identified few disparities of concern among children in foster care. While a greater percentage of indicators demonstrated disparities by age and region during MY 2023 compared to MY 2022, a lower percentage of indicators had disparities by race and MCO in MY 2023. DMAS may consider focusing quality improvement efforts to reduce health disparities toward preventing ED visits where appropriate and understanding the main drivers of inpatient visits among older children in foster care, as well as improving the rates of dental services among children in foster care in the Roanoke/Alleghany region. DMAS and the MCOs may consider conducting focus groups with key parties (i.e., case managers, service workers, and foster parents) for these subpopulations to understand age-specific and region-specific risk factors and barriers associated with utilization of these services and implement targeted interventions for the greatest impact.
- DMAS' selection of HealthKeepers to administer the upcoming FCSP statewide program represents a commitment to improving the efficiency and quality of healthcare services for members in child welfare programs.[61] Among the 15 indicators in the Primary Care, Oral Health, Behavioral Health, Substance Use, and Respiratory Health domains, the rate for children in foster care enrolled with HealthKeepers exceeded the rate for all eligible controls for 13 indicators during MY 2023. DMAS may consider monitoring the impact of members' upcoming transition into the FCSP on study indicators relative to controls and national benchmarks. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to children in foster care through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.
- While the current study design provides insight into utilization of healthcare services, it does not assess health outcomes or member experiences among children in foster care. HSAG recommends assessing chronic conditions disproportionately impacting children in foster care. For example, a future focus study could assess rates of outcomes such as type 2 diabetes or utilize a cascade of care study indicator evaluating the treatment progression of children in foster care diagnosed with an outcome, such as SUD, from initial diagnosis to remission. Additionally, capturing member experience could provide additional insight into the quality of care for children in foster care, as well as their health-related quality of life. Therefore, DMAS may consider utilizing custom surveys of foster parents and children in foster care, where appropriate, to capture this information.

Healthcare Utilization: Children Receiving Adoption Assistance

Children in the adoption assistance program are children with special needs who have been adopted from foster care. The Adoption Assistance program provides medical and financial assistance for the benefit of these children to help facilitate adoption placements and ensure permanency for children with special.[62] Whereas the State is primarily responsible for ensuring children in foster care receive appropriate healthcare services, the adoptive parents are primarily responsible for children in the adoption assistance program. Furthermore, adoptive parents are not required to ensure the adoption assistance child meets the same medical service requirements as children in foster care, such as a

[61] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.
[62] Ibid.

specific schedule of well-child visits.[63] The adoptive parents may also choose to enroll the adoption assistance child in private insurance instead of Medicaid. This study demonstrated that children receiving adoption assistance have higher rates of appropriate healthcare utilization than comparable controls for approximately half of the study indicators in MY 2021, MY 2022, and MY 2023. During MY 2023, children receiving adoption assistance had higher rates than controls for one of three indicators in the Primary Care domain, all indicators in the Oral Health domain, four of 11 indicators in the Behavioral Health Domain, the one indicator in the Respiratory Health domain, and 5 of 10 indicators in the Service Utilization domain. Rate differences between children receiving adoption assistance and controls across study indicators persisted even after matching on many demographic and health characteristics.

During MY 2023, children receiving adoption assistance had lower rates compared to controls for 13 study indicators, of which seven differences were statistically significant. The largest significant differences were for the *ED Visits* study indicator (by 12.2 percentage points) and the *Follow Up Care for Children Prescribed ADHD Medication—Two-Month Follow-Up* study indicator (by 7.9 percentage points). However, the lower rate of ED visits may reflect better management of health conditions for children receiving adoption assistance compared to controls. For four study indicators, the rates for children receiving adoption assistance were less than 3.0 percentage points lower than the controls.

Among children receiving adoption assistance, 17 study indicator rates increased, while 11 study indicator rates decreased from MY 2022 to MY 2023. Of note, all indicators in the Oral Health domain increased. The largest rate decreases from MY 2022 to MY 2023 were for the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* study indicator (by 13.2 percentage points) and the *Follow-Up Care for Children Prescribed ADHD Medication—Six-Month Follow-Up* study indicator (by 6.7 percentage points). Additionally, five of the rate decreases among children in adoption assistance from MY 2022 to MY 2023 were by less than 3.0 percentage points.

Since children receiving adoption assistance is the largest child welfare population, and p-value calculations are influenced by sample size, statistical tests to identify health disparities were most sensitive for this population. Among children receiving adoption assistance, 15 study indicators demonstrated disparities across age categories. Like the findings for children in foster care, these disparities were typically seen among the controls as well, and sometimes reflect the relevance of certain services to specific age categories. However, for other measures, such as all indicators in the Oral Health domain, older children receiving adoption assistance had significantly lower rates compared to younger children. Of note, female members had significantly lower rates for several *Behavioral Health Encounters* study indicators, while White members had significantly lower rates for all of the indicators in the Oral Health domain and three of the *Behavioral Heath Encounters* study indicators. Additionally, members in the Northern & Winchester region had significantly lower rates for *Child and Adolescent Well-Care Visits*, three of the four indicators in the Oral Health domain, and six of the 10 indicators in the Service Utilization domain compared to members in other regions, while members in the Roanoke/Alleghany region had significantly lower rates for all Oral Health domain indicators compared to members in other regions. Additionally, members enrolled with Aetna and Molina had significantly lower rates for *Child and Adolescent Well-Care Visits*, all indicators in the Oral

[63] Virginia Department of Social Services. Child and Family Services Manual: Adoption Assistance. Available at: https://www.dss.virginia.gov/files/division/dfs/ap/intro_page/manuals/02-01-2022/Section_2_Adoption_Assistance.pdf. Accessed on: Dec 30, 2024.

Health domain, and four of the 10 Service Utilization indicators compared to members enrolled with other MCOs.

Based on the findings detailed in this report, HSAG offers the following recommendations related to children receiving adoption assistance:

- The SFY 2023–24 study found that children receiving adoption assistance had lower rates than controls for two of the Primary Care domain indicators and several Behavioral Health domain study indicators. There was also a notable decrease in the rate for children receiving adoption assistance for the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator during MY 2023. Many children receiving adoption assistance have special medical conditions that may preclude doctor visits from being billed as a well-child visit. Therefore, HSAG recommends that DMAS consider focusing quality improvement efforts toward improving utilization of behavioral health follow-up visits, where appropriate, for children receiving adoption assistance. For example, MCOs could work with care coordinators and adoptive parents to identify barriers to behavioral health follow-up visits specific to this population (e.g., transportation challenges for adoptive parents, competing medical needs) and test strategies to address those specific barriers.
- The upcoming FCSP statewide program run by HealthKeepers will be available to children receiving adoption assistance.[64] Among the 15 indicators in the Primary Care, Oral Health, Behavioral Health, Substance Use, and Respiratory Health domains, the rate for children receiving adoption assistance enrolled with HealthKeepers exceeded the rate for all eligible controls for 9 indicators during MY 2023. DMAS may consider monitoring the impact of members' upcoming transition into the FCSP on study indicators relative to controls and national benchmarks. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to children receiving adoption assistance through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.
- A greater percentage of indicators demonstrated disparities by sex, race, and MCO during MY 2023 compared to MY 2022, while a comparable percentage of indicators had disparities by age and region in MY 2023 compared to MY 2022. Rates tended to be lower for older members, as well as for members in the Northern & Winchester region. DMAS and the MCOs may consider conducting focus groups with key parties (i.e., care coordinators and adoptive parents) for these subpopulations to understand stratification-specific challenges associated with utilization of these services and implement targeted interventions for the greatest impact.
- While the current study design provides insight into utilization of healthcare services, it does not assess member experiences among children receiving adoption assistance. Capturing member experience could provide additional insight into the quality of care for children receiving adoption assistance, as well as their health-related quality of life. Therefore, DMAS may consider utilizing custom surveys of adoptive parents and children receiving adoption assistance, where appropriate, to capture this information.

[64] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

Healthcare Utilization: Former Foster Care Members

For this study, former foster care members were defined as young adults 19 to 26 years of age who were in foster care and enrolled in Medicaid at the time of their 18th birthday. These members aged out of the foster care program without a permanent home and are eligible to continue receiving Medicaid benefits through age 26. While the State has primary responsibility for the healthcare of children in foster care, and adoptive parents have primary responsibility for the healthcare of children receiving adoption assistance, former foster care members are responsible for their own healthcare. Unlike children in foster care, former foster care members are not required by the State to meet a certain schedule of medical services. Furthermore, this population is more likely to experience barriers to healthcare, such as poverty and homelessness.[65] This study demonstrated that former foster care members have higher rates of appropriate healthcare utilization than comparable controls for a slight majority of study indicators in MY 2021, MY 2022, and MY 2023. During MY 2023, former foster care members had higher rates than controls for the one indicator in the Primary Care domain, all indicators in the Oral Health domain, two of 9 indicators in the Behavioral Health Domain, the one indicator in the Respiratory Health domain, and seven of 10 indicators in the Service Utilization domain. Rate differences between former foster care members and controls across study indicators persisted even after matching on many demographic and health characteristics.

During MY 2023, former foster care members had lower rates compared to controls for 10 study indicators. The only statistically significant difference was for the *Ambulatory Care Visits* indicator (by 5.6 percentage points). The largest rate differences were for the *Follow-Up After ED Visit for Substance Use—30-Day Follow-Up* indicator (by 12.0 percentage points), *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator (by 10.2 percentage points), and the *Antidepressant Medication Management—Effective Continuation Phase Treatment* indicator (by 9.1 percentage points). For four study indicators, the rates for former foster care members were less than 3.0 percentage points lower than the controls.

Among former foster care members, 16 study indicator rates increased, while six study indicator rates decreased from MY 2022 to MY 2023. Of note, rates for three of the four indicators in the Oral Health domain increased by at least 15 percentage points, while rates for controls were stable or declined. Additionally, former foster care members' rate for the *Topical Fluoride for Children—Dental or Oral Health Services* study indicator nearly doubled. All study indicators in the Behavioral Health domain with prior year data also increased, of which two indicators increased by at least 10 percentage points. The largest declines from MY 2022 to MY 2023 were for the *Overall Service Utilization* indicator (by 3.9 percentage points) and the *Ambulatory Care Visits* indicator (by 3.5 percentage points). All other study indicators that decreased from MY 2022 to MY 2023 did so by less than 3.0 percentage points.

Former foster care members 23 to 26 years of age had significantly lower rates for five indicators in the Service Utilization domain compared to members 19 to 22 years of age, and male members had significantly lower rates for six indicators in the Service Utilization domain compared to female members. Of note, Black or African American members had significantly higher rates and White members had significantly lower rates for two of the four indicators in the Oral Health domain. Conversely, White members had significantly higher rates and Black or African American members had

[65] Virginia Department of Social Services. Child and Family Services Manual: Achieving Permanency for Older Youth: Working with Youth 14-17. Available at: https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/07_2022/Section_13_achieving_permanency_for_older_youth.pdf. Accessed on: Jan 2, 2025.

significantly lower rates for four of the indicators in the Service Utilization domain. Additionally, members in the Central region had significantly higher rates for all Oral Health domain indicators, the *Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up* indicator, four of six *Behavioral Health Encounters* indicators, and the *Overall Service Utilization* indicator. Eleven study indicators demonstrated disparities by MCO; however, there were no overarching trends.

Based on the findings detailed in this report, HSAG offers the following recommendations related to former foster care members:

- The SFY 2023–24 study found that healthcare utilization for former foster care members is increasing. In particular, rates for former foster care members for all Oral Health domain study indicators and all Behavioral Health domain study indicators with prior year data increased from MY 2022 to MY 2023. DMAS may consider identifying policy changes (e.g., changes to case management) that may have contributed to these increases and ensuring these strategies are upheld.
- The upcoming FCSP statewide program run by HealthKeepers will be available to former foster care members.[66] Among the 15 indicators in the Primary Care, Oral Health, Behavioral Health, Substance Use, and Respiratory Health domains, the rate for former foster care members enrolled with HealthKeepers exceeded the rate for all eligible controls for 5 indicators during MY 2023. Of note, HealthKeepers had the lowest rates among the MCOs for three out of four study indicators in the Substance Use subdomain. DMAS may consider monitoring the impact of members' transition into the FCSP on study indicators relative to controls and national benchmarks. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to former foster care members through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.
- Disparities were particularly consistent for male members, who had significantly lower utilization of services for seven study indicators, and for members in the Central region, who had significantly higher utilization of services for ten study indicators. DMAS may consider focusing quality improvement efforts among former foster care members toward male members and consider exploring what characteristics of the Central region may have contributed to increased utilization over MY 2023. DMAS and the MCOs may consider conducting focus groups with, administering surveys to, or enhancing individual member outreach to male members to understand challenges associated with utilization of these services and implement targeted interventions for the greatest impacts. Additionally, understanding successes in the Central region can help inform improvement efforts in other regions.
- While the current study design provides insight into utilization of healthcare services, it does not assess health outcomes or member experiences among former foster care members. HSAG recommends assessing chronic conditions disproportionately impacting former foster care members. For example, a future focus study could assess rates of outcomes such as mortality or utilize a cascade of care study indicator evaluating the treatment progression of former foster care members diagnosed with an outcome, such as SUD, from initial diagnosis to remission. Additionally, capturing member experience could provide additional insight into the quality of care and ease of access to care for former foster care members, as well as their health-related quality of

[66] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

life. Therefore, DMAS may consider utilizing custom surveys of former foster care members to capture this information.

Timely Access to Care

SFY 2023–24 is the third year to include analyses for timely access to care in this study. VDSS guidelines require that children in foster care receive a medical examination no later than 30 days after initial placement in foster care.[67] Virginia State guidelines also require that the child have a visit with a mental health professional within 60 days of initial placement in foster care if a trauma, mental health, or substance use condition is identified during the medical examination.[68] These guidelines do not impact a child's placement in Medicaid or an MCO. Additionally, DMAS' Cardinal Care Managed Care Contract encourages MCOs to assist in ensuring that children in foster care receive both a PCP and a dental visit within 30 days of plan enrollment, unless the child's social worker attests that the child has seen a provider within 90 days prior to enrollment.[69] However, it is important to note that this timeframe may be exceeded by the time the child is enrolled with an MCO. Additionally, MCOs may encounter challenges obtaining information from the child's social worker or foster care parent for recently placed children in foster care. The SFY 2023-24 study found that most children in foster care are receiving timely access to primary care; however, there may still be some room for improvement in meeting State guidelines. Additionally, while only 48.2 percent of new foster care members had a visit with a dental provider within 30 days after or 90 days prior to entering foster care, the rate of timely dental visits improved substantially from MY 2022.

Study indicators also assessed timely access to primary and dental care for members who aged out of foster care. Findings demonstrate that most members who aged out of foster care in the year prior to the MY had a visit with a PCP during MY 2023. Similar to new foster care members, only 39.1 percent of members who aged out of foster care had a visit with a dental provider during MY 2023. However, the rates for both PCP visits and dental provider visits among members who aged out of foster care increased substantially from MY 2022 to MY 2023.

Several study indicators assessed timely access to behavioral healthcare for new foster care members, new adoption assistance members, and members who aged out of foster care. The SFY 2023–24 study found that most new foster care members with a diagnosed behavioral health condition had at least one visit with an MHP within 60 days of enrollment in the foster care program. Additionally, nearly all new foster care members with a behavioral health diagnosis had a visit with an MHP within a year after enrollment in the foster care program. For newly enrolled members in the adoption assistance program, most members with a behavioral health diagnosis had a visit with an MHP within a year after enrollment. Lastly, most members who aged out of foster care had a behavioral health diagnosis, and 54.8 percent of these members had a visit with an MHP during MY 2023. Of note, this rate improved substantially from MY 2022 to MY 2023.

[67] Virginia Department of Social Services. Child and Family Services Manual: Identifying Services to Be Provided. Available at: https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/09_2024/section_12_identifying_services_to_be_provided.pdf. Accessed on: Jan 2, 2025.
[68] Ibid.
[69] Commonwealth of Virginia DMAS. Cardinal Care Managed Care Services Agreement. Available at: https://www.dmas.virginia.gov/media/d0djxoar/fy24-cardinal-contract-mid-year-amendment.pdf. Accessed on: Jan 2, 2025.

Similar to the healthcare utilization analysis, HSAG conducted a health disparities analysis for the timely access to care study indicators. Among new foster care members, older members were less likely to have a visit with a PCP but more likely to have a visit with a dental provider. Only 34.5 percent of children 2 years of age or younger received a timely visit with a dental provider, despite that dental examinations are required for children in foster care beginning at age six months or when the child develops teeth, whichever is later. Among all new foster care members, older members were more likely to have an MHP visit for both the 60-day and one-year time frames; however, this trend was mostly explained by older members being more likely to have a behavioral health diagnosis. When limited to members with a behavioral health diagnosis, older members were less likely to have a MHP visit within the 60-day time frame. Female members who aged out of foster care were significantly more likely to have a visit with a PCP than male members. Among new foster care members and children receiving adoption assistance, Black or African American members were less likely to have an MHP visit in the one-year time frame. Members newly enrolled in foster care in the Northern & Winchester region were significantly less likely to have a PCP or MHP visit compared to members in other regions, and members newly enrolled in the adoption assistance program in Northern & Winchester were significantly less likely to have an MHP visit. For both new foster care members and members who aged out of foster care, members enrolled with Sentara were more likely to have a visit with a PCP compared to members enrolled with other MCOs, and for new foster care members only, members enrolled with Sentara were more likely to have an MHP visit in both the 60-day and one-year time frames.

Based on the findings detailed in this report, HSAG offers the following recommendations related to timely access to care:

- The study indicator findings identified some opportunities for improvement in timely access to healthcare services, particularly in dental care for new foster care members and both primary care and dental care for members who aged out of foster care. However, these rates demonstrated substantial progress from MY 2022 to MY 2023. DMAS may consider expanding strategies that successfully impacted timely access to care (e.g., providing members who are aging out of foster care with a "health summary" consolidating key medical information, providing a warm handoff between the LDSS agency and the assigned MCO for new foster care members) and monitoring MCO compliance with these directives. Additionally, DMAS may consider utilizing primary data collection (e.g., focused interviews, surveys) from key parties (e.g., former foster care members, social workers, foster parents, MCOs) to identify additional barriers and potential solutions.
- The health disparities analysis identified disparities in timely access to care across age, sex, race, region, and MCO. The greatest disparities in MY 2023 were between female and male members who aged out of foster care, where male members were much less likely to have a PCP visit; and new foster care members 2 years of age or younger, who were less likely to have a visit with a dental provider compared to members in other age groups. Both disparities additionally persisted in both MY 2021 and MY 2022. DMAS may consider focusing quality improvement efforts for timely access to care toward male members who aged out of foster care, and timely access to dental care for younger new foster care members. DMAS may also consider working with MCOs to educate foster parents on the expected dental visit schedule for children 2 years of age and younger and that oral inspections performed by PCPs are not a substitute for complete dental evaluations performed by dentists.

- The upcoming FCSP statewide program run by HealthKeepers will be available to children in foster care, children receiving adoption assistance, and former foster care members.[70] Among the 16 timely access study indicators, the rates for members enrolled with HealthKeepers were significantly higher for two study indicators (i.e., access to dental care among new foster care members) and significantly lower for zero study indicators compared to the rate for members enrolled with other MCOs during MY 2023. DMAS may consider monitoring the impact of members' transition into the FCSP on study indicators relative to historical rates. Additionally, while quality improvement efforts in the existing QAPI Programs typically focus on the broader Medicaid population, DMAS may consider monitoring the interventions and effectiveness of interventions specific to members transitioning into and out of foster care through this program, as well as appropriateness of the methods used to determine the effectiveness of the interventions.

[70] Virginia Department of Social Services. Virginia Medicaid Announces Intent to Award Managed Care Contracts. Available at: https://dmas.virginia.gov/media/ntehanym/dmas-press-release-february-29-2024.pdf. Accessed on Jan 3, 2025.

Appendix A: Study Indicators

For reference, Appendix A provides the technical specifications set, description, denominator, and numerator(s) for each of the 50 study indicators calculated for this report. For further detail on how numerators and denominators were calculated, please refer to the technical specifications referenced.

Primary Care

Well-Child Visits in the First 30 Months of Life (W30)

- *Specifications Set*: FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* The percentage of children who turned 15 months of age who had six or more well-child visits with a PCP and the percentage of children who turned 30 months of age who had two or more well-child visits with a PCP.
- *Denominator:* Members in the study population split into two groups—children who turn 15 months of age during the measurement year and children who turn 30 months of age during the measurement year.
- *Numerator*:
  - *Well-Child Visits in the First 15 Months—Six or More Well-Child Visits:* For children who turn 15 months of age during the measurement year, six or more well-child visits (Well-Care Value Set) with a PCP on different dates of service on or before the child's 15-month birthday.
  - *Well-Child Visits in the First 30 Months—Two or More Well-Child Visits:* For children who turn age 30 months during the measurement year, two or more well-child visits (Well-Care Value Set) with a PCP on different dates of service between the day after the child's 15-month birthday and their 30-month birthday.

Child and Adolescent Well-Care Visits (WCV)

- *Specifications Set*: FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* The percentage of members who had at least one comprehensive well-care visit with a PCP or OB/GYN.
- *Denominator:* Members in the study population split into three groups: members 3–11 years, members 12–17 years, and members 18–21 years as of the end of the measurement year.
- *Numerator:* One or more well-care visits (Well-Care Value Set) during the measurement year with a PCP or an OB/GYN.

Oral Health

Annual Dental Visit (ADV)

- *Specifications Set:* National Quality Forum (NQF) #1388 technical specifications, with modifications to the numerator to allow providers such as Federally Qualified Health Centers and study-specific continuous enrollment modifications.
- *Description:* The percentage of members who had at least one dental visit during the measurement year.
- *Denominator:* Members in the study population who are at least 2 years old as of the end of the measurement year.
- *Numerator:* One or more visits for a dental service (i.e., a claim/encounter with a Code on Dental Procedures and Nomenclature [CDT code]) with any provider qualified to provide dental services during the measurement year.

Preventive Dental Services (PDENT-CH)

- *Specifications Set:* FFY 2021 Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* Percentage of members who received at least one preventive dental service during the measurement year.
- *Denominator:* Members in the study population who are 1–20 years old as of the end of the measurement year and who are eligible for EPSDT services.
- *Numerator:* One or more instances of preventive dental service by or under the supervision of a dentist.

Oral Evaluation, Dental Services (OEV-CH)

- *Specifications Set:* FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description*: Percentage of members who received a comprehensive or periodic oral evaluation within the measurement year.
- *Denominator*: Members in the study population who are under the age of 21 as of the end of the measurement year.
- *Numerator*: One or more oral evaluations received as a dental service during the measurement year.

Topical Fluoride for Children—Dental or Oral Health Services (TFL-CH)

- *Specifications Set:* FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications, with study-specific modifications to use provider type and specialty codes to identify visits to dental practitioners.
- *Description*: Percentage of members who received at least two topical fluoride applications as dental or oral services.
- *Denominator*: Members in the study population who are under the age of 21 as of the end of the measurement year.
- *Numerator*:
  - *Dental or Oral Health Services*: Two or more topical fluoride applications as dental or oral services during the measurement year.

Behavioral Health

Antidepressant Medication Management (AMM)

- *Specifications Set*: FFY 2024 Adult Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description*: Percentage of members who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:
  - *Effective Acute Phase Treatment*: Percentage of members who remained on an antidepressant medication for at least 84 days.
  - *Effective Continuation Phase Treatment*: Percentage of members who remained on an antidepressant medication for at least 180 days.
- *Denominator*: Members in the study population who are 18 years or older as of the date of their first antidepressant medication prescription, received a prescription for an antidepressant, and had a diagnosis of major depression.
- *Numerator*:
  - *Effective Acute Phase Treatment*: At least 84 days of treatment with antidepressant medication starting on the index prescription start date.
  - *Effective Continuation Phase Treatment*: At least 180 days of treatment with antidepressant medication starting on the index prescription start date.

Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up (FUH)

- *Specifications Set:* FFY 2024 Adult and Child Core Set technical specifications, with study-specific continuous enrollment modifications.

- *Description:* Percentage of discharges for members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider.
- *Denominator:* Discharges of the members in the study population who are at least 6 years old as of the date of the discharge with a hospitalization for treatment of selected mental illness or intentional self-harm diagnosis (Mental Illness Value Set, Intentional Self-Harm Value Set).
- *Numerator:* A follow-up visit with a mental health provider within seven days after discharge.

Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up (FUM)

- *Specifications Set:* FFY 2024 Adult and Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* Percentage of ED visits for members with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 30 days.
- *Denominator:* ED visits (ED Value Set) of the members in the study population who are at least 6 years old as of the date of the ED visit with a principal diagnosis of mental illness or intentional self-harm (Mental Illness and Intentional Self Harm Value Set).
- *Numerator:* A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm (Mental Illness Value Set, Intentional Self Harm Value Set) and any diagnosis of a mental health disorder within 30 days of the ED visit.

Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing (APM)

- *Specifications Set:* FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* Percentage of members who had two or more antipsychotic prescriptions and had metabolic testing.
- *Denominator:* Members in the study population who are 1–17 years old by the end of the measurement year and who have two or more antipsychotic prescriptions (APM Antipsychotic Medications List) on different dates of service during the measurement year.
- *Numerator:* At least one test for blood glucose (Glucose Lab Test Value Set, Glucose Test Result or Finding Value Set) or hemoglobin A1c (HbA1c) (HbA1c Lab Test Value Set, HbA1c Test Result or Finding Value Set) during the measurement year AND at least one test for low-density lipoprotein cholesterol (LDL-C) (LDL-C Lab Test Value Set, LDL-C Test Result or Finding Value Set) or cholesterol (Cholesterol Lab Test Value Set, Cholesterol Test Result or Finding Value Set).

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

- *Specifications Set:* FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications and a four-month look-back period from the earliest prescription dispensing data for eligible children.
- *Description:* Percentage of members who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
- *Denominator:* Members in the study population who were 1–17 years old by the end of the measurement year and who have a new prescription for an antipsychotic medication (Antipsychotic Medications List, Antipsychotic Combination Medications List) during the intake period.
- *Numerator:* Documentation of psychosocial care (Psychosocial Care Value Set) during the look-back period.

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

- *Specifications Set:* FFY 2024 Child Core Set technical specifications, with study-specific continuous enrollment modifications and modifications to the follow-up time periods.
- *Description:* Percentage of members newly prescribed ADHD medication who had at least three follow-up visits within a 10-month period, one of which was within one, two, three, six, or nine months of when the first ADHD medication was dispensed.
- *Denominator:* Members in the study population who have a prescription for ADHD medication (ADHD Medications List) and who are ages 6 to 12 years old as of the earliest prescription dispensing date.
- *Numerator:*
  - *One-Month Follow-Up*: A follow-up visit with a practitioner with prescribing authority, within one month after the earliest prescription dispensing date.
  - *Two-Month Follow-Up*: A follow-up visit with a practitioner with prescribing authority, within two months after the earliest prescription dispensing date.
  - *Three-Month Follow-Up*: A follow-up visit with a practitioner with prescribing authority, within three months after the earliest prescription dispensing date.
  - *Six-Month Follow-Up*: A follow-up visit with a practitioner with prescribing authority, within six months after the earliest prescription dispensing date.
  - *Nine-Month Follow-Up*: A follow-up visit with a practitioner with prescribing authority, within nine months after the earliest prescription dispensing date.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

- *Specifications Set:* FFY 2024 Adult Core Set technical specifications, with study-specific continuous enrollment modifications.

- *Description:* Percentage of members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- *Denominator:* Members who are at least 18 years of age as of the end of the measurement year, who had a qualifying encounter with a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder, and who did not already have diabetes.
- *Numerator:* Members with a glucose test (Glucose Lab Test Value Set, Glucose Test Result or Finding Value Set) or an HbA1c test (HbA1c Lab Test Value Set, HbA1c Test Result or Finding Value Set) performed during the measurement year.

Substance Use

Follow-Up After ED Visit for Substance Use—30-Day Follow-Up (FUA)

- *Specifications Set:* FFY 2024 Adult and Child Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* Percentage of ED visits for members with a principal diagnosis of SUD or any diagnosis of drug overdose who had a follow-up visit for SUD within 30 days of the ED visit.
- *Denominator:* ED visits of the members in the study population who are at least 13 years of age and older as of the date of the ED visit with an ED visit (ED Value Set) with a principal diagnosis of SUD (AOD Abuse and Dependence Value Set) or any diagnosis of drug overdose (Unintentional Drug Overdose Value Set).
- *Numerator:* A follow-up visit or pharmacotherapy dispensing event within 30 days after the ED visit, including visits that occur on the date of the ED visit.

Initiation and Engagement of SUD Treatment (IET)

- *Specifications Set:* FFY 2024 Adult Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* Percentage of new episodes of SUD that result in SUD treatment initiation and engagement.
- *Denominator:* New episodes of SUD during the intake period (Alcohol Abuse and Dependence Value Set, Opioid Abuse and Dependence Value Set, Other Drug Abuse and Dependence Value Set) for members in the study population who are at least 13 years old as of the SUD episode date.
- *Numerator:*
  - *Initiation of SUD Treatment:* An initiation visit, defined as an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days of diagnosis.
  - *Engagement of SUD Treatment:* An initiation visit AND two or more additional SUD services or medication treatment within 34 days of the initiation visit.

Use of Pharmacotherapy for Opioid Use Disorder (OUD)

- *Specifications Set:* FFY 2024 Adult Core Set technical specifications, with study-specific continuous enrollment modifications.
- *Description:* Percentage of members with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year.
- *Denominator:* Members ages 18 years and older as of the start of the measurement year who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year.
- *Numerator:* Members with evidence of at least one prescription filled, or who were administered or dispensed an FDA-approved medication, for OUD during the measurement year.

Respiratory Health

Asthma Medication Ratio (AMR)

- *Specifications Set:* FFY 2024 Adult and Child Core Set technical specifications, with study-specific continuous enrollment modifications and a one-year look-back period for all eligible children.
- *Description:* Percentage of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- *Denominator:* Members in the study population who are at least 5 years old as of the end of the measurement year and are identified as having persistent asthma.
- *Numerator:* Medication ratio of controller medications (Asthma Controller Medications List) to total asthma medications (Asthma Controller Medications List and Asthma Reliever Medications List) of 0.50 or greater during the measurement year.

Service Utilization

Ambulatory Care Visits

- *Specifications Set:* None. Defined by DMAS.
- *Description:* Defined by DMAS as the percentage of members who had an ambulatory care visit among the total number of members.
- *Denominator:* All members in the population of interest.
- *Numerator:* Members in the denominator with an ambulatory care visit during the measurement year. Ambulatory care visits are defined as claims/encounters with a code in the FFY 2024 Adult and Child Core Set Ambulatory Outpatient Visits Value Set, Telephone Visits Value Set, or Online Assessments Value Set.

ED Visits

- *Specifications Set:* None. Defined by DMAS.
- *Description:* Defined by DMAS as the percentage of members who had an ED visit among the total number of members.
- *Denominator:* All members in the population of interest.
- *Numerator:* Members in the denominator with an ED visit during the measurement year. ED visits are defined as claims/encounters with a code in the FFY 2024 Adult and Child Core Set ED Value Set or with codes in both the ED Procedure Code Value Set and the ED POS Value Set. Do not include ED visits which result in an inpatient stay (Inpatient Stay Value Set). An ED visit results in an IP stay if the IP stay begins during or the day after the ED visit.

Inpatient Visits

- *Specifications Set*: None. Defined by DMAS.
- *Description:* Defined by DMAS as the percentage of members who had an inpatient visit among the total number of members.
- *Denominator:* All members in the population of interest.
- *Numerator:* Members in the denominator with an acute or nonacute inpatient visit during the measurement year. An inpatient visit is defined using the FFY 2024 Adult and Child Core Set Inpatient Stay Value Set.

Behavioral Health Encounters

- *Specifications Set*: None. Defined by DMAS.
- *Description*: Defined by DMAS as the percentage of members who had a behavioral health encounter among the total number of members, stratified by CMH, RTC, therapeutic, ARTS, and traditional services.
- *Denominator*: All members in the population of interest.
- *Numerator*:
  - *Total*: Members in the denominator with any behavioral health encounter during the measurement year. A behavioral health encounter is defined using the behavioral health code sets (i.e., CMH, RTC, therapeutic, ARTS, and traditional) developed by DMAS and HSAG. Additionally, some visits require a primary behavioral health diagnosis on the claim/encounter, as indicated in the code sets.
  - *ARTS*: Members in the denominator with an ARTS visit during the measurement year. An ARTS visit is defined using the ARTS code set developed by DMAS and HSAG. Additionally, some visits require a primary behavioral health diagnosis and/or any substance use disorder diagnosis on the claim/encounter, as indicated in the code sets.
  - *CMH Services*: Members in the denominator with a CMH services visit during the measurement year. A CMH services visit is defined using the CMH code set developed by DMAS and HSAG.

Additionally, some visits require a primary behavioral health diagnosis on the claim/encounter, as indicated in the code sets.

- *RTC Services*: Members in the denominator with an RTC services visit during the measurement year. An RTC services visit is defined using the RTC code set[71] developed by DMAS and HSAG. Additionally, some visits require a primary behavioral health diagnosis on the claim/encounter, as indicated in the code sets.
- *Therapeutic Services*: Members in the denominator with a therapeutic services visit during the measurement year. A therapeutic services visit is defined using the therapeutic services code set developed by DMAS and HSAG. Additionally, some visits require a primary behavioral health diagnosis on the claim/encounter, as indicated in the code sets.
- *Traditional Services*: Members in the denominator with a behavioral health services visit that is not CMH, RTC, or therapeutic during the measurement year. A traditional services visit is defined using the traditional services code sets developed by DMAS and HSAG. Additionally, some visits require a primary behavioral health diagnosis on the claim/encounter, as indicated in the code sets.

Overall Service Utilization

- *Specifications Set*: None. Defined by DMAS
- *Description:* Defined by DMAS as the percentage of members who had an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter during the measurement year
- *Denominator:* All members in the population of interest
- *Numerator:* Members in the denominator with an ambulatory care visit, ED visit, inpatient visit, or behavioral health encounter during the measurement year. The four visit types are defined in the *Ambulatory Care Visits, ED Visits, Inpatient Visits,* and *Behavioral Health Encounters* study indicator descriptions above.

Timely Access to Care

Timely Access to Care for New Foster Care Members

- *Specifications Set:* None. Defined by HSAG and DMAS. Full specifications are available in the *2023–24 Task I.2 Child Welfare Focus Study Methodology* document.
- *Description:* Percentage of members who were newly enrolled in the foster care program who received timely access to care.
- *Denominator:* Members in the study population who were under 18 years of age as of January 1 of the measurement year and who were newly enrolled in the foster care program between January 1 of the measurement year and December 1 of the measurement year. Members must be continuously enrolled in Managed Care with aid category “76” with any MCO or combination of

[71] Please note, acute inpatient psychiatric hospital stays, identified by revenue code 0204, are included as RTC services.

MCOs for the 31-day period that includes the first foster care program enrollment date through 30 days after the first foster care program enrollment date.

- *Numerator*:
  - *Timely Access to Primary Care for New Foster Care Members:* Members in the denominator who had at least one visit with a PCP during the 121-day period that includes the 90 days prior to the first foster care program enrollment date through 30 days after the first foster care program enrollment date.
  - *Timely Access to Dental Care for New Foster Care Members*: Members in the denominator who had at least one visit for a dental service (i.e., a claim/encounter with a CDT code) with any provider qualified to provide dental services during the 121-day period that includes the 90 days prior to the first foster care program enrollment date through 30 days after the first foster care program enrollment date.
  - *Timely Access to Primary Care or Dental Care for New Foster Care Members*: Members in the denominator who had at least one visit with a PCP or at least one visit for a dental service (i.e., a claim/encounter with a CDT code) with any provider qualified to provide dental services during the 121-day period that includes the 90 days prior to the first foster care program enrollment date through 30 days after the first foster care program enrollment date.
  - *Timely Access to Primary Care and Dental Care for New Foster Care Members*: Members in the denominator who had at least one visit with a PCP and at least one visit for a dental service (i.e., a claim/encounter with a CDT code) with any provider qualified to provide dental services during the 121-day period that includes the 90 days prior to first foster care program enrollment date through 30 days after the first foster care program enrollment date.

Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members

- *Specifications Set:* None. Defined by HSAG and DMAS. Full specifications are available in the *2023–24 Task I.2 Child Welfare Focus Study Methodology* document.
- *Description:* Percentage of members who were newly enrolled in the foster care program who received timely access to behavioral healthcare within 60 days of enrollment.
- *Denominator*:
  - *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members:* Members in the study population who were under 18 years of age as of January 1 of the measurement year and who were newly enrolled in the foster care program between January 1 of the measurement year and November 1 of the measurement year. Members must be continuously enrolled in Managed Care with aid category “076” with any MCO or combination of MCOs for the 61-day period that includes the first foster care program enrollment date through 60 days after the first foster care program enrollment date.
  - *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members With a Behavioral Health Diagnosis*: Among the members identified in the denominator for the *Timely Access to Behavioral Health Care Within 60 Days for New Foster Care Members* measure, members with at least two visits on separate dates of service with a primary diagnosis of mental illness during the 24 months prior to the first foster care enrollment date.

- *Numerator*: Members in the denominator who had at least one visit with an MHP during the 61-day period that includes the first foster care enrollment date through 60 days after the first foster care enrollment date.

Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members

- *Specifications Set:* None. Defined by HSAG and DMAS. Full specifications are available in the *2023–24 Task I.2 Child Welfare Focus Study Methodology* document.
- *Description:* Percentage of members who were newly enrolled in the foster care program who received timely access to behavioral healthcare within one year of enrollment.
- *Denominator*:
  - *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members:* Members in the study population who were under 18 years of age as of January 1 of the year prior to the measurement year and who were newly enrolled in the foster care program during the year prior to the measurement year. Members must be continuously enrolled in Managed Care with aid category "076" with any MCO or combination of MCOs for one year starting on their first foster care enrollment date.
  - *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members With a Behavioral Health Diagnosis*: Among the members identified in the denominator for the *Timely Access to Behavioral Health Care Within 1 Year for New Foster Care Members* measure, members with at least two visits on separate dates of service with a primary diagnosis of mental illness during the 24 months prior to the first foster care enrollment date.
- *Numerator*: Members in the denominator who had at least one visit with an MHP during the one-year period that begins on the first foster care enrollment date.

Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members

- *Specifications Set:* None. Defined by HSAG and DMAS. Full specifications are available in the *2023–24 Task I.2 Child Welfare Focus Study Methodology* document.
- *Description:* Percentage of members who were newly enrolled in the adoption assistance program who received timely access to behavioral healthcare within one year of enrollment.
- *Denominator*:
  - *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members:* Members in the study population who were under 18 years of age as of January 1 of the year prior to the measurement year and who were newly enrolled in the adoption assistance program during the year prior to the measurement year. Members must be continuously enrolled in Managed Care with aid category "072" with any MCO or combination of MCOs for one year starting on their first adoption assistance enrollment date.
  - *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members With a Behavioral Health Diagnosis*: Among the members identified in the denominator for the *Timely Access to Behavioral Health Care Within 1 Year for New Adoption Assistance Members*

measure, members with at least two visits on separate dates of service with a primary diagnosis of mental illness during the 24 months prior to the first adoption assistance enrollment date.

- *Numerator*: Members in the denominator who had at least one visit with an MHP during the one-year period that begins on the first adoption assistance enrollment date.

Timely Access to Care for Members Who Aged Out of Foster Care

- *Specifications Set:* None. Defined by HSAG and DMAS. Full specifications are available in the *2023–24 Task I.2 Child Welfare Focus Study Methodology* document.
- *Description:* Percentage of members who aged out of foster care who received timely access to care.
- *Denominator:* Members in the study population who were 19 years old as of January 1 of the measurement year and who were enrolled in Managed Care under aid category "76" (i.e., foster care) on their 18th birthday. Members must be continuously enrolled in Managed Care under aid category "70" (i.e., former foster care) with any MCO or combination of MCOs for the measurement year.
- *Numerator*:
  - *Timely Access to Primary Care for Members Who Aged Out of Foster Care*: Members in the denominator who had at least one visit with a PCP during the measurement year.
  - *Timely Access to Dental Care for Members Who Aged Out of Foster Care*: Members in the denominator who had at least one visit for a dental service (i.e., a claim/encounter with a CDT code) with any provider qualified to provide dental services during the measurement year.
  - *Timely Access to Primary Care or Dental Care Who Aged Out of Foster Care*: Members in the denominator who had at least one visit with a PCP or at least one visit for a dental service (i.e., a claim/encounter with a CDT code) with any provider qualified to provide dental services during the measurement year.
  - *Timely Access to Primary Care and Dental Care Who Aged Out of Foster Care*: Members in the denominator who had at least one visit with a PCP at least one visit for a dental service (i.e., a claim/encounter with a CDT code) with any provider qualified to provide dental services during the measurement year.

Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care

- *Specifications Set:* None. Defined by HSAG and DMAS. Full specifications are available in the *2023–24 Task I.2 Child Welfare Focus Study Methodology* document.
- *Description:* Percentage of members who aged out of foster care who received timely access to behavioral healthcare.
- *Denominator*:
  - *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care:* Members who were 19 years old as of January 1 of the measurement year and who were enrolled in Managed Care under aid category "76" (i.e., foster care) on their 18th birthday. Members must

be continuously enrolled in Managed Care under aid category "70" (i.e., former foster care) with any MCO or combination of MCOs for the measurement year.

- *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care with a Behavioral Health Diagnosis*: Among the members identified in the denominator for the *Timely Access to Behavioral Health Care for Members Who Aged Out of Foster Care* measure, members with at least two visits on separate dates of service with a primary diagnosis of mental illness during the 24 months prior to the measurement year.

- *Numerator*: Members in the denominator who had at least one visit with an MHP during the measurement year.

Appendix B: Characteristics of the Controls

Appendix B lists the following reference information related to HSAG's approach to identifying matched controls for children in foster care, children receiving adoption assistance, and former foster care members for the healthcare utilization analysis:

- Demographic and health characteristics prior to matching
  - Continuously enrolled children in foster care compared to their continuously enrolled controls (Table B-1 and Table B-4)
  - Continuously enrolled children receiving adoption assistance compared to their continuously enrolled controls (Table B-2 and Table B-5)
  - Continuously enrolled former foster care members compared to their continuously enrolled controls (Table B-3 and Table B-6)
- Detailed information on the health characteristic methodology
- Demographic and health characteristics after matching
  - Children in foster care study population compared to their final matched controls (Table B-7 and Table B-10)
  - Children receiving adoption assistance study population compared to their final matched controls (Table B-8 and Table B-11)
  - Former foster care members study population compared to their final matched controls (Table B-9 and Table B-12)
- Detailed findings and discussion of the covariate balance checks

Characteristics Before Matching

Table B-1 presents the findings of the demographic characteristic assessment of continuously enrolled children in foster care compared to their continuously enrolled controls, prior to matching.

Table B-1—Demographic Distribution of Children in Foster Care (n=3,543) and Controls (n=624,433) Continuously Enrolled in Managed Care, Before Matching

Category	Number of Children in Foster Care	Percent of Children in Foster Care	Number of Controls	Percent of Controls
Age Category				
≤ 2 years	606	17.1%	106,450	17.0%
3 to 5 years	664	18.7%	109,250	17.5%
6 to 10 years	872	24.6%	176,375	28.2%
11 to 13 years	490	13.8%	101,576	16.3%
≥ 14 years	911	25.7%	130,782	20.9%

Category	Number of Children in Foster Care	Percent of Children in Foster Care	Number of Controls	Percent of Controls
Sex				
Male	1,868	52.7%	319,364	51.1%
Female	1,675	47.3%	305,069	48.9%
Race				
Black or African American	1,190	33.6%	227,461	36.4%
White	2,262	63.8%	333,764	53.5%
Other	91	2.6%	63,208	10.1%
Region				
Central	745	21.0%	159,962	25.6%
Charlottesville/Western	682	19.2%	70,268	11.3%
Northern & Winchester	S	S	160,358	25.7%
Roanoke & Alleghany	557	15.7%	57,163	9.2%
Southwest	490	13.8%	32,727	5.2%
Tidewater	616	17.4%	143,955	23.1%
Unknown	S	S	0	0.0%
Continuously Enrolled MCO				
Aetna	384	10.8%	67,791	10.9%
HealthKeepers	1,001	28.3%	205,923	33.0%
Molina	204	5.8%	30,799	4.9%
Sentara^	1,627	45.9%	251,720	40.3%
United	237	6.7%	61,833	9.9%
More Than One MCO	90	2.5%	6,367	1.0%
Medicaid Population				
MLTSS	26	0.7%	22,145	3.5%
Acute	3,499	98.8%	600,128	96.1%
More Than One Medicaid Population	18	0.5%	2,160	0.3%

S indicates that the rate has been suppressed due to a small numerator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.

^ HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.

Table B-2 presents the findings of the demographic characteristic assessment of continuously enrolled children receiving adoption assistance compared to their continuously enrolled controls, prior to matching.

Table B-2—Demographic Distribution of Children Receiving Adoption Assistance (n=7,134) and Controls (n=624,433) Continuously Enrolled in Managed Care, Before Matching

Category	Number of Children Receiving Adoption Assistance	Percent of Children Receiving Adoption Assistance	Number of Controls	Percent of Controls
Age Category				
≤ 2 years	114	1.6%	106,450	17.0%
3 to 5 years	709	9.9%	109,250	17.5%
6 to 10 years	2,218	31.1%	176,375	28.2%
11 to 13 years	1,598	22.4%	101,576	16.3%
≥ 14 years	2,495	35.0%	130,782	20.9%
Sex				
Male	3,841	53.8%	319,364	51.1%
Female	3,293	46.2%	305,069	48.9%
Race				
Black or African American	2,123	29.8%	227,461	36.4%
White	4,816	67.5%	333,764	53.5%
Other	195	2.7%	63,208	10.1%
Region				
Central	1,500	21.0%	159,962	25.6%
Charlottesville/Western	1,172	16.4%	70,268	11.3%
Northern & Winchester	1,066	14.9%	160,358	25.7%
Roanoke & Alleghany	1,253	17.6%	57,163	9.2%
Southwest	S	S	32,727	5.2%
Tidewater	1,234	17.3%	143,955	23.1%
Unknown	S	S	0	0.0%
Continuously Enrolled MCO				
Aetna	617	8.6%	67,791	10.9%
HealthKeepers	2,132	29.9%	205,923	33.0%
Molina	296	4.1%	30,799	4.9%
Sentara^	3,469	48.6%	251,720	40.3%
United	538	7.5%	61,833	9.9%
More Than One MCO	82	1.1%	6,367	1.0%
Medicaid Population				
MLTSS	215	3.0%	22,145	3.5%
Acute	6,894	96.6%	600,128	96.1%
More Than One Medicaid Population	25	0.4%	2,160	0.3%

S indicates that the rate has been suppressed due to a small numerator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.

^ HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.

Table B-3 presents the findings of the demographic characteristic assessment of continuously enrolled former foster care members compared to their continuously enrolled controls, prior to matching.

Table B-3—Demographic Distribution of Former Foster Care Members (n=1,645) and Controls (n=197,796) Continuously Enrolled in Managed Care, Before Matching

Category	Number of Former Foster Care Members	Percent of Former Foster Care Members	Number of Controls	Percent of Controls
Age Category				
19 to 22 years	866	52.6%	106,080	53.6%
23 to 26 years	779	47.4%	91,716	46.4%
Sex				
Male	888	54.0%	83,403	42.2%
Female	757	46.0%	114,393	57.8%
Race				
Black or African American	579	35.2%	74,430	37.6%
White	1,001	60.9%	97,652	49.4%
Other	65	4.0%	25,714	13.0%
Region				
Central	432	26.3%	52,231	26.4%
Charlottesville/Western	277	16.8%	22,983	11.6%
Northern & Winchester	196	11.9%	43,024	21.8%
Roanoke & Alleghany	236	14.3%	19,426	9.8%
Southwest	179	10.9%	11,883	6.0%
Tidewater	325	19.8%	48,249	24.4%
Continuously Enrolled MCO				
Aetna	147	8.9%	28,033	14.2%
HealthKeepers	480	29.2%	56,439	28.5%
Molina	95	5.8%	14,916	7.5%
Sentara^	778	47.3%	75,404	38.1%
United	123	7.5%	20,851	10.5%
More Than One MCO	22	1.3%	2,153	1.1%
Medicaid Population				
MLTSS	S	S	19,190	9.7%
Acute	1,577	95.9%	176,111	89.0%
More Than One Medicaid Population	S	S	2,495	1.3%

S indicates that the rate has been suppressed due to a small numerator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
^ HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.

Health Characteristic Methodology

In order to identify controls with similar health characteristics to the continuously enrolled children in foster care, children receiving adoption assistance, and former foster care members (i.e., cases), HSAG identified primary diagnoses which occurred at different rates within the claims for continuously enrolled cases and the claims for continuously enrolled controls. For members older than 2 years of age as of January 1, 2023, the claims assessment period was January 1, 2022, through December 31, 2022. For children 2 years of age or younger as of January 1, 2023, the claims assessment period was January 1, 2023, through December 31, 2023, since many of the diagnoses of interest (e.g., mental health diagnoses) are not typically diagnosed until later in life. In addition to evaluating the prevalence of diagnoses, HSAG also evaluated the frequency of ED and inpatient visits for mental health during the year prior to the measurement year (i.e., January 1, 2022, through December 31, 2022) for all members. HSAG used the year prior to the measurement year to ensure that the members would not be matched on any of the outcomes of interest (e.g., the *ED Visits* study indicator) during the measurement year.

These diagnoses were grouped into 14 categories using version 2019.1 CCS:[72, 73] For the health characteristics used in the original 2019 Foster Care Focus Study (e.g., adjustment disorder), HSAG added any new pertinent diagnosis codes from the version 2024.1 CCSR. For the health characteristics that were introduced to the Child Welfare Focus Study for MY 2021 or later (e.g., maltreatment/abuse), HSAG used the version 2024.1 CCSR.

- **Adjustment Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Adjustment Disorders [5.1].
  - The diagnosis code is one of the following from CCSR: F4381 or F4389.
- **ADHD**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Attention Deficit, Conduct, and Disruptive Behavior Disorders [5.3] or Impulse Control Disorders Not Elsewhere Classified [5.7].
- **Anxiety Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Anxiety Disorders [5.2].
- **Congenital Anomaly**: At least one primary diagnosis during the claims assessment period meeting any of the following:[74]
  - The diagnosis code is in the second-level CCS category Cardiac and Circulatory Congenital Anomalies [14.1], Digestive Congenital Anomalies [14.2], Genitourinary Congenital Anomalies [14.3], Nervous System Congenital Anomalies [14.4], or Other Congenital Anomalies [14.5].

[72] Agency for Healthcare Research and Quality. Clinical Classifications Software (CCS) for ICD-10-CM (beta version). Available at: www.hcup-us.ahrq.gov/toolssoftware/ccs10/ccs10.jsp. Accessed on: Jan 17, 2025.
[73] Agency for Healthcare Research and Quality. Tools Archive for Clinical Classifications Software Refined. Available at: https://www.hcup-us.ahrq.gov/toolssoftware/ccsr/ccsr_archive.jsp#ccsr. Accessed on: Jan 17, 2025.
[74] The percent of members with a congenital anomaly differed between cases and controls for children in foster care and children receiving adoption assistance but did not differ for former foster care members. Therefore, congenital anomaly is not used in the matching for former foster care members.

- **Developmental Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:[75]
  - The diagnosis code is in the second-level CCS category Developmental Disorders [5.5] or Disorders Usually Diagnosed in Infancy, Childhood, or Adolescence [5.6]
  - The diagnosis code is one of the following from CCSR: F78A1 or F78A9.
- **Intentional Self-Harm**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Suicide and Intentional Self-Inflicted Injury [5.13].
  - The diagnosis code is one of the following from CCSR: R4588, T40712A, T40712D, T40712S, T40722A, T40722D, T40722S, T40412A, T40422A, T40492A, T43642A, T43652A, or T50912A.
- **Maltreatment/Abuse**: At least one primary diagnosis during the claims assessment period meeting any of the following:[76]
  - The diagnosis code is in the first-level, second-level, third-level, outpatient, or inpatient CCSR category Maltreatment/Abuse [INJ032] or Maltreatment/Abuse, Subsequent Encounter [INJ068].
- **Mood Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Mood Disorders [5.8].
  - The diagnosis code is one of the following from CCSR: F32A.
- **Neurological Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:[77]
  - The diagnosis code is in the first-level CCSR category Cerebral Palsy [NVS007] or Epilepsy; Convulsions [NVS009].
- **Obesity and Metabolic Syndrome**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Diabetes Mellitus Without Complication [3.2], Diabetes Mellitus with Complications [3.3], Other Endocrine Disorders [3.4], Nutritional Deficiencies [3.5], Disorders of Lipid Metabolism [3.6], or Other Nutritional, Endocrine, and Metabolic Disorders [3.11].
- **Other Mental Health Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Miscellaneous Mental Disorders [5.15].
- **Psychotic Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:

[75] The percent of members with a developmental disorder differed between cases and controls for children in foster care and children receiving adoption assistance but did not differ for former foster care members. Therefore, developmental disorders are not used in the matching for former foster care members.

[76] The percent of members with a maltreatment/abuse diagnosis differed between cases and controls for children in foster care but did not differ for children receiving adoption assistance or former foster care members. Therefore, maltreatment/abuse is not used in the matching for children receiving adoption assistance or former foster care members.

[77] The percent of members with a neurological disorder differed between cases and controls for children in foster care and children receiving adoption assistance but did not differ for former foster care members. Therefore, neurological disorders are not used in the matching for former foster care members.

  - The diagnosis code is in the second-level CCS category Schizophrenia and Other Psychotic Disorders [5.10].
- **Substance Use Disorder**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Alcohol-related Disorders [5.11] or Substance-related Disorders [5.12].
  - The diagnosis code is one of the following from CCSR: T40714D, T40714S, T40715A, T40715D, T40715S, T40721D, T40721S, T40724D, T40724S, T40725A, T40725D, or T40725S.
- **Rheumatologic Condition**: At least one primary diagnosis during the claims assessment period meeting any of the following:
  - The diagnosis code is in the second-level CCS category Other Connective Tissue Disease [13.8].

Additionally, since mental health diagnoses featured prominently among claims for the cases, HSAG also sought to ensure comparability in the severity of mental health conditions between the cases and controls. Therefore, HSAG also identified ED visits and acute inpatient visits with a primary diagnosis relating to mental health. These visits were defined as:

- **ED Visit for Mental Health**: At least one claim during the claims assessment period meeting both of the following conditions:
  - The claim's revenue code starts with: [045].
  - The claim's primary diagnosis is included in the FFY 2024 CMS Core Set Mental Health Diagnosis Value Set.
- **Acute Inpatient Visit for Mental Health**: At least one claim during the claims assessment period meeting all the following conditions:
  - The claim's revenue code is included in the FFY 2024 CMS Core Set Inpatient Stay Value Set.
  - The claim's revenue code and type of bill code is not included in the FFY 2024 CMS Core Set Nonacute Inpatient Stay Value Set.
  - The claim's primary diagnosis is included in the FFY 2024 CMS Core Set Mental Health Diagnosis Value Set.

HSAG calculated the initial propensity models using all health characteristics listed above and then removed health characteristics that were insignificant in the initial model, based on the Wald Chi-square test for logistic regression model coefficients. The subsequent health characteristics tables include only the significant health characteristics included in the final propensity score models for each population.

Table B-4 presents the health characteristic assessment findings for continuously enrolled children in foster care and controls, prior to matching.

Table B-4—Distribution of Health Characteristics Among Children in Foster Care (n=3,543) and Controls (n=624,433) Continuously Enrolled in Managed Care, Before Matching

Category	Number of Children in Foster Care	Percent of Children in Foster Care	Number of Controls	Percent of Controls
Adjustment Disorder	1,077	30.4%	16,513	2.6%
Attention Deficit Hyperactivity Disorder	1,108	31.3%	42,836	6.9%
Anxiety Disorder	829	23.4%	20,263	3.2%
Congenital Anomaly	189	5.3%	17,740	2.8%
Developmental Disorder	824	23.3%	54,094	8.7%
Maltreatment/Abuse	98	2.8%	1,309	0.2%
Mood Disorder	642	18.1%	18,693	3.0%
Obesity and Metabolic Syndrome	634	17.9%	38,503	6.2%
Other Mental Health Disorder	293	8.3%	2,984	0.5%
Neurological Disorder	102	2.9%	7,957	1.3%
Substance Use Disorder	100	2.8%	1,333	0.2%
Emergency Department Visit for Mental Health	95	2.7%	2,224	0.4%
Acute Inpatient Visit for Mental Health	150	4.2%	2,570	0.4%

Table B-5 presents the health characteristic assessment findings for continuously enrolled children receiving adoption assistance and controls, prior to matching.

Table B-5—Distribution of Health Characteristics Among Children Receiving Adoption Assistance (n=7,134) and Controls (n=624,433) Continuously Enrolled in Managed Care, Before Matching

Category	Number of Children Receiving Adoption Assistance	Percent of Children Receiving Adoption Assistance	Number of Controls	Percent of Controls
Adjustment Disorder	648	9.1%	16,513	2.6%
Attention Deficit Hyperactivity Disorder	2,322	32.5%	42,836	6.9%
Anxiety Disorder	926	13.0%	20,263	3.2%
Congenital Anomaly	275	3.9%	17,740	2.8%
Developmental Disorder	1,332	18.7%	54,094	8.7%
Intentional Self-Harm	82	1.1%	2,564	0.4%
Mood Disorder	760	10.7%	18,693	3.0%
Rheumatologic Condition	452	6.3%	24,060	3.9%
Neurological Disorder	208	2.9%	7,957	1.3%
Substance Use Disorder	68	1.0%	1,333	0.2%
Emergency Department Visit for Mental Health	81	1.1%	2,224	0.4%
Acute Inpatient Visit for Mental Health	109	1.5%	2,570	0.4%

Table B-6 presents the health characteristic assessment findings for continuously enrolled former foster care members and controls, prior to matching.

Table B-6—Distribution of Health Characteristics Among Former Foster Care Members (n=1,645) and Controls (n=197,796) Continuously Enrolled in Managed Care, Before Matching

Category	Number of Former Foster Care Members	Percent of Former Foster Care Members	Number of Controls	Percent of Controls
Adjustment Disorder	74	4.5%	3,919	2.0%
Attention Deficit Hyperactivity Disorder	88	5.3%	5,798	2.9%
Anxiety Disorder	232	14.1%	17,037	8.6%
Intentional Self-Harm	59	3.6%	2,197	1.1%
Mood Disorder	363	22.1%	19,541	9.9%
Rheumatologic Condition	132	8.0%	11,584	5.9%
Substance Use Disorder	143	8.7%	6,213	3.1%

Characteristics After Matching

Table B-7 presents the demographic characteristic assessment findings for the final children in foster care study population and controls, after matching the populations of continuously enrolled children in foster care and controls.

Table B-7—Demographic Distribution of Children in Foster Care (n=3,421) and Controls (n=3,421) Continuously Enrolled in Managed Care After Matching

Category	Number of Children in Foster Care	Percent of Children in Foster Care	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Age Category						
≤ 2 years	592	17.3%	592	17.3%	1.00	0.000
3 to 5 years	629	18.4%	629	18.4%		0.000
6 to 10 years	845	24.7%	845	24.7%		0.000
11 to 13 years	471	13.8%	471	13.8%		0.000
≥ 14 years	884	25.8%	884	25.8%		0.000
Sex						
Male	1,807	52.8%	1,842	53.8%	0.40	-0.021
Female	1,614	47.2%	1,579	46.2%		0.021
Race						
Black or African American	1,143	33.4%	1,143	33.4%	1.00	0.000
White	2,193	64.1%	2,193	64.1%		0.000
Other	85	2.5%	85	2.5%		0.000

Category	Number of Children in Foster Care	Percent of Children in Foster Care	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Region						
Central	720	21.0%	720	21.0%	1.00	0.000
Charlottesville/Western	654	19.1%	654	19.1%		0.000
Northern & Winchester	434	12.7%	434	12.7%		0.000
Roanoke & Alleghany	532	15.6%	532	15.6%		0.000
Southwest	477	13.9%	477	13.9%		0.000
Tidewater	604	17.7%	604	17.7%		0.000
Continuously Enrolled MCO						
Aetna	362	10.6%	362	10.6%	1.00	0.000
HealthKeepers	969	28.3%	969	28.3%		0.000
Molina	194	5.7%	194	5.7%		0.000
Sentara^	1,598	46.7%	1,598	46.7%		0.000
United	219	6.4%	219	6.4%		0.000
More Than One MCO	79	2.3%	79	2.3%		0.000
Medicaid Population						
MLTSS	26	0.8%	S	S	0.01*	-0.060
Acute	3,377	98.7%	3,365	98.4%		0.029
More Than One Medicaid Population	18	0.5%	S	S		0.042

^ HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.
S indicates that the rate has been suppressed due to a small numerator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
** Indicates that the covariate balance test found imbalance between the children in foster care and controls.*

The age category, race, region, and MCO distributions were identical in the children in foster care study population and the controls due to exact matching on these characteristics. Neither the covariate-level Chi-square tests nor the standardized differences test identified any significant differences in sex. While the Chi-square test found imbalance in the Medicaid Population category, the standardized differences assessment did not identify any significant differences.

Table B-8 presents the demographic characteristic assessment findings for the final children receiving adoption assistance study population and controls, after matching the populations of continuously enrolled children receiving adoption assistance and controls.

Table B-8—Demographic Distribution of Children Receiving Adoption Assistance (n=7,100) and Controls (n=7,100) Continuously Enrolled in Managed Care, After Matching

Category	Number of Children Receiving Adoption Assistance	Percent of Children Receiving Adoption Assistance	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Age Category						
≤ 2 years	112	1.6%	112	1.6%	1.00	0.000
3 to 5 years	707	10.0%	707	10.0%		0.000
6 to 10 years	2,208	31.1%	2,208	31.1%		0.000
11 to 13 years	1,587	22.4%	1,587	22.4%		0.000
≥ 14 years	2,486	35.0%	2,486	35.0%		0.000
Sex						
Male	3,823	53.8%	3,817	53.8%	0.92	0.002
Female	3,277	46.2%	3,283	46.2%		-0.002
Race						
Black or African American	2,115	29.8%	2,115	29.8%	1.00	0.000
White	4,796	67.5%	4,796	67.5%		0.000
Other	189	2.7%	189	2.7%		0.000
Region						
Central	1,490	21.0%	1,490	21.0%	1.00	0.000
Charlottesville/Western	1,168	16.5%	1,168	16.5%		0.000
Northern & Winchester	1,061	14.9%	1,061	14.9%		0.000
Roanoke & Alleghany	1,249	17.6%	1,249	17.6%		0.000
Southwest	900	12.7%	900	12.7%		0.000
Tidewater	1,232	17.4%	1,232	17.4%		0.000
Continuously Enrolled MCO						
Aetna	615	8.7%	615	8.7%	1.00	0.000
HealthKeepers	2,127	30.0%	2,127	30.0%		0.000
Molina	292	4.1%	292	4.1%		0.000
Sentara^	3,459	48.7%	3,459	48.7%		0.000
United	531	7.5%	531	7.5%		0.000
More Than One MCO	76	1.1%	76	1.1%		0.000
Medicaid Population						
MLTSS	215	3.0%	207	2.9%	0.74	0.007
Acute	6,860	96.6%	6,863	96.7%		-0.002
More Than One Medicaid Population	25	0.4%	30	0.4%		-0.011

^ HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.
** Indicates that the covariate balance test found imbalance between the children receiving adoption assistance and controls.*

The age category, race, region, and MCO distributions were identical in the children receiving adoption assistance study population and the controls due to exact matching on these characteristics. The

gender term was removed from the propensity score model as insignificant after matching on other characteristics. Neither the covariate-level Chi-square tests nor the standardized differences test identified any significant differences in the demographic characteristics of the matched children receiving adoption assistance and controls.

Table B-9 presents the demographic characteristic assessment findings for the final former foster care members study population and controls, after matching the populations of continuously enrolled former foster care members and controls.

Table B-9—Demographic Distribution of Former Foster Care Members (n=1,641) and Controls (n=1,641) Continuously Enrolled in Managed Care, After Matching

Category	Number of Former Foster Care Members	Percent of Former Foster Care Members	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Age Category						
19 to 22 years	865	52.7%	865	52.7%	1.00	0.000
23 to 26 years	776	47.3%	776	47.3%		0.000
Sex						
Male	884	53.9%	869	53.0%	0.60	0.018
Female	757	46.1%	772	47.0%		-0.018
Race						
Black or African American	576	35.1%	576	35.1%	1.00	0.000
White	1,000	60.9%	1,000	60.9%		0.000
Other	65	4.0%	65	4.0%		0.000
Region						
Central	430	26.2%	430	26.2%	1.00	0.000
Charlottesville/Western	277	16.9%	277	16.9%		0.000
Northern & Winchester	196	11.9%	196	11.9%		0.000
Roanoke & Alleghany	234	14.3%	234	14.3%		0.000
Southwest	179	10.9%	179	10.9%		0.000
Tidewater	325	19.8%	325	19.8%		0.000
Continuously Enrolled MCO						
Aetna	146	8.9%	146	8.9%	1.00	0.000
HealthKeepers	478	29.1%	478	29.1%		0.000
Molina	95	5.8%	95	5.8%		0.000
Sentara^	778	47.4%	778	47.4%		0.000
United	123	7.5%	123	7.5%		0.000
More Than One MCO	21	1.3%	21	1.3%		0.000
Medicaid Population						
MLTSS	S	S	64	3.9%	0.81	-0.016

Category	Number of Former Foster Care Members	Percent of Former Foster Care Members	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Acute	1,573	95.9%	1,566	95.4%		0.021
More Than One Medicaid Population	S	S	11	0.7%		-0.016

^ HSAG included members with enrollment in Optima or VA Premier prior to July 2023 in the rate for Sentara.
S indicates that the rate has been suppressed due to a small numerator (i.e., less than or equal to 10). In instances where only one stratification was suppressed, the value for a secondary population was also suppressed.
** Indicates that the covariate balance test found imbalance between the children in foster care and controls.*

The age category, race, region, and MCO distributions were identical in the former foster care members study population and the controls due to exact matching on these characteristics. Neither the covariate-level Chi-square tests nor the standardized differences test identified any significant differences in the demographic characteristics of the matched former foster care members and controls.

Table B-10 presents the health characteristic assessment findings for the final children in foster care study population and the controls, after matching continuously enrolled children in foster care and controls.

Table B-10—Distribution of Health Characteristics Among Children in Foster Care (n=3,421) and Controls (n=3,421) Continuously Enrolled in Managed Care, After Matching

Category	Number of Children in Foster Care	Percent of Children in Foster Care	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Adjustment Disorder	978	28.6%	984	28.8%	0.87	-0.004
Attention Deficit Hyperactivity Disorder	1,035	30.3%	1,072	31.3%	0.33	-0.023
Anxiety Disorder	762	22.3%	708	20.7%	0.11	0.038
Congenital Anomaly	176	5.1%	173	5.1%	0.87	0.004
Developmental Disorder	767	22.4%	850	24.8%	0.02*	-0.057
Maltreatment/Abuse	75	2.2%	55	1.6%	0.08	0.043
Mood Disorder	597	17.5%	548	16.0%	0.11	0.038
Obesity and Metabolic Syndrome	586	17.1%	542	15.8%	0.15	0.035
Other Mental Health Disorder	232	6.8%	170	5.0%	0.001*	0.077
Neurological Disorder	94	2.7%	82	2.4%	0.36	0.022
Substance Use Disorder	84	2.5%	61	1.8%	0.05	0.047
Emergency Department Visit for Mental Health	82	2.4%	71	2.1%	0.37	0.022
Acute Inpatient Visit for Mental Health	138	4.0%	109	3.2%	0.06	0.045

** Indicates that the covariate balance test found imbalance between the children in foster care and controls.*

The health characteristics distributions for the children in foster care study population and the controls were balanced by matching. While the Chi-square tests found imbalance for two health characteristics (i.e., Developmental Disorder and Other Mental Health Disorder) and the omnibus test (p<0.001) identified imbalance in at least one covariate, the standardized differences assessment did not identify any imbalances in the health characteristics. Due to the large sample size, and since larger sample sizes increase the sensitivity of the Chi-square test, HSAG only considered a characteristic to be meaningfully imbalanced if both the Chi-square test and standardized differences assessment indicated imbalance.

The largest imbalance was 2.4 percentage points for Developmental Disorder, and this difference was a substantial improvement from the 14.6 percentage point difference between children in foster care and controls prior to matching.

Table B-11 presents the health characteristic assessment findings for the final children receiving adoption assistance study population and controls, after matching continuously enrolled children receiving adoption assistance and controls.

Table B-11—Distribution of Health Characteristics Among Children Receiving Adoption Assistance (n=7,100) and Controls (n=7,100) Continuously Enrolled in Managed Care, After Matching

Category	Number of Children Receiving Adoption Assistance	Percent of Children Receiving Adoption Assistance	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Adjustment Disorder	632	8.9%	671	9.5%	0.26	-0.019
Attention Deficit Hyperactivity Disorder	2,293	32.3%	2,308	32.5%	0.79	-0.005
Anxiety Disorder	903	12.7%	887	12.5%	0.69	0.007
Congenital Anomaly	271	3.8%	240	3.4%	0.16	0.023
Developmental Disorder	1,308	18.4%	1,217	17.1%	0.05*	0.034
Intentional Self-Harm	81	1.1%	73	1.0%	0.52	0.011
Mood Disorder	742	10.5%	716	10.1%	0.47	0.012
Rheumatologic Condition	446	6.3%	425	6.0%	0.46	0.012
Neurological Disorder	203	2.9%	168	2.4%	0.07	0.031
Substance Use Disorder	64	0.9%	40	0.6%	0.02*	0.040
Emergency Department Visit for Mental Health	79	1.1%	55	0.8%	0.04*	0.035
Acute Inpatient Visit for Mental Health	104	1.5%	72	1.0%	0.02*	0.041

** Indicates that the covariate balance test found imbalance between the children in foster care and controls.*

The health characteristics distributions for the children receiving adoption assistance study population and the controls were balanced by matching. While the Chi-square tests indicated imbalance for several health characteristics (e.g., Developmental Disorder, Substance Use Disorder) and the omnibus test (p<0.05) identified imbalance in at least one covariate, the standardized differences

assessment did not identify any imbalances in the health characteristics. Due to the large sample size, and since larger sample sizes increase the sensitivity of the Chi-square test, HSAG only considered a characteristic to be meaningfully imbalanced if both the Chi-square test and standardized differences assessment indicated imbalance. The largest imbalance was 1.3 percentage points for Developmental Disorder, and this difference was a substantial improvement from the 10.0 percentage point difference between children receiving adoption assistance and controls prior to matching.

Table B-12 presents the health characteristic assessment findings for the final former foster care members study population and controls after matching continuously enrolled former foster care members and controls.

Table B-12—Distribution of Health Characteristics Among Former Foster Care Members (n=1,641) and Controls (n=1,641) Continuously Enrolled in Managed Care, After Matching

Category	Number of Former Foster Care Members	Percent of Former Foster Care Members	Number of Controls	Percent of Controls	Chi-square Balance Test *p*	Standardized Differences Assessment *d*
Adjustment Disorder	72	4.4%	69	4.2%	0.80	0.009
Attention Deficit Hyperactivity Disorder	85	5.2%	75	4.6%	0.42	0.028
Anxiety Disorder	231	14.1%	225	13.7%	0.76	0.011
Intentional Self-Harm	57	3.5%	50	3.0%	0.49	0.024
Mood Disorder	359	21.9%	360	21.9%	0.97	-0.001
Rheumatologic Condition	128	7.8%	127	7.7%	0.95	0.002
Substance Use Disorder	140	8.5%	151	9.2%	0.50	-0.024

** Indicates that the covariate balance test found imbalance between the children in foster care and controls.*

The health characteristics distributions for the former foster care members study population and the controls were balanced by matching. The Chi-square tests found no imbalances in the health characteristics, the omnibus test (p=0.31) indicated overall balance, and the standardized differences assessment found no imbalances in the health characteristics.