

## Assessments for Children in DHS Custody

### [Link to finalized OHA technical specifications](#)

**Who:** Children and adolescents aged 0–17 years newly placed in DHS custody between November 1, 2025, and October 31, 2026 who have remained in custody for at least 60 days. Note the cut-off date of notification is on October 31st so the health assessment period can occur by the end of the year.

**Why:** OHA developed these specifications based on requirements for physical, mental, and dental health assessments for children who enter foster care. Children in foster care are among the most vulnerable that CCOs serve. This measure ensures that they receive necessary care during a challenging transition.

**What:** Completion of the following health assessments within 30 days (or 60 days for behavioral health assessments) after the CCO is notified that the child has entered DHS custody, or within the 30 days prior to notification.

**How:** The CCO coordinates with dental, mental, and physical health providers to schedule necessary assessments, and providers agree to prioritize foster children for appointment scheduling. Reach out to your Quality Improvement Analyst or Innovation Specialist for additional support.

**Exclusions:** Children will be excluded from the final measure denominator if:

- The CCO does not receive notification from OHA within 30 days of the child entering DHS custody.
- Child does not enroll in the CCO or meet continuous enrollment criteria.
- The child does not remain in DHS custody and enrolled with the CCO for 60 days after notification.
- If a child is dropped from the weekly notification file and the First Notification Date is restarted, only use the first “First Notification Date” of each unique episode.

See [OHA technical specifications \(link\)](#) for a complete list of other exclusions handled on a case-by-case basis and continuous enrollment criteria.

### Coding:

Physical Health Assessment	Mental Health Assessment	Dental Health Assessment
99202 – 99205 (can count for mental health assessment as well if mental health dx code is included on claim) 99212 – 99215, 99381 – 99384, 99391 – 99394, G0438, G0439	90791, 90792, 96130, 96131, 96136, 96137, 96138, 96139 H0031, H1011 H2000 – TG ( <b>need modifier</b> ) H0019, H2013, H0037	D0100 – D0199
	Mental Health dx codes on 99202-99205: F03, F20–F53, F59–F69, F80-F99	

## Frequently Asked Questions: Assessments for Children in DHS Custody

### **Q: How does the CCO coordinate this measure?**

**A:** CCO staff maintain a list of children in foster care and points of contact with local DHS offices. They work with physical, mental, and dental health plan staff to outreach to foster parents and facilitate the scheduling of needed services. Multiple teams within CareOregon coordinate this measure including the quality improvement analysts, innovation specialists, and regional care teams (RCT) – please reach out to these teams if you have any questions or require technical assistance.

### **Q: How often is the data refreshed?**

**A:** The CCO receives a weekly file from the OHA with a list of children who have entered DHS custody. The CCO uses this list to coordinate the scheduling of the required visits. Due to the vulnerability of the children in DHS custody, the CCO does not share regular data with external partners. Data is shared on a case-by-case basis as needed for the purposes of coordinating care only.

### **Q: What event date starts the metric?**

**A:** The date the OHA first notifies the CCO that the child has entered DHS custody is the “start date” for the metric. From that date, we look back 30 days for any eligible services that have already been delivered. Then we have 30 days (or 60 for behavioral health assessments) from the notification date, to ensure that the child receives all remaining required services.

**Performance Measure Set:** CCO Incentive Metric Medicare Star Measure

**Quality Measurement Type:** Structure Process Outcome Patient Experience

**Data Type:** Claims Chart Documentation eCQM Survey Other

**State Benchmark:** 80.0%, with 2% improvement floor (Committee consensus).

