



Department of Medical Assistance Services (DMAS)

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What is DMAS?

- The Department of Medical Assistance Services (DMAS) is the state agency that administers Virginia's Medicaid program.

How Does DMAS Intersect with Virginia's Foster Care System?

- Foster care children who receive Medicaid benefits were transitioned to managed care by June 2014.
- DMAS conducts detailed training sessions, communicates regularly, and provides targeted outreach to local DSS staff, child placement agencies, and foster care and adoptive parents.
- DMAS collaborates with managed care partners and the Virginia Social Services System (state and local) to ensure that all foster care members receive the full range of benefits.
- Enrollment into managed care provides foster care children and youth increased access to care, specialized services, one-on-one care management, and comprehensive health risk assessments.
- Many foster care families are pleased with the support and guidance they have received with the new managed care system.

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VIRGINIA MEDICAID MANAGED CARE SUCCESS STORIES FROM FOSTER CARE MEMBERS

These are the stories of real Virginia Medicaid members whose names and photographic images are protected under the Health Insurance Portability and Accountability Act.

The photographs are illustrative examples, not portraits of the individual members.

BACKGROUND

- Foster care children who receive Medicaid benefits were transitioned from fee-for-service (FFS) programs to managed care no later than June 2014, and the Commonwealth of Virginia Department of Medical Assistance Services (DMAS) continually improves the quality and timeliness of care for these children.
- DMAS conducts targeted outreach to local DSS staff, child placement agencies, and foster care and adoptive parents; and conducts extensive trainings and communications.
- DMAS works in collaboration with our managed care partners and our state and local DSS staff to ensure that all foster care members receive the full range of benefits.

CARE MANAGEMENT

- Enrollment into managed care has provided this special needs population increased access to care, specialized services, one-on-one care management, and comprehensive health risk assessments.
- The next few slides highlight care management stories from the managed care health plans.



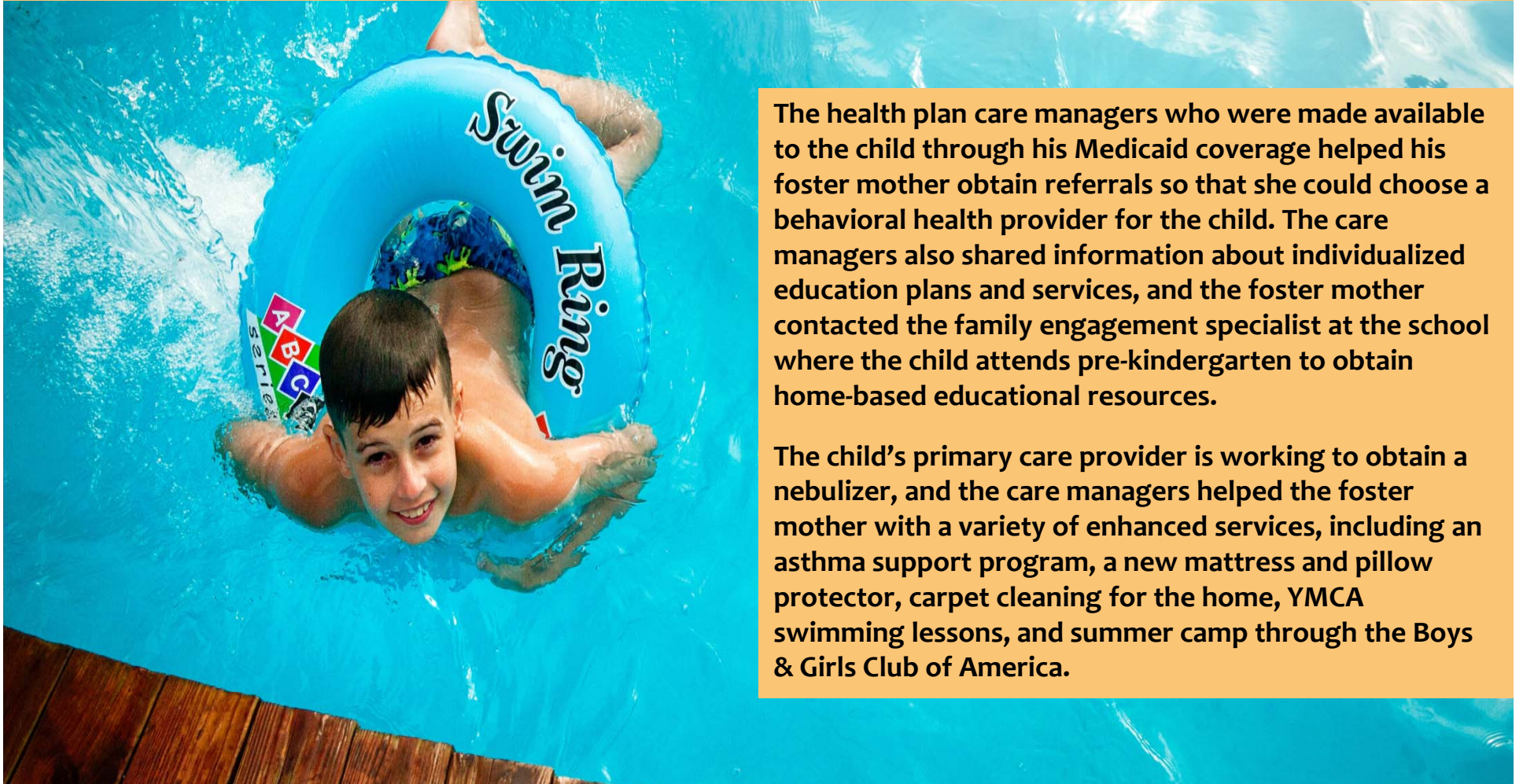
A toddler with a diagnosis of Fetal Alcohol Syndrome and sensory processing issues is receiving Early Intervention Services as a Virginia Medicaid member. His foster mother needed help navigating the health care system and information about providers who could diagnose and treat the child.

This was an email sent by the foster mother to the care coordinator assigned by Virginia Medicaid to the child:

“Care Coordination has made a major impact on my well-being as well as the overall health of my foster, soon-to-be adopted, son with special needs. The Care Coordinators listen with care and then both help me to take action to improve health outcomes while also knowing when they need to step in to move things along if there are glitches in the system. The medical needs of a child facing challenges can be complex and navigating all of this gets overwhelming but with Care Coordination I know I have a skilled person guiding me to find answers and take the necessary steps myself to make sure this wonderful child is getting the help he needs, when he needs it. I navigate a wide range of services and providers in order to make sure his needs are met. Many of these people use jargon that Care Coordinators explain clearly.

The value of a non-judgmental, skilled listener cannot be overstated when I get overwhelmed by the sheer volume of details I need to pay attention to for his sake. The other thing that is amazing is the regular check-ins. This helps me stay on track as I handle each task, appointment or service. It is also nice to be encouraged by people who clearly care about the people in their care. I am absolutely sure that the Care Coordination system is worth at least five times what it may cost to provide. I am a strong advocate for this important role in order for best practices in medical care and overall health to be achieved. I look forward to seeing Care Coordination become stronger and more available to everyone in need of this valuable program.”

A child in his fourth foster home in a two-year period has a history of Neonatal Abstinence Syndrome due to exposure to methadone. He was experiencing a series of physical and behavioral health issues, including asthma, self-harming behavior and aggression toward a five-month-old foster sibling. His biological father is in jail, and his biological mother is in and out of rehabilitation.



The health plan care managers who were made available to the child through his Medicaid coverage helped his foster mother obtain referrals so that she could choose a behavioral health provider for the child. The care managers also shared information about individualized education plans and services, and the foster mother contacted the family engagement specialist at the school where the child attends pre-kindergarten to obtain home-based educational resources.

The child's primary care provider is working to obtain a nebulizer, and the care managers helped the foster mother with a variety of enhanced services, including an asthma support program, a new mattress and pillow protector, carpet cleaning for the home, YMCA swimming lessons, and summer camp through the Boys & Girls Club of America.

The foster mother expressed gratitude for the help given to her and the child:

"I want to thank you for all your help and support. This is a new and difficult process all around for our family. These children deserve a fighting chance and both of you are helping to make that possible. It's people like both of you who make a world of difference. Thank you for caring about the children and their caregivers. I truly appreciate it from the bottom of my heart."

A young man with significant childhood trauma and health care needs aged out of foster care and was unsure how to manage his medication or access the health care system. Through continued support by his foster mother, the Fostering Futures program, and the clinical outreach team provided through his Virginia Medicaid health coverage, he was able to establish a stable home environment and develop a trusting relationship with his therapist.

He continues to receive support from Virginia Medicaid and his managed care health plan as he makes progress toward achieving greater self-sufficiency as a young adult.



Two weeks after enrollment in Virginia Medicaid, a young woman in foster care who has experienced significant trauma was admitted to an acute psychiatric hospital. After she was discharged from the hospital and placed in a new foster home, her Medicaid behavioral health care coordinator worked to ensure she had in-home services, primary care, individual therapy, and medication management.

Over the course of two additional hospitalizations, the behavioral health care coordinator continued to work with the young woman, her foster parent, and providers to increase the number of hours of intensive in-home services she received.

The young woman made progress in her treatment and was able to move out-of-state to live with her birth father. The behavioral health coordinator remained in touch with the young woman, made sure she had coverage for her prescriptions, and helped to obtain Comprehensive Services Act funding for outpatient treatment. The coordinator also shared information on Medicaid eligibility with the young woman's birth father. The young woman was ultimately able to discontinue all psychotropic medications. She continues to live with her father, who now has custody of his daughter.

