

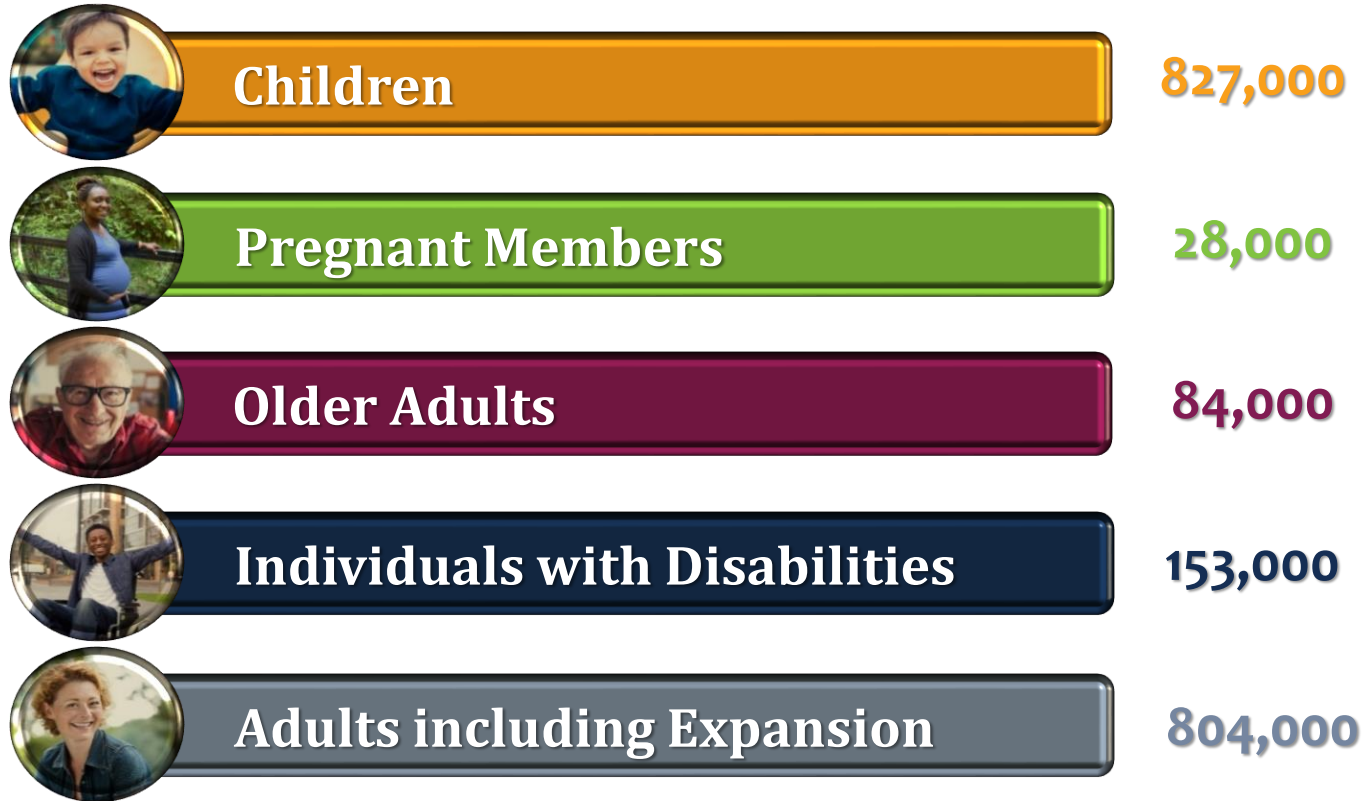


# DMAS FOSTER CARE PROGRAM

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*Deputy of Programs and Operations*



# Virginia Medicaid Mission: To improve the health and well-being of Virginians through access to high-quality health care coverage



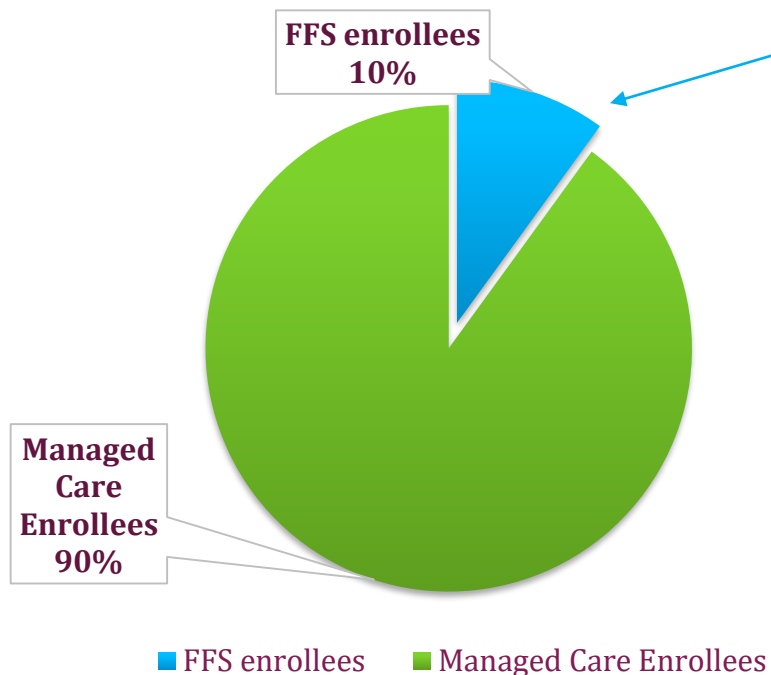
*Medicaid plays a critical role in the lives of over 2 million Virginians*

# Medicaid Benefits & Covered Services for Children



# Health Care Delivery

## Managed Care Enrollment vs Fee-For-Service



### Fee For Service

- In any given month, about 10% of members are in fee-for-service
- Children in Residential treatment (PRTF) are in fee for service and administered through Magellan
- Approximately 1/2 of the FFS population are in limited benefits programs (such as Plan First, QMB, etc.)
- The remaining fee-for-service population will transition to one of 6 managed care plans

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# DMAS Foster Care Program

## CONNECTION

The complex needs of children in foster care are best met through strategic and aligned connections

## CONTINUITY

DMAS is committed to providing the best health care for youth throughout their transitions



## COLLABORATION

The foundation of the DMAS Foster Care program is collaboration with state & local DSS, our six MCOs, and various community stakeholders

## COORDINATION

DMAS managed care health plans have invested both interest and efforts in proactive care coordination for children in foster care

# Virginia Medicaid Categories of Children in Foster Care



## Foster Care Aid Category 76

24-hour substitute care for children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility. Children in foster care placement are eligible for Medicaid unless they are not considered Virginia residents, or they have income or other financial resources that make them ineligible for Medicaid.



## Former Foster Care Aid Category 070

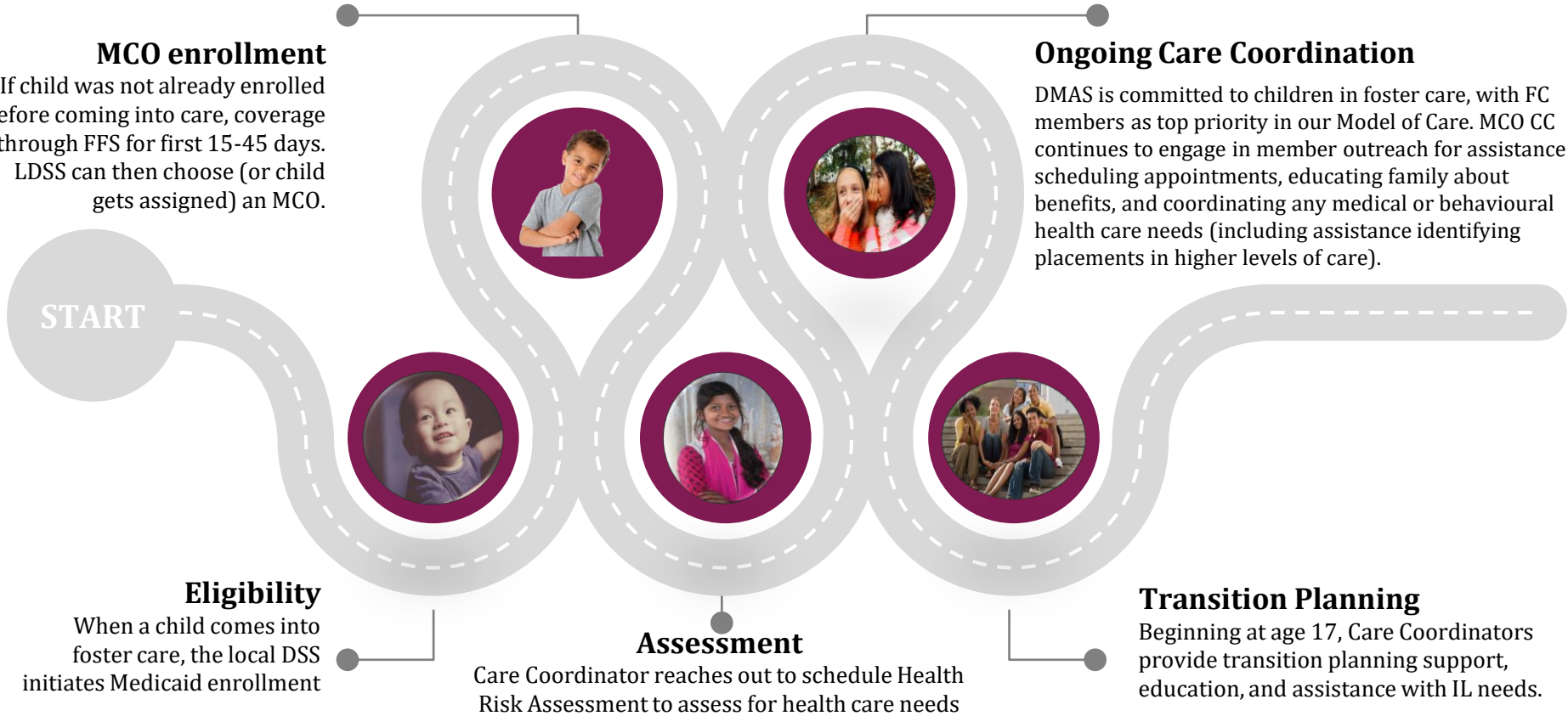
An individual who was in the custody of DSS in any U.S. state and receiving Medicaid until discharge from foster care upon turning age 18 years or older, is not eligible for Medicaid in another mandatory Medicaid covered group, and is under age 26 years. This includes individuals over 18 in an IL arrangement or Fostering Futures Program through DSS.



## Adoption Assistance Aid Category 072

The purpose of adoption assistance is to facilitate adoptive placements and ensure permanency for children with special needs. It provides the adoptive parents with the necessary assistance to adopt and care for the child who has special needs, and includes health insurance through the Medicaid program for an eligible child.

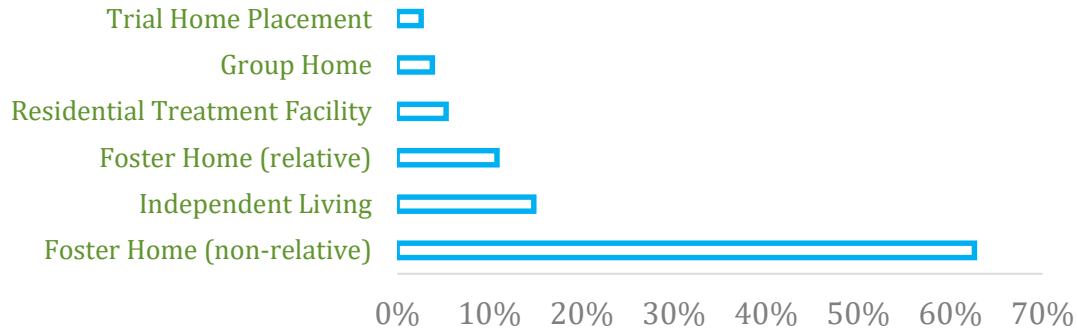
# Medicaid Foster Care Coverage Journey



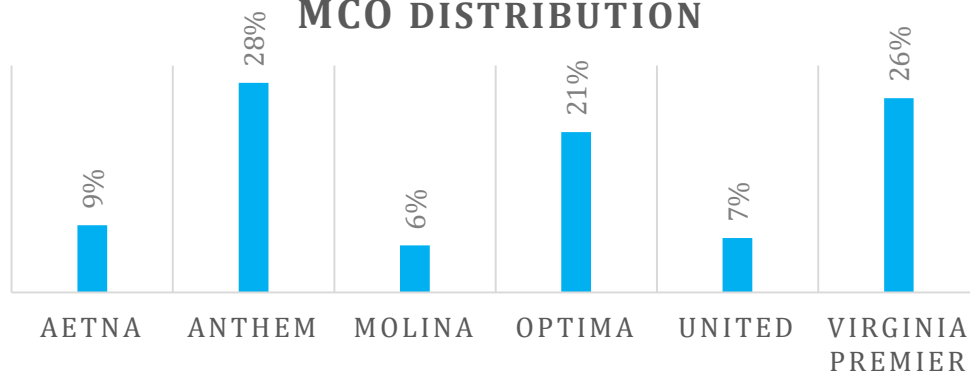


# Virginia's Children: MCO and Placement Data

## PLACEMENT DISTRIBUTION



## MCO DISTRIBUTION



# 5,982

Children enrolled in Medicaid through foster care

### Delivery System

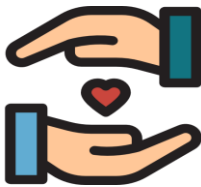


96% of children in foster care are enrolled in managed care, while 4% remain in FFS due to new enrollment status *or placement in Residential.*



# MCO Foster Care Expectations

## MCO Care Coordination



Access to full services and available provider network including PCP and Dental visits within 30 days of MCO enrollment

Health Risk Assessments within 60 days of enrollment

Trauma informed case management by licensed BH professionals

Connection through outreach and education on accessing benefits and services provided by MCO

Care managers dedicated to children in foster care

Model of care and high priority population

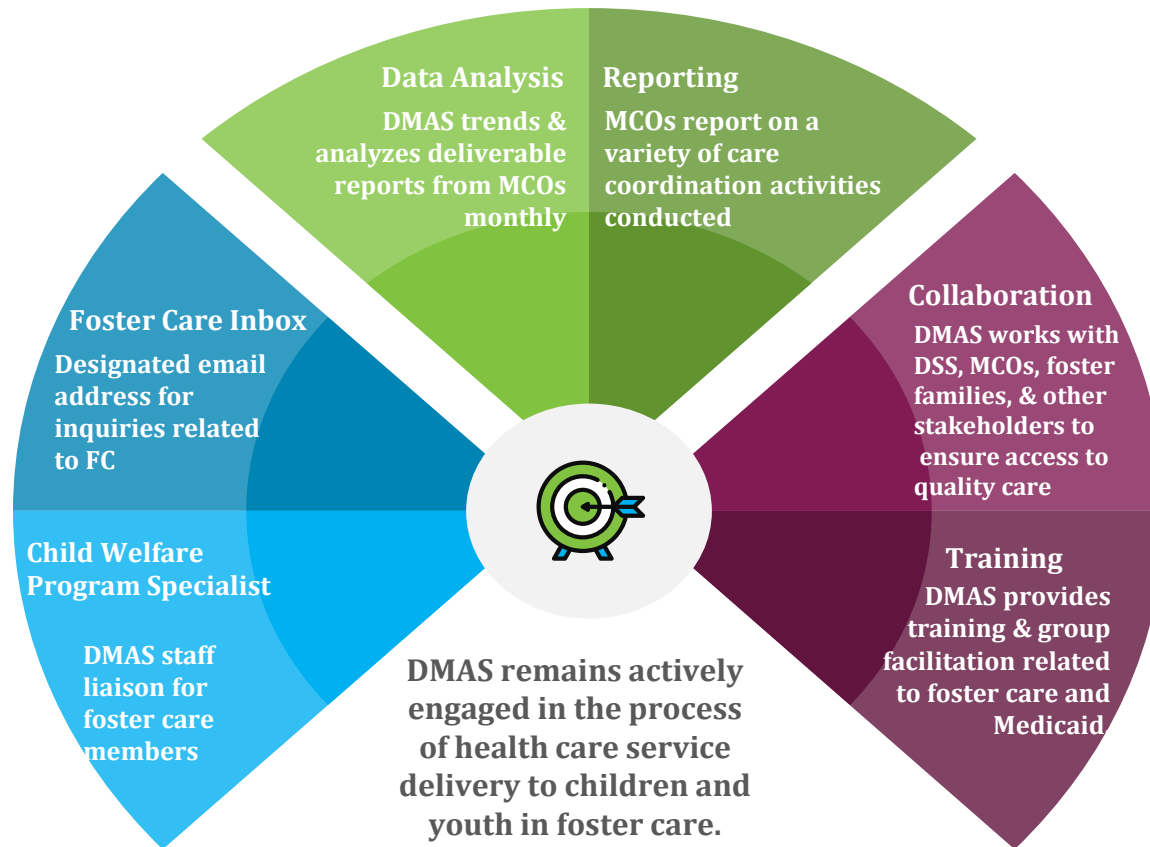
Coordination with LDSS staff, families, DMAS, and providers for care (including assistance identifying placements)

Emphasis on addressing Social Determinants of Health

Assistance in transitional services as children age out – coverage to age 26

Provide adoption assistance services

# MCO Foster Care Program Oversight



# Focused Study Indicators

- DMAS partnered with VDSS to increase utilization of services and meet state and federal goals
- Recent focus study demonstrated that children in foster care have higher rates of appropriate healthcare utilization than comparable controls for most study indicators, and this finding is consistent across all three measurement years
- Study findings show that rate differences between children in foster care and controls were greatest among dental measures, where the rates of annual dental visits and preventive dental services among children in foster care were nearly 30 percentage points higher than the rates for controls

Measure	Children in Foster Care Rate	Controls Rate
<b>Primary Care</b>	Blank	Blank
Child and Adolescent Well-Care Visits	68.0%	48.5%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	65.1%	56.1%
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	77.6%	74.5%
<b>Oral Health</b>	Blank	Blank
Annual Dental Visit	79.1%	50.0%
Preventive Dental Services	72.0%	42.8%

# DMAS Current Initiatives

## DMAS Foster Care Partnership

Inter-agency group with purpose of stakeholder collaboration to improve services to youth in foster care. Initial focus is on sharing roles and resources and forming action groups related to identified priorities of Transition Planning and Service Utilization

## Communications

Letters to families, meeting with state DSS, collaborative with MCOs



## EQRO Focused Study



DMAS contracts with an EQRO for a Foster Care Focus Study examining annual health care service utilization; this year we included data about Former Foster Care individuals to monitor continued utilization upon exiting foster care.

## Foster Care Affinity Group

CMS is providing TA support to states in implementing QI activities to improve timely health care services for children in foster care. Virginia's aim is to improve rates of initial medical exams for children entering care by 12/2023

# Challenges and Actions In Progress

Health plans share barriers and practices to engage foster families to assist with their needs

	<b>AWARENESS &amp; EDUCATION</b>	<b>WORK ACROSS AGENCIES</b>	<b>OUTREACH</b>	<b>CARE COORDINATION</b>
 <b>Challenges</b>	LDSS, Foster parents, youth, and providers may not be aware of Medicaid or MCO benefits and services	No one agency or branch can support children	Population is transitional and MCOs sometimes have difficulty reaching members, foster parents, and DSS workers	Plans have services and care coordination services that need to be accessed more frequently
 <b>Actions in progress</b>	<ul style="list-style-type: none"><li>➤ DMAS will improve communication streams with LDSS, member and family about benefits</li><li>➤ Creating a tool kit and working on education</li></ul>	<ul style="list-style-type: none"><li>➤ Plan to continue task force work and to increase education, coordination, share resources and policy changes, evaluations and outcomes</li></ul>	<ul style="list-style-type: none"><li>➤ Will work with DSS to improve process</li><li>➤ MCO are encouraged to exhaust all available resources to investigate best contact information</li><li>➤ DMAS will also be involved</li></ul>	<ul style="list-style-type: none"><li>➤ Need to improve processes</li><li>➤ Care coordination and contacts occur across care setting</li></ul>

# QUESTIONS

Email us at  
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