



SFY 2018-2020 Foster Care and Adoption Assistance Report

Department of Medical Assistance
Services

August 2020

VIRGINIA'S MEDICAID PROGRAM
DMAS

*Improving the health and well-being
of Virginians through access to high
quality health care coverage*

SERVICE • COLLABORATION • TRUST • ADAPTABILITY • PROBLEM-SOLVING



SUMMARY

More than 1 million Virginians are served through the medical assistance programs administered by the Department of Medical Assistance Services (DMAS). With honor and integrity, DMAS upholds and maintains this public service. DMAS accepts this responsibility of care in high regards as it transforms lives through access to health care.

In efforts to improve the health and well-being of Virginians through access to high-quality health care coverage, the Department of Medical Assistance Services (DMAS) maintains a high-touch, family-focused foster care program. Serving more than 17,000, children in foster care are of the most vulnerable populations served by the Medicaid program. Together with partners, DMAS ensures quality care for children in foster care and for children receiving adoption assistance.

Program initiatives offer comprehensive care through program guidelines focused on both physical and behavioral health outcomes. With approaches to strengthen the structures and supports offered, children in foster care receive specialized care to meet individual needs. With approximately 7,836 children enrolled in foster care, 9,425 enrolled in adoption assistance, and 1,100 enrolled in the former foster care group, this program affects the lives of children throughout the Commonwealth. A recent focused study conducted by a contracted external quality review organization found that children in foster care generally had higher rates of healthcare utilization than children not in foster care with comparable Medicaid benefits.

Together DMAS, the health plans, and both the State and Local Departments of Social Services (DSS) forge ahead to continually advance the delivery of services and to nurture a community of care for children in foster care and adoption assistance.



Children in foster care and adoption assistance (FC/AA) often face turbulent times and transient placements. These children of the Commonwealth thrive in systems built to withstand complex care needs. DMAS is dedicated to maintaining a robust foster care program with focus on connection, coordination, and continuity. It is this concerted approach that has created and maintains a system of excellence in service to the FC/AA population.

CONNECTION

The strength of the DMAS Foster Care program originates with connections. The complex needs of children in foster care and adoption assistance are best met through strategic and aligned connections. The identification of care partners has provided a long-standing foundation in support of this program. DMAS regularly collaborates with and builds connections across state and local DSS, our managed care organizations (Aetna Better Health, Anthem Health Keepers Plus, Optima Family Care, Magellan Complete Care of Virginia, United Healthcare, and Virginia Premier), and various community stakeholder groups. Other engagements include a variety of committees with key stakeholders from the Senate, House of Delegates, Judicial members, state and local DSS workers, Children's Services Act (CSA) staff, members from private adoption agencies, and staff from child placement facilities including: Child Welfare Advisory Committee (CWAC), Commission on Youth, Three Branch Institute, Psychotropic Stakeholder Hub Committee, and ADOPT Committee.

The strength of these connections is core to the sustainment of the FC/AA program. The creation of these connections aids DMAS in connecting the dots and offering outcome-driven services.

COORDINATION

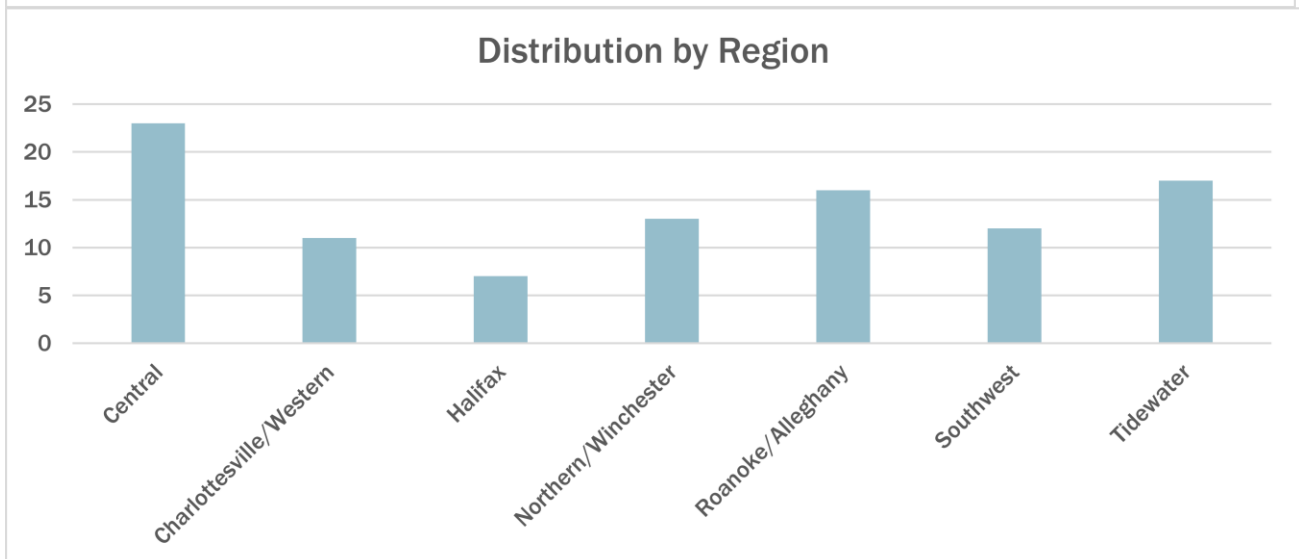
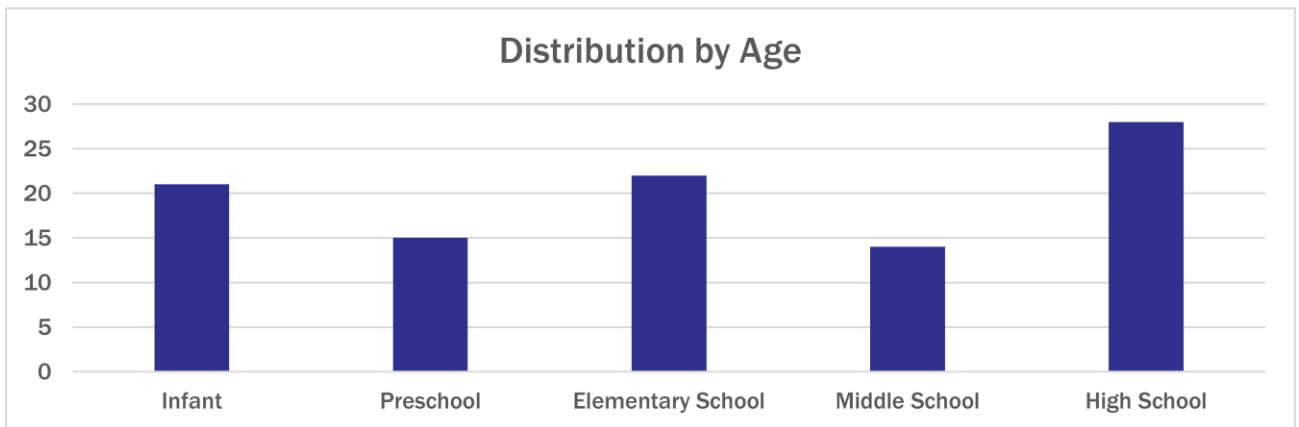
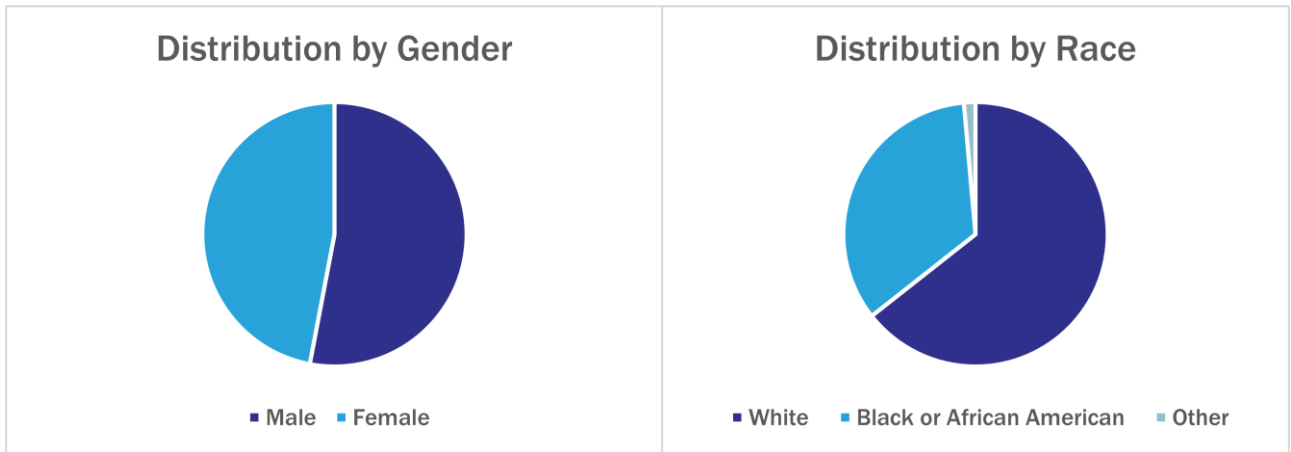
Coordination through a shared team approach has resulted in proven results and measurable outcomes for the children in foster care and adoption assistance. The DMAS managed care health plans have invested both interest and efforts in proactive care coordination. Collaboratively with the local Department of Social Services, the care team prioritizes the system of care through specialized case management and care coordination. With the plans, coordinated care facilitates access to comprehensive therapeutic, behavioral, and medical services. This level of coordination ensures children in FC/AA receive services that include both quality and care management.

CONTINUITY

The Department is committed to providing the best health care for youth that are aging out of foster care. The health plans are contractually required to begin transition plans when youth reach age 17. This planning aims to set specific and measurable goals surrounding health care, housing, and employment; while working to build systems of resiliency and self-determination. To improve the continuity of care for children in foster care, the Department now automatically enrolls children formerly in foster care in the appropriate Medicaid group upon aging out of the foster care program. This automated enrollment process minimizes the closure of cases in which members remain eligible for services. These members may live in an independent living setting, live independently, or choose to live with a biological family member and still be entitled to the benefit. Members can receive this benefit until age 26. There are more than 1,100 members enrolled in this coverage group. These members receive services through the Fostering Futures and Former Foster Care programs. This continuity of care extends across managed care models with the recent alignment of coverage and services offered in Medallion 4 and Commonwealth Coordinated Care Plus (CCC Plus).

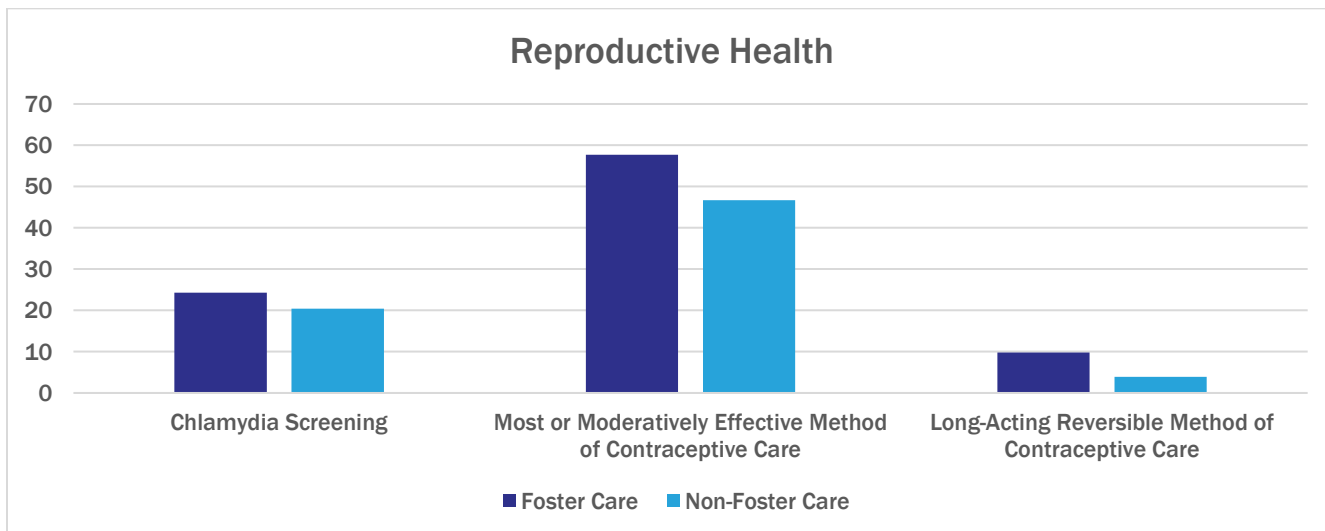
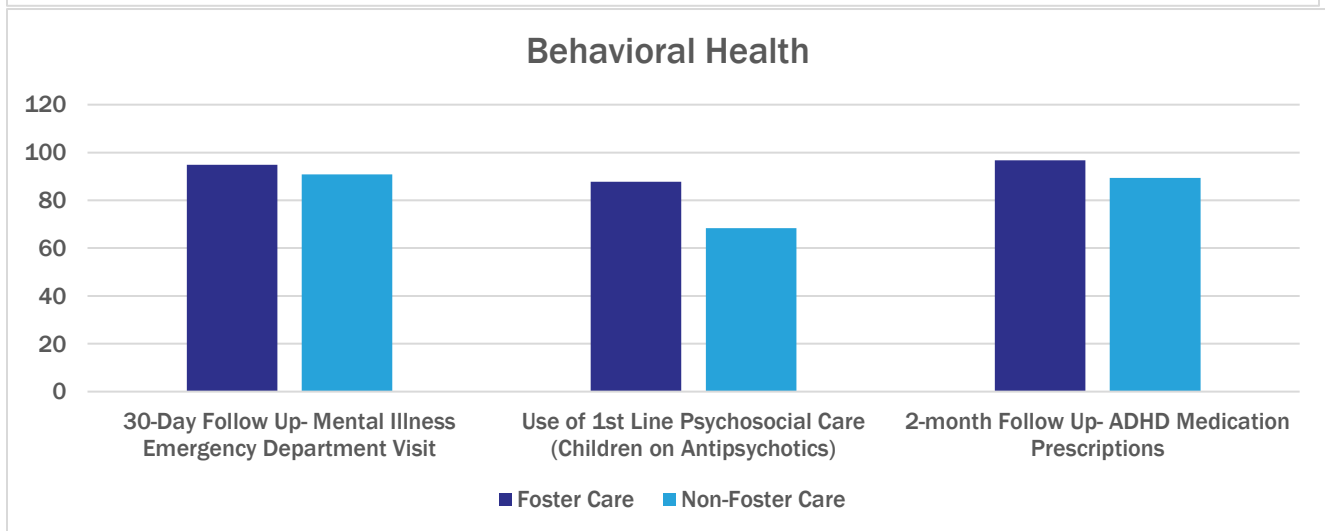
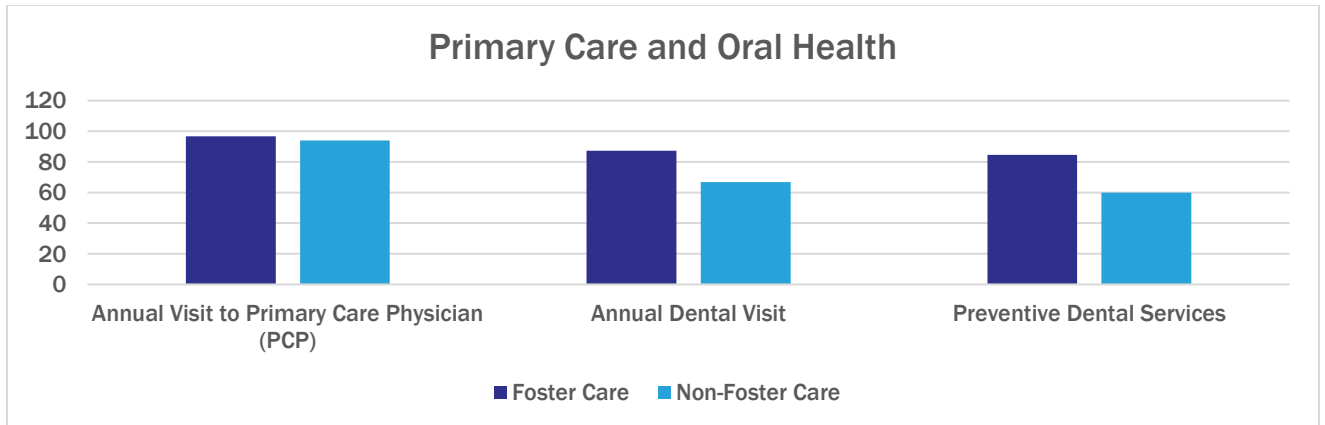
DISTRIBUTION DATA

The following distribution data is representative of children continuously enrolled in foster care (aged 2-17 years) during the study period of state fiscal year (SFY) 2018-2019. (Health Services Advisory Group (HSAG), March 2020)



OUTCOME DATA

The following outcome data is representative of children continuously enrolled in foster care (aged 2-17 years) during the study period of state fiscal year (SFY) 2018-2019. The study indicator results compare utilization between children in foster care and children not in foster care. (Health Services Advisory Group (HSAG), March 2020)



A STORY OF HEROES

The children in Foster Care and Adoption Assistance are the true heroes of this story. The measurable outcomes in health and well-being provide evidence based results to the services provided each day by the health plans in collaboration with community partners.



Clinical Care

14 month old male, born premature with Failure to Thrive, and other Developmental Delays. He currently receives personal case assistance and is making progress. He can now stand for short periods of time and continues Occupational and Feeding Therapy.



Case Management

16 year old female with history of multi-substance use, stealing, defiance, and disrespect. Care coordinator provided information, education and resources for foster parent in order to assist youth integrate into new environment. Through the use of community resources, the youth was able to overcome her history of trauma and disappointment. Youth is continuing therapy and is no longer using substances. Youth is talking about her future, no longer steals, and is respectful to her foster parents.



Continuity of Care

11 year old male with history of mental health disorders due to abuse from natural parents. The child was receiving counseling when foster parent legally adopted the member. The family expressed concerns with changing providers during treatment. The case manager worked with the new provider to obtain needed services. The child's adopted father is pleased and the child continues to receive the needed services.



Circles of Support

19 year old transgender male with several mental health diagnoses and multiple inpatient psychiatric hospitalizations. Case manager identified housing, stable employment, and transportation as major social determinants of health. Case manager has connected the member to a social worker and local Community Services Board (CSB) case manager. The member has found temporary shelter and a job at a local retail store.

HIGHLIGHTS & OUTCOMES

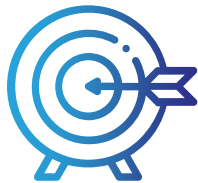
Through the Medallion 4.0 and CCC Plus programs, DMAS tracks and reports deliverables to support the monitoring of the FC/AA population. These reports provide insight to service delivery activities including care coordination, service utilization, and transition out of foster care. SFY 2018-2020 marked great strides in the continued efficiency and sustainability of the foster care and adoption assistance program.

Accomplishments

- Alignment of services and coverage across managed care models.
- Participation in a trauma-informed care working group as a sub-committee of the Children's Cabinet under the Secretary of Health and Human Services.
- Creation of Foster Care Dashboards. The dashboards include information on dental visits, emergency room visits, physician visits, and members placed in facilities.
- Enhanced review of service utilization through a Foster Care Focused Study.

Targeted Outcomes

OUTREACH & EDUCATION



- Annual training for local DSS agencies, Licensed Child Placement Agencies (LCPAs), health plans, foster care parents, and adoptive parents.
- Stakeholder and community partner trainings for the ADOPT Committee, Connecting Hearts Leadership Conference, and Great Expectations.
- Medicaid Foster Care Tutorial for DSS Staff YouTube video.
- Dedicated email box to help streamline questions and facilitate FC/AA related questions.
- Specialized managed care enrollment letters for children in foster care and adoption assistance.
- Dedicated care coordinators at each MCO to serve as a liaison between the MCO and child welfare stakeholders including LDSS offices and licensed child placement agencies (LCPAs).
- Participated in the 2019 Foster Care Seminar hosted by the Virginia Commission on Youth, a bipartisan commission of the Virginia General Assembly. Highlights from this meeting included discussion and development of legislative and budgetary recommendations regarding foster care, VDSS foster care program highlights and information on the Family First Act, among other child welfare topics.

BRIGHT FUTURE AHEAD

Family First



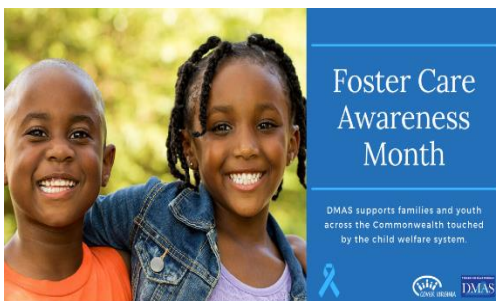
The Family First Prevention Act provides new opportunities for states in the operation of child welfare programs. In partnership with the Department of Social Services, DMAS fully supports the planning, submission, and implementation of the federally required Family First Prevention Plan. Increased care models create paths to increased and expanded services as both preventive and maintenance services.

Enhanced Clinical Models



The health plans announce the launch of new enhanced clinical models. The integration of medical and behavioral care services will create programs aimed to promote early intervention and appropriate levels of support. Coupled with DMAS redesigns in behavioral health and focus on atypical pharmaceutical usage, these enhanced models and new program designs will provide the data and means to measure clinical advances within the foster care program.

Stakeholder Engagement



DMAS has continued with a renewed focus on community outreach and stakeholder engagement. In May 2020, DMAS launched an outreach campaign in honor of Foster Care Awareness Month. Outreach including messaging about DMAS support for foster care workers and families along with information on Medicaid benefits available to youth in foster care.

Renewed Partnerships



DMAS is committed to improving the quality of care for children in foster care. DMAS seeks to further strengthen existing partnerships and to create new alliances. In the upcoming year, DMAS is committed to stand up new Partnership Collaboration and Action forums which will allow for perspective learning, peer communication, and programmatic improvements.