



Foster Care & Adoption Assistance Annual Report

SFY 2022 & 2023

Table of Contents

S F I N E T H I N G S C O M E

02.

Introduction

03.

DMAS Foster Care Program
Highlights

09.

Quality Improvement

12.

Program Overview

15.

What's Next?

17.

Resources

INTRODUCTION

Throughout 2022 and 2023, the Virginia Department of Medical Assistance Services (DMAS) administered and provided oversight of Medicaid policy and benefits that ensured access to health care for more than 2 million individuals in the Commonwealth.

Among the most vulnerable populations are Virginia's **18,475** children and youth placed in foster care, receiving adoption assistance, and aging out of the foster care system.

Children in foster care are designated as "children with special health care needs" by the American Academy of Pediatrics, as they are at higher risk for poor health outcomes than the general population and tend to experience greater health-related social needs. Children in foster care have experienced trauma through abuse and/or neglect, as well as removal from their biological family home.

Together with state and local partners, DMAS is dedicated to improving access to preventative and coordinated child-centric health care through its Foster Care and Adoption Assistance Program. This report covers an overview of the program and accomplishments during the period of July 1, 2021-June 30, 2023.

Developed and implemented statewide "Medicaid & Managed Care for Youth in Foster Care" webinars

Trainings

415 total attendees; Mini-trainings & Medicaid updates provided during remaining FC Partnership meetings

College Support Project provided support, gifts, and resources to 16 students attending 4-year college in fall 2023

Innovative Support

DMAS piloted this project to support the health, well-being, and independence of transition age youth.

Developed and sent quarterly, informative DMAS Foster Care Newsletters to over 400 stakeholders

Creative Communication

To keep stakeholders informed about resources, events & trainings, and changes that impact youth in foster care.

Completed Foster Care Affinity Group & Participated in Safe & Sound Task Force

Statewide Collaboration

DMAS participated in other collaborative projects this year to improve outcomes for youth.

DMAS FOSTER CARE & ADOPTION ASSISTANCE

Program Highlights

When children enter the custody of a local Department of Social Services (DSS), the state assumes the same legal responsibility for care as parents. Children that qualify for federal child welfare assistance (under Title IV-E of the Social Security Act) are also eligible for Medicaid.

Many youth in foster care in Virginia are also served by the Children's Services Act through the Office of Children's Services, as well as by their local Community Services Boards under the Department of Behavioral Health and Developmental Services (DBHDS). DMAS dedicates a full-time position to monitor MCO performance and to lead, develop, implement health care initiatives and stakeholder collaboration to improve services and outcomes for youth served by the Foster Care and Adoption Assistance Program.

Foster Care Stakeholder Collaboration

DMAS Foster Care Partnership

Inter-agency group with purpose of stakeholder collaboration to improve services to youth in foster care. Priorities identified by the group include Medicaid trainings for DSS staff and improving access to services for youth in foster care and receiving adoption assistance.

Safe & Sound Task Force

Statewide initiative led by Governor's office, bringing together state, local, and private agencies working with youth in foster care with a goal of leveraging partnerships to address the issue of placements for youth in foster care.



Other External Partnerships

- Department of Social Services: Child Welfare Advisory Committee (CWAC)
- Office of Children's Services/CSA: State and Legislative Advisory Team (SLAT)
- Central Region Independent Living Advocates for Youth (CRILAY)
- Virginia Commission on Youth (COY)

Internal Partnerships

- Children's Health Insurance Program Advisory Committee (CHIPAC)
- Behavioral Health
- Integrated Care
- Eligibility & Enrollment
- Strategic Communications
- Quality & Population Health

Cross-agency collaboration and coordination are critical in meeting the needs of youth in foster care, often involved with multiple programs or systems. DMAS, its contracted managed care organizations (MCOs), and other involved agencies must work in partnership on a variety of initiatives.

PROGRAM HIGHLIGHTS

Foster Care Partnership

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.

2021-2022 Highlights:	2022-2023 Highlights:
<ul style="list-style-type: none">• DMAS re-launched the Partnership in August 2021 and hosted fourteen (14) total Foster Care Partnership and related workgroup meetings through 2022.• The Partnership also established two (2) Action Group workgroups, consisting of a subset of stakeholders from the larger Foster Care Partnership to address two areas of interest to the Partnership group:<ul style="list-style-type: none">◦ (1) <i>Improving transition planning services</i> for youth aging out of foster care &◦ (2) <i>Improving service utilization</i> for youth in foster care.• Action Group efforts resulted in newly developed accessible resources about Medicaid and managed care for youth in foster care including: MCO Case Management Flyer distributed statewide to DSS foster care staff; MCO Foster Care Liaison List; Local DSS Liaison List for Medicaid/MCOs	<ul style="list-style-type: none">• DMAS hosted fourteen (14) Foster Care Partnership meetings and related workgroup meetings through 2023.• Action Groups identified two new focus areas:<ul style="list-style-type: none">◦ (1) a workgroup to plan, develop, and implement a <i>statewide training</i>, and◦ (2) a workgroup to improve service utilization by completing the <i>Foster Care Affinity Group</i>.• DMAS hosted two 90-minute statewide webinars covering Medicaid and Managed Care for Youth in Foster Care• Foster Care Awareness Month activities-<ul style="list-style-type: none">◦ Anthem hosted a <u>Comfort Cases</u> packing party, MCOs created a “wellness room” for Petersburg DSS, & MCOs hosted trainings and awareness activities throughout May• DMAS hosted mini-trainings to follow up on areas of interest during the webinars. Magellan of Virginia shared about Medicaid residential treatment services processes and procedures.

PROGRAM HIGHLIGHTS

2022-2023

Governor Youngkin's Safe & Sound Task Force

In April 2022 Governor Youngkin launched the Safe and Sound Task Force to address long-standing foster care placement-related challenges for youth experiencing acute, emergent mental health issues requiring timely and temporary safe housing placement while awaiting assessment and a more long-term placement. A multi-sector, multi-agency, cross-secretariat model was established to identify and implement the goals of the Task Force and has continued through 2023.

This year, representatives from DMAS' Health Care Services and Behavioral Health Divisions participated as members 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 youth in foster care. DMAS representatives sit on the weekly Safe & Sound Core Team of leaders from Task Force agencies, to provide subject matter, technical assistance, and operational leadership/expertise related to child welfare and Medicaid-funded behavioral and medical health care services and policy.

DMAS representatives also participate in Task Force Go-Team Meetings to help identify services and placement options for youth with acute needs, often with multi-system involvement, as well as other Task Force activities as requested. DMAS serves as the liaison between the Task Force and the youth's assigned MCO care coordinator (or the Specialty Service Authorization contractor) in order to ensure they are connected to the treatment team for support. The Specialty Services Authorization contractor also participates as a support for any residential treatment services needed as well as navigating the assessment and placement process.

The inclusion of MCO Care Managers in Go-Team Meetings for children in foster care was a key accomplishment for DMAS. The individualized support and connection to services provided by MCOs for youth experiencing or at risk of displacement demonstrated the key role Medicaid plays in ensuring appropriate and safe care for these children. With MCO involvement in Go-Team Meetings, services are able to be identified and set up quickly in partnership with network providers and stakeholder agencies. Local DSS agencies are now more aware of the resources available through MCO care managers, and more willing to partner together to serve youth in foster care.

CARE MANAGEMENT IN ACTION

DMAS' contracted MCOs offer personalized care management and assistance to those enrolled through the Foster Care and Adoption Assistance Program.

Here are a few examples:

01 The Department of Social Services was experiencing roadblocks in securing an immediate placement for a teen in foster care being discharged from an acute psychiatric hospital stay. The teen's situation was presented at a Safe & Sound Task Force Go-Team Meeting. During these meetings, key stakeholders, including the MCO Care Managers, connect and coordinate a plan to secure safe placement for youth with acute housing needs. Within 24 hours of the meeting, the teen was referred to Mental Health services and there were two placement options. Today the teen is in a foster home with access to a full continuum of medical and behavioral health services.

02 A foster parent called a youth's assigned MCO Care Manager (CM) in tears saying that she had been to the pharmacy to pick up medication for the youth and was told they no longer had Medicaid coverage. The youth had an ear infection and the foster parent paid for the medication out-of-pocket. The MCO CM checked the Medicaid enrollment system and confirmed that the youth did indeed have coverage. CM assured mom that coverage was active and coordinated with the pharmacy to secure a refund for the foster parent.

03 An MCO received a referral for a member transitioning out of foster care that needed help obtaining an assistive device and establishing care with a new specialist in a new area. The member also expressed interest in enrolling into Fostering Futures and obtaining employment. The MCO CM was able to locate and schedule an appointment with the specialist. The CM then reviewed the care plan with the member's DSS worker and helped with Fostering Futures enrollment. The member continues to be engaged in care coordination, receives ongoing care from their new provider, and is utilizing other services through the Fostering Futures Program.

04 A DSS worker reached out to a youth's MCO CM reporting that the youth, who is a refugee residing in a group home, was seen at urgent care for gastrointestinal issues several months prior, and a follow-up appointment with a specialist was recommended. The DSS worker reached out to the youth's MCO when they encountered difficulty getting a timely follow-up appointment. The CM contacted the practice and was able to schedule something a month earlier with another provider in the practice. The youth attended the appointment and has required no additional medical treatment. The group home staff expressed appreciation for CM's assistance.

PROGRAM HIGHLIGHTS

2022-2023

DMAS participated in other collaborative opportunities this year, including but not limited to: monthly meetings with the VDSS Division of Family Services, quarterly Child Welfare Advisory Committee meetings, quarterly CRILAY (Central Region Independent Living Advocates for Youth) meetings, bimonthly Virginia Commission on Youth (COY) meetings, and quarterly State and Local Advisory Team (SLAT) meetings, among others.

Foster Care Affinity Group

In August 2023, DMAS and Virginia DSS will complete the 2-year [“Improving Timely Health Care for Children and Youth in Foster Care Affinity Group”](#). With the support of three Managed Care Organizations (Anthem, Molina, and UnitedHealthcare) and one local DSS agency (Bedford DSS), the Virginia team developed small quality improvement tests, called PDSA (Plan, Do, Study, Act) cycles. The goal 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 Affinity Group is hosted by the Centers for Medicare and Medicaid Services along with their technical assistance contractor, Mathematica. The group consists of a peer community of 11 state Medicaid and child welfare (DSS) teams using shared data to ensure timely identification of children in foster care and to drive improvement in care.

The Virginia team developed several pilot tests, identifying process and outcome measures and tracking the data over time. The hypothesis is that if the MCO is notified of a youth entering foster care sooner, then a care coordinator would be able to reach out to assist with scheduling a medical exam within the first 30 days of DSS custody. Two of the tests are different variations of warm handoffs of foster care member information. The most successful test has been a warm handoff email between the local DSS agency and DMAS when a youth entered foster care. Data has demonstrated improvement on each measure through July 2023 (see Foster Care Affinity Group Outcomes on next page).

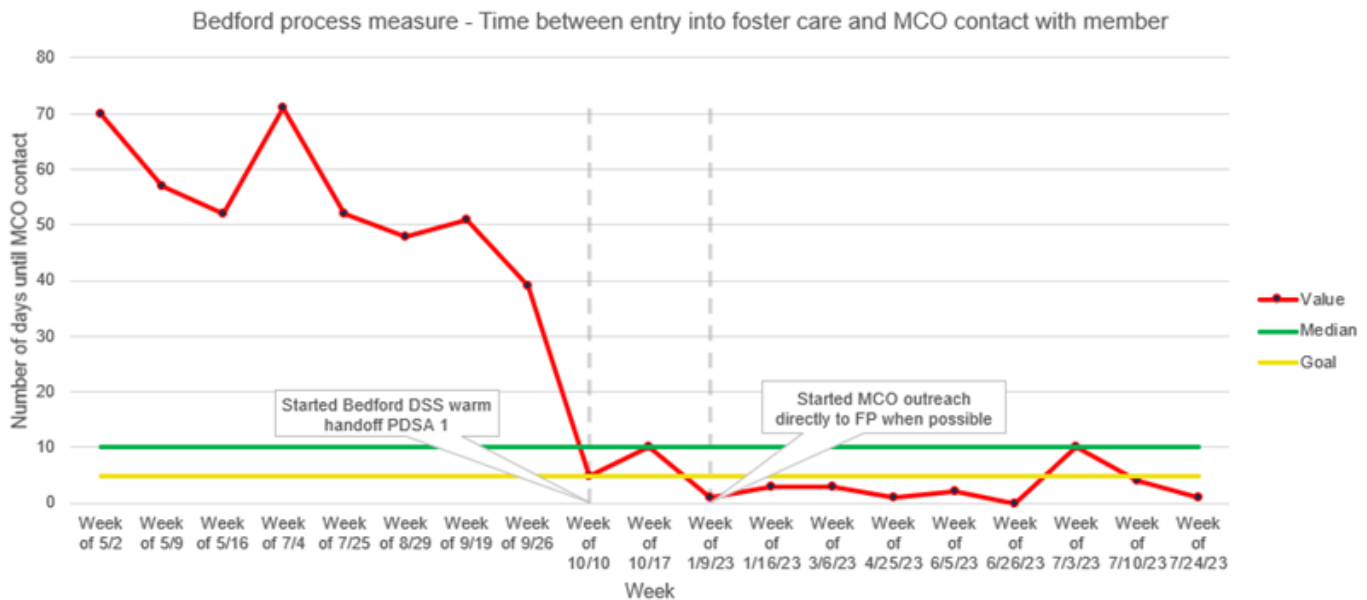
PROGRAM HIGHLIGHTS

2022-2023

Foster Care Affinity Group Outcomes

- Notification of assigned MCO when a youth enters foster care (avg. 39 days > avg. 1 day)
- Successful outreach of MCO to member to assist scheduling initial exam (avg. 52 days > avg. 3 days)
- Initial medical exam within 30 days of placement (100% completed in the locality within 30 days of custody since Jan 2023)

Bedford Test – Improvement Data



The warm handoffs removed information silos and improved coordination and collaboration among LDSS, DMAS, and MCOs. They allowed MCOs to collaborate directly with local DSS agency around a common member goal and improved local DSS' understanding of care coordination. The Virginia team was one of two participating states invited to share the outcomes of our project at the final State Spotlight webinar in August 2023.

DMAS FOSTER CARE & ADOPTION ASSISTANCE

Quality Improvement

Improved Outcomes: External Quality Review

DMAS contracts with Health Services Advisory Group (HSAG), to conduct an annual review of key outcomes. This Focus Study provides quantitative information with recommendations for improvement for Medicaid managed-care service delivery for children in foster care.

The Child Welfare Focus Study assesses healthcare utilization among children in foster care, adoption assistance, & former foster care compared to utilization among similar members not in these programs who were also enrolled in managed care.

Two Focus Studies were completed by the Department's EQRO, Health Services Advisory Group (HSAG) during this Annual Report period:

- [2020-2021 Foster Care Focus Study](#) Published January 2022
- [2021-2022 Child Welfare Focus Study](#) Published January 2023

During the last two years, several important enhancements have been implemented to allow for a more robust analysis and reporting of the child welfare population in Virginia:

- Children in adoption assistance and former foster care youth were added to the population included in the Focus Study beginning with CY 2020.
- The title of the report was changed from “Foster Care Focus Study” to “Child Welfare Focus Study” beginning with CY 2021, to more accurately represent the study after the second year of including adoption assistance and former foster care members in the analysis.
- The Child Welfare Focus Study in CY 2021 added an assessment of several new measures for each of our study populations: (1) Timely access to care for members who transitioned into or out of the foster care program, and (2) Disparities in healthcare utilization and timely access to care based on demographic factors.

Moving forward, these enhancements will allow DMAS to continue to compare performance across years and to monitor several important aspects of health care service utilization for all included populations.

DMAS FOSTER CARE & ADOPTION ASSISTANCE

Quality Improvement

Improved Outcomes: External Quality Review

2021-2022 Child Welfare Focus Study

Highlights:

- Children in foster care had higher rates of appropriate healthcare utilization than comparable controls for most study indicators in CY 2019, CY 2020, and CY 2021.
- Rate differences between children in foster care and controls were greatest among the dental study indicators.
- For Initiation of AOD (Alcohol or Other Drug) Treatment, the rate for children in foster care increased from CY 2020 to CY 2021, and the gap between children in foster care and controls decreased.
- Additionally, the rate for children in foster care for the Engagement of AOD Treatment study indicator was lower than controls during CY 2020, but higher than controls during CY 2021, indicating improvement in AOD treatment engagement as well.

Below is a selection of measures from HSAG’s 2021-2022 Child Welfare Focus Study: “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	64.8%	54.7%	<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	63.8%	60.0%	0.46
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	79.7%	75.8%	0.31
Oral Health			
Annual Dental Visit	70.6%	52.4%	<0.001*
Preventive Dental Services	64.6%	45.6%	<0.001*
Oral Evaluation, Dental Services	63.5%	44.5%	<0.001*
Behavioral Health			
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up	64.2%	59.7%	0.56
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up	92.9%	81.5%	0.25
Metabolic Monitoring for Children and Adolescents on Antipsychotics	38.0%	35.7%	0.67
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	89.2%	68.4%	0.01*
Follow-Up Care for Children Prescribed ADHD Medication—One-Month Follow-Up	78.1%	66.4%	0.04*
Follow-Up Care for Children Prescribed ADHD Medication—Nine-Month Follow-Up	98.2%	97.2%	0.70
Substance Abuse			
Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up	0.0%	0.0%	NC
Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment	40.8%	48.1%	0.51
Initiation and Engagement of AOD Drug Abuse or Dependence Treatment—Engagement of AOD Treatment	25.4%	18.5%	0.48

EQRO Demographic Data

Table 3-1 summarizes demographic data for children in foster care from the 2021-2022 Child Welfare Focus Study.

Table 3-1—Distribution of Children in Foster Care (n=6,752)

Category	Number	Percent
Age Category		
≤ 2 years	1,502	22.2%
3 to 5 years	1,053	15.6%
6 to 10 years	1,443	21.4%
11 to 13 years	947	14.0%
≥ 14 years	1,807	26.8%
Sex		
Male	3,593	53.2%
Female	3,159	46.8%
Race		
Black or African American	2,194	32.5%
White	4,399	65.2%
Other	159	2.4%
Region		
Central	1,359	20.1%
Charlottesville/Western	1,217	18.0%
Northern & Winchester	970	14.4%
Roanoke/Alleghany	1,131	16.8%
Southwest	845	12.5%
Tidewater	1,165	17.3%
Unknown	65	1.0%

The Tables below (4-1 and 5-1) are demographics for the adoption assistance and former foster care member populations.

Table 4-1—Distribution of Children Receiving Adoption Assistance (n=8,519)

Category	Number	Percent
Age Category		
≤ 2 years	325	3.8%
3 to 5 years	1,013	11.8%
6 to 10 years	2,420	28.3%
11 to 13 years	1,944	22.7%
≥ 14 years	2,861	33.4%
Sex		
Male	4,611	53.8%
Female	3,952	46.2%
Race		
Black or African American	2,601	30.4%
White	5,758	67.2%
Other	204	2.4%
Region		
Central	1,848	21.6%
Charlottesville/Western	1,318	15.4%
Northern & Winchester	1,322	15.4%
Roanoke/Alleghany	1,411	16.5%
Southwest	1,035	12.1%
Tidewater	1,616	18.9%
Unknown	13	0.2%

Table 5-1—Distribution of Former Foster Care Members (n=2,054)[†]

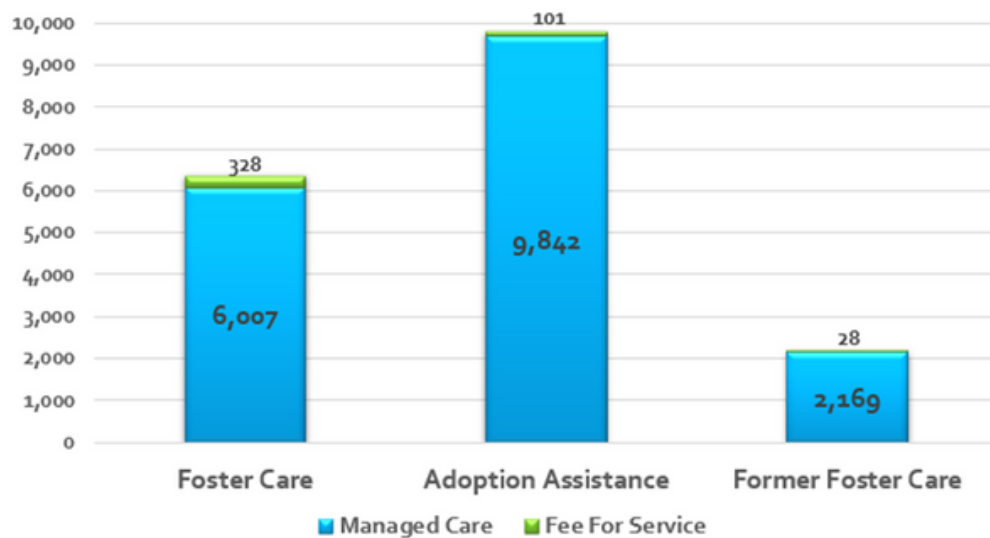
Category	Number	Percent
Age Category		
19 to 22 Years	1,359	66.2%
23 to 26 Years	695	33.8%
Sex		
Male	983	47.9%
Female	1,071	52.1%
Race		
Black or African American	740	36.0%
White	1,235	60.1%
Other	79	3.8%
Region		
Central	492	24.0%
Charlottesville/Western	352	17.1%
Northern & Winchester	235	11.4%
Roanoke/Alleghany	305	14.8%
Southwest	228	11.1%
Tidewater	437	21.3%
Latest MCO in the Measurement Year		
Aetna	187	9.1%
HealthKeepers	560	27.3%
Molina	141	6.9%
Optima	458	22.3%
VA Premier	532	25.9%
UnitedHealthcare	154	7.5%
Other*	22	1.1%

DMAS FOSTER CARE & ADOPTION ASSISTANCE

Program Overview

Managed Care Oversight

In 2012 after a successful pilot with Richmond DSS, the General Assembly endorsed the inclusion of children in foster care & adoption assistance into managed care. The goal was to improve access to preventive and coordinated health care. The transition occurred in regional phases concluding in 2014. DMAS has since developed specific MCO contract requirements to ensure appropriate care management and service utilization for these vulnerable members.



At any given point in time, approximately 5% of Medicaid members are not assigned to an MCO due to new enrollment status or placement in a residential treatment facility (PRTF). Placement in PRTF excludes individuals from enrollment in managed care.

DMAS FOSTER CARE & ADOPTION ASSISTANCE

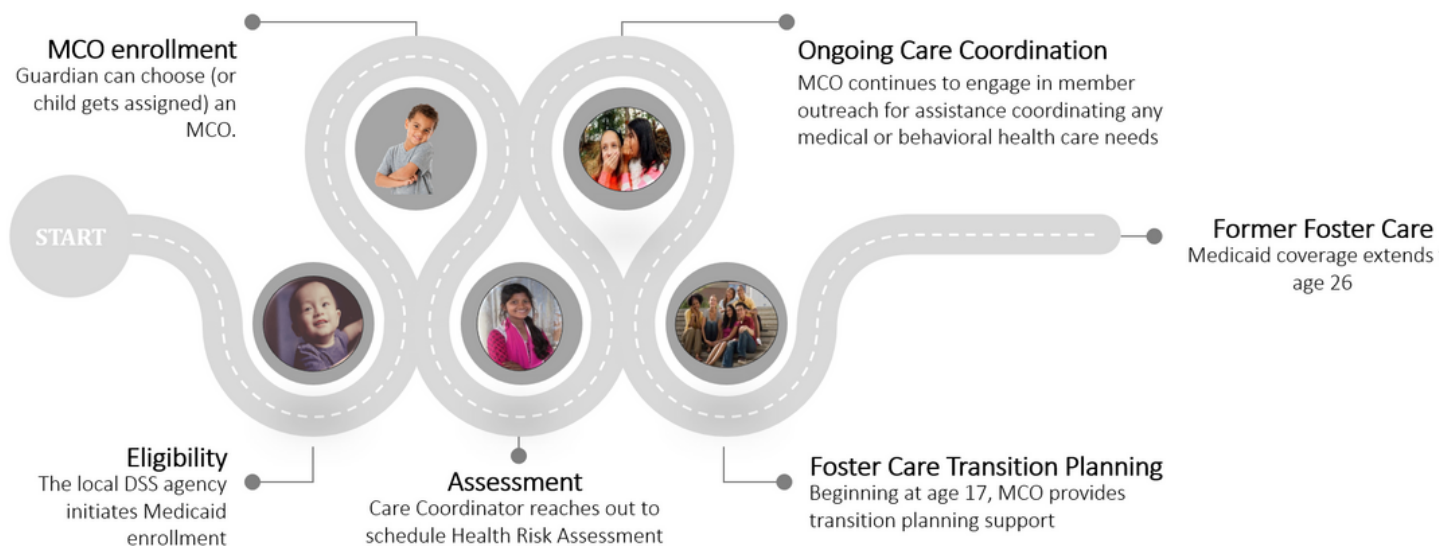
Program Overview

Care Management

Each MCO has designated Care Managers responsible for ensuring children in foster care receive Health Risk Assessments within 60 days, as well as all necessary and required medical, dental, and behavioral health visits. MCOs coordinate care that addresses the unique needs of children in foster care through the provision of trauma-informed care coordination. Additionally, each MCO is required to have a designated Foster Care Liaison direct contact to ensure timely and efficient access.

The new Cardinal Care Managed Care Contract beginning October 2023 includes an enhanced and responsive Model of Care. The goal is to provide access to care management services based on each member's needs and health risks. Youth in foster care will receive one of three mandatory levels of care management intensity, including mandatory high intensity during first 3 months of entering and leaving custody. This will allow MCOs to help coordinate any initial needs of youth entering foster care with high-touch, face-to-face care management options.

Foster Care Medicaid Coverage Journey



DMAS FOSTER CARE & ADOPTION ASSISTANCE

Technical Assistance & Policy Analysis

Technical Assistance & Case Management

DMAS provides technical assistance, policy guidance, and case management to support foster care and adoption assistance members as needed. A designated Foster Care email address serves as the key point of contact for streamlined access to support. Inquiries often come from other agencies, legal guardians (local Departments of Social Services), adoptive parents, providers, or contracted MCOs, and are related to questions or issues with Medicaid eligibility and enrollment, billing, prescriptions, or other care coordination needs.

Contract Requirements

MCOs have specific contractual requirements related to care management and reporting for members in foster care, adoption assistance, and former foster care.

Deliverables

All MCOs report on a variety of required care coordination activities conducted for foster care (including a special focus on transition age youth 17 and older), former foster care, and adoption assistance members on a monthly basis. DMAS trends and analyzes these deliverable reports received from MCOs. The results of that analysis are used to plan policy, program and training initiatives that impact healthcare delivery for these vulnerable populations.

Child Welfare-Related Policy Analysis

In order to develop and implement health care initiatives related to youth in foster care and adoption assistance, dedicated DMAS staff conduct research and policy analysis on topics affecting the child welfare member population. This includes national and state policies and trends related to the child welfare system, as well as applying and interpreting both federal and state level legislation, regulations, and policies.

WHAT'S NEXT?

DMAS is looking forward to continued progress, enhanced collaboration, and innovative improvements within our foster care program in 2024.



Cardinal Care is the Department's brand that encompasses all DMAS health coverage programs, including Medicaid and Family Access to Medical Insurance Security (FAMIS), and includes both managed care and fee-for-service delivery systems. Under Cardinal Care there will no longer be two separate managed care programs (Medallion and CCC Plus). Cardinal Care, as a single program, delivers health care based on the individual member's needs at a given point of time, without switching between programs or MCOs if their needs change. With the retirement of Medallion 4.0 and CCC Plus, providers will maintain and adhere to only one contract and credentialing process for each of the health plans in which they participate as network providers. Under Cardinal Care, youth in foster care will continue to receive an enhanced level of care management.

DMAS is currently in the process of procuring its MCO contracts for Cardinal Care for a summer 2024 implementation. The current procurement reflects DMAS' goals to improve MCO accountability in service delivery and member access with particular focus on behavioral health and maternal and child health.

Managed Care
Procurement &
Foster Care
Specialty Plan

Impact on Foster Care Members

The procurement will include a provision for one MCO to administer a single specialty plan for the child welfare member populations. Through the Foster Care Specialty Plan, DMAS will select one MCO that will operate statewide and work collaboratively with DMAS, the Department of Social Services (DSS), and the Office of Children's Services.

DMAS plans to enroll all children and youth in foster care in the Foster Care Specialty Plan. It is anticipated that youth in adoption assistance and former foster care members will be auto-assigned to the Foster Care Specialty Plan, but may elect to enroll in another health plan.

WHAT'S NEXT?

In SFY 2023-2024, DMAS will:

Continue leveraging current and new partnerships to enhance service provision.

- Foster Care Partnership and Action Groups will continue to meet monthly to share information and develop actionable ideas, projects, and resources to better meet the needs of children in foster care.
- DMAS and DSS have agreed to continue the quality improvement work of the Foster Care Affinity Group through an Action Group of the Foster Care Partnership in 2024.
- The Governor's Safe & Sound Task Force will continue through 2024.
- DMAS will continue to support the goals of Virginia DSS, particularly around kinship care, supporting biological family and natural supports, and creating a "Kin First" culture for youth in Virginia.

Continue exploring improved processes related to timely and accurate data and information sharing among systems.

- This will allow important information related to children entering foster care and moving placements to be shared more effectively so that all needs can be addressed efficiently.
- This will include ongoing engagement in quality improvement projects and activities through the Foster Care Partnership.

Promote innovative and creative outreach and engagement efforts.

- DMAS recognizes that awareness of Medicaid and managed care benefits and services continues to be a need around the Commonwealth, and are committed to improving communication streams with DSS, members, and family about Medicaid.
- These engagement actions will include in person and virtual trainings, as well as developing at least one new YouTube video for distribution geared toward LDSS agencies.
- DMAS will utilize social media as well as special mailings to foster care members to raise awareness about services available, as well as encouraging utilization, to include well visits, immunizations, and any necessary behavioral health services.

Continue to provide MCO oversight and improve data analysis.

- Enhancing deliverable dashboards and MCO compliance and feedback processes
- HSAG Child Welfare Focus Study: DMAS will continue to review and consider recommendations provided by HSAG to implement in the Foster Care Program

Data/Outcomes

- **VDSS data:** <https://www.dss.virginia.gov/geninfo/reports/children/fc.cgi>
- **DMAS data:** <https://www.dmas.virginia.gov/data/>
- **2021-2022 Child Welfare Focus Study** (Published January 2023): <https://www.dmas.virginia.gov/media/5464/2021-2022-child-welfare-focus-study.pdf>
- **2020-2021 Foster Care Focus Study** (Published January 2022): <https://www.dmas.virginia.gov/media/5184/2020-2021-foster-care-focus-study.pdf>

More Information

- **2019 Foster Care Medicaid Tutorial for DSS Staff:** <https://www.youtube.com/watch?v=y3jOeSursDM&feature=youtu.be>
- **Foster Care Affinity Group information:** <https://www.dmas.virginia.gov/media/6166/chipac-9-7-2023-meeting-presentation.pdf> (slides 46-55); <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/foster-care-learning-collaborative/index.html>
- **DMAS Medicaid & Managed Care for Youth in Foster Care training:** <https://www.dmas.virginia.gov/media/5797/medicaid-for-youth-in-foster-care-2023.pdf>

CONTACT

www.dmas.virginia.gov
fostercare@dmas.virginia.gov