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Children and Youth in Foster Care Enrolled in Medicaid Managed Care

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Medicaid and CHIP Payment and Access Commission

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Overview

- Background
- Federal managed care policies
- State managed care policies

Background

Children and Youth in Foster Care Enrolled in Medicaid

- Children and youth in foster care, children receiving adoption assistance, and youth formerly in foster care are eligible for Medicaid through several eligibility pathways
  - Children who receive Title IV-E foster care maintenance payments are automatically eligible for Medicaid
  - States are required to enroll youth formerly in foster care up until age 26 in Medicaid, regardless of income or assets
- Medicaid-enrolled children and youth in foster care are entitled to the same coverage and covered benefits as other child beneficiaries
  - States must provide 12 months of continuous coverage to beneficiaries up until age 19
  - Beneficiaries younger than age 21 are entitled to services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement

State Child Welfare Agency Collaboration with State Medicaid

- State child welfare agencies must:
  - coordinate with state Medicaid agencies to develop a health oversight plan
  - share necessary medical information with state Medicaid agencies
- State Medicaid agencies may:
  - share beneficiary information with other agencies for purposes related to the administration of the Medicaid state plan

Federal Managed Care Policies

Authorities to Enroll Foster Care Children and Youth in Managed Care

- Under Section 1932 state plan authority, states cannot mandatorily enroll children and youth in foster care into managed care, but they are permitted enroll them on a voluntary basis
- Section 1915(b) waiver and Section 1115 demonstration authority allow states to mandatorily enroll children and youth in foster care into managed care

General and Specialty Managed Care Plans

- States use different types of managed care plans to serve children and youth in foster care
  - **General plans:** Serves both children in foster care and the non-foster care population
  - **Specialty plans:** Designed to serve children and youth in the child welfare system, including children in foster care

Federal Requirements for Managed Care Plans

- Federal managed care rules apply to general and specialty plans
  - **Services:** Managed care contracts can determine the amount, duration, and scope of services that are medically necessary (42 CFR 438.210)
  - **Network adequacy:** Managed care plans must maintain network adequacy standards and monitor their network of providers to ensure adequate access to all services (42 CFR 438.68, 42 CFR 438.206)
  - **Capitation rate development**: Managed care capitation payments can only be based on services covered by the state plan (42 CFR 438.3(c))
  - **Quality measurement and improvement**: State Medicaid agencies must comply with federal oversight and monitoring requirements(42 CFR 438.330)
  - **Beneficiary choice**: States that mandatorily enroll beneficiaries in managed care are required to provide a choice of at least two managed care entities (42 CFR 438.52(a)(1))

State Managed Care Policies

Covered Benefits

- Some states with general managed care plans require plans to provide enhanced benefits to certain children and youth in foster care
  - In one state, a plan provides intensive care management to youth in foster care who have medically complex conditions
  - In three states, some general plans provide intensive care coordination for children and youth with special health care needs, including children in foster care
- States with specialty managed care plans require the plans to provide enhanced benefits for all children and youth in foster care:
  - targeted case management,
  - intensive care coordination, and
  - therapeutic foster care
- States apply the same utilization management policies and approaches for children and youth in foster care and the non-foster care population

Coordination with Other Agencies

- Both states with general and specialty plans require plans to coordinate with:
  - child welfare agency (4 general states, 6 specialty states)
  - juvenile justice agencies (2 general states, 3 specialty states), and
  - social service agencies (2 specialty states)

Provider Networks

- One general managed care state requires its plan to have an adequate number of behavioral health providers with experience in treating children in foster care
  - The other general managed care states did not have any provisions that were unique to the foster care population
- All states require specialty plans to have foster care specific network requirements that are more prescriptive than general plans:
  - travel and distance standards,
  - appointment availability,
  - provider qualifications (e.g., expertise in trauma-informed care), and
  - network monitoring
- All states identified workforce shortages and ensuring network adequacy as challenges in rural areas

Transitions of Placement and Care

- Several states, including 2 states using general plans and 3 states using specialty plans, have detailed plan requirements to address frequent foster care placement changes:
  - comprehensive health screening upon entering foster care,
  - coordination with the state child welfare agency, and
  - transfer of records and care management documentation between plans
- Specialty managed care states require plans to develop transition plans as youth age out of foster care, while the general managed care states did not have this requirement

Provider Payment

- CMS guidance encourages states to pay an enhanced provider rate for primary care visits for the extra time that may be needed when a child or youth enters foster care
- One state requires the specialty plan to make an incentive for providers to conduct a comprehensive screening for children and youth when they enter foster care

Quality

- States with general managed care plans do not currently report disaggregated data on quality metrics for children in foster care
- Some states with specialty plans have developed comprehensive quality oversight mechanisms:
  - two states integrate behavioral health into its quality assessment and performance improvement programs,
  - one state conducts continuous monitoring of care coordination performance, and
  - all states have foster care specific performance improvement plans (PIPs)

Next Steps

- Staff will return in December with findings
- Staff welcome Commissioner feedback and questions on today's presentation:
  - Do Commissioners have any clarifying questions to the findings from the scan?
  - Do Commissioners have any feedback about state flexibilities for serving children and youth in foster care in managed care?
  - What are the Commission's thoughts on the similarities and differences in approaches that states use for general and specialty plans?

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