



Sole Source Medicaid Managed Foster Care

Improving Health Outcomes for
Children in Foster Care

Developed by

CENTENE[®]
Corporation

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A Brief Introduction to Children in Foster Care

Children who enter foster care often have complex medical, developmental, and behavioral health concerns that stem from a history of trauma. The development of targeted interventions to care for these children is critical as national estimates reflect a consistent need for foster care services. For instance, according to the Children’s Bureau Adoption and Foster Care Analysis and Reporting System (AFCARS), recent data shows **the number of children in Foster Care has increased to approximately 443,000 children** as of September 2017 based on AFCARS’s most recent reporting through August 2018. These data patterns suggest the need for focused and ongoing oversight to support this population as this is imperative for providing responsive and comprehensive care.

Children in Foster Care in Numbers



Age of Children in Foster Care

The average age of a child in foster care is **8 years old**



Sex of Children in Foster Care

Male: **228,707**
Female: **214,236**

The number of children waiting to be adopted **increased from 102,808 to 123,437** from 2013 to 2017.

Note: Each silhouette below represents 5,000 people. The blue silhouettes represent the increase in number of children waiting to be adopted.



Approximately
32%

of children in foster care live with a relative

Approximately
45%

of children in foster care live with a non-relative

Approximately
119,000

of children in foster care are in sole source managed care*

*Includes children who have been adopted and/or receiving in-home prevention services

Foster Care and Medicaid Managed Care

Managed care is an effective solution in ensuring children in foster care receive timely and appropriate services to address developmental, physical, and behavioral health needs. Core elements of managed care include but are not limited to:

Coordinated Care Focus

Managed care is rooted in whole person care coordination and collaboration. This approach is supported by the Medicaid and Children's Health Insurance Program Payment and Access Commission, who notes the importance of coordinated collaboration for Medicaid-eligible children in foster care cannot be overstated. To address complex needs, managed care places the child at the center of care coordination, actively engages with caregivers, and collaborates with the necessary internal partners, providers, agencies, and other stakeholders to meet the child's needs.

Foster Care-Centric Expertise

Care management staff who coordinate care for the foster care population are trained to identify the specific needs of children in foster care. These staff coordinate with caseworkers, foster parents, and caregivers to access needed healthcare services.

Providers who specialize in serving children who have experienced trauma are recruited into managed care provider networks to care for children in foster care.

Managed care leaders who serve children in foster care routinely collaborate with other stakeholders to continuously elevate and evolve services for our foster care population.

Targeted Initiatives

A unique characteristic of managed care programming is the ability to develop targeted solutions for individuals served. Initiative development is based on member, community, provider, and/or stakeholder feedback. We also routinely access population data, which provides a birds-eye view of population needs. Our foster care-centric initiatives include but are not limited to:

- Targeted support to reduce Emergency Department visits and hospital readmissions
- Targeted trauma-informed screening for physical and behavioral health needs
- Targeted psychotropic medication monitoring and oversight
- Targeted coordination of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) appointments to identify potentially needed services
- Targeted telephonic and mailed reminders for well child visits
- Targeted referrals and coordination for annual dental visits
- Targeted trauma-informed training for network providers and other stakeholders who provide care to children in foster care

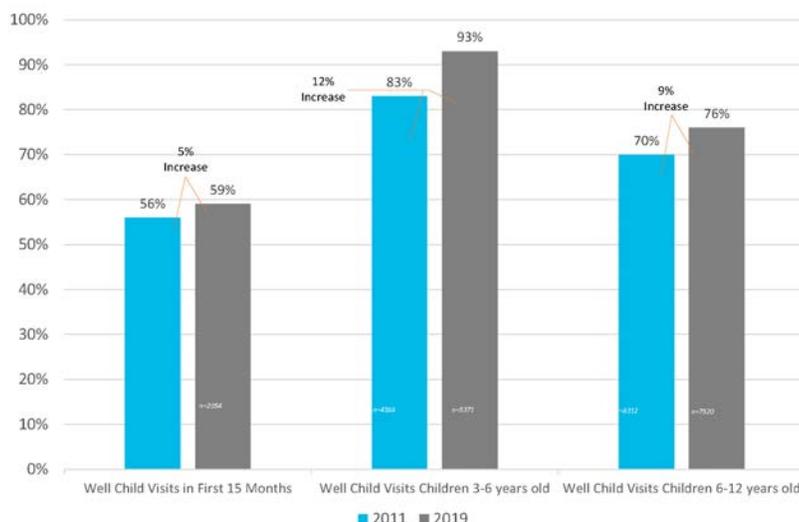
Sole Source Medicaid Managed Care for Children in Foster Care

As discussed, managed care is an effective approach for improved health outcomes for children in foster care. As the managed care provider for four of the five sole source foster care contracts available in the United States, Centene's experience in Florida, Illinois, Texas, and Washington demonstrates that for foster care interventions to be transformative, selection of a sole source managed care organization (MCO) is a foundational component for targeted initiative development. A sole source MCO acts as a unique type of medical home for children in foster care. This occurs because collaboration with key stakeholders such as state child welfare departments, foster care agencies, Medicaid agency staff, and providers is less fragmented with one MCO versus multiple MCOs. A focused and direct partnership between key stakeholders and the MCO can advance statewide policies and develop swift systematic changes that are responsive to the needs of children in foster care.

Demonstrated Outcomes

A sole source MCO that manages care for children in foster care bends the cost curve for healthcare spending, increases access to care, and improves the overall well-being of the foster care population. Outcomes include:

- In Washington, we saw a **25% decrease in physical health hospital readmissions** in 2018 and a **4.4% decrease in preventable emergency department visits** in 2018
- In Washington, access to lower and moderate levels of behavioral health care **increased from 18.54% to 24.6%** from 2016 to 2018
- In Texas, we saw a **43% decrease in five or more psychotropic medications prescriptions** for children from 2008 to 2017
- Psychotropic medication follow up care **increased from 12% to 38%** from 2011 to 2019 in Texas
- Access to EPSDT visits **increased from 17% to 60%** in 30 days from 2008 to 2018 in Texas
- **93% of children in foster care** accessed their annual dental visit in Texas
- **100% of children accessed screening** for physical and behavioral health needs in Washington



Demonstrated Outcomes

Well child visits **increased an average of 9% for children with a variety of ages in foster care** after the implementation of a sole source MCO as shown in the chart to the left between 2011 and 2019.

Sample Foster Care Initiatives

The ability for managed care to deliver results for children in foster care has been demonstrated through initiatives developed specifically for foster families. Frequently, these initiatives are developed in partnership with community-based organizations or providers using recognized best practices. A significant advantage of a sole source contract for foster care is the ability to reinvest savings into targeted solutions that address non-Medicaid service gaps. The initiatives below are examples of initiatives developed through partnership and reinvestment that specifically target issues that impact children in foster care and their families.



The Turning Point Program

Centene's Texas health plan Superior links licensed clinical care managers to foster families seeking inpatient services. The care manager works with the family to link them to a provider who triages the child and stabilizes behaviors. The care manager also supports the admission process to residential services when appropriate or refers for admission to an inpatient psychiatric facility as appropriate. This role also acts as a supportive "air traffic controller" to ensure the child is linked to the right level of care to avoid an inpatient admission.

Demonstrated Outcomes

Outcomes include decreasing the 90-day readmission rate to 12% for youth served in the program compared to 38% for youth who sought inpatient services. This success led to the expansion in 2016 to three other regions in Texas.

The Turning Point Program received the 2016 Dorland Case In Point Platinum Award for children's case management program.



Zero Suicide Prevention Movement

In Washington, Coordinated Care health plan implemented the Zero Suicide framework for a system-wide transformation toward safer suicide care for their foster care population. The Zero Suicide movement includes seven elements of suicide care including but not limited to comprehensively training staff, identifying suicide risk, treatment of the individual, supporting transitions of care, and continuously monitoring results to improve outcomes.

Demonstrated Outcomes

Outcomes include an 8% reduction in suicide attempts from 2016 to 2019 in our Washington foster care population. Based on this experience, Centene plans to roll out Zero Suicide nationally for our other affiliates with sole source foster care populations.

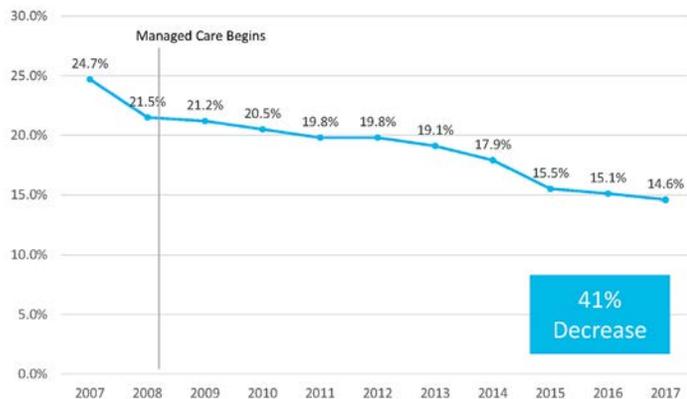
Sample Initiatives and Conclusion

Psychotropic Medication Utilization Review (PMUR) Program

Children and youth in foster care often exhibit behaviors related to the trauma they experienced both prior to and after coming into foster care. As a result, children in foster care are often prescribed psychotropic medication at a higher rate than children who are not in foster care. Monitoring these higher rates of prescribed psychotropics is critical as these medications can have extreme side effects such as drowsiness, hallucinations, tremors, weight gain, and suicidal thoughts. The PMUR initiative implemented by Centene in multiple states monitors the over prescribing of psychotropic medication for children in foster care. PMUR services include:

- Providing prescribing parameters in provider contracts
- Monitoring pharmacy claims to identify prescribing outside of contract parameters
- Facilitating doctor-to-doctor engagement to change the medication regimen as needed
- Participating in regular meetings with state regulators to review and change prescribing parameters at the state level

The chart below shows the impact of the Texas PMUR program reducing overall prescribing of psychotropic medication for children in foster care.



Demonstrated Outcomes

As the chart shows, the first significant decrease was in 2008 with Centene taking responsibility for prescription oversight.

The next significant decrease was after 2013 when we supported the State of Texas in making a parameter change to decrease the number of psychotropics allowed from five to four medications.

Conclusion

Children in foster care need an enhanced level of oversight that a sole source MCO is able to provide due to the ability to look at patterns and trends across the foster care population. The MCO is then able to develop services responsive to those patterns and trends. MCOs have demonstrated improved healthcare outcomes in key categories such as access to care, preventative care, and targeted initiatives designed to ensure the right level of care, care continuity, and the overall wellness of the child.

Improved outcomes are a result of a focused and sole partnership between the MCO, the state foster care agency, and state Medicaid officials as this reduces partnership and care coordination fragmentation.

Sole source Medicaid managed foster care allows MCOs to meaningfully reinvest savings in creative programming designed to further promote cost efficiency and positive health outcomes.

Resources

Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services (Children's Bureau). The AFCARS Report:

<https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

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Children's Rights, Protecting Kids and Providing Hope. Psychotropics.

<https://www.childrensrights.org/our-campaigns/5605/>

Suicide Prevention Resource Center and Zero Suicide Institute. Zero Suicide in Health and Behavioral Health Care.

<https://zerosuicide.sprc.org/>

Medicaid and CHIP Payment and Access Commission. June 2015 Report to Congress on Medicaid and CHIP: The Intersection of Medicaid and Child Welfare (Chapter 3).

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