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9 Health Plan Recommendations on Improving Care for Children and Youth in Foster Care

December 17 DHCS Foster Care Model of Care Workgroup Meeting

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The California Association of Health Plans (CAHP) is a statewide trade association representing 45 full-service health care plans that provide coverage to more than 25 million Californians.

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Recommendation 1: Enroll all Medi-Cal children and youth in foster care into the Medi-Cal managed care delivery system

Children and youth in foster care may benefit from stability in their medical home, and access to the case management services/coordination of benefits available in Medi-Cal managed care plans (MCPs).

Under the managed care delivery system, MCPs can achieve the following:

- **Coordinate health care for members**, consulting with medical directors to ensure integrated care and appropriate planning.
- **Participate in staffing and multidisciplinary team meetings**, such as child and family team meetings, to address member specific health issues and facilitate appropriate transitions from inpatient and residential care to the community as appropriate.
- **Engage with and support providers**, including developing innovative reimbursement strategies such as value-based reimbursements, and facilitating unique provider collaborations.
- **Form unique partnerships with community agencies**, bringing innovative programs to communities, invest and support initiatives around employment, housing, education, food security, transportation and other social determinants of health
- **Provide health education and support** to families of origin, foster parents, kinship caregivers, youth, and providers.
- **Be an active part of the system of care for children and youth in foster care**, developing relationships with county-based child welfare services and other locally-based child welfare service providers.

Recommendation 2: Every MCP and plan partner to have a designated MCP Foster Care liaison coordinator on staff

Children, families, and counties may benefit by there being a single point of contact within the MCP with expertise in the foster care system/a key contact to help coordinate health care needs.

Foster Care liaison responsibilities would include:

- **Develop collaborative working relationships** with local agencies, community partners and supportive services such as: eligibility entities, juvenile services, behavioral health, county services, advocacy support groups and parents.
- **Attend monthly/bi-monthly meetings**, so the county organizations know the MCP representative.
- **Promote sharing/cross communication of resources** as well as close collaboration with local county entities.
- **Address coordination of healthcare needs for members moving between counties**, establish relationships with child welfare partners locally, facilitate the resolution of member specific issues.

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Recommendation 3: MCP Foster Care liaisons, County social workers, County Mental Health, and community and peer partners to meet regularly with community partners to share strengths and opportunities for improvement and program standardization

Enhanced relationships/strong collaborations with MCP Foster Care liaisons, County social workers, County Mental Health, and community and peer partners (placement partners, agencies and community-based organizations serving foster youth) is key to improving health for this population.

MCPs support regular communication and collaboration across all entities benefiting this population, including convening Joint Operations Committee (JOC) meetings with community and peer partners.

Regular meetings will facilitate the following:

- **Sharing** of information
- **Enhanced relationships**
- **Address barriers** and develop resolutions to system-wide issues
- **Build momentum** for implementation of best practices

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Recommendation 4: DHCS to ensure Fee-For-Service providers understand they will be reimbursed for care provided to children and youth in foster care regardless of residency county (short-term fix), and align the eligibility reporting software to reflect the beneficiary's residency county (long-term fix)

Short-term recommendation: DHCS to provide clearer, foster care specific guidance for providers assuring them that as long as a child is Medi-Cal eligible, the claim will be paid regardless of the county code/ residency county (i.e., the county in which the child resides and where the child can access services, also referred to as the placement county).

Long-term recommendation: DHCS to update the Medi-Cal provider website with the child's residency county to minimize this confusion for providers.

We support a focused conversation on out-of-county placements with all delivery systems participating to develop joint recommendations on this complex issue.

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Recommendation 5: MCPs, in partnership with DHCS, and MHPs to collaborate to create county-specific foster care Memorandums of Understanding (MOUs) to gather and share data, clarify and support business responsibilities including, but not limited to, juvenile justice, behavioral health, social services and county health care agencies.

- MOUs are needed for **data-sharing**, being able to speak with counties, and helping to **ensure privacy issues are addressed**.
- There is changing personnel at both MCPs and counties, and data-sharing is not uniform amongst counties.
- This concept is **in alignment with the goal of moving towards a more consistent and seamless system** inclusive of all agencies serving the foster community.
- It will be imperative for community entities (not governed by DHCS) to obtain clarification, guidance and expectations.
- MOUs exist today with other community/county partners. Although functional and having achieved successful outcomes for the populations, there are limitations to this approach as it is a shared responsibility – not solely on the MCP.

Recommendation 6: Develop an easily accessible, shared list of MCP Foster Care liaisons, appointed County Social Workers assigned to the MCPs. This would serve to facilitate and encourage communication between the MCPs and counties to curtail access to care challenges as children and youth in foster care navigate care across county lines.

- MCPs support **sharing/cross communication of resources** as well as close collaboration with local county entities.
- Actions that **streamline communications** across MCPs/counties/ surrounding counties **will help ensure appropriate care** for children and youth in foster care.
- Integral to this success is **sharing information and building momentum** to adopt best practices.
- Some MCPs have already embarked on this and are working on a similar process.

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Recommendation 7: MCPs support children and youth in foster care being included as an Enhanced Care Management (ECM) target population.

- Given the fact that children and youth in foster care may experience multiple placements, maintaining the physical and behavioral health history of the child is a critical role for MCPs.
- Through the ECM care manager, the MCP can contribute to the overall coordination for these children.

Special Considerations Requiring Additional Discussion

- We will need to understand how this would avoid duplicating case management activities already paid for by Medicaid through the MHP.
- We will also need to ensure that any recommendations that come out of the DHCS Foster Care Model of Care Workgroup process are consistent with DHCS' CalAIM ECM workgroup process.
- We will need to understand what system would need access to the current ECM system used by care managers to coordinate and communicate care efforts.

Recommendation 8: Include school-based health clinics (SBHCs) in the MCP network to allow children and youth in foster care to get their care where they go to school to increase access to care.

- About two-thirds of the SBHCs are affiliated with or run by health care organizations (like federally qualified health centers (FQHCs)) that are already in-network providers in the MCP system.
- SBHCs are **uniquely positioned to provide access to health care** to all youth at schools, not just children and youth in foster care.
- MCPs encourage future SBHCs to be affiliated with an FQHC, or a perhaps similar county entity (if not already done), so that the services they render can be easily identified in encounter data, included for HEDIS, followed up with by MCP Foster Care liaisons, etc.

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Recommendation 9: Build upon Whole Person Care Pilots Program best practices to develop a Universal Consent Form.

- Being able to **share information** about children and youth in foster care is a difficult and major issue.
- **Improved data sharing** between coordinating entities (MCPs, child welfare entities, behavioral health providers, schools, and the court system) is necessary.
- A Universal Consent Form could help address the following identified challenges:
  - Privacy laws have the potential to hinder the exchange of medical and behavioral health information between the MCP and County Mental Health resulting in barriers to coordinating services.
  - Transferring a case to the county leads to a delay of care.
  - Medi-Cal Rx may result in challenges for children and youth in foster care who encounter barriers related to filling prescriptions as the MCP will no longer be responsible for authorizing medication.
  - There is a need to track codes to identify members who had previously been in foster care but who have aged out or changed need codes – for the purpose of tracking health outcomes over time.

For questions, please contact:

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