
State Spotlights in Improving Timely Health Care for Children and Youth in Foster Care

Centers for Medicare & Medicaid Services (CMS) Foster Care Learning Collaborative

August 31, 2023

Susan Ruiz, CMCS

Joe Zickafoose and Laura Armistead, Mathematica

Shannon Baker, Michigan Children's Services Administration

Lora Smith Hughes, MSW, Virginia Department of Social Services

Christine Minnick, MSW, Virginia Department of Medical Assistance Services



Technical Instructions

Welcome to the CMS State Spotlights in Improving Timely Health Care for Children and Youth in Foster Care Webinar!

- All participants are muted upon entry
- Closed captioning (cc) and WebEx assistance can be accessed at the lower left of the window



- There will be a Q&A session at the end of the webinar
 - Please submit questions using the Q&A panel throughout the presentation



- Please contact **Derek Mitchell (Event Producer)** through the Q&A panel with any technical issues you may encounter
- There will be a **survey pop-up** at the end of the webinar
 - Please complete this survey before leaving the meeting
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.
 - We will send an email when these materials are posted

Agenda

- **CMS Welcome**
- **Improving Timely Health Care for Children and Youth in Foster Care Affinity Group**
- **State Spotlights:**
 - Michigan
 - Virginia
- **Questions & Discussion**
- **Upcoming CMS QI TA Opportunities**

CMS Welcome

Susan Ruiz, Division of Quality and Health Outcomes, Center for Medicaid and CHIP Services

CMCS Quality Improvement Affinity Groups

- The CMCS QI TA program supports state Medicaid and CHIP programs and their QI partners with information, tools, and expert knowledge to improve care and outcomes for Medicaid and CHIP beneficiaries.
- As part of the QI TA program, CMCS convenes action-oriented affinity groups (AG) to help states build QI knowledge and skills; develop QI projects; and scale up, implement, and spread QI initiatives.
- Each AG is preceded by a webinar series that includes topical information and state QI success stories.

Improving Timely Health Care for Children and Youth in Foster Care Affinity Group

Joe Zickafoose, Mathematica

Why Focus on Timeliness of Health Care for Foster Children?

- Children and youth in foster care are a vulnerable population with high rates of physical and behavioral health care needs.¹
- Timely health care delivery is critical to meet the often complex health care needs of this population.
- The American Academy of Pediatrics recommends all children and youth entering foster care have a comprehensive health evaluation completed soon after placement (e.g., within 30 days).²
- State child welfare agency requirements for ensuring timely access to screening and assessment services vary across states and present a key opportunity for improving the quality of care provided to this population.³

1 Turney, Kristin and Wildeman, Christopher. Mental and Physical Health of Children in Foster Care. *Pediatrics* 2016, 138 (5) e20161118. <https://doi.org/10.1542/peds.2016-1118>

2 American Academy of Pediatrics. *Pediatrics* 2015, 136 (4) e1131–e1140. <https://doi.org/10.1542/peds.2015-2655>

3 K. Allen and R. Mahadevan. "Health Screening and Assessment for Children and Youth Entering Foster Care: State Requirements and Opportunities." Center for Health Care Strategies. November 2010.

Foster Care Affinity Group Overview

- **July 2021 – August 2023**
- 11 participating states
- Action-oriented affinity group that supported Medicaid programs and their partners in the design and implementation of data-driven quality improvement projects to improve timely health services for children and youth in foster care



Goal and Objectives of the Affinity Group

Goal: Support state Medicaid and child welfare QI teams to improve timeliness of the comprehensive health assessment for children and youth in foster care

Objectives:

- Expand state Medicaid and child welfare agencies' knowledge of evidence-informed interventions and best practices related to providing timely health services for children and youth in foster care
- Learn from states' experiences implementing interventions to improve timeliness of the comprehensive health assessment
- Use data-driven approaches to identify, test, implement, and evaluate a foster care QI project
- Support state strategies for coordinating care for children and youth in foster care between agencies, managed care, and other partners
- Improve states' QI skills

Affinity Group State Highlights

Arizona

Sought to increase the number of children who receive a comprehensive EPSDT visit within 30 days of entering foster care.

Partnered with MCO to test use of a new team of non-clinical care coordinators to outreach to caregivers for support with scheduling the visit.

Hawaii

Sought to increase the number of children who receive a comprehensive health visit within 45 days of placement.

Tested having child welfare staff refer new foster children to MCO care managers for support scheduling the comprehensive visit with the resource caregiver.

Maine

Sought to increase the percentage of comprehensive health assessment referrals completed.

Engaged with child welfare staff in district offices to improve timely completion of referrals to providers and receipt of documentation for comprehensive health assessments.

Maryland

Sought to increase the number of children who receive a comprehensive medical exam within 60 days of entering foster care.

Explored leveraging MCO special needs coordinators to support scheduling of the comprehensive medical exam.

Affinity Group State Highlights (continued)

Michigan

Sought to improve completion of comprehensive medical and initial dental visits within 30 and 90 days of placement, respectively.

Partnered with child welfare health liaison officers in four large counties to outreach to caregivers to ensure timely scheduling of medical and dental visits.

North Carolina

Sought to improve timely initial and comprehensive health assessments within 7 and 30 days of entering foster care, respectively.

Tested use of updated timeliness targets for state staff to address delays processing Medicaid enrollment for children in foster care.

South Carolina

Sought to increase the number of children who receive a comprehensive well child visit within 30 days of entering foster care.

Implemented five health care quality improvement coordinators to support scheduling and completion of comprehensive health assessments for new foster children.

Vermont

Sought to increase the number of children who receive a comprehensive health visit within 30 days of entering foster care.

Partnered with Fostering Healthy Families nurses to outreach to providers to confirm custody of the child and support timely scheduling of the comprehensive visit.

Affinity Group State Highlights (continued)

Virginia

Sought to increase the number of children who receive a comprehensive medical exam within 30 days of entering foster care.

Partnered with MCOs to test approaches for accelerating notification when new children enter foster care so they can outreach to caregivers and support scheduling of the comprehensive exam.

Washington

Sought to increase the number of children who receive a follow-up call from the health plan after the comprehensive health assessment was completed.

Partnered with MCO to survey caregivers to better understand their experience with the follow-up calls and identify opportunities to improve.

West Virginia

Sought to increase the number of children who receive a comprehensive health assessment within 30 days of entering foster care.

Identified key process steps and associated timeliness targets contributing to timely completion of the comprehensive health assessment, and tracked data to monitor performance.



Michigan

Shannon Baker, Child Welfare Medical and Behavioral Health,
Children's Services Administration, Michigan DHHS

Background

- Michigan's child welfare is state administered
- Foster care supervision is provided by both private and public/county agencies
- Children in foster care are categorically eligible for Medicaid
- Most children are enrolled with a Medicaid Health Plan (MHP) and a Dental Health Plan (DHP)
- Children are required to receive all EPSDT/well child visits

Background

- Approximately 10,000 children are in Michigan's foster care system
- In 2023, an average of 312 children enter foster care monthly
- The requirement:
 - At least 85% of children shall have an initial medical health exam within 30 days of the child's entry into foster care.
 - At least 90% of children one year of age and older shall have an initial dental exam within 90 days of the child's entry into foster care.

Aim Statement

By the end of CY 2023, the Michigan Department of Health and Human Services (MDHHS) will improve the timeliness of initial medical and dental visits that occur for children in foster care by:

- Increasing the percentage of initial comprehensive medical visits received within 30 days of placement into foster care from 72% to 85%; and
- Increasing the percentage of initial dental visits received within 90 days of placement into foster care from 67% to 90%.

Improvement Strategies/Interventions

PDSA – Initial Medical Exam

- Health Liaison Officer (HLO) outreaches to caregiver within 2 business days to verify the initial medical exam is being scheduled
- HLO outreaches again within 5 business days to confirm exam is scheduled and provide support scheduling with the PCP as needed

PDSA – Dental Exam

- HLO contacts caregiver within 2 business days to discuss dental exam requirements
- Outreaches again as needed to assist with scheduling the dental exam and troubleshoot any barriers to a timely exam

Improvement Strategies/Interventions

What question(s) would you like to answer with this test?

Will the initial medical visit be more timely (i.e., within 30 days) if:

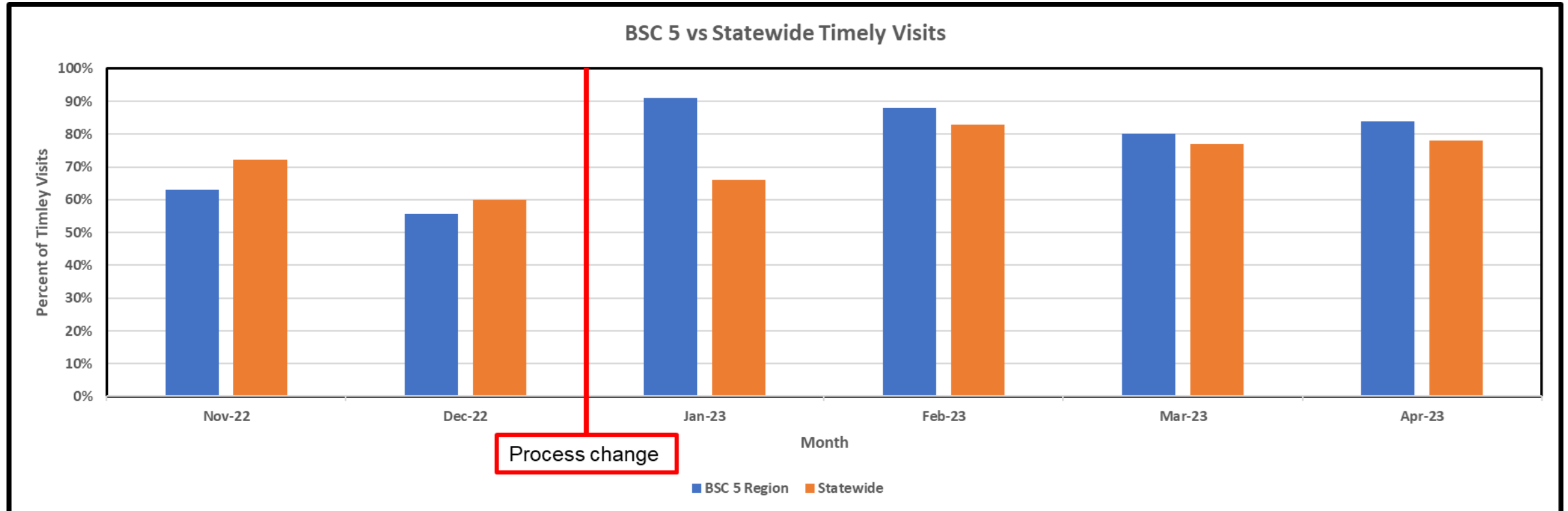
- The health liaison officer (HLO) is expected to verify the initial medical visit is being scheduled by the foster care parent within 2 business days of the child's placement into foster care, and
- The HLO ensures that the exam had actually been scheduled with the foster care parent and/or PCP within 5 days of the child's placement into foster care?

Will the initial dental exam be completed more timely (i.e., within 90 days) if:

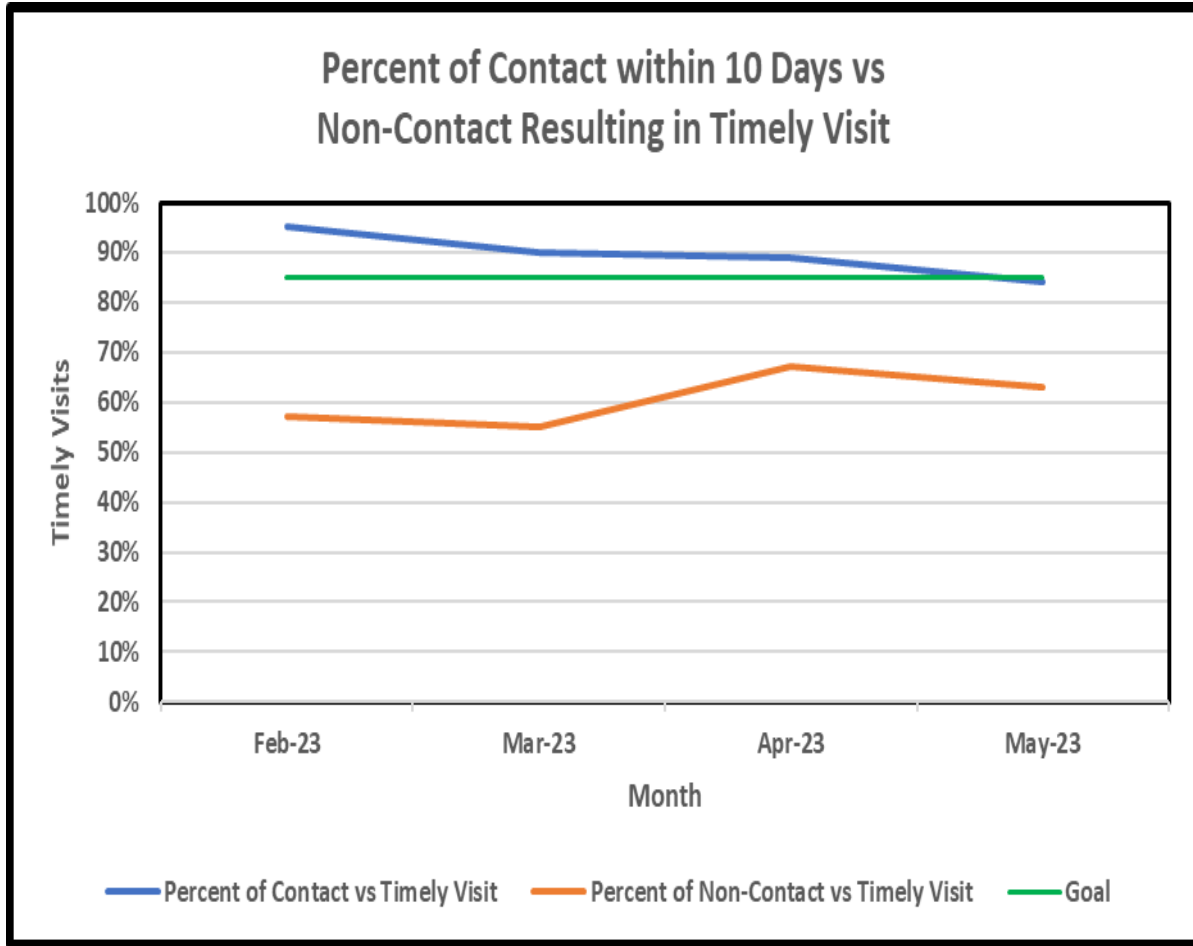
- The HLO contacts the caregiver within 2 days of placement to discuss dental requirements and at regular intervals to assist with scheduling the exam and troubleshooting any barriers to a timely exam?

Initial Medical Exam – Improvement Data

Timely Performance on Initial Medical Exams: BSC 5 Region vs Statewide



Initial Medical Exam – Improvement Data



Early contact (within 10 days) timely visit percentage results:

- 95% February 2023
- 90% March 2023
- 89% April 2023
- 84% May 2023

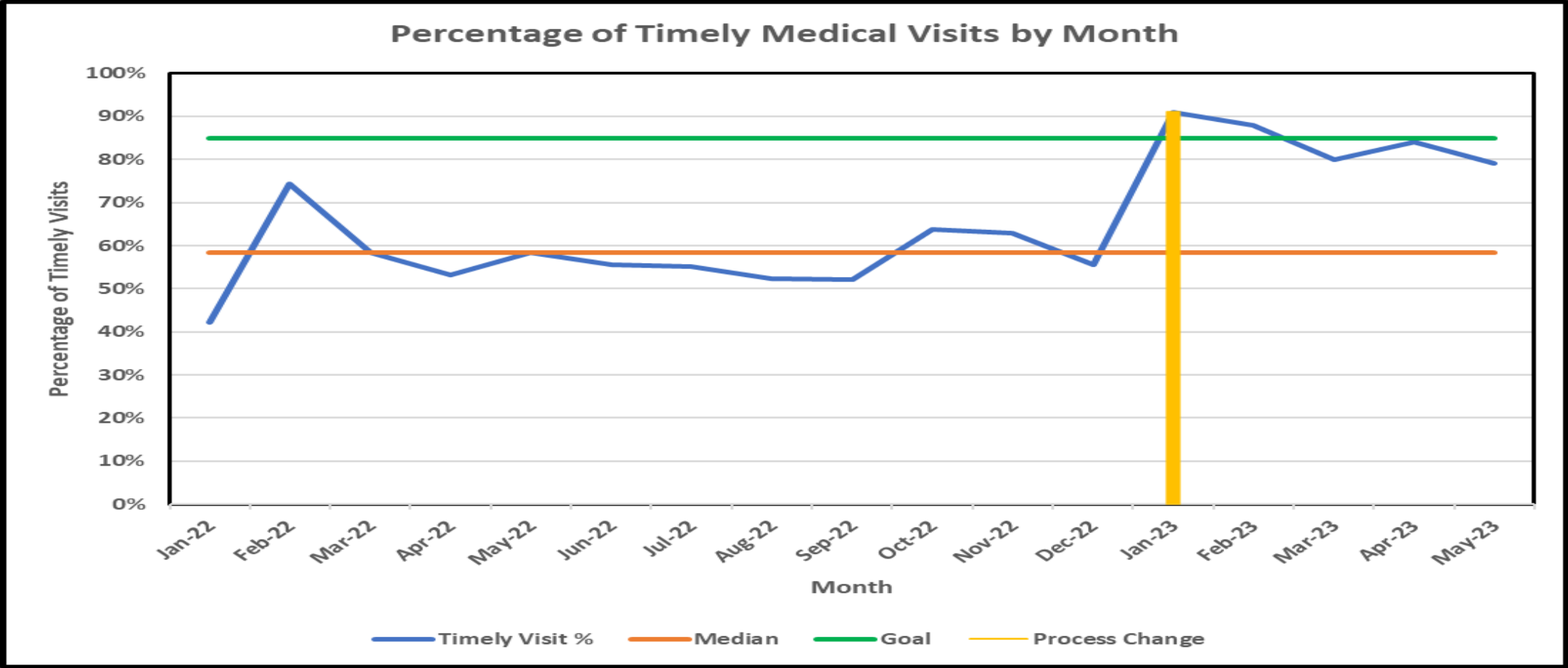
Goal = 85%

Median = 90%

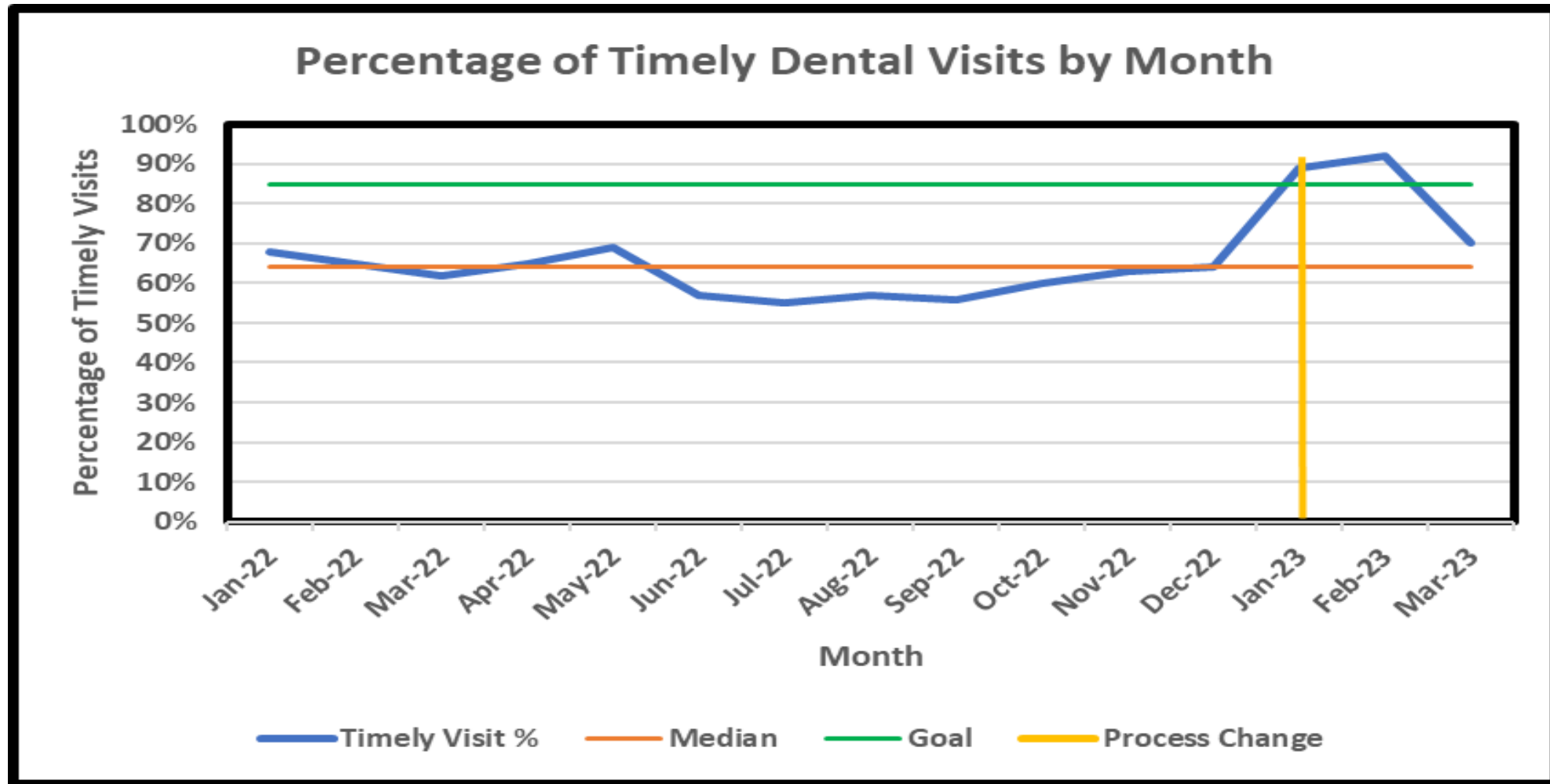
Non-contact timely visit percentage results:

- 57% February 2023
- 55% March 2023
- 67% April 2023
- 63% May 2023

Initial Medical Exams – Improvement Data



Dental Exams – Improvement Data



Reflections

- **Successes**

- BSC 5 included the most populated counties in the state which led to a greater impact
- Met and exceeded goal of 85%, which increased numbers for the entire state by 12%
- Pivoted from having HLOs work with case managers to having them work directly with caregivers

Reflections

- **Challenges**

- Much of the data collection was handled manually by one or two team members
- Obtaining accurate data on 2 and 5 day HLO contacts was challenging
- Identifying the relationship between HLO contacts (process) and timely medical exams (outcome) was difficult
- Specific issues with children:
 - Young Adult Voluntary Foster Care (YAVFC)
 - Hospitalizations
 - Delayed out of home placement due to initial placement with non offending parent
- Lag in outcome measure data (2 months for medical, 5 months for dental)

Next Steps

- Continue to meet internally at least bi-weekly
- Continue to collect data for 6-12 months
 - More data is needed to show correlation between early contacts and increased percentages of timely visits
- Recommend expanding statewide to leadership once enough data is collected to justify expansion
- Recommendation for HLOs to incorporate the 2 and 5 day contacts into each of their own tracking documents/spreadsheets



Virginia

Lora Smith Hughes, MSW, Virginia Department of Social Services
Christine Minnick, MSW, Virginia Department of Medical Assistance Services

Background



- 6,335 children enrolled in Medicaid through foster care in Virginia
- 95% are enrolled in one of six contracted Managed Care Organizations
- 5% remain in Fee-For-Service due to new enrollment status or placement in Residential



- Administers the Medicaid and CHIP programs in Virginia
- Provides a system of high quality and cost-effective health care services to Virginians
- Provides oversight of Medicaid policy and benefits



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

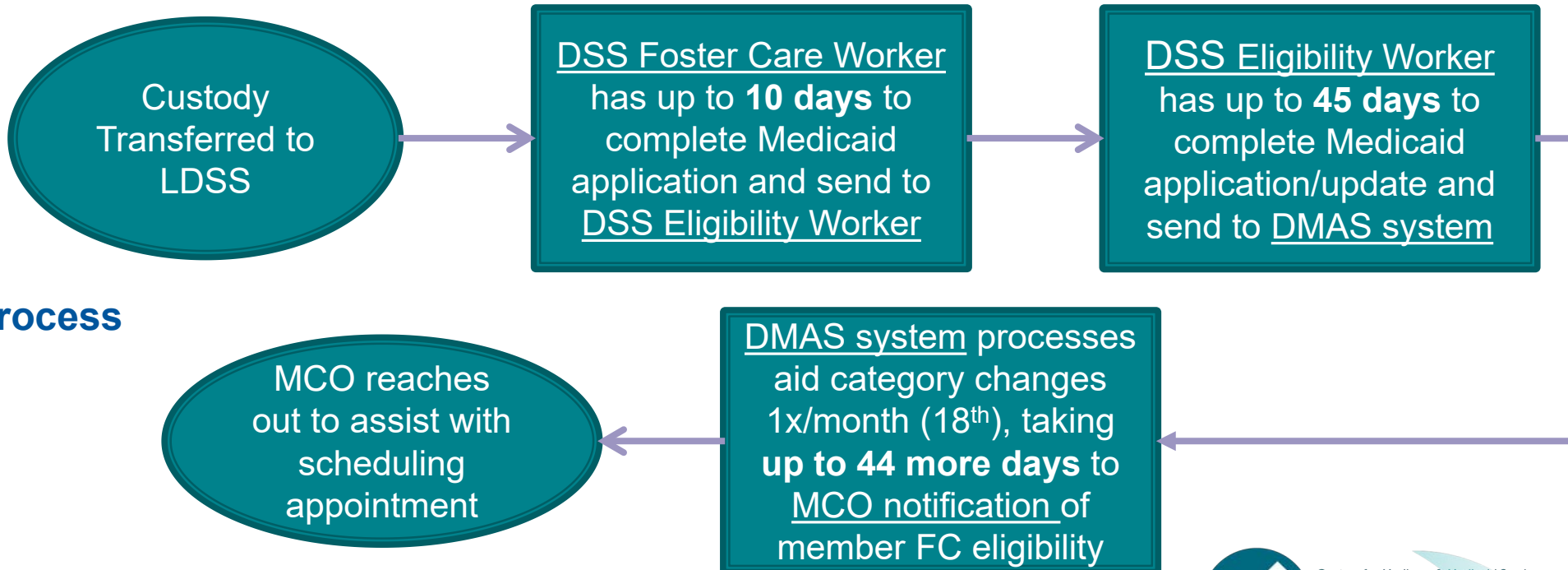
- Administers the child welfare system in Virginia
- Provides oversight and guidance to 120 local DSS offices across the state
- State supervised, locally administered system
- Conducts Medicaid eligibility based on DMAS policy

Aim Statement

- By December 2023, the Virginia Affinity Group Team will increase the percentage of children entering foster care who receive an initial medical exam within 30 days from 89% to 94%.

Improvement Strategies/Interventions

- Data showed significant time to complete Medicaid eligibility process
- ~75% of children entering foster care already enrolled in Medicaid/MCO
- Indicated potential area of QI focus – **timely notification to MCO** of custody transfer/entry into care to begin coordinating health care needs



Improvement Strategies/Interventions

- Change idea
 - Warm handoffs of information between local DSS agencies or VDSS and DMAS
 - DMAS identifies the assigned MCO to notify that youth has entered foster care and needs assistance scheduling initial medical examination within 30 days
 - MCO begins care coordination and outreach, reports back with outcome data
- Warm hand-off PDSAs

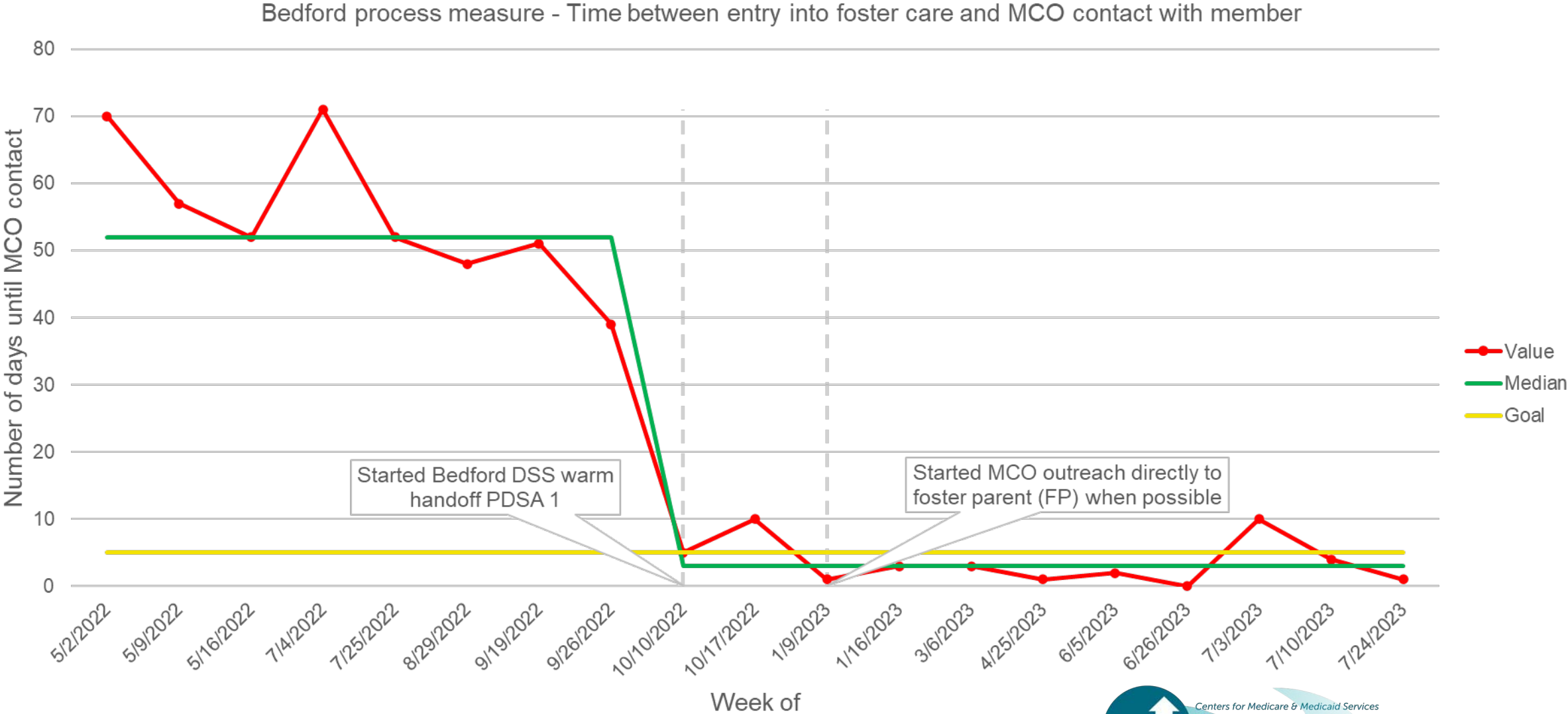
PDSA – Bedford

- Bedford DSS Foster Care Supervisor sends secure email to DMAS on date of custody for all new foster care admissions in their locality with necessary information about the child

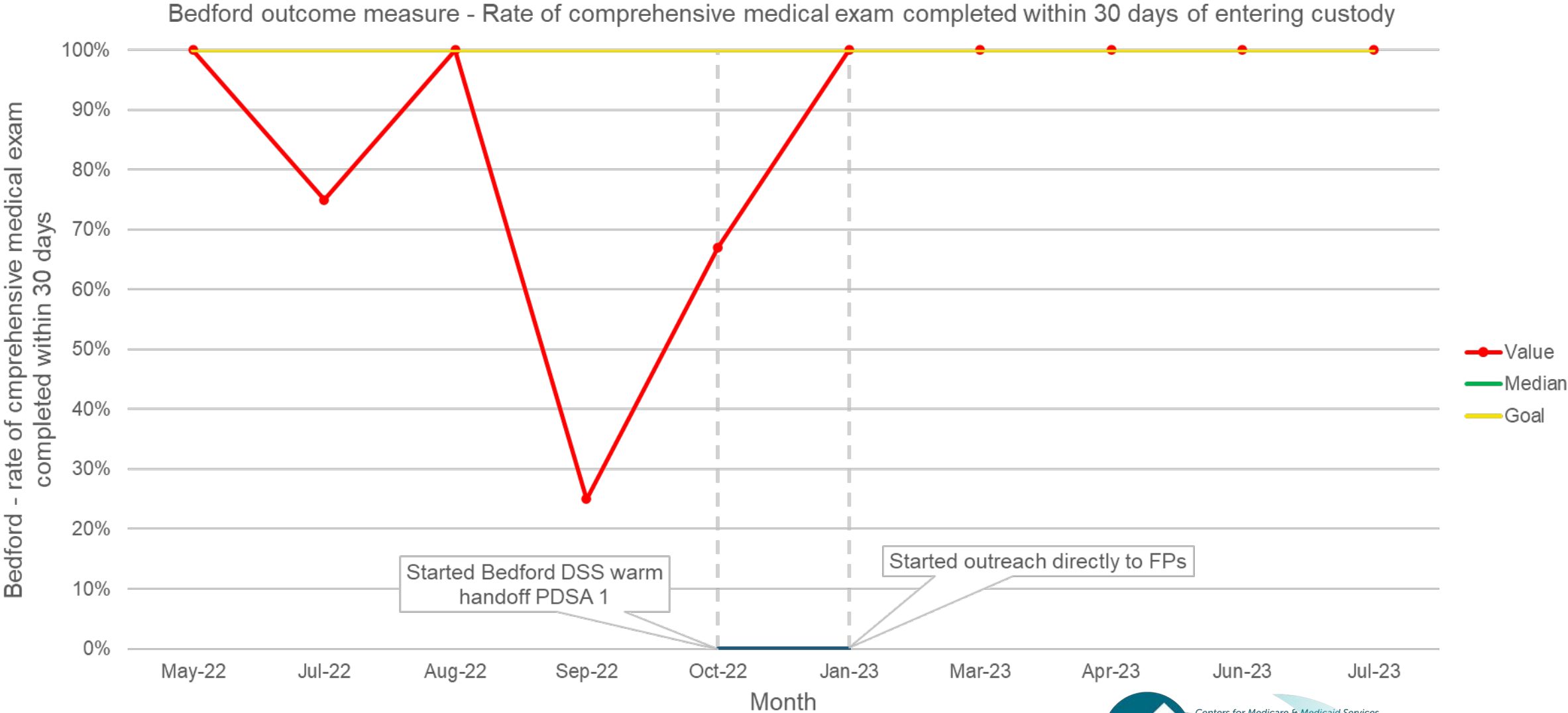
PDSA – VDSS

- VDSS sends report to DMAS twice per month with necessary information about all youth who have entered foster care custody

Bedford PDSA – Improvement Data

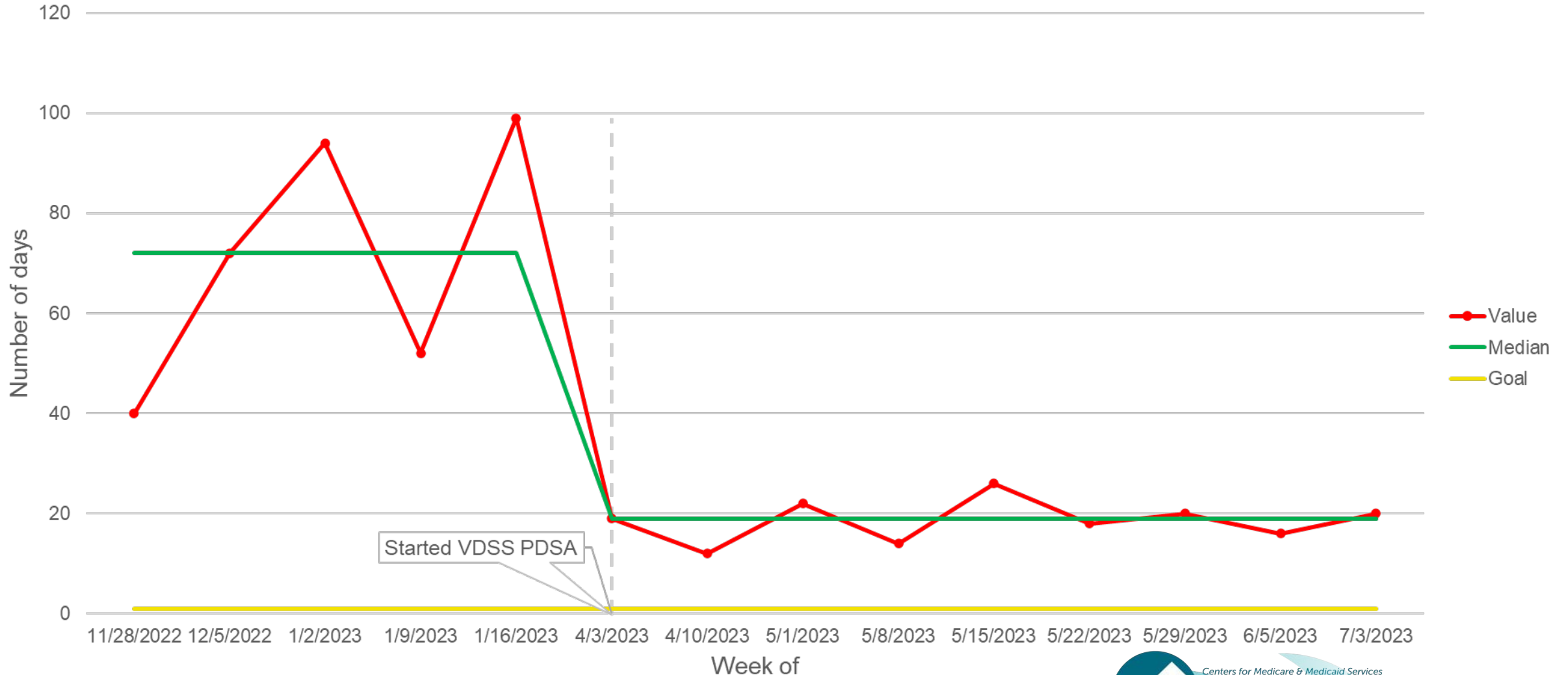


Bedford PDSA – Improvement Data



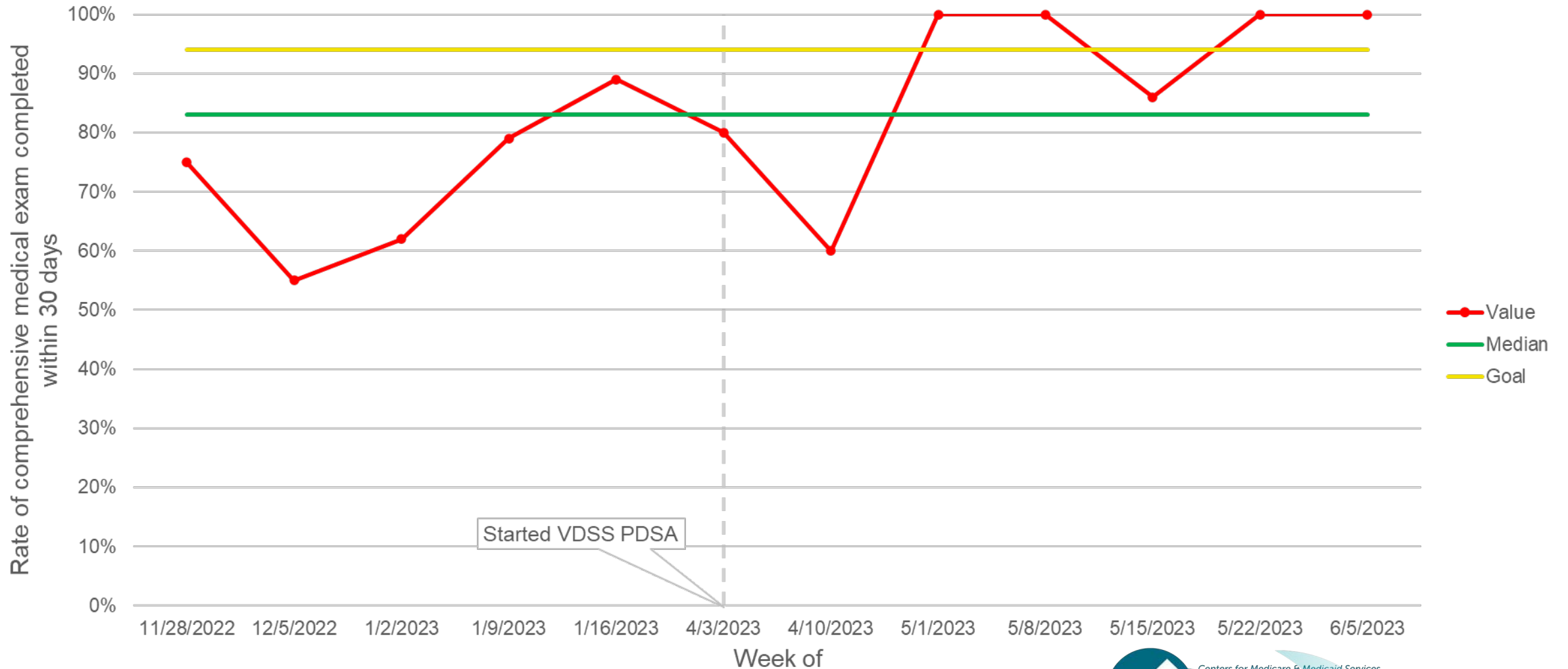
VDSS PDSA – Improvement Data

VDSS process - Time between entry into foster care and MCO notification



VDSS PDSA – Improvement Data

VDSS outcome - Rate of comprehensive medical exam completed within 30 days of custody



Reflections



- **Process flow mapping** helped us realize that **timeliness** of Medicaid enrollment and MCO notification of new foster care members was a major barrier to making improvement toward our aim statement.



- The **warm handoffs** removed information silos and improved coordination/collaboration
 - Allowed MCOs to collaborate directly with local DSS agency around a common member goal
 - Improved local DSS agency's understanding of care coordination
 - Supported participating MCOs in developing relationships, sharing ideas, identifying barriers to successful care coordination, and brainstorming possible solutions

Next Steps

- Continue testing current and new ideas for reducing MCO notification time when a member enters custody of DSS
 - Bedford PDSA (secure email) may be difficult to scale because processes vary by locality
 - Potential to scale the VDSS PDSA (bimonthly report) if automated, but additional member research is required
 - Pilot partnerships between MCOs and local DSS agencies
- Use monthly inter-agency work groups through Foster Care Partnership Collaborative to continue information sharing and improving collaboration and timely initial medical exams for youth entering DSS custody



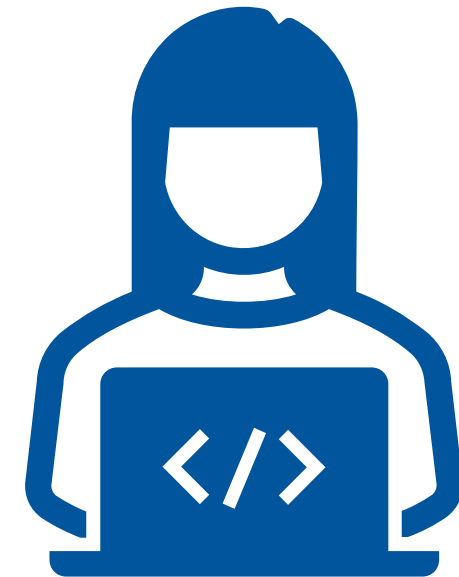
Questions & Discussion

Upcoming CMS QI TA Opportunities

Laura Armistead, Mathematica

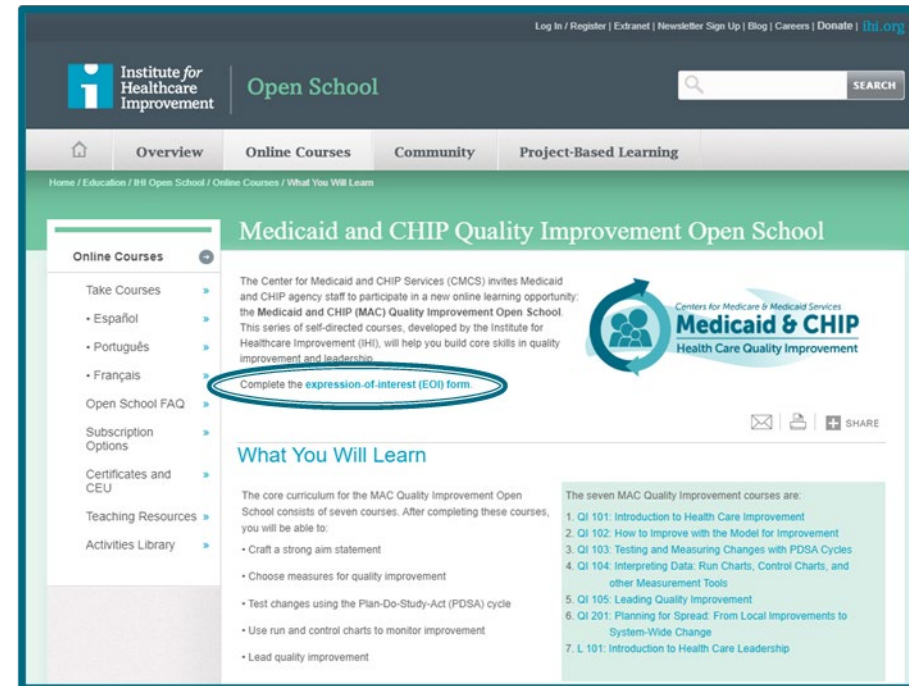
New! On-Demand QI TA

- **On Medicaid.gov**
 - QI tools to begin and implement QI projects
 - Driver diagram with evidence/experience-based change ideas
 - Measurement strategy
 - “Getting Started with QI” short video
 - Highlights from the AG
 - Previously presented topical webinars
 - Additional 1:1 support
 - MedicaidCHIPQI@cms.hhs.gov
- **Topics currently available**
 - Asthma
 - Tobacco Cessation
 - Postpartum Care
- **Topics under development**
 - Improving Timely Health Care for Children and Youth in Foster Care
 - Improving Fluoride Varnish in Primary Care
 - Managed Care Quality
 - Improving Behavioral Health Follow-up Care
 - Improving Infant Well-Child visits, 0-15 months



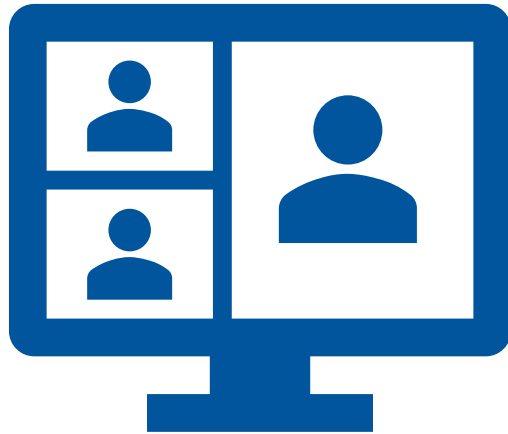
Medicaid and CHIP QI Open School

- MAC QI Open School courses will help QI staff develop, strengthen, and use QI skills.
 - Understanding and applying the Model for Improvement (e.g., crafting an effective aim statement, choosing and using measures for QI, using PDSA cycles to develop strong programs and policies).
 - Access to the Institute for Healthcare Improvement’s extensive resource library.
- To learn more, please contact:
MACQualityImprovement@mathematica-mpr.com



To get started, fill out an Expression of Interest (EOI) form at www.ihl.org/MACQuality

MAC QI Office Hours



MAC QI Office Hours

- Offered **three times** every month with an Improvement Advisor
- Offered **once a month** with Division of Quality and Health Outcomes, Center for Medicaid and CHIP Service staff
- There is no need to sign-up in advance
- Bring your QI questions

To learn about upcoming Office hours, join the Office Hours distribution list by emailing MACQualityImprovement@mathematica-mpr.com

Thank you for participating in the webinar.

Please complete the survey as you exit the webinar.



To learn more, contact CMS at
MedicaidCHIPQI@cms.hhs.gov