Transition of Children in Foster Care, Receiving Adoption Assistance and Select Youth in Juvenile Justice to Medicaid Managed Care

DFCS Practice Matters Meeting
October 30 , 2013

Purpose of Transition

- The transition of foster care, adoption assistance and juvenile justice members will create a new level of collaboration between DCH, other child-serving agencies and Amerigroup with a focus on:
  - Development of new relationships and processes to facilitate the coordination of care for these members
  - Measureable improvement in physical and behavioral health outcomes
  - Safety, permanence and well-being
  - Exchange of health information

Background

- DCH selected Amerigroup as the single statewide Care Management Organization (CMO) to serve eligible populations
  - The transition is effective 1/1/14

- Eligible Populations – approximately 27,000 members
  - Children, youth and young adults in foster care (new ACA rule up to 26 years)
  - Children and youth receiving adoption assistance
  - Children and youth enrolled in a home- and community-based waivers (excluding the GAPP waiver) and in SSI
  - Youth in juvenile justice system placed in community residential care

Background

- Each population has similar needs but operate under different “rules”

Member Population	Membership	Differences
Foster Care	7,500 – 8,000 members statewide (includes joint commitment members) Majority of members in metro Atlanta	• In state custody; DFCS is parent • Requirements for medical and trauma assessments • Unique requirements in Region 14 (Kenny A)
Juvenile Justice (in non-secure placement)	Approx. 200+ members located across the state (not in joint commitment)	• Commitment to state • Biological parent/guardians sign release for care • Different rules for medical/trauma assessments, transportation, support when leaving DJJ
Receiving adoption assistance	Approximately 19,000 members statewide	• Adoptive parent is legal guardian • Previous history is restricted

Expenditures

- Foster Care and Adoption Assistance represent 1.4 % of Medicaid members and 2.1% of total Medicaid and CHIP expenditures

- High behavioral health (BH) needs for eligible populations
  - BH services represent 70% of total health care costs for members in Foster Care and receiving Adoption Assistance
  - For members in community residential placement through the juvenile justice system, BH services represent 87% of total costs

Not Business as Usual

- The new program will not be the same as current Amerigroup Georgia Families program

- New program will:
  - Provide additional care coordination and improved physical and behavioral health oversight and health outcomes
  - Focus on System of Care
  - Improve continuity of care when members transition into and out of foster care
  - Improve access to necessary physical and behavioral health services covered by the Medicaid program
  - Expand current Amerigroup network

What's Different?

- Care coordination team and health care plan for each member
  - Demonstration of individual health outcomes
- Virtual Health Record (VHR)
- Primary Care and Dental Homes
- Monitoring & Oversight Committee and subcommittees
- Value-based purchasing
- NET change
- Reporting

What's Different?

- Ombudsman staff
  - DCH will have 2 Ombudsman staff to advocate for foster children and foster parents, plus members in adoption assistance and juvenile justice
  - Amerigroup will have advocacy and ombudsman staff
  - DCH and Amerigroup will continue to work with community advocates

What's Different?

- Medication Management
  - Focus on psychotropic medications and ADD/ADHD medications
  - Amerigroup will integrate management protocols with DFCS/DJJ needs to ensure appropriate prescriptions, management and oversight
    - Emphasis on provider education
    - Will incorporate current DFCS consent model

What's Different?

- Provider Network
  - Amerigroup is expanding its current physical and behavioral health network based on providers *currently* seeing members
    - Have to meet credentialing criteria
  - Amerigroup made an exception to allow providers who only want to treat foster care and adoption assistance members to participate
  - Transition of care exceptions for 1/1/14
    - Prior Authorizations
    - Continuity of Care
  - Providers will be educated on trauma-informed care

Agencies: What's Different?

- Implementation in Year 1:
  - New processes, procedures and workflows between agencies
  - Interagency relationship: Enhanced collaboration and communication
  - Availability of health information through Virtual Health Record
  - Support for Kenny A. Consent Decree
  - Challenges:
    - Changing culture at regional and county level
    - Critical for agencies:
      - Consistency and standardization

What does it mean to DFCS Team Members?

- A partner/resource to help coordinate care and develop health care plans
- Care coordination teams regionally focused
  - Will be designed for individual needs of each child/youth/young adult
- Available 24/7
- Support with basics: appointments, medications, transportation
- Education and outreach on psychotropic and ADD/ADHD medications
  - Members, providers, caregivers and parents

Current Priorities

Final Workflows and Policies

- Develop and implement new workflows and policies across agencies
- Development of protocols for identifying issues/glitches after 1/1/4 launch

- Communication, Education and Outreach:
  - Agency staff training---*November thru December 2013*
  - Providers (all types)
  - Members, foster parents, adoptive parents
  - Advocates and other stakeholders

Questions?