



Transition of Foster Care Children to Medicaid Managed Care

Office of Health Insurance Programs
Division of Health Plan Contracting and
Oversight

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MRT 1458

Transition of Benefits and Populations into Managed Care

April 1, 2013 (Contingent on CMS approval):

- Non per-diem foster care children placed directly in the community by LDSS
- Affects counties outside NYC only
- B2H and designated DD remain exempt

Population and Enrollment

Current Population:

- Approximately 3650 children

Current Enrollment:

- Approximately 1520 enrolled in managed care
- Approximately 2130 children will be enrolled beginning 4/1/13
- 24 counties exempting foster care children from enrollment or are actively disenrolling

County Enrollment Status:

- 32 counties are voluntarily enrolling
 - 10 routine enrollment
 - 22 enrollment on case by case basis

Planning for Phase-In

Collaboration with OCFS and LDSS:

- Understand needs of population;
- Systems currently in place;
- Best practices.

DOH review of FFS providers for network overlap analysis.

Evaluation of LDSS Current Policies

Conducted electronic survey to assess:

- Foster Care enrollment policies
- Access to services

Current system is working for each county

- Maintain current structure
- Utilize providers experienced in trauma

How Will this Population be Enrolled?

Enrollment begins 4/1/2013 (contingent upon CMS approval)

- LDSS will enroll on a case by case basis;
- LDSS will be responsible for plan selection;
- Review each case at next evaluation;
- No Auto-assignment of these children;
- Upstate enrollment will be completed within 6 months.

Good cause for enrollees in foster care:

- To change plans or disenroll;
- Change in circumstances;
- Entering, leaving, or changing foster care placement.

Coordination between the Local Districts and the Plan

LDSS will identify a foster care coordinator:

- Point person identified at each district;
- Communication between LDSS and plans;
- Expedite access and enrollment.

MCO will identify a managed care coordinator:

- Point person identified at each plan;
- Communication between LDSS and plans;
- Work with the county to expedite access to care as needed.

Local District Activities

As child enters foster care, LDSS will:

- Arrange initial assessment at intake;
- Arrange comprehensive diagnostic assessment within 30 days of intake;
- Problems with coding annual and ongoing assessments as a well child visit, which is limited;
- Identify current providers for child;
- Determine current care child is receiving;
- Determine if child is current managed care enrollee.

Local District Activities Con't

For children entering foster care;

If child is a current managed care enrollee:

- May remain in current plan, or
- Select new plan if appropriate.

If child is not enrolled in managed care:

- LDSS selects appropriate plan,
- LDSS selects a primary care provider, and
- LDSS begins enrollment process.

Choosing the Right Plan

Criteria for Plan Selection:

- Location where child will be placed;
- Plans serving the child's new location;
- Overlap between plan provider network and child's current providers;
- Length of time child will be in foster care.

Transition Issues and Opportunities for Improvement

Plans have critical role in integrating
care for Children in Foster Care

- Participating Providers
- Continuity of care
- Case management
- Mandated assessments
- Behavioral health

MCO Requirements

Provider Network:

- Augment the provider network to include physicians and other providers currently seeing foster care children;
- Network should include providers:
 - Experienced in trauma based care;
 - Currently providing mandated and specialty services to this population.
- Allow flexibility when authorizing assessments or services for this population;

MCO Requirements

Continuity of Care:

- If a provider treating a patient does not participate in the plan, transitional care must be provided for a 60 day period;
- Plans must allow the current treatment plan to continue until a new assessment and care plan is established;
- MCOs must cover mandated assessments and diagnostic exams;
- Mandated assessments meet established guidelines.

Plans and LDSS Working Together

Facilitating Access to Care:

- Current enrollees: Plan liaison issues replacement ID card or other plan identification to foster care coordinator by next business day if needed;
- New enrollees: Plan liaison issues “Welcome Letter” and ID card within 15 days;
- Plans must identify a process to allow the member to access services upon enrollment if ID card is not received;
- No change in enrollment process: Use current address on file (LDSS) since child is in their custody;
- Coordinator alerts plan in writing of new enrollment, disenrollment, change in status, change of PCP.

Plans and LDSS Working Together

Case management:

- Available to children in foster care;
- Case manager works with plan liaison (if different) and foster care coordinator;
- Foster care case management – determines permanency planning only; not involved in determining health care services

Discharge planning:

- Coordination between foster care coordinator and plan liaison;
- Treatment plan for child leaving foster care, transferring out of or disenrolling from the MCO, or discharged from inpatient setting;
- Treatment plan is in place prior to discharge date.

Questions?