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Health Care Access for Children in Foster Care

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Overview

- Children in foster care
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  - Unique needs
- Federal requirements
  - Child welfare
  - Medicaid
- Selected policy topics
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  - Information systems and data exchange
  - Early and periodic screening, diagnostic, and treatment (EPSDT)
  - Utilization of psychotropics
- Next steps

Children in Foster Care: Demographics

- 368,530 children in foster care (on September 30, 2022)
- Fewer children placed in foster care, but those removed spending more time in out-of-home care (almost 2 years)
- 35 percent of children in foster care experienced more than 2 placements
- Black, American Indian, Alaska Native, and people of color have higher rates of referrals to child welfare, rates of investigation, and risk of confirmed mistreatment
- Children of color are more likely to be placed into foster care
  - Black 23% of children in foster care, 14% of U.S. child population
  - American Indian and Alaska Native 2% of children in foster care, 1% of U.S. child population

Children in Foster Care: Unique Needs

- Physical health
  - Compared to children in general population, more likely to have chronic health conditions, developmental disabilities, and activity limitations
  - Increased risk of long-term medical issues
  - Children with medical complexities uniquely vulnerable sub-population
- Behavioral health
  - Compared to children in general population, 3-4 times more likely to have a mental health disorder diagnosis
  - Diagnosis variables include: age, child welfare history, length of time in care, and number of foster care placements
- Oral Health
  - Inconsistent oral health care leads to dental health problems

Federal Requirements: Child Welfare

Federal and State Partnership

- The federal Administration for Children and Families (ACF) and a single child welfare agency in each state funded through Title IV of the Social Security Act jointly administer child welfare programs
- These programs include the prevention of child abuse and neglect, child protective services investigations, foster care placement, and permanency
- ACF provides federal funding, oversight, technical assistance, and coordination with other federal agencies, including the Centers for Medicare & Medicare Services (CMS)
- State child welfare agencies are the legal custodians of children in foster care, responsible for their health care needs being met; but, federal funding does not include medical care and health insurance
- State child welfare agencies submit enrollment applications, share health information, and in some cases, give treatment consent

Child and Family Services Plans (CFSPs)

- Each state child welfare agency must submit CFSPs to ACF for review and approval to receive federal funding
- The CFSP is a 5-year operating plan developed in consultation with other federal programs in the state serving similar populations (children and families)
- 15 total requirements CFSPs must include, 3 are relevant to access to Medicaid benefits:
  - Coordination of services
  - Health care oversight and coordination plans
  - Case plans and case review

CFSP Elements Relevant to Medicaid

- Coordination of services
  - Integration of social, health, education, economic support services from other agencies with child welfare agency services for children and families
  - Goals include to achieve comprehensive support, avoid duplication, and maximize resource efficiency
- Health care oversight and coordination plans
  - Developed in collaboration with state Medicaid agency, health care experts
  - Outline child welfare agency's responsibilities and methods of coordination including screening schedules, continuity of care, sharing current health information, preventing inappropriate diagnoses leading to congregate care
- Case plans and case review
  - Individual child plans include health history and current medical information
  - Requires process to keep current and to share with foster parents

Federal Requirements: Medicaid

Federal and State Partnership

- The federal Center for Medicare & Medicaid Services within CMS is responsible for policy development, implementation of Medicaid law, regulations, policies and oversight of state Medicaid agencies through Title XIX of the Social Security Act

- States have considerable flexibility to design a Medicaid program that meets the unique needs of the state's vulnerable populations, including children in foster care, through waiver authorities

- Unlike Title IV governing the child welfare program, Title XIX and Medicaid regulations do not require state Medicaid agencies to consult with state child welfare agencies when designing the Medicaid program

Eligibility Pathways

- Virtually all children in foster care eligible for Medicaid
- Categorical eligibility exists for children for whom foster care maintenance payment made, and children receiving SSI benefits
- Other pathways include: eligibility based on certain health conditions, child-only income when living away from family, and expanded family income limits
- Continuous 12-month eligibility supports continuity of care
- Continued Medicaid eligibility for former foster care to age 26

Medicaid Program Design

- States offering specialized benefits and delivery systems to meet unique and complex needs of children in foster care
- 2022 study of 50 states and District of Columbia (D.C.) found
  - Increase in enrollment of children in foster care in managed care organizations (MCOs) to 42 states and D.C.
  - 14 states and D.C. procure specialized MCOs for children in foster care and subsidized adoption
  - 75 percent of Medicaid programs (fee for service or managed care) offer enhanced services for children in foster care
- Enhanced services include: case management, specialized screenings, psychotropic medication monitoring, non-medical services and supports

Selected Policy Topics

Coordination Between State Agencies

- Federal law does not mandate state Medicaid agencies coordinate with child welfare agencies nor specify the purpose, type, and frequency of coordination

- Cross-agency coordination requirements imposed on child welfare agencies through Title IV and implementing regulations

- Coordination between agencies fragmented at the individual child level with child welfare agencies having legal responsibility and children's health histories, but Medicaid agencies providing health care coverage, providers, and managed care services

Information Systems & Data Exchange

- Interagency data sharing is not codified in federal law
- Key health histories about children in foster care exist in child welfare systems (CCWIS); current medical information exists in Medicaid systems (claims, encounters, prior authorizations)
- Medicaid rules allow, but do not require, data sharing with other agencies, and personnel interpret permissive rules differently
- Increase in use of MCOs for children in foster care requires data exchange across three IT systems
- ACF and CMS provide states with technical assistance and sub-regulatory guidance in absence of clear federal law

Early and Periodic Screening, Diagnostic, and Treatment

- Children in foster care are uniquely vulnerable to developmental delays and health care conditions
- Research indicates commonly used periodicity schedules and federally required minimum EPSDT benefits for all Medicaid-enrolled children may be insufficient for children in foster care
- MCOs may not limit EPSDT screenings under federal law but may use prior authorization for services
- Federal rules do not define children with special health care needs

Utilization of Psychotropics

- Federal rules require state Medicaid and child welfare agencies monitor, manage, and report utilization to CMS and ACF
- Initial federal policy and literature review indicates concerns regarding inappropriate prescribing of psychotropics for children in foster care remain, including:
  - More likely to be prescribed than children not in foster care
  - More likely to be kept on psychotropics longer
  - Prescribed psychotropics in absence of behavioral health diagnosis
  - Safety concerns for patients under 18

Next Steps

- Commissioner feedback on federal requirements and selected policy topics

- In April, staff will present findings from seven state profiles and stakeholder interviews

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FEBRUARY MEETING

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