

Before we begin

- Lines have been muted to reduce disruptions
- Webinar will be recorded & posted at:
<https://www.casey.org/resources/field-questions/>
- Pose questions throughout the session:
 - On the Zoom Platform: Select “Questions and Answers” dialogue button, type in your question, and hit send.
 - If attending by phone, email KMresources@casey.org.
- We will do our best to answer questions - either immediately, or in the Q&A portion at the end. If we don't cover your question, we will provide answers in a follow-up document sent to all registrants.
- Polling: Simply select your answer from the list in the pop-up window on your screen, and select “submit.”

Today's Presenters

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Introduction

1. Importance of Medicaid for child welfare systems
2. How federal agencies have tried to partner
3. Casey Family Programs' partnership with CHCS

Upcoming Webinars in this Series

Medicaid 201: Medicaid and the Family First Prevention Services Act – May 2019

Medicaid 301: Topic TBD based on input from registrants – September 2019

Context & Need

1. Experiences in Minnesota and California
2. New opportunities often reflect a cost shift from one funding stream to another, rather than expand overall system capacity
3. Need to understand all related funding streams in child welfare to best create a “unique” mix that maximizes available funding streams to support/fund a strong vision for children and families.

Learning Objectives

Demonstrate an understanding of:

1. The key elements of the Medicaid program;
2. The populations and services covered by Medicaid;
3. The role of Medicaid for children and youth in foster care with behavioral health needs; and
4. Innovative Medicaid-financed strategies to support children and youth in foster care with behavioral health needs.

Poll #1

- How would you describe your understanding of the Medicaid program?
 - » I know the program very well.
 - » I have a basic understanding of the program.
 - » I don't know very much about the program.

National Medicaid Structure: Great Diversity in State Medicaid Programs



Current Programs: 56 different Medicaid programs



Position: Programs fall under a larger/smaller umbrella agency or are a standalone agency



Directors: Political appointees/civil servants/other

- ▶ Two-thirds of Directors were appointed



Expenditures: from \$599 million (WY) to \$83 billion (CA) – FY2017



Enrollment: between 63,000 (WY) to 13 million (CA) beneficiaries

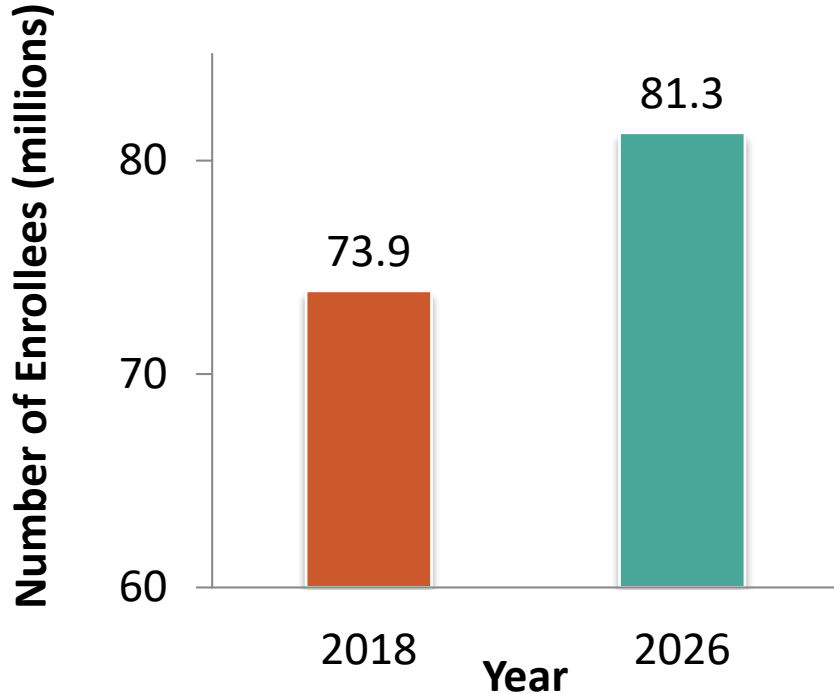
Medicaid Program Financing

- Medicaid is an entitlement program, jointly funded by the federal and state governments
- The federal share is based on a state's Federal Medical Assistance Percentage (FMAP), which is calculated based on its per capita income
 - » Federal contribution greater for states with lower per capita income
- FMAP ranges from 50%-83%

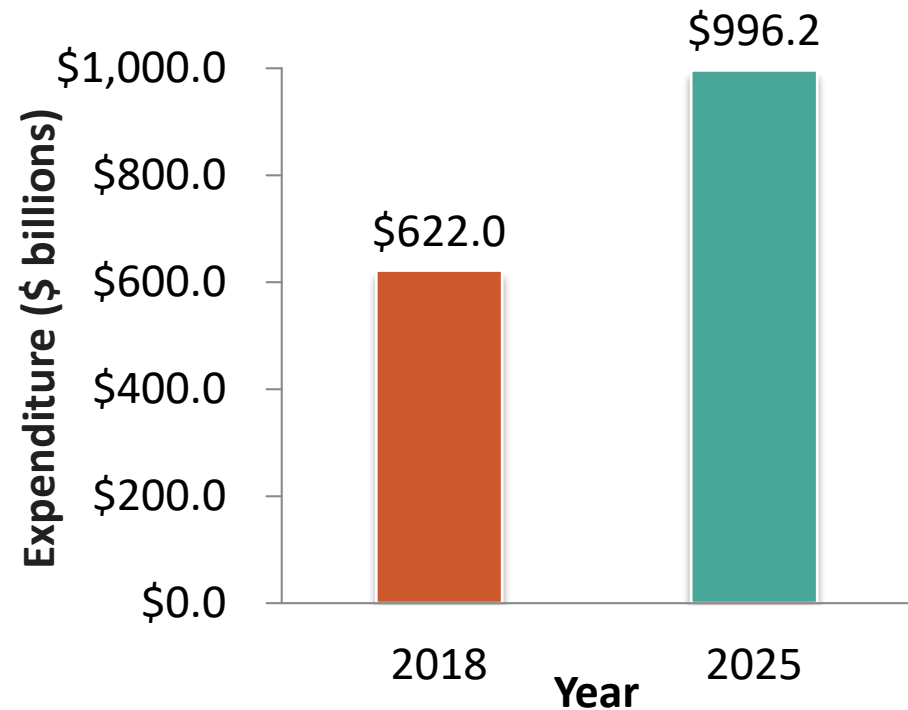


Medicaid Basics: Program Size and Expenditures

Projected Medicaid Enrollment



Projected Medicaid Expenditures



Comparison of Basic Financing and Delivery Models: Medicaid FFS vs. Managed Care

Fee-for-Service

- Directly administered by the state
- Enrollees choose their own doctors, hospitals and other providers
- State reimburses providers at an established fee for each service rendered
- Generally any willing provider licensed by the state who agrees to accept Medicaid rates as payment in full can participate

Managed Care

- Plans assume financial risk for managing health care for a specific population
- Closed network of providers contract with the MCO
- MCOs are paid on a capitated basis (usually monthly) for a defined scope of Medicaid benefits
- Plans must meet network size and location standards and are permitted to limit number of providers; often credential providers before accepting into the network

NOTE: Managed care refers to programs based on contracts with Managed Care Organizations (MCOs).

Traditional Medicaid: Covered Services

Mandatory

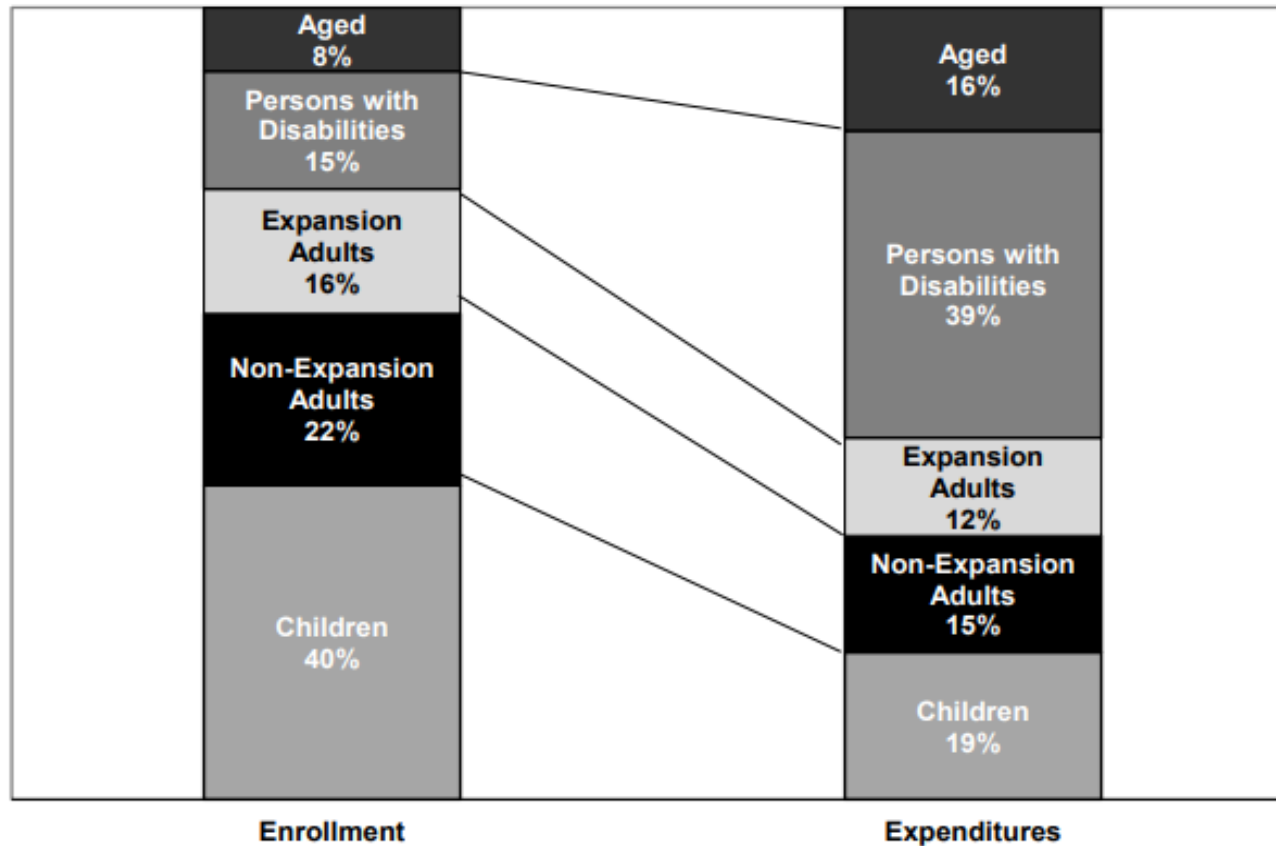
- ✓ Inpatient hospitalization
- ✓ Outpatient hospital
- ✓ Physicians
- ✓ Lab and x-ray
- ✓ Home health
- ✓ Nursing facility
- ✓ **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

Optional

- ✓ Prescription drugs
- ✓ Eyeglasses and hearing aids
- ✓ Organ Transplants
- ✓ Psychologists and other behavioral health
- ✓ Podiatrists
- ✓ Dental
- ✓ Physical/occupational/speech therapies
- ✓ Rehabilitative
- ✓ Intermediate care facilities for individuals with intellectual disabilities
- ✓ Case management
- ✓ Emergency hospital
- ✓ Hospice
- ✓ Transportation
- ✓ Prosthetic devices
- ✓ Personal care

Composition of the Medicaid Population

Figure 8—Estimated Medicaid Enrollment and Expenditures by Enrollment Group, as Share of Total, Fiscal Year 2016



Note: Totals and components exclude DSH expenditures, Territorial enrollees and expenditures, and adjustments. Totals may not add to 100 percent due to rounding.

Medicaid Fast Facts

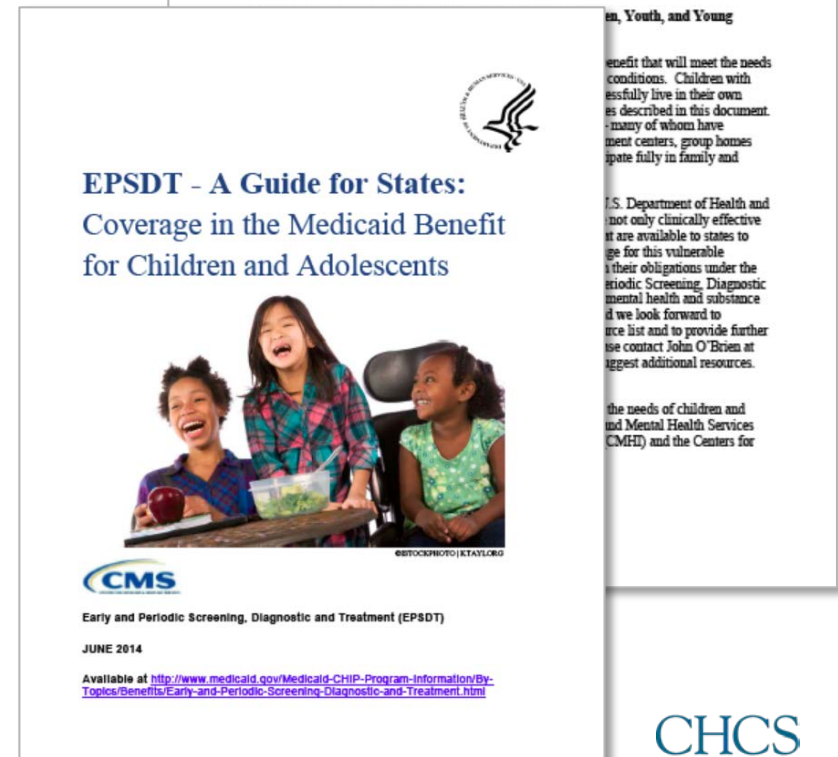
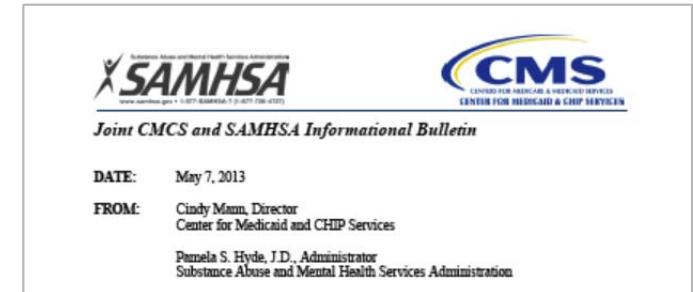
Stat	Fact
73 million	People in the United States with Medicaid and CHIP coverage.
\$592 billion	State and federal Medicaid spending for FY 2017.
50%	Births in the United States covered by Medicaid
40%	Children in the United States covered by Medicaid.
60%	Medicaid beneficiaries under 65 who are from diverse racial/ethnic groups.
49%	Medicaid beneficiaries with disabilities diagnosed with mental illness.
80%	Medicaid recipients who are enrolled in managed care.

Medicaid's Child Benefit: Early, Periodic, Screening, Diagnostic and Treatment Services (EPSDT)

- 1967 amendment to the Social Security Act
- Purpose (excerpt from the Statute):
 - » “To discover, as early as possible, the ills that handicap our children” and
 - » To provide “continuing follow up and treatment so that handicaps do not go neglected”
- Specifies the provision of “early” services that “correct or ameliorate” both physical and mental health conditions found as a result of “comprehensive” assessments

Federal EPSDT Guidance

- Medicaid covers critical services and supports for children, including:
 - » Hospital, clinic and physician services
 - » Mental health and substance use disorder services
 - » Oral health and dental services
 - » Vision and hearing services
 - » Home and community-based services
 - » Care coordination



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CMHI) and the Centers for

Child Medicaid Eligibility

- Temporary Aid to Needy Families
 - » Income-based eligibility
- Foster Care
 - » Custody-based eligibility
- Supplemental Security Insurance
 - » Disability-based eligibility

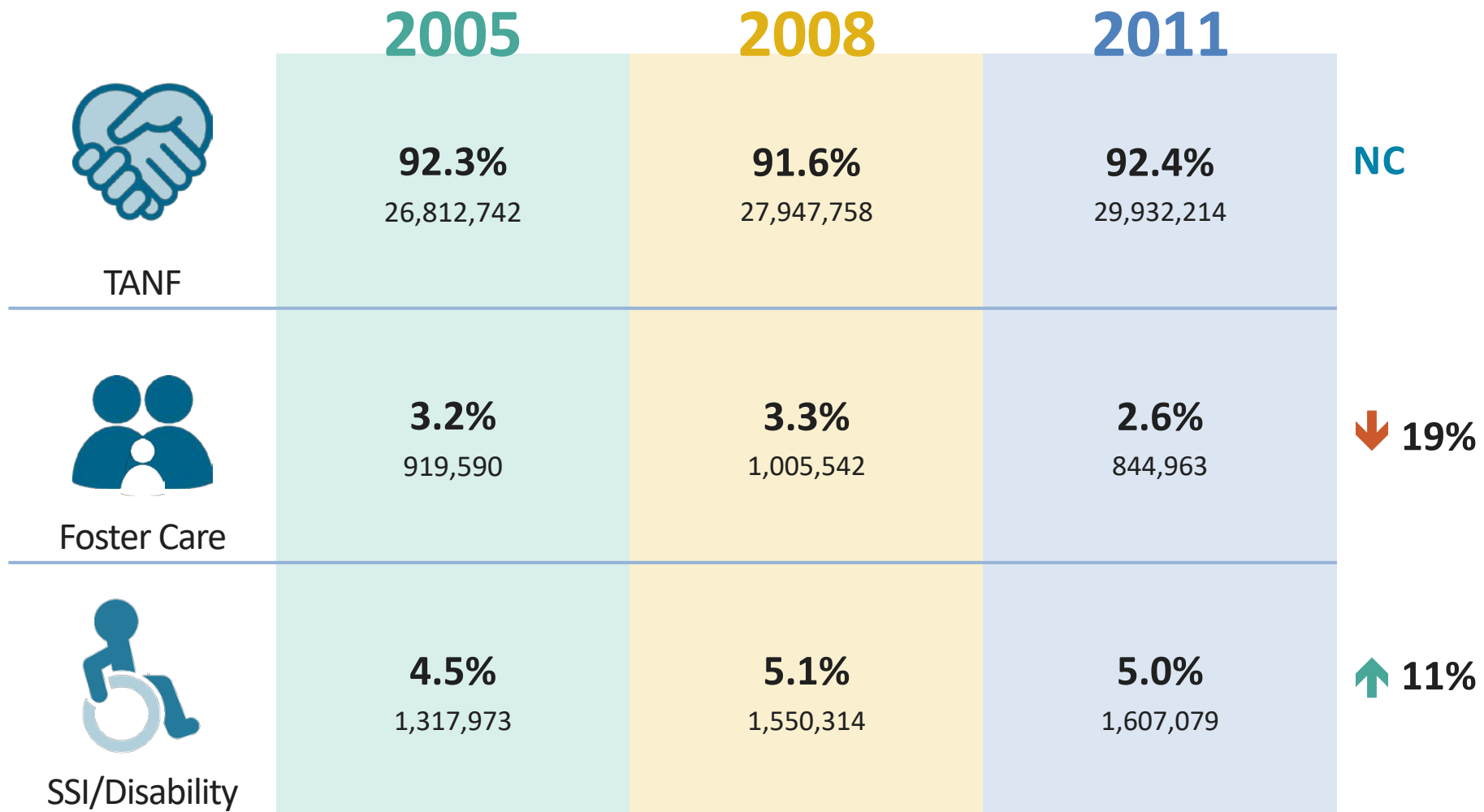
Poll #2

- What percentage of the child Medicaid population do children in Foster Care represent?
 - » 20%
 - » 15%
 - » 7%
 - » 3%
 - » 0.5%

Faces of Medicaid Data Series



Children in Medicaid by Aid Category



Poll #3

- How would you describe your collaboration with your state Medicaid agency around the foster care population?
 - » Strong
 - » Functional
 - » Weak

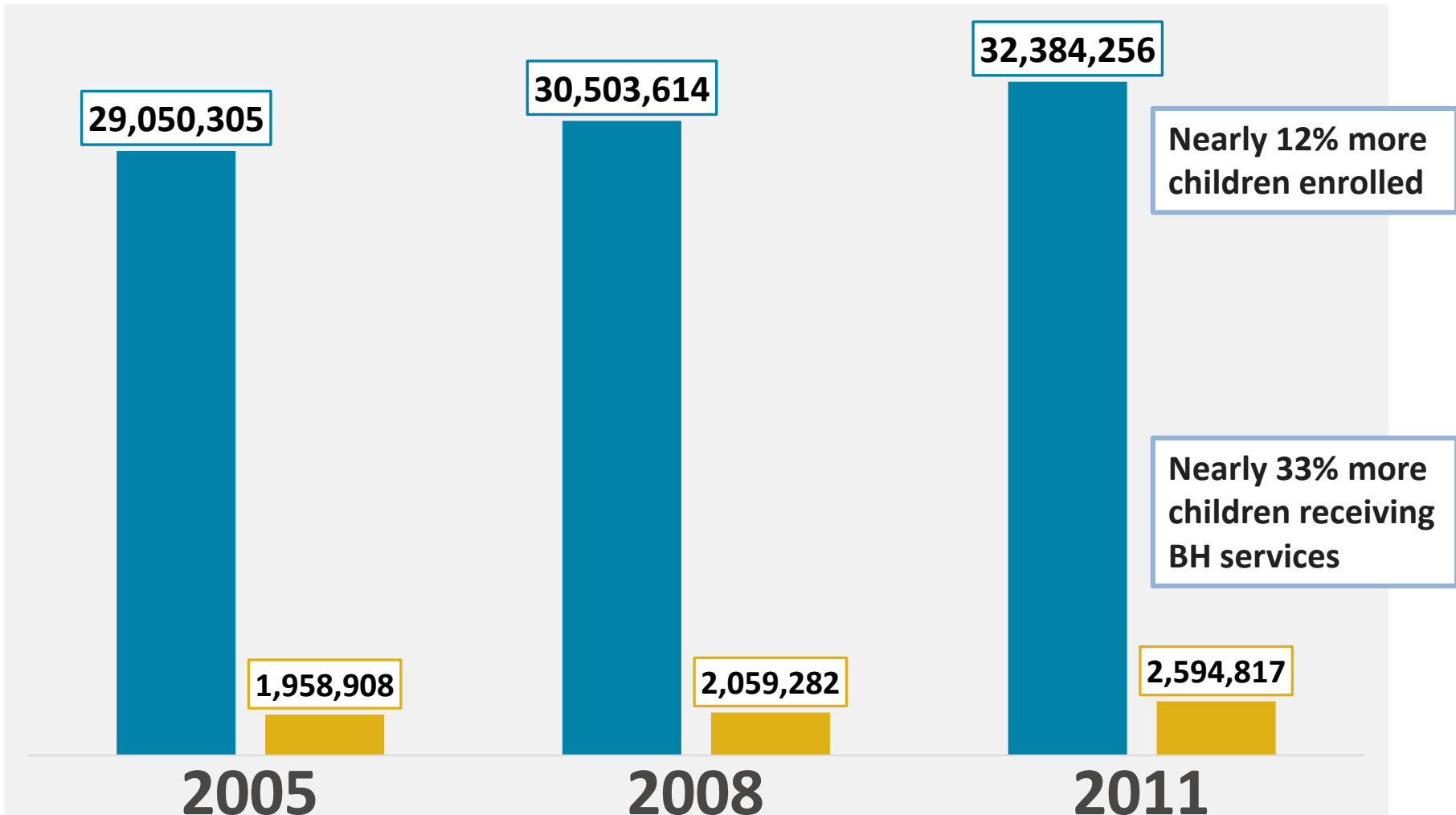
Children and Youth With Behavioral Health Needs

What do we know about mental health needs among children in Medicaid?

- 1 in 5 children in the general population have a DSM diagnosable mental health disorder or were reported by parents to have an emotional or mental health need¹
- 11% of youth have been diagnosed with a mental illness, while two-thirds of youth who have a condition are not identified and do not receive mental health services²
- Estimates of mental health needs among children in Medicaid are higher than for the non-Medicaid population^{3, 4}

SOURCES: 1. New Freedom Commission on Mental Health. 2003. 2. Mental Health: A Report of the Surgeon General, 1999. United States. Public Health Service. Office of the Surgeon General Center for Mental Health Services National Institute of Mental Health; and 3. Pathways to Early School Success Issue Brief No. 1, . National Center for Children in Poverty and 4. Behavioral Health in the Medicaid Program – People, Use and Expenditures, MACAP, June 2015.

Total Population of Children in Medicaid vs. Total Children in Medicaid Receiving Behavioral Health Services



Behavioral Health Service Use/Expense by Children in Foster Care

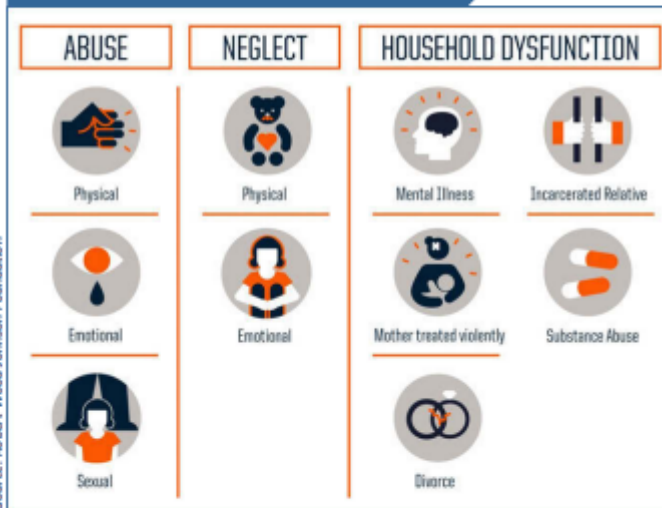
Impact of ACEs and Trauma on Health

Former Foster Care Youth Are More Likely to Have Complex Health Issues

5

Foster care children frequently experience adverse childhood experiences (ACEs) that are linked to poor physical health and lifetime health problems

Three types of ACEs



Source: Robert Wood Johnson Foundation

ACEs increase the risk of various health problems later in life, including:

- Severe obesity
- Diabetes
- Heart disease
- Cancer
- Stroke
- Chronic Obstructive Pulmonary Disease (COPD)
- Broken bones

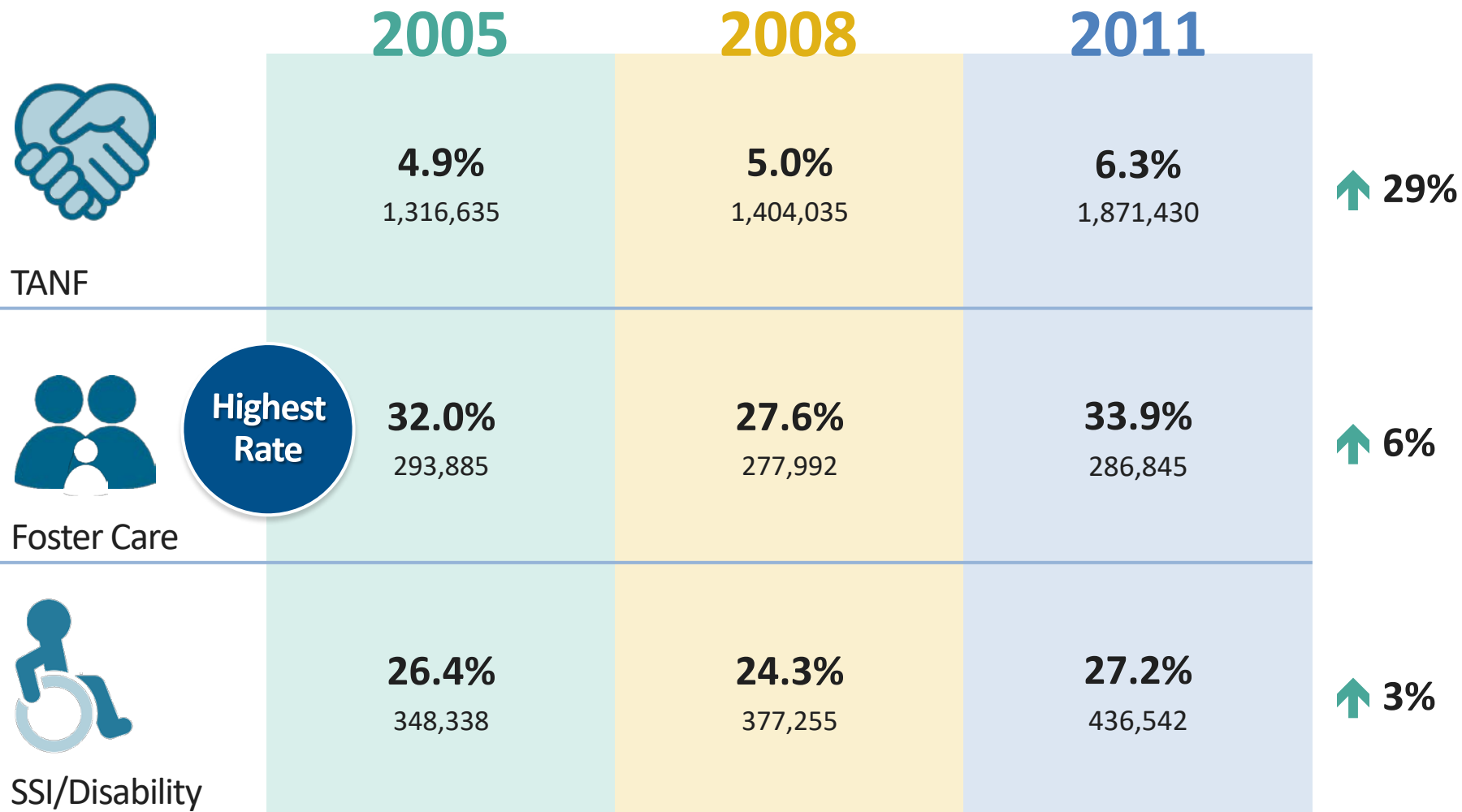
Children in Foster Care: Health-Related Service Needs

- Designated as “children with special health care needs” by the American Academy of Pediatrics.¹
- Higher likelihood of physical and behavioral health concerns than non-foster youth.²
- High-utilizers of behavioral health services and psychotropic medication.³
- High-expenditure population, driven primarily by behavioral health services use.³



SOURCE: 1. Policy Statement, American Academy of Pediatrics, *Pediatrics* 2015; 136; 1131. 2. Turney K and Wildeman C. Mental and Physical Health of Children in Foster Care. *Pediatrics* 2016;138(5):e20161118. 3. *Examining Children's Behavioral Health Service Utilization and Expenditures: Analysis of 2011 Medicaid Claims Data*. Center for Health Care Strategies. Forthcoming Fall 2018.

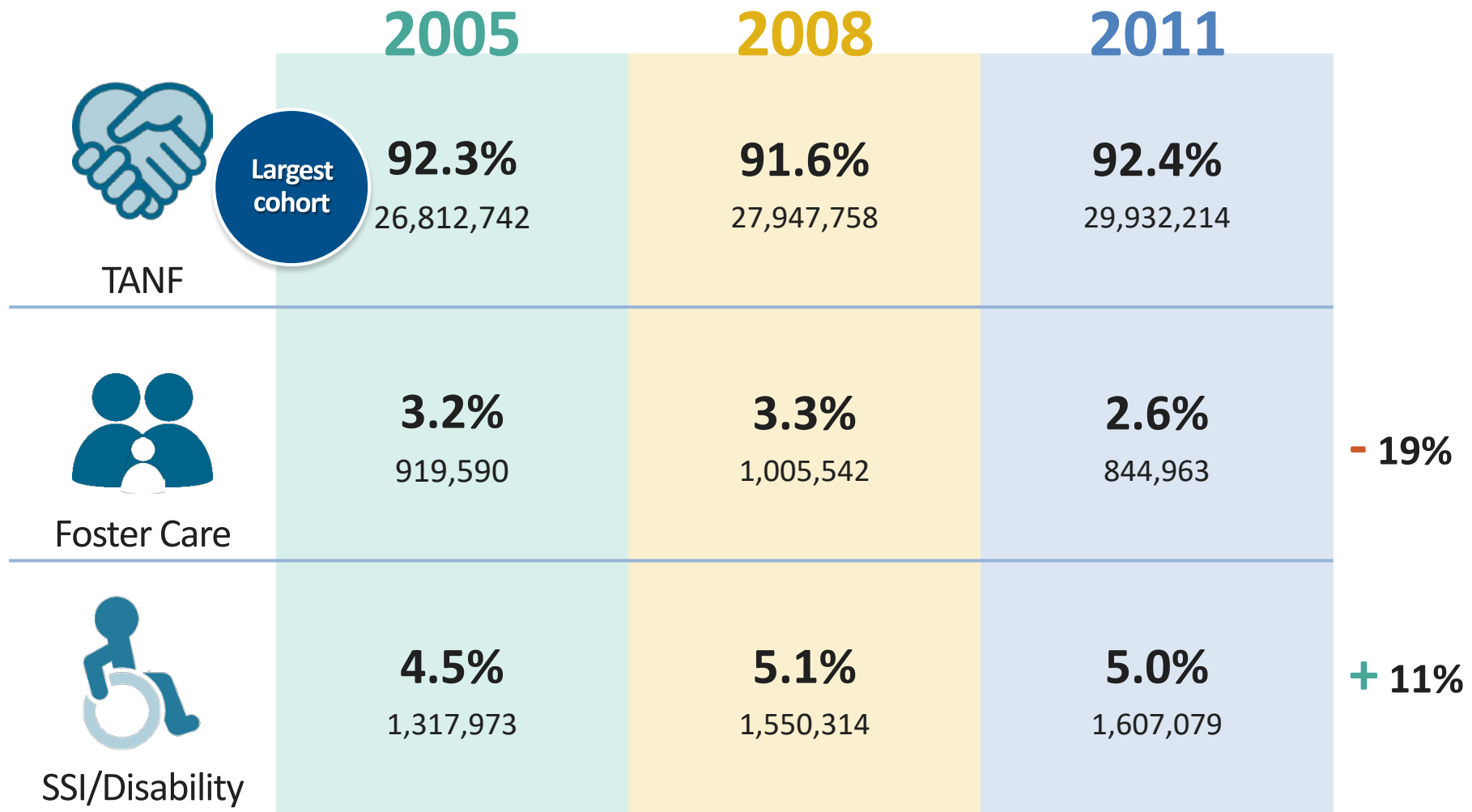
BH Service Penetration by Aid Category



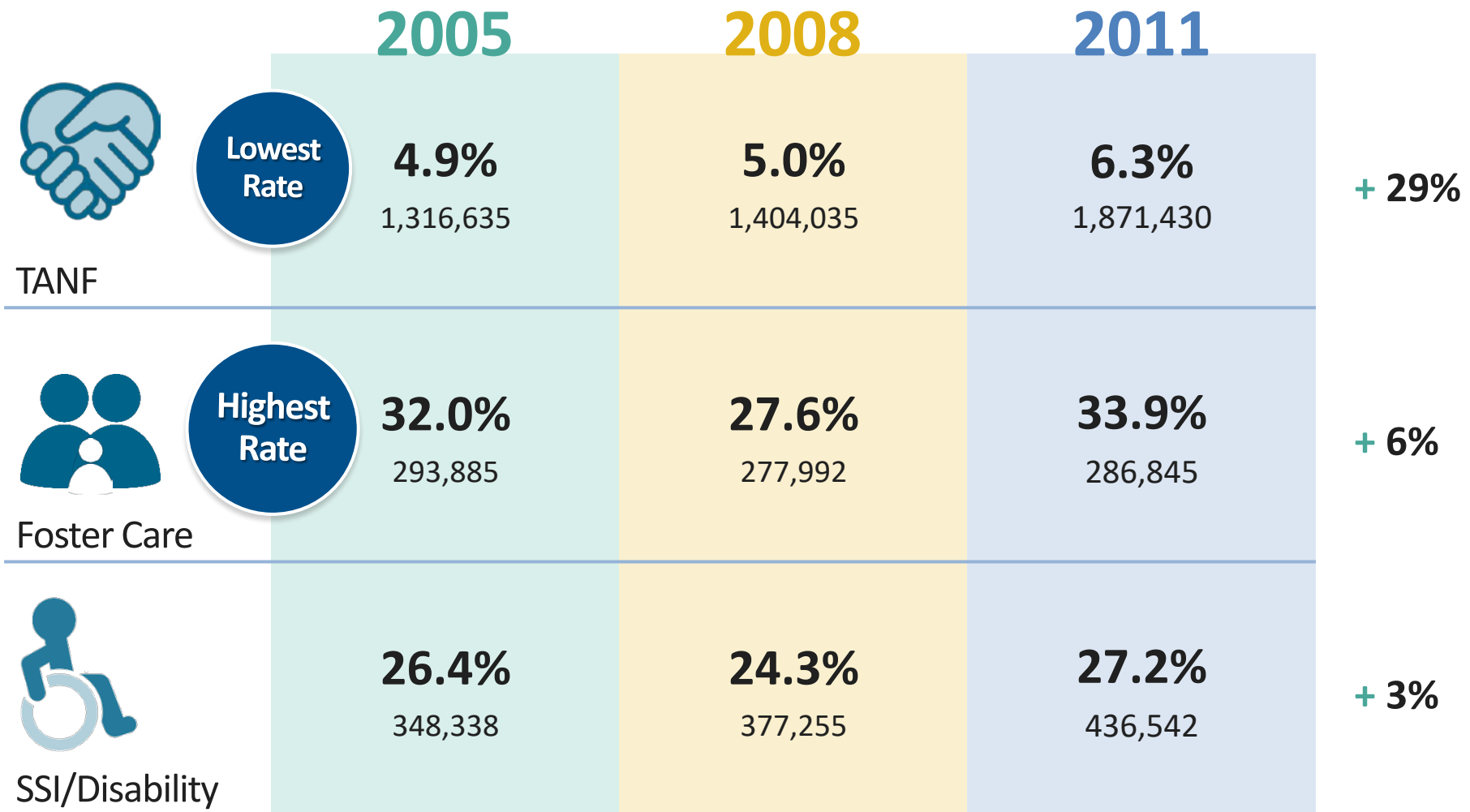
Key Health-Related Legislation

- **Family First Prevention Services Act (2018)** – Reduce reliance on congregate care; evidence-based prevention services.
- **Child and Family Services Improvement and Innovation Act (2011)** – Protocols for effective use/monitoring of psychotropic medications; respond to emotional trauma experienced by children in foster care.
- **Patient Protection and Affordable Care Act (2010)** – Eligibility for Medicaid coverage for youth aging out of foster care up to age 26, including subsequent residence other states.
- **Fostering Connections to Success and Increasing Adoptions Act (2008)** – Continue IV-E payments beyond age 18; health oversight and coordination plan to be developed in partnership with Medicaid.
- **Chafee Foster Care Independence Act (1999)** – Medicaid coverage to youth formerly in foster care until their 21st birthday.

Children in Foster Care are a Small, High-Use Cohort of Children in Medicaid



Foster Care Population Rate of Behavioral Health Service Use



Child Psychiatric Diagnoses Rates by Aid Category, 2011

KEY

- Lowest rates
- Highest rates



TANF



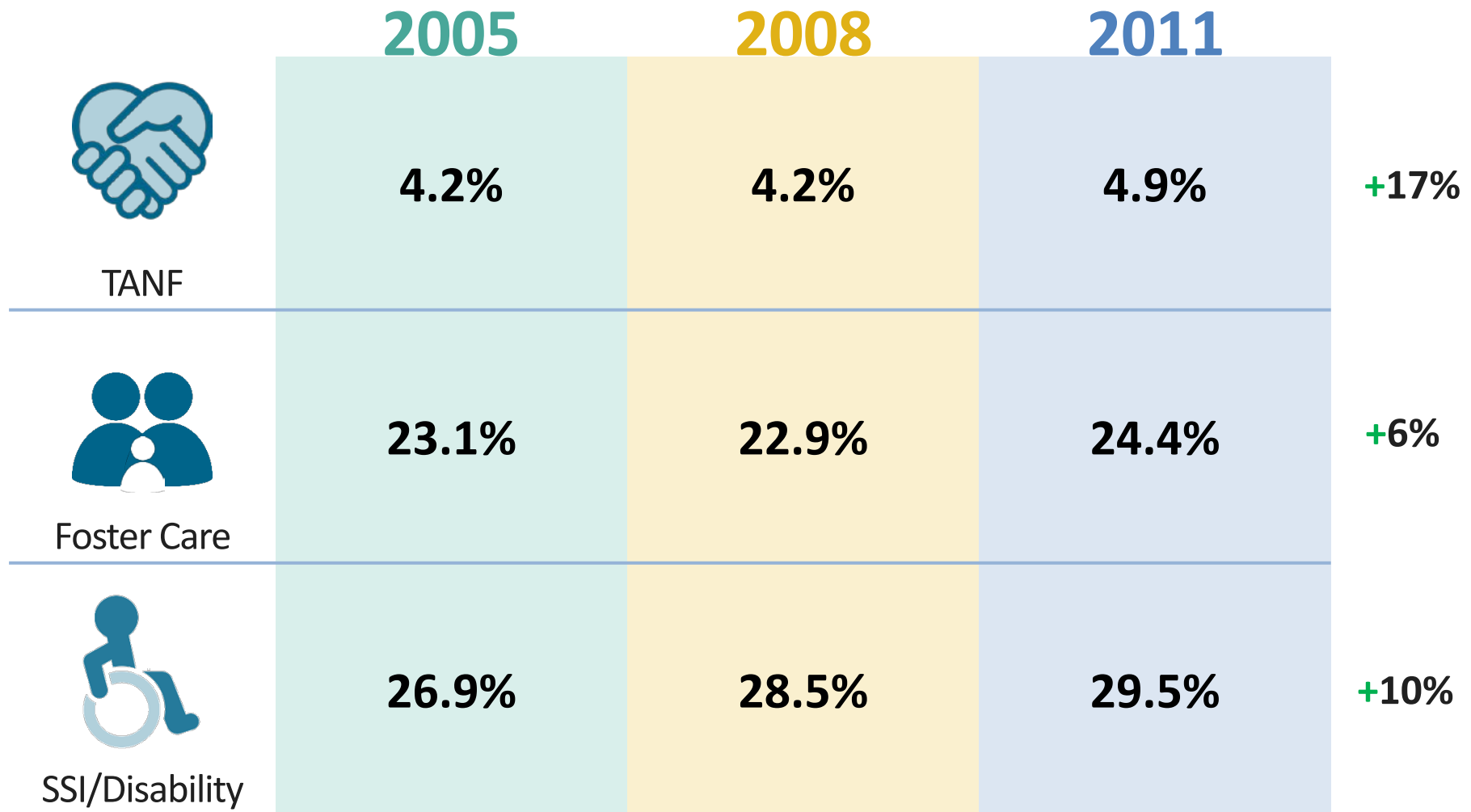
Foster Care



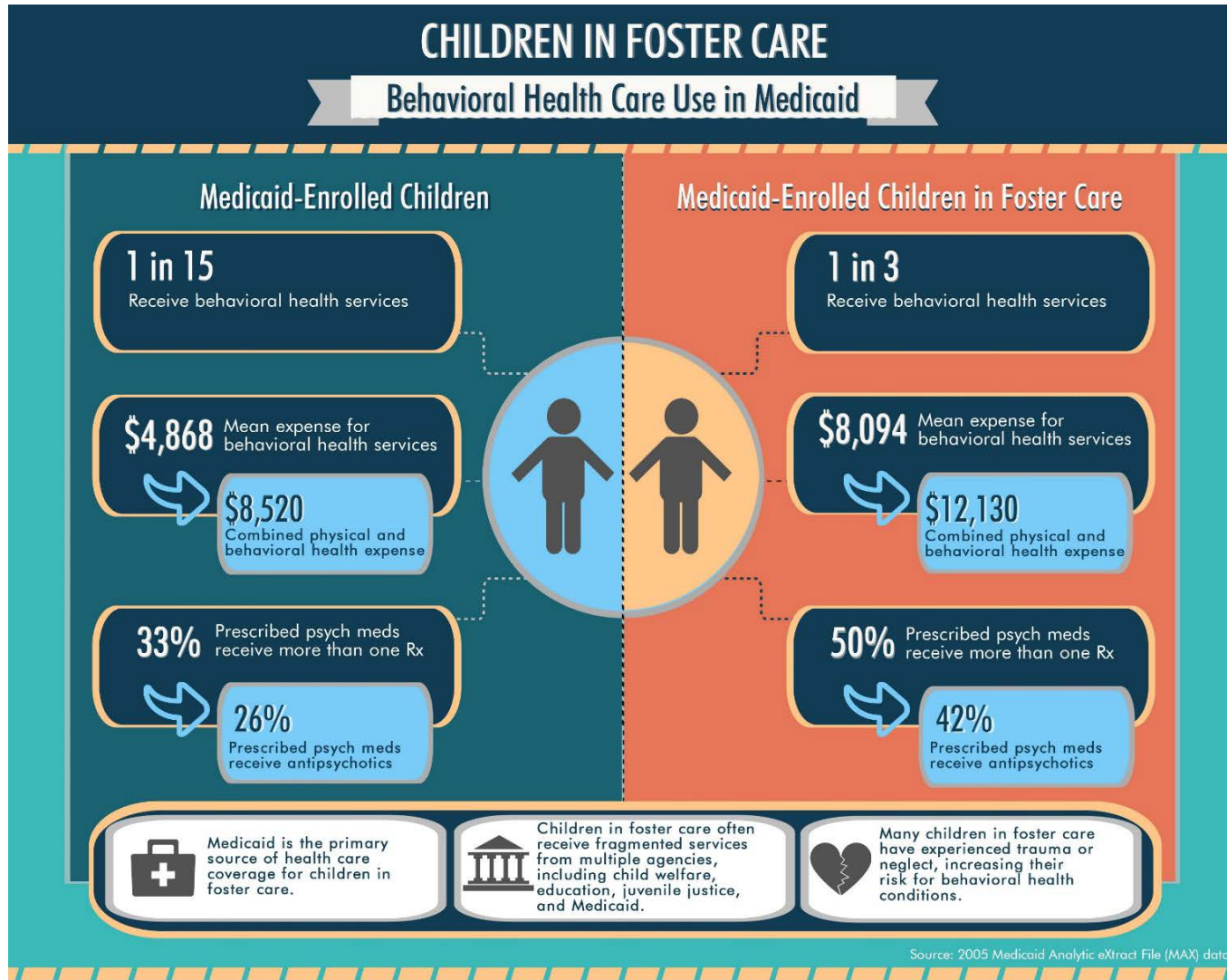
SSI/Disability

	TANF	Foster Care	SSI/Disability
ADHD	33.5%	38.0%	47.8%
Conduct disorder	31.8%	39.9%	30.4%
Mood disorder	30.9%	39.3%	31.4%
Anxiety disorder	22.5%	23.2%	15.4%
PTSD	5.0%	13.1%	5.0%
Develop. Disability	2.9%	4.6%	16.4%
Psychosis	2.0%	3.1%	5.5%
SUD diagnosis	6.3%	7.7%	3.9%
No diagnosis	12.7%	9.1%	12.6%

Rate of Psychotropic Medication Use by Aid Category



The Picture for Children in Foster Care



Medicaid-financed strategies to meet children's mental health needs

Key Strategies in Medicaid

- Access to age-appropriate screening and treatment services under EPSDT
- Cross-agency access to data and agency “cross training”
- Coordinated continuum of services/providers to facilitate appropriate step-downs in level of care
- Care coordination services and a wraparound approach to care
- Access to family treatment and support services
- Access to family and youth peer support services

Key Medicaid Authorities

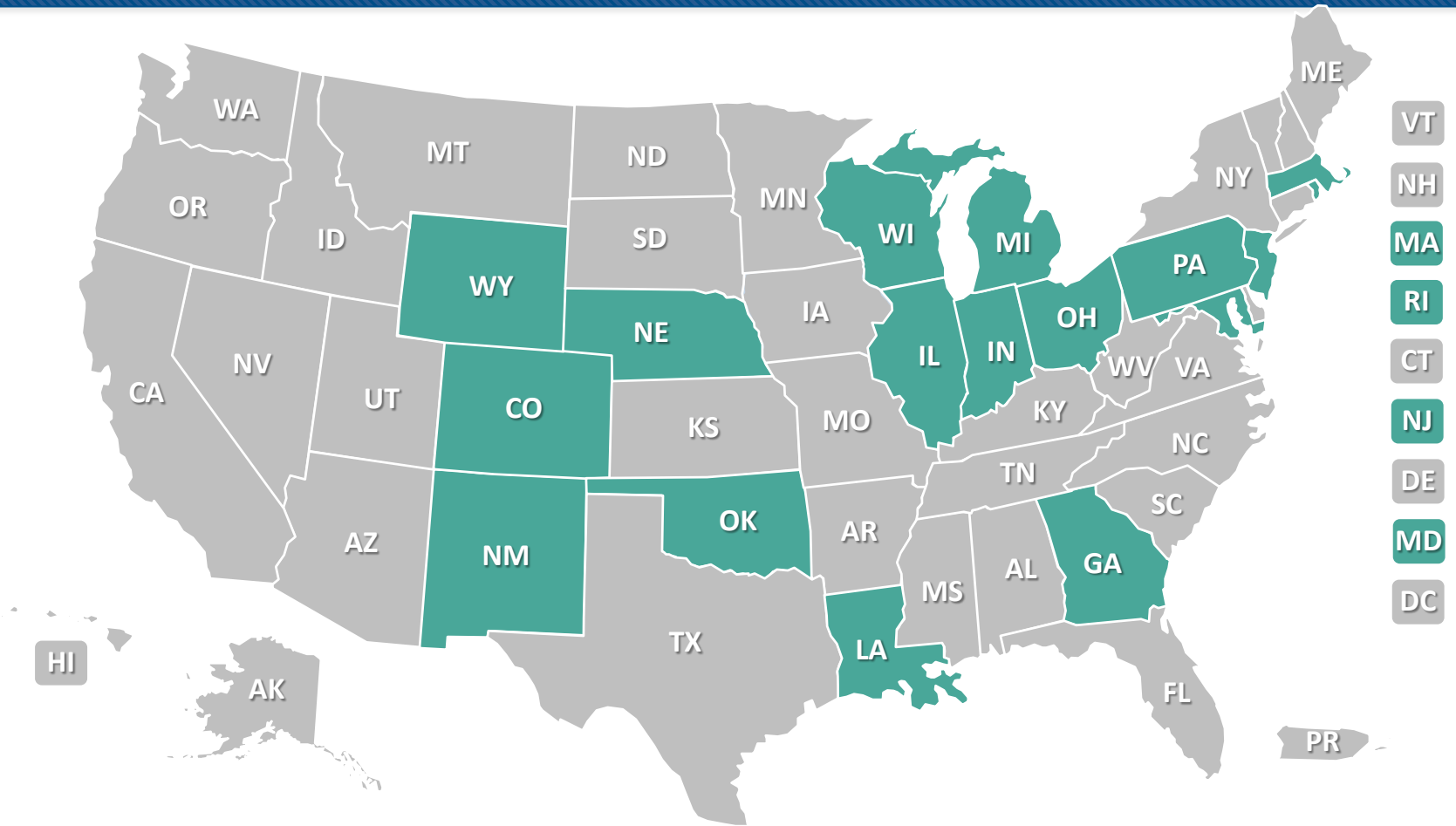
- State Plan Amendment (SPA) – Request to change to a State’s Medicaid plan within existing federal rules.
 - » Medicaid State plan is the agreement between a state Medicaid agency and the federal government (Center for Medicare and Medicaid Services, CMS) defining what costs (who, what and how much) will be shared.
- Waiver – Request to waive existing federal rules and change the plan for a defined subset of Medicaid beneficiaries.
 - » 1915c Home- and Community-based waivers: provide services in the home/community for individuals otherwise served in institutions.
 - » 1115 Demonstration waivers: individuals or services not otherwise covered by Medicaid; waives requirements re: permanency, statewideness, freedom of choice, etc.

Medicaid-Financed Approaches to Care Coordination for Children with Serious Behavioral Health Needs

■ Systems of Care Approaches

- » Coordinate care, manage costs and improve outcomes across systems for children and youth with serious behavioral health needs
- » Tend to focus on children with multi-system involvement
- » Central characteristics are intensive care coordination, increased access to home- and community-based services, child and family driven, use of the wraparound approach and family/youth peer supports
- » Embedded in Care Management Entities
- » Depending on population/service array, may require a Medicaid waiver

Approaches to Care Coordination: Care Management Entities

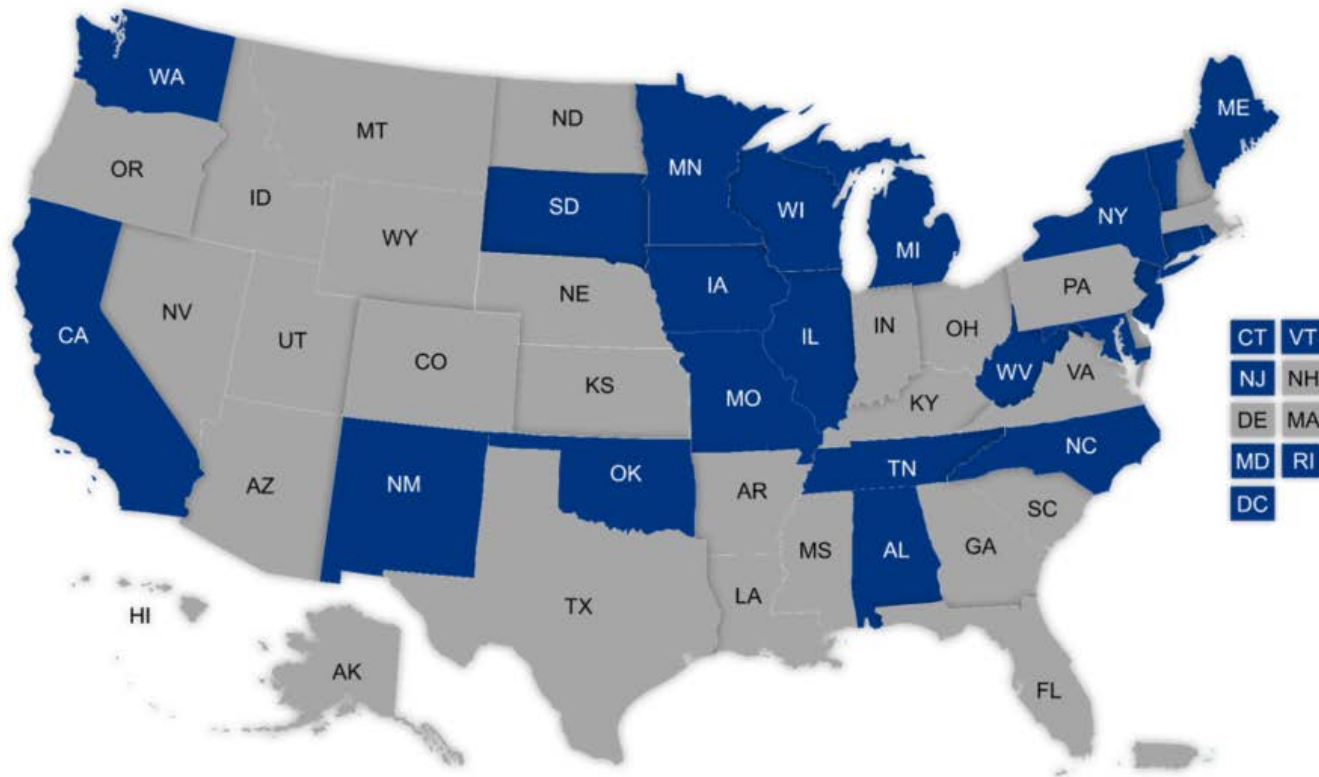


Medicaid-Financed Approaches to Care Coordination for Children with Serious Behavioral Health Needs

■ Health Homes

- » ACA-created optional Medicaid benefit requiring a State Plan Amendment
- » Integrate physical and behavioral health care and long-term services and supports for high-need, high-cost Medicaid populations with the goal of improving health care quality and reducing costs
- » Pushing the definition
 - NY - children in foster care
 - DE - children with intellectual disabilities

Approaches to Care Coordination: State Health Home Activity



As of September 2018, 23 states and the District of Columbia have a total of 35 approved Medicaid health home models.

States with Approved Health Home SPAs (number of approved health home models)	Alabama, California, Connecticut, District of Columbia (2), Illinois, Iowa (2), Maine (3), Maryland, Michigan (2), Minnesota, Missouri (2), New Jersey (2), New Mexico, New York (2), North Carolina, Oklahoma (2), Rhode Island (3), South Dakota, Tennessee, Vermont, Washington, West Virginia (2), Wisconsin
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Note that Idaho, Kansas, Ohio, and Oregon have terminated their Medicaid health home state plan amendments and are no longer providing services under a 2703 SPA.

State Health Homes by Target Population

Chronic Medical Focus

- California
- District of Columbia
- Iowa
- Maine
- Michigan
- Missouri
- North Carolina
- Washington
- West Virginia
- Wisconsin

SMI/SED/SUD Focus

- Delaware
- District of Columbia
- Illinois
- Iowa
- Maine
- Maryland
- Michigan
- Minnesota
- Missouri
- New Jersey
- New Mexico
- Oklahoma
- Rhode Island
- Vermont
- West Virginia

Broad: Chronic Medical and SMI/SED

- Alabama
- New York
- South Dakota

In conclusion

- Children and youth in foster care are a high-need, high-cost population that can benefit from tailored approaches.
 - » Care coordination
 - » Psychotropic medication oversight/monitoring
 - » Specialty managed care programs
- Cross-agency collaboration and coordination are critical.
 - » Mutual understanding, data sharing, subject matter expertise
- Medicaid program and financing options present opportunities.
 - » Waivers – e.g., cross-state Medicaid coverage up to age 26
 - » State Plan Amendments – e.g., Health Homes

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