



State Approaches to Serving Children in Foster Care through Specialized Medicaid Managed Care Programs

February 2021

Children and youth in foster care often require targeted services and supports, however many receive fragmented or limited access to care, contributing to higher rates of unmet health needs.¹ This largely results from complex factors that precede and often endure in foster care, which may include foster care placement disruptions, incomplete or unavailable health information, and difficulty authorizing consent for services.² As the number of children entering foster care has increased in the past decade,³ states are increasingly designing and implementing specialized Medicaid managed care programs to better address their unique needs and circumstances. This table highlights key components and features of seven state approaches to specialized managed care programs serving children and youth in foster care.

Medicaid Managed Care Program	Federal Authority	Eligibility and Enrollment Requirements	Services ⁴	Payment Structure	Average Rate ⁵	Quality Measures for Specialized Managed Care Programs Serving Foster Children
Georgia Families 360^{6,7}	Section 1932(a) State Plan	<p>Available statewide to children and youth enrolled in foster care, receiving adoption assistance, and select youth in the custody of the state’s Department of Juvenile Justice.</p> <p>Enrollment is mandatory for children and youth in foster care or in the custody of the Department of Juvenile Justice.</p>	<p>Enrolled children and youth receive access to a care coordinator and services targeted to their unique needs, including clinical trauma screening, specialty medical services and hospital stays, wellness visits and other preventive services, and developmental screenings. Additional benefits include Boys and Girls Club membership, dental cleaning every six months, free weight-management program enrollment, free unlimited over-the-counter items, general education</p>	Capitated rate ⁸	N/A	<p>The organization the state contracts with to provide these services is required to “comply with the Georgia Families 360° Department of Community Health (DCH) Quality Strategic Plan requirements to improve the health outcomes for all members. Improved health outcomes will be documented using established performance measures.</p> <p>DCH uses the Centers for Medicare & Medicaid Services (CMS) issued Children’s Health Insurance Program Reauthorization Act (CHIPRA) Core Set and the Adult Core Set of Quality Measures technical specifications along with the Healthcare</p>

Medicaid Managed Care Program	Federal Authority	Eligibility and Enrollment Requirements	Services ⁴	Payment Structure	Average Rate ⁵	Quality Measures for Specialized Managed Care Programs Serving Foster Children
			development (GED) assistance, pest control, and supports following an emergency.			Effectiveness Data and Information Set (HEDIS) and the Agency for Healthcare Research and Quality (AHRQ) technical specifications for the quality and health improvement performance measures. DCH will monitor performance measures and incent Contractor improvement through the value-based purchasing program.” ⁹
Illinois YouthCare ¹⁰	Section 1915(b) Waiver ¹¹	<p>Available statewide to children and youth currently in custody or who were previously in the custody of the Department of Children and Family Services (DCFS), including those who have been adopted, living with kinship providers, have returned to biological parents, and/or youth who have left the DCFS system as well as DCFS former youth in care receiving services under certain Home and Community-Based Services waivers.</p> <p>Enrollment is mandatory for children and youth in foster care.</p>	<p>Enrolled children and youth receive access to a free gym membership, free after-school care, free school uniforms, My Health Pays (a reward program for healthy behaviors), and access to community health services.</p> <p>Enrolled children and youth are also assigned a health care coordinator to coordinate services, conduct care planning, and conduct assessments.¹²</p>	Administrative payment and capitated rate ^{13,14}	N/A	<p>The organization that the state contracts with is expected to prioritize the following outcome and performance measures for children and youth in foster care, including:</p> <ul style="list-style-type: none"> • Preventable inpatient hospitalizations; • Discharge planning and identification of Medicaid community-based services; • Improvements in HEDIS and CHIPRA measures (including Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) measures); • Equal or increased engagement with behavioral health treatment; • Equal or increased engagement with referrals to trauma assessments and trauma-oriented services; and • Specialized care conferences for at least 80% of children and youth in foster care who

Medicaid Managed Care Program	Federal Authority	Eligibility and Enrollment Requirements	Services ⁴	Payment Structure	Average Rate ⁵	Quality Measures for Specialized Managed Care Programs Serving Foster Children
						are identified as hospitalized beyond medical necessity. ¹⁵
TennCare Select	Section 1115(a) Waiver	<p>Available statewide for certain populations, including children and youth in foster care, children receiving Supplemental Security Income, and children under age 21 receiving care in certain institutional settings. It also serves as a backup if other MCOs are not able to adequately meet the needs of their beneficiaries.</p> <p>Enrollment is mandatory for children and youth in foster care.</p>	<p>Enrolled children and youth receive specialized care coordination as soon as they become enrolled and are scheduled for immediate health care services as well as referrals to community resources. The Tennessee Department of Children’s Services (DCS) and TennCare Select coordinate daily regarding the care for DCS Children. TennCare, TennCare Select. The DCS participates in frequent coordinated meetings to assure TennCare Select is meeting all of the needs of DCS/foster care children.</p>	Administrative rate	N/A	<p>The TennCare Select plan must be National Committee for Quality Assurance (NCQA) accredited and is held to the same quality standards as at-risk health plans. Likewise, TennCare Select is responsible for reporting on Consumer Assessment of Healthcare Providers and Systems (CAHPS) and HEDIS measures, and may qualify for incentive payments based on HEDIS results.¹⁶</p>

Medicaid Managed Care Program	Federal Authority	Eligibility and Enrollment Requirements	Services ⁴	Payment Structure	Average Rate ⁵	Quality Measures for Specialized Managed Care Programs Serving Foster Children
<p>Texas STAR Health¹⁷</p>	<p>Section 1915(a) Waiver</p>	<p>Available statewide for children and youth under age 18 in foster care, young adults who were previously in foster care and returned to extended foster care placements up to age 21, and young adults eligible for Medicaid for Transitioning Foster Care Youth up to age 21.</p> <p>Enrollment is mandatory for children and youth in foster care.</p>	<p>Enrolled children and youth receive access to a specialized medical home that oversees coordinated access to primary care, behavioral health, specialists, dental and vision care, clinical case management, and access to a network of providers trained in trauma-informed services.¹⁸</p> <p>Additional enhanced benefits include a free Boys and Girls Club membership as well as value-added services, such as cash grants for personal care items and rewards for accessing preventive services.</p>	<p>Capitated rate</p>	<p>\$986.42 in state fiscal year (SFY) 20¹⁹</p>	<p>The organization the state contracts with to provide STAR Health services is required to develop and implement Quality Assurance and Program Improvement (QAPI) programs, which are designed to monitor and assess the clinical and non-clinical processes and outcomes.</p> <p>The External Quality Review Organization collects and evaluates STAR Health quality using performance on administration data and surveys. Administrative data is used to calculate HEDIS measures, 3M measures of Potentially Preventable Events, and AHRQ indicators.²⁰</p>
<p>Washington Integrated Foster Care</p>	<p>Section 1932(c) State Plan Amendment²¹</p>	<p>Available statewide to children under age 21 who are in foster care, children under age 21 receiving adoption support, and young adults ages 18-26 who aged out of foster care on or after the reach age 18.</p> <p>Enrollment is voluntary for these populations. However, as the legal guardian, the Department of Children,</p>	<p>Enrolled children and youth receive access to integrated managed physical and behavioral health coverage, known as integrated managed care. Under this program, the contractor coordinates access to services that address the child's unique needs.</p>	<p>Capitated rate</p>	<p>\$319.55 in SFY 21</p>	<p>The organization the state contracts with to provide these services must have a written QAPI for all services rendered. The QAPI must include the following:</p> <ul style="list-style-type: none"> • Assessment of the quality of care received by enrollees, as measured by HEDIS; • Goals and interventions to improve the quality of care received; • Assessment of health equity; • Services to members with complex health issues; • Patient safety initiatives;

Medicaid Managed Care Program	Federal Authority	Eligibility and Enrollment Requirements	Services ⁴	Payment Structure	Average Rate ⁵	Quality Measures for Specialized Managed Care Programs Serving Foster Children
		Youth and Families selects Integrated Foster Care enrollment for children and youth in foster care.				<ul style="list-style-type: none"> • Inclusion of enrollee voice and experience; • Inclusion of provider voice and experiences; • Involvement of the designated physician in the quality improvement program; and • A quality improvement committee that oversees the organization’s quality efforts.”²² <p>The organization that the state contracts with is responsible for reporting on HEDIS measures. The state will monitor performance measures and incent contractor improvement through the value-based purchasing program.</p>
West Virginia Mountain Health Promise	1915(b) Waiver ²³	<p>Available statewide for children and youth in foster care or receiving adoption assistance.</p> <p>Enrollment is mandatory for children and youth in foster care.</p>	Enrolled children and youth are assigned to a designated care manager to coordinate the child’s overall health under an individualized care plan.	Capitated rate	\$528 in SFY 21	<p>The MCO must develop and implement written policies for an ongoing QAPI for the services rendered to children and youth in foster care. “QAPI strategies should include:</p> <ul style="list-style-type: none"> • Annual measurement of performance in specified areas (e.g., immunization rates); • Multi-year performance improvement projects addressing clinical and non-clinical areas; • An approach for addressing systematic problems;

Medicaid Managed Care Program	Federal Authority	Eligibility and Enrollment Requirements	Services ⁴	Payment Structure	Average Rate ⁵	Quality Measures for Specialized Managed Care Programs Serving Foster Children
						<ul style="list-style-type: none"> • The development and usage of a sufficient health information system; and • Proper administration of quality assessment and performance improvement activities. <p>The MCO must also meet all goals for performance improvement on specific measures, as established by the [state Medicaid agency].”²⁴</p>
Wisconsin Care4Kids²⁵	Section 1937 Alternative Benchmark Plan State Plan Amendment ²⁶	<p>Available in six southeastern counties of the state for children under age 21 in foster care.</p> <p>Enrollment is voluntary for children and youth in foster care.</p>	<p>Enrolled children and youth receive access to a specialized medical home to coordinate comprehensive, timely access to health services, including a health screen within two business days of entering care; an initial health assessment within 30 days of entering care; mental health screening; dental and vision care; and ongoing health care for an additional 12 months after leaving foster care.</p> <p>Enrolled children and youth also receive access to a dedicated care coordinator.</p>	Capitated rate with certain community services carved-out as fee-for-service ²⁷	\$575.29 in SFY 21	Care4Kids has specific quality measures for the foster care children, such as timely completion of the initial health assessment within 30 days of entering care and several HEDIS measures, including Lead Screenings in Children (LSC), Childhood Immunization Status (CIS), and 30-Day Follow-Up After Mental Health Hospitalization (FUH-30).

Notes

Acknowledgements: This document is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number UD30A22891, National Organizations of State and Local Officials. This information or content and conclusions are those of the speakers and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS, or the US government.

¹ “Health Care Issues for Children and Adolescents in Foster Care and Kinship Care,” Council on Foster Care, Adoption, and Kinship Care and Committee on Adolescence, and Council on Early Childhood, *American Academy of Pediatrics*, October 2015, 136 (4) e1131-e1140; DOI Accessed July 22, 2020. <https://pediatrics.aappublications.org/content/136/4/e1131>

² American Academy of Pediatrics, “Health Care Issues for Children and Adolescents in Foster care and Kinship Care”

³ “AFCARS Report,” *U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau*, August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf>

⁴ Children and youth enrolled in specialized managed care programs serving children in foster care receive access to traditional Medicaid benefits covered under their state’s respective state plan, including those under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Services listed in this table reflect the enhanced benefits that are unique to these specialized managed care programs.

⁵ Unless indicated otherwise, the rate referenced in this column represents the average capitated rate, or per member per month (PMPM), for children and youth enrolled in these specialized managed care programs. Capitated rates may vary by individual due to a number of factors influencing the PMPM, such as the child or youth’s gender, region, and/or age.

⁶ Georgia Medicaid. Georgia Families 360. Accessed June 29, 2020. <https://medicaid.georgia.gov/programs/all-programs/georgia-families-360deg>

⁷ “Georgia Managed Care Program Features,” *U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services*, Accessed June 22, 2020. <https://www.medicare.gov/medicaid/managed-care/downloads/ga-2018-mmcdcs.pdf>

⁸ Many state Medicaid agencies provide fixed periodic payments, referred to as capitation payments, to managed care organizations (MCO) in exchange for rendering a defined package of benefits. Capitation payments are typically made on a PMPM basis.

⁹ State of Georgia, Contract Between the Georgia Department of Community Health and Amerigroup Georgia Managed Care Company for Provision of Services to Georgia Families 360°, Effective June 30, 2017, page 224.

¹⁰ The information NASHP compiled about Illinois’s YouthCare program was not confirmed by the state’s Medicaid agency.

¹¹ “HealthCare Choice Illinois Children with Special Needs,” *U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services*, December 6, 2018. https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/IL_Special-Needs-Children_IL-02.pdf

¹² “Member Handbook,” YouthCare HealthChoice Illinois, July 1, 2020. <https://www.iyouthcare.com/members/youthcare/resources/member-handbooks-forms.html>

¹³ The Medicaid agency will use a risk corridor mechanism with the MCO, which will ensure that the MCO shares the risk of deviations from the estimated pattern of DCFS YouthCare enrollees’ utilization of covered services used to develop the capitation rates.

¹⁴ Illinois Department of Healthcare and Family Services, Amendment No.6 to the Contract for Furnishing Health Services by a Managed Care organization. Effective December 13th, 2019, <https://www.illinois.gov/hfs/SiteCollectionDocuments/REDACTED201824401402KA6IlliniCareDCFSYOUTHAddendaUpdate1fullyexec12132019.pdf>

¹⁵ Illinois Department of Healthcare and Family Services, Amendment No.6 to the Contract for Furnishing Health Services by a Managed Care organization. Effective December 13th, 2019, <https://www.illinois.gov/hfs/SiteCollectionDocuments/REDACTED201824401402KA6IlliniCareDCFSYOUTHAddendaUpdate1fullyexec12132019.pdf>

¹⁶ State of Tennessee, Division of TennCare. TennCare Select Contract, <https://www.tn.gov/content/dam/tn/tenncare/documents2/vshp.pdf>. Amendment 45, Page 18.

¹⁷ In June 2020, Texas submitted an 1115 amendment, effective September 2020, that “will allow children in Adoption Assistance (AA) and Personal Care Attendant (PCA) Medicaid who are receiving Social Security Insurance (SSI), 1915(c) waiver services, or Medicare to have the choice between STAR Health and STAR Kids, instead of being mandatory for STAR Kids. Additionally, children in AA and PCA Medicaid who had been receiving SSI but lost SSI upon becoming eligible for AA or PCA will have the option of enrolling in STAR Kids or STAR Health. If no choice is made, the child will be enrolled in STAR Kids.” – p. 3 – [Texas Healthcare Transformation and Quality Improvement Program Section 1115 Amendment](#)

¹⁸ “STAR Health: A Guide to Medicaid Services at CPS,” *Texas Department of Family and Protective Services*. Accessed June 29, 2020. https://www.dfps.state.tx.us/child_protection/Medical_Services/default.asp

¹⁹ “State of Texas Medicaid Managed Care Star Health Rate Setting, State Fiscal Year 2020,” *Texas Health and Human Services Commission*. Accessed September 8, 2020. <https://rad.hhs.texas.gov/sites/rad/files/documents/managed-care/2020/2020-09-star-health.pdf>

²⁰ “STAR Health Contract Terms,” *Texas Health and Human Services Commission*. Effective, March 1, 2020, <https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/star-health-contract.pdf>

-
- ²¹ “Washington State Integrated Community Behavioral Health Program,” *U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services*. Effective January 1, 2019. Accessed July 22, 2020. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/WA_Washington-Integrated-Community-Mental-Health_WA-08.pdf
- ²² Washington State Health Care Authority. Apple Health – Integrated Managed Care Contract. https://www.hca.wa.gov/assets/billers-and-providers/ipbh_fullyintegratedcare_medicaid.pdf. Page 135.
- ²³ “Proposal for a Section 1915(b) Capitated Waiver Program,” *State of West Virginia, Department of Health and Human Resources, Bureau of Medical Services*, November 20, 2019. https://dhhr.wv.gov/bms/Members/Managed%20Care/Documents/WV%20Specialized%20Managed%20Care%20Plan%201915b%20Waiver%20Clean_3-10-20.pdf
- ²⁴ “State Fiscal Year 2020 Mountain Health Promise Specialized Managed Care program Foster Care Contract Draft,” *West Virginia Department of Health and Human Resources, Bureau for Medical Services*. Accessed July 22, 2020. [https://dhhr.wv.gov/bms/Members/Managed%20Care/Documents/SFY20%20Draft%20MCO%20Foster%20Care%20Contract%20v23%20Clean_1-9-20%20-%20ABH%20signed%20\(2-3-20\).pdf](https://dhhr.wv.gov/bms/Members/Managed%20Care/Documents/SFY20%20Draft%20MCO%20Foster%20Care%20Contract%20v23%20Clean_1-9-20%20-%20ABH%20signed%20(2-3-20).pdf)
- ²⁵ Wisconsin Department of Health Services. Care4Kids Program. Accessed July 10, 2020. <https://www.dhs.wisconsin.gov/care4kids/index.htm>
- ²⁶ Department of Health and Human Services, Centers for Medicare and Medicaid Services. Wisconsin State Plan Amendment Transmittal Number 13-034. April 18, 2014. <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/WI/WI-13-034.pdf>
- ²⁷ Under a fee-for-service (FFS) model, the state Medicaid agency pays providers for each covered service received by a Medicaid enrollee.