

# MEDICAID & MANAGED CARE SERVICES

## For Youth in Foster Care

**aetna**

Aetna Better Health of Virginia



**Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.



Molina Complete Care

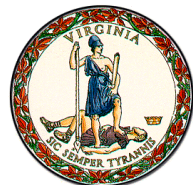
**OptimaHealth**



**UnitedHealthcare**  
Community Plan



**VirginiaPremier**  
Powered by VCU Health



## Building **Positive Partnerships**

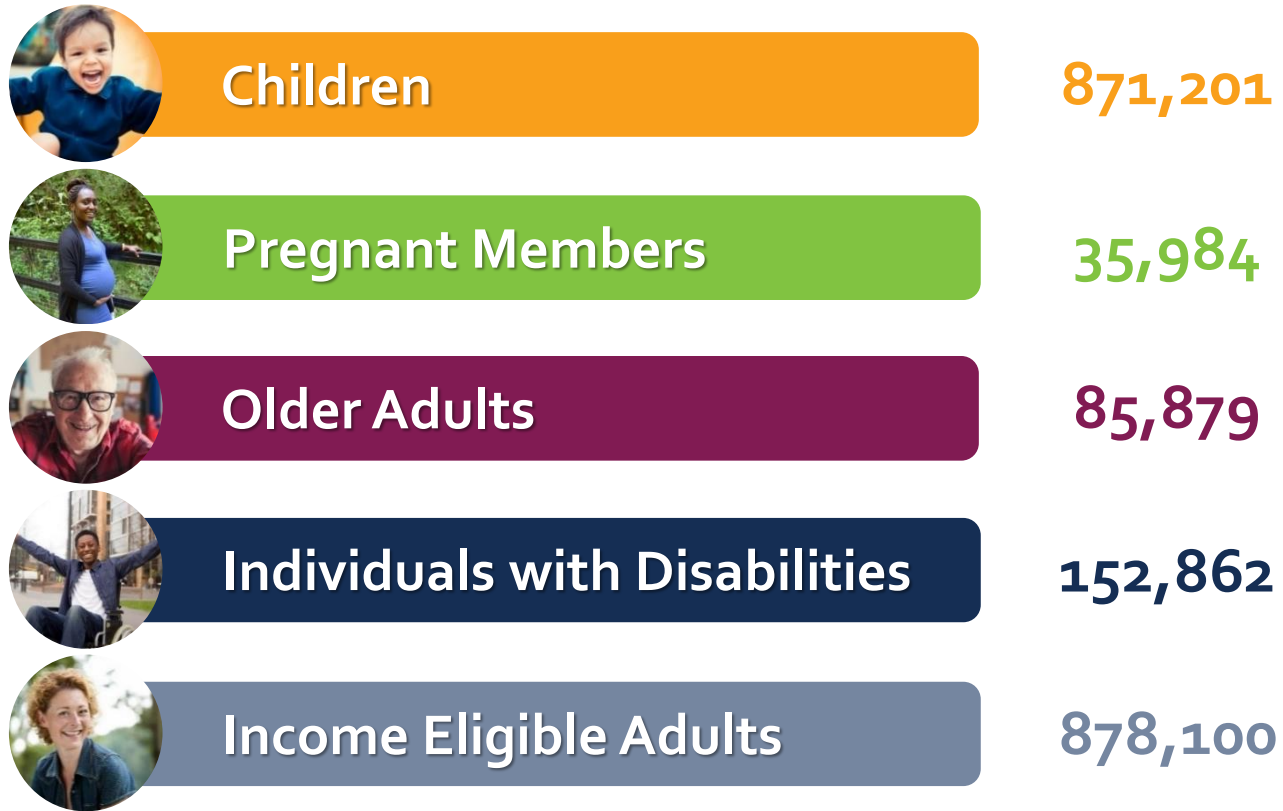
This presentation will highlight key information about Medicaid member populations in the child welfare system, including individuals in Foster Care, Former Foster Care, and Adoption Assistance. Our goal is to maintain communication and collaboration with our stakeholders throughout the community.



# Agenda

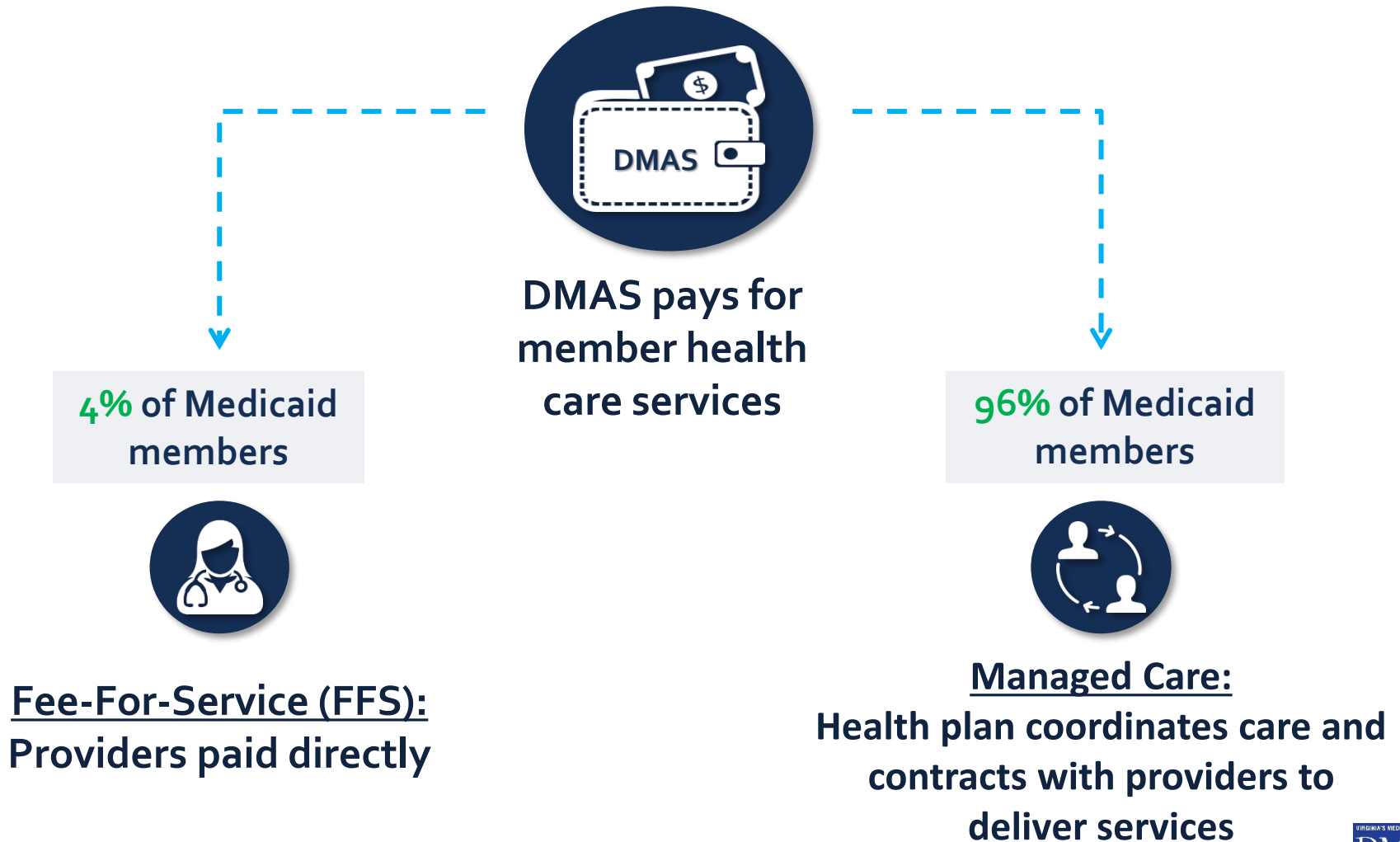
- ❑ Medicaid and Delivery Systems Overview
- ❑ Foster Care Eligibility & Enrollment
- ❑ Medicaid Services and Benefits
- ❑ Care Coordination for Children in Foster Care
- ❑ DMAS role
- ❑ Discussion & Questions

# Overview of Virginia Medicaid



*Medicaid plays a critical role in the lives of over 2 million Virginians*

# Medicaid Service Delivery Systems



# Fee for Service Coverage

## Who is in Fee for Service (FFS)?

- All new Medicaid members for the first 15-45 days of Medicaid enrollment
- Populations excluded from Managed Care eligibility:
  - ✓ Limited benefits: Plan First, QMB, HIPD, Spend-Down, and Birth Injury Fund members, as well as individuals in certain facilities:
    - ✓ Psychiatric Residential Treatment (Level C) – BHSA
    - ✓ Local Government owned and Veteran's Nursing Facilities and the Virginia Home
    - ✓ State Mental Health and I/DD Nursing Facilities

# Managed Care Coverage

*Over 96% of full-benefit Medicaid & FAMIS members are served through MCOs*

**Medallion 4.0**  
**1,665,834 Members**

**Commonwealth Coordinated Care Plus (CCC Plus)**  
**304,267 Members**

## Covered Groups



- Serving infants, children, pregnant members, caretaker adults and newly eligible adults

- Serving older adults, disabled children, disabled adults, medically complex newly eligible adults; includes individuals with Medicare and Medicaid (full-benefit duals)

## Covered Benefits



- Births, vaccinations, well child visits, sick visits, acute care, pharmacy, Addiction & Recovery Treatment Services (ARTS), behavioral health services, including community mental health rehabilitation services; excludes LTSS

- Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community and in nursing facilities and hospice

*Participants in the Developmental Disability (DD) Waivers are included in CCC Plus; however, DD Waiver services are carved-out and paid through the Department*

## Health Plans



### Six Health Plans Operate Statewide for Both Programs

- Aetna Better Health of Virginia
- Anthem HealthKeepers Plus
- Molina Complete Care
- Optima Health Family Care
- UnitedHealthcare
- VirginiaPremier

# DMAS Foster Care Program

## Medicaid Eligibility Categories

### Foster Care Aid Category 076

24-hour substitute care for children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility. Children in foster care placement are eligible for Medicaid unless they are not considered Virginia residents, or they have income or other financial resources that make them ineligible for Medicaid.

### Former Foster Care Aid Category 070

An individual who was in the custody of DSS in any U.S. state and receiving Medicaid until discharge from foster care upon turning age 18 years or older, is not eligible for Medicaid in another mandatory Medicaid covered group, and is under age 26 years. This includes individuals over 18 in an IL arrangement or Fostering Futures Program through DSS.

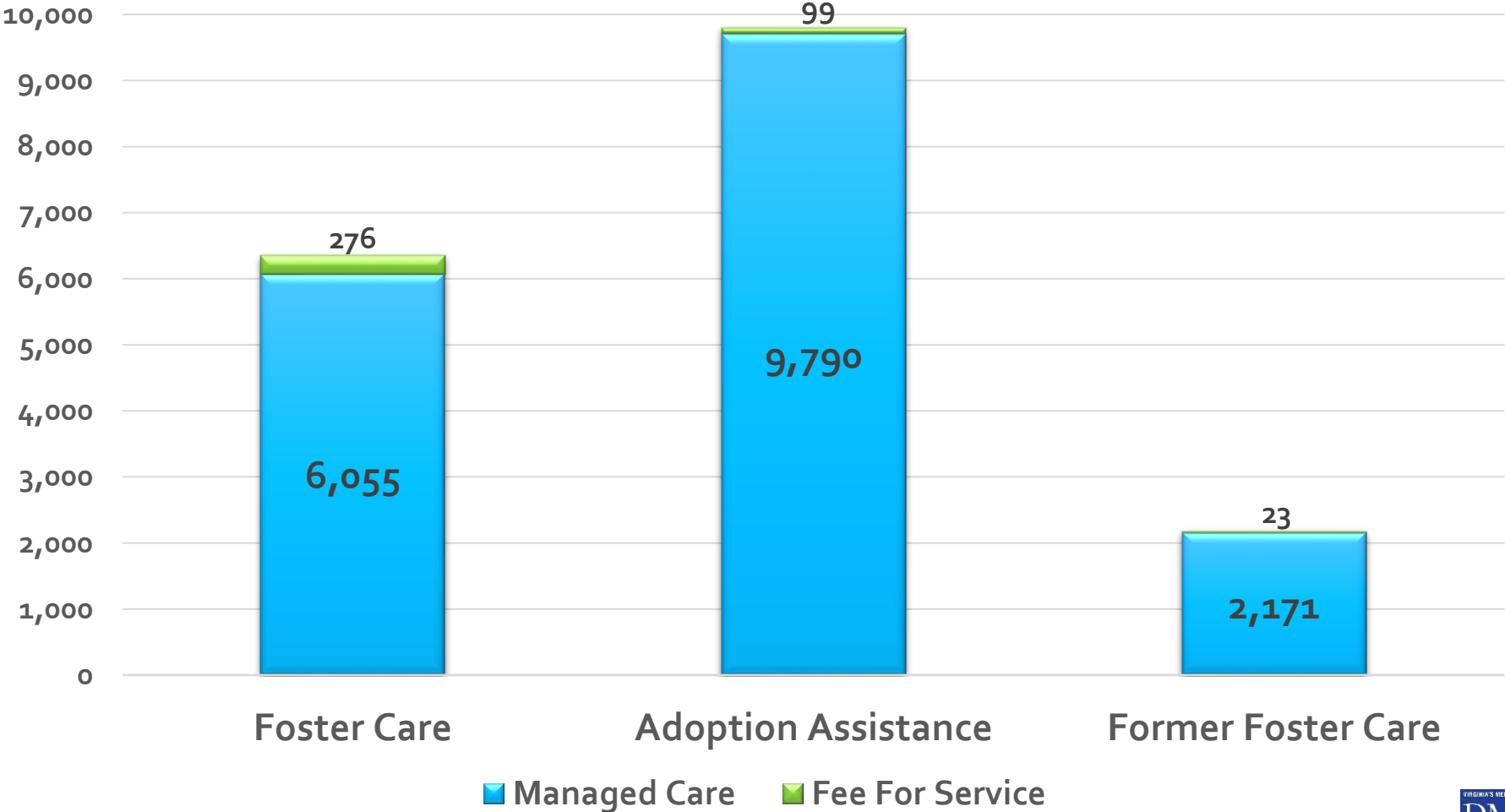
### Adoption Assistance Aid Category 072

The purpose of adoption assistance is to facilitate adoptive placements and ensure permanency for children with special needs. It provides the adoptive parents with the necessary assistance to adopt and care for the child who has special needs, and includes **health insurance** through the Medicaid program for an eligible child.



# Member Enrollment

As of Mar 2023, 96% of all member in foster care, 99% of all members in adoption assistance, & 99% of members in former foster care were enrolled in managed care.



# Eligibility Determination

- When a child enters foster care, the local DSS worker has 10 days to submit the [Title IV-E Foster Care and IV-E Medicaid Application](#) to the benefits worker.
  - Note: If child is already enrolled in Medicaid, a new application is not needed, but the eligibility and foster care status need to be **changed** in VaCMS.
- Children in foster care are identified by DMAS and MCOs by their eligibility group
  - **076**: Foster care members
  - **072**: Adoption assistance members
  - **070**: Former foster care members (through age 26)

# Enrollment Process

- MCO enrollment and eligibility dates are effective the first of the month, based on a cutoff date of the 18<sup>th</sup> of the previous month
- Example using dates:

Apr 7

- New member: DSS BPS runs eligibility through the system and *completes* enrollment process.
- Existing member: DSS BPS makes change to Foster Care (076) eligibility in system

Apr 7

- New member: System confirms eligibility and Fee For Service coverage begins immediately
- Existing member: Child remains enrolled in current MCO/eligibility group until **May 1<sup>st</sup>**

Apr 18

- Cutoff date for changes- Any changes made before April 18<sup>th</sup> will go into effect **May 1<sup>st</sup>**
- Any changes made after April 18<sup>th</sup> will not go into effect until **June 1<sup>st</sup>**

May 1

- New member: System enrolls child into requested (or assigned) MCO effective **May 1<sup>st</sup>**
- Existing member: System changes child's eligibility category to Foster Care Category (076) with same MCO eff. **May 1<sup>st</sup>**

# MCO Selection Process

- MCO changes can be made for members in Foster Care and Adoption Assistance at any time for any reason, even if outside open enrollment window
  - Family Services Specialists are responsible for making the MCO selection for children in foster care
  - The adoptive parents of a child in adoption assistance are responsible for making the MCO selection
  - Members in former foster care are responsible for their own MCO selection
- When calling the helpline, make sure information (*FIPS, address, telephone number, parent(s) name and Family Services Specialist name*) in MMIS is correct and up to date
  - If worker cannot provide correct information, helpline representative will not make changes

# Managed Care Helplines

**Medallion 4.0:** 1-800-643-2273  
(TTY: 1-800-817-6608)

**Online at: [www.virginiamanagedcare.com](http://www.virginiamanagedcare.com)**

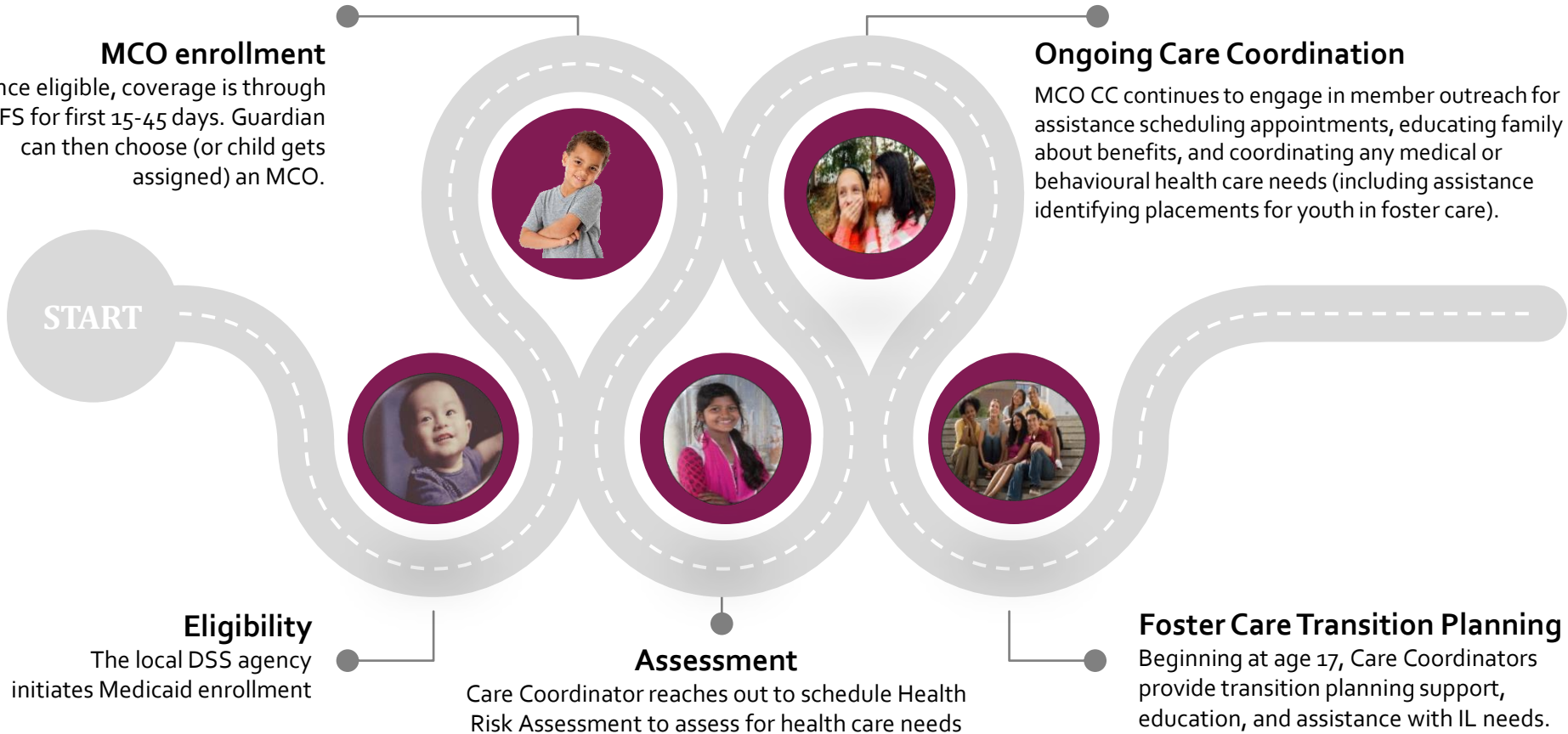


Mobile App: Look for **Virginia Medallion** on [Google Play](#) or the [App Store](#)!

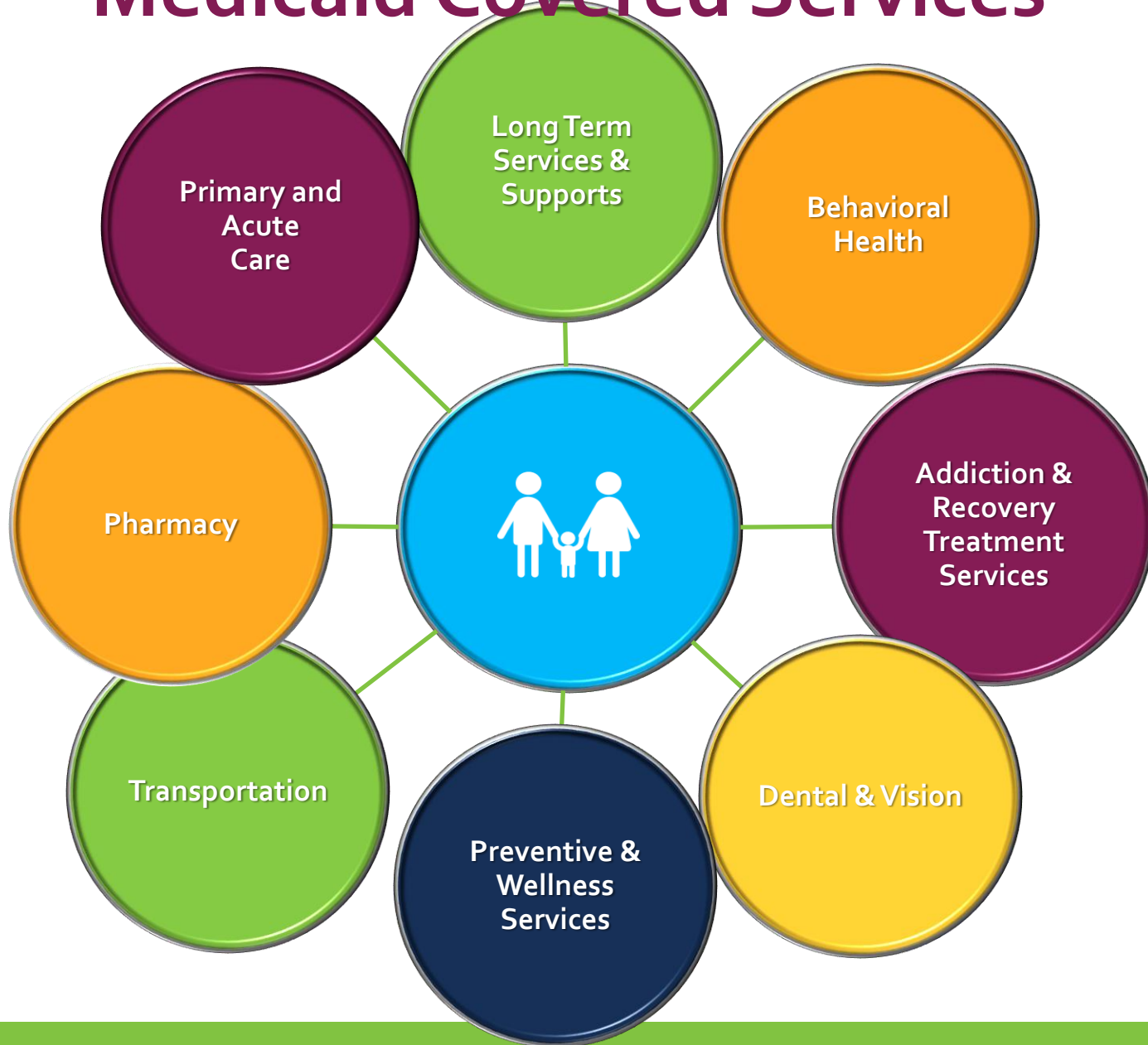
**CCC Plus:** 1-844-374-9159

**Online at: [www.cccplusva.com](http://www.cccplusva.com)**

# Foster Care Medicaid Coverage Journey



# Medicaid Covered Services



# Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- A benefit for preventive health care and well child examinations, with appropriate tests and immunizations, for children and teens from birth up to age 21 to keep children healthy
- EPSDT Periodicity Table is used to keep up with appointments, well-child visits and immunizations <https://www.dmas.virginia.gov/providers/maternal-and-child-health/early-and-periodic-screening-diagnostic-and-treatment-epsdt/>
- Medically necessary services that are discovered during a screening examination may be covered under the EPSDT benefit even if they are not covered under the State's Medical benefit plan
  - Services are reviewed under EPSDT criteria for approval or denial
  - If medical necessity results in denial, then a secondary, individualized review must be done applying the correct or ameliorate standard



## Virginia EPSDT Periodicity Chart

Age	Birth	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years			
History, Measurements, Physical Exam Lab Tests and Anticipatory Guidance, etc.	Follow the AAP Recommendations for Preventive Pediatric Health Care																																
Mandatory Blood Lead Test								12 & 24 month Blood Lead Test					Lead Test if no prior history																				
Immunizations	Immunizations follow American Committee on Immunization Practices (ACIP)																																
Vision Screen													Administered at the 3, 4, 5, 6, 8, 10, 12, 15 and 18 year visits																				
Hearing Screen	Administered at the Newborn, 4, 5, 6, 8 and 10 year visits																																
Psychosocial/ Behavioral Assessment	Follow the AAP Recommendations for Preventive Pediatric Health Care																																
Developmental Testing						Administered at the 9, 18, 24 and 30 month visits																											
Refer to Dental Home/Assess Oral Risks								12 m				24 m				30 m			Refer for dental services at 3 and 6 years. Dental exams provided every 6 months.														
Age	Birth	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years			

# Behavioral Health Services

## Fee For Service

- Medicaid's Behavioral Health Services Administrator (BHSA) Magellan of Virginia, manages Medicaid covered Mental Health and Addiction and Recovery Treatment Services (ARTS) for Fee-For-Service enrolled members.
  - Magellan also coordinates benefits with the MCOs for the provision of carved out non-traditional services
  - Operates a 24/7 Call Center, offering for provider and member assistance to include a crisis call line, referral, general information, outreach and education
  - Care Management services are provided by Virginia licensed mental health professionals and include care coordination, review for appropriate care, help with access to services and assistance with discharge planning needs

## Managed Care

- MCOs coordinate and cover Medicaid behavioral health services for individuals enrolled in managed care
- Care coordinators can connect members to individualized behavioral health services

# Behavioral Health Services

## Services available:

- 23-Hour Crisis Stabilization
- Applied Behavior Analysis
- Assertive Community Treatment
- Community Stabilization
- Functional Family Therapy (FFT)
- Inpatient
- Intensive In-Home
- MH Case Management
- MH Intensive Outpatient Program
- MH Partial Hospitalization Program
- MH Skill Building
- Mobile Crisis Response
- Multisystemic Therapy (MST)
- Outpatient Psychiatric Services
- Outpatient Psychotherapy
- Peer Recovery Support
- \*\*Psychiatric Residential Treatment
- Psychosocial Rehabilitation
- Residential Crisis Stabilization
- Therapeutic Day Treatment
- \*Therapeutic Group Home
- \*Treatment Foster Care Case Management

# Behavioral Health Services

## Services available:

- Screening Brief Intervention and Referral to Treatment (ASAM Level 0.5)
- Opioid Treatment Programs (OTP)
- Preferred Office-Based Addiction Treatment (OBAT)
- Substance Use Case Management
- Outpatient Services (ASAM Level 1)
- Intensive Outpatient Services (ASAM Level 2.1)
- Partial Hospitalization Services (ASAM Level 2.5)
- Clinically Managed Low Intensity Residential Services (ASAM Level 3.1)
- Clinically Managed Population-Specific High Intensity Residential Service (ASAM Level 3.3)
- Clinically Managed High-Intensity Residential Services (Adult) and Clinically Managed Medium-Intensity Residential Services (Adolescent) (ASAM Level 3.5)
- Medically Monitored High-Intensity Residential Services (Adult) and Medically Monitored Medium-Intensity Residential Services (Adolescent) (ASAM Level 3.7)
- Medically Managed Intensive Inpatient Services (ASAM Level 4.0)

# Residential Placements & Services

- **Psychiatric Residential Treatment Facilities** (PRTF) and **Therapeutic Group Homes** (TGH) are **residential services** for children under age 21

Children placed in PRTF are disenrolled from managed care

- The contracted **Behavioral Health Service Administrator** (Magellan of Virginia) coordinates the services and placement
- **Residential Care Managers (RCM)** provide care coordination with contact at least every 30 days

Children placed in TGH remain in managed care

- The contracted **MCO** covers the medical services.
- The contracted **Behavioral Health Service Administrator** (Magellan of Virginia) manages the placement

- When considering residential treatment, **MCO care coordinator** can offer alternative treatment options and assist with the overall process

# IACCT Process

- Those seeking admission to RTC will receive the support of the **Independent Assessment, Certification, and Coordination Team** in each locality to address the child's needs

DSS submits Residential Inquiry form to Magellan

Residential Care Manager (RCM) reaches out within 5 business days to discuss process and completes Residential Referral form for IACCT LMHP review

LMHP conducts assessment, reviews for medical necessity, schedules Recommendation Meeting

Recommendation Meeting occurs\* with treatment team to review viable options to meet youth's needs, including RTC or community-based (\*if needed)

# Additional Services Carved Out of Managed Care Coverage

- ✓ Services for members enrolled in managed care that are **not covered by the MCOs** are classified as “carved out”
- ✓ Member remains in the MCO but services paid directly by DMAS through fee-for-service
- ✓ The MCO is responsible for transportation and medication related to carved out services
- ✓ Carved out services include:
  - Dental services
  - School health services
  - DD Waiver services

# Dental Services

- ✓ All dental services are provided through the *Smiles For Children* Virginia dental program
- ✓ Administered by DentaQuest
- ✓ No separate card for dental coverage
- ✓ Assistance with locating a provider and scheduling appointments is available by phone at: **1-888-912-3456**
- ✓ Additional information can be found at: **[www.dentaquest.com](http://www.dentaquest.com)**



**Smiles For Children**  
Improving Dental Care Across Virginia

- Regular dental checkups
- X-rays
- Cleaning and fluoride
- Sealants
- Information and education
- Space maintainers
- Braces
- Anesthesia
- Extractions
- Root canal treatment
- Crowns



# TRANSPORTATION ASSISTANCE

- MCO can assist with scheduling transportation to doctors appointments and prescription pick-up
- Provides non-emergency services
- MCO can authorize transportation services to specialists out of state
- Mileage reimbursement to and from Medicaid funded services

When scheduling a transportation service request, please call MCO and/or transportation vendor **at least 5 business days in advance.**



Note: Fee for Service members **also** have access to these transportation assistance services through **Modivcare**



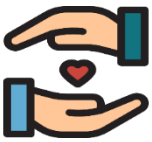
# Foster Care

MCO Care Coordination



# MCO Care Coordination

## Foster Care Members



Designated Foster Care Liaison contact at each MCO

Access to full services and available provider network

Outreach and education on accessing benefits and services provided by MCO

Trauma-informed care managers dedicated specifically to children in foster care

Coordination with DSS staff, families, DMAS, and providers (including assistance identifying placements)

Emphasis on addressing Social Determinants of Health

Assistance in transitional services as children age out – coverage to age 26

Provides care coordination services for adoption assistance members



# MCO Care Coordination

Members are assigned an MCO Care Coordinator who performs the following functions



## Assess

- Conduct/ coordinate Health Risk Assessment
- Identify barriers to optimal health



## Plan

- Drive the development of person-centered, individualized care plan
- Include plan to support social determinants of health



## Communicate

- Establish collaborative relationships that connect the enrollee, MCO, and providers



## Coordinate

- Help navigate the health care system
- Coordinate team of health care professionals
- Support care transitions



## Monitor

- Track progress towards goals
- Monitor status to avoid disruption in care
- Update plan of care

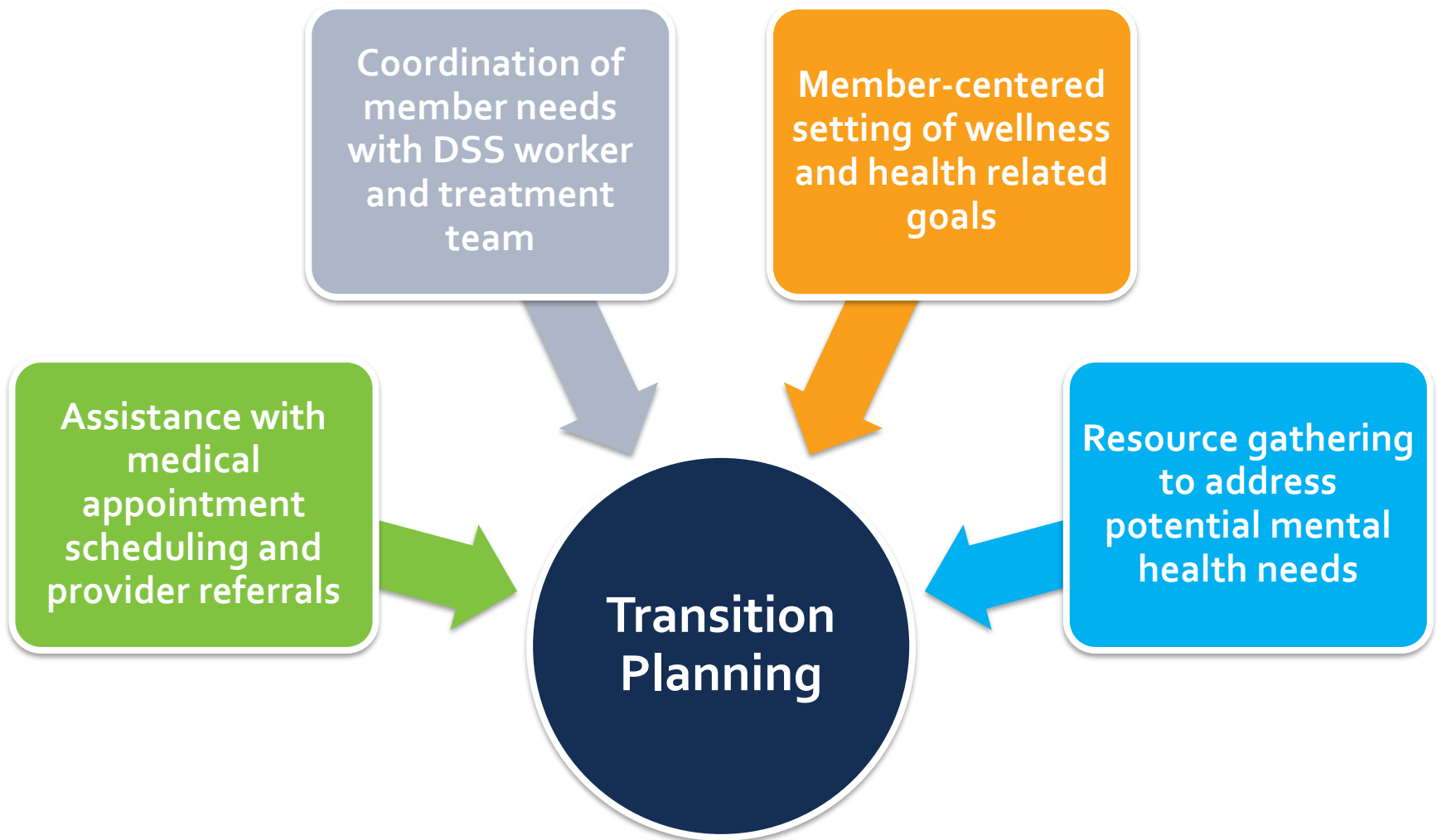
# Health Risk Assessments

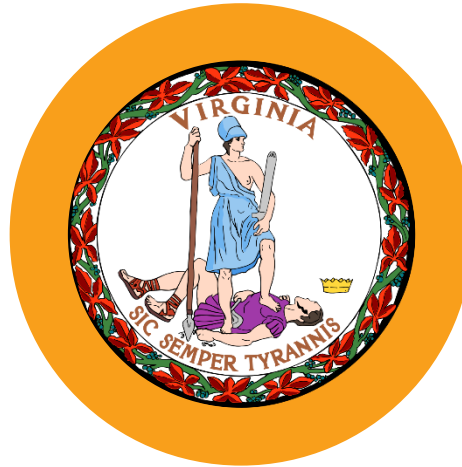
- MCO is responsible for completing the HRA for members within 60 days of assignment to the MCO
- HRAs are a tool to assess the needs of the child, most recent health information and verify if demographic information is correct
- Assists in identifying if child needs additional services, care management, location of providers and assistance scheduling medical appointments

# AREA OF FOCUS: Transition Planning

- ❑ Youth who are discharged from foster care services are at a higher risk for a number of negative outcomes, including **homelessness, incarceration, and substance abuse**
  
- ❑ To address these challenges, health plans are contractually required to begin transition planning when youth reach age 17
  - Aim to set specific and measurable goals surrounding **health care, housing, and employment** with the youth and their care team
  - Provide **care coordination, outreach, and education** to members, including education around continued eligibility, services, and enrollment upon aging out
  - Goal is to build systems of resiliency and self-determination
  
- ❑ DSS and DMAS **automatically enroll** individuals formerly in foster care into the appropriate Medicaid group upon aging out of the foster care program
  - Individuals formerly in foster care **can continue to receive Medicaid coverage**, regardless of income, until **age 26**
  - No risk of lapse in coverage

# AREA OF FOCUS: Transition Planning





# The DMAS Role

Our responsibilities and goals for the program



# Foster Care Program Oversight

## DMAS Program Support

- Designated agency liaison for foster care and adoption assistance members serves as DMAS subject matter expert
- Designated DMAS Foster Care inbox for inquiries and case management assistance: [fostercare@dmas.virginia.gov](mailto:fostercare@dmas.virginia.gov)

## Compliance Monitoring

- DMAS analyzes deliverable reports for contract compliance and trending data across health plans
- Plans report HRA completion, outreach, care coordination activities, and medical and behavioral health care service utilization monthly

## Collaboration & Training

- DMAS collaborates with state and local DSS workers, Licensed Child Placing Agencies, MCOs, CSA, COY, and other stakeholders to ensure that children in foster care and adoption assistance have access to necessary medical and BH services
- DMAS provides educational trainings and group facilitation related to foster care and adoption assistance

# DMAS Initiatives

## DMAS Foster Care Partnership

Inter-agency group with purpose of stakeholder collaboration to improve services to youth in foster care. Priorities identified include Transition Planning and Service Utilization, and current focus is on DSS training.



## EQRO Focused Study

DMAS contracts with an EQRO for a Foster Care Focus Study examining annual health care service utilization; this year we included data about Former Foster Care individuals to monitor continued utilization upon exiting foster care.

## Safe & Sound Task Force

Statewide initiative led by Governor's office, bringing together state, local, and private agencies working with youth in foster care with a goal of leveraging partnerships to address the issue of placements for youth in foster care.

## Foster Care Affinity Group

CMS is providing TA support to states in implementing QI activities to improve timely health care services for children in foster care. Virginia's aim is to improve rates of initial medical exams for children entering care by 12/2023



# Virginia Medicaid is Transitioning to Cardinal Care

*A unified health program  
for all Virginia Medicaid members*

*An Overview for Members*



*Effective 10-25-2022*



# Facts about Cardinal Care

- Virginia Medicaid is transitioning the two managed care programs of Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) into Cardinal Care Managed Care.
- Members in managed care can keep their health plan and do not need to take any action to enroll in Cardinal Care Managed Care. Care coordination will be available to all children in foster care.
- Health plans are sending new Cardinal Care Health Plan ID cards in 2023. Members may continue to use their existing Health Plan ID card until they receive a new one. Both the old and the new cards are accepted by in-network providers.
- Members in managed care can stay with their same managed care organization (MCO) and with their same doctors
- Members should always make sure that their phone number and address are up-to-date

# Challenges & Best Practices

	<b>OUTREACH</b>	<b>EDUCATION</b>	<b>AWARENESS</b>	<b>ASSESSMENTS</b>
 <b>CHALLENGES</b>	MCOs sometimes have difficulty reaching members, foster parents, and DSS workers	Misunderstanding of MCO role as only paying medical claims	Foster parents and transition age youth may not be aware of benefits	Difficulty completing Health Risk Assessments in a timely manner to assess member needs.
 <b>BEST PRACTICES</b>	Persistence in exhausting all available resources to investigate best contact information often resolves the concern.	Member outreach and provision of education about support and resources available at the start of case management	Ongoing member and family education about benefits, with focus on this during outreach to transition age youth (17+)	Health plans offer different methods of assessment completion and flexibility with all schedules.

# Importance of Collaboration

Effective communication sets the stage for effective collaboration



# MCO Foster Care Liaison Contacts

## MCO FOSTER CARE CONTACT INFORMATION

HEALTH PLAN	CONTACT
<b>Aetna Better Health</b>	<ul style="list-style-type: none"> <li>Nora Pavlik, Manager, Clinical Health Services, 959-230-3819, <a href="mailto:pavlikn@aetna.com">pavlikn@aetna.com</a></li> <li>Maggie Wise, Director, Clinical Health Services, 959-230-3961, <a href="mailto:wisem@aetna.com">wisem@aetna.com</a></li> </ul>
<b>Anthem Healthkeepers Plus</b>	<ul style="list-style-type: none"> <li>Melissa McGinn, MSW, LCSW; Foster Care Manager, (804) 647-4541, <a href="mailto:melissa.mcginn@anthem.com">melissa.mcginn@anthem.com</a></li> <li><i>Please CC:</i> Compliance Mailbox to track issues needing attention: <a href="mailto:anthemmedallion@anthem.com">anthemmedallion@anthem.com</a></li> </ul>
<b>Molina Complete Care</b>	<ul style="list-style-type: none"> <li>Anne Poerstel-Montante, Manager Clinical Care Services, <a href="mailto:helen.poerstel-montante@molinahealthcare.com">helen.poerstel-montante@molinahealthcare.com</a></li> <li>Pam Aldridge, Director of Health Services, 804-664-2589, <a href="mailto:pamela.Aldridge@molinahealthcare.com">pamela.Aldridge@molinahealthcare.com</a></li> </ul>
<b>Optima Family Care</b>	<ul style="list-style-type: none"> <li>Optima Family Care Line 1-866-503-5828 (this line goes directly to the Case Management team)</li> <li>Amy Peak, Sr. Contract Compliance Manager, 757-983-2507, <a href="mailto:AFPEAK@sentara.com">AFPEAK@sentara.com</a></li> </ul>
<b>United Healthcare</b>	<ul style="list-style-type: none"> <li>Rhonda Richardson, Foster Care Coordinator, 763-347-5344, 804-624-1116, <a href="mailto:rhondarichardson@uhc.com">rhondarichardson@uhc.com</a></li> <li>Monica Cundiff, Manager of Clinical Case Management, <a href="mailto:monica_cundiff@uhc.com">monica_cundiff@uhc.com</a></li> <li>Shane Ashby, MS, LPC, Associate Director of Clinical Medical Mgmt, 952-202-2249, <a href="mailto:shane_ashby@uhc.com">shane_ashby@uhc.com</a></li> </ul>
<b>Virginia Premier</b>	<ul style="list-style-type: none"> <li>Compliance Team: <a href="mailto:VAPMedallion@virginiapremier.com">VAPMedallion@virginiapremier.com</a> (can ensure all issues are directed to the right dept)</li> <li>CeCe Cowans, Team Coordinator, (804) 819-5151 ext. 55318, <a href="mailto:CHCOWANS@virginiapremier.com">CHCOWANS@virginiapremier.com</a></li> <li>Dorinda Hunter, Director Case Management, (804) 819-5151 ext. 54575, <a href="mailto:Dorinda.Hunter@virginiapremier.com">Dorinda.Hunter@virginiapremier.com</a></li> <li>Claims Issues: Claims Customer Service at 1-800-727-7536, Option 4</li> </ul>



**For questions or inquiries  
please email:  
FosterCare@dmas.virginia.gov**

**THANK YOU!**