

# **FC Plan Workgroup: Update on North Carolina's Specialized Foster Care Plan**

***January 11, 2022, 12:00 – 1:00 PM***

## **FC Plan Workgroup**

### *Update on North Carolina's Specialized Foster Care Plan*

**Before we begin, please:**

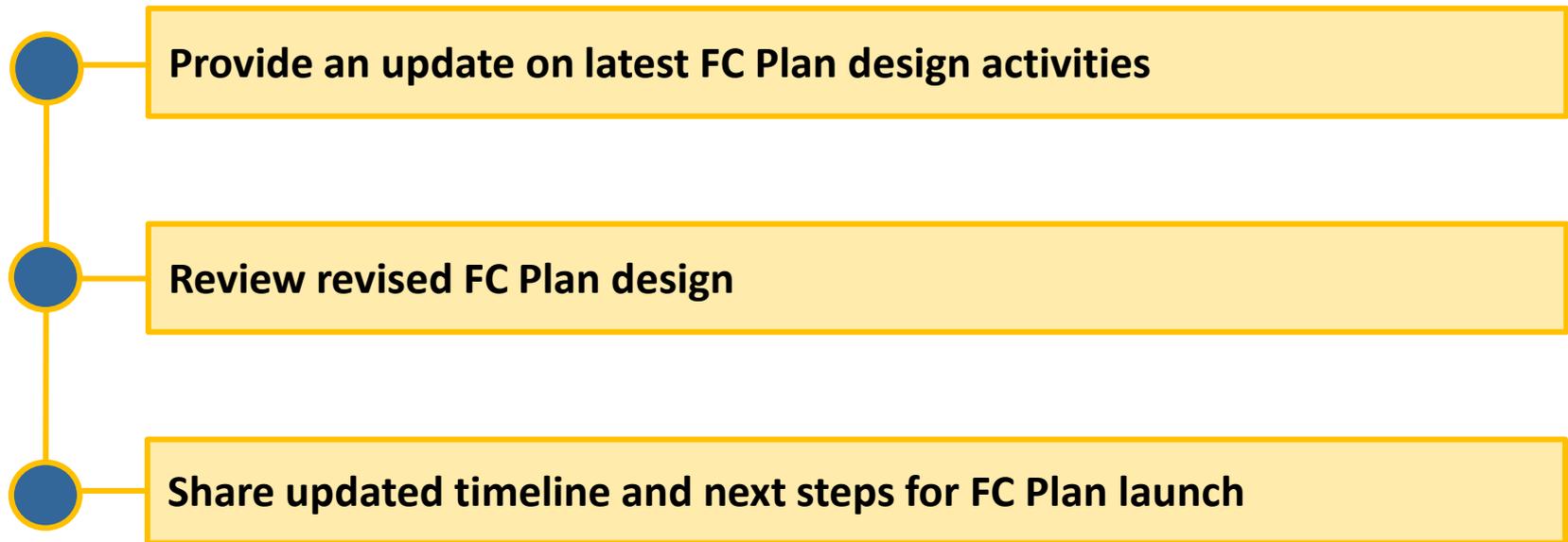
**Note that today's Workgroup session will be recorded**

**Display your name and organization in your Zoom display**

- **Today's Goals.....12:00 – 12:05pm**
- **FC Plan Design Activities Update.....12:05 – 12:15pm**
- **Current FC Plan Design Overview.....12:15 – 12:35pm**
- **Updated FC Plan Timeline & Next Steps.....12:35 – 12:45pm**
- **Q&A.....12:45 – 1:00pm**

# Today's Goals

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- 
- Provide an update on latest FC Plan design activities**
  - Review revised FC Plan design**
  - Share updated timeline and next steps for FC Plan launch**

# **FC Plan Design Activities Update**

# FC Plan\* Level Setting

- The FC Plan will be a **single, statewide plan** to mitigate disruptions in continuity of care when children/youth in foster care change placements.
- This design creates a **central accountable entity** for providing integrated physical and behavioral health services under a System of Care framework to all Plan members **in close coordination with DSS.**
- Recent stakeholder engagement is **informing needed changes to initial FC Plan design** and a **shift in the members eligible for the Plan and Plan launch timeline.**
- Compared to specialty Medicaid managed care plans for similar populations in other states, NC's FC Plan will be a **pioneering model** designed to **holistically address needs of families involved in the child welfare system.**

*\*In 2022, DHHS intends to identify a new name for the FC Plan to better represent the objective of the managed care plan and its target populations.*

# Stakeholder Input on FC Plan Design

The Department conducted a robust stakeholder engagement process throughout 2021 in order to get feedback on and inform design changes to the FC Plan.



## FC Plan Workgroup

- The FC Plan Workgroup met on a bi-weekly basis from **April through August 2021** to provide input and feedback on key areas of FC Plan design



## Breakout Stakeholder Sessions

- Breakout sessions were held with:
  - Consumer and family advocates
  - Families and youth with lived experience
  - Family-led organizations
  - Guardians-ad-litem



## DSS Engagement

- Leadership and staff at both state and local DSS offices provided input to inform decision-making on FC Plan design

# DSS as a Partner in FC Plan Design

Collaboration and coordination between the Department, state-level, and local DSS offices continues to be critical in the FC Plan development process.



## Direction for FC Plan & DSS Coordination

- The Department and DSS aligned on a high-level direction for coordination to support families involved in the child welfare system *(see Appendix)*



## County DSS Office Engagement

- County DSS offices submitted feedback in response to Feb. 2021 FC Plan Concept Paper and actively participated in the FC Plan Workgroup
- 87/100 county DSS offices responded to a survey providing feedback on co-location between FC Plan care managers and DSS Child Welfare Workers



## Input in Design

- County DSS Directors participated in a series of working sessions on FC Plan design
- State DSS representatives join weekly FC Plan design meetings with Medicaid representatives

# FC Plan Design Activities Update

In fall and winter of 2021, the Department incorporated feedback from stakeholder engagement into the updated FC Plan model contract. In the next year, the Department will continue to refine the FC Plan design based on the latest design decisions.

## Key Activities (Sep-Dec 2021)

- ✓ Held design sessions with Department leadership to review stakeholder feedback
- ✓ Made initial changes to FC Plan design to reflect stakeholder feedback\*
- ✓ Finalized decision to expand FC Plan eligibility to additional populations with Department leadership (*part of today's presentation*)
- ✓ Shifted FC Plan towards a family-centered focus

## Upcoming Key Activities (2022)

- Publish a revised Concept Paper to provide updates on FC Plan design changes to date
- Identify new design changes for additional populations
- Conduct operational planning for FC Plan launch
- Ensure continued coordination and alignment with state and local DSS
- Finalize and issue FC Plan RFP

\* Changes focused on design for children and youth in foster care, former foster care youth, and children receiving adoption assistance.

# **Current FC Plan Design Overview**

# Key Design Areas for Discussion

Eligibility & Enrollment

Care Management

Quality

Network Adequacy

*The Department will seek legislative authorities that are necessary to implement the FC Plan.*

# Eligibility: Initial FC Plan-Eligible Populations

Initial FC Plan design focused eligibility to children and youth who are currently or were formerly in foster care.

## Initial FC Plan Design Eligible Populations

- **Children and youth currently in foster care**, including those who:
  - Reside with foster families
  - Are in kinship care
  - Are in therapeutic foster homes
- **Former foster youth (FFY) who aged out of care, up to age 26**
- **Children receiving adoption assistance**
- **Minor children of individuals eligible for FC Plan enrollment**

***These eligibility groups will be automatically enrolled\* into the FC Plan at launch, with some exceptions: Innovations or TBI waiver enrollees, beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), those eligible for the Transition to Community Living Initiative (TCLI), and Tribal members (who may opt in).***

*\*Unless they are in a group that is otherwise exempt or excluded from mandatory managed care enrollment.*

# Eligibility: New FC Plan-Eligible Populations

Stakeholders recommended that FC Plan eligibility be expanded to support family preservation, reunification, and permanency, in alignment with Family First Prevention Services Act. Based on stakeholder feedback and close internal review, the Department will expand FC Plan eligibility to a broader group of individuals.

## Additional FC Plan-Eligible Populations<sup>^</sup>

- **Family members of children/youth in foster care:**
  - Parents of children/youth in foster care
  - Siblings of children/youth in foster care
- **Families receiving in-home services:**
  - Parents of children/youth receiving in-home services
  - Children/youth receiving in-home services and siblings living in the same home



New design  
feature

***These additional eligibility groups will enroll in a Standard Plan, Tailored Plan (as eligible), EBCI Tribal Option (as eligible), or access services through NC Medicaid Direct but will have the choice to enroll into the FC Plan.\****

<sup>^</sup>Individuals must be Medicaid-eligible to enroll in FC Plan, including parents who will retain Medicaid eligibility when a child is being served temporarily by the foster care system and the parent is making reasonable efforts to comply with a court-ordered plan of reunification, in accordance with Session Law 2021-180.  
\*Unless they are otherwise in a managed care excluded group (e.g., family planning, inmate, medically needy, emergency only services).

# Care Management: Overview of Key Design Features

Key Design Feature	Description
Plan-Based Care Management	<ul style="list-style-type: none"> <li>• <b>All members are assigned a care manager who are required to closely coordinate with DSS Child Welfare Workers.</b> Care management is provided to members for the duration of their time in the Plan and regardless of geographic location/member placement.</li> </ul>
Coordination & Co-Location with DSS	<ul style="list-style-type: none"> <li>• FC Plan care managers will <b>coordinate closely</b> with each member’s assigned DSS Child Welfare Worker. Some care managers will <b>co-locate in local DSS offices</b> to facilitate coordination.</li> </ul>
Continuity of Care & Coordination During Transitions	<ul style="list-style-type: none"> <li>• FC Plan care managers <b>will provide care management when members transition between plans or treatment settings</b> to ensure stability and continuity of care.</li> </ul>
Support for Transition-Age Youth Aging Out of the Child Welfare System and Transitioning to Adulthood	<ul style="list-style-type: none"> <li>• FC Plan care managers will <b>participate in the 90-Day transition planning led by DSS Child Welfare Workers for transition-age youth and develop a “Health Passport”</b> that contains critical health care-related information for each member.</li> </ul>
Medication Management	<ul style="list-style-type: none"> <li>• FC Plan care managers must <b>follow “Best Practices for Medication Management for Children &amp; Adolescents in Foster Care” from the North Carolina Pediatric Society/Fostering Health NC</b> (or other best practices for medication management) and coordinate with clinicians to <b>ensure appropriate use and monitoring of psychotropic medications.</b></li> </ul>
Ensuring a System of Care Approach	<ul style="list-style-type: none"> <li>• FC Plan care managers must <b>use a System of Care strategies and protocols for all members ages 3+.</b></li> </ul>

# Care Management: Updates to Design

## Stakeholder Feedback

## FC Plan Design

**Consider the role local providers can play in care management**

- Care management model will remain Plan-based, with new language stating that if the Plan wishes to subcontract specific elements of care management the plan must submit a proposal for approval by the Department.



**Include caseload requirements for FC Plan care managers**

- Plan will newly include care manager caseload requirements in order to ensure adequate staffing.
- In-person contact requirements will be more flexible for children/youth in foster care, with requirements that FC Plan care manager coordinate closely to ensure DSS Child Welfare Worker is making regular contacts with member.
- The Department is coordinating with SMEs to develop specific caseload requirements that adequately reflect the robust care management requirements.



**Ensure FC Plan care managers can connect members to residential placements, therapeutic foster care, and crisis services when needed**

- FC Plan care managers will be explicitly required to identify placements and treatment options across all levels of care, including residential care.
- The FC Plan must have processes in place for care managers to escalate network capacity issues to the Plan's network department (e.g., if there are no residential slots available).



# Quality: Updates to Design

## Stakeholder Feedback

**Referral Acceptance.** Recommend tracking proportion of providers accepting new referrals for children and youth enrolled in the FC Plan.

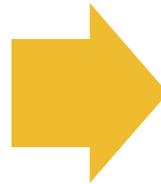
## FC Plan Design

- New measures recommended by stakeholders related to referral acceptance will be incorporated into the measure set:
  - Absolute Number of Providers Serving FC Plan Enrollees
  - New Referral Acceptance Among Providers



## Ongoing Coordination

Stakeholders recommended additional measures related to capturing family-based outcomes. Consideration needs to be given to the entity or agency best positioned to capture additional measures.



The Department will continue ongoing coordination across DHHS to determine the data needed to inform additional quality measures and identify data that is already being collected (e.g., placement stability).

# Network Adequacy: Updates to Design

## Stakeholder Feedback

## FC Plan Design

### Open vs. Closed Provider Network.

Consider the availability of providers and quality of services when developing the FC Plan's provider network.

- FC Plan will have an open ("any willing provider") network for all services, *except* intensive in-home services, Multisystemic Therapy (MST), residential treatment services, and PRFTs.\*



### Timely access to needed behavioral health services.

Increase access to services to mitigate long waits and placements in inappropriate settings for children/youth.

- FC Plan will be required to contract with 95% of residential treatment services providers and PRTFs statewide, as well as 95% of adult and 100% of child/youth crisis services facilities.
- RFP will include a new table that more clearly outlines the wait time standards for behavioral health services.



### Build local community capacity to respond to behavioral health crises.

- FC Plan will be required to develop a county crisis management plan in partnership with each local DSS.



# Current FC Plan Design in National Context

To inform development of the FC Plan, the Department reviewed contract requirements across ten specialty Medicaid managed care plans serving children with special health care needs and children and youth in foster care.

*NC's FC Plan will be a pioneering model designed to holistically address needs of families involved in the child welfare system.*

- **Eligibility.** NC will offer a more family-focused coverage option to children and parents involved in the child welfare than most other states; the majority of the other states that have similar plans do not enroll parents of children in foster care or parents receiving in-home services. (e.g., only one state intends to enroll children receiving preventive services (OK))
- **Care Manager Assignment.** Not every state surveyed assigns a care manager and provides care management to *all* enrolled members, as is NC's approach.
- **Coordination with DSS.** States generally don't set prescriptive requirements for care management coordination with the respective State Social Services Department/Agency at the same level of rigor as NC's design.
- **Transition-Age Youth.** As part of transition care planning, only three states (AZ, GA, WV) require plans to provide information on additional social supports for transition-age youth (e.g., related to education, employment, housing).

## **Updated FC Plan Timeline & Next Steps**

# FC Plan Timeline and Next Steps

Commence Operational and Implementation Planning across the Department

Publish Updated Concept Paper & Conduct Additional Stakeholder Engagement

Conduct Design Work to Develop Requirements for Additional Populations

Revise and Finalize FC Plan RFP

Issue & Award FC Plan RFP

FC Plan Launch

January – February 2022

March – April 2022

June – November 2022

By December 2023

# Looking Ahead

The Department values input and feedback from stakeholders and welcomes stakeholders to join the upcoming webinar and/or submit additional comments and questions to the Department.

## Upcoming FC Plan Public Webinar

○ February 9, 2022, 1:00 – 2:30 PM

## Additional Comments & Questions

○ Comments, questions, and feedback are welcome at:  
[Medicaid.NCEngagement@dhhs.nc.gov](mailto:Medicaid.NCEngagement@dhhs.nc.gov)



***The Department will also continue to provide regular updates at:***  
<https://medicaid.ncdhhs.gov/transformation/specialized-foster-care-plan>

**Q&A**

# Appendix

# High Level Direction for Coordination Across DSS and FC Plan

## Core Responsibilities for Supporting Families Involved in the Child Welfare System

DSS	Medicaid & FC Plan
<ul style="list-style-type: none"> <li>• Responding to cases of child abuse and neglect</li> <li>• Determining if child maltreatment has occurred</li> <li>• Developing case plans, completing referrals, and implementing preventive services in the home that can ensure families can safely stay together</li> <li>• Determining if out of home placement is necessary to protect the child (ren) from harm</li> <li>• Conducting ongoing risk assessments, strengths and needs assessments, participating in child and family team meetings, and implementing visitation plan for children in foster care</li> <li>• Working with children and families on a permanency plan (including reunification, adoption or independent living), monitoring progress, and making recommendations to court</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring children and parents who are enrolled in Medicaid have access and are connected to comprehensive Medicaid State Plan and waiver physical and behavioral health services. This includes:               <ul style="list-style-type: none"> <li>○ Coordinating and providing referrals, information, and assistance in obtaining and maintaining health services</li> <li>○ Arranging coverage for services, treatment for emergency medical conditions (including behavioral health crisis), and ensuring care in appropriate settings 24 hours per day/7 days per week</li> <li>○ Ensuring robust and timely care management is provided to support members during period of life and clinical transitions</li> </ul> </li> </ul>

## Permanency Planning

DSS	Medicaid & FC Plan
	
<ul style="list-style-type: none"> <li>• A core component of supporting reunification and permanency planning is conducting <b>strengths and needs assessments</b>, within a prescribed period of time, to inform needed interventions and <b>referrals to physical and behavioral health services</b></li> </ul>	<ul style="list-style-type: none"> <li>• FC Plan is the delivery system of the Medicaid services and is responsible for <b>managing the health care</b> of individuals enrolled in the Plan</li> <li>• FC Plan care managers will coordinate with DSS to make sure children receive the <b>physical and behavioral health services</b> outlined in their permanency plans and are supported throughout their coverage and during all transitions of care</li> </ul>

# Benefits

The FC Plan will provide comprehensive benefits, including robust behavioral health services, to meet the needs of families involved in the child welfare system.

## FC Plan Benefits/Services:

- **The FC Plan will include nearly all the Medicaid State Plan benefits covered by Standard Plans and Tailored Plans including:**
  - Physical health
  - Behavioral health
  - Long-term services and supports
  - Pharmacy benefits
- **Examples of Medicaid State Plan benefits covered in the FC Plan include (*see Appendix for full list*):**
  - Inpatient/outpatient behavioral health services
  - Early and periodic screening, diagnostic and treatment (EPSDT) services
  - Residential treatment services
  - Mobile crisis management
  - Psychiatric residential treatment facilities (PRTFs)

## Services Provided only by Tailored Plans

- **A small subset of behavioral health services will only be available through Tailored Plans:**
  - Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)
  - Innovations and TBI Waiver Services
  - State-funded Services
  - Respite services through TRACK at Murdoch

# Behavioral Health and I/DD Services\* Covered in Standard Plans, Tailored Plans, and FC Plan

Services Covered by Standard Plans, Tailored Plans, and the FC Plan	Services Covered by Tailored Plans and the FC Plan	Services Covered <u>Exclusively</u> by Tailored Plans
<p><b>State Plan BH and I/DD Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient BH services</li> <li>• Outpatient BH emergency room services</li> <li>• Outpatient BH services provided by direct-enrolled providers</li> <li>• Psychological services in health departments and school-based health centers sponsored by health departments</li> <li>• Peer supports</li> <li>• <i>Partial hospitalization</i></li> <li>• <i>Mobile crisis management</i></li> <li>• <i>Facility-based crisis services for children and adolescents</i></li> <li>• <i>Professional treatment services in facility-based crisis program</i></li> <li>• <i>Outpatient opioid treatment<sup>1</sup></i></li> <li>• <i>Ambulatory detoxification</i></li> <li>• Research-based BH treatment for Autism Spectrum Disorder (ASD)</li> <li>• <i>Diagnostic assessment</i></li> <li>• <i>Non-hospital medical detoxification</i></li> <li>• <i>Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization</i></li> <li>• Early and periodic screening, diagnostic and treatment (EPSDT) services</li> </ul>	<p><b>State Plan BH and I/DD Services</b></p> <ul style="list-style-type: none"> <li>• <i>Residential treatment services</i></li> <li>• <i>Child and adolescent day treatment services</i></li> <li>• <i>Intensive in-home services</i></li> <li>• <i>Multi-systemic therapy services</i></li> <li>• <i>Psychiatric residential treatment facilities (PRTFs)</i></li> <li>• <i>Assertive community treatment (ACT)</i></li> <li>• <i>Community support team (CST)<sup>2</sup></i></li> <li>• <i>Psychosocial rehabilitation</i></li> <li>• <i>Substance abuse non-medical community residential treatment</i></li> <li>• <i>Substance abuse medically monitored residential treatment</i></li> <li>• <i>Substance abuse intensive outpatient program (SAIOP)</i></li> <li>• <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i></li> </ul>	<p><b>State Plan BH and I/DD Services</b></p> <ul style="list-style-type: none"> <li>• Intermediate care facilities for individuals with intellectual disabilities (ICF-IID)</li> </ul> <p><b>Waiver Services</b></p> <ul style="list-style-type: none"> <li>• Innovations waiver services</li> <li>• TBI waiver services</li> </ul> <p><b>State-funded Services<sup>3</sup></b></p> <p><b>Respite services through TRACK at Murdoch</b></p>

\*Enhanced BH services are *italicized*

<sup>1</sup>The FC Plan will also be required to cover OBOT (office based opioid treatment) service

<sup>2</sup> CST includes tenancy supports.

<sup>3</sup> Members requiring State-funded Services will need to transfer to a Tailored Plan to access those services

# Enrollment

Based on changes to FC Plan eligibility, the Department will work to develop enrollment procedures for families involved in the the child welfare system.

## FC Plan Enrollment

- The Department is assessing needed legislative and IT systems changes to facilitate eligibility and enrollment processes for the additional FC Plan-eligible populations
- New design requirements will include:
  - Data matching and IT system changes to accurately identify additional populations eligible for the Plan
  - Processes for newly eligible individuals to select FC Plan enrollment
  - Continuity of care requirements to mitigate risk of disruption in access to care

# Care Management: Coordination & Co-location with DSS

FC Plan care managers will coordinate closely with each member's assigned County Child Welfare Worker. Some care managers will co-locate in local DSS offices to facilitate coordination.

Design Feature	Requirement	Rationale
<b>Clear Division of Roles</b>	<ul style="list-style-type: none"><li>• <b>FC Plan Care Managers:</b> Lead FC Plan core care management functions (e.g., care plan development, medication management)</li><li>• <b>Child Welfare Workers:</b> Retain intake and assessment, placement, and permanency planning responsibilities (e.g., 7-day and 30-day health assessments)</li></ul>	<ul style="list-style-type: none"><li>• Ensure clear delineation of roles and responsibilities between Care Managers and Child Welfare Workers to avoid duplicating work</li></ul>
<b>Coordination</b>	<ul style="list-style-type: none"><li>• Timely initial meeting following member enrollment</li><li>• Ongoing monthly meetings</li><li>• Timely notification of unexpected/crisis events (e.g., member visits an ED)</li></ul>	<ul style="list-style-type: none"><li>• Ensure bidirectional sharing of information that is critical to facilitate health care services/reunification/permanency planning efforts</li></ul>
<b>Co-location</b>	<ul style="list-style-type: none"><li>• Co-location of 50% of Care Managers in local DSS offices<ul style="list-style-type: none"><li>• A minimum share of care managers will be co-located in rural offices</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Embed care management in the community and facilitate ongoing coordination</li></ul>

***FC Plan Care Managers will not assume any existing DSS responsibilities***

# Quality: Overview of Key Design Features

Key Design Feature	Description
Quality Measures	<ul style="list-style-type: none"> <li>Required quality measures in the FC Plan to <b>align with the State’s Quality Strategy</b>, with the <b>addition of specific measures</b> that focus on needs prevalent among the FC Plan population</li> </ul>
Performance Improvement Projects	<ul style="list-style-type: none"> <li>The FC Plan will develop and <b>execute annual Performance Improvement Projects (PIPs)</b> that focus on clinical needs, non-clinical needs, and transitions/continuity of care for the FC Plan population <i>(See Appendix for additional details)</i></li> </ul>
Continuous Monitoring	<ul style="list-style-type: none"> <li>The FC Plan must have a dedicated <b>Quality Director</b> responsible for quality management and quality of care and will <b>report quarterly updates</b> to the Department on quality activities</li> <li>The FC Plan will develop an annual <b>Quality Assurance and Performance Improvement (QAPI) Plan</b> outlining quality activities</li> <li>The QAPI must contain mechanisms to detect <b>underutilization, overutilization, and timely utilization of services</b> (e.g., use of EDs for behavioral crises/lengths of stay)</li> </ul>
Health Equity	<ul style="list-style-type: none"> <li>The FC Plan must report quality measures <b>stratified by characteristics</b> including race and ethnicity, geography, age, etc.</li> </ul>

# Network Adequacy: Overview of Key Design Features

Key Design Feature	Description
<b>Provider Network</b>	<ul style="list-style-type: none"><li>• The FC Plan will contract with a <b>statewide network of providers</b></li><li>• The FC Plan must make good faith efforts to <b>contract with Indian Health Care Providers (IHCPs)</b> and demonstrate a <b>sufficient number of IHCPs in its network</b></li></ul>
<b>Network Access Plan</b>	<ul style="list-style-type: none"><li>• The FC Plan will develop a Network Access Plan detailing strategies to ensure sufficient <b>provider capacity</b> for <b>clinically appropriate access and utilization of services</b>, including Therapeutic Foster Care and Mobile Crisis Management Services</li></ul>
<b>Specialty Providers</b>	<ul style="list-style-type: none"><li>• FC Plan's <b>Network Access Plan</b> must detail efforts to contract with providers that deliver <b>evidence-based or best practice treatments</b>, such as Parent Child Interaction Therapy (PCIT)</li></ul>
<b>Network Adequacy Standards</b>	<ul style="list-style-type: none"><li>• The FC Plan will be required to follow <b>wait-time standards</b> to ensure members can <b>make an appointment</b> or be <b>admitted for services</b> within a certain time period</li><li>• Members must also be able to <b>see a provider</b> that is within a certain number of minutes and/or miles from them (e.g., <b>time &amp; distance standards</b>)</li></ul>

# Quality: Performance Improvement Projects

The FC Plan will be required to complete at least three annual performance improvement projects (PIPs). PIPs will be focused on promoting the use of innovative measures unique to the FC Plan to achieve improved outcomes.

## Non-Clinical PIPs

1. Improving timeliness of health assessment completion and care plan development
2. Improving supports to promote diversion, in-reach and/or transition
3. Improving the adequacy of behavioral health network with regards to geographic and virtual accessibility and representation of historically underrepresented groups among network providers
4. Improving educational outcomes and addressing underlying health needs/learning disabilities that contribute to poor school performance

## Clinical PIPs\*

1. Prevention and management of acute and chronic conditions\*\*
2. Identification and management of psychotropic medication prescribing
3. Identification of and treatment for primary diagnosis of PTSD and underlying diagnoses
4. Identification of and care for children with special health care needs
5. Incorporation of trauma-informed competence and services, particularly for children/young adults who have a history of abuse/neglect and children/young adults who are at risk for juvenile justice involvement

## Transitions and Continuity of Care PIPs

### In Placements

1. Measures taken to conduct regular medical team care conferences that engage all appropriate representatives for the enrollee
2. Coordination with DSS to provide all necessary supports required to enable an enrollee to remain in a placement, provided the placement is safe and suitable
3. Measures taken to mitigate law enforcement involvement in behavioral health crises

### Between Placements

4. Development of transitional care plans to ensure continuity across placements and institutional settings
5. Processes implemented to conduct regular monitoring and timely face-to-face interactions with enrollees who are temporarily in out-of-county or out-of-state placements
6. Mechanisms to involve family and DSS in care plan development and transitional care

### Transitions Out of Foster Care

7. Measures taken prior to enrollee exiting foster care to reduce risk of adverse outcomes, including justice system involvement and homelessness
8. Measures taken prior to enrollee exiting foster care to ensure successful community integration

\*The FC plan must consider how innovative use of care management can contribute to clinical performance improvement in their selected area(s).

\*\*Focus areas may include, but are not limited to, the following: asthma; early childhood health and development, including well visits, immunizations, and developmental screenings; tobacco screening and cessation; behavioral-physical health integration; birth outcomes; and maternal health.

# Current FC Plan Design in National Context

To inform the development of the FC Plan, the Department reviewed contract requirements across ten specialty Medicaid managed care plans serving children with special health care needs and children and youth in foster care.

## Reviewed Specialty Medicaid Managed Care Contracts\*

- **Arizona:** Arizona Department of Child Safety Comprehensive Health Plan
- **Florida:** Child Welfare Specialty Plan
- **Georgia:** Georgia Families 360°
- **Illinois:** YouthCare
- **Ohio:** Ohio RISE
- **Oklahoma:** SoonerSelect Specialty Children's Plan
- **Texas:** STAR Health
- **Washington:** Apple Health Integrated Foster Care
- **Wisconsin:** Care4Kids
- **West Virginia:** Mountain Health Promise

*\*Note: many of these specialty managed care plans serve a child population that is broader than just children in foster care.*