Information Session: "Improving Health Care for Children and Youth in Foster Care: Affinity Group Q&A"

Recorded May 14, 2021

Laura Armistead:

Hello, everyone. My name is Laura Armistead and I'm an analyst at Mathematica. Thank you for attending today's Foster Care Learning Collaborative: Improving Timely Health Care for Children and Youth in Foster Care webinar series. This information session is titled Improving Timely Health Care for Children and Youth in Foster Care: Affinity Group Q&A. Next slide, please.

Before we begin, we wanted to cover a few housekeeping items. All participants logged into this webinar have been muted for the best sound quality possible. If you have any technical issues, please use the Q&A window located at the bottom right corner of your screen. Please select "Host" in the dropdown menu and click "Send" to let us know how we can help.

We also welcome audience questions throughout today's webinar, again, through the Q&A window. If you'd like to submit a question, please select "All Panelists" in the dropdown menu and click "Send." We'll monitor the Q&A window throughout today's webinar, and we'll address as many questions as possible at the end. Lastly, we want to let everyone know that this meeting is being recorded. The recording will be posted on Medicaid.gov along with a transcript and meeting slides after the event. Next slide, please.

Now I'd like to turn it over to Joe Zickafoose from Mathematica. Joe, you now have the floor.

Joe Zickafoose:

Thank you so much, Laura. Welcome everyone. My name is Joe Zickafoose and I'm a Senior Researcher with Mathematica. Our goal for today is to describe at a high level the why, the who, the what, and the how for participating in the Foster Care Affinity Group. First, I'll hand off to Deirdra Stockmann from CMS for a welcome and some background on the Affinity Group. Then I will provide an overview of information that can be helpful to states in deciding whether to participate. Laura will then summarize some announcements before we go to an open question time.

The content of our presentation should last 30 minutes or less, so we'll have plenty of time for questions. As Laura mentioned, you can enter questions into the Q&A pod as we go, and we will get back to them at the end. And also, as she mentioned, we are going to be posting a recording of this. So, for anything that you miss or for colleagues that haven't been able to join today, we'll be able to direct you to that in the coming week. With that, I'd like to hand over to Deirdra. [Next slide.]

Deirdra Stockmann:

Thank you so much, Joe. I am Deirdra Stockmann. I'm the Technical Director for Quality Improvement at the Center for Medicaid and CHIP Services at CMS. And I'm very pleased to welcome you to this information session where you'll learn more about a new technical assistance opportunity, the Improving Timely Health Care for Children and Youth in Foster Care Affinity Group, which we affectionately call the Foster Care Affinity Group for short, because that's a mouthful.

This Affinity Group is part of a learning collaborative which is one of our quality improvement initiatives at the Centers for Medicaid and CHIP Services within CMS. And the goal of our quality improvement work is to support state Medicaid agencies and their partners, especially in this case state child welfare agencies, to drive measurable improvement and quality of care and health outcomes for Medicaid and CHIP beneficiaries. Next slide, please.

Over the past year or so, we've worked in close collaboration with our colleagues at the Children's Bureau at the Administration for Children and Families to develop this learning collaborative. Over the course of the webinar series in the Affinity Group, which is the focus of today's information session, we hope to provide state Medicaid and child welfare agencies with the support and tools they need to implement data-driven interventions, to improve timely access to care, while learning about the science of quality improvement. Central to this effort will be building and strengthening partnerships across state agencies, improving data exchange, and developing and testing strategic approaches to getting more use more quickly into initial health assessments they need, which form the foundation for the healthcare during their out-of-home placement. Next slide, please.

So, briefly, before we move into main content of today's information session, I wanted to provide an overview of the learning collaborative for any of you who might not already be familiar with it. On Monday, we kicked off the collaborative with the first webinar in our two-part series. This webinar was very highly attended. We're so glad so many of you were able to participate. If you missed the webinar on Monday, we will be posting the slides along with an audio recording and transcript to Medicaid.gov in the next few days. In our next webinar in the series, we'll focus on data sharing, and it's on May 24th.

Today's session is designed to provide state Medicaid and child welfare teams interested in taking action to improve timely care for foster youth with more information about the Affinity Group opportunity. Our Quality Improvement Affinity Group provides practical, action-oriented support to state teams to learn more about policies, programs, and practices that have been effective at improving timely healthcare for children and youth in foster care. And we want you to test out and implement strategies in your own state context.

So, one of our overarching goals of the Affinity Group is really to help states get to what works faster. We want to help you efficiently improve your systems in order to improve care and outcomes for children and families. To get more details on what the Affinity Group will entail, I will hand it over to our Affinity Group lead at Mathematica who we just heard from, Joe Zickafoose. Next slide, please.

Joe Zickafoose:

Thanks so much, Deirdra. So, as Deirdra mentioned, I'm going to spend the next block of time summarizing many of the nuts and bolts of the Affinity Group. We hope that this information will be helpful to states in deciding whether to participate. Next slide, please.

So, as Deirdra touched on and I think most folks on this call are going to be familiar with, the "why" of why to focus on foster kids is going to be very familiar. The high-level needs among this population and the enrollment of the population into Medicaid presented us with a key opportunity for improving care for kids. With that in mind, CMS set the following broad aim for the Foster Care Affinity Group that by the end of 2022 participating states will improve the percentage of children in foster care who receive a comprehensive health visit within state guidelines.

This aim is based on the recognition that there is a wide range of opportunities to improve care for children in foster care, but that the connection to care through comprehensive evaluations after placement can be a foundation for identifying needs and coordinating the care children receive throughout their placement. The aim is also based on the reality that each state has its own guidelines on the definitions for comprehensive assessments, and the timing expected for those assessments. This broad aim is set as a starting point for states who participate in the Affinity Group to develop their own more specific aims. Next slide, please.

So, who can participate in the Foster Care Affinity Group? Importantly, the state Medicaid or CHIP agency must be the lead or co-lead for the project. For this Affinity Group, they must also partner with the state or county child welfare agencies. In addition to those two sets of core participants, they can include other partners as needed to meet their goals, including Medicaid managed care organizations, provider groups, advocacy groups, and public health agencies. Next slide, please.

Some additional, more specific criteria for participation include support from the Medicaid leadership in the state, and we'll talk more about the specifics of that when we discuss the Expression of Interest form. This can include the state Medicaid director, the Medicaid medical director, or other senior leadership in the agency, such as director of the Medicaid managed care work within the state or a director of quality improvement. As I mentioned, the state team needs to include child welfare and also should include staff that are versed in quality improvements and staff that can assist in supplying data to help track progress towards the state's goals.

We ask the state to have well-articulated goals, which they can include in the Expression of Interest form, and we will also help in developing those goals over time. We're asking for an understanding of the opportunities and challenges to improve care in general for children in child welfare and Medicaid, and particularly around the challenges for them to receive timely care soon after a placement. We're also asking, to the degree possible, that you have access to Medicaid and foster care health data that will feed into a current or future ability to report on the state's performance on the percentage of children in foster care who are receiving timely comprehensive evaluations. And then, lastly, based on prior Affinity Group -- prior and ongoing Affinity Groups, we do estimate the lead on the project will need to commit a significant amount of time, approximately ten to 15 hours each month for the QI project. Next slide, please.

So, when we talk about Affinity Group, what does that mean in this context? So, the CMS Affinity Groups are a combination of facilitated peer-to-peer learning and one-on-one technical assistance with the goal of increasing knowledge and the identified topic, so in this case care for children in foster care and Medicaid, and direct support to the states to identify and implement change activities. As Deirdra mentioned, Affinity Groups are action-oriented and include project identification and implementation. The meetings in the Affinity Group are structured to create opportunities to learn from other state teams and subject matter experts. And they're run based on a curriculum that incorporates quality improvement science, recommending those topics tailored to match the interest and needs of participants. Next slide, please.

To give some more specific examples of activities that will happen within the Foster Care Affinity Group, state teams will be meeting virtually on a monthly basis for one or more learning activities, which I'll describe in more detail on the next slide. We'll be creating a peer community of state Medicaid and child welfare teams that will include helping state Medicaid and child welfare staff within states to become more familiar with each other and then also to interact with their colleagues in other states. We'll be

helping the participants to develop multiple tools, including things such as data flow process maps to identify opportunities to improve the capacity to link or share data across agencies with the goal of using that shared data to drive improvements in care. We'll also provide opportunities for identifying effective approaches to coordinating care for children in foster care and Medicaid, and when needed, to help states plan revisions to Health Care Coordination Oversight plans. Next slide, please.

So, the Foster Care Affinity Group is going to be focused on learning by doing. Some additional examples of that for peer-to-peer support will include things like content corners where states are brought together around a specific topic with a very brief didactic and then more extended opportunities to share across states; round robin meetings where states can share their progress and break out and report out sessions to help understand what has contributed to progress or barriers to that progress over time. In support, the states will also include working with a quality improvement (QI) advisor. The technical assistance from that advisor will include workshops focused on quality improvement methods and applying those methods to the state-specific goals and data, to one-on-one calls between the quality improvement advisor, other members of the Affinity Group team, and the state teams; and then coaching hours that provide opportunities for multiple states to ask questions of the QI advisor to help with improvement in more real time. Next slide, please.

So, additional examples of technical assistance that will be available through the Foster Care Affinity Group include learning about specific QI methods and strategies that can be applied for improving timely healthcare evaluations for children in foster care, the dedicated QI advisor that will provide that individual and group state team coaching. You will also have access to background materials, such as example documents from other states with similar goals, webinars, and QI tools. And the Affinity Group will be running for 12 months of more intensive technical assistance, with the opportunity to continue to meet for an additional 12 months to help support gains that states are able to make. Next slide, please.

This is an example of one of the potential tools that we may be using within the Affinity Group. For folks that are familiar with quality improvement methods, this is a very high-level driver diagram. As I mentioned, states will have an opportunity to refine the broad aim that's stated on the left to meet the specifics of their state context, and then work within the primary drivers for that goal, including issues such as data sharing, communication and collaboration between agencies, alignment between agencies, and access and coordination to services. Next slide, please.

So, what do the participants in other state Affinity Groups say? These are just some summary quotes, but states have very much enjoyed the opportunity to develop and remain on track with their goals based on the support from the Affinity Group. The Affinity Groups have provided opportunity to collaborate with QI advisors and subject matter experts. And then the Affinity Groups have also provided the unique opportunity to learn about and share best practices with other states across the country. Next slide, please.

So, on the next couple slides, I'm going to provide some more detail about completing the Expression of Interest form, and we will be sharing the link to the landing page to access that form with states through the [chat] pod on the side of the presentation. The link will also be embedded in the slides when we share these. And the page that you used to register for this webinar also has links to the Expression of Interest [form]. Next slide, please.

So, importantly, for the Expression of Interest form, we do encourage you to be as brief as is reasonable to explain what you need within the sections of the form and to use data when you can. We use these responses in really understanding where states are at so we can think about how to tailor the Affinity

Group to meet the needs. To begin with, the form asks about the state's goal for participating in the Affinity Group and the types of outcomes that you aim to improve.

The second section of the EOI form is labeled as the state needs assessment. This includes asking for brief descriptions of the existing relationship between the state's Medicaid agency and child welfare agency, any current level of coordination and data sharing between the agencies, the standards or guidelines that relate to providing timely care for children entering foster care; and lastly, any key challenges and opportunities that the state agencies have already identified that would contribute to meeting the aim for timely care. Next slide.

The next section asks states to describe the role of managed care for children in foster care and Medicaid in their state, including whether these children are enrolled in foster care at all and, if so, whether children in foster care are enrolled in managed care at all, and what forms of managed care the state used, for example, whether they're enrolled in general managed care plans or specialized managed care plans specifically for children in foster care.

In the next section of the form, we ask about access to foster care and health data, including whether you have data available to identify areas for improvement and monitor progress, and if not, how you can get – how you might be able to get access to that data to support QI during the Affinity Group. And we're specifically interested in whether you have access to data that will help you understand the percentage of children in foster care who receive a comprehensive assessment within state guidelines. Next slide, please.

The remaining sections of your Expression of Interest form asked about early project ideas that the state is considering. Importantly, a predetermined intervention or strategy is not a requirement for participating, but it is helpful to know what kinds of ideas may already be in process. And part of the Affinity Group will be support and refining those ideas. And then more specific details about the team that will participate, including who the team lead will be, which must be an individual from the state Medicaid agency; the names, titles and affiliations of other proposed team members, especially members from child welfare and those who can support with quality improvement and data. Lastly, we ask for senior leadership support. So, it is a requirement that states must have support of the Medicaid or CHIP director, the Medicaid medical director or other senior leadership in the agency, which can include a quality improvement director or a managed care director. Next slide, please.

Here we summarize a general timeline for the Affinity Group. So, as we mentioned earlier and we will mention again, the Expression of Interest forms are due by May 28th at 8:00 P.M. Eastern. Once those forms are submitted, we'll be spending June with CMCS and our team reaching out to states to discuss their goals for participating. And then in June and July, we'll be contacting states back about moving forward with the Affinity Group with the goal of using July and August to meet with the state team leads and then ultimately launch the Affinity Group activities with all the participating states. Next slide.

With that, I'd like to hand it over to Laura who's going to summarize some of these announcements and next steps. And then we'll move into the question period.

Laura Armistead:

Thanks, Joe. Next slide, please.

So, as we mentioned, a recording of this webinar along with the transcript and meeting slides will be posted on Medicaid.gov at the link shown in the slide. We'll also go ahead and drop this link in the chat

for everyone's reference. Additionally, for those that were not able to join our first webinar earlier this week, we'll also post the recording and meeting materials from that event on Medicaid.gov at the same link.

Our final event in the series will be Monday, May 24th at 2:00 P.M. Eastern. This webinar will discuss establishing and maintaining data sharing between state Medicaid and child welfare agencies to support timely health care for children and youth in foster care. The webinar will also include presentations from two states who will share more about their efforts to facilitate ongoing data sharing. You can register for this event at the second link shown on the slide. Next slide, please.

We also want to encourage everyone to please review the Foster Care Affinity Group fact sheet. And, as Joe mentioned, the Expression of Interest form is also on the same link on Medicaid.gov if you're interested in participating in the Affinity Group. EOIs are due Friday, May 28th at 8:00 P.M. Eastern. Next slide.

So, with that, I'll go ahead and turn it back over to Joe who is going to walk us through some of our audience questions.

Joe Zickafoose:

All right. Thank you so much, Laura. So, we've gotten several questions about finding the website and the landing page, and we have hopefully successfully pushed out the link through the chat function. For folks that – if anyone cannot see that, as we mentioned, it was the same landing page that you registered for this webinar. And if you search for "CMS foster care learning collaborative," it should be one of the top results that you'll find.

Some additional questions that we've got about the recording and meeting materials, they will be posted on that same site, which we will be able to get updated with the slides, the recording and the transcript within about a week. The slides are not currently posted on that site. They will be updated to meet 508 requirements, and once they are, we will be able to post them.

Okay. I will take a few minutes to go through some frequently asked questions, as folks are getting some other questions in. And then I want to note to Derek, our event producer, I've seen a couple folks say that they have not been able to see the link through the chat function. So, I just wanted to check on that. Okay. I'm seeing notes from other folks that say they have been able to access the link. So, please let us know if it's not showing up, if there's anybody else who's not seeing it.

So, a couple of other questions I'm seeing. So, "Does my state team need to include staff from Medicaid and child welfare?" The answer to that is yes. You can certainly bring other key partners to your team, but the lead or co-lead needs to be from the Medicaid agency and the child welfare agency needs to be directly involved.

So, a question I see here about the nature of the Affinity Group, so the question is, "Will this be the only opportunity to create an Affinity Group or will there be other phases to participate?" At this point, this is the primary opportunity. So, we are holding initial broad informational webinars, like the one that we had on Monday, [May] the 10th, and we'll have an additional one on the 24th. And then we will launch into the Affinity Group for interested states in the coming months as we outlined in the timeline. There are no formal plans after the completion of the Affinity Group at this time.

And to clarify, for folks that are looking to find the link, you need to look in the chat window that's located in the bottom right corner. So, in addition to the Q&A section, there is a chat section. If you click on that, you should be able to see the link.

So, some more questions about the nature of teams that can participate. A question came in, "Can the teams include partners outside of government agencies, such as providers and consumers?" And the answer to that is yes, absolutely. As we mentioned, we need the Medicaid agency to be the lead and partner with child welfare, but those teams are welcome to partner with additional groups.

So, we have an additional question about how formal the TA will be structured. We keep a balance of formality when we structure the Affinity Groups. So, we do have a curriculum that's based on quality improvement principles and involves setting the stage with Medicaid and child welfare agencies supporting their use of shared data, and then working with quality improvement methods to make progress on their goals. But we do need flexibility within that framework to adjust to states' needs based on where they're at.

Just taking the time to review some of the additional questions. Additionally, about teams, there's a question about managed care organizations participation, and managed care organizations absolutely can participate but the primary lead does need to be from the state Medicaid agency.

I see an additional question about can the focus include behavioral health services for children and youth in the foster care system? The focus of the Affinity Group is on timely comprehensive assessments after children enter foster care. And to the extent that the state's guidelines include comprehensive evaluations for behavioral health needs, that absolutely could be part of the primary aim. And then the state can propose working on additional aims, if that fits their goals.

We have a question as to whether there's a limit to the number of states that can participate and, at this time, we do not have a limit on the number of states that can participate in the Affinity Group.

Okay. I'm just catching up. I see a question here about expectations as to timelines for state progress on plans, and that will be something that will be part of -- the development of timelines will be part of the Affinity Group focus.

Some additional details around the deadline for application. So, the Expression of Interest form is due by May 28th at 8:00 P.M. Eastern Time.

I see a question here about funding for projects, and I will hand that over to Deirdra to respond.

Deirdra Stockmann:

Sure. There is no funding associated with participation in the Affinity Group. So, it's sort of up to the state and state team resources to consider funding. There's no additional funding associated with the Affinity Group. There's just technical assistance.

I think there was also a funding-related question about engaging members of the public, and I think that would really depend on your state team, sort of how and in what ways you would like to engage members of the public. One thing that we do with Affinity Group -- with the state teams in Affinity Groups is help think through who the key partners are kind of outside of your Affinity Group team and how and when to structure engagement with them. Again, there's no funding for participating in the Affinity Group, so that

would not be available to compensate members of the public. If your state has other means of doing so and those are available to you, that is up to you.

Joe Zickafoose:

Thanks, Deirdra. I think there are a couple questions related to the theme about what will be shared after the Affinity Group, and there will be a write-up from results that states achieve a summary for that that will be produced at the end of the Affinity Group.

I see a couple questions about the nature of health assessments that the Affinity Group will focus on. Because the guidelines around the types of health assessments that children are required to receive once they enter foster care are specific to the states, the specific health assessments will depend on the state that participates and the guidelines that they define within their state.

Okay. Just checking with other members of our team and Deirdra to see if there are any other questions that – question themes or specific questions that we've missed.

Deirdra Stockmann:

Did we answer the one about "Do MCOs have to be invited to the affinity group by their state agency?" I think we would defer to the states and how they want to engage the MCOs since the MCOs are under contract to the state agency or agencies. So, it would be up to you. But, in many cases, MCOs -- in some of our other Affinity Groups, MCOs have reached out to the state and said, "Hey, we're interested in this. Would you like to be a team," and they have done so. So, it doesn't have to be unidirectional, but, of course, the MCOs are under contract with the states, so we defer to states to decide how to engage with them.

Did we address the question – Joe, there was one early on. It's very hard and we appreciate everyone's patience. The WebEx Q&A is a little bit hard to navigate sometimes on our end, so we're doing our best to catch all the questions. Sometimes they fly by and we miss them. There was a question earlier on how sort of findings or outcomes from the Affinity Group work will be shared. That's something that we sort of develop over time but expect and hope that if there are some great stories and lessons learned and resources that Affinity Group states sort of develop through their work that we want to share more broadly, that we could potentially do – there are a variety of ways that we would like to work with the state teams at the end of the Affinity Group to package that information and share with others, like webinars, informational briefs, things like that. So, we do intend and hope that the work of the states is work that should be shared more broadly, and we will find ways to do that at the end of the experience.

Joe Zickafoose:

Thanks, Deirdra. I see some other questions about how states will be notified. So, we will reach out to all states that express interest in participating, to understand their goals for participation and then discuss with them next steps.

I see another question about the amount of time that the primary lead for the state team would need to set aside for participation in the project. Based on other Affinity Groups on other topics, we've heard from state leads that it has taken them approximately quarter-percent time, so about ten to maybe 15 hours a month for participation.

Deirdra Stockmann:

And just to clarify, that's as a team, not for every individual on the team.

Joe Zickafoose:

Okay. We're just making our way through any additional questions. As I mentioned earlier, we will be posting the slides. In addition to the content that we presented today, there will be a couple of additional slides that will address frequently asked questions within the slide deck.

Deirdra Stockmann:

I do see a question it looks like we haven't sufficiently answered around increasing the assessment or increasing the actual number of visits, or both. I think the goal is – and I know that exact – we know and part of the reason for having Affinity Groups and working with individual states through your individual situations is that each state may have slightly different requirements. But the goal – and there can be affiliated goals, but the main goal of the Affinity Group is to help states increase the rate of children who are getting initial health assessments – comprehensive health assessments in a timely way. So, often in states, for instance, that's within 30 days that they've set the length of time. It could be different. So, it's increasing that proportion of kids that are getting a comprehensive health assessment in a timely manner as they enter foster care because, as you all know probably better than I, that is really the foundation for them meeting their various different health needs while they are in foster care, in and out of home placement.

Joe Zickafoose:

Okay. I think we could advance to the next slide just to cover some of those frequently asked questions again. Oh, I guess the next slide after these. Just as a reminder, when our webinar wraps up, you'll get a brief survey and we encourage folks to fill that out.

So, to review who should be on the state team, state teams should be led by a staff member from the state's Medicaid or CHIP program, particularly Medicaid program. Given the focus on cross-agency collaboration, the team needs to include at least a member from the state child welfare agency. And then we also recommend that the team include at least someone who works with or has access to the data that will be needed for working on the aim.

Can the team include partners outside the state Medicaid agency? Yes, absolutely. States are encouraged to partner with the stakeholders in their state that make the most sense for them to reach their aims. And as we've mentioned, that can include the child welfare agency, Medicaid managed care plans, providers, and other stakeholders such as the community and foster care groups. Next slide, please.

So, we mentioned including a team member who has access to data. What are the requirements around data? So, data is definitely foundational to quality improvement initiatives. Based on that, we strongly recommend the team be able to generate and share the data that points towards their aim, such as the receipt of the health assessments based on state guidelines. And your state will be asked to submit data to reflect your improvement efforts typically on a monthly basis as we really work within a quality improvement framework to drive progress. Next slide, please.

So, as we discussed before, what kind of time commitment should state teams expect? So, the lead will need to commit a significant amount of time. And other team members, their time commitments will

depend on both the workshops and other calls that they choose to participate in, and then any internal work that the state is doing outside of the direct Affinity Group meetings. Next slide.

This common question is about the EOI form request that state teams provide the contact information and particularly about who the senior official is that can sign off. And as we discussed, that needs to be a state Medicaid director, Medicaid medical director, or other senior leadership. Next slide.

Laura Armistead:

That is actually our last FAQ slide.

Joe Zickafoose:

Okay. Well, I think we have covered all the common questions. Let me see. Yeah, I think all of the other questions in the Q&A. I'll just give folks here on the call another minute or two if there's any additional questions that you want to submit.

Well, we want to thank everybody for attending. As we mentioned, we encourage you to complete the evaluation as you exit the webinar, which helps us participate in our own quality improvement as we look forward to similar events. And then if you have additional questions, you can submit those through the email listed here, MACQualityImprovement@mathematica-mpr.com. Thank you everyone for participating.