

# Improving Timely Health Care for Children and Youth in Foster Care: Affinity Group Q&A

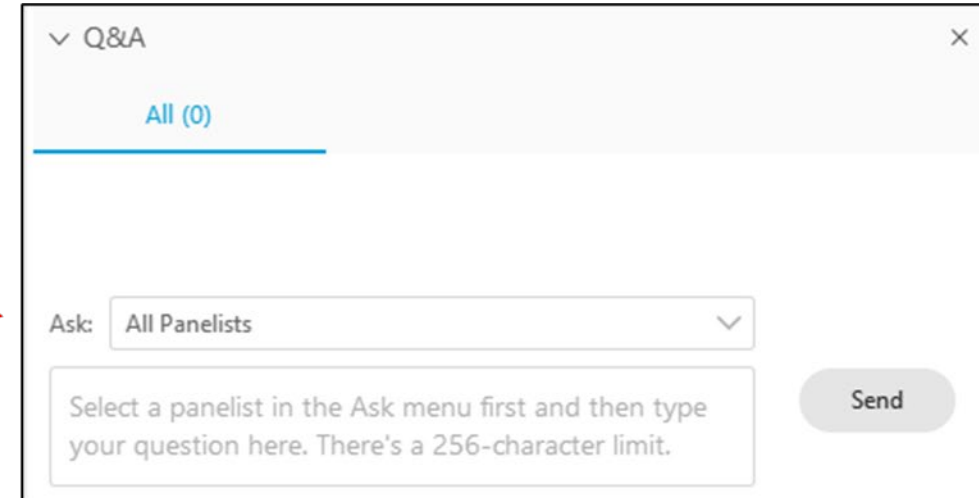
May 14, 2021

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Deirdra Stockmann, Centers for Medicare & Medicaid Services (CMS)  
Joe Zickafoose, Mathematica  
Laura Armistead, Mathematica

# Webinar Logistics

- Phone lines are muted upon entry.
- For technical issues, select “Host” in the drop-down menu of the Q&A window.
- To submit audience questions, select “All Panelists” in the drop-down menu of the Q&A window.



Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

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# Agenda

Topic	Speaker(s)
Welcome from the Centers for Medicare & Medicaid Services (CMS)	Deirdra Stockmann, CMS
Overview of the Foster Care Affinity Group & Completing the Expression of Interest (EOI) form	Joe Zickafoose, Mathematica
Announcements and Next Steps	Laura Armistead, Mathematica
Questions and Discussion	Joe Zickafoose, Mathematica

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# Welcome from CMS

Deirdra Stockmann, CMS

# Foster Care Learning Collaborative

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- **The Centers for Medicare & Medicaid Services (CMS), in collaboration with the Children’s Bureau within the Administration for Children and Families (ACF), launched the Foster Care Learning Collaborative in April 2021.**
- **State Medicaid and child welfare agencies and their partners will have an opportunity to:**
  - Expand their understanding of data-driven interventions to improve timely access to care
  - Learn about the science of quality improvement

# Foster Care Learning Collaborative

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- **Webinar series**

- Webinar 1: The Role for Medicaid in Improving Outcomes for Children and Youth in Foster Care (held on May 10, 2021)
  - Recording, transcript and slides are available on Medicaid.gov:  
<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>
- Webinar 2: Establishing and Using Bidirectional Data Sharing (May 24, 2021, 2:00 PM ET)

- **Improving Timely Health Care for Children and Youth in Foster Care Affinity Group**

- Action-oriented supports to state Medicaid and child welfare agencies and their partners
- Opportunity for states to expand their knowledge of policies, programs, and practices to improve timely health care for children and youth in foster care
- Begin in June 2021 (more information available at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>)

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# Overview of the Foster Care Affinity Group

Joe Zickafoose, Mathematica

## Foster Care Affinity Group: Broad Aim

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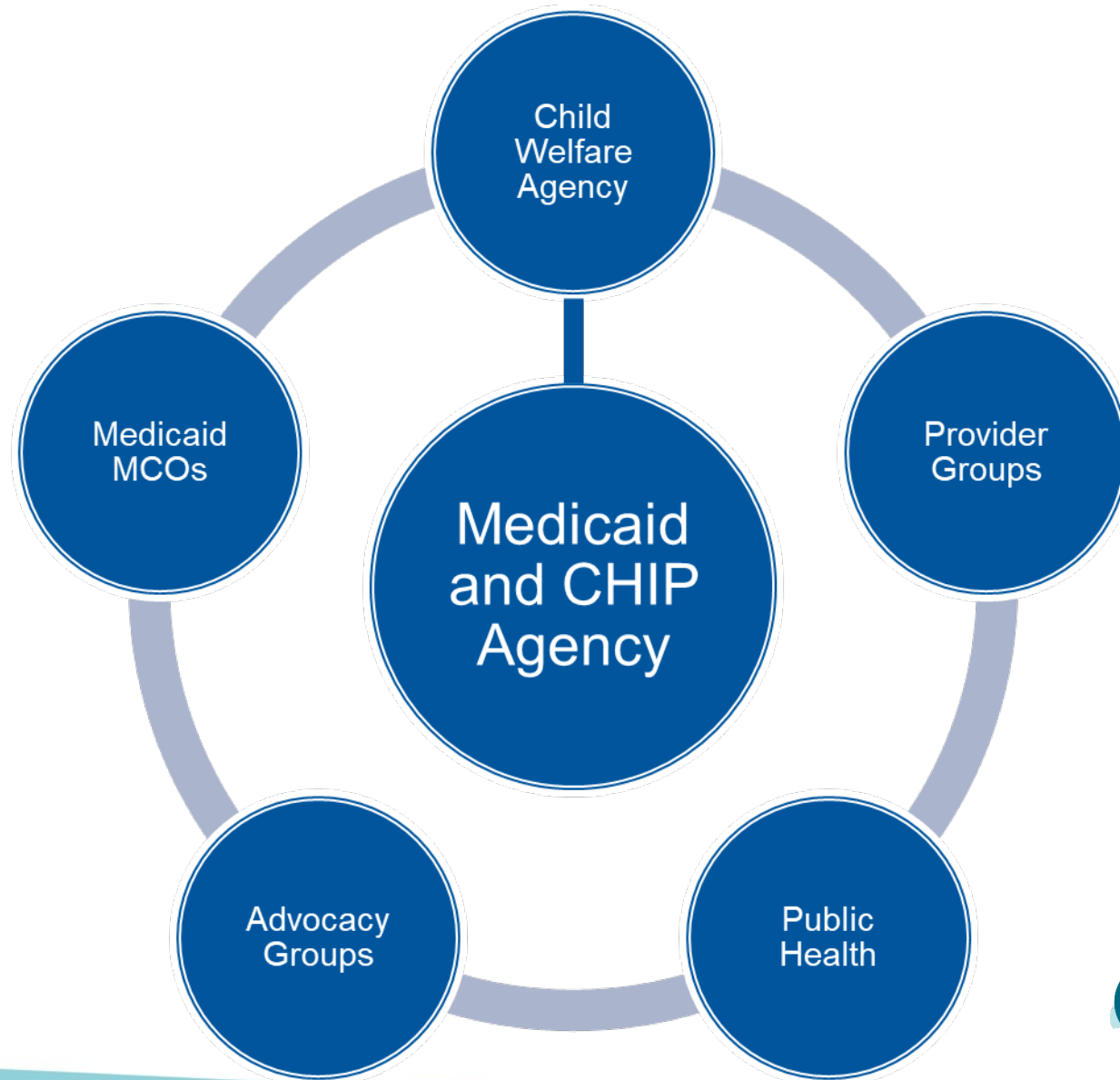
**By December 2022, states will improve the percentage of children in foster care who receive a comprehensive health visit within state guidelines.**



# Who can participate in the Foster Care Affinity Group?

**State Medicaid  
or CHIP agency  
must serve as  
lead or co-lead**

**Partnered with  
the state child  
welfare agency  
or county child  
welfare agencies**



# Foster Care Affinity Group: Participation Criteria

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- **Support from Medicaid leadership**
- **State team that includes child welfare, quality improvement, and data staff**
- **Well-articulated goals**
- **Understanding of opportunities and challenges to improve care**
- **Access to Medicaid and foster care health data**
- **Current or future ability to report state's performance on the percentage of children in foster care who receive a comprehensive health visit within state guidelines or other similar metrics**
- **Project lead ability commit approximately 10 to 15 hours each month to QI project**

# What is an Affinity Group?

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Combination of facilitated **peer-to-peer learning** and **one-on-one technical assistance** (TA) to both **increase knowledge** in an identified topic and support states to **identify and implement change activities**

- Affinity groups are action-oriented and include project identification or implementation
- Meetings create an opportunity to learn from other state teams and subject matter experts
- A curriculum based on quality improvement science with many topics tailored to match the interests and needs of participants

# Foster Care Affinity Group: Activities

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- **As part of the affinity group, state teams will:**
  - **Meet virtually, on a monthly basis**, for one or more learning activities (following slide)
  - Create a **peer community** of state Medicaid and child welfare teams
  - Develop a **data flow process** map to identify opportunities to improve capacity to link or share data across agencies
  - Use shared **data to drive improvements** in care
  - Identify effective approaches to **coordinating care** for children in foster care
  - Plan revisions to **Health Care Coordination Oversight** plans

# Foster Care Affinity Group: Learning by Doing

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- Peer to peer
  - Content Corner
  - Round Robins
  - Breakouts and Report outs
- QI advisor TA
  - Workshops
  - State 1:1 Calls
  - Coaching Hours



# Foster Care Affinity Group: Technical Assistance

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- QI methods and strategies for improving timely health care evaluations for children and youth in foster care in the state
- Dedicated QI advisor providing individual and group state team coaching
- Background materials, webinars, and QI tools
- 12 months of technical assistance, with the opportunity to continue to meet for an additional 12 months

# Foster Care Affinity Group: General Aim and Primary Drivers

Aim: By 12/31/22, states will improve the percentage of children in foster care who receive a comprehensive health visit within state guidelines

## Primary Medicaid agency drivers

State interagency data sharing, communication, and collaboration

Alignment and shared knowledge of time frames of service between Medicaid and child welfare

Access and coordination of services

# What do participants in other state affinity groups say?

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Regular meetings helped state teams develop and remain on track with their goals.

Collaboration with QI advisors and subject matter experts allowed states to pursue high-impact structural and policy changes.



Affinity groups provided a unique opportunity to learn about and share best practices with peer states.



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# Completing the Expression of Interest (EOI) Form

# EOI Form Questions

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## Be brief and use data when you can

### 1. Participation goals

- Goals for participating and the outcomes to improve

### 2. State needs assessment

- Existing relationship between state Medicaid agency and child welfare agency
- Current level of coordination and data sharing between agencies
- Standards or guidelines related to providing timely care for children entering foster care (be brief)
- Key challenges and opportunities

### **3. Managed care**

- Whether your state’s foster care population is included in managed care and how health plans work with this population.

### **4. Access to foster care health data**

- Do you have data available to identify areas for improvement and monitor progress? If not, how could you get data to support QI?
- Access to data on the percentage of children in foster care who receive a comprehensive health visit within state guidelines or other similar metrics

## EOI Form Questions (3)

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### **5. Early project ideas**

- Project ideas that state is considering
- A predetermined intervention or strategy is **not** a requirement

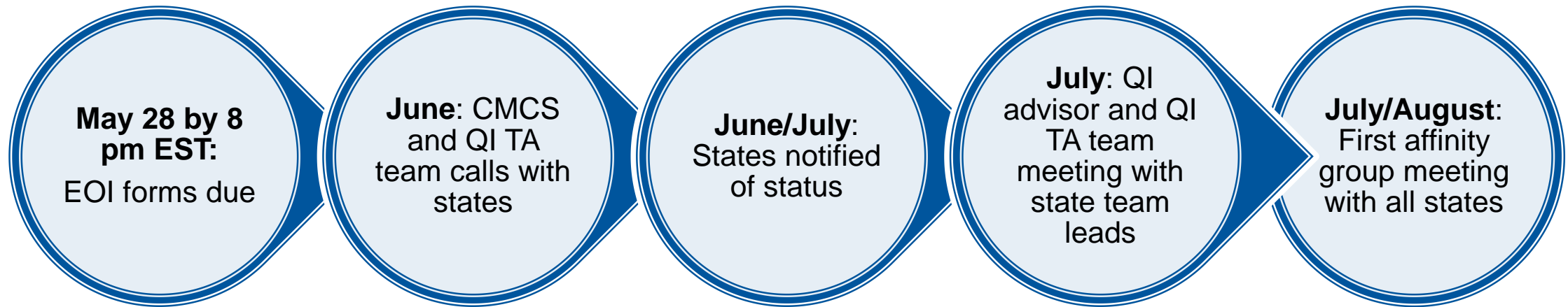
### **6. Your team**

- Team lead must be from the state Medicaid agency
- Names, titles, and affiliations of proposed team members
- Include staff who can help gather and interpret data

### **7. Senior leadership support**

- States must have the support of the Medicaid or CHIP director, medical director, or other senior leadership in the agency

# General Timeline



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# Announcements and Next Steps

Laura Armistead, Mathematica

## Announcements and Next Steps

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- **Webinar recording and slides will be posted on Medicaid.gov at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>**
- **Upcoming webinars**
  - Webinar #2: Establishing and Using Bidirectional Data Sharing: **Monday, May 24, 2021, 2:00 PM ET**
- **Register for remaining webinar at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/foster-care-learning-collaborative/index.html>**

## Announcements and Next Steps (continued)

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- **Foster Care Affinity Group Fact Sheet available at**  
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/improvement-initiatives/foster-care-ag-factsheet.pdf>
- **Foster Care Affinity Group EOI forms are due Friday, May 28, 2021, 8:00 PM ET**
- **EOI forms are available at**  
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/improvement-initiatives/foster-care-ag-interest-form.pdf>



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# Questions

# How to Submit a Question

- **Use the Q&A function to submit questions or comments.**
  - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” field.
  - Type your question in the text box and click “Send”.
  - Only the presentation team will be able to see your comments.

Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

Thank you for participating!

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- **Please complete the evaluation as you exit the webinar**



- **If you have any questions, please email**

[MACQualityImprovement@mathematica-mpr.com](mailto:MACQualityImprovement@mathematica-mpr.com)



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# Foster Care Affinity Group FAQ's

# Foster Care Affinity Group State Team

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- **Who should be on our state team?**

- State teams should be led by a staff member from the state’s Medicaid or CHIP program
- Given the focus on cross-agency collaboration, the team should also include members of the state’s child welfare agency
- We also recommend that the team include at least one member who works with or has access to foster care health-related data

- **Can we include partners outside of the state Medicaid or CHIP agency?**

- Yes! CMS encourages states to partner with other foster care stakeholders
- Partners could include additional staff from the state’s child welfare agency, Medicaid managed care plans, health care providers, and/or other stakeholders

# Foster Care Affinity Group Team Capabilities

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- **You mentioned including a team member who has access to data. What are the requirements around data?**
  - Data is foundational to QI initiatives. For this reason, we strongly recommend the state team be able generate and share foster care health-related data (i.e., percentage of children in foster care who receive a comprehensive health visit within state guidelines and other data to help understand your state team's QI project)
  - Your state team will be asked to submit data that reflect your improvement efforts on a monthly basis

# Foster Care Affinity Group Time Commitment

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- **What kind of a time commitment should state teams expect?**
  - Based on prior affinity groups, we estimate that the project lead ability will need to commit approximately 10 to 15 hours each month to QI project
  - Other primary team members will need several hours each month to attend workshops, participate in one-on-one calls, work on or prepare materials related to the affinity group, and work with stakeholder partners on the QI project

# EOI Leadership Signoff

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- **The EOI form requests that state teams provide the contact information for senior leadership in the agency who supports the project's goals. Who would qualify as a senior official?**
  - Senior officials may include the state's Medicaid director, Medicaid medical director, or other senior leadership in the agency, such as Director of Medicaid Managed Care (if your QI project will be implemented as part of managed care work) or a Director of Quality Improvement.