

Improving Timely Health Care for Children and Youth in Foster Care

Affinity Group Fact Sheet

The Centers for Medicare & Medicaid Services (CMS), in collaboration with the Children's Bureau within the Administration for Children and Families (ACF), is pleased to announce the Improving Timely Health Care for Children and Youth in Foster Care affinity group. This affinity group will help state Medicaid agencies partner with state child welfare agencies to explore and identify opportunities to improve timely access to health care services for children and youth in foster care.

Why focus on children and youth in foster care?

Children receiving Title IV-E foster care payments automatically receive Medicaid, and many continue to receive Medicaid after they reunite with their parents. They represent less than 2% of the child Medicaid population, yet are among the most vulnerable beneficiaries and are the legal responsibility of the state, with both the child welfare and Medicaid agencies having responsibility for various aspects of their care.

In 2019, over 251,000 children entered foster care and more than 672,000 children were served by the foster care system at any point during the year. Nearly three-fourths of children entering foster care are under the age of 12, and more than half are under age 7. Just over 60 percent enter care due to neglect, including 3 percent associated with parental drug use. While just under half of children spend less than one year in care, 40 percent spend between one to three years in care.¹

Children in foster care have higher rates of physical and behavioral health care needs compared with children without a history of foster care involvement.² In order for the often complex health care needs of this population to be met, children and youth entering foster care must receive timely initial health assessments and be connected to services to meet their needs. State child welfare agency requirements for ensuring timely access to screening and assessment services vary significantly across states and present a key opportunity for improving the quality of care provided to this population.³

A variety of tools and strategies exist within Medicaid to address the unique health care needs of children and youth in foster care, including: effective data exchange; dedicated managed care plans, care coordination models; and enhanced provider reimbursement. Using these and other strategies, state Medicaid agencies, in partnership with their child welfare counterparts, have a tremendous opportunity to address issues related to timely access to initial and continuing care for this population.

The Opportunity

States interested in improving care for children and youth in foster care are invited to join the Improving Timely Health Care for Children and Youth in Foster Care affinity group. Affinity group support will be tailored to state needs and will help states identify, implement, and scale data-driven improvement efforts. This opportunity is open to state teams that include, at minimum,

the Medicaid agency and the child welfare agency. Teams may also include health plans, providers, and other stakeholders. The affinity group will begin in June 2021.

Affinity group activities will include individual state calls where the technical assistance team will provide state-specific consultation, and webinars for all participating state teams to support data sharing and linkage efforts and the development and implementation of QI projects. We expect support to be available through spring 2022.

This affinity group is part of a larger [Foster Care Learning Collaborative](#), which includes a series of webinars covering the role of Medicaid and the importance of effective data sharing in improving outcomes for children in foster care. While listening to the webinars is not a prerequisite for the affinity group, the webinar materials are available on-demand.

Learning Objectives for State Teams

As part of the affinity group, state teams will:

- Create a peer community of state Medicaid and child welfare teams working together to improve care for foster children and youth;
- Meet virtually, on a monthly basis, for a mix of peer learning workshops, one-on-one state coaching calls, and learning from QI advisors and subject matter experts;
- Develop a data flow process map to identify barriers to flagging foster children appropriately and improve capacity to link or share data across agencies;
- Use shared data to ensure timely identification of foster children and drive improvement in care;
- Identify effective approaches to coordinating care for children and youth in foster care that can be implemented in their state; and
- Revise Health Care Coordination Oversight plans to improve health care for children and youth in foster care.

Application and Selection Process

States may apply to participate in the affinity group by submitting the [expression of interest \(EOI\) form](#) by **8:00 pm ET on Friday, May 28, 2021**.⁴ In addition to relevant state Medicaid staff and child welfare agency staff, states are encouraged to include representatives from Medicaid managed care plans, providers, and other stakeholders as part of their QI team.

Upon receipt of the EOI form, CMCS, along with the technical assistance team from Mathematica, will contact the state lead to schedule a call to discuss the state's QI goals.

The criteria for selection for the affinity group will include the following:

- Well-articulated goals for participation in the affinity group,
- An understanding of the state's challenges and opportunities related to improving health care for children and youth in foster care,
- A state team that includes both child welfare and Medicaid agency staff, and
- A commitment to action, with a willingness to analyze Medicaid and child welfare data.

If you have any questions about this opportunity, please contact the technical assistance mailbox at MACQualityImprovement@mathematica-mpr.com.

¹ Adoption and Foster Care Analysis and Reporting System (AFCARS) FY2019 preliminary data.

<https://www.acf.hhs.gov/cb/report/afcars-report-27>

² Turney, Kristin and Wildeman, Christopher. Mental and Physical Health of Children in Foster Care. *Pediatrics* 2016, 138 (5) e20161118. <https://doi.org/10.1542/peds.2016-1118>

³ K. Allen and R. Mahadevan. "Health Screening and Assessment for Children and Youth

Entering Foster Care: State Requirements and Opportunities." Center for Health Care Strategies. November 2010.

https://www.chcs.org/media/CHCS_CW_Foster_Care_Screening_and_Assessment_Issue_Brief_111910.pdf

⁴ Foster Care Learning Collaborative Expression of Interest (EOI) form, available at: <https://forms.gle/6n2zGkubEpldYDz9>