



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

## **EXPRESSION OF INTEREST (EOI) FORM**

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 launch the **Improving Timely Health Care for Children and Youth in Foster Care Affinity Group** to support states in implementing quality improvement (QI) activities to improve the percentage of children in foster care who receive a timely initial health assessment and are 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. As part of this affinity group, QI advisors and subject matter experts will provide technical assistance to state teams including Medicaid and child welfare agency staff and their partners, such as managed care plans, through individualized and group meetings using QI tools to develop, implement, test, and scale up initiatives. For more information on the affinity group, please see the <u>fact sheet available on Medicaid.gov</u>.

To participate in the affinity group, please complete and submit this Expression of Interest (EOI) form found <u>here</u> by 8:00 p.m. (ET) Friday, May 28, 2021.

| Contact Information   |        |
|---|--------|
| Team lead name (Medicaid agency staff must be lead or co-lead): | Title: |
|   |        |
| Agency Name:  |        |
|   |        |
| Mailing address:  |        |
|   |        |
| Email:  | Phone: |
|   |        |
|   | Phone: |

1. **Participation Goals:** Briefly share your goals for participating in the Improving Timely Health Care for Children and Youth in Foster Care Affinity Group. Include any data that you may have used to determine your goal.

- 2. State Needs Assessment: CMS would like to understand your state's current approach to improving timely health care for children and youth in foster care.
  - a. Briefly describe the relationship between your state Medicaid agency and child welfare agency. For example, do you meet regularly? What topics do you collaborate on?

- b. Does your state Medicaid agency currently share eligibility files, service delivery information and/or other data with the child welfare agency? Does the child welfare agency share data with your state Medicaid agency? If so, what is shared?
- c. Are there any standards or guidelines related to providing timely care for children entering foster care in your state (for example, number of days to complete initial health assessment after initially entering foster care)? If so, what are those standards or guidelines?
- d. What are the key challenges and opportunities related to improving timely health care for children and youth in foster care in your state? If possible, use data to describe.
- 3. Managed care: Medicaid managed care programs frequently participate in QI initiatives. Consider adding managed care partners to your state QI project team if children in foster care are enrolled in managed care. CMS would like to understand more about managed care in your state as it relates to improving the timeliness of health services for children and youth in foster care. (Skip to Question 4 if children in your state are not currently enrolled in managed care and there are not plans to enroll them in managed care in the next three years.)
  - a. Does your state enroll children and youth in foster care into managed care plans?

If so, are foster children enrolled into plans that serve exclusively foster children and youth?

- b. Do you have any questions or concerns specific to managed care enrollment for this population?
- 4. **Data availability:** QI depends on data to identify opportunities and demonstrate progress and outcomes. What is your state's performance on the percentage of children in foster care who receive a comprehensive health visit within state guidelines or other similar metrics? List as many years of data that you have. Please adds rows or columns as necessary. *Note: If these data are not currently available, please leave this blank. This is not a prerequisite to participating; part of the affinity group will focus on supporting your state in identifying and analyzing these data.*

|        |             | Source                        | Year |      |      |
|--------|-------------|-------------------------------|------|------|------|
| Metric | Description | (e.g., Core Set<br>reporting) | 2017 | 2018 | 2019 |
|        |             |                               |      |      |      |
|        |             |                               |      |      |      |
|        |             |                               |      |      |      |

5. Early Project Ideas: Tell us about the ideas that you are considering for improving on the timeliness of health services for children and youth in foster care in your state. *Note: Identifying an intervention or a strategy is not a requirement to submit an EOI for participation in the affinity group. A state may develop a project as part of the affinity group.* 

6. Your Team: Tell us who else will be a part of your team. Add rows as needed.

| Name | Title | Organizational affiliation | Email | Confirmed?<br>(Yes/No) |
|------|-------|----------------------------|-------|------------------------|
|      |       |                            |       |                        |
|      |       |                            |       |                        |
|      |       |                            |       |                        |
|      |       |                            |       |                        |

7. **Executive Leadership Support:** State teams are expected to have the support of the Medicaid Director, Medical Director or other senior leadership in the agency to demonstrate the state's interest in achieving the project's goals. Please indicate below the name of the senior Medicaid official supporting your state's participation.

| Name:         |  |  |
|---------------|--|--|
| Title:        |  |  |
| Email:        |  |  |
| Phone Number: |  |  |

Questions? Email us at MACQualityImprovement@mathematica-mpr.com.