TWO STUDIES TO INFORM THE TRANSITION OF CHILDREN IN FOSTER CARE IN NEW YORK STATE INTO MEDICAID MANAGED CARE

November 3, 2015
1 pm – 3 pm

Today's Agenda and Speakers

1. Welcome and Introductions
2. Overview of Foster Care Readiness Activities
3. Data Collection Activities:
   - ❖ Medical Record Review
   - ❖ Activity Study
4. Conclusions
5. Questions

Presented By Empire Health Advisors:

- ❖ Jack Knowlton, President
- ❖ Patricia HasBrouck, Consultant
- ❖ Dorothy Knowlton, Record Reviewer

Foster Care Managed Care Readiness Activities

A collaboration between IPRO, the New York State (NYS) Department of Health's Office of Health Insurance Programs (OHIP) and the New York State Office of Children and Family Services (OCFS). Its purpose is to ensure the achievement of important activities that will facilitate the transition of children placed in voluntary agencies to Medicaid Managed Care.

IPRO Project Partners

Improving Healthcare for the Common Good®

New York CARE COORDINATION PROGRAM

Creating a person-centered, recovery-focused system of care

IPRO engaged a panel of highly qualified consultants and subject matter experts to accomplish project activities:

- **Empire Health Advisors (EHA):** Data Collection & Analysis
- **New York Care Coordination Program (NYCCP):** Health Home Training
- **Raymond Schimmer:** Foster Care Subject Matter Expert
- **Community Technical Assistance Center (CTAC) of New York at the NYU McSilver Institute for Poverty Policy and Research:** Readiness Assessment, Technical Assistance, and Medicaid Managed Care Training

OBJECTIVES OF THE TWO STUDIES

A. MEDICAL RECORD REVIEW

- Document the health and behavioral health service utilization of a sample of children in foster care in New York State.
- Collect data from foster care agency medical records, CONNECTIONS and MMIS to provide a comprehensive view of services provided.
- Provide State policy and rate-setting staff and its actuarial consultants information regarding utilization assumptions for the foster care population in the development of Medicaid managed care costs for this population.

B. STAFF ACTIVITY STUDY

- Inform DOH and OCFS about activities that may be reimbursable through the Medicaid Health Homes.
- Inform the development of the foster care residual per diem.
- Identify and quantify time spent by medical, behavioral healthcare, and care management staff on:
  - Direct patient care;
  - Treatment planning & care management;
  - Clinical administration;
  - Medication administration; and
  - Other activities

MEDICAL RECORD REVIEW
PROJECT METHODOLOGY

- Workgroup that included Department of Health, OCFS, IPRO and Empire Health Advisors representatives agreed upon project design.
- Dr. Fred Wulczyn developed a sample of 624 children from 26 foster care agencies throughout New York State.
- Sample provided data which permit analyses based upon a number of variables including:
    - Age
    - Gender
    - Length of Stay (2012 and 2013)
    - Family care or Group care
    - Behavioral health history before foster care placement or not.
- Empire Health Advisors conducted pilot study at Berkshire Farm Center and Services for Youth which identified the need to review CONNECTIONS data.
- Seven agencies with a total of 11 sample cases were not included in the review due to timing and staffing constraints.
- Ultimately 556 records of children in the initial and revised sample were reviewed.

NUMBER OF RECORDS IN SAMPLE AND NUMBER REVIEWED

Agency	Number in Sample	Number Reviewed	Percent
Total	613	556	91%

*Includes Additional Sample

Ninety-one percent of the sample records (including the additional sample records at three agencies) were reviewed and data included in the report.

SERVICES PROVIDED TO 556 CHILDREN IN FOSTER CARE SAMPLE BY DATA SOURCE

Source	Number	Percent
Record Review	5,714	66.9%
CONNECTIONS	358	4.2
MMIS	2,467	28.9
Total	**8,539**	**100.0%**

Note: Sample by Data Source

Two-thirds (66.9 percent) of the services utilized by children in the 556 sample were identified in the medical record; 4.2 percent in the CONNECTIONS medical tab; and 28.9 percent in MMIS.

NUMBER OF CHILDREN BY LENGTH OF STAY AND GENDER

Length of Stay	Gender	Children	Average Length of Stay
0 to 30 days	Female	37	15.14
	Male	35	17.03
31 to 90 days	Female	45	58.00
	Male	47	61.87
91 to 180 days	Female	46	134.98
	Male	54	129.04
181 to 360 days	Female	82	268.72
	Male	78	260.54
361+ days	Female	67	521.69
	Male	65	518.48
Subtotal	Female	277	239.59
	Male	279	231.16
Total	**All**	**556**	**235.36**

The number of males and females in the 556 member sample is similar as are their lengths of stay in foster care during the 2012-13 period.

UTILIZATION PER PERSON PER YEAR FOR SAMPLE OF 556 FOSTER CARE CHILDREN

Primary Care	Emergency Services	Inpatient	Dental	Mental Health	Chemical Dependency	Specialist Physician	Lab
7.92	0.80	0.12	2.06	4.45	3.38	0.68	2.91

- Primary care visits averaged nearly eight visits per year and dental visits just above two per year.

- Mental health visits were over four per year and chemical dependency over three.

UTILIZATION PER PERSON PER YEAR, BY AGE GROUP AND CARE SETTING

Ages	Setting	Children	Primary Care Visits	Emergency Services	Inpatient Hospital	Dental	Mental Health	Chemical Dependency	Specialist Physician	Lab
0 to 5	Family	170	9.06	0.56	0.09	0.60	0.34	-	0.64	1.22
	Group	1	8.60	-	-	-	-	-	-	1.98
6 to 11	Family	76	5.79	0.60	0.19	2.23	4.10	0.10	0.48	1.67
	Group	5	11.45	1.27	0.64	4.45	20.35	-	0.64	6.36
12 to 17	Family	65	4.76	0.58	0.07	2.45	5.29	1.37	0.31	1.85
	Group	206	9.06	1.34	0.14	3.67	9.62	10.71	1.03	6.20
18 to 21	Family	8	4.32	0.86	0.17	1.90	5.53	2.42	0.17	3.45
	Group	**25**	**7.76**	**0.86**	**0.09**	**3.71**	**6.21**	**6.21**	**0.95**	**4.31**

- Higher utilization of primary care than is the norm for children and youth enrolled in Medicaid is found, particularly in the age 0-5 category as well as youth in Group settings.
- Dental visits were two to four per year except in the 0-5 age group.
- Mental health visits for children in Group settings ages 12-17 and 18-21 we 9.62 and 6.21 per year.

UTILIZATION PER PERSON PER YEAR, BY LENGTH OF STAY AND MENTAL HEALTH DIAGNOSIS

Prior Mental Health Diagnosis	Children	Primary Care Visits	Emergency Services	Inpatient Hospital	Dental	Mental Health	Chemical Dependency	Specialist Physician	Lab
NO	391	7.58	0.58	0.09	1.62	2.97	2.22	0.57	2.27
YES	165	9.09	1.55	0.24	3.60	9.56	7.38	1.09	5.10
Total	**556**	**7.92**	**0.80**	**0.12**	**2.06**	**4.45**	**3.38**	**0.68**	**2.91**

- Children with a prior mental health diagnosis prior to entering foster care were high utilizers of services in all categories.

- Most services experienced two to three times use by children with a prior mental health diagnosis than by those without with the exception of primary care.

PRIMARY CARE VISITS PER PERSON PER YEAR, BY AGENCY BY SETTING

	Family Care		Group Care	
Agency	Children	Primary Care Visits	Children	Primary Care Visits
1	25	6.97	1	6.89
2	33	8.98	0	NA
3	7	4.36	22	12.09
4	28	6.54	4	10.85
5	2	15.87	23	7.83
6	13	5.35	20	7.37
7	1	10.36	28	11.01
8	19	7.05	10	7.80
9	0	NA	31	10.19
10	0	NA	32	9.66
11	22	8.65	10	8.27
12	25	5.49	0	NA
13	27	10.37	1	8.60
14	27	7.62	0	NA
15	27	5.87	1	9.36
16	12	7.15	13	7.07
17	30	7.03	0	NA
18	10	8.54	21	6.22
19	11	9.56	20	7.81
Total	**319**	**7.44**	**237**	**8.95**

- Children in Group Care received 1.5 more primary care visits than those in Family Care.
- Most children in Family Care had six to nine primary care visits with only four agencies showing fewer than six.
- Group care agencies had only one with fewer than seven visits per year.

DENTAL VISITS PER PERSON PER YEAR, BY AGENCY BY SETTING

	Family Care		Group Care	
Agency	Children	Dental	Children	Dental
1	25	1.08	1	0.00
2	33	0.83	0	NA
3	7	4.07	22	2.81
4	28	0.94	4	1.48
5	2	6.35	23	5.95
6	13	0.89	20	2.80
7	1	0.00	28	2.69
8	19	1.24	10	4.20
9	0	NA	31	3.05
10	0	NA	32	2.52
11	22	3.01	10	1.77
12	25	2.20	0	NA
13	27	0.75	1	0.00
14	27	1.46	0	NA
15	27	1.67	1	1.87
16	12	0.43	13	3.46
17	30	1.44	0	NA
18	10	0.52	21	10.32
19	11	1.84	20	3.06
Total	**319**	**1.33**	**237**	**3.63**

- Children in Group Care averaged 3.63 dental visits per year while children in Family Care averaged 1.33.
- The Group Care average is influenced by the average utilization of 10.32 visits per year by an agency with 21 children.
- The dental service utilization for children in Family Care appears to be lower than desired according to the American Academy of Pediatric Dental Periodicity Schedule with six agencies averaging less than one visit per year.

STAFF ACTIVITY STUDY

PROJECT METHODOLOGY

- Pilot study conducted at Berkshire Farm Center and Services for Youth identified need for minor changes to data collection tools and activity categories.
- OCFS identified 12 representative agencies.
  - Upstate / Downstate – 6 agencies each
  - Programs reflecting care continuum:
    - FBH – 3 agencies, 160 staff
    - TFBH – 3 agencies, 49 staff
    - Group – 3 agencies, 119 staff
    - Residential – 3 agencies, 113 staff
- Two distinct studies were conducted at each agency:
  - Medical, Dental and Behavioral Healthcare
    - Medical – 105 staff
    - Behavioral – 131 staff
  - Care Management and Coordination – 154 staff
  - Staff Hours Recorded:
    - 11,586 total hours
    - 29.7 average hours per participant
- Discussions were held with key program staff at each agency to provide context.

CATEGORIZATION OF STAFF ACTIVITY DATA

Staff were categorized based on function

Service Type	Admin	Level 1	Level 2	Level 3
Medical	Medical Office Asst	Medical Assistant, LPN	RN, Nurse Coordinator	MD, NP, Dentist, Optometrist
Participants	2	38	44	21
Behavioral	Director, Administrator	Social Worker, Case Worker, Intake Coordinator	LCSW, LMSW, Therapist, Behavioral Health Specialist	MD, NP, Psychologist
Participants	**5**	**34**	**49**	**43**

…Also by foster care program type

Program Type	Participants
Foster Boarding Home	132
Group	80
Residential	57
Therapeutic Foster Boarding Home	10
Total Participants by Program	**279**

ACTIVITY BY PROGRAM TYPE
Medical

Program Type	Staff Hours Reported	Direct Patient Care	Treatment Planning and Care Mgmt	Clinical Admin	Medication Admin	Patient Education	Other
FBH	1,123	33%	19.8%	21.3%	1.7%	3.1%	20.9%
Group	629	25%	9.7%	21.1%	20.1%	2.0%	22.3%
Residential	653	23%	8.3%	39.1%	15.1%	1.4%	13.1%
TFBH	119	47%	17.5%	20.4%	0.2%	7.2%	7.4%
Total	**2,524**	**29%**	**14.2%**	**25.8%**	**9.7%**	**2.6%**	**18.6%**

- Providers spend **less than a third of their time in direct patient care.**
- Clinical administration consumes more then 25 percent of staff time.
- Administering medications takes 15 to 20 percent of time in group or residential settings.
- Treatment planning and care management consumes a much greater portion of staff time in foster boarding homes.

DIRECT PATIENT CARE BY PROGRAM TYPE

Medical

	Assessment or Wellness	Crisis	Treatment
FBH	69.7%	1.7%	28.6%
Group	58.7%	0.5%	40.9%
Residential	60.9%	2.8%	36.3%
TFBH	31.6%	5.3%	63.1%
Total	**62.6%**	**2.0%**	**35.4%**

- For children in all settings other than TFBH, **the majority of direct patient care is for assessment or wellness**.
- For TBFH, more than 5 percent of care is for crisis care and nearly two-thirds for treatment.

ACTIVITY BY STAFF CATEGORY

Medical

Staff Category	Staff Hours Reported	Direct Patient Care	Treatment Planning & Care Mgmt	Clinical Admin	Medication Admin	Patient Education	Other
1 (LPN, Med Asst)	1,106	30%	15.6%	23.1%	10.2%	2.4%	18.4%
2 (RN)	998	25%	12.0%	26.8%	12.2%	2.1%	21.8%
3 (MD, NP, Dentist)	363	40%	17.6%	22.3%	2.6%	4.9%	12.3%
Admin	57	6%	3.5%	85.6%	0.0%	0.0%	4.8%
Total	**2,524**	**29%**	**14.2%**	**25.8%**	**9.7%**	**2.6%**	**18.6%**

- **High level medical staff** spend:
  - 40 percent of time in direct patient care
  - Minimal time in medication administration
  - Double the time in patient education.
  - Nearly 18 percent of time in treatment planning and care management
- **RNs** spent the greatest percentage of time in clinical administration outside of administrative staff.

ACTIVITY BY PROGRAM TYPE
Behavioral Healthcare

Program Type	Staff Hours Reported	Direct Patient Care	Treatment Planning and Care Management	Clinical Administration	Family Support	Other
FBH	1,289	27%	23.2%	27.5%	6.0%	16.1%
Group	1,032	30%	26.9%	23.3%	2.8%	17.5%
Residential	1,066	31%	28.4%	19.5%	5.7%	15.5%
TFBH	492	21%	31.9%	22.0%	8.0%	17.2%
Total	**3,879**	**28%**	**26.7%**	**23.5%**	**5.3%**	**16.5%**

- Providers spend **less than thirty percent** of their time in **direct patient care**…. For the TFBH population, only 21 percent.
- Clinical administration:
  - Averages *more than 20 percent* of time
  - In FBH, *nearly 28 percent* of time
- Family support services take a small but notable amount of time.
- For residential staff, clinical administrative activities **related to regulatory requirements** represents 37 percent of total administrative time, for FBH staff 13 percent and for group and TFBH 21 to 22 percent.

ACTIVITY BY STAFF CATEGORY

Behavioral Healthcare

Staff Category	Count	Staff Hours Reported	Direct Patient Care	Treatment Planning and Care Mgmt	Clinical Admin	Family Support	Other
1 Social Worker, Case worker	34	1,125	30%	29.3%	16.8%	6.5%	17.0%
2 Therapist, LCSW, LMSW	49	1,602	26%	28.1%	20.8%	7.1%	17.8%
3 Psychiatrist, Psychologist	43	960	33%	24.4%	28.0%	2.0%	12.7%
Admin	5	193	4%	11.4%	63.0%	0.5%	21.0%
Total	**131**	**3,879**	**28%**	**26.7%**	**23.5%**	**5.3%**	**16.5%**

- Behavioral healthcare staff spend more time in **treatment planning and care management** than their medical counterparts.
- **Family support activities** take up a notable amount of time for **social worker, counseling and therapy staff.**

DIRECT PATIENT CARE BY STAFF CATEGORY

Behavioral Healthcare

Staff Category	Assessment or Wellness	Crisis	Treatment
1 Social Worker, Case worker	11.2%	7.6%	81.2%
2 Therapist, LCSW, LMSW	13.8%	6.9%	79.3%
3 Psychiatrist, Psychologist	51.4%	3.4%	45.2%
Total	**23.9%**	**6.5%**	**69.7%**

- Six percent of direct patient care is spent in **crisis intervention**.
- Social workers, counselors and therapists spend time **providing treatment**
- Psychiatrists and psychologists **split their time** between assessment/wellness and treatment.

CATEGORIZATION OF STAFF ACTIVITY DATA

Care Management and Care Coordination

Staff were categorized based on function

	Staff Category	Participants	Hours Reported	Average Hours/ Participant
1	Case Planner, Case Worker, Care Coordinator	94	3,263	34.7
2	Social Worker, Nurse, Nurse Manager, Program Manager, Family Specialist, Clinical Manager	54	1,784	33.0
3	Program Directors, Administrators	6	137	22.8
	Total	**154**	**5,183**	**33.7**

…Also by foster care program

Program Type	Participants
Foster Boarding Home (FBH)	50
Group	44
Residential	38
Therapeutic Foster Boarding Home (TFBH)	22
Total	**154**

ACTIVITY BY PROGRAM TYPE

Care Management and Care Coordination

Program Type	Foster Care Specific Activity	Direct Patient Services	Health Home Activity	Travel Time	Other
FBH	48.7%	9.3%	14.2%	7.6%	20.2%
Group	48.4%	13.6%	6.9%	12.9%	18.2%
Residential	45.3%	10.3%	16.9%	7.1%	20.4%
TFBH	62.0%	3.3%	5.5%	10.4%	18.9%
Total	**49.5%**	**10.0%**	**11.6%**	**9.4%**	**19.5%**

- Staff have a primary obligation to perform **foster care activities**.
- Activities reimbursable through **Medicaid Health Homes** constitute less than **12 percent** of time.
- **Travel time is significant**.
- Medicaid Health Home activities are greater for FBH and Residential populations.

Health Home Activities

	Comprehensive Care Management	Care Coordination and Health Promotion	Comprehensive transitional care	Individual and family support	Referral to community and social support services
As a Percent of All Staff Activity	**3.8%**	**3.8%**	**0.9%**	**1.6%**	**1.6%**

ACTIVITY BY STAFF CATEGORY
Care Management and Care Coordination

Staff Category		Participants	Foster Care Specific Activity	Direct Patient Services	Health Home Activity	Travel Time	Other
1	Case Planner, Case Worker, Care Coordinator	94	58.4%	7.8%	6.7%	10.4%	16.7%
2	Social Worker, Nurse, Nurse Manager, Program Manager, Family Specialist, Clinical Manager	54	36.0%	14.6%	19.5%	6.2%	23.7%
3	Program Directors, Administrators	6	30.6%	2.4%	28.4%	0.7%	37.9%
	Total	**154**	**49.9%**	**10.0%**	**11.7%**	**8.7%**	**19.7%**

- Case planners and case workers spend:
  - The majority of their time on foster care specific activities
  - More than 10 percent of time in transit
  - Very little time on Health Home functions
- Program directors and higher-level administrators were those most likely to spend time on Health Home activities, at nearly 30 percent.
- Category 2 staff spent nearly 20 percent of their time on Health Home activities.

OBSERVATIONS FROM SITE VISITS AND INTERVIEWS

- Most agencies provide services in unlicensed settings.

- OCFS requirements establish need:
  - For providers to be readily accessible for assessments, and
  - To provide services during transitions rather than periodically.

- Children enrolled in Medicaid managed care in NYC that are in foster care Upstate have been required to use providers in NYC.

- Ongoing relationships with providers are essential to the quality of care.
  - Trauma-informed care
  - Psychiatrist access
  - Concern about appropriate and timely access.

OBSERVATIONS FROM SITE VISITS AND INTERVIEWS

- After-hours care: agencies have clinical staff on-call.
- Agency staff provide transportation to medical visits.
- Nurses play a central role as educators, in medication administration, as first-line medical assessment, and collaborators with other agency staff and families.
- Concerns about managed care:
  - Policy conflicts with county mandates and managed care guidance / standards.
  - Access to medications.
  - Access to medical equipment.

CONCLUSIONS

- Children in foster care are high service utilizers.
- Most agencies employ or contract with providers that provide much of the routine care, particularly for services rendered during admission and transfer processes.
- A majority of agencies visited offer on-site medical and behavioral health care, typically without licensure or oversight from Department of Health or the Office of Mental Health.
- Agencies have agreements with community-based providers for primary care, specialty care, dental, pharmacy and mental health services.
- Agency medical and behavioral health care staff activity reflects a wide range of responsibility and work with direct patient care consuming less than 30 percent of their time.
- Most agency care management and coordination staff have a primary obligation to perform foster care case support activities while also providing direct patient care, family support, and community referrals. Activities eligible for reimbursement through Health Homes constitute only a small portion of staff time.
- Agencies employ and contract with providers that are experienced in working with the population and providing trauma-informed care, and who are readily accessible to meet urgent needs.

CONSIDERATIONS

With the implementation of Medicaid managed care for the foster care population, challenges will need to be overcome if continuity and quality of care are to be maintained. These include:

- Ensuring the delivery systems in place at VFCAs can participate in Medicaid managed care organization provider networks.
- The inclusion of agency-contracted community-based providers currently serving foster care children in Medicaid managed care organization networks.
- Timely access to medical and behavioral health care services, particularly psychiatry and non-generic prescription medications.
- Ensuring that managed care network providers are capable of providing trauma-informed care to the population.

CONSIDERATIONS CONTINUED

- Maintaining the current level of integration, collaboration and communication among and between foster care case planners, medical care manager/coordinators, medical providers, behavioral health care providers and families. Introducing Health Home care managers to the existing interdisciplinary team will change the dynamic.
- Enabling funding for the continuation of agency-provided medical, behavioral health care and care coordination services that would not be identified as discrete Medicaid managed care billable services (i.e. mental health screenings, nursing services provided to children in residential care, medication administration, staff escorts to off-site providers, travel time and expense for providers making home visits, family support, obtaining consent for treatment, etc.)
- Funding for court, local department of social services, or other agency-mandated provision of medical or behavioral health care services.