



OFFICE OF HEALTH STRATEGY AND COORDINATION

July 24, 2023

Commissioner Broce, Commissioner Noggle, and Commissioner Tanner:

Over the last several months, the Office of Health Strategy and Coordination (OHSC) engaged Sellers Dorsey to help examine and evaluate issues related to the availability of Medicaid services for youth with complex needs in state custody who are aging out of the foster care system and the Georgia Families 360 Medicaid program, inclusive of those individuals with complex needs ages 18 to 21. Sellers Dorsey is a national health care consulting firm with a deep understanding of Medicaid financing and policy and maintains an experienced team of staff comprised of former state Medicaid directors, state healthcare officials, policy advisors, and individuals with professional backgrounds as senior-level staff for private and public hospitals, health plans, and health information technology organizations.

Their review and report of findings and recommendations span three focus areas:

- **Medicaid service array.** To understand the state's current services and service delivery system available to children ages 18-21 who are in the process of aging out of state custody, have aged out of state custody, and/or have complex needs, Sellers Dorsey documented and evaluated the state's current service array under its Medicaid State Plan, 1115 waiver authority, 1915(c) waivers, and the child welfare system.
- **Georgia Families 360° contract review and comparison with Texas Star Health Contract requirements.** Sellers Dorsey developed a crosswalk comparison of the Georgia Families 360° contract and Texas's STAR Health contract to identify opportunities to strengthen the next iteration of the Georgia's Families 360° program. The crosswalk summarizes contract language pertaining to core elements of the provision of health care services to children and youth in foster care, adoption agencies, and the juvenile justice system.
- **Coordination between the Division of Family and Children Services (DFCS) and the Department of Behavioral Health and Developmental Disabilities (DBHDD).** DFCS and DBHDD are the state agencies responsible for ensuring medically necessary care within the Medicaid program is provided to children with complex needs ages 18-21 who are aging out of state custody. Sellers Dorsey conducted interviews with DFCS and DBHDD staff to understand and document how placement and care is coordinated for youth with complex needs who are aging out of state custody, to outline the process flow between the two agencies, to capture challenges experienced by both agencies, and to facilitate sharing recommendations and next steps to improve processes and close gaps with these state processes.

As you will see in the summary report, while there are no obvious gaps in covered services for this population of children and youth, there are several opportunities for improvement in the remaining two focus areas. These recommendations include incorporating specific contractual language around several key topic areas such as care coordination and electronic medical records (EMRs) in the Georgia Families 360° contract and establishing centralized and standardized processes for child placement and care that place an emphasis on care coordination and case management. This would entail explicitly engaging the Medicaid managed care entity in the Georgia Families 360 program to help manage the transition process as well as memorializing process flow and the stakeholders and agencies involved and inherent to such processes. The state should set intentional goals that include but are not limited to opening channels of communication, considering cases sooner, and streamlining licensure of foster care and host homes.

We hope you find this report to be a helpful resource and look forward to providing ongoing support to help improve care and the provision of services for this population of children and youth with complex needs.

Sincerely,

A handwritten signature in blue ink, appearing to read "Grant Thomas", with a long horizontal flourish extending to the right.

Grant Thomas
Director
Georgia Office of Health Strategy and Coordination



sellers dorsey
realize the opportunity.

**Summary and
Recommendations: Current
Medicaid Delivery System for
Children in State Custody,
including those with Complex
Needs Ages 18-21**

July 2023

Background

The Georgia Office of Health Strategy and Coordination (OHSC) asked Sellers Dorsey to examine and evaluate the availability of Medicaid services for youth with complex needs in state custody who are aging out of the foster care system and the Georgia Families 360 program. Sellers Dorsey's review focused on three areas:

- Assessing the array of Medicaid services and authorities available to children ages 18-21 who are aging out, have aged out of state custody, and/or have complex needs.
- Reviewing and providing recommendations to strengthen the Georgia Families 360° contract based on a comparison of the contract with Texas Star Health Contract requirements.
- Documenting and assessing the current state of care coordination between the Division of Family & Children Services (DFCS) and Department of Behavioral Health and Developmental Disabilities (DBHDD) since these two agencies are ultimately responsible for ensuring medically necessary care within the Medicaid program is provided to children with complex needs ages 18-21 who are aging out of state custody.

To understand the state's current services and service delivery system, Sellers Dorsey documented and evaluated the state's current service array under its Medicaid state plan, 1115 waiver, 1915(c) waivers, and the child welfare system. The review led Sellers Dorsey to conclude that there are no obvious gaps in covered services for children and youth.

Next, Sellers Dorsey developed a crosswalk comparison of Georgia's Families 360° contract and Texas's STAR Health contract to identify opportunities to strengthen the next iteration of the Georgia's Families 360° program. The crosswalk summarizes contract language pertaining to core elements of the provision of health care to children and youth in foster care, adoption agencies, and the juvenile justice system. In general, our review noted Texas uses much more specific contractual language around several key topic areas, such as care coordination and electronic medical records (EMRs).

Finally, Sellers Dorsey conducted interviews with DFCS and DBHDD staff to understand and document how care is coordinated for youth with complex needs who are aging out of state custody. Over the course of several fruitful discussions, Sellers Dorsey developed a process flow chart and narrative to document our understanding of how the state coordinates care, as well as the roles and responsibilities of staff at each agency. Based on this review, Sellers Dorsey identified several opportunities for improvement, including establishing centralized/standardized processes that are memorialized to identify who is on the Division of Family and Children Services (DFCS) list and to help identify the stakeholders and agencies involved. This report also makes recommendations related to process flow, explicitly engaging the Georgia Families 360 Medicaid Managed Care entity to help manage and coordinate care for youth in transition and considering dual licensure for foster homes and host homes to ease administrative burden to providers and to help increase provider capacity.

Assessment of Service Array

Sellers Dorsey reviewed the state's existing Medicaid program authorities and provided OHSC with a matrix that identifies the array of Medicaid services available under the State Plan and approved Home and Community-Based Services waivers. For a full list of services, refer to the *Georgia Medicaid Service Matrix*. The document includes:

- State Plan Services – Medicaid services covered for all children, including those aging out or who have aged out of state custody
- Georgia Pathways (1115 Waiver) – Implemented on July 1, 2023
- Child Welfare Policy Manual
 - Division of Family and Children Services (DFCS) extended Medicaid coverage for individuals who age out of foster care through the last day of the month in which individuals reach 26 years of age.
- Home and Community Based Services Waivers to include:
 - New Options Waiver (NOW)
 - Independent Care Waiver Program (ICWP)
 - Comprehensive Supports Waiver (COMP)

Based on our review of the Georgia State Plan, waivers, and the Child Welfare Policy Manual, Sellers Dorsey did not identify any service gaps.

Review of Georgia Families 360° Contract

Sellers Dorsey reviewed the Georgia Families 360° contract for the foster care population and identified opportunities to strengthen the contract as part of a full report on recommendations regarding the CMO contracts. Below are specific recommendations and opportunities to improve the Georgia Families 360° contract and enforcement of the contract. The Sellers Dorsey team has also shared a comparison of the contract with Texas' STAR Health Contract.

Recommendations

1. Implement prescriptive contract language to define the CMO's role and responsibility vis a vis the Georgia Division of Family & Children Services (DFCS). The Georgia Families 360 program could benefit from more specificity in these program requirements and could also specify requirements on the CMO's responsibility in coordinating with DFCS.
2. Incorporate contract language into the Georgia Families 360° contract to hold plans accountable for care coordination/case management staffing models and operational processes. This will ensure members gain the support required for effective care coordination. Furthermore, additional requirements for staffing to meet members' needs such as, to the extent feasible, co-location of physical and behavioral health staff, and requirements for warm transfers can assist with care coordination and case management processes.
3. Set specific, detailed expectations pertaining to electronic medical records (EMRs) in the contract language moving forward. Such language should provide specific, extensive details on the state's expectations and plans for EMR security, features, and reporting requirements. Certain states have even required CMOs to develop and maintain "health passports" for their members.

4. Bolster expectations regarding substance use disorder (SUD) and residential treatment facilities, as the current contract does not provide detailed protocols. The Georgia Families 360 program may benefit from setting detailed network expectations regarding SUD and residential treatment facilities in its contract language.
5. Include requirements related to trauma-informed care, including requirements related to CMO staff training and provider network development. Using trauma-informed care as a lens for these and other managed care functions may help strengthen the Georgia Families 360 contract.
6. While not directly related to the comparison of these two managed care program contracts, the state should update its 2015 Interagency Cooperative Agreement (last signed and updated in 2015) to formalize the interagency agreement between DCH and sister agencies to provide for more coordinated and collaborative Georgia Families 360 CMO^o contract oversight between DCH and these sister agencies in accordance with the CMO contract goals that build on the previous DCH Joint Taskforce structure and processes.
7. The Georgia Families 360^o contract language should also more clearly define the CMO's role and responsibility vis a vis the Georgia Division of Family and Children Services (DFCS), Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Juvenile Justice (DJJ), Department of Public Health (DPH), Department of Early Care and Learning (DECAL), and Department of Education (DOE). The Georgia Families 360^o program could benefit from more specificity in these program requirements and should specify requirements on the CMO's responsibility in coordinating with these sister agencies.

Assessment of Coordination Between DFCS and DBHDD

Sellers Dorsey met with representatives from the Division of Family and Children Services (DFCS), and the Department of Behavioral Health and Developmental Disabilities (DBHDD), to review the current process for managing the care of children who are aging out of foster care with complex needs. Through these meetings, Sellers Dorsey has:

- Outlined the process flow between the two agencies.
- Captured challenges felt by both agencies.
- Shared recommendations and next steps to help improve processes and close gaps.

Below, Sellers Dorsey has outlined the current coordination process between DFCS and DBHDD, identified opportunities where the state can improve its processes, and offered recommendations for next steps.

Process for Children aging out of DFCS care (21) or soon to become 21 who need Waiver Services

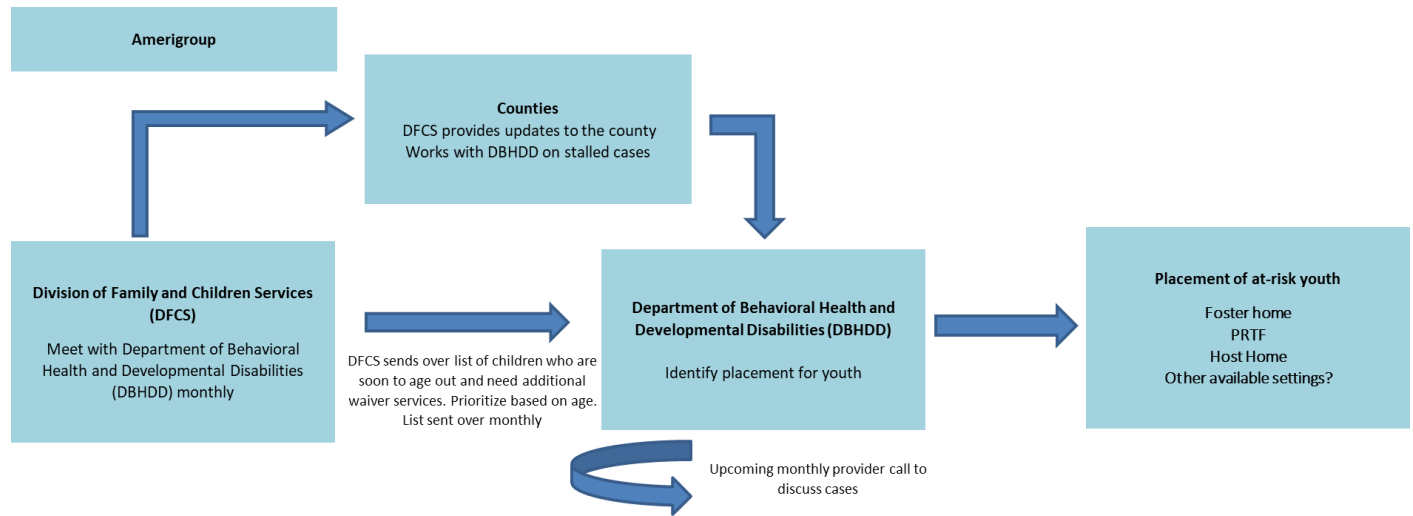


Figure 1: Process Flow

1. **DFCS** identifies (through assistance from the county DFCS caseworker) whether a youth in DFCS's care needs the services provided by an IDD waiver a year or more in advance of a child turning 21 years of age. Youth are identified by the county DFCS workers as potentially needing waiver services and sent to one designated individual within DFCS to be added to the DFCS list beginning 18 months prior to their 21st birthday.
2. This list is sent monthly from the designated individual within DFCS to the **Department of Behavioral Health and Developmental Disabilities (DBHDD)** to begin the waiver application process. **DBHDD** begins the process of identifying where these young adults can be placed. These children will be asked by DBHDD to apply for IDD NOW/COMP Waiver services and be prioritized in the application process due to their age and involvement with DFCS.
3. **Application Process with DBHDD** – NOW/COMP Waiver applications are available online to be completed and submitted by DFCS county workers. DFCS is identified as the referral source for these waiver applications so that they can be prioritized.
 - a. The Regional Field Office for DBHDD provides assistance to DFCS County and Regional Field Program Specialists throughout the process.
 - b. The Regional Field Office Intake and Evaluation staff will review each submitted application and ensure the application is complete and will identify the DFCS cases as urgent. Note: DBHDD has developed training on the waiver submission process for DFCS county workers.
 - c. Once an application is complete, the DBHDD Regional Field Office staff will send the information to a DBHDD psychologist who reviews each application for pre-eligibility determinations. The psychologist may schedule a face-to-face interview. The psychologist determines pre-eligibility.
 - d. Final eligibility determinations are made by Alliant-Georgia Medical Care Foundation.

4. The **DBHDD Planning List Administrator** starts a series of assessments for the identified high priority/urgent needs youth and then sends them to the Waiver Service Coordinators to create an individual care plan as soon as the youth's application is completed.
5. The DBHDD transition team works to identify settings in which youth may be transitioned and receive waiver services.
 - a. *Residential placement:*
 - i. **Regional DBHDD workers** coordinate with DFCS county caseworkers, and regional specialists work with care coordinators at the Georgia Families 360 CMO on a limited basis.
 - ii. **Youth in Foster Homes** – Many foster homes are willing to continue to serve youth and provide stability even after they have aged out of DFCS custody. DFCS will fund this placement until age 21 but needs to determine if DBHDD funding can provide for continued financial support for these placements post transition.
 - iii. **Host Homes** - Some foster homes are converted to host homes, but this conversion takes much longer than anticipated. Converting foster homes to host homes may be the best option for providing children with the continued housing and family support that they require post foster care transition.
 - iv. **PRTFs** – Needed for some of the highest need cases where foster home/host homes are not available. Additional in-state PRTFs are needed in Georgia.
 - v. **Crisis Homes** – have the highest level of support and are meant for short term stays.
 - b. *Independent Living:*
 - i. Currently DBHDD is placing individual calls to providers, attempting to find providers who can provide transitional aging support.

Opportunities

- Sellers Dorsey has identified that there appears to be no reliable method to understand who needs Home and Community-Based Waiver services. Our understanding is that the creation of the list of individuals is manual and dependent on DFCS county workers to identify individuals who may need waiver services.
- The application process is challenging for the end user and has broken down at different parts of the process (turnover of staff, new data management system, delays in starting applications).
- Like other states, Georgia is experiencing workforce shortages impacting both its health and human services agencies, as well as HCBS providers.
- Currently, only age is being used to prioritize the list. Ideally, other factors and criteria should be used as well.
- The list often remains unchanged from month to month because of challenges finding appropriate placement for youth.
- There is opportunity for the state's CMO for the Georgia Families 360 program to be more engaged and hold more accountability for the transition.

- The foster home to host home transition process is administratively burdensome. The turnaround time is a hurdle to recruiting and retaining placement options for youth with complex needs.

Recommendations

- Implement a formal interagency agreement between DCH and sister agencies that provides for more coordinated and collaborative Georgia Families 360 CMO° contract oversight in accordance with the CMO contract goals that build on the previous DCH Joint Taskforce structure and processes.
- Implement prescriptive contract language to define the CMO's roles and responsibilities vis a vis the Georgia Division of Family & Children Services (DFCS), the Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Juvenile Justice (DJJ), Department of Public Health (DPH), Department of Early Care and Learning (DECAL), and the Department of Education (DOE). The Georgia Families 360° program could benefit from more specificity in these program requirements and should specify requirements on the CMO's responsibility in coordinating with these sister agencies.
- Establish Georgia Families 360° contract language to hold plans accountable for care coordination/case management staffing models and operational processes. This will ensure members gain the support required for effective care coordination. This includes development of staffing requirements for level of education and types of training the CMO must conduct related to working with members involved with DFCS, DJJ, DBHDD, and other sister agencies as well as the establishment of appropriate case load ratios.
- Consider cases sooner in the process than currently structured to allow more time for planning.
- Create a focus group for providers and establish regular touch points to discuss new cases and potential challenges.
- Compare licensure requirements for foster homes and host homes to assess similarities, differences, and opportunities to streamline and consider a dual licensure option for foster homes and host homes.