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**Executive Summary:  
Recommendations for the  
Georgia Department of  
Community Health's Care  
Management Organization  
Georgia Families 360°  
Contract**

*January 2023*

## Background

Georgia’s last care management organization (CMO) procurement was in 2017 for Georgia Families, a full-risk mandatory Medicaid managed care program, and Georgia Families 360°, a program for children and adolescents in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system. According to the DCH website, Georgia Families 360° currently delivers services for 27,000 children. Sellers Dorsey has worked with the Georgia Office of Health Strategy and Coordination (OHSC) in reviewing the current CMO contracts and providing strategic insight on national trends and the direction CMOs have taken to modernize and expand the person-centered nature of Medicaid managed care and more specifically for those children and youth who are involved with multiple children serving systems and placed in out of home care. We have prepared a detailed final report (“Final Report”) summarizing our recommendations, policy considerations, and applicable analysis for the Georgia Families and Georgia Families 360° contracts. This Executive Summary is specific to the Georgia Families 360° program recommendations contained in the Final Report.

Sellers Dorsey developed a crosswalk comparison of the Georgia’s Families 360° contract and Texas’s STAR Health contract to identify opportunities to strengthen the next iteration of the Georgia Families 360° program. The Texas STAR Health contract serves similar populations to the Georgia Families 360° program including children in Texas Department of Family and Protective Services conservatorship, children in adoption assistance or permanency care assistance programs, youth (ages 21 years and younger) with voluntary foster care placement agreements, and youth (ages 20 years and younger) who are former foster care children. The crosswalk, included in an attachment, summarizes contract language pertaining to core elements of the provision of health care to children and youth in foster care, adoption agencies, or 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).

We also identified that the current oversight of the Georgia Families 360° contract resides primarily with the Georgia Department of Community Health (DCH) as the single state Medicaid agency. DCH developed a Joint Task Force that provided advisory support during the development and implementation of the Georgia Families 360° contract to ensure that the program was child-centric and focused on coordination of care<sup>1</sup>. In order to provide greater opportunity for ongoing input and oversight, and ensure that the program continues to meet its intended goals, we recommend that DCH leverage the support from its sister state agency representatives of the Joint Task Force, including the Department of Human Services (DHS), 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 Department of Education (DOE) to provide joint oversight and monitoring of the Georgia Families 360° contract. Leveraging the expertise from these sister agencies as joint owners of the Georgia Families 360° contract will enable DCH to ensure that the chosen CMO is collaborating and coordinating to meet the needs of this highly complex Medicaid children and youth population in accordance with contractual obligations.

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<sup>1</sup> [Georgia Families 360 Contract \(See Section 1.1.4 Background\)](#)

## Summary of Recommendations for Georgia Families 360° Contract

Below are recommendations Sellers Dorsey has identified to strengthen the next iteration of the Georgia Families 360° program. In conjunction with opportunities discussed in the full report and the Georgia Families Executive Summary report, we recommend Georgia consider adopting more prescriptive requirements across these and other key functional areas to provide opportunities for better state control and oversight and to clarify and codify state expectations to the managed care organization serving this very vulnerable and complex population of children and youth.

### **Overall Recommendations:**

- Update the current Interagency Cooperative Agreement (last signed and updated in 2015)<sup>2</sup> and formalize language between DCH and sister agencies that provides for more coordinated and collaborative Georgia Families 360 CMO° contract oversight between DCH and these sister agencies in accordance with the CMO contract goals that builds on the previous Joint Taskforce structure and processes.
- Implement prescriptive contract language to define the CMO’s role and responsibility vis a vis the Georgia Division of Children & Family 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 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 members involved with DFCS, DJJ, DBHDD, and other sister agencies as well as establishment of appropriate case load ratios.
- Establish additional requirements for CMO staffing to meet members’ needs such as, to the extent feasible, co-location of physical and behavioral health staff, and requirements for warm transfers to assist with care coordination and case management processes.
- Set contract requirements to require CMO involvement in a centralized/standardized transition planning process for children with complex needs aging out of DFCS placement, to include CMO single points of contact, transition of treatment plans, and coordination with existing providers.
- Set specific, detailed expectations pertaining to 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 established contract terms that require CMOs to develop and maintain “health passports” for their children and youth members.

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<sup>2</sup> Attachment: Interagency Cooperative Agreement from 2015, *“Cooperative Agreement Between the Georgia Department of Behavioral Health and Developmental Disabilities, Georgia Department of Human Services, Georgia Department of Juvenile Justice, Georgia Department of Community Health, Georgia Department of Public Health, Georgia Department of Education, Georgia Department of Early Care and Learning, and Georgia Vocational Rehabilitation Agency”*

- Bolster expectations regarding coverage and access to 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 additional provider network and access standards regarding SUD and residential treatment facilities in its contract language.
- Include requirements related to trauma-informed care, including requirements related to CMO staff training and provider network development and training. Using trauma-informed care as a lens for these and other managed care functions may help strengthen the Georgia Families 360° contract.
- Require CMOs to partner with the State to convene provider listening sessions and request suggestions from providers to enlist their willingness to meet current placement and ongoing service needs for children aging out of DFCS custody.
- Include an evaluation of the Georgia Families 360° care coordination program in the External Quality Review Organization's (EQRO) scope of work that will assess the current CMOs' compliance with care coordination requirements. The evaluation results can be used to leverage best practices and successful program outcomes that are identified.

***Enforcement Of Contract Provisions:***

Innovation requires a strong foundational Medicaid program that enjoys trust with the members and families it is serving as well as other important stakeholders. Once the program has the trust of these stakeholders, it then earns the ability to innovate. This means claims must be paid on time, provider networks are stable, provider credentialing is timely and smooth, and prior authorization processes are transparent and well-understood by providers. In other words, the basics must be performed and clearly articulated, with potential penalties for noncompliance. Additionally, no matter how much trust the current program enjoys because of taking on these activities, these root basics should continue to be a priority for the agency, including in the next contract period.

***Recommendations:***

- Ensure that the basics in running a trusted and strong foundational Medicaid program in a transparent manner are described prescriptively because often only then is there an appetite for innovation in the program. The “basics” include but are not limited to claims being paid on time, stability of provider networks, smooth and timely provider credentialing, and transparent and understandable prior authorization processes for providers.
- Improve the level of public trust and project the ability to successfully operate a program that performs the fundamentals listed above while pushing innovation in strategic, prioritized elements of the program.
- Build momentum for the State to pursue innovations in the future by focusing on areas where meaningful progress can be made in helping families in the transition of eligibility categories for their children.