

CWAC January 24, 2014

Members present: Tania White, Deborah Eves, Judy Gundy, Sharon Lindsay, Deb Forkas, Lori Battin, Dorothy Hollahan, Elisabeth Corey, Phyl Parrish, Denise Dickerson, Kiva Rogers, Carol Wilson, Adrienne Fegans, Latanya Hairston, Emily Womble, JoAnn Harfst, Tawana Olds, Dawn Caldwell, Jennifer Cooper.

The meeting was called to order by Deborah Eves and the group provided introductions. There was a slight change to the agenda and the permanency discussion did not take place.

Adrienne Fegans, Senior Program Operations Administrator and Latanya Hairston, Foster Care Coordinator with the Department of Medical Assistance Services (DMAS) presented information to the group about the Virginia Medicaid Managed Care Delivery System. Managed care is the major health care delivery system for Virginia's children in foster care or receiving adoption assistance and receiving Medicaid. In 2006, DMAS attempted to move foster care and adoption assistance children into managed care however there were several obstacles including regionally only managed care (vs. statewide managed care), no way to match children between the DMAS and DSS systems, and no strong lines of communication between state agencies and the managed care organizations (MCO). Fast forward to 2011 when DMAS partnered with the City of Richmond to try again to move children into managed care. This pilot was very successful and helped to identify areas that would need more work before the roll out could go statewide. Local departments worked diligently to make sure that the applicable children have been placed in the correct aid category and language was added to the MCO contracts regarding identification, assessment, and coordination of efforts. There is an "open door" communication expectation where MCO and LDSS are able to communicate directly now.

Ms. Fegans explained to the group that children in foster care are included in the managed care definition of "children with special health care needs" (CSHCN). That is defined as a child under age 21 who has or is at risk for a chronic physical, developmental, behavioral or emotional condition(s) and may need health and related services of a type or amount over and above those usually expected for the child's age. MCOs are required to make a best effort to conduct an assessment of all CSHCN within 60 calendar days of enrollment. Assessments include a review of physician, hospital and pharmacy utilization and include referral policies and procedures for providers. The issue of assessments raised questions from the group. One question was concerning more frequent evaluations of children who are taking psychotropic medication. The answer is that the local department will have to work directly with the MCO to request those evaluations. The follow up question is who will cover the cost of reevaluations of children in foster care. The concern is the LDSS will have to eat the cost of those "extra" evaluations. The answer was not certain, however, DMAS is committed to incorporating any policy changes into the MCO contracts.

Several other questions were asked and responses were provided after the meeting adjourned.

Question 1: If a foster care child is placed in DSS custody but is placed out of state, are they covered?

Answer: If the child is IV-E, the new home state would be responsible for providing coverage. If the child is Non-IVE and is placed in another state, Virginia maintains custody because the child does not meet

residency requirements of the other state. If the child is a Non-IVE special needs Adoption Assistance child, Virginia would cover the expense and not count the household income. If the child is Non-IVE, non-special needs, the child has to meet eligibility requirements. If the child is Virginia Medicaid eligible but lives out of state, will be excluded from transitioning to managed care.

Question 2: Are ICAMA children are state funded.

Answer: From what I gathered, if the child moves from one ICAMA state to another ICAMA state, the child would receive coverage from the new state of residence. Also it is ICAMA's protocol to ensure that eligible adopted children receive Medicaid in their states of residence. Each states offer different Medicaid programs but Virginia is a participating member state. The only non-member states are New York, Vermont and Wyoming. Also, ICAMA primarily focuses on Adoption.

Question 3: An originating state (for example Maryland) transfers a child to Virginia. Maryland is no longer providing coverage for this child and Virginia is also not covering the child. Although Virginia is now the "residency state," Virginia is not honoring that they are the residency state. Who covers the child?

Answer: If the child is IV-E, the new home state would be responsible for providing coverage. If the child is Non-IVE and is placed in another state, Virginia maintains custody because the child does not meet residency requirements of the other state. For example purposes, if the child is being transferred from Maryland but is a Non-IVE child, Maryland would be responsible for maintaining custody of that child and providing coverage for that child.

Representatives from DMAS are participating on VDSS's Health Plan and Advisory Committee as well as the Three Branch Policy Institute. This involvement has played a key role in the communications between the departments. Any specific questions concerning managed care and foster care can be sent to Fostercare@dmass.virginia.gov. You can find more information at http://www.dmass.virginia.gov/Content_pgs/ialtc-plt.aspx.

Judy Gundy spoke with the group about upcoming trainings. A new course, CWS2010 CPS On-going Services was created after a request from the CPS Advisory Committee. This course will be mandated for CPS On-going workers and will be rolled out statewide after the next release of guidance in July. Currently, it is being piloted in the eastern and western regions. There will be a new eLearning course for SDM available in May. There are three modules: Module 1: Intake, Module 2: Safety and Module 3: Risk. This eLearning will go along with the tools training that already exist in new worker training. There is a new Subject Matter Expert (SME) workshop, Injury Identification – Recognizing Child Abuse and Neglect, which is being offered in the northern, central, and piedmont regions in the spring and is targeted towards CPS workers. This workshop will be a panel presentation with physicians, regional consultants, CPS supervisors and law enforcement. The goal is to develop an eLearning training based on information from this workshop that will be targeted to all workers. Ms. Gundy shared with the group that the Newport News training site is piloting the use of tablets. So far, it has been successful and workers have been able to email themselves materials. Right now there are no plans to expand this pilot due to cost.

There are several SME workshops that can be used as advanced training for workers. The next workshop will be Child and Family Teaming, led by BJ Zarris. It will be held in Abingdon on March 31, 2014. Sonia Aronow will be leading the Introduction to Trauma Informed Care for Caseworkers. Three more SME's that are upcoming: Preparing Children and Youth for Adoption, Engaging the Highly Resistant Parent with Mental Health/Substance Abuse Issues, and Injury Identification. Finally, there is work being done to develop eLearning training for Introduction to SafeMeasures. This will be coordinated with an advanced classroom training that will take place in all five regions in April or May.

In continuing to highlight innovative practices at local departments, Tawana Olds with Henrico County DSS was invited to talk to the group about their foster care prevention program. Ms. Olds is the supervisor of the foster care prevention unit which receives 99% of its cases directly from the courts. Once a case is referred, a child services team made up of representatives from DSS, mental health, court services, CSA, the schools, or other agencies as needed will meet to determine the needs of the case and assign a case manager. DSS has a 45 day assessment period in which to hold this meeting. Henrico County uses Family Partnership meetings to determine responsibilities and the level of need. The team then makes the recommendation for community based services or residential care. To be eligible for a Parental Agreement the youth must meet several criteria. The youth must meet the definition of Child in Need of Services as determined by the Judge or the team and FAPT. The youth must have persistent emotional or behavioral issues that are significantly disabling and present in several community settings and require resources that are unavailable and require interventions by more than one agency. The youth does not require services for safety. The goal is to maintain the child in the home or return the child home as soon as possible. Once the need for services has been determined, there may be a referral to FAPT for authorization for funding.

Henrico has developed an appeals process as well as evaluation of the program. At the end of each meeting, each participant is asked for their input for planning. There is a parental evaluation form and the team members are debriefed after the parents leave the meeting. Henrico is tracking the results of the parental evaluations. On average, the unit receives 85 referrals in a month that are divided among the six workers in the unit. Over the last six month, nine children entered foster care. The cases are tracked in OASIS as Prevention Cases.

Phyl Parrish provided a brief overview of legislation for the current General Assembly session. The Division of Family Services is tracking about 35 bills covering CPS, Foster Care, Adoption, and some Adult Services bills as well. Several bills came as recommendations from the Crime Commission with a heavy emphasis on sexual abuse and human trafficking. Other Crime Commission linked bills include the creation of multidisciplinary teams to review abuse cases and changes to the record retention schedules. There are two bills asking to extend foster care through the age of 21 and there is a bill requiring IL services be offered to youth coming out of DJJ. There is a bill proposed to promulgate regulations around prevention services. There are two bills related to kinship. One would treat a kinship placement similar to a permanent foster care situation and require either kin or judicial approval to remove a child from the placement. The other would establish kinship care in Virginia. There is legislation to clean up the social worker language, making changes to family services worker or other

designated worker. There is a bill allowing the Commissioner to disclose information to adult adoptees (with good cause) if their parent is deceased or otherwise incapacitated and can't give permission.

Elisabeth Corey provided the group an overview of changes that are being proposed for the service planning document in OASIS. Several groups have been meeting since the fall of 2013 to provide input on how to integrate the service planning document across Prevention, CPS, and Foster Care. These groups have comprised of local department workers, family services staff, regional consultants, and VDSS IT support staff. The Title IV-E review and subsequent PIP pointed out where Virginia's foster care plan was lacking important and relevant information and became the driver for this project. There is a draft concept of the service plan that will be going to IT for development in January or early February. The general requirements include:

- Balance between family-level and client-level data
- Historical service plans more accessible
- Integration between all programs in service planning
- Assessment-informed service planning with SDM and CANS interfaces
- Federal requirements for health and education client-level data

There will be both family level and client specific information in the plan. Each area will have a different output to meet the need of the program. These service plans will be assessment informed, either through use of SDM or CANS and will include educational and health information when appropriate. Any questions about the service planning project can be directed to Elisabeth at Elisabeth.corey@dss.virginia.gov.

The meeting adjourned at 12:45. The next CWAC meeting will be held March 21, 2014.