



Council of Family and Child Caring Agencies
Leadership, Voice and Vision for Child Welfare in New York State

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Testimony Presented by

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Good afternoon, my name is Jim Purcell and I am the CEO of the Council of Family and Child Caring Agencies (COFCCA), the statewide membership association for nearly all of the not-for-profit agencies that provide child welfare and juvenile justice services to New York's abused, neglected, and troubled children and their families. On behalf of our 100+ member agencies and the thousands of children and families they help, we thank Chairmen DeFrancisco and Farrell for the invitation to appear today.

Foster Care and Medicaid Managed Care

As the state continues to implement MRT recommendations to expand enrollment in Managed Care, child welfare professionals see an opportunity to improve outcomes for these children. When children enter foster care they are automatically enrolled in Medicaid if they were not previously Medicaid recipients. So all the children in foster care will become eligible for Managed Care as Medicaid enrollees by January 2016. Managed care will assure access to comprehensive assessments for these children, will eliminate duplication of services, and assure that children's medical, dental and behavioral health needs are addressed. However, the foster care agencies need to be ready and fully engaged as part of the Managed Care system when foster care children are scheduled for enrollment in managed care -- beginning with Health Home enrollment in January 2015.

Our colleagues at the Office of Children and Family Services and the Department of Health recognize the important role that the foster care agencies play in providing and coordinating medical and behavioral health services to the children in their care. They also recognize that Managed Care offers the opportunity to improve services to these children before, during, and after foster care -- but only if Managed Care for foster youth is done right.

Last October we issued a report, "Raising the Bar for Health and Mental Health Services for Children in Foster Care: Developing a Model of Managed Care." Recommendations within this report are the result of collaborative conversations with State and City agencies, managed care plans and a comprehensive array of stakeholders invested in seeing the lives of these children improved. Our report details our findings about youth health before, during, and following foster care discharge, and makes recommendations on such cost-saving measures as use of evidence-based interventions, coordination of case management, and continuity of care to prevent the need for higher-order treatment and/or return to foster care. (The report can be found on our website at <http://www.cofcca.org/current-newstrending-now/1384>.)

With the support of OCFS and DOH we were able to access Medicaid claims and encounter data for 73,000 children and youth in foster care over a nine-year period. We found a pattern where children underutilized health services before entering care and often again after leaving care, meaning health and behavioral health gains made during foster care placement were likely lost and previous patterns of inadequate care were likely to resurface. This is expensive for New York. Insufficient primary and preventive health care, such as routine well-child visits, may well drive high utilization of emergency rooms after exiting foster care. We support Managed Care because we believe it offers an opportunity to assure access to children's health and behavioral health care before, during and after foster care. Better-coordinated care is better for kids, their families, and our state.

Our report makes several recommendations about how to best implement Managed Care for children in foster care, and we encourage you to look at the report for more details, but today we are focused on one particular need. For the State to be able to achieve Managed Care's potential for these children and youth, foster care providers need to be able to make the transition from being outside New York's health system to having a major role within it. Currently, no one is certain what that role might be, or if one role will apply to all foster care providers. There is no roadmap for the agencies to determine how they and the MCO's will best be able to work together. The one thing foster care agencies do know is that making any transition to Managed Care is going to come with a cost.

Unfortunately, the foster care agencies are ill-equipped to take on additional costs. They have operated for five years with no rate increases, even though their personnel and facilities costs increase annually with inflation. The foster care agencies have had to struggle to decrease costs (such as cutting employee benefits) and increase donated revenue (which has been difficult in a struggling economy). Preparing to interface with Managed Care organizations promises to be costly in terms of time and money, especially since these agencies do not already have a foot in the DOH world and will have to build infrastructure from scratch.

We are therefore very happy to see funding in the Governor's budget to assist in making necessary infrastructure and organization modifications, collect utilization data, and make investments in health information technology. When we say Managed Care has to be implemented "right" for foster youth, these are the kinds of supports that will help us all do it "right" and improve outcomes for children.

RECOMMENDATION:

We recommend the Legislature include \$5M (as recommended in the Governor's budget) to plan and support transitioning child welfare to Managed Care in the final adopted budget.

We are of course always available to assist you in any way possible. Thank you.