

ATTACHMENT 2.A.II – MEDICAID MANAGED CARE CONTRACTS FOR FOSTER CARE

2.a.ii Publicly Funded Contracts

The following tables provide detailed information for prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile systems or receiving Adoption Assistance for the previous five (5) years.

Arizona

Medicaid Program: AHCCCS Complete Care Integrated Services Licensed Entity: Arizona Physician’s IPA, Inc. (APIPA)	
Contract Start and End Dates	Originated in 1982 Current contract duration: Oct. 1, 2018 – Sept. 30, 2021 with two 2-year options to extend, not to exceed a total contracting period of seven years In October 2018, the Children’s Rehabilitative Services (CRS) contract integrated with the Acute Care/Uninsured Children contract, to create the newly formed AHCCCS Complete Care Integrated Services contract
Number of Covered Lives	As of Dec. 31, 2019: 362,146
Provides Services Regionally or Statewide	Regionally – available in four counties, excluding zip codes 85542, 85192 and 85550
Key Responsibilities	
<p>This Medicaid program provides coverage to low-income pregnant women, families, children; ABD SSI individuals; and uninsured children in families at other income levels through the KidsCare State Children’s Health Insurance Program (SCHIP) program. Services cover Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical check-ups, occupational therapy, audiology, speech therapy, hospital clinic services—as appropriate, regular examinations, immunizations, child delivery and newborn care, substance use and behavioral health services, laboratory and X-ray services, including tests to prevent birth defects, expanded vision care, podiatry, asthmatic care, dental services and other specialty care benefits. The contract is integrated with transportation. The contract covers children and youth with some medical complexity. Most medically complex cases are covered with the inclusion of the Children’s Rehabilitation Services.</p> <p>Foster Care and Juvenile Systems Experience</p> <p>For the foster care population, we cover minimal acute services; subsequently, work in this area is very limited. For the juvenile system, significantly more work is being conducted—to include collaboration with the Maricopa County Juvenile Probation Department (MCJPD) and Arizona’s Department of Juvenile Corrections (ADJC). For example, we participate in the monthly MCJPD Collaborative Meeting and in dependency prevention staffing meetings (i.e., guided discussions that explore alternatives to the dependency process for services). We receive a daily report of enrollees detained from the MCJPD, allowing us to assess support and health care needs for enrollees and their families on release from detention. To afford a seamless transition, we coordinate that care, and we notify the juvenile probation team of each enrollee’s status and progress. We participate in quarterly meetings with the Department of Child Services (DCS), keeping track of enrollees as they transition in/out of DCS custody. During the transition and following release, we collaborate with behavioral health services—ensuring that each enrollee receives the correct level of care and/or treatment.</p> <p>State-funded program for ABD, CHIP, expansion and TANF beneficiaries</p>	

Colorado

Medicaid Program: Rocky Mountain Health Plan (RMHP) – Prime and Child Health Plan Plus Licensed Entity: Rocky Mountain Health Maintenance Organization, Inc.	
Contract Start and End Dates	Originated in 1974 Current contract duration: May 11, 2011 – June 2019 Acquired by UnitedHealthcare – March 2017 Contracts listed, including newly formed RAE contract – effective July 1, 2018 – June 30, 2025 Recently, RMHP received an RFP award notice from the Colorado Department of Human Services, Office of Behavioral Health to operate a Crisis Services ASO in the 22 county Region 1 service area, effective July 1, 2019.
Number of Covered Lives	As of Dec. 31, 2019: 183,132
Provides Services Regionally or Statewide	Regionally – available in the Western Slope and Larimer County of Colorado
Key Responsibilities	
<p>These programs provide public low-cost health insurance for children and pregnant women. They offer benefits to those whose income is too high to qualify for Health First Colorado (Medicaid) program and do not earn enough to pay for private health insurance. The Rocky Mountain Health Plan (RMHP) – Health First Colorado (Medicaid) is part of a regional organization, and it helps enrollees residing in Western Colorado and Larimer county. It uses a network of Regional Accountable Entities (RAEs) to coordinate acute, primary and specialty care; pharmacy; and select behavioral health services to most Medicaid beneficiaries in the state. Populations covered include ABD, foster care, LTSS and TANF. All population types enroll mandatorily, including those receiving LTSS services. However, LTSS/HCBS services are carved out of the agreements and administered as a coordinate fee-for-service (FFS) wrap benefit under the Medicaid plans.</p> <p>Foster Care and Child Welfare Experience</p> <p>Rocky Mountain Health Plans participates in a Behavioral Health Incentive Program which includes the child welfare population, specifically children entering foster care with a focus in connecting these children with behavioral health assessment and treatment, as clinically appropriate/indicated,</p> <p>State-funded program for ABD, CHP, foster care, LTSS and TANF beneficiaries</p>	

Florida

Medicaid Program: Statewide Medicaid Managed Care (SMMC) Licensed Entity: UnitedHealthcare of Florida, Inc.	
Contract Start and End Dates	Originated in 2013 Current contract duration: Jan. 1, 2019 – Dec. 31, 2023. Five programs (i.e., M* Plus: origination 1974; Florida Diversion: origination 1999; Frail Elderly: origination 1996; Medica: organization 2009 and CareFlorida: origination 2011) phased into the statewide SMMC from August to December 2013.
Number of Covered Lives	As of Dec. 31, 2019: 238,592
Provides Services Regionally or Statewide	Regionally – available in 67 counties
Key Responsibilities	
This program provides health care coverage to LTSS, SSI and TANF and chronically ill Medicaid	

beneficiaries. Additional benefits include other expanded services (e.g., adult and children’s dental, over-the-counter medications, personal hygiene items and circumcision). The elderly, chronically ill and disabled people living in community and nursing home environments are enrollees of this program—enabling those in the community to remain in the community, while avoiding nursing home placement. A wide range of community supports are provided, such as home health aide services, respite care, adult day care, personal assistance/care, housekeeping and chore services.

Foster Care Experience

This contract supports the foster care population. Our staff collaborate with the Children’s Multidisciplinary Assessment Team (CMAT)—an interagency that coordinates efforts between Medicaid services (e.g., Agency for Health Care Administration (AHCA), Office of Family Safety in the Department of Children and Families, the Agency for Persons with Disabilities and the Children’s Medical Services in the Department of Health). If a foster care enrollee is enrolled for medical care coordination with our team, we reach out to the foster parent to initiate a referral for a CMAT level of care. This gives us a core assessment, which allows us to identify any gaps in care. Our assigned nursing staff continues to contact the foster parent each month to review the enrollee’s care plan. We complete the intake process of a referral, complete psychosocial and nursing assessments, and coordinate with parent/legal guardian of the foster care enrollee. Collaboration between ourselves and the CMAT continues throughout the enrollee’s eligibility for the program up to age 21.

State-funded program for ABD, LTSS, SSI and TANF beneficiaries

Hawaii

Medicaid Program: QUEST Integration (Medicaid)

Licensed Entity: UnitedHealthcare Insurance Company

Contract Start and End Dates	Originated in 2015 Current contract duration: Jan. 1, 2015 – Dec. 31, 2017 with up to four 1-year extensions. Two programs phased into QUEST Integration as of Jan. 1, 2015: QUEST (Medicaid) – 2012 and QUEST Expanded Access (QExA) – 2009
Number of Covered Lives	As of Dec. 31, 2019: 50,662
Provides Services Regionally or Statewide	Statewide – available on/in all islands/counties

Key Responsibilities

This state-funded program (with Federal match) provides comprehensive medical, behavioral, LTSS, pharmacy coverage and other benefits throughout the state of Hawai’i. It combines the earlier separate programs: QUEST (non-ABD) and QExA (ABD including LTSS). Other benefits include medically necessary services, such as non-emergent medical transportation, personal care attendants, home delivered meals, home modifications, personal emergency response system and a 24-hour nurse line. The program covers all Medicaid eligible including those in long term care (nursing home or alternative long term care setting), medically fragile children, and disabled individuals. Physical and behavioral health is provided using an integrated, member-centric approach. Behavioral health services for the SMI population are carved out to another program and DD/ID populations have certain services provided through the DDD program at the State of Hawai’i Dept. of Health.

Foster Care, Adoption Assistance and Juvenile Systems Experience

This program covers foster care, adoption and juvenile system enrollees; however, these services are provided in a limited capacity and on a case-by-case basis, as needs are identified.

State-funded program for ABD, CHIP, expansion, other Medicaid categories and TANF beneficiaries

Iowa

Medicaid Program: Health Link (Medicaid)	
Licensed Entity: UnitedHealthcare Plan of the River Valley, Inc.	
Contract Start and End Dates	Originated in 2016 Expired contract duration: April. 1, 2016 – Mar. 31, 2019 with two 2-year extensions to run through 2023 <i>hawk-i</i> contract (originated 1999) phased into this statewide Medicaid contract in April 2016. Note: On June 30th, 2019, the health plan exited the Iowa Medicaid market. However, UnitedHealthcare maintains a presence in Iowa serving commercial, dual-eligible and Medicare populations.
Number of Covered Lives	As of June 30, 2019: 393,380
Provides Services Regionally or Statewide	Statewide – available in all counties
Key Responsibilities	
<p>This state funded program provided coverage to CHIP, CSHCN, expansion, LTSS/LTC/HCBS, foster care, Medicaid for Employed People with Disabilities (MEPD), Medicare Assistance (dual eligible), SSI, BH and TANF beneficiaries. The program offered comprehensive care for these population types, to include all waiver populations. Services included medical, behavioral health, pharmacy, vision, waiver benefits for multiple waivers including brain injury and intellectual disability, physical disability, HIV/Aids and non-emergent transportation. Care managers (e.g., RNs, community outreach and behavioral health clinicians) delivered hands-on care management, including risk assessments and individualized plans of care with monitoring and oversight. Enrollment was mandatory for most populations and voluntary for Native Americans. The contract was integrated with behavioral health, transportation and LTSS. The contract covered children and youth with medical complexity.</p> <p>Foster Care and Juvenile Systems Experience</p> <p>This contract served and supported the foster care population. They received the same services as eligible Medicaid enrollees. For juvenile justice enrollees, our jail diversion program staff worked directly with each jail’s diversion liaison; the process for juveniles is the same as for adults. Jail diversion program’ staff planned the enrollee’s transition prior to release. The release transition addressed anticipated health needs and identified social determinants of health gaps (e.g., housing, transportation, etc.).</p> <p>State-funded program for CHIP, CSHCN, expansion, LTSS/LTC/HCBS, foster care, Medicaid for Employed People with Disabilities (MEPD), Medical Assistance (dual eligible), SSI, BH and TANF beneficiaries</p>	

Kansas

Medicaid Program: KanCare Managed Care 2.0	
Licensed Entity: UnitedHealthcare of the Midwest, Inc.	
Contract Start and End Dates	Originated in 2013 Current contract duration: Jan. 1, 2019 – Dec. 31, 2021 with two optional 1-year extensions
Number of Covered Lives	As of Dec. 31, 2019: 142,215
Provides Services Regionally or Statewide	Statewide – available in all counties
Key Responsibilities	
<p>This Medicaid program provides health care coverage throughout the state for TANF, CHIP, ABD and LTC populations, to include multiple waiver populations (i.e., frail elderly, physically disabled and DD/ID). Services include medical, behavioral health, pharmacy, dental, vision and non-emergent transportation.</p>	

Care managers (e.g., RNs, community outreach and behavioral health clinicians) deliver hands-on care management, including risk assessments and individualized plans of care with monitoring and oversight. Enrollment is mandatory enrollment for most populations. Enrollment is voluntary for Native Americans. The contract is integrated with behavioral health, transportation and LTSS. The contract covers children and youth with medical complexity, if they qualify financially or via the 1115 Waiver (LTSS).

Foster Care and Adoption Assistance Experience

Foster care is fully carved into this Medicaid plan for physical and behavioral health. The foster care population receives the same services as the Medicaid enrollees. High risk foster children are managed via case management. Also, adoption assistance is fully carved in. These enrollees are managed with the rest of the general population. However, if any are at risk of disruption from their adoptive home, they are placed in high risk case management.

State-funded program for ABD, CHIP, LTC and TANF beneficiaries

Louisiana

Medicaid Program: Acute Care (Medicaid)

Licensed Entity: UnitedHealthcare of Louisiana, Inc.

Contract Start and End Dates	Originated in 2015 Current contract duration: Jan. 1, 2020 – Dec. 31, 2020 Note: New contract awarded Jan. 1, 2020 – Dec. 31, 2022 with two possible extensions up to 24 months. Currently, the contract is on hold due to protest. It has been replaced with an emergency contract with dates as shown above. Awaiting release of new procurement for permanent contract. Coordinated Care Network-Shared Savings contract (originated 2011) phased into this statewide Medicaid contract on Feb. 1, 2015.
Number of Covered Lives	As of Dec. 31, 2019: 422,284
Provides Services Regionally or Statewide	Statewide – available in all parishes

Key Responsibilities

This Medicaid program provides health care coverage throughout the state for traditional Medicaid beneficiaries, to include the chronically ill, ABD, Families and Children, LaHIPP, Expansion, CSOC and TANF. Benefits include core benefits and services, such as audiology services, in-patient and out-patient hospital services, ambulatory surgical and ancillary medical services, laboratory and x-ray services, surgical dental services, diagnostic services, organ transplant, behavioral health medication management, EPSDT, emergency medical services, communicable disease services, durable medical equipment, prosthetics, orthotics and certain supplies, emergency dental, emergency and non-emergency medical transportation, home health and personal care services, hospice services, pregnancy-related services, nurse midwife services, pediatric and family nurse practitioner services, chiropractic services, rural health services, immunizations, end stage renal disease, optometrist services, pharmacy, podiatry, and rehabilitative and therapy services. The contract is integrated with behavioral health and transportation. The contract covers children and youth with medical complexity.

Foster Care, Adoption Assistance and Juvenile Systems Experience

This contract covers the following populations—youth aging out of foster care (i.e., children under 21 who were in foster care and covered by Medicaid on their 18th birthdays), former foster care children (i.e., enrollees aged 18 through 26 who were receiving Medicaid benefits and in foster care at the time they reached 18), and foster care children (i.e., Medicaid beneficiaries who are receiving foster care or adoption assistance [Title IV-E], are in foster care, or are in an out-of-home placement).

Our high risk case management team provides full case management to foster care enrollees who come

into the system through referral. A single point of contact/liaison receives the notifications from the state agencies, and he/she assigns a health advocate liaison to each enrollee. Notifications are responded to within one business day. Advocate liaisons are dedicated to the Louisiana Department of Education (LDOE), Department of Children and Family Services (DCFS) and the Office of Juvenile Justice (OJJ). They are responsible for outreach, education and community involvement for the court and education systems and law enforcement. They attend all Coordinated System of Care (CSoC) Governance Board meetings. Outreach is conducted with local school systems to educate on services that are available—to include behavioral health services, CSoC crisis services and the process for obtaining services and out of homes placements. Our behavioral health consumer and family organizations liaisons support children, youth and adults. They engage with the advocacy community.

State-funded program for traditional Medicaid populations, such as ABD, families and children, expansion and TANF beneficiaries

Maryland

Medicaid Program: Medicaid, CHIP, Primary Adult

Licensed Entity: UnitedHealthcare of the Mid-Atlantic, Inc.

Contract Start and End Dates	Originated in 1997 Current contract duration: Jan. 1, 2020 – Dec. 31, 2020 (Annual renewal)
Number of Covered Lives	As of Dec. 31, 2019: 143,397
Provides Services Regionally or Statewide	Statewide – available in all counties

Key Responsibilities

This Medicaid program provides health care coverage throughout the state for the beneficiaries of Maryland’s HealthChoice program. Services are provided for adults and children, and for children and youth with medical complexity; they include primary care and specialty physician care, prescription drugs, diagnostic services, inpatient services, home health, hospice, emergency services, OB/GYN care and eye exams for adults and children. Our adult value-added benefits include adult dental and vision care (e.g., exams, one pair of glasses every two years and one replacement pair, if needed within a two-year period). Substance use treatment and transportation services are carved out of the HealthChoice program. These services are provided by the State’s Fee-for-Services (FFS) program, and the health plan is contractually required to coordinate with the State’s vendors.

Foster Care Experience

Through this contract, to support our foster care and youth populations, we encourage them to become involved in the “On My Way” (OMW) program—supported via a website offering education and guidance on transition planning. The curriculum includes information on money matters, housing, health, employment, transportation and education. We have found that educating transitioning young adults on these six pillars builds resilience and helps them when faced with navigating the social determinants of health. Originally, OMW was designed to help foster children transition to independent living; however, due to its success, the program has expanded to include all adolescents. Currently, through clinic days, wellness forums, foster care symposiums, member and community advocacy groups and OMW special events; we encourage those who need the services to become part of the program. Presentations and outreach are ongoing and being conducted continually. At this time, we have 123 enrollees in the program.

State-funded program for CHIP, expansion, SSI and TANF beneficiaries

Michigan

Medicaid Program: Michigan Medicaid	
Licensed Entity: UnitedHealthcare Community Plan, Inc.	
Contract Start and End Dates	Originated in 1997 Current contract duration: Jan. 1, 2016 – Dec. 31, 2020 MI CHIP contract (originated 2010) phased into this statewide Medicaid contract on Jan. 1, 2016.
Number of Covered Lives	As of Dec. 31, 2019: 250,142
Provides Services Regionally or Statewide	Regionally – available in 65 counties
Key Responsibilities	
<p>This state-funded program provides comprehensive health care coverage in 65 counties throughout Michigan for ABD, CHIP Children’s Special Health Care Services (CSHCS), expansion, MME and TANF beneficiaries. Services are those covered by Medicaid and other expanded services, emergency and urgent care, home health, hospice, inpatient hospital care, outpatient health care, podiatry, skilled nursing facilities, chiropractic services, outpatient health care, supplies—DME, prosthetic devices, diagnostics, diabetes—self monitoring and training, and preventive care (e.g., screenings and blood tests). Medical appointment transportation is provided for an unlimited number of trips. Enrollees receive an enhanced vision benefit. It covers children and youth with medical complexity.</p> <p>Foster Care Experience We provide comprehensive case management and care coordination services to any child in foster care. Our LMSW case manager is the point of contact for health liaison officers and is the single point of contact for foster care workers and the foster families. Collaborating with the health liaison officers and the foster care workers, the case manager supports the foster parents as needed. To keep abreast of any changes/updates in the service areas, the case manager participates in MDHHS meetings related to foster care initiatives.</p> <p>State-funded program for ABD, CHIP Children’s Special Health Care Services (CSHCS), expansion, MME and TANF beneficiaries</p>	

Mississippi

Medicaid Program: Mississippi CAN	
Licensed Entity: UnitedHealthcare of Mississippi, Inc.	
Contract Start and End Dates	Originated in 2011 Current contract duration: July 1, 2014 – June 30, 2020 with two 1-year extensions
Number of Covered Lives	As of Dec. 31, 2019: 171,255
Provides Services Regionally or Statewide	Statewide – available in all counties
Key Responsibilities	
<p>This state-funded program provides statewide health care coverage throughout Mississippi for Medicaid beneficiaries, including the most vulnerable ABD/SSI and TANF enrollees of the Medicaid population. It features full Medicaid benefits and enhanced benefits beyond Medicaid FFS. These enhancements support a medical home model that connects enrollees with a primary care provider (PCP) and case managers to ensure enrollees receive the best and most appropriate level care, as and when needed. The contract is integrated with behavioral health and transportation. The contract covers children and youth with medical complexity.</p> <p>Foster Care Experience</p>	

This program covers foster care enrollees; however, this service is offered in a limited capacity.
 State-funded program for ABD/SSI and TANF beneficiaries

Missouri

Medicaid Program: Missouri's HealthNet (Medicaid)
Licensed Entity: UnitedHealthcare of the Midwest, Inc.

Contract Start and End Dates	Originated in 2017 Current contract duration: July 1, 2019 – June 30, 2020; with three 1-year options to extend
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Number of Covered Lives	As of Dec. 31, 2019: 157,275
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Provides Services Regionally or Statewide	Statewide – available in all counties
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Key Responsibilities

This state-funded program provides statewide health care coverage throughout Missouri for CHIP, foster care and TANF enrollees of the Medicaid population. General types of services covered include medical, behavioral health, dental, vision and non-emergent transportation. Care managers (e.g., RNs, community outreach and behavioral health clinicians) deliver hands-on care management, including risk assessments and individualized plans of care with monitoring and oversight. Enrollment is mandatory for most populations. Enrollment is voluntary for Native Americans. The contract is integrated with behavioral health and transportation.

Foster Care, Adoption Assistance and Juvenile Systems Experience

This contract covers foster care, adoption assistance and juvenile justice. And, it covers the “independent foster” group (i.e., 18-26 year olds who have transitioned out of the foster care system; this group receives the same Medicaid benefits as enrollees in foster care due to their previous status in the child welfare system. Currently, we manage 9,500 children either in foster care or adoption subsidy. We have about 130 children in the custody of the Division of Youth Services, which is our juvenile justice population. We have about 350 enrollees in the independent foster category. We provide care management for foster care and juvenile justice enrollees for they are in the custody of the State. And, we offer the same to adoption subsidy and independent foster enrollees. Our specialized care team works with these populations. Care team members have to have lived or learned the “child welfare experience.”

State-funded program for CHIP, foster care and TANF beneficiaries

Nebraska

Medicaid Program: Nebraska's Heritage Health (Medicaid)
Licensed Entity: UnitedHealthcare of the Midlands, Inc.

Contract Start and End Dates	Originated in 1996 Current contract duration: Jan. 1, 2017 – Dec. 31, 2021 with two possible 1-year extensions This is a 5-year contract with 2 possible one-year extensions split between three MCO's. The prior Medicaid contract “Share Advantage” phased into this current contract as of January 1, 2017.
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Number of Covered Lives	As of Dec. 31, 2019: 82,390
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Provides Services Regionally or Statewide	Statewide – available in all counties
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Key Responsibilities

The Nebraska Medicaid Managed Care Program, “Heritage Health,” is an integrated statewide program that

provides health care coverage for Medicaid eligible enrollees. Services include physical health, behavioral health, pharmacy and transplant benefits.

Services include inpatient and outpatient hospital services; ambulatory surgery service; ER; urgent care; clinical and anatomical laboratory services, radiology; FQHC and RHC services; Indian Health Services; EPSDT; physician services; home health care and private duty nursing services; rehabilitation; physical, occupational and speech therapy; DME and medical supplies; hearing aids and care; family planning; diabetic supplies; podiatry, chiropractic therapy, vision services; non-emergent ambulance transportation; ambulance services; skilled/rehabilitative and transitional nursing facility services; hospice services—except when provided in a nursing facility; and flu vaccinations.

Foster Care Experience

UnitedHealthcare is a committed community advocate of foster care agencies in Nebraska. We collaborate with foster parents, family members, child welfare professionals and community partners who help children and youth in foster care. Our clinical coordinators assist foster parents in identifying any medical, behavioral or pharmacy needs, and they make referrals for dental, vision and/or other services/benefits as needed. Additionally, the care management team works with foster parents and state caseworkers to identify social determinants of health (SDoH)—to incorporate interventions into the plan of care to move enrollees to better health and well-being. For enrollees engaged in care management, monthly care coordination rounds and treatment team meetings take place with the state caseworker, foster family and enrollee, as appropriate. Additional resources are identified during these monthly rounds to provide needed services to the foster parents and/or enrollees.

We are aware that children in foster care need system innovation, systemic change and streamlined processes to achieve permanency and lead healthy lives. To support this, we coordinate and manage all service types independent of state funding source, such as physical health, behavioral health, parenting programs, visitation services, substance use treatment and transportation services. Working together with the foster care agencies, UnitedHealthcare in Nebraska continues to identify the issues facing foster children to create better outcomes for their future.

State-funded program for ABD, adults and children with disabilities, CHIP, dual-eligible, I/DD, Katie Beckett, subsidized adoption/foster care, TANF, traumatic brain injury and wards beneficiaries

New Mexico

Medicaid Program: Centennial Care (Medicaid)

Licensed Entity: UnitedHealthcare of New Mexico, Inc.

Contract Start and End Dates	Originated in 2014 Expired contract duration: Jan. 1, 2014 –Dec. 31, 2018 Coordination of Long Term Services (CoLTS) contract (originated 2008) phased into this statewide Medicaid contract in January 2014. Centennial Care sold in its entirety on Sept. 1, 2018
Number of Covered Lives	As of September 2018: 85,750
Provides Services Regionally or Statewide	Statewide – available in all counties

Key Responsibilities

This state-funded program provided health care coverage throughout the state of New Mexico for CHIP, dual eligible, expansion, LTSS, SSI and TANF beneficiaries. Other populations included disabled elderly and brain injury. Our statewide Medicaid health plan offered a broad package of health care services to include physical health, behavioral health, long term care, foster care, pharmacy, dental and transportation. Medically necessary care covered inpatient and outpatient hospital care, physician services, laboratory tests and x-rays, home health care and nursing facility care, etc.

Foster Care and Juvenile Systems Experience

This contract served both foster care children and those in juvenile justice systems.

We were aware that some children and adolescent members had needs that were more complex, and they were involved with a variety of agencies and providers, such as the Children, Youth and Families Department (CYFD), treatment foster care, juvenile justice, PCPs, specialists, and hospitals—all were working on different aspects of care. Our care coordinators’ role was to facilitate communication among the care teams to promote coordination of all care and services, and to address gaps and/or duplication of treatments/care. To support this, we used various strategies, such as interdisciplinary team conferences, peer-to-peer reviews and grand rounds. For example, care coordinators assigned to members in an out-of-home placement initiated/participated in clinical rounds, interdisciplinary case conferences with key provider staff and other stakeholders/caretakers and/or routine co-management with the CYFD and Justice and Protective Service Divisions (JJD/PSD) as needed. The care coordinators discussed enrollee goals, interventions and opportunities. We found that this collaborative “hands-on” approach enhanced care planning and communication among all parties invested in the member’s health and well-being.

For jail and juvenile justice involved enrollees, we applied best practice approaches for high needs populations to facilitate successful re-entry into the community and to reduce recidivism. We had dedicated staff who worked with our justice partners (e.g., Santa Fe Jail, Youth Diagnostic Development Center, PPO and detention facilities) to establish protocols for care coordination prior to release and post incarceration. Care coordinators, when notified by the jail or detention center of an enrollee’s release, would work with facility staff to conduct an in-person assessment prior to release and to assure completion of the recertification process for Medicaid eligibility. A transition plan would be documented with the collaboration of compliance and probation officers; the plan would encompass acute Medicaid services and community resources to address social determinants of health, such as housing and transportation—promoting a smooth transition for the enrollee. Our care coordinators would visit the enrollee within three days of transition to schedule physical and behavioral health appointments. Outreach with these enrollees would be continual and ongoing.

State-funded program for CHIP, dual eligible, LTSS, SSI and TANF beneficiaries—except DD waiver

New York

Medicaid Program: New York Medicaid
Licensed Entity: UnitedHealthcare of New York, Inc.

Contract Start and End Dates	Originated in 2005 Current contract duration: Mar. 1, 2014 – Feb. 28, 2019 Services being provided under informal extension pending execution of new contract
Number of Covered Lives	As of Dec. 31, 2019: 391,903
Provides Services Regionally or Statewide	Regionally – available in five boroughs and 43 counties

Key Responsibilities

This Medicaid health plan is available in the five boroughs of New York City and 43 additional counties in the state of New York. Medically necessary covered services are offered. Dental services are provided. Transportation services are available in some counties and carved out to State Department of Health (SDOH) in the remainder. The contract is integrated with behavioral health, transportation and LTSS. The contract covers children and youth with medical complexity.

Foster Care Experience

This contract covers foster care children who have been placed with a family. Benefits are the same for all children (i.e., foster or non-foster). Currently, foster care children assigned to an agency are covered by the State’s fee-for-services program. As of Oct. 1, 2019, all eligible foster children regardless of home

placement will be carved into our standard Medicaid contract.
 State-funded program for ABD, SSI and TANF beneficiaries

Ohio

Medicaid Program: Covered Families/Children (CFC)/Aged, Blind or Disabled (ABD)
Licensed Entity: UnitedHealthcare Community Plan of Ohio, Inc.

Contract Start and End Dates	Originated in 2005 Current contract duration: July 1, 2019 – June 30, 2020 (Annual Renewal)
Number of Covered Lives	As of Dec. 31, 2019: 162,324/120,654 = 282,978
Provides Services Regionally or Statewide	Statewide – available in all counties

Key Responsibilities

This program provides health care coverage throughout Ohio for ABD, CHIP, expansion and TANF beneficiaries. The Medicaid program encompasses ABD, Ohio’s Healthy Families eligibles (i.e., TANF-related Medicaid consumers), Ohio’s Healthy Start eligibles (SCHIP consumers)—referred to as Covered Families and Children (CFC) and Medicaid expansion beneficiaries. It involves the delivery of all Medicaid-covered physical health services, including, for example, retail pharmacy, vision and dental—and behavioral health as of July 1, 2018 to eligible recipients. The program covers short-term nursing facility stays (<100 days) except in the case of the expansion population where the entire stay is covered. The contract is integrated with behavioral health and transportation. The contract covers both ABD children and Children in Custody (CIC) with a unique set of medical complexity.

Foster Care, Adoption Assistance and Juvenile Systems Experience

UnitedHealthcare is committed to serving children in foster care; adoption assistance and juvenile justice cross over in the state of Ohio. We collaborate with foster parents, family members, child welfare professionals in the counties, and community partners who help children and youth in foster care. As part of our work, we use a person and child centered approach for care management including: assessment, referral, and coordination of their care.

We know children in foster care need system innovation, systemic change and streamlined processes to achieve permanency and lead healthy lives. Also, we manage the Bridges to Independence Program to help support youth transitioning to adulthood.

Pennsylvania

Medicaid Program: UnitedHealthcare Community Plan for Families (Medicaid)
Licensed Entity: UnitedHealthcare of Pennsylvania, Inc.

Contract Start and End Dates	Originated in 1989 Current contract duration: Jan. 1, 2020 – Dec. 31, 2020 (Annual Renewal)
Number of Covered Lives	As of Dec. 31, 2019: 216,947
Provides Services Regionally or Statewide	Regionally – 32 counties

Key Responsibilities

This is a state-funded Medicaid program that provides health care coverage in 32 counties (i.e., Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bucks, Butler, Cambria, Chester, Cumberland, Dauphin, Delaware, Fayette, Franklin, Fulton, Greene, Huntingdon, Indiana, Lancaster, Lawrence, Lebanon, Lehigh, Montgomery, Northampton, Perry, Philadelphia, Somerset, Washington, Westmoreland and York) in the Commonwealth for disabled adult, Medicaid expansion and TANF beneficiaries. It covers unlimited visits to PCP; personal care available 24 hours a day, seven days a week; ER care, when needed;

immunizations; prescriptions and dental services; EPSDT screenings and treatment, vision exams and eyewear. Specialty care includes asthma care, cancer awareness, diabetes control and support, healthy heart programs, a well-mother/well-baby program, teenage pregnancy, AIDS, substance use prevention, smoking cessation, and other community/health supports.

Foster Care and Juvenile Systems Experience

Through this contract, we participate and facilitate a number of processes geared towards managing enrollees in the foster care and juvenile probation system. For example, we have the responsibility of coordinating the care of children who require therapeutic interventions and medication to treat mental health conditions—especially for those children in foster care. To improve the quality of care for children requiring psychotropic medication, we contract with a telephonic Psychiatric Consultation Team (PCT) that provides real time telephonic consultative services to primary care providers and other prescribers of psychotropic medications. Behavioral health and physical health providers provide children in substitute care for required services (e.g., screening, diagnosis and treatment; tracking; follow-up and outreach). We assign staff to monitor services provided and to track follow-up services. The staff contact the relevant agencies with custody of these enrollees or with jurisdiction over them (e.g., County Children and Youth Agency, Juvenile Probation Office, etc.) and provide them with reports of all data regarding children enrolled in substitute care—ensuring no service is overlooked and that the children receive appropriate care.

Alternately, we work in the community supporting foster care children. We know of the tremendous hurdles they face when it comes to career success and advancement. Without stable families and role models, opportunities are few. We keenly recognize this, and in Pennsylvania, we created a Community Health Worker Program in collaboration with C.B. Community School to help students explore careers as community health workers. Our Community Health Worker Program is open to any student at C.B. Community School, a private high school created to serve children in the foster care system. The program has its own year-long curriculum, including two trimesters of health, anatomy and biology and a third trimester practicum experience.

Staff of UnitedHealthcare of Pennsylvania champion foster children and work on behalf of them on their journey to permanency. Through their affiliation with local organizations (e.g., Court Appointed Special Advocates – CASA), they advocate for abused and neglected children making sure their needs are not overlooked by the system.

State-funded program for disabled adult, expansion and TANF beneficiaries

Tennessee

Medicaid Program: TennCare (Medicaid)

Licensed Entity: UnitedHealthcare Plan of the River Valley, Inc. .

Contract Start and End Dates	Originated in 1994 Current contract duration: Jan. 1, 2014 – Dec. 31, 2017 with four 1-year extensions Three main region contracts (i.e., East: origination 1994; Middle Grand: origination 2006; and West: origination 2008) phased into this statewide TennCare Medicaid contract from January to December 2014.
Number of Covered Lives	As of Dec. 31, 2019: 422,011
Provides Services Regionally or Statewide	Statewide – available in all counties
Key Responsibilities	
This is a state-funded program that provides health care coverage throughout the state of Tennessee for SSI, TANF and uninsured children beneficiaries. It provides services to all mandatory Medicaid eligibility	

groups and some categorically and medically needy voluntary groups, including children, pregnant women, the aged and individuals with disabilities. TennCare Standard includes children in these eligibility categories: uninsured, children under age 19 who are TennCare eligible and with family incomes less than 200 percent of the federal poverty level; who are TennCare eligible and meet “medically eligible” criteria (e.g., a health condition that makes the child uninsurable); and who are no longer eligible for TennCare Medicaid and are either uninsured or medically eligible. Services include, for example, inpatient hospital, physician, outpatient hospital, ambulance, physical therapy, nursing care, speech therapy, DME, home health care, hospice, hearing, vision, LTSS, behavioral health and non-emergency transportation. Pharmacy and dental services are provided but carved out. The contract is integrated with behavioral health, non-emergency medical transportation and LTSS (i.e., elderly, individuals with physical disabilities, individuals with intellectual/developmental disabilities in conjunction with Employment Community First (ECF), etc.). We provide care management and/or care coordination to infants, children, and adolescents, including those with complex needs or special needs. We provide support for preventive and wellness screenings for those under 21 years old in accordance with Bright Futures care recommendations.

Adoptive Enrollees and Juvenile Systems Experience

In Tennessee, UnitedHealthcare works closely with Tennessee’s Department of Children’s Services (DCS) to serve children at risk of custody and to ensure continuity of care. Youths who have legal charges may end up in juvenile court with a judge ordering placement into a Psychiatric Residential Treatment Facility. In these cases, we use our Residential Treatment Diversion Program to assess the needs and strengths of the youths and their families. Then, team based decisions are made, led by our board certified child and adolescent psychiatrist, about medical necessity for the residential service. Our Residential Treatment Diversion Program has been recognized as a best practice by the Medicaid Health Plans of America, for it makes sure that individuals who can receive treatment in a community setting do so.

UnitedHealthcare collaborates with Tennessee’s Juvenile Justice System and DCS to make sure that youths with legal charges or those entering/exiting the custodial system have continuity of care. We have a designated contact person with whom State staff can interface, so transitions occur smoothly. Some of our key clinical leaders have participated in task forces with State departments and juvenile courts around children’s mental health issues, youth sexual behaviors, provider collaboration, referral processes and other topics.

Youths who have been adopted through DCS may receive services through UnitedHealthcare. At times, these individuals may experience additional challenges, and we work collaboratively with DCS, adoption assistance providers, and all involved with the family to ensure health care services are delivered timely and appropriately. We developed a service—the Child and Adolescent Stabilization Treatment (CAST) program—that allows a provider to wrap services around a child and family to keep that child in the community rather than in a psychiatric hospital or residential treatment facility. This program has been successful with families who have adopted children with significant emotional issues.

State-funded program for ABD, SSI, TANF and uninsured children populations

Texas

Medicaid Program: Texas STAR (Medicaid)

Licensed Entity: UnitedHealthcare Community Plan of Texas, LLC

Contract Start and End Dates	Originated in 2006 Current contract duration: Sept.1, 2019 – Aug. 31, 2020
Number of Covered Lives	As of Dec. 31, 2019: 138,899
Provides Services Regionally or Statewide	Regionally – available in 44 counties

Key Responsibilities

This Medicaid program provides health care coverage to Medicaid recipients in the counties of Aransas, Austin, Bee, Brazoria, Brooks, Calhoun, Cameron, Chambers, Duvall, Fort Bend, Galveston, Goliad, Hardin, Harris, Hidalgo, Jasper, Jim Hogg, Jim Wells, Karnes, Kennedy, Kleberg, Liberty, Live Oak, Jefferson,

Attachment 2.a.ii – Medicaid Managed

Medicaid Managed Care Organization (MCO) – All Regions

Care Contracts for Foster Care

Matagorda, Maverick, McMullen, Montgomery, Newton, Nueces, Orange, Polk, Refugio, San Jacinto, San Patricio, Starr, Tyler, Victoria, Walker, Waller, Webb, Wharton, Willacy and Zapata.

Services cover EPSDT medical checkups, occupational therapy, audiology, speech therapy, case management for children with special needs, hospital clinic services — as appropriate, regular examinations, immunizations, child delivery and newborn care, substance use and behavioral health services, laboratory and X-ray services, including tests to prevent birth defects, expanded vision care, podiatry, asthmatic care, dental services and other specialty care benefits. The contract is integrated with behavioral health and transportation. The contract covers adults, children and youth.

Adoption Assistance Experience

For this contract, we provide service management services for our Adoption Assistance and Permanency Care Assistance (AAPCA) enrollees. Within 15 days of enrollment, we conduct an initial assessment and/or screening, and within 30 days, we complete a service plan. Outreach is conducted at least bi-annually for reassessment of enrollees and to update the service plan. Additional assessments are conducted based on the need of the enrollee (e.g., emergency room usage, inpatient discharge, mental health or substance use indication, etc.). We provide a multitude of community supports and resources, as appropriate and if their needs indicate as such. Through our experience, we have found this particular sub-group of STAR enrollees have complex medical and behavioral health needs. Often, they require assistance beyond the parameters of our contract requirements, which we provide to assist and support these enrollees to the best of our ability and for the betterment of the enrollees and their families.

State-funded program for TANF beneficiaries

Medicaid Program: Texas STAR Kids Licensed Entity: UnitedHealthcare Community Plan of Texas, LLC	
Contract Start and End Dates	Originated in 2016 Current contract duration: Sept. 1, 2018 – Aug. 31, 2022
Number of Covered Lives	As of Dec. 31, 2019: 29,206
Provides Services Regionally or Statewide	Regionally – available in 95 counties
Key Responsibilities	
<p>The STAR Kids program provides acute and LTSS benefits to children and young adults with disabilities. LTSS includes private duty nursing and personal care services, medical care for children, Community First Choice services for those members who qualify for the following services: EPSDT medical checkups, occupational and physical therapy, audiology, speech therapy, hospital clinic services — as appropriate, regular examinations, immunizations, substance use and behavioral health services, laboratory vision care and other specialty care benefits. The contract is integrated with behavioral health, transportation and LTSS. The contract covers children and youth with medical complexity.</p> <p>We provide medically and functionally necessary services to members who meet the functional and financial eligibility for MDCP STAR Kids, to include:</p> <ul style="list-style-type: none"> ▪ Respite care ▪ Supported employment ▪ Financial management services ▪ Adaptive aids ▪ Employment assistance ▪ Flexible family support services ▪ Minor home modifications ▪ Transition assistance services 	

Foster Care, Adoption Assistance and Juvenile Systems Experience

This contract provides services to enrollees in foster care previously and to those who are post-adoption; these enrollees have an adoption assistance subsidiary. The contract does not manage the subsidiary, but it does coordinate its services (e.g., post adoption services). These include, for example, therapy services, respite, medical treatment in excess of state plan benefits to meet and support the transition into adoption placements.

For juvenile system experience, typically, enrollees move from this contract to the State’s fee-for-service model; subsequently, we have limited experience in this area.

Employees of UnitedHealthcare in Texas are acutely aware of the needs of foster children and those in care, for they have adopted children and fostered numerous children from CPS custody themselves—enhancing their understanding of the local system and working with these population types.

State-funded program for who are under the age of 21 and receive SSI, SSI-related Medicaid, and/or MDCP waiver services

Virginia

Medicaid Program: Medallion 3.0/4.0 (Medicaid)
Licensed Entity: UnitedHealthcare Insurance Company

Contract Start and End Dates	Originated in 2005 Medallion 3.0 contract duration: Nov. 1, 2017 – Nov. 30, 2018 (Acquisition) Medallion 4.0 current contract duration: Aug. 1, 2018 – June 30, 2019, with up to six successive 12-month renewal periods
Number of Covered Lives	As of Dec. 31, 2019: 105,830
Provides Services Regionally or Statewide	Statewide – available in all counties

Key Responsibilities

This state-funded program provides statewide health care coverage throughout Virginia for CHIP and TANF enrollees. General types of services covered include medical, behavioral health, maternity care, pharmacy and transportation. The contract is integrated with behavioral health, transportation and pharmacy.

Foster Care, Adoption Assistance and Juvenile Systems Experience

This contract has significant contractual requirements around identification, policy, care coordination and transition for foster care and adoption assistance enrollees. Care coordination is mandatory for these population types—including those who are aging out of the system and those with complicated reporting and specific interventions. Currently, we are conducting an internal reorganization to support these initiatives, to include robust reporting, FTE support, job descriptions to include field-based work, and revised job aides and assessments. In addition, we are collaborating with the State on educational offerings, foster parent support and network development. Our goal is to distinguish ourselves from others to become the plan of choice for Virginia’s foster and adoption populations.

State-funded program for CHIP and TANF beneficiaries