

# ANNUAL MONITORING REPORT

## Coverage of Former Foster Youth Who Were in Foster Care and Medicaid in a Different State

**State:** Kentucky

**Demonstration Year:** July 1, 2019 – June 30, 2020

**Approved start and end date of the Demonstration:** January 12, 2-18 – September 30, 2023

### A. Introduction

The demonstration enables the Commonwealth to provide Medicaid coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state.

Out-of-state former foster care youth will receive the same Medicaid State Plan benefits and may be subject to the same cost-sharing requirements effectuated by the state for the mandatory title IV-E foster care youth eligibility category enacted by the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. 96-272).

### B. Eligibility and Enrollment

The Department for Medicaid Services defines this group as the “Adult Former Foster Care Out-of-State” (ADFF) population. As anticipated, this coverage expansion includes a relatively small number of beneficiaries; **Table 1** lists total enrollment, new enrollment, re-enrollment, and disenrollment for every month of Demonstration Year 1 (DY1).

Beginning in July 2019, the total enrollment was 129 beneficiaries which gradually decreased over the following months with its lowest enrollment, 108 beneficiaries, in December 2019, only to increase in subsequent months to end the demonstration year with a total of 120 beneficiaries, a decrease of approximately 7.0 percent compared to initial enrollment. Although there is great variation from month to month, over the demonstration year, new enrollment averaged between three (3) and four (4) new enrollees per month, approximately one (1) to two (2) re-enrollments, together, nearly balancing the disenrollment rate of five (5) to six (6) beneficiaries per month. Therefore, enrollment remained relatively unchanged throughout the year.

**Table 1. DY1 ADFF Enrollment, July 2019 – June 2020.**

Month	Total Enrollment	New Enrollment	Re-Enrollment	Dis-Enrollment
Jul-19	129	5	1	5
Aug-19	127	3	0	7
Sep-19	127	5	2	6
Oct-19	125	4	0	11
Nov-19	114	0	0	11
Dec-19	108	3	2	6
Jan-20	109	2	5	8

Feb-20	110	5	4	1
Mar-20	113	2	2	5
Apr-20	116	6	2	4
May-20	119	6	1	3
Jun-20	120	3	1	2

## C. Utilization Monitoring

Service utilization in the ADFP population is summarized by major health care categories in **Table 2**. Overall, approximately one-third of beneficiaries have at least one (1) claim (or “any claim”) in a given month. Approximately one-in-five, or 20 percent, of beneficiaries, have a primary care visit in a given month, although there is great variation through the year with utilization peaking from September to December 2019.

Hospital emergency department (ED) and inpatient utilization vary greatly from month to month. Throughout the year, about 10 percent of beneficiaries have an ED visit in a given month while inpatient stays are rare, not exceeding three (3) beneficiaries in any month, and five (5) months without any inpatient hospitalizations.

Behavioral health utilization similarly varies throughout the year, as expected in a relatively small eligibility group, but are perhaps the most consistent with anywhere from eight (8) to fourteen (14) beneficiaries with a behavioral health visit in a given month.

**Table 2. DY1 Service Utilization Summary, July 2019 – June 2020.**

Month	# of Beneficiaries with Any Claim	# of Beneficiaries with Primary Care Visit	# of Beneficiaries with Emergency Department Visit	# of Beneficiaries with Inpatient Visit	# of Beneficiaries with Behavioral Health Visit
Jul-19	40	13	16	0	8
Aug-19	45	17	11	3	10
Sep-19	42	22	8	2	8
Oct-19	49	28	10	2	12
Nov-19	43	19	11	0	14
Dec-19	40	18	15	0	9
Jan-20	44	16	12	0	11
Feb-20	35	16	6	0	9
Mar-20	40	17	13	2	8
Apr-20	37	18	5	3	9
May-20	42	14	3	1	10
Jun-20	44	17	4	1	12

## D. Program Integrity

This population is usually enrolled in the state Managed Care Organizations (MCO). The MCO's perform their own program integrity services. There have been no reports of issues with this population.

## E. Grievances and Appeals

There have been no grievances or appeals filed by this population during the time period.

## F. Operational/Policy/Systems/Fiscal Developments/Issues and Action Plans

The national public health emergency (PHE) was the only development that impacted this demonstration. DMS continues to monitor the PHE and the impact has yet to be determined.

## G. Budget Neutrality

*This coverage expansion is exempted from the budget neutrality requirements as stated in STC 42 of the reissued approval dated, June 16, 2020: CMS has determined that the provision of benefits and services to this demonstration population is budget neutral based on CMS' assessment that the waiver authorities granted for this demonstration population are unlikely to result in any increase in federal Medicaid expenditures, and that no expenditure authorities are associated with this demonstration population. There will be no budget neutrality expenditure limit established for this demonstration population, and no further test of budget neutrality will be required. Accordingly, the state will not be allowed to obtain budget neutrality "savings" from this demonstration population. All expenditures associated with this population will be reported on the CMS-64 base form(s) for Medicaid State Plan populations in accordance with section 2500 of the State Medicaid Manual.*

## H. Demonstration Evaluation Activities and Interim Findings

This is the first annual report for this demonstration and will form the baseline for future analysis and the development of policy priorities. The eligibility and enrollment trends, especially continuity of coverage, will be more closely monitored going forward. The section on service utilization will be expanded to segment the population based on relevant characteristics and the overall volume of services, not merely the number of beneficiaries with a visit.