



Connect-to-Care: Foster Children

Case Study



Case Study

“Children and adolescents in foster care...are a uniquely disadvantaged group,” says the American Academy of Pediatrics. Before they entered the foster care system, many were in families plagued by “substance abuse, mental health disorders, poor education, unemployment, violence, lack of parenting skills, and involvement with the criminal justice system.”²

In addition to the barriers faced by many families with Medicaid coverage (e.g., culture/language, geographic access), research has shown that children in foster care—particularly those in short-term placements and those without chronic or disabling health conditions—have additional barriers: the transient nature of their placements, the large caseloads carried by many caseworkers in state child welfare agencies, the lack of oral health resources or knowledge available to caseworkers and foster parents, and the absence of a consistent medical home, either in the state’s Medicaid program or the child and family welfare system.³

Introducing Guardian’s Connect-to-Care: Foster Children

The circumstances surrounding foster care placement contribute to myriad developmental, emotional, and physical health problems that may contribute to poor ocular and oral health outcomes. Notable among these are uncorrected vision problems, untreated eye disease, development of early childhood caries, untreated dental caries, and episodic or non-existent disease prevention habits.

Possible problems caused by these circumstances



Developmental



Emotional



Physical Health



Poor
Ocular Health



Poor
Oral Health

Growing attention to the impact of Adverse Childhood Experiences (ACEs) and other social determinants of health have led increasing numbers of state Medicaid agencies and Medicaid managed care health plans to create programs focused on addressing the unique needs of youth in foster care. Guardian, through our wholly owned subsidiary Avësis, contributes to these efforts with our **Connect-to-Care: Foster Children** program. This program helps expand utilization of preventive oral and ocular healthcare services by minimizing disruptions to foster children’s treatment in progress and their relationships with network providers. We do this by:

- Ensuring every young person has an oral or ocular care home
- Using telephone outreach to help make foster parents who have opted in aware of upcoming appointments or preventive care needs.
- Using portable and telehealth technologies to offer continuous access to their care home, regardless of where these youth reside

~3,000

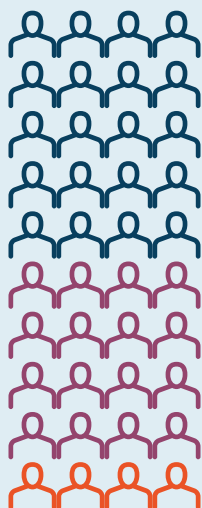
children with Medicaid benefits
in foster care covered by one
statewide Kentucky health plan

364

youth not seen by a dentist for
two or more years

5%

increase in the number of
foster care children seen by a
dentist after just one month of
intervention

**40**

of the children's caregiver contact
information was updated. We then
called the foster parents to schedule
appointments and help address
barriers to care.

20

of the foster parents contacted made
and completed a preventative dental
visit for the youth in their care.

4

of those 20 went on to receive
necessary restorative treatment.

**If continued
for a full year,**
we projected a
significant reduction
in the cohort of
non-utilizers.

Our Foster Children program increases utilization

Practical experience shows **Connect-to-Care: Foster Children** is making a difference. In 2019, we worked with one statewide health plan client in Kentucky that manages Medicaid benefits for nearly 3,000 children in foster care to increase their access to oral health care. Analysis of utilization patterns showed that 12 percent of these youth (364) had not had a dental visit in two years or more.

Children in the foster care system are enrolled in Medicaid, with their contact information of record typically being that of their caseworker. However, the task of making and completing medical appointments falls to the foster parents, so it was essential that we secured contact information for the children's current foster homes.

We worked with our health plan client to update caregiver contact information for 11 percent (40) of the children. We then called the foster parents to schedule appointments and help address barriers to care. Half of the foster parents we contacted made and then completed a dental visit for the youth in their care, resulting in 20 children receiving necessary preventive and diagnostic services. An additional 25 percent (4) went on to receive necessary restorative treatment.

In just one month, Guardian's **Connect-to-Care: Foster Children** program increased the number of foster care children who were seen by a dentist by five percent. If continued for a full year, we project a significant reduction in the cohort of non-utilizers.

Your plan serves youth in foster care. Learn how we can help you reduce the additional barriers to their care.

Learn more at government.avesis.com, or write to us at govt_inquiries@glic.com.

1 "Issue Brief: Health-Care Coverage for Youth in Foster Care—and After," https://www.childwelfare.gov/pubPDFs/health_care_foster.pdf, accessed January 9, 2020.

2 American Academy of Pediatrics, *Fostering Health: Health care for children and adolescents in foster care*, 2nd edition, p. 1, 2005, accessed January 9, 2020.

3 Melbye, M. et al, "A first look: Determinants of dental care for children in foster care," *Special Care in Dentistry*, pp. 13 – 19, 2013, accessed January 9, 2020.

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