

Vermont Medicaid and Exchange Advisory Board
April 24, 2017

Department for Children and Families (DCF) Budget Updates

Family Services Division (FSD)

Residential Treatment Programs

DCF Family Services uses in-state residential programs that are regulated through our Private Non-Medical Institution (PNMI) licensing when there is an emergency or non-emergency placement need for children/youth who have been placed in the State’s custody. Currently, we have contracts with 14 residential programs totaling \$18.4M.

The Family Services Division has undertaken an initiative to reduce the use of residential treatment programs by working to enhance community-based services to support children and youth with significant needs. We are doing this through different approaches including:

- Contracting for wrap-around services in a different way in Franklin county (paying NCSS to build a program vs. paying per child)
- Expanding existing contract with Becket Support and Stabilization Services from 12 slots to 40 slots across the state
- Exploring use of an Assessment level of care (RFP process)
- Exploring concept of “Specialized” foster care (contract with provider for enhanced level of payment per child)

We are seeing some positive results:

4th Quarter Kids in Residential/Total Kids in Custody

Year	Children in Residential Placement on 12/31	Total # of Children in DCF Custody 12/31	Percentage of children In DCF Custody in Residential Treatment
2016	166	1285	12.9%
2015	190	1342	14.1%
2014	199	1168	17%
2013	189	1000	18.9%
2012	204	961	21.2%

Woodside Juvenile Rehabilitation Center

In 2011, Woodside was repurposed from a secure juvenile detention facility to a secure residential treatment program that provides stabilization services, assessment, and treatment for youth in the State’s custody. This allowed the state to receive reimbursement under the Global Commitment for Health Medicaid Section 1115 waiver.

In the fall of 2016, the Center for Medicaid/Medicare Services (CMS) made a determination that youth at Woodside met the definition of an “inmate of a public institution” and was not eligible to receive

Medicaid funding. Beginning October 1, 2016, Woodside is no longer funded through Medicaid and is now funded with general fund dollars.

DCF is currently negotiating with CMS to determine under what circumstances could Woodside qualify to draw down Medicaid funding to pay for the treatment services provided to youth in residence. It is not clear what our options are at this point in time.

Concurrently, DCF is exploring with the Department of Mental Health (DMH) the question of where does Woodside fit into our system of care for youth. We are also reviewing existing data about the population of youth served by Woodside and discussing what the right approach would be to program design.

Child Development Division (CDD)

Children's Integrated Services (CIS)

CIS provides health promotion, prevention, and early intervention services to pregnant and postpartum women, infants and children birth to age six. In addition to streamlining program requirements and administration for early childhood services, CIS also combined Medicaid funding for covered services to create a single bundled case rate within each region. The bundled case rate gives providers the flexibility to re-allocate funds based on community services needs and over time has resulted in more cases being served each month.

Under the recently approved Special Terms and Conditions for the extension of the Global Commitment Demonstration, the State is required to obtain federal approval for certain Medicaid reimbursement methodologies, including CIS. We plan to submit proposed Medicaid case rates and methodology to CMS by May 1, 2017. DCF is also exploring with AHS an investment to cover non-Medicaid eligible cases served by CIS providers.