

Issue Brief

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Georgia's Foster Care Children and the Medicaid System

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Analyses of Georgia Medicaid claims data reveal that Georgia's foster care children fare surprisingly well in access to health care when compared with other Medicaid children, particularly in the areas of preventive care. Although both foster children and other Medicaid children show high proportions of mental health diagnoses, utilization of some services by foster children in Georgia defies national trends.

Background

Georgia's foster care program provides temporary homes for children of neglect or abuse. The program is administered by the Georgia Department of Human Resources' Division of Family and Children Services (DFACS). Of the 16,119 children in state care as of May 2004:

- 25% were under the age of four;
- 50% were younger than nine years old;
- 14% were placed with relatives;
- 57% percent were living in foster homes;
- 10% were living in group homes; and,
- 4% were housed in residential institutions.¹

Research studies have shown that children in foster care have greater mental health, developmental, and physical health needs due to abuse and neglect. The Georgia Health Policy Center, with support from the Georgia Health Foundation, initiated an analysis of Georgia Medicaid data to determine if national findings applied to the health care experiences of Georgia foster children in comparison to other Medicaid children.² Analytic questions included areas of demographics, health conditions, service utilization, costs, and quality indicators using Georgia Medicaid data for the years 2000, 2001 and 2002.

Demographics

Overall, Georgia foster children are older than other Medicaid children. There are more Medicaid children in the birth-to-five-year-old range, while the foster care program has many

more children in the six-to-16-year-old range. While African-Americans represent the majority in both the foster care and other Medicaid child populations, Caucasians are more prevalent in the foster child population than the other Medicaid child population. More foster children also live in urban areas as compared with other Medicaid children.

Health Conditions

Foster children are more likely than Medicaid children to have a mental health diagnosis. (Figure 1) The rate for other Medicaid children is also high at 34.7 percent, or more than one in three. This finding may serve as a cautionary note regarding the provision of mental health services to Medicaid children. More foster children have abuse diagnoses, while more Medicaid children have diagnoses of pregnancy and substance abuse. Diagnoses of special health care needs are about equal in both populations.

Figure 1:
Selected Health Conditions of Georgia Foster
Children and Other Medicaid Children 2000 - 2002

	FOSTER CARE %	MEDICAID %
Special Health Care Needs	13.5	14.2
Mental Health	60.4	34.7
Substance Abuse	1.3	1.5
Pregnancy	1.1	3.2
Child Abuse	3.4	0.9

Utilization

More foster children experience outpatient visits, EPSDT screenings and dental visits, while more Medicaid children experience inpatient admissions and emergency visits and show evidence of prescription drug claims. (Figure 2) National studies predict more foster children experience inpatient stays and emergency room visits. The Georgia data may indicate positive utilization of preventive services by foster children.

Figure 2:
Foster Children and Other Medicaid Children
Using One Health Care Service 2000 - 2002

	FOSTER CARE %	MEDICAID %
Inpatient Admission	6.4	7.7
Emergency Visit	39.7	55.9
Dental Visit	76.7	71.9
EPSDT	59.7	55.3
Outpatient Visit	96.6	95.2
Rx	89.0	90.5

Among children who use a given service, foster children experience more outpatient visits, EPSDT³ screenings, dental visits, and prescription drug utilization. Both groups experience inpatient admissions about equally; however, Medicaid children visit the emergency room more often.

Cost

Of those who use health care services, Medicaid children have higher inpatient costs (although not statistically significant), while foster children have higher outpatient and prescription drug costs. (Figure 4)

Figure 4:
Costs of Georgia Foster Children and Medicaid
Children Using Selected Services 2000- 2002

	FOSTER CARE	MEDICAID
Inpatient Cost	\$4,117	\$4,508
Outpatient Cost	\$2,560	\$1,689
Rx Cost	\$535	\$356

Access to Physicians and Specialists

The proportion of foster children and other Medicaid children who visited a physician over three years is about equal, but more foster children visited a specialist over three years. (Figure 5)

Figure 5:
Georgia Foster Children and Medicaid Children
With Physician and Specialist Visits 2000 - 2002

	FOSTER CARE %	MEDICAID %
Physician	97.1	97.5
Specialist	90.8	85.9

About equal proportions of foster children and Medicaid children with special health care needs visited a physician at least once in three years.

Lapses in Mental Health Prescription Drug Use

A slightly higher percentage of foster children who use mental health drugs experience lapses in use, (Figure 6) and some children in each group show evidence of mental health prescription drug use without a mental health diagnosis.

Figure 6:
Lapses in Mental Health Drug Use of Foster Children and
Other Medicaid Children Prescribed Mental Health Drugs
2000 - 2002

	FOSTER CARE NUMBER	%	MEDICAID NUMBER	%
Lapse	1,029	32	1,825	27
No Lapse	2,221	68	4,827	73

Previously, it was shown that foster children have more outpatient visits, more preventive screenings and more visits to physicians and specialists, yet here it is observed that lapses in mental health prescription drug use may be problematic. While the limitations inherent in the data prevent this analysis from being definitive, these observations may be reason for foster care program managers and mental health workers to focus on whether the regular use of mental health drugs, once prescribed, might be improved.

Discussion

The results for foster children in comparison to general Medicaid child population are encouraging in many areas, particularly in preventive care. The greatest concerns for policy makers may be the high proportions of mental health diagnoses, lapses in prescription drug claims for mental health conditions, and the presence of mental health drug claims in the Medicaid data without an associated mental health diagnosis. This analysis has increased our understanding of how Georgia foster children manage within the Medicaid system. It is hoped it will serve as a source of information for improved foster care program development at the state level.

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¹ http://www.gov.state.ga.us/summit_fl/statistics.shtml

² Foster children are automatically eligible for Medicaid reimbursement.

³ EPSDT - Early and Periodic Screening, Diagnostic, and Treatment - is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. In Georgia, the EPSDT program is called Health Check.