

# One Child, Many Transitions.

## The Foster Care Challenge

Each year, thousands of children enter foster care with complex medical and behavioral health needs. On average, they face three placement changes, often disrupting care, breaking provider relationships, and interrupting treatment. Without coordination, records are lost, treatments are duplicated or stopped, and care becomes fragmented across multiple systems.



## The MCO Solution

A single statewide managed care organization (MCO) turns a child's fragmented journey into a seamless pathway of care. Key facts:

- > Children in Foster Care **automatically enroll in Medicaid.**
- > Centene serves **over 240,000 children in 21 states** — and is the sole managed care provider for foster care in 6 of them.

### BENEFITS OF MANAGED CARE FOR FOSTER CHILDREN

#### Single Statewide Partner

No coverage gaps, consistent networks, less admin burden

#### Specialized Care Management

Trauma-informed, lived experience, care-level stratification tools

#### Centers of Excellence

Providers with foster care expertise, comprehensive care, proven outcomes

#### Prevention Focus

Early identification, address SDOH, reduce re-entry

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### Traditional Medicaid (Fragmented)

VS.

### Managed Medicaid (Integrated)

#### STAGE 1: ENTRY INTO FOSTER CARE

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| <ul style="list-style-type: none"> <li>• No initial assessment</li> <li>• Child's trauma needs often unidentified</li> <li>• Medical records are scattered</li> </ul> | <ul style="list-style-type: none"> <li>• Immediate enrollment with MCO</li> <li>• Trauma and health screenings within days</li> <li>• Dedicated care manager assigned</li> </ul> |
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#### STAGE 2: INITIAL PLACEMENT

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| <ul style="list-style-type: none"> <li>• Child's medical history unknown</li> <li>• Caregivers must search for new providers</li> <li>• Delays from multiple calls needed</li> </ul> | <ul style="list-style-type: none"> <li>• Single point of contact</li> <li>• Established provider network</li> <li>• Child's history travels with them</li> </ul> |
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#### STAGE 3: PLACEMENT CHANGE

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| <ul style="list-style-type: none"> <li>• Treatment disrupted</li> <li>• New county = new plan</li> <li>• Records don't transfer</li> </ul> | <ul style="list-style-type: none"> <li>• Same Care Management Team stays involved</li> <li>• Continuity in treatment</li> <li>• Records follow the child</li> </ul> |
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#### STAGE 4: ONGOING CARE

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| <ul style="list-style-type: none"> <li>• Duplicated or missed services</li> <li>• Well-child visits skipped</li> <li>• More emergency room visits</li> </ul> | <ul style="list-style-type: none"> <li>• Coordinated care across services</li> <li>• Preventive care prioritized</li> <li>• Access to Centers of Excellence</li> </ul> |
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#### STAGE 5: PERMANENCY PLANNING

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| <ul style="list-style-type: none"> <li>• Gaps in care delay reunification</li> <li>• Few prevention services</li> <li>• Higher rates of re-entry</li> </ul> | <ul style="list-style-type: none"> <li>• Reunification and wraparound support</li> <li>• Family services in place early</li> <li>• Prevention services reduce re-entry</li> </ul> |
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