

Washington State Health Care Oversight and Coordination Plan

The Act requires state IV-B plans to include a provision that the state will collaborate with the state Medicaid agency and consult with health care and child welfare experts and recipients to develop a plan for ongoing oversight and coordination of health care services for any child in foster care. The plan must ensure a coordinated strategy to identify and respond to health care needs of children in foster care placements, including **mental health and dental care**.

Coordination and Collaboration of Health Care Services Plan

Children's Administration's Health Care Oversight and Coordination Plan was developed in collaboration with state health and child welfare experts. These professionals include staff from:

- DSHS - Medicaid Purchasing Administration
- DSHS – Aging and Disability Services Administration
 - Division of Developmental Disabilities
 - Division of Behavioral Health and Rehabilitation (mental health and substance abuse)
- Department of Health
- Community physicians
- Public health nurse
- Children's mental health specialists

The selection of these professionals was based on their experience and knowledge of various child welfare topics and their willingness to share their expertise in the development of the state plan.

During the previous five years, group members were intricately involved in the development and revisions of the Health Care Oversight and Coordination Plan to ensure it covered all required areas and maximized resources available to children in out-of-home care. Through workgroups and consultation with professional resources, the department continuously works to ensure that the well-being needs of children in care are met.

To address the expectations outlined in the Fostering Connections legislation, the workgroup efforts were formalized to work intensely on the development of a Health Care Oversight program for children in out-of-home placement. Frequent consultation occurred to ensure that the plan adequately addressed the identified needs of physicians, caregivers, and social workers while ensuring that the child's well-being needs are met. Consultation continues as the plan is refined and expanded to maximize the number of children in out-of-home care who receive the benefits of this program.

Oversight/Coordination of Health Care

(1) A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice:

Social Worker Requirements

- Children are required to have an initial health screen by a medical professional as soon as possible but no later than five days after they enter foster care. Initial health screens

help identify and manage urgent medical problems that may be overlooked in the transition from their home into foster care.

- Children in foster care are required by Children’s Administration’s policy to receive age appropriate Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examinations based on the Medicaid periodicity schedule. The EPSDT examination includes medical, dental, developmental, mental health screens and age appropriate sexual health screenings for youth.

The EPSDT policy (Practice and Procedures Manual Chapter 4000, section 4517 - Health Care Services for Children in Out-Of-Home) requires social workers to:

Ensure children in out-of-home placement receive EPSDT examinations according to the periodicity schedule below:

- Within 30 days of out-of-home placement
 - Five examinations during a child's first year
 - Three examinations for children between 1 and 2 years of age
 - Annual examinations for children between 3 and 20 years of age
- The Child Health and Education Tracking (CHET) Program ensures that an initial EPSDT examination is completed **within the first 30 days** of a child’s placement into care. CHET Screeners inform the assigned social worker of any concerns or items requiring follow-up.
 - Social workers are responsible to ensure that children who *remain* in out-of-home placement receive ongoing age appropriate EPSDT examinations and any follow-up services identified in the EPSDT exam.
 - FamLink alerts the assigned social worker when the *annual* EPSDT examination is due for a child/youth.

Fostering Well-Being Program

- The Fostering Well-Being Program (FWB) is a DSHS cross-administration collaboration between the Children’s Administration, the Medicaid Purchasing Administration (MPA), and the Aging and Disability Services Administration (ADSA). FWB includes a unit of nurses and specially trained program staff within ADSA who provide consultation and guidance on treatment plans and provide assistance to identify health and mental health care providers.
- The FWB Program develops Care Coordination Summaries for medically complex children in out-of-home care. These summaries assist the caregiver and social worker in identifying and accomplishing any prescribed follow-up referrals and services related to the child’s health and mental health care. Social workers and CHET screeners document future medical, dental, and mental health appointments in FamLink.

Health Needs Monitored and Treated

(2) How health needs identified through screenings will be monitored and treated;

Social Worker Requirements

- Shared Planning meetings are held within 60 days of the child entering care to discuss and address the results of the CHET screening and the EPSDT. This meeting includes caregivers and others important to the child’s case.

- Referrals to address health concerns identified in the CHET screenings and EPSDT examinations are made to providers or the FWB program and documented in FamLink and in the child's Individual Safety and Service Plan (ISSP) which is shared with the caregivers. All services and identified needs are tracked and monitored in FamLink.
- Social workers utilize monthly health and safety visits with the child to monitor and address health and mental health care needs.
- Social workers also utilize the monthly visits with caregivers to discuss and monitor the child's health care needs and treatment plan and provide support to the caregiver to ensure all health care needs are met.
- Social workers are required to update the child's health, mental health, and education status in the ISSP every six months.

Foster Well-Being Program

- CHET Screeners and social workers make referrals to the FWB Program when children with unaddressed or uncoordinated health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their treatment needs are met.
- Through several referral mechanisms and sources the FWB program staff provide consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and social workers. Care coordination services are not time limited. Once a plan of care is established the FWB specially trained program staff will monitor and update the plan as needed.
- FWB nurses and specially trained program staff document important health and mental health information in FamLink to ensure continued monitoring and follow-up.

Foster Care Assessment Program

- Foster Care Assessment Program Evaluators assess a child's health and well-being for children who are having difficulties around permanency stability. Evaluators complete a comprehensive report with recommendations and provide that to the social worker to be used in service and case planning.

Medical Information and Health Records

(3) How medical information for children in care will be updated and appropriately shared which may include the development and implementation of an electronic health record;

Social worker Requirements

- CHET screeners are required by policy (Practice and Procedures Manual Chapter 4000, section 43092) to provide the completed CHET Screening Report within 5 days of completion to the social worker and caregiver.
- Social workers are required by policy (Practice and Procedures Manual Chapter 4000, section 4413) to:
 - Review and update the child's health records at the time of each placement using FamLink and provide the caregiver with a copy of this information (e.g. Child Information/Placement Referral form and Child Health and Education Report.
 - Provide the caregiver with all completed assessments within 5 days of receipt.

- Provide the completed CHET Screening Report to other's related to the child's case (i.e. therapist, etc.).
- Update the child's health, mental health, and education status in the Individual Safety and Service Plan (ISSP) every six months.
- Provide the caregiver with an updated Child Health and Education Report when new medical, mental health, and education information is obtained. The Child Health and Education Report is also provided to caregivers when there is a change in placement.
- Social workers and CHET screeners are required to document all known medical information into Health/Mental Health page FamLink and the Child Health and Education Report. This information included names and addresses of the child's health provider, records of immunization, the known medical problems, medications and other relevant health information.

Fostering Well-Being Program

- FWB specially trained program staff mail health reports to caregivers within the first three days of placement. Caregivers are instructed to share reports with medical providers when an appointment occurs.
- FWB specially trained staff request the previous two years of medical records for every child who remains in care longer than 30 days. All records received are uploaded into FamLink for the social worker to review.
- FWB unit provides care coordination services to medically complex children in foster care. The care coordination information is shared with medical providers, caregivers, and social workers. Care coordination services are not time limited. However, once a plan of care is established services may be on an as-needed basis.
- FWB nurses and specially trained program staff are required to document of all known medical information into Health/Mental Health page FamLink and the Child Health and Education Report.

Continuity of Health Care Services

(4) Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care;

- When the child has an identified primary care provider or medical home, caregivers are encouraged to maintain that relationship and ensure continuity of care.

Social Worker Requirements

- Social workers are required to complete the Child Information and Placement Referral Form. The report is provided to the caregiver no later than 72 hours of placement and includes all health, mental health, and education information known about the child at the time of placement.
- Social workers and CHET screeners document medical, dental, and mental health providers into FamLink. In addition, social workers track and document future medical, dental, and mental health appointments in FamLink.
- Social workers provide the Child Health and Education Report (in FamLink) to caregivers or health providers anytime new medical and educational information is learned. This report identifies known health providers.

Fostering Well-Being Program

- FWB unit mails health reports to caregivers within three business days of placement. These reports include immunization information contained in the WA state immunization registry. This supports continuity of care by helping caregivers identify possible primary care providers or medical home for the child.
- FWB unit identifies all known medical providers and includes that information in the Care Coordination Summaries developed for children with medically complex needs. The Care Coordination Summary is provided to social workers and caregivers and is uploaded into FamLink.

On-going Program Management Work Plan

(5) Oversight of prescription medications

Social Worker Requirements

- Social workers are required to document all prescribed medication information in FamLink which populates the Child Information and Placement Referral Form provided to caregivers and on the child's ISSP.
- Children's Administration's policy (Practice and Procedures Manual Chapter 4000, section 4541) outlines expectations as to when psychotropic medications are prescribed and the role of the social worker.

Fostering Well-Being Program

- The FWB program provides Care Coordination services which include identification of medications which require oversight. Children who have a mental illness and are prescribed psychotropic medications are eligible to receive care coordination.
- Care Coordination Summaries which are mailed to caregivers and social workers include medications obtained through Medicaid. Caregivers are instructed to take these health reports to medical appointments.
- FWB specially trained staff document prescription medication information into FamLink.

Resources

- Regional Medical Consultants are available to provide consultation to social workers about medications and their side-effects.
- The Medical Consultation Network through the University of Washington is available to social workers for consultation with a pharmacist on prescribed or non-prescribed medications.
- Physicians may contact the Partnership Access Line (PAL) for telephonic child mental health consultation. PAL employs child psychiatrists, child psychologists, and social workers affiliated with Seattle Children's Hospital to deliver its consultation services.

Consultation in Determination of Medical Treatment

(6) How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.

- DSHS employs physicians as part-time medical consultants in each region to provide consultation to social workers and caregivers. These physicians also provide medical oversight to the FWB Program.

- Children’s Administration contracts with Harborview Center for Sexual Assault and Traumatic Stress to complete a Foster Care Assessment on children with placement stability issues or concerns about reunification. A comprehensive report is completed which includes recommendations from a team that consists of community medical and mental health providers.
- In compliance with RCW 74.14B.030, each Children’s Administration Region is required to conduct a Child Protection Team (CPT) staffing. The CPT includes medical, law enforcement, mental health, substance abuse, and other appropriate community professionals.
- Medicaid Purchasing Agency (MPA) employs a Registered Nurse to guide policy for the department around medical issues for children in out-of-home placement.
- Children’s Administration Regions convene regular meetings with DSHS Division of Developmental Disability (DDD) regional staff to discuss mutually served children and ensure they are receiving appropriate services.
- Children’s Administration partners with MPA and the Aging and Disability Services Administration through the FWB Program to ensure children receive appropriate health, mental health, and substance abuse services and treatment.

(7) Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions

Transition Plan

Children’s Administration and the Fostering Well-Being Program are consulting with former and current foster youth from Passion to Action – CA’s statewide youth advisory board regarding the development of a Health Summary Report for youth aging out of foster care. The youth are advising the department on information that should be included in the health summary that will empower them to assume responsibility for their health and mental health care.

Option for Health Care Insurance

All youth exiting foster care in Washington State are eligible for the Medicaid to 21 program. To support this and ensure all youth are aware and knowledgeable of this benefit the *Transition Plan for Youth Exiting Care* (DSHS 15-417) has been updated to include information about eligibility for Medicaid to 21. As required by policy (Practices and Procedures Chapter 4000, section 43104), this information is discussed at the 17.5 Year Old Staffing, again 90-days prior to the youth exiting care and addressed during the monthly social worker visits as needed.

Health Care Treatment Decisions

To support youth in their transition out of care and ensure they are knowledgeable about a Durable Power of Attorney for Health Care, Children’s Administration has incorporated the following language into its Transition Plan for Youth Exiting Care (DSHS 15-417):

The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it. <http://www.doh.wa.gov/livingwill/registerdocuments.htm>.

This information is addressed at the 17.5 Year Old Staffing, again 90-days prior to the youth exiting care and addressed during the monthly social worker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program (RLSP) contracts have been updated to include a requirement for providers to discuss the importance of having Durable Power of Attorney for Health Care with all youth exiting care.