



Children's Administration

Targeted Case Review

Outcome 18: Medically Fragile Children

July 1, 2011 – December 31, 2011

This is a report of the results of a targeted case review of Medically Fragile children in out-of-home placement. This case review is required by the Revised Settlement and Exit Agreement related to the Braam lawsuit.

The Agreement states:

***Outcome 18:** Medically fragile children will be connected to ongoing and appropriate medical care and placed with caregivers who have specialized skills or receive consultation and ongoing training regarding their caretaking responsibilities for the medical condition.*

I. Background and Purpose

This is the first report of results from the targeted case review concerning medically fragile children. Previously, a similar outcome was measured using the Survey of Foster Parents and Relative Caregivers conducted by Washington State University. The case review process will be repeated every six months.

II. Measure Definition

For the first six-month reporting period, the Department will conduct a case review of medically fragile children who receive care coordination from the Fostering Well-Being Unit. For all subsequent six month reporting periods, the Department will conduct a case review of all medically fragile children. Case review results will be provided every six months. The case review

Items in *Italics* are pursuant to the Braam v. State of Washington Revised Settlement and Exit Agreement.

will determine whether medically fragile children were connected with ongoing and appropriate medical care, their medically fragile status is documented in CA's administrative data system, and the Caregiver Support Plan is uploaded into CA's administrative data system.

The current case review was conducted at the end of the review period. Future case reviews will be completed on a rolling basis and conducted when the medically fragile child is scheduled for a review of their care coordination needs (not to exceed six months between reviews).

Full Compliance Measure: 95% of medically fragile children will be connected to ongoing and appropriate medical care, will have their medically fragile status documented in CA's administrative data system, and will have their Caregiver Support Plan uploaded into CA's administrative data system.

III. Sample Methodology

A. Size

The sample size for this case review is 100% of all children identified as medically fragile *who receive care coordination from the Fostering Well-Being Unit*. An assignment went out to social workers to use the approved definition¹ for medically fragile and identify any child on their caseload that possibly met the criteria for medically fragile. Based on social worker's review of their cases, 131 children were initially identified as medically fragile. Social workers were then asked to consult with a medical professional (child's physician, Regional Medical Consultant, or Fostering Well-Being nurse) to confirm that the child was medically fragile according to the definition in Children's Administration policy. Through those consultations, only 14 children of the 131 children originally identified met the definition and were included in this targeted case review.

B. Sample Definition

One hundred percent of medically fragile children who received care coordination services from the Fostering Well-Being Unit were reviewed.

On the date of review, the child met all of the following criteria:

1. Medically fragile per the definition in Children's Administration policy
2. In out-of-home placement 60 days from the date of referral to the Fostering Well-Being Unit during the measurement period
3. Still in the care and custody of Children's Administration when the review occurs

¹ Children who meet the following definition are identified as medically fragile:

1. Child has medical conditions that require the availability of 24-hour skilled care from a health care professional or specially trained family or foster family member.
2. These conditions may be present all the time or frequently occurring.
3. If the technology, support, and services provided to a medically fragile child are interrupted or denied, the child may, without immediate health care intervention, experience death.

IV. Review Process

This targeted case review was co-led by staff from the Aging and Disability Services Administration (ADSA) Fostering Well-Being Care Coordination Unit (FWB CCU) and Children’s Administration Headquarters staff. Fostering Well-Being and Children’s Administration conducted a 100% review of the medically fragile children receiving care coordination services from Fostering Well-Being.

The Fostering Well-Being Care Coordination Unit staff developed guidelines to complete the first portion of the review and ensure inter-rater reliability. Once a child was identified as medically fragile, Fostering Well-Being Care Coordination Unit staff reviewed the case to determine if the child was connected to ongoing and appropriate health care. Upon completion of the Fostering Well-Being Care Coordination Unit portion of the case review, the Children’s Administration Health Program Manager reviewed FamLink for the additional compliance components for this Outcome – was the child’s medically fragile status documented in FamLink, and was there a Caregiver Support Plan uploaded into the system?

V. Overall Results

Cases Reviewed by Region				
	State Total	Region 1	Region 2	Region 3
# of Cases Reviewed	14	6	5	3

A. Outcome Compliance by State and Region

Outcome	Outcome 18: Medically Fragile			
	Statewide	Region 1	Region 2	Region 3
% Full Compliance	57% <i>(8 out of 14)</i>	33% <i>(2 out of 6)</i>	100% <i>(5 out of 5)</i>	33% <i>(1 out of 3)</i>
% Total Non-Compliant	43% <i>(6 out of 14)</i>	67% <i>(4 out of 6)</i>	0% <i>(0 out of 5)</i>	67% <i>(2 out of 3)</i>
Compliant on 3 out of 4 questions	4	2		2
Compliant on 2 out of 4 questions	2	2		

Items in *Italics* are pursuant to the Braam v. State of Washington Revised Settlement and Exit Agreement.

Summary

The case review was comprised of four questions. A case had to meet the compliance requirements on all four questions in this case review in order to be found fully compliant for the measure.

- Eight out of 14 cases met full compliance. Children’s Administration’s overall performance for this measure is 57%.
 - Region 2 had the highest performance at 100%.
 - Region 1 and 3 were the lowest, both at 33%.
- Forty-three percent of the cases were determined non-compliant. However, all regions had some level of compliance for each question.
 - Four of the six children, who were determined to be non-compliant in the case review, were compliant on three out of the four questions reviewed.
 - Two of the non-compliant cases were compliant on two out of the four questions.

B. Case Review Questions

Four questions were developed to evaluate the care of medically fragile children. Two questions specifically addressed the medically fragile child and how well their health care needs were met during the review period. The other two questions looked at how well Children’s Administration staff were doing in documenting medically fragile status in FamLink and identifying the support and training needs of caregivers.

Compliance for this outcome was achieved when all four questions were rated “Full Compliance.”

Question 1: Did the child have an appropriate provider for each medically fragile condition?

Question 1	Appropriate Provider			
	Statewide	Region 1	Region 2	Region 3
Total Applicable Cases	14	6	5	3
% Full Compliance	100% <i>(14 out of 14)</i>	100% <i>(6 out of 6)</i>	100% <i>(5 out of 5)</i>	100% <i>(3 out of 3)</i>
% Total Non-Compliant	0% <i>(0 out of 14)</i>	0% <i>(0 out of 6)</i>	0% <i>(0 out of 5)</i>	0% <i>(0 out of 3)</i>

Summary

- Fourteen out of 14 cases were rated Fully Compliant, therefore Children’s Administrations performance was 100%.
- Performance on this question was consistent among all regions.
- The process for determining compliance included, but is not limited to:
 - Listing all of the child’s health conditions and specifically identifying those that make the child “medically fragile.”
 - Calling each specific medical provider linked to the child’s medically fragile condition to determine if the child is current on his/her treatment plan for that condition.
 - Assessing whether appropriate follow-up occurred in the course of the child’s well-child/EPSTD care.
- Compliance for this question was determined by the Fostering Well-Being Care Coordination Unit.

Question 2: During the review period, did the medically fragile child receive appropriate and ongoing or follow-up care for all of their health conditions?

Question 2	Appropriate and Ongoing Follow-up Care			
	Statewide	Region 1	Region 2	Region 3
Total Applicable Cases	14	6	5	3
% Full Compliance	86% <i>(12 out of 14)</i>	67% <i>(4 out of 6)</i>	100% <i>(5 out of 5)</i>	100% <i>(3 out of 3)</i>
% Total Non-Compliant	14% <i>(2 out of 14)</i>	33% <i>(2 out of 6)</i>	0% <i>(0 out of 5)</i>	0% <i>(0 out of 3)</i>
Indicators of Progress	100% <i>(2 out of 2)</i>	100% <i>(2 out of 2)</i>	0% <i>(0 out of 0)</i>	0% <i>(0 out of 0)</i>

Summary

- Twelve out of 14 cases were rated Fully Compliant. The Fostering Well-Being Care Coordination Unit nurses reviewed cases for appropriate health care services received related to the child’s medically fragile conditions.
- Statewide performance for this question was 86%.
 - Region 2 and 3 had the highest performance at 100%.
 - Region 1 had the lowest performance at 67%.
- Fourteen percent of the cases reviewed were determined non-compliant for receiving appropriate and ongoing follow-up care.

- Two of the 14 cases were scored non-compliant – indicators of progress. During the review, reviewers found two children did not receive the follow-up care for one of their medical conditions as recommended by a medical provider.
- Since the completion of the review, the gaps in health care for both children have been identified and are being addressed.

Question 3: Was the child documented as Medically Fragile in Children’s Administrations administrative data system?

Question 3	Child Documented as Medically Fragile			
	Statewide	Region 1	Region 2	Region 3
Total Applicable Cases	14	6	5	3
% Full Compliance	86% <i>(12 out of 14)</i>	83% <i>(5 out of 6)</i>	80% <i>(4 out of 5)</i>	100% <i>(3 out of 3)</i>
% Total Non-Compliant	14% <i>(2 out of 14)</i>	17% <i>(1 out of 6)</i>	20% <i>(1 out of 5)</i>	0 <i>(0 out of 3)</i>

Summary

- For this question, the reviewer answered the question with either yes or no; therefore there were no other factors to consider which might indicate progress.
- Compliance for Question 3 was determined by reviewing the Special Needs documentation in FamLink.
- Twelve out of 14 cases scored Fully Compliant.
- Statewide performance for this question is 86%.
 - Region 3 had the highest performance at 100%.
 - Region 2 had the lowest performance at 80%.
- Two of the 14 cases reviewed did not document the child as medically fragile in FamLink and therefore determined as non-compliant. The HQ Program Manager contacted the caseworkers of the two non-compliant cases and they are now correctly documented in FamLink.

Question 4: Was a Caregiver Support Plan uploaded into FamLink?

Question 4	Caregiver Support Plan in FamLink			
	Statewide	Region 1	Region 2	Region 3
Total Applicable Cases	14	6	5	3
% Full Compliance	64% <i>(9 out of 14)</i>	50% <i>(3 out of 6)</i>	100% <i>(5 out of 5)</i>	33% <i>(1 out of 3)</i>
% Total Non-Compliant	36% <i>(5 out of 14)</i>	50% <i>(3 out of 6)</i>	0% <i>(0 out of 5)</i>	66% <i>(2 out of 3)</i>

Summary

- Compliance for Question 4 was determined by reviewing FamLink – File Upload.
- To determine compliance, the reviewer answered the question with either yes or no; therefore there were no other factors to consider which might indicate progress.
- Nine out of 14 cases were rated Fully Compliant.
- Children’s Administrations performance in meeting compliance for this question is 64%.
 - Region 2 had the highest performance at 100%.
 - Region 3 had the lowest performance at 33%.
- The reviewer found 36% of the cases reviewed did not have a Caregiver Support Plan uploaded in FamLink.
 - Region 1 had 3 cases and Region 3 had 2 cases needing an uploaded Caregiver Support Plan.
 - The Regions have been notified about the specific children who did not have a caregiver support plan uploaded in FamLink. The regional Medically Fragile leads will follow-up with the case workers to ensure there is a current Caregiver Support Plan in place and uploaded into FamLink.

VI. Strategies for Improvement

Strategies for improvement on this outcome can be found in the July-December 2011 Braam Revised Settlement and Exit Agreement Semi-Annual Performance Report.

VII. APPENDIX

Following is the tool used during the case review by Aging and Disability Services Administration (ADSA) Fostering Well-Being Care Coordination Unit (FWB CCU) staff and Children's Administration Headquarters staff.

CASE REVIEW QUESTIONS **For First Six-Month Reporting Period**

Goal

Each child in the custody of the department will have a safe and stable placement with a caregiver capable of meeting the child's needs.

Outcome Being Reviewed

Outcome 18: *Medically fragile children will be connected to ongoing and appropriate medical care and placed with caregivers who have specialized skills or receive consultation and ongoing training regarding their caretaking responsibilities for the medical condition.*

How Often and When will the Case Review Occur?

First review will begin January 2012 and review will cover June 1, 2011 – December 31, 2011. First report will be submitted in March 2012 and every six months after.

Population from Which the Sample Will Be Selected

One hundred percent of medically fragile children who received care coordination services from the Fostering Well-Being Care Coordination Unit on the last day of the reporting period who were also:

- In care at least 60 days from the date of referral to the Fostering Well-Being Unit during the measurement period, and
- Still in the care and custody of CA when the review occurs.

The case review will determine whether medically fragile children were connected with ongoing and appropriate medical care, their medically fragile status is document in CA's administrative data system, and the Caregiver Support Plan is uploaded into CA's administrative data system.

Specific Questions and Criteria

Full Compliance for this targeted case review is dependent on documentation found in FamLink, PRISM, or ProviderOne. Verification of compliance may also be met through contact with the child's social worker, caregiver and/or medical provider.

Was the medically fragile child connected to ongoing and appropriate medical care?

1. During the review period, did the child have an appropriate provider for each medically fragile health condition identified?

Full Compliance:

The child had an appropriate provider for each health condition identified.

Non –Compliance:

The child did not have an appropriate provider for all health conditions identified.

Reviewer Guidance: The case reviewer (i.e., the Fostering Well-Being Care Coordination Program Nurse) will list medically fragile health conditions and identify the percentage of conditions that were not matched to an appropriate provider during the review period. _____%

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2. During the review period, did the child receive appropriate ongoing or follow-up care for all of their medically fragile health conditions?

Full Compliance:

The child received appropriate ongoing or follow-up care during the review period.

Non –Compliance:

The child did not receive appropriate ongoing or follow-up care for all of their health conditions.

Reviewer Guidance: The case reviewer (i.e., the Fostering Well-Being Care Coordination Program Nurse) will list medically fragile health conditions and identify the percentage of conditions that were not appropriately addressed during the review period. _____%

Was the child’s medically fragile status documented in FamLink and was there a Caregiver Support Plan uploaded into FamLink? (*Questions 3 and 4 are reviewed by the CA Health Program Manager*)

3. Was the child’s medically fragile status documented in FamLink?

Full Compliance:

The child was documented in FamLink as medically fragile.

Non –Compliance:

The child was not documented in FamLink as medically fragile.

4. During the review period, was there a Caregiver Support Plan uploaded into FamLink?

Full Compliance:

There was a Caregiver Support Plan for the child’s caregiver uploaded into FamLink.

Reviewer Guidance: **The Caregiver Support Plan must be current to the child’s caregiver.**

Other Indications of Progress:

There was a Caregiver Support Plan for the child’s caregiver, but it was not uploaded into FamLink.

Reviewer Guidance: These cases are considered non-compliant with the full compliance measure.

Non –Compliance:

There was not a Caregiver Support Plan for the child’s caregiver.

Overall Compliance:

Full Compliance

Case review found the case to be in full compliance for all four questions.

Other Indications of Progress:

Case review found the case to be in compliance with two or three questions.

Reviewer Guidance: These cases are considered non-compliant with the full compliance measure.

Non-Compliance

Case review found the case to be compliant for zero or one question.