



Children's Administration

Targeted Case Review

Outcome 18: Medically Fragile

January 1, 2013 – June 30, 2013

This is a report of the results of a targeted case review concerning medically fragile children in out-of-home placement. This case review is required by the Braam Revised Settlement and Exit Agreement.

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 report of results from the fourth targeted case review concerning medically fragile children. Pursuant to the revised agreement, the case review process is conducted 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 will determine whether medically fragile children were connected with ongoing and appropriate

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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.

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.

The case review for the second, and subsequent, reporting periods was conducted via "set" and "rolling" reviews to ensure all medically fragile children were included in the review.

- **Set Reviews** were conducted during a set time period, the month of July 2013, for medically fragile children who live in a facility, or whose care is coordinated by another entity such as a Child Placing Agency or Behavior Rehabilitation Services.
- **Rolling Reviews** were conducted between January 1, 2013 and June 30, 2013 for medically fragile children who live in foster homes and receive their care coordination from the Fostering Well-Being (FWB) Care Coordination Unit. These reviews were done in conjunction with the schedule to update the child's FWB Care Coordination Summary.

III. Sample Methodology

A. Size

The sample size for this case review is 100% of all children identified as medically fragile. *The sample includes medically fragile children who receive their care coordination from:*

- *The Fostering Well-Being Care Coordination Unit*

OR

- *Another resource such as their placement (CPA or BRS) or a medical home.*

B. Sample Definition

One hundred percent of medically fragile children who received care coordination services from the Fostering Well-Being Care Coordination Unit or from another resource 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 occurred.

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 who receive care coordination services from Fostering Well-Being or from another source (placement or contracted services).

The FWB CCU staff developed guidelines to complete the first portion of the review and ensure inter-rater reliability. Once the FWB CCU confirmed that a child is medically fragile, the case was reviewed to determine if the child was connected to ongoing and appropriate health care. Upon completion of the FWB CCU 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?
- 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 Identified for Review	43	14	13	16
# of Cases Excluded from the Sample	24	7	7	10
# of Cases Reviewed	19	7	6	6
“Rolling” Reviews	9	4	3	2
“Set” Reviews	10	3	3	4
Overall Compliance	100% <i>(19 out of 19)</i>	100% <i>(7 out of 7)</i>	100% <i>(6 out of 6)</i>	100% <i>(6 out of 6)</i>

Summary

- Case review results are based on 19 cases. The department achieved a statewide compliance rate of 100%. Compliance is based on combining the rolling and set reviews in each region.
 - Region 1 achieved 100% compliance.

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- Region 2 achieved 100% compliance.
- Region 3 achieved 100% compliance.
- During the course of the review period, some cases were excluded from the case review for the following reasons:
 - Sixteen children no longer met the medically fragile criteria.
 - Three children returned home.
 - One child was adopted.
 - Three children required long hospitalizations or continuous management of a specific condition in order to stabilize the child.
 - One youth refused to participate in treatment of his disease.

A. Outcome Compliance by State and Region – Rolling Reviews

Rolling Reviews	Outcome 18: Medically Fragile			
	Statewide	Region 1	Region 2	Region 3
Total Applicable Cases	9	4	3	2
% Full Compliance	100% <i>(9 out of 9)</i>	100% <i>(4 out of 4)</i>	100% <i>(3 out of 3)</i>	100% <i>(2 out of 2)</i>
% Total Non-Compliant	0% <i>(0 out of 9)</i>	0% <i>(0 out of 4)</i>	0% <i>(0 out of 3)</i>	0% <i>(0 out of 2)</i>

Summary

- Nine cases met full compliance. Children’s Administration’s overall performance for the medically fragile children in the “Rolling Review” is 100%.
- The rolling case review was comprised of four questions. Each case had to meet the compliance requirements on all four questions in order to be found fully compliant with the measure.

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

Question 2: Did the child receive appropriate and follow-up care to address their medically fragile conditions during the review period?

Question 3: Was the child documented as “medically fragile” in FamLink?

Question 4: Was there a Caregiver Support Plan signed by the caregiver and uploaded into FamLink?

B. Outcome by State and Region – Set Reviews

Set Reviews	Appropriate Provider			
	Statewide	Region 1	Region 2	Region 3
Total Applicable Cases	10	3	3	4
% Full Compliance	100% <i>(10 out of 10)</i>	100% <i>(3 out of 3)</i>	100% <i>(3 out of 3)</i>	100% <i>(4 out of 4)</i>
% Total Non-Compliant	0% <i>(0 out of 10)</i>	0% <i>(0 out of 3)</i>	0% <i>(0 out of 3)</i>	0% <i>(0 out of 4)</i>

Summary

- Ten cases met full compliance. Children’s Administration’s overall performance for the medically fragile children in the “Set Review” is 100%.
- The process for determining compliance for the set reviews included three questions. Each case had to meet the compliance requirements on all three questions in order to be found fully compliant for the measure.

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

Question 2: Did the child receive appropriate care and follow-up during to address their medically fragile conditions during the review period?

Question 3: Was the child documented as “medically fragile” in FamLink?

Note: Caregiver Support Plans are not required for children who live in a skilled medical facility such as Ashley House, receive Behavior Rehabilitation Services, or receive case management services provided by a Child Placing Agency.¹

¹ [Medically Fragile Children Policy](#): See Note under Procedures, Item D for exception requirement

VI. 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.