

## 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 - Children's Administration (CA)
- DSHS – Aging and Long-Term Support Administration (AL TSA)
- DSHS - Developmental Disabilities Administration (DDA)
- DSHS - Behavioral Health and Service Integration Administration (mental health and substance abuse) (BHSIA)
- Washington State Health Care Authority (HCA) – Washington's Medicaid state agency
- Department of Health
- Community physicians
- 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.

Group members are involved in the development and revisions of the Health Care Oversight and Coordination Plan to ensure it covers the required areas and maximizes 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, Washington state implemented a Health Care Oversight program for children in out-of-home placement called Fostering Well-Being which provides access to Medicaid, health information, and care coordination for children in out-of-home care. The plan is updated as needed to maximize the use of available resources and improve health outcomes for children in foster care.

### Oversight/Coordination of Health Care

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

##### *CA 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.
  - Lessons Learned:
    - Special relationships with local health care providers had to be established in order to have access to appointments within the required five days.

- The schedules of health care providers, CA workers, and caregivers do not allow for this initial appointment and the required full Early and Periodic Screening, Diagnosis and Treatment (EPSDT) within 30 days to occur so this appointment is frequently combined with the initial EPSDT. CA will be looking at how to streamline the requirements for the Initial Health Screen to better match the needs of the children and CA worker practice.
- Children in foster care are required by CA policy to receive age appropriate 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 Policy) requires CA 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 one and two years of age
    - Annual examinations for children between three 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 CA worker of any concerns or items requiring follow-up.
- CA 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 CA worker when the annual EPSDT examination is due for a child/youth.
- The DSHS 03-338 EPSDT/Health Services Consent card provides guidance to caregivers about the schedule for the Initial Health Screen and EPSDTs. The card is included in placement packets and is given to caregivers whenever a new child is placed in their home.
  - Lessons Learned:
    - The EPSDT/Health Services card was translated into Spanish to make it helpful to more caregivers.
- CA workers and CHET screeners are able to document future medical, dental, and mental health appointments in FamLink.
  - Lessons Learned:
    - An "End Date" for conditions was added to the Health/Mental Health pages in FamLink to better reflect the nature of health concerns that are not lifelong diagnoses.

#### *Fostering Well-Being Program*

- The Fostering Well-Being Program (FWB) is a collaboration between CA, HCA, and ALTA. FWB includes a unit of nurses and specially trained program staff who provide consultation and guidance to caregivers and CA workers on treatment plans and e assistance to identify health and mental health care providers.
- The FWB Program develops written recommendations for children in out-of-home care including children who are medically fragile or complex. These recommendations assist the caregiver and CA worker to identify and accomplish any prescribed follow-up referrals and services related to the child's health and mental health care.

- Lessons Learned:
  - Initially FWB created comprehensive health care summaries for children/youth served by the program. However, these summaries were time consuming which reduced the number of children that could be served. In addition, the summaries were not easily understood by CA workers and caregivers about actions needed to address the child/youth's health and mental health concerns. The comprehensive summaries were re-formatted to be clear about diagnoses, providers, and actions needed.

### Health Needs Monitored and Treated

#### **(2) How health needs identified through screenings will be monitored and treated:**

##### *CA 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.
- CA will convene a workgroup and consult with experts at the University of Washington to review tools and select a validated standardized tool to screen for trauma symptoms in children who enter foster care.
  - Lessons Learned:
    - This workgroup included input from CA workers including CHET screeners. The Screen for Childhood Anxiety and Emotional Disorders (SCARED) was selected and will be incorporated into the CHET screen beginning July 1, 2014.
- Activities for 2015 – 2019
  - On-going mental health screeners will re-screen children and youth who received a CHET screen using the CHET mental health tools (ASQ, ASQ-SE, PSC-17, and SCARED) every six months. Data will be collected to monitor on-going progress of children and youth who are receiving mental/behavioral health services. The re-screening process will also identify children and youth who may need mental/behavioral health services or have their current services re-evaluated.
  - The Alliance will bring in a National Child Traumatic Stress Network (NCTSN) trainer to provide the NCTSN Child Welfare Trauma Toolkit training to CA workers and caregivers.
  - CA will evaluate the multiple trauma training curriculums that are currently available to determine the best "mix" for on-going CA worker and caregiver trainings.
- CA was the successful recipient of an Administration for Children and Families (ACF) grant to implement and incorporate trauma screening and identification of appropriate evidence based treatments to serve children that "screen in" positive with validated tools for trauma.
  - Lessons Learned:
    - Through focus groups and surveys with CA and mental health providers, the CHET screen is seen as a valuable tool.
    - Validated a need for CA staff to receive specific training about mental health diagnoses, evidence based treatments, and psychotropic medications. Mental health training was developed in partnership with the University of Washington and the Alliance for Child Welfare Excellence. Training has been provided in one region and other opportunities will occur during 2014.

- Validated perceptions that CA and the mental health system have more work to do to improve communication between the systems in order to better address the on-going mental health treatment needs of children in foster care.
  - Identified that neither CA nor the mental health system have a consistent method to measure effectiveness of treatment. To address this gap, CA hired three On-going Mental Health Screeners.
- When health and mental health concerns are identified in the CHET screen or the EPSDT examination, the assigned CA worker makes referrals to appropriate providers including the Regional Support Networks for a comprehensive mental health evaluation. Workers also make referrals to the FWB program. Concerns and referrals are documented in FamLink and in the child's Court Report which is updated every six months and shared with the child's caregivers.
- Identification of trauma symptoms is addressed throughout CA worker Regional Core Training. Examples include:
  - Dynamics of abuse and neglect – small piece on resilience and on EBT's related to supporting children and families
  - Dynamics of Sexual Abuse (outside trainer Jordan Royal from the Harborview Center for Sexual Assault and Traumatic Stress) – significant discussion related to trauma, Trauma focused Cognitive Behavioral Therapy, working with non-offending parents
  - Reunification Decisions & Transition planning – how trauma impacts children's behavior in care and during transitions home, impact of grief and loss, impact of transition on minimizing disruption/trauma to child
  - Adolescent Issues – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
  - Supporting Children and Youth in care – activity about essential connections explores the grief and loss/trauma of initial placement and subsequent moves. Trainees brainstorm on avoiding/minimizing these issues and supporting kids through the unavoidable ones.
- The Regional Medical Consultants, who are available to staff statewide, are also available to answer questions regarding trauma.
- CA workers utilize monthly health and safety visits with the child to monitor and address health and mental health care needs.
- CA workers 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.
- CA workers are required to update the child's health, mental health, and education status in the Court Report every six months.

#### *Fostering Well-Being Program*

- CHET Screeners and CA workers make referrals to the FWB Program when children with unaddressed or uncoordinated health and mental health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.
- Through several referral mechanisms and sources the FWB program staff provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and CA 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.
  - Lessons Learned:

- FWB and CA identified that more work was needed to ensure children and youth in tribal custody are able to access FWB services. CA and FWB staff attend the CA Indian Policy Advisory Committee meetings to share information and identify ways to better serve the Native American population.
- FWB nurses and specially trained program staff document important health and mental health information in FamLink to assist the assigned CA worker with continued monitoring and follow-up for children/youth in foster care.

*Foster Care Assessment Program*

- Foster Care Assessment Program evaluators assess 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 CA worker to be used in service and case planning.

**(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:**

*CA worker Requirements*

- CHET screeners are required by policy ([CHET Policy](#)) to provide the completed CHET Screening Report within five days of completion to the CA worker and caregiver.
- Assigned CA workers are required by policy 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 Health/Mental Health and Education Summary). See [CA Placement Policy](#)
  - Provide the caregiver with all completed assessments within five days of receipt.
  - Provide the completed CHET Screening Report to others related to the child’s case (i.e. therapist, etc.).
  - Update the child’s health, mental health, and education status in the Court Report 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.
- CA workers and CHET screeners are required to document all known medical information into Health/Mental Health page FamLink and generate a new Health/Mental Health and Education Summary every six months or when there is a placement change. This information includes names and addresses of the child’s health providers, records of immunizations, known medical problems, medications, and other relevant health information.
- CA workers are allowed access to ProviderOne and may view the most recent two years of Medicaid claims data in the system. Information available includes medications, medical appointments, hospitalizations, and dental care.
  - Lessons learned:
    - The ProviderOne system is not user friendly and CA staff who have access require some training and technical assistance.

*Fostering Well-Being Program*

- FWB specially trained program staff mail health reports comprised of Medicaid paid claims data and immunization information to caregivers within the first five days of placement. Caregivers are

instructed to share the reports and information 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 assigned worker to review.
- The FWB unit provides care coordination services to children in foster care including those who are medically fragile or complex. The care coordination information is shared with medical providers, caregivers, and CA 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 document medical and mental health information into FamLink for children who receive care coordination services.
- The Medicaid payment system, ProviderOne, allows access for medical providers who see children in out-of-home placement to view the most recent two years of Medicaid paid claims information.
- The FWB CCU ensures medical records for children and youth referred to the unit are made available to providers, if and when there were changes in providers in order to follow the child/youth receiving FWB CCU services.
- FWB nurses enter immunizations into the Washington State Immunization Information System (WSIIS) when there is new or different information than what is reflected in the registry. Once entered, any medical provider who subscribes to WSIIS can see the child's immunization history.
- The Foster Care Medical Team (FCMT) at the Health Care Authority created a new form to help tribes identify prior foster youth who may be eligible for Apple Health until their 26th birthday. The form also streamlines the process for the tribes and the FCMT to reinstate Apple Health eligibility.
- Every child referred to the FWB CCU receives the above mentioned recommendations. These are sent to the CA workers by email and are intended to provide brief targeted recommendations to the worker and caregiver. This is an alternative to more in-depth summaries that are still developed when needed or requested.

**(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.

*CA worker Requirements*

- CA workers are required to generate the Child Information and Placement Referral Form in FamLink. The report is given to the caregiver no later than 72 hours after an initial placement or a placement change and includes the health, mental health, and education information known about the child at the time of placement or placement move.
- CA workers and CHET screeners document medical, dental, and mental health providers in FamLink. In addition, CA workers track and document future medical, dental, and mental health appointments in FamLink.
- CA workers provide the FamLink Child Health and Education Report to caregivers or health care providers when new health and education information is learned. This report identifies known health providers.
- CA workers refer children who may be medically fragile to the FWB CCU. The nurses in the FWB CCU determine if the child meets the medically fragile criteria and provides care coordination

services for the child as needed. The FWB CCU develops a Health Overview that describes the child's plan for access to ongoing and appropriate health care for the child.

- CA workers and caregivers jointly develop a Caregiver Support Plan for medically fragile children. The Caregiver Support Plan addresses the training and support needs of the caregiver and outlines a plan for planned and emergency respite care for the medically fragile child.

#### *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 Washington State Immunization Information System. 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 the information in the Health Overviews developed for children who are served by the unit. The Health Overview is provided to CA workers and caregivers and is uploaded into FamLink.
- The FWB CCU has a registered nurse who specifically oversees the care coordination needs of medically fragile children.
- **Activities for 2014 – 2019:** FWB CCU will provide the recommendation table to each child's primary care physician in order to assist the provider with continuity of care. FWB CCU has learned that the person guiding the care and has the most influence on a child's medical care is the primary care provider. This is in alignment with the focus of one managed care plan and all health care flowing through the primary care provider.

#### *Health Care Authority*

- Children in out-of-home placement have the option to enroll in a Washington's Medicaid managed health care plan. This option supports continuity of care for children who are already enrolled in one of these plans prior to entering out-of-home placement. In addition, the managed care plans offer care coordination services for children who are enrolled.
  - Lessons learned:
    - This option allowed for flexibility within the Medicaid system for children to access appropriate health care in areas of the state where a managed care plan can provide more health care services than those available from fee-for-service providers.
- HCA updated their policy for youth who are "missing from care." Prior to November 2012, Medicaid eligibility for these youth was closed until the youth returned to care. The policy change allows the youth's Medicaid eligibility to remain open to allow the youth to seek medical care and fill prescriptions while on the run.
  - Lessons learned:
    - Now that these youth have Apple Health eligibility while on the run, FWB is able to provide services, such as updating CA workers if a child utilizes the Emergency Department or fills a prescription while their whereabouts are unknown to the department. This alerts the CA worker about the sort of follow-up care a youth will need when they return to placement and may also assist in locating the youth.
- **Activities for 2015 – 2019:** HCA was mandated in the Washington state FY 2013 budget to place fee-for-service children in to a managed care plan. A partnership with CA, ALTA, and BHSIA with HCA in the lead is in the process of drafting a request for proposal with the intention to create a single managed care plan for children in foster care. The Request for Proposal will be put out for

bid by June 2014 and enrollment with the successful bidder will begin January 1, 2015. The successful bidder will have primary responsibility to coordinate the health and mental health care for children and youth in foster care. The plan will address issues such as continuity of care, specialty care, and health care oversight through care coordination.

This effort represents the primary focus of Washington's Health Care Oversight Plan for the next five years. Additional requirements of the managed care plan will be to provide measureable outcomes regarding the aspects of the Health Care Oversight Plan.

**(5) Oversight of prescription medications.**

*CA worker Requirements*

- CA workers may document prescribed medication information in FamLink which populates the Child Information and Placement Referral Form provided to caregivers and on the child's Court Report.
- CA's [Psychotropic Medication Policy](#) outlines expectations regarding the role of the CA worker and the consent process when psychotropic medications are prescribed.
- A Guide for Informed Consent regarding psychotropic medications was drafted in 2013. This guide will be finalized in spring 2015 and will be available for use by caregivers and youth. The tool discusses various types of psychotropic medications, their effects, and options regarding therapy. It is intended to empower the youth to have a thorough dialogue with their health care provider when psychotropic medications are prescribed.
- CA will complete a case review by spring 2015 of children birth – five who are prescribed a psychotropic medication, including ADHD medications.
- A new program manager was hired by CA to address mental health and psychotropic medication policy and practice issues for children and youth in foster care. This new program manager will complete the Guide for Informed Consent and update CA policy.
- The Alliance for Child Welfare Excellence, University of Washington, and CA developed the "Mental Health: A Critical Aspect to Permanency and Well-Being" curriculum for CA workers which addresses screening for trauma, mental health needs, psychotropic medications, and evidence based treatments. This training is currently provided in a train the trainers format and is part of the Regional Core training for new CA workers as of June 2014.
- Mental health training is provided in an all-day format to current CA workers and caregivers to ensure they receive this training as well. Also during 2014, the training will be adapted and incorporated into the curriculum for foster parents.

*Fostering Well-Being Program*

- The FWB program provides care coordination services which includes the identification of medications that require oversight. Children who have a mental illness and are prescribed psychotropic medications are eligible to receive care coordination.
- Health overviews are mailed to caregivers and CA workers and include information about medications. Caregivers are instructed to take the health overviews and other health related information to the child's medical appointments.

*Health Care Authority*

- HCA is in the process of developing a "report card" which provides a visual tool to prescribers about their prescribing practices compared to their peers. This effort is currently on hold while HCA and CA work on the migration of children and youth in foster care into a managed care plan.

- The primary intervention used by HCA is the requirement for a mandatory second opinion from an agency-approved Second Opinion Network provider when community established thresholds are exceeded. The agency's Second Opinion Network is currently comprised of Pediatric Psychiatrists on staff at Seattle Children's Hospital.

A second opinion is triggered by algorithms within the ProviderOne payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

Examples of the second opinion criteria are:

- All medications prescribed to treat ADHD automatically trigger a second opinion if the child is 0 – five years of age.
- More than one atypical antipsychotic prescribed for a child of any age. (Implemented 7/15/2012)
- More than four mental health medications prescribed for a child of any age. (Implemented 8/1/2012)
- Prescribing of sedative-hypnotics to any child of any age
- Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA's Pediatric Mental Health Stakeholder Workgroup
  - Lessons Learned:
    - Since the initiation of these programs in 2005, Washington state has seen a significant decrease in the prescribing of mental health medications to very young children, in the use of high doses of ADHD medications and antipsychotics, and the use of duplicative medications. In a 16 state collaborative study, Washington state was found to have the lowest rate of antipsychotic use for foster care children (2004 - 2007 data), and was among the best ranked states in several other categories as well.
- In conjunction with and in addition to the Second Opinion Network, HCA (through contract with Seattle Children's Hospital) maintains the Partnership Access Line (PAL). PAL is a telephone based pediatric mental health consultation system funded by the state legislature. PAL employs child psychiatrists and CA workers affiliated with Seattle Children's Hospital to deliver these consultation services. The PAL team is available to any primary care provider throughout Washington state, and Washington's primary care providers are encouraged to call the PAL toll free number as often as they would like.
- HCA holds a quarterly meeting of mental health professionals, client advocates, and other interested stakeholders (the Pediatric Mental Health Stakeholder Workgroup) to establish Washington's community standards for reasonable prescribing limitations that will be applied to the Medicaid population including children and youth in foster care. The workgroup's most recently completed efforts were the establishment of age and dose limits for the alpha agonist class of medications used in the treatment of ADHD. The workgroup continues to build on the establishment of age and dose limits, for other mental health medications rather than a flat maximum threshold for all ages.

#### *Resources*

- Regional Medical Consultants provide consultation to the FWB nurses and CA workers regarding medications and their side-effects.
- The Medical Consultation Network through the University of Washington is available to CA workers for consultation with a pharmacist on prescribed or non-prescribed medications.

- Physicians may contact the PAL for telephonic mental health consultation. PAL employs child psychiatrists, child psychologists, and CA workers affiliated with Seattle Children’s Hospital to deliver its consultation services.
- DSHS and HCA have a cross-system team that works to identify areas of improvement related to mental health and psychotropic medications. The team is addressing prescription oversight of poly-pharmacy for psychotropic medications. In addition, the team supports utilization of evidence based treatments that address mental health and trauma in conjunction with medication for children in out-of-home placement. The Washington state Medicaid Director is a key member of this team and is available for participation and frequent consultation.
- The DSHS has capacity throughout the Washington mental health network to provide Trauma Focused Cognitive Behavioral Therapy (TF CBT). Other trauma focused evidence based treatments such as Alternatives for Families (AF-CBT) are being implemented at this time.

**(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 CA workers and caregivers. These physicians also provide medical oversight to the FWB Program.
- CA 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.
- CA consulted with Lucy Berliner, LISCW regarding incorporating a trauma screening tool into CA practice.
- In compliance with RCW 74.14B.030, each CA 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.
- CA Regions convene meetings with Developmental Disabilities Administration (DDA) regional staff to coordinate regarding mutually served children to ensure they receive appropriate services.
- CA partners with HCA and the ALTA 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

CA and FWB consult 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 advise 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 CA 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, CA 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 CA 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.