
State of Utah
Department of Human Service
Division of Child and Family Services



Healthcare Oversight and Coordination Plan
Targeted Plan within the CFSP for FFY 2020 to FFY 2024

Submitted: June 28, 2019

Table of Contents

Introduction	3
Schedule for Initial and Follow-up Health Screening.....	3
Monitoring and Treating Health Needs	4
Medical Information for Children in Care (Including Electronic Health Records)	4
Continuity of Healthcare.....	4
Oversight of Prescription Medication (Including Psychotropic Medications).....	4
Consultation with Health Care Professionals in Assessing Health and Well-Being	6
Protocols and Procedures to Ensure Appropriate Child Diagnosis.....	6
Healthcare Needs of Youth Aging Out of Foster Care	8
Notification of Youth of Options for Health Insurance.....	8
Appointment of a Healthcare Proxy	8

Introduction

The Plan for Health Care Coordination and Oversight is a component of Utah's Child and Family Services Plan for FFY 2020 to FFY 2024. This plan was developed in conjunction with the Department of Health, which includes the Fostering Healthy Children Program and Medicaid agency. In addition, Fostering Healthy Children also subcontracts with the University of Utah Safe and Healthy Families program to provide medical and healthcare expertise to ensure that medical, dental, and mental health care needs of children in foster care align with best practice and current research. Both FHC and Safe and Healthy Families were consulted regarding this plan.

For example, DCFS participates in quarterly meetings with the State Medicaid agency in order to collaborate regarding health care services for children in foster care, particularly regarding monitoring of psychotropic medications and issues regarding Medicaid coverage. Discussions were held in several quarterly meetings to ensure that the State Medicaid agency perspective was represented. Youth from the DCFS Foster Youth Council also gave input related to the process for monitoring psychotropic medications.

The Division of Child and Family Services entered into an agreement with Utah's Department of Health (DOH) more than a decade ago to have registered nurses in the Fostering Healthy Children Program (FHC) track, monitor, and evaluate healthcare services for children in DCFS custody. FHC nurses work in conjunction with community health partners to recruit and develop liaisons with healthcare providers and develop regional health resources for children. FHC nurses also enter available health data into SAFE, Utah's CCWIS system, provide consultation with or health education to DCFS staff, provide medical training to out-of-home care providers, and attend or send reports to Quality Improvement Committees. This partnership will continue to be a vital component of health care coordination and oversight for children in foster care in Utah during the FFY 2020 to FFY 2024 plan period.

Schedule for Initial and Follow-up Health Screening

DCFS Practice Guidelines Section 303.5 outlines procedures to be followed in providing children with dental exams, mental health assessments, development and social assessment, and immunizations. This section also outlines procedures to be followed for special medical situations including suspected drug use, evaluations for potential sexually transmitted diseases, pregnancy, abortion, and lifesaving medical treatment.

A medical provider sees children entering custody that are ill or have signs of abuse or neglect within 24 hours. Children receive a Well Child Health Evaluation and Care (CHEC) from their medical home, or primary care provider (PCP), within 30 days of removal or court-ordered custody, as stated in Practice Guideline Section 303.5.B. In most cases the child's primary care physician (PCP) will perform the CHEC. Children over the age of three receive a dental exam from their primary dentist. If the child does not have a medical home, PCP, or dentist, one is assigned to them. The well child check schedule that DCFS follows is based on periodicity schedule recommendations made by the American Academy of Pediatrics.

A Mental Health Assessment (MHA) is completed within 30 days of custody and the ASQ/ASQ-SE is administered in compliance with the periodicity schedule. The MHA is then completed annually for

children ages 5 and older. The ASQ/ASQ-SE is completed according to the prescribed schedule. Any referrals that are made from the WCC, dental exam, or MHA are tracked and are to be completed within 90 days unless there is an emergent need, or the physician or medical provider requests differently. In some cases, due to limited resources for sub-specialties, there may be longer waits to be seen. If the child's need is critical, the medical provider may make special arrangements to meet that need. If the need is not critical, the client will be seen at the next available appointment which could fall outside the goal of 90 days.

Monitoring and Treating Health Needs

Children in out-of-home care are provided forms to be taken to ALL medical providers. These forms are returned to the FHC R.N. assigned to the case. Information collected is entered in the child's SAFE health record, which tracks referrals made and follow-up needed. The nurse reviews each file to determine which procedures have been completed and identifies needs that have not been met. The healthcare team, in accordance with established privacy and security practices, facilitates the provision of healthcare information and documentation to foster parents and medical providers.

Medical Information for Children in Care (Including Electronic Health Records)

Data is stored in the SAFE database. When a child's placement changes or the child returns home, the Health Data Report is provided to the family. To facilitate coordination of care, this report is also provided to medical providers who use it to learn about the child's medical history, current health issues and to determine which other medical providers the child has seen.

In addition, the report tells the physician about medications being used, the dose, route, and frequency medications are given, current allergies, immunizations the child has received, and identifies what special equipment the child may need.

Continuity of Healthcare

If at all possible, after entering custody, children remain with the same medical provider that provided care prior to the child entering state custody. If the child is placed at a location that prevents them from conveniently accessing that provider, the nurse helps coordinate the transfer of the child's case and medical records to a new provider. Nevertheless, the goal is to maintain the child in their medical home the entire time they are in custody.

Oversight of Prescription Medication (Including Psychotropic Medications)

All medications prescribed and taken by a child in custody are tracked in the child's SAFE medical history. Therefore, the medical provider has a complete history of current medications taken by the child as well as medications that have been completed or discontinued for any reason. In addition, DCFS is able to obtain a report of children on specific medications if there is a recall or concern. In these cases, DCFS sends a letter and a copy of any FDA warning to the provider that prescribed the medication. The letter

requests that the provider review the medication(s) with the client. The provider's review is returned to DCFS via the Health Visit Report form which is used to update the case file as necessary.

During the 2016 legislative session, state legislators passed SB-82 *Child Welfare Modifications*, which amended Utah Code Ann. §62A-4a-213 and allowed DCFS to establish and support a psychotropic education oversight panel for children in foster care. The purpose of the oversight panel is to ensure that foster children are being prescribed psychotropic medication consistent with their needs. The statute allowed for the oversight panel to be comprised, at minimum, of an Advanced Practice Registered Nurse (APRN) and a child psychiatrist. By statute, the oversight panel is tasked with monitoring foster children that meet the following criteria:

- Six years old or younger who are being prescribed one or more psychotropic medications.
- Seven years old or older who are being prescribed two or more psychotropic medications.

Shortly after that legislation passed, DCFS collaborated with the Department of Health and the University of Utah Safe and Healthy Families Program to launch the Utah Psychotropic Oversight Program (UPOP) and initiate contracts to deliver program services. In January 2017, the APRN was hired and the program was officially launched.

The team is comprised of three child psychiatrists that are clinicians and work in the University of Utah or Intermountain Healthcare Systems, the two largest healthcare systems in the state. In addition, with ties to the University of Utah Department of Pediatrics and Psychiatry, the UPOP has real time and unlimited access to University experts in all areas of pediatrics and psychiatry who are able to provide additional consultation, support, and guidance.

In 2017, the UPOP reviewed 2,335 cases that fit the review criteria with 427 of those meeting the criteria of being medically complex and needing in depth review, record finding, and physician consultation

Subsequently, in 2018, UPOP changed the approach they use for reviewing cases, and now provide a specialized review for children under age seven. Since implementing the new approach in January of 2018, the panel has completed 2,199 in-depth reviews. There have been 118 reviews on children under the age of 7 taking 1 or more psychotropic medications, 2,081 reviews on intermediate cases (children over 7 on 2-4 psychotropic medications). There were 369 of the 2,081 reviews that were on medically complex cases (children over 7 taking more than 4 psychotropic medications).

The panel has implemented a "helpline" where a medical provider treating a child in foster care can consult with the UPOP team and receive advice about appropriate medications to prescribe. The helpline is also available to foster parents or DCFS employees who need to talk to a panel member about specific cases. In 2018, UPOP received 15 phone calls requesting consultation on specific cases and an average of 10-15 monthly emails requesting consultation.

UPOP is in the process of outlining appropriate medication guidelines that will be distributed to medical providers treating children in foster care, which will expedite access to technical assistance from the panel by doctors who work with children in foster care. UPOP is also providing technical assistance to DCFS in order to define the medication consent guidelines and policy for children in foster care.

Legislation also authorized funding to hire a researcher that will track outcomes and determine if the program design is effective. A research and evaluation component has been included in the design of UPOP.

Consultation with Health Care Professionals in Assessing Health and Well-Being

DCFS contracts with Fostering Healthy Children through DOH, who subcontracts with the University of Utah Safe and Healthy Families program, to provide medical and healthcare expertise to ensure that medical, dental, and mental health care needs of children in foster care align with best practice and current research. Participants are committed to assisting in carrying out action steps to help improve health care services for children in foster care. DCFS has also participated in research with Safe and Healthy Families program pediatricians to assess ways to improve health care services and outcomes for children served by child welfare.

Protocols and Procedures to Ensure Appropriate Child Diagnosis

In order to ensure that children in foster care are not inappropriately diagnosed and placed in settings that are not foster family homes, DCFS has established protocols to review appropriateness of placement for each child prior to entering congregate care settings and continuing review on an ongoing basis while the child remains in congregate care.

Each DCFS region has an established Placement Screening Committee which the child's caseworker must attend when requesting a placement with a private contract provider, including those that are not family based settings. The purpose of the staffing is for the Placement Screening Committee to review the child's medical, behavioral, emotional, and developmental needs to determine the appropriate placement for the child. The Placement Screening Committee is comprised of staff experienced and knowledgeable about available wraparound and treatment services and ways to best meet those needs for children in foster care, and includes clinically licensed staff. As a part of the case staffing, the Placement Screening Committee reviews all assessments regarding the child's needs, including medical, mental health, psychological, and developmental assessments, to determine the right intensity of services for the child. The caseworker must receive formal approval from the Placement Screening Committee prior to placing the child in a higher level setting, which includes settings that are not foster family homes.

Once a child has been placed in one of these higher level settings, the case must receive regular utilization reviews by the Placement Screening Committee or by designated region staff that are clinically licensed. Utilization reviews can be done within the child and family team meeting context or with input provided by the child and family team. The reviews are required every 3 months for those children placed in settings that are not foster family homes. The purpose of the utilization review is to examine the most current assessment and medical information about the child and ensure that the array of services is of sufficient quality and intensity to meet the child's needs. If it is determined that the services are not having the desired effect or are not appropriate for the child's needs, clinical staff work with the caseworker to determine what further assessments are needed or what services need to be changed in order to meet the child's needs. Clinical staff also continuously review the duration the child has been in treatment services and assist the caseworker to advocate for the needs of the child so that they are not

inappropriately kept in residential or congregate care settings. The utilization reviews also determine when a child is ready to step-down from residential treatment or congregate care settings back into a foster family home.

To ensure that children who are deemed medically fragile or needy can receive the extra support and services required for their medical conditions, Utah utilizes a special stipend or payment that can be provided to foster families as a supplement to their foster care reimbursement. Each child in foster care is regularly assessed by the FHC nurse and provided with an acuity score for their medical needs. The frequency of the assessment is determined by the intensity of the child's medical needs. The FHC program has defined the level of acuity score as well as what diagnoses and needs the child must have in order to qualify for the medically fragile or medically needy stipend. When a child meets the criteria outlined by FHC, the determination to provide the additional stipend is made within the context of the child and family team. DCFS policy requires that the needs of children who qualify for the medically needy or medically fragile designation are reviewed by the child and family team on a quarterly basis, or more frequently as needed. The reviews are conducted in order to ensure that the foster family and the child are receiving the necessary resources for the child's medical needs.

For children that are developmentally disabled, DCFS currently has a Memorandum of Understanding with the Utah Division of Services for People with Disabilities (DSPD) that allows children in foster care who qualify to access the Medicaid Waiver for Intellectual Disabilities Supports and Services. This allows children who qualify for enrollment in the Medicaid waiver to remain in a community based foster family home with the supports and services the child needs to maintain the placement. In order to qualify for the waiver, children in foster care must meet the criteria for DSPD services for an intellectual disability and have demonstrated limitations or impairment in areas of functioning and daily life. If the child's needs are of sufficient intensity, the child will be granted enrollment for Medicaid waiver services or placed on the waiver wait list in the order that they should be served. Once a child is granted the waiver, DCFS pays the state match portion of the Medicaid waiver until the child is 18; however the child retains Medicaid waiver enrollment for life, regardless of their placement. This ensures that if the child is returned home, moved to an adoptive family, or to another foster home, the child will maintain access to the support services they need. The waiver services are critical for ensuring that foster families serving these children can continue to serve them so they are not placed in settings that are not foster family homes.

In addition, DCFS has initiated conversations with the State Medicaid Agency, Utah Psychotropic Oversight Program, pediatric groups, and other healthcare experts to receive their input on need to modify protocols and procedures to prevent inappropriate diagnosis of children and youth and inappropriate placement of children into settings that are not foster family homes due to diagnosis. Due to the complexity of the issues, these conversations are ongoing.

Healthcare Needs of Youth Aging Out of Foster Care

Notification of Youth of Options for Health Insurance

Practice Guideline 303.7.2.A.9.PriorToExiting.b. states, “The Child and Family Team will develop a specific exit plan that includes personal connections, continuing support services, housing, health insurance, vocational and educational goals, workforce supports, and employment.”

Similarly Practice Guideline 303.7.2.B.1.f. states that the Child and Family Team will “Discuss the purposes, uses, and costs of credit, insurance, and risk management” with youth.

Appointment of a Healthcare Proxy

Practice Guideline 303.7.2 A.9.PriorToExiting.d.1. states that caseworkers are responsible for carrying out the following tasks to help the youth prepare to exit out of foster care:

“Ensure that each youth meets with a nurse to learn skills of self-management regarding their individualized healthcare needs, medication management, use of the Medicaid card, and how to access medical, dental and mental health services. In addition, the nurse will provide information and education about the importance of having a healthcare power of attorney or healthcare proxy. If desired, the nurse can provide the youth with assistance in executing the document.”

Similarly, Practice Guideline 303.7.2.B.1.L. states that the child and family team will help the youth:

“Understand proper health and mental health awareness and maintenance. Ensure that youth receiving TAL services and/or education and training vouchers and those who are aging out of foster care have information and education about the importance of having a healthcare power of attorney or healthcare proxy and to provide the youth with the option to execute such a document.”

Medicaid Coverage for Former Foster Youth

The Utah Department of Health offers two Medicaid options for youth that have aged out of foster care. First, the Former Foster Care Individuals Medicaid program “provides full Medicaid coverage to individuals who: (1) are age 18 to 26, (2) were concurrently enrolled in Medicaid and Foster Care in Utah at age 18 or higher, (3) were in the custody of DCFS, DHS, an Indian tribe, or under the state's responsibility with the Catholic Community Services foster care for unaccompanied minor refugees when Foster Care ended.” There is no income or asset limits that eligible applicants are required to meet and retroactive coverage is allowed.

Second, Medicaid provided through the Foster Care Independent Living option is “available to youth through age 21 when they age out of foster care if they receive Independent Living Services through DCFS. This is an option for former foster care youth who do not qualify for the Former Foster Care Individuals program.”