

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Chapter Four

Health Care Coordination

In response to the legal mandate for social services agencies to provide for the necessary physical, emotional, and developmental health of children in foster care, and in recognition that current practice does not consistently overcome barriers to high quality, comprehensive care for this vulnerable and needy population, the Office of Children and Family Services strongly recommends the implementation of health care coordination for all children. Health care coordination activities support the child's treatment plan and permanency goal by focusing on health issues, coordinating health services, and integrating health concerns into all aspects of safety, well-being, and permanency.

(See Appendix B for the guidance paper, Health Care Coordination for Children in Foster Care: Approaches and Benefits (09-OCFS-INF-01).



Sections in this chapter include:

1. Definition of health care coordination
2. Implementing health care coordination
3. Activities of health care coordination
4. Resources

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

1 Definition of Health Care Coordination

The role of health care coordination is to create a locus of responsibility for all aspects of health services for each child in foster care. Health care coordination supports the provision of assessment, treatment, and follow-up services in accordance with established health care standards.

The health care coordination function can be compared to the role of a parent who has a child with special needs. The parent would be diligent in his or her efforts to choose health care providers carefully, follow up on all appointments and referrals to specialists, support the recommended treatment plan, advocate for the child when necessary, arrange transportation for appointments, and accompany the child to appointments. The parent would also address payment for the health care providers, learn more about the child's medical needs, assist the health care providers in obtaining the records they need, share information among health care providers as appropriate, and encourage communication among all who have a role in the child's health care. Because of the significant, serious health needs of children in foster care and the multiple layers of tasks and people involved, this level of attention and involvement is necessary to facilitate health services for these children.

There are many barriers to overcome in coordinating health services for children in foster care. The temporary nature of foster care makes providing the child a medical home and the timely transfer of medical information a formidable task. Communication and confidentiality issues are always a concern among the parties with shared responsibility for these children: caseworkers, foster parents and birth parents, as well as multiple health care providers. Routine tasks such as obtaining copies of medical records can be time-consuming and problematic. Health care coordination breaks down these barriers through activities that coordinate and support health services for the child.

The case management and health care coordination processes need to be well integrated to provide a seamless delivery of services to the child. Teamwork and communication are key elements of effective health care coordination. A health care coordinator plays a supportive role on the treatment team, advising team members of the immediate and ongoing health needs of the child, and improving the health outcomes for children.

Health care coordination entails a variety of activities, including identifying health care providers and arranging appointments, facilitating the completion of assessments, creating an agency health record for each child, coordinating a health treatment plan that is integrated into the child and family service plan, and providing assistance to agency staff and caregivers around health issues. These tasks are described in more detail below.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Benefits of Health Care Coordination

OCFS supported a four-year health care coordination pilot in eight sites from 2003 to 2007 (a ninth site operated for one year only). The program evaluation documented the following program benefits:¹

- Higher rates of initial assessment completion and timeliness. Following establishment of their care coordination programs, sponsored agencies significantly increased the number of children under their care who received initial physical, dental, mental health, developmental, and substance abuse assessments within state recommended time frames.
- Better identification of health care needs. Children were more likely to have documentation of physical, mental health, developmental and educational problems diagnosed and/or identified by a health care professional.
- Improved documentation of access to health care professionals. Documentation of well child care, preventive dental exams, mental health therapy, Individual Education Plans, and Early Intervention service receipt was significantly higher for children in care coordination.
- Increased communication with service providers and caregivers. Care coordination staff had more contact with birth parents, foster parents, and service providers about a child's health-related needs than foster care staff working without health care coordination.

In addition to the evaluation findings, the pilot sites reported that enhanced attention to health services resulted in benefits at the institutional level. Participants were motivated to shift their broader agency culture to a more integrated, health-oriented model of service delivery. As a result, some agencies designed new mechanisms for gathering and tracking health care information, developed assessment protocols for new admissions, enhanced parent education services, established agency-community provider partnerships, and established or improved on-site health facilities. Many agencies noted that the project was instrumental in identifying service gaps and reducing duplication of effort. Care coordination staff also acted as a model for other agency staff, piloting and sharing new ways for addressing health issues.

Agencies found that health care coordinators served as an additional support to caseworkers and birth parents alike. Caseworkers became comfortable with care coordinators addressing all aspects of health care. Birth parents perceived the care coordinators as a nonthreatening resource within the agency. Trust was built between birth parents and care coordinators as both focused on the child's well-being and worked together to understand and support the child.

¹ NYS Office of Children & Family Services. *The New York State Care Coordination Pilot Project: Process & Impact Evaluation Study Findings* (March 2007). Available at <http://www.ocfs.state.ny.us/main/reports/>.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

2 Implementing Health Care Coordination

Health care coordination will look different across New York State because of the variety of health service delivery models in our agencies and local districts. In planning implementation, agencies must consider a variety of factors, including available resources. Two important factors to consider are how health services are delivered to children in foster care and how the agency currently monitors or oversees the services.

Health Services Delivery

Children in foster care receive medical care in a variety of ways. Methods of communication and collaboration between the provider and care coordinator differ across these models. Here are some typical health delivery models.

- **Community providers.** Children in foster homes receive their care from providers within the community. These may include doctors and clinics that the foster parents or agency know to be reliable and familiar with the needs of children in foster care. Typically, the foster parent accompanies the child to the appointment, keeps track of appointments, and informs the caseworker about the outcome of the appointment.
- **Agreements with providers.** The LDSS or voluntary agency may have agreements or contracts with community or hospital-based providers to serve children in foster care. For example, a specific psychologist may contract with the agency to conduct all initial mental health assessments, or a mobile dental van may be engaged on a regular basis.
- **Agency clinic.** The LDSS or agency may operate its own medical clinic for children in care. Children may still use community or hospital providers for specialty care.

Oversight

The coordination, monitoring, and oversight of health services are dependent on the staffing model at the agency or LDSS with whom the child is placed, as well as the level of care. Identifying individuals who are currently carrying out the care coordination activities is an important step in determining what changes, if any, will take place.

- Foster parents may play a major role by scheduling appointments, accompanying the child to appointments, and advocating for specialty services. The foster parents keep the agency informed of health-related activities.
- The case manager or caseworker may be responsible for arranging and reminding caregivers of appointments, assisting with transportation, and obtaining copies of records.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

- The agency may employ health care coordinators and/or nursing staff that track attendance at appointments and review records to determine what additional services are needed. This model is often employed in congregate care settings.

Critical Elements

After consideration of the health services delivery model, current practice, and resources, the agency or LDSS may choose to delegate some of the health care coordination activities described in section 3 to designated staff. It is recommended that a lead person with a health background be identified to provide or assist with health care coordination. This individual may be an RN, LPN, psychologist, CSW, or social worker with experience in addressing the physical and mental health needs of children in foster care. If the individual does not have training or experience in a health field, health practitioners should be identified to provide technical assistance.

Though the model of practice will vary, OCFS's pilot project identified characteristics that were critical to the success of health care coordination.

1. Designation of care coordinator. The single most important factor in the success of health care coordination is the designation of an individual whose sole responsibility is care coordination. That person is freed from the many tasks, concerns, and responsibilities that foster care staff must address. The care coordinator can simply concentrate on the child's well-being.
2. Organizational support. The decision to incorporate health care coordination for children in foster care must be supported by administrators and managers throughout the organization.
3. Clarification of roles. Staff must understand which activities will now be performed by the care coordinator. Among other things, the care coordinator's role in service plan development and review and in working with foster and birth parents should be clearly defined.
4. Team meetings. Pilot agencies found that regular team meetings with health care coordinators, caseworkers, supervisors, and in-house medical staff were instrumental in sharing information and fully integrating health issues into the child's service and permanency plans.

Regardless of the agency's ability to assign dedicated staff to health care coordination, the activities described in the next few pages should be carried out for each child in foster care.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

3 Activities of Health Care Coordination

Information Management

A primary task of health care coordination is the documentation of health information for each child. This information is critical in the planning and facilitation of health services (*see Appendix A for a sample Health Care Coordination and Treatment Plan form*). Several activities are included:

- Establishing and maintaining a health file for the child. Each child in foster care must have an individual health file in the case record² (*see Chapter 8, Maintaining Health Records*).
- Obtaining medical consent as needed (*see Chapter 6, Medical Consents*).
- Gathering health information.³ This includes current and past records from medical providers, as well as health information from the child, family, caregivers, schools, other agencies, etc. The information becomes a part of the health file. If necessary, the Medicaid unit of the LDSS can access records of claims paid on individual children through the eMedNY system. This will help identify past providers.
- Recording current and ongoing health status and activities. This involves adding a note or report into the health file when a service is received, and entering necessary data into CONNECTIONS. The agency or LDSS may also use in-house forms or systems to track medical activities.
- Sharing health information as appropriate among the child's health care providers, treatment team, and family members.
- Controlling access to the child's health file (*see Chapter 7, Confidentiality of Health Information*).

Accessibility to Services

It is the role of health care coordination to help each child access necessary health services. The following tasks are included:

- Facilitate the provision of appropriate medical insurance.

² 18 NYCRR 441.22(k); 18 NYCRR 428.3(b)(2)(ii).

³ 90 ADM-21 Foster Care: Medical Services for Children in Foster Care.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

- Communicate with the LDSS staff who conduct Medicaid eligibility determinations to confirm they are completed in a timely manner. This includes initial determination, recertification, and continuous coverage after the child is discharged from care.
- Provide agency protocols for payment of medical services to the child’s foster parent or caregiver.
- Provide agency protocols for payment of medical services to health care providers.
- If payment for health services is denied, inquire as to whether the denial was appropriate. If necessary, appeal the decision, following the process set forth by the insurer.
- Address payment issues that may arise with service providers. The availability of a point person to troubleshoot billing concerns is essential in building trust and cooperation with health providers.
- Assist in the identification of providers to conduct initial assessments, as well as specialty care.
- Establish a medical home for children in foster care. A medical home is the central site for provision and coordination of health services as well as an essential repository for health information. Ideally, the child should keep the same medical home throughout foster care and upon discharge. If the child had a medical home when he or she entered care, efforts should be made to continue with that health care provider. <http://www.medicalhomeinfo.org/>

A medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care they need from a pediatrician or physician (pediatric health care professional) whom they trust. The pediatric health care professionals and parents [or other caregivers] act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential. The American Academy of Pediatrics believes that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. (*American Academy of Pediatrics*)

- Locate, nurture, and develop agreements with health care providers. An up-to-date list of providers’ names, phone numbers, addresses, and specialties is particularly helpful for caseworkers and caregivers (*see Chapter 9, Working with Community Health Care Providers*).
- Assist in the identification and development of appropriate placement resources for children with complex health concerns. These efforts assist the agency in making good placement matches, resulting in increased stability and fewer moves for children in foster care.
- Seek out the best health care available for the children in your agency’s care. Identify and provide supports needed by caregivers to advocate effectively for the child.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Coordination of Health Services

In the first three chapters of this manual, required and recommended health services are outlined for children in foster care. Facilitating the provision of these services is the role of health care coordination. This includes setting up appointments, notifying the caregiver of the time, arranging transportation as needed, and communicating with the caregiver around the child's medical appointments. Here are the specific areas that will benefit from health care coordination:

- Completing initial assessments. As assessments in five areas (medical, dental, mental health, developmental, and substance abuse) should be completed for all children in foster care, it may be helpful to identify a group of providers in your area to routinely conduct these assessments.
- Developing a comprehensive, coordinated care plan based on the assessment results. The findings, therapies provided, and follow-up recommendations are reviewed and coordinated into a care plan, which becomes a part of the child's health file. The plan is developed cooperatively with the child's treatment team.
- Ongoing routine and specialty care. Health care coordination activities (1) support the caregivers as necessary in following the AAP periodicity schedule for routine care, and (2) promote the required and recommended medical activities outlined in this manual.
- Addressing barriers to provision of health services. Barriers may include issues such as transportation, missed appointments, child's refusal to take necessary medication, lack of availability of services, or the need to advocate for a special treatment. Care coordination is an effective tool in addressing whatever stands in the way of essential health care.
- Being the communication "point person" for providers.
- Incorporating the child's care plan into the Family Assessment and Service Plan. Support the child's treatment team in understanding the child's health issues and integrating health-related outcomes and activities into the service plan.
- Assisting the treatment team, caregiver, child, and family in understanding, supporting, and implementing the care plan.
- Engaging the birth family by explaining the child's health needs and encouraging their participation in appointments and treatments.
- Arranging treatment team meetings that address the child's health issues. Meetings are used to share information and strategize activities to support the child's health and may include health care providers, school staff, caregivers, the child, and the family, as appropriate. These meetings can be especially critical if the child has complex medical needs or significant barriers to health care have arisen.
- Compiling the child's health information for use in court hearings.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Discharge Planning

It is highly beneficial to maintain continuity of health care services when the child is discharged from foster care. Health care coordination addresses the following issues:

- Discharge exam. A discharge exam is recommended for all children leaving foster care. It is required for any child discharged to another planned living arrangement with a permanency resource who has not had a medical exam within one year prior to discharge.⁴
- Continuous Medicaid coverage. Children discharged from foster care are generally eligible for 12 months of Medicaid coverage. LDSS staff responsible for determining Medicaid eligibility will need to complete the appropriate determinations in a timely manner to continue the child's coverage. The local DSS should have internal processes in place for communicating changes in the child's living arrangements, including updating the child's address. As of January 1, 2009, final-discharged youth ages 18 to 21 are eligible for Medicaid coverage until age 21 if they are 18 years of age or older at the time of discharge.⁵ The youth's caseworker is responsible for (1) providing standardized letters to the youth informing them of their eligibility for MA and (2) helping them obtain appropriate documents if needed (*see Appendix B for 09-OCFS-15 ADM*).
- Standing appointments, treatments, and medication. Inform the child and parent or discharge resource of any appointments that have been scheduled. Be sure that medications, prescriptions, and information about other treatments (e.g., a special diet) have been provided upon discharge.
- Medical home. The child should continue with the same medical home and specialty providers after discharge from care. If this is not possible, assist the child and parent or discharge resource to identify providers.
- Information for the child or parent/discharge resource. The child (if discharged to another planned living arrangement with a permanency resource) or the parent/discharge resource must be provided with a comprehensive health history. The parent/discharge resource should be fully informed of the child's health issues as well as the importance of comprehensive and periodic medical assessments and follow-up treatment.⁶
- Self-care skills. If the child is discharged to another planned living arrangement with a permanency resource, the child should have sufficient knowledge and skills to address his or her own medical needs and seek either urgent or routine care as needed.
- Medical records. A copy of the child's comprehensive health history must be provided to the child's health care provider.⁷

(*See Appendix A for a sample Health Discharge Summary form.*)

⁴ 18 NYCRR 441.22(n).

⁵ SSL Article 5, Title 11, 366(1)(a)(3-a)

⁶ 18 NYCRR 441.22(o)(1)(2).

⁷ 18 NYCRR 441.22(o)(5).

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Activities That Benefit the Agency

Depending on the size, capacity, and experience of the staff responsible for health care coordination, additional support may be provided to the agency in a variety of ways. These include:

- Coordination of training efforts around health topics. Both caseworkers and caregivers need information about the unique health care needs of children in foster care. Community health providers may also appreciate information on child welfare issues to help them understand the children they are serving. Health care coordination serves a central role in identifying, arranging, and tracking the provision of health training and education.
- Consultation and advocacy on special medical issues.
- Assistance and support for the caseworker around special services such as Early Intervention (EI), Bridges to Health (B2H), or the Committee on Special Education (CSE). More information on these services can be found in the manual *Working Together: Health Services for Children in Foster Care*. http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp
- Documentation and update of agency protocols and procedures. These may address topics such as confidentiality, maintenance of the child's medical record, billing procedures for providers and emergency rooms, protocols around the use of psychiatric medications, or the development of specialized forms or systems for tracking health activities.
- Monitoring and evaluation of the overall quality of health services provided to children in foster care. This information can prove valuable in overcoming barriers to optimal health services. It can also inform management and local government on the strengths and areas for improvement in the local health care delivery system. State, county, and voluntary agencies should cooperate in the development and implementation of Quality Improvement Programs for health services for children in foster care.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

4 Resources

The New York State Care Coordination Pilot Project: Process & Impact Evaluation Study, March 2007. <http://www.ocfs.state.ny.us/main/reports/>

The National Center of Medical Home Initiatives. <http://www.medicalhomeinfo.org/>