

# West Virginia



## Health Care Coordination and Oversight Plan 2015



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## Health Care Coordination and Oversight Plan

The physical and mental health of children in foster care continues to be an important contributing factor in the stability and well-being of our children. In order to ensure foster children receive this basic right and necessity the Department's foster care policy requires all foster children receive comprehensive health evaluations through our HealthCheck Program. In West Virginia, HealthCheck facilitates the health screening and other necessary care (diagnosis and treatment) required by federal EPSDT law and functions to support the national standard for well-child care, the American Academy of Pediatrics' Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, on behalf of WV Medicaid-eligible individuals up to 21 years of age, guaranteeing this right is the shared responsibility of the Bureau for Children and Families (BCF), Bureau for Medical Services (BMS) and Bureau for Public Health's (BPH's) Office of Maternal, Child and Family Health (OMCFH). The established schedule of periodicity, for health screening services facilitated by the HealthCheck Program corresponds to the aforementioned AAP Bright Futures recommendations.

The AAP recommends that pediatricians assume that all children in foster care or those that have been adopted have experienced trauma. Exposure can profoundly impact the child and the physician must use history taking, surveillance questions and screening tools to accurately assess trauma's impact.<sup>1</sup>

Through HealthCheck and Fostering Healthy Kids Project, BPH/OMCFH is partnering with WVAAP Chapter and parent led support/advocacy organizations to develop and implement protocols for identification and response to trauma. Moreover, the HealthCheck Program is supporting a pilot project at a large pediatric practice, Summersville Pediatrics, to implement trauma-informed methodology in the care of patients who are in active foster care placement.

The West Virginia Department of Health and Human Resources Social Services Manual-Foster Care Chapter 24, Subsection 3.2.1 (f) indicates that the "*Child's worker will record any changes with the child's medical/health status in the Uniformed Case Plan. The worker will confirm the child is receiving any necessary referral/follow-up medical treatment in the plan.*"

West Virginia's EPSDT Program, HealthCheck, is administered by the State Title V Agency, the Office of Maternal, Child and Family Health (OMCFH). One of the administrative activities the OMCFH employs to assure access and receipt of appropriate screening, diagnostic, and treatment services for children and youth up to 21 years of age is the regular convening of a Pediatric Medical Advisory Board. The

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<sup>1</sup> American Academy of Pediatrics. *Helping Foster and Adoptive Families Cope with Trauma: A Guide for Pediatricians. 2013*

Pediatric Medical Advisory Board participates in HealthCheck Program policy development and advises the OMCFH about health and medical service needs within local communities. The Pediatric Medical Advisory Board is comprised of school personnel, public health personnel and private medical providers from across West Virginia. Pediatric Medical Advisory Board members are familiar with the medical needs of low-income population groups and with the resources available in their communities. On April 17, 2015, the Board acknowledged the need to adopt the prevention of toxic stress as a duty of pediatric practices in West Virginia, but declined to endorse the inclusion of proposed trauma specific indicators on HealthCheck age-appropriate screening forms without additional study and opportunity for input. A minimum of three physicians from the Board will lead a physician workgroup to inform West Virginia guidelines for trauma-informed primary care. The workgroup will convene in late-June 2015 and will endeavor to accomplish its mission by the end of the calendar year.

HealthCheck FCL's will ensure that health supervision plans are established in FACTS for all foster children, per results of initial HealthCheck screening.

Implementation of health information technology (HIT) will enable pediatric practices and child caseworkers (as legal guardians of foster children), HealthCheck Foster Care Liaisons and CSHCN Care Coordinators (as part of the integrated medical homes of children and youth) to follow patients between locations of care; it is advocated as a vehicle for improving access, quality of care and patient outcomes and for achieving system-wide efficiencies. Such HIT will facilitate communication of medical information and coordination of care among providers, insurers/payers and patients. Moreover, this HIT has the potential to reduce duplication of services, increase appropriate specialty referrals, reduce medical errors and promote patient compliance. The OMCFH is working with the Office of Technology to procure a web-based performance and case management system to support the coordination and integration of information and services for children and youth with special health care needs, the definition of which includes all individuals in active foster care placement. The estimated date of this procurement is December 2015.

West Virginia employs a medical home model, including care coordination, as the core focus of its standards for systems of care serving children and youth with special health care needs, the definition of which includes all individuals in active foster care placement.

The HealthCheck and FHK Project, ensures that each foster child has a usual source of care and an established health supervision plan. FCL's assign primary care providers and schedule the child for their required initial comprehensive well-visit.

HealthCheck will ensure that children and adolescents in foster care receive health care through a medical home. Moreover, HealthCheck will work to ensure that the medical home remain the same despite changes in foster placement to maximize access and continuity of care. A consistent medical home minimizes fragmentation of care.

Many times children in foster care are prescribed medication to treat medical or mental health illness. Children are prescribed medication by their primary care physician or mental health specialist. Oversight of a child's prescription medication is the ultimate responsibility for child's caseworker with the assistance of the foster care provider or residential facility staff. Foster Care Policy asserts that foster/adoptive parents and/or residential facility staff may only administer medication prescribed and /or authorized by a physician. In addition, foster/adoptive parents must notify the child's caseworker within one day of psychotropic medications being prescribed.

West Virginia continues to develop the state's plan for monitoring and providing oversight for the use of psychotropic medication(s) among children in foster care. A task team was developed that has members from all Bureaus as well as field representation to develop a specific plan to monitor psychotropic medications of each individual foster child. This plan will include education of various field staff as well as legal staff in the purpose and side effects of psychotropic medications with the goal of empowering all adults in the lives of our children to carefully scrutinize the validity of prescription medication.

Thus far, the team has analyzed the following data and made recommendations;

- To obtain a statistically relevant sample, 68 case records for foster children prescribed psychotropic medications from 3 or more classes were reviewed using a standardized tool.
- Nearly all (63/68; 93%) of these foster children had record of a hyperkinetic syndrome diagnosis, primarily ADD and ADHD (59/63; 94%). Are hyperkinetic syndrome diagnoses appropriate or the result of a trauma response?
- These prescriptions were primarily written by psychiatrists (78%) and did not exceed the recommended daily dosage (83%).
- There is evidence in the case record of therapy being used to help manage the majority of these conditions (90%).
- However, appropriate baseline and routine metabolic monitoring and follow-up are lacking.

- The group agrees that a prior authorization for these prescriptions would help promote best practice for monitoring and follow-up, provided the correct criteria are in place.
- Additionally, the group will investigate the option of limiting the duration of these prescriptions to promote appropriate monitoring and follow-up.
- The workgroup will develop a plan for provider education on appropriate prescribing practices for psychotropic medications, best practice standards for baseline and routine metabolic monitoring and provider follow-up appointments, tardive dyskinesia assessments and clinical psychological exams.

In an effort to better understand this problem and to evaluate the adequacy of prescribing practices and appropriate follow up by the prescribing physicians, the task force will complete a case review on a representative sample of these foster children, focusing on those receiving three or more classes of medications.

The HealthCheck employs nine (9) community-based Program Specialists throughout the State to provide technical assistance and managerial support for West Virginia's medical providers. Additionally, the Program ensures that providers have immediate access to information and support through phone contact to a "Worker of the Day."

All HealthCheck policy/procedures are scrutinized by the OMCFH Pediatric Medical Advisory Board. The Board participates in policy development and advises OMCFH about health and medical service needs within local communities. The MAB is comprised of 13 private physicians, one dentist, one optometrist and one licensed psychologist from across West Virginia.

To ensure that as youth age out of the foster care system they know how to use their new health care coverage, not just enroll in it, child welfare staff, Medicaid staff and relevant community partners must be trained. Boosting training will not only help enrollment, but will allow child welfare staff and their partners to serve as supports for youth regarding how best to use their new health care benefits. As the system currently exists, the Fostering Connections Act requires child welfare agencies to inform youth about health care as part of a transition plan at least 90 days before they age out of foster care. In addition, some youth may receive guidance in connecting with health care providers through Chafee-funded transition providers, generally nonprofit organizations, while other youth may not have any help. In order to take advantage of the far greater opportunities under the Affordable Care Act (ACA), key child welfare staff who work with youth will need to understand the Medicaid benefits and approach to care and, ideally, would introduce youth before they age out of foster care to their key health caregivers. The child welfare agency might also provide back-up support for youth as their lives change, offering them guidance in connecting back to the health care system, should they lose touch for some reason. In addition, the ACA requires

child welfare agencies to discuss the idea of a health care power of attorney with youth as they transition out of care, potentially providing an opportunity for a broader discussion about the use of health care.

While adult health care often focuses on health maintenance and prevention of poor outcomes associated with inadequate care or disease progression, child health care is conceptualized as a resource that enhances children's upward developmental trajectory. For children with chronic conditions, the prevalence and severity of many conditions change with age, so the burden of illness in the same population within a practice is dynamic. Consequently, the composition of a child's care team often changes, requiring frequent modifications. HealthCheck Program Foster Care Liaisons and Children with Special Health Care Needs (CSHCN) Program Care Coordinators work to ensure that foster caregivers understand and use clinical information, symptom recognition, decision-making skills, and self-management skills.

As foster children become adults, and their primary care, specialty care, and community supports all transition from the child to the adult sector. Children with Special Health Care Needs (CSHCN) Program Care Coordinators work with children's caseworkers to ensure that medical home teams are aware of the following needs:

- developmental services must focus on maximizing potential and independence rather than regaining lost skills;
- evaluation of the medical home must include functional and developmental outcomes<sup>1</sup>;
- special issues of adolescents and their transition to adulthood, including consent and confidentiality, must be addressed.

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<sup>1</sup> Committee on Evaluation of Children's Health, National Research Council. Children's Health, the Nation's Wealth: Assessing and Improving Child Health. Washington, DC: National Academies Press; 2004