Health Care Coordination and Oversight Plan

West Virginia Department of Human Services
Bureau for Social Services
Office of Policy and Programs

West Virginia Department of Health
Bureau for Public Health
Office of Policy and Programs

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The West Virginia Department of Health (DH), Bureau for Public Health's (BPH) Office of Maternal, Child and Family Health (OMCFH) is the West Virginia's Title V Maternal and Child Health Agency and is responsible for the utilization of funds provided by the Maternal and Child Health Block grant of Title V of the Social Security Act of 1935, 42 U.S.C. §701 et seq. Consistent with federal policy that requires State Medicaid agencies to coordinate with Title V grantees, OMCFH has provided administrative oversight for West Virginia's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, known as HealthCheck, for many years. To ensure that EPSDT services are provided in accordance with reasonable standards of medical and dental practice, the HealthCheck Program makes use of the American Academy of Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* to inform the development of policy, procedures and age-appropriate HealthCheck preventive health screen (PHS) forms available and free of charge to all health care providers who see children and youth up to 20 years old. Likewise, HealthCheck employs nine community-based Program Specialists who endeavor to collectively carry out at least 200 medical provider site visits per month greater than 75% of the time, with the aim of: 1) equipping medical providers with the necessary tools and knowledge to carry out EPSDT services that adhere to the Bright Futures standard; 2) confirming that Medicaid providers understand requirements and expectations of the Bright Futures standard; and 3) promoting the medical home as both a setting and approach to providing comprehensive primary care and EPSDT support services.

Mountain Health Promise (MHP), a 1915(b) waiver program, has been in place since March 1, 2021. Aetna Better Health of West Virginia is the single managed care organization (MCO) for MHP commissioned to provide comprehensive physical, mental, behavioral health, dental services, and Socially Necessary Services (SNS) administration for children in foster care, kinship care, and adoptive care. Together, Aetna Better Health of West Virginia and OMCFH work to reduce fragmentation and offer a seamless approach to meeting these children's needs; deliver needed supports and services in the most integrated, appropriate, and cost-effective way possible; and assist in reducing the number of children and youth entering the child welfare system.

Developed in coordination with the OMCFH Pediatric Medical Advisory Board, HealthCheck preventive health screening (PHS) forms and health history forms aid the determination of trauma history and any current trauma-related symptoms. The intent of HealthCheck's PHS forms is to serve as the primary tool for medical providers to record age-appropriate comprehensive preventive health care for Medicaid-eligible West Virginia children. The forms integrate socio-behavioral factors examined in the Adverse Childhood Experiences (ACEs) Study, and beginning at age nine, an abbreviated Post-Traumatic Stress Disorder (PTSD) Checklist – Civilian Version (PCL-C). By integrating this trauma screening into the regular screening activities taking place under EPSDT, West Virginia conclusively meets the Child and Family Services Improvement and Innovation Act of 2011 requirement for States to include in their health care oversight plans a description of how they will screen for and treat emotional trauma associated with maltreatment and removal.

In 2022, revisions to all HealthCheck PHS forms–as endorsed by the OMCFH Pediatric Medical Advisory Board and OMCFH Physician Director–were made to enhance mental/behavioral health surveillance and

screening. Likewise, indicators of Serious Emotional or Behavioral Disturbance were added to HealthCheck PHS forms for children aged three to 20 years old. These indicators were derived from validated assessment tools, the Preschool and Early Childhood Functional Assessment Scale (PECFAS) and Childhood and Adolescent Functional Assessment Scale (CAFAS), to increase the identification of children who are at risk of serious emotional disturbance. When any indicator is checked, it is recommended that a child be referred to the Children's Crisis and Referral Line. The Children's Crisis and Referral Line is available 24/7 for referrals. This line is not only for crises but may assist with linking clients to services when an unmet behavioral health need is identified.

HealthCheck requires use of the PHS forms unless Medicaid provider electronic health record (EHR) well-child templates include all variables outlined on the age appropriate HealthCheck PHS forms. Additionally, the State's MHP contract with Aetna Better Health of West Virginia (subsection 2.2.3.1 - EPSDT HealthCheck Requirements for the MCO) requires the MCO to, "at a minimum, use the HealthCheck screening questions and encourage and educate contracted providers to use the HealthCheck screening forms and/or protocols" and "ensure that providers answer the questions contained on the HealthCheck forms regardless of how their actual materials are formatted, so that such information can be recorded and reported to the West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) with any other information required for the purposes of tracking EPSDT participation goals." Likewise, the MHP contract (subsection 11.1 - MCO Behavioral Services Administration) stipulates that "providers must incorporate the EPSDT HealthCheck screening questions into their mental health screening process as a critical means for determining trauma history and any current trauma-related symptoms."

The State's MHP MCO, Aetna Better Health of West Virginia, and the OMCFH have a formal Memorandum of Understanding (MOU) in place which codifies coordination strategies to better serve children in foster care. Said MOU designates children and youth in foster care as a medically vulnerable group who meet the federal Maternal and Child Health Bureau (MCHB) definition of children and youth with special health care needs (CYSHCN) and highlights the pediatric standard for care for CSHCN is that of a "medical home." HealthCheck Foster Care Liaisons (FCLs) continue to ensure that health supervision plans are established in PATH 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 FCLs, and OMCFH Children with Special Health Care Needs (CSHCN) Program 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. OMCFH is working with the BPH Commissioner's Office and the Office of Management Information Services (MIS) to procure a population health platform 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.

BMS, which operates West Virginia's Medicaid program, received a Centers for Medicare and Medicaid Services (CMS) 1915(b) Waiver effective March 1, 2021, to allow for a single agency to do a "full risk managed program, Specialized Managed Care Plan for Children and Youth." The original application approximated that 19,000 children would be served through this Waiver; as of May 2024, there are approximately 23,574 children enrolled in Aetna Better Health of West Virginia–the single MCO for this population. This initiative (e.g., MHP) serves children in foster care, children in kinship care, children in adoptive care, and those eligible for the Children with Serious Emotional Disorder (CSED) Waiver.

As part of the MHP Waiver contract, a care coordination platform is to be developed and implemented to allow for a "comprehensive healthcare passport" for these members served and select State agencies to ensure coordination of services. The use and functionality of this MCO-provided platform Family Care Central, formerly Family Connect, has not been without challenges and currently does not allow the CSHCN Program the functionality to adequately contribute to a comprehensive care plan for children in foster care or to obtain necessary health information in a consistent manner. These challenges are part of an ongoing dialogue with Aetna Better Health of West Virginia, DH, and DoHS leadership.

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 the CSHCN Programs ensure that each foster child has a usual source of care and an established health supervision plan. FCLs assign primary care providers and schedule the child for their required initial comprehensive well-visit. Both programs also continue to 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 remains the same despite changes in foster placement to maximize access and continuity of care. A consistent medical home minimizes fragmentation of care.

In recent years, alarming trends have been observed in West Virginia with regards to the prescribing of stimulants, a first-line pharmacological treatment for attention-deficit/hyperactivity disorder (ADHD). Moreover, in some counties in West Virginia, up to one in four children within certain age groups were being prescribed a stimulant. Likewise, the 2019 estimated prevalence of ADHD in children three to17 years old in West Virginia was much higher than the national average at 13.2% versus 8.6% respectively. Moreover, an analysis of Medicaid claims from years 2017 through 2022 revealed a statistically significant number of children who were prescribed prescription stimulants, Schedule II controlled substances, without documentation of a corresponding ADHD diagnosis. Consequently, OMCFH has committed to providing leadership and funding for a statewide health system intervention to improve statewide capacity to appropriately diagnose and treat ADHD while making significant reductions in ADHD misdiagnosis and stimulant prescription misuse.

Children in foster care are often 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 the 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. In 2013, 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. To obtain a statistically relevant sample, 68 case records for foster children prescribed psychotropic medications from three or more classes were reviewed using a standardized tool.

At the time of the first study, the team analyzed data and made the following observations and recommendations:

- Nearly all (63/68; 93%) of these foster children had a 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%).
- Evidence exists in the case record of therapy being used to help manage the majority of these conditions (90%).
- Appropriate baseline and routine metabolic monitoring and follow-up are lacking.
- A prior authorization for these prescriptions would help promote best practice for monitoring and follow-up, provided the correct criteria are in place.
- Investigate the option of limiting the duration of these prescriptions to promote appropriate monitoring and follow-up.
- Development of 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.

Now over 10 years in the future, the needs of children and families served by foster care have changed exponentially. The State also has greater capacity in the ability to understand prescribing practices through development of the West Virginia Board of Pharmacy's Controlled Substance Monitoring Program (CSMP),i.e., prescription drug monitoring program/PDMP. In an effort to better understand and to evaluate the adequacy of prescribing practices and appropriate follow-up by the prescribing physicians, OMCFH will repeat the 2013 analysis, enhancing the data with additional sources such as the CSMP, and utilizing the *AACAP (American Academy of Child and Adolescent Psychiatry) Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles*

Guideline, OMCFH will focus on the prescribing of two or more concomitant antidepressant medications, two or more concomitant antipsychotic medications, three or more concomitant stimulant medications, and three or more concomitant mood stabilizer medications, antidepressants, and antipsychotics prescribed to a child less than four years of age and psychostimulants prescribed to a child less than three years of age in coordination with West Virginia Medicaid and West Virginia Board of Pharmacy partners. Specific case reviews may be warranted where there is an absence of a thorough assessment of diagnosis in the medical record, five or more psychotropic medications are prescribed concomitantly, the prescribed psychotropic medication is not consistent with the appropriate care for the child's diagnosed mental disorder, and the psychotropic medication dose exceeds usual recommended doses. These efforts will inform the CSHCN program on how it can best support CPS regarding prescription of psychotropic medications, as relevant for children in foster care.

Facilitated by the West Virginia University (WVU) School of Pharmacy - Rational Drug Therapy Program with support from OMCFH, a panel of experts from across the state first convened in November 2021 for the purpose of creating a statewide resource, i.e., treatment guideline, for managing ADHD in West Virginia. After extensive scientific, legal and expert panel review, the *WV ACC Guidelines - A West Virginia Guide to Evidence-Informed Evaluation, Diagnosis, and Treatment of ADHD and Comorbid Concerns* was published on February 5, 2024. In addition, in-person academic detailing, i.e., prescriber education, is being carried out by a team of four licensed pharmacists to facilitate uptake of the WV ACC Guidelines.

Additionally, all HealthCheck policies/procedures are vetted and endorsed by the OMCFH Pediatric Medical Advisory Board (MAB). The Board participates in policy development and advises OMCFH about health and medical service needs within local communities. The current composition of the MAB has fluctuated with retirements of long-serving practitioners, but efforts are underway to reinvigorate membership with new practitioners and specialists across the state. Recruitment opportunities include annual participation in the West Virginia Chapter of the American Academy of Pediatrics (APP) Meeting, as well as relationships facilitated by the ongoing work of the OMCFH Medical Director, State Dental Director, and professional healthcare staff.

Organized within DoHS'ss, BMSs, the CSEDW program provides additional Medicaid support to children from ages three to 21 with serious mental, behavioral, or emotional health needs. The program helps keep children with their families at home or in the community instead of going to a care facility or a group home. While they are at home or in the community, they receive services to improve their condition.

CSEDW is a West Virginia Medicaid Home and Community Based Services (HCBS) waiver program that allows children with serious emotional disorders to receive additional services based on the National Wraparound Initiative model. This model uses the strengths of families and each person to start growing and changing. This model also helps the child and their family get the skills they need to deal with challenges and helps keep the child stable at home.

The model also focuses on the child's needs and their family. A child who has challenging behaviors is the center of the process. They are involved in the plan to help develop the skills that are required to get stable and improve their ability to deal with the situation. The goal is to give the child the ability to reach their personal goals.

The CSEDW program provides services that include:

- Training to perform activities for daily living that make someone more independent.
- Finding and creating opportunities for work.
- Help getting competitive employment in the community and support to make sure they are successful where they work.
- Specific therapy or treatment for severe problems or when all other treatments have already been tried.
- Support for people between the ages 18 to 21 as they move from living in a facility to living in a house or an apartment with others.
- In-home family therapy and support.
- Guidance and support for family, parents, and caregivers.
- Short-term relief for primary caregivers through respite.

Services must be:

- Appropriate and medically necessary for the symptoms, diagnosis, or treatment of an illness.
- Provided for the diagnosis or direct care of an illness.
- Within the standards of good practice.
- The proper level of care that can be safely provided.

Services must not be primarily for the convenience of the member or provider.

The member will receive a Plan of Care (POC) that is just for them. The plan will identify each step necessary to acquire a specific skill in a reasonable time frame that was stated in the goal.

Additional information about the CSEDW and additional home and community-based services can be found at dhhr.wv.gov/bms/Programs/WaiverPrograms/CSEDW/Pages/default.aspx.

DoHS also addresses appropriate assessment and treatment for youth with substance use disorder and/or serious mental illness through its Bureau for Behavioral Health's (BBH) Office of Children, Youth and Families through the following programs:

- First Episode Psychosis (FEP) Program, Quiet Minds, provides for the early identification and treatment of FEP. Quiet Minds is a collaborative, recovery-oriented approach for youth ages 14 to 30 who are experiencing first episode psychosis, therefore reducing the disruption to the young person's functioning and psychosocial development.
- Regional Youth Service Centers (RYSCs) coordinate community-based mental health services for youth and young adults ages 12 to 25 and partners with families and youth. RYSCs provide

substance use treatment, including early detection and recovery support services, and other types of mental health treatment and recovery wellbeing services.

- Children's Mental Health Wraparound Services provide resources to help children, up to 21 years of age who have a mental health diagnosis, or an intellectual or developmental disability (IDD) combined with a serious behavioral health or mental health concern. Children's Mental Health Wraparound helps children and families plan and receive the support they need while remaining in their homes and communities. The Children's Crisis and Referral Line can link families with Mobile Crisis Response and Stabilization Teams or other community-based services, including WV Wraparound.

Additional information on these programs can be found via the embedded links or at dhhr.wv.gov/BBH/about/Children,YouthandFamilies/Pages/default.aspx.

To ensure that as youth age out of the foster care system 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. 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 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 children in foster care become adults, their primary care, specialty care, and community supports all transitions from the child to the adult sector. The 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.
- Special issues of adolescents and their transition to adulthood, including consent and confidentiality, must be addressed.