

Appendix: B
Health Care Services Plan

According to the Program Instructions for ACYF-CB-PI-13-04 the following information is to answer “**5. Health Care Services**” per Section 422(b)(15)(A) of the Act requiring States to develop a plan for ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the State title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services. Please see the narrative below.

Goal:

- F. Physical, Dental, and Mental Health*
 - 2. The physical, dental, and mental health program manager shall have developed a written plan for increasing the array of services available to foster children. (Implementation Plan 3: II.F.2 (page 12))*

Requirements:

- 3. Physical and Mental Health Care*
 - a. Every child entering foster shall receive a health screening evaluation from a qualified medical practitioner within 72 hours after placement that is in accordance with the health screening recommended by the American Academy of Pediatrics.*
 - b. Every child entering foster care shall receive a comprehensive health assessment within 30 days of the placement. The assessment shall be in accordance with the recommendations of the American Academy of Pediatrics, except that dental exams shall be governed by Section II.B.3.e of the Modified Settlement Agreement*
 - c. Nothing in the above paragraphs shall prohibit the initial health screening evaluation and the comprehensive health assessment from being conducted in one clinical visit. However, in such instances, this combined visit shall be conducted within 72 hours of placement.*
 - d. All children shall receive periodic medical examinations and all medically necessary follow-up services and treatment throughout the time they are in state custody, in accordance with the time periods recommended by the American Academy of Pediatrics.*
 - e. Every child three years old and older shall receive a dental examination within 90 calendar days of foster care placement and every six months thereafter. Every foster child who reaches the age of three in care shall be provided with a dental examination within 90 calendar days of his/her third birthday and every six months thereafter. Every foster child shall receive all medically necessary dental services.*
 - f. Every child four years old and older shall receive a mental health assessment by a qualified professional within 30 calendar days of foster care placement. Every foster child who reaches the age of four in care shall receive a mental health assessment within 30 calendar days of his/her fourth birthday. Every foster child shall receive recommended mental health services pursuant to his/her assessment.*

- g. Every foster child ages birth through three shall receive a developmental assessment by a qualified professional within 30 days of foster care placement and each child older than three shall be provided with a developmental assessment if there are documented factors that indicate such an assessment is warranted. All foster children shall be provided with needed follow-up developmental services*
- h. Nothing in the above paragraphs shall prohibit the developmental and the comprehensive health assessment from being conducted in one clinical visit.*

Objectives:

- i. By the end of Implementation Period Three:*
 - 1) At least 50% of children entering custody during the Period shall receive a health screening evaluation from qualified medical practitioner within 72 hours after placement that is in accordance with the health screening recommended by the American Academy of Pediatrics.*
 - 2) At least 50% of children entering custody during the Period shall receive a comprehensive health assessment consistent with Modified Settlement Agreement requirements within 30 calendar days of entering care.*
 - 3) At least 75% of children in custody during the Period shall receive periodic medical examinations and all medically necessary follow-up services and treatment consistent with Modified Settlement Agreement requirements.*
 - 4) At least 60% of children three years old and older entering custody during the Period or in care and turning three years old during the Period shall receive a dental examination within 90 calendar days of foster care placement of their third birthday, respectively.*
 - 5) At least 60% of children in custody during the Period shall receive a dental examination every six months consistent with Modified Settlement Agreement requirements and all medically necessary dental services.*
 - 6) At least 50% of children four years old and older entering custody during the Period or in care and turning four years old during the Period shall receive a mental health assessment by a qualified professional within 30 calendar days of foster care placement or their fourth birthday, respectively.*
 - 7) At least 70% of children who received a mental health assessment during the Period shall receive all recommended mental health services pursuant to their assessment.*
 - 8) At least 30% of children in custody ages birth through three during the Period, and older children if factors indicate it is warranted, shall received a developmental assessment by a qualified professional within 30 calendar days of foster care placement and all needed developmental services. (Modified Mississippi Settlement Agreement and Reform Plan, Civil Action No. 3:04CV25ILN)*

Plan:

In striving to attain our objectives as stated above the following plan will explain how the Mississippi Department of Human Services/Division of Family and Children Services will increase the array of services to our foster children.

1. **Obtain Medical Information on foster children.** Immediately upon placement into custody –
 - Social worker shall obtain a medical history on the foster child from the birth parents as part of the CFA process.
 - Review all available data and medical history on the child.
 - Identify any developmental/mental health/health conditions requiring immediate attention.
 - Collect all medications the child is currently taking and assure they are provided to the current caretaker.
 - The role of the worker is to consult with the medical provider about current medications to make sure they are all appropriate and are being administered as prescribed. Birth, resource parents and age-appropriate youth should be part of this discussion whenever possible.
 - Key medical information obtained from the screenings/assessments should be shared with the birth parent and resource parent and age appropriate youth.
 - Assure that as part of the youth's participation in independent living services he/she obtains information on health insurance, Medicaid and medical care services.

2. **Initial Health Screening.** Within 72 hours of placement -
 - Every child shall receive a health screening evaluation from a qualified medical practitioner within 72 hours of placement to identify health conditions that should be considered in making placement decision.
 - Guidelines for this assessment can be viewed on the DFCS Connections Website document "Fostering Health-Health Care for children and Adolescents in Foster Care, 2nd Edition, American Academy of Pediatrics," Chapter 2, pages 16, 17 and 18. The purpose of this screen is to identify health conditions that require prompt medical attention such as acute illnesses, chronic diseases, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems, pregnancy, and significant developmental or mental health disturbances.
 - Birth parents/resource parents should be involved in all assessments/screenings. Participation in these appointments provides a good opportunity for shared parenting allowing the birth parent to remain involved in the regular care of their child assuming there are not safety concerns.

3. **Comprehensive Health Assessment.** Within 30 days of placement-
 - Every child entering foster care shall receive a comprehensive health assessment within 30 days of placement and yearly thereafter.

- The assessment must be done by a qualified pediatrician, nurse practitioner or other qualified health professional.
- Guidelines for this comprehensive assessment may be found in the “Standards for Healthcare for Children and Adolescents in Foster Care” Chapter 1, page 4 of the “Fostering Health-Health Care for Children and Adolescents in Foster Care, 2nd Edition, American Academy of Pediatrics,” shown on the DFCS Connection Website. Components of this assessment can be viewed in Chapter 2, pages 22-26. The purpose of this assessment is to review all available medical data and medical history about the child/adolescent; to identify medical conditions, to identify developmental and mental health conditions requiring immediate attention and to develop an individual treatment plan.
- The initial health screening evaluation and the comprehensive health assessment could be conducted in one clinical visit. However, in such instances, this combined visit must be conducted within 72 hours of placement.

4. Initial Mental Health Intake Assessment. Within 30 days of placement-

- Every child 4 years old and older shall receive a mental health assessment by a qualified professional with expertise in the developmental, educational and mental health conditions of children and adolescents within 30 calendar days of foster care placement. Every foster child who reaches age 4 in care shall receive a mental health assessment within 30 calendar days of his/her 4th birthday. Every foster child shall receive any mental health services that are recommended/referred in the assessment including, but not limited to, individual counseling, family counseling, group counseling, and medical treatment.
- Psychologicals are not indicated initially unless ordered by the court and do not replace the 30 day mental health intake assessment.

5. Initial Assessment. Within 90 days of placement-

- Every child three years old and older shall receive a dental examination within 90 calendar days of foster care placement. Every foster child who reaches the age of three in care shall be provided with a dental examination within 90 calendar days of his/her third birthday.
- Children shall receive follow up dental services every six months after the initial dental examination as well as all medically necessary dental services.

6. Periodic Ongoing Medical Examinations. In accordance with the guidelines of the AAP-

- More frequent preventive pediatric visits are recommended for the child/youth in foster care because of the multiple environmental and social issues that can adversely impact their health and development.
- All children shall receive periodic medical examinations and all medically necessary follow up services and treatment throughout the time they are in state custody, in accordance with the time periods recommended by the American Academy of Pediatrics including monthly visits for infants up to 6 months and semi-annual visits beyond years of age through adolescence. Preventive pediatric

visits are recommended for the child and adolescent in foster care because of the multiple environmental and social issues that can adversely impact their health and development.

- Components of the periodic preventative health care can be viewed on the DFCS Connections Website document “Fostering Health-Health Care for Children and Adolescents in Foster Care, 2nd Edition, American Academy of Pediatrics,” chapter 2, pages 30-32. The purpose of these examinations is to promote overall wellness by fostering healthy growth and development, to identify significant medical, behavioral, emotional, developmental and school problems through periodic history, physical examination and screenings, to regularly assess for success of foster care placement, to regularly monitor for signs or symptoms of abuse or neglect and to provide age-appropriate anticipatory guidance on a regular basis to children and adolescents in foster care and birth and resource parents.

7. Therapeutic Services. As needed-

- Necessary therapeutic and rehabilitative services because of a diagnosis of significant medical, developmental, emotional or behavioral problems shall be provided to children in foster care.
- These service needs should be identified as part of the comprehensive family assessment process, incorporated into the Family Service Plan and monitored as part of the case planning process.

8. Information gathered from specialized screenings/Assessment. Prior to developing case and when assessments and case plans are updated-

- Use information from medical, dental, and mental health screenings, assessment, and case file information to identify need for more in-depth evaluations.
- Discuss needs for specialized screenings/evaluations with parents and relevant family members; determine provider/locations that can best serve them.
- Assess individual health, dental, developmental, and mental health needs of children and families.
- Make prompt referrals for additional evaluations and needed services as soon as the need is identified. Involve family in decisions about where to obtain the services.
- Clarify with providers the precise needs for screening/evaluation or services and ensure provider has the information needed to proceed.
- Identify and provide assistance that the family may need in participating in evaluations.
- Obtain copies from service providers of the results of the evaluations, file in the case record, and include in the child’s medical passport.
- Discuss assessment findings and recommendation with the family and seek their views and perspectives about the information and any conclusions that are drawn.
- Provide copies of medical, dental, and mental health information on children in care to their resource parents/caretakers and birth parents as appropriate.

9. Update assessments on a regular basis. As needed-

- In visits with family members, ask about changes in strength/needs with regard to medical, dental and mental health issues of the child/youth and identify any related emerging issues that need assessing.
- Track and make referrals for ongoing periodic screenings and assessments, e.g. EPSDT, and follow up assessment activities for other screenings/evaluation, e.g., re-evaluation of mental health issues.
- Make prompt and clearly defined referrals for additional or updated specialized evaluations needed as circumstances change or new needs emerge.
- Obtain copies of new/updated screenings/evaluations and use in revising plans, file in the child's medical passport, and provide to foster care providers.
- Make direct contact with providers of assessments/evaluations (with family's consent) to evaluate progress, identify needs, etc.
- Discuss progress needs with relevant family members and resource parents/caretakers.

10. Ongoing medical care. Exit from custody-

- Review child's health conditions with birth parents and/or whoever is assuming responsibility for the child as identified during the child's stay in foster care. Be certain to include the older youth in all discussions regarding their medical/dental/mental health care.
- Identify ongoing conditions that will require intervention.
- Convey summary of child's health history to appropriate caregivers and primary physicians.
- Obtain needed supports and make referrals for services that can ensure any medical/dental/mental health issues the child/youth may have are addressed when the case is closed.
- Provide documents to the age appropriate youth and/or caregiver.
- The worker shall provide each youth transitioning to independence with at least six months' advance notice of cessation of any health benefits.
- The worker shall inform all youth transitioning to independence that he/she is eligible for Medicaid through age twenty-one (@!). It shall be the workers responsibility to assist the youth with completing the necessary documents to continue Medicaid services and to ensure he/she has received his/her Medicaid care prior to transitioning out of care.

Service Provider: Magnolia Health Plan

Mississippi Department of Human Services/Division of Family and Children Services (MDHS/DFCS) began a partnership with Magnolia Health (Magnolia) Plan January 1, 2013 to provide services for the Foster Children in Mississippi. The Mississippi Division of Medicaid contracted with Magnolia to provide services for foster children ages birth to 18 years of age. Children over 18 continue to receive Medicaid direct services.

Magnolia is a subsidiary of Centene Corporation. While Centene is a national company with corporate offices in St. Louis, Missouri, its local approach to managing health plans enables it to provide accessible, high quality, culturally sensitive healthcare services to its members.

Additionally, this local approach allows Medicaid recipients, providers and state regulators direct access to the local health plan where its officers and staff are available and accountable.

Centene combines its local approach with centralized finance, information systems, claims processing and medical management support functions. Currently they provide foster care services for the states of Arizona, Arkansas, California, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, Missouri, New Hampshire, Ohio, South Carolina, Texas Washington, Kentucky, Louisiana, Wisconsin and Mississippi.

Centene is a multi-line health care enterprise operating primarily in two segments: Medicaid managed care and specialty services. The government services Medicaid managed care segment provides Medicaid and Medicaid-related health plan coverage to individuals through government subsidized programs, including Medicaid, the State Children's Health Insurance Program (SCHIP) and Supplemental Security Income (SSI).

The U.S. Children's Bureau estimates around 800,000 children are served in the foster care system each year. The Urban Institute found that States disburse approximately \$10 billion annually in federal and state funds to meet the needs of children placed in foster care. The foster care population has special behavioral and medical needs.

One study by the Urban Institute suggests that as many as 80 percent of children involved with child welfare agencies have conditions which require mental health services. Additionally, coordinating services and health information for this population has unique challenges. Keeping track of medical history including medical conditions, doctor visits, immunization, and prescription drug history is complicated by the temporary nature of care situations. States are turning to Medicaid managed care solutions to help coordinate the unique medical, behavioral and social services for these children.

On April 1, 2008, Centene began providing statewide managed care services to foster care children in the state of Texas under its subsidiary, Superior Health Plan. With commencement of operations, Centene became the first organization in the country to serve as a state's exclusive managed care company for the foster care population.

Magnolia Health Plan is a managed care organization providing MDHS/DFCS foster children under Mississippi Coordinated (MSCAN). They assist our case workers in locating medical, dental and mental health services. Magnolia monitors our timely services and is able to provide data to support when our workers seek and provide timely services for our children.

Magnolia is currently building our Medical Passport Program. The entire program will be rolled out by January 2014. It will be available to Regional Directors and Area Social Work Supervisors for distribution to resource parents, parents and any other child caretaker as well as children that are aging out of the foster care system so that they will have a record that has captured their medical, dental and mental health history.

For our workers in the field they are continuing to be trained on the proper procedures to follow when children are taken into the foster care system. They have been instructed to immediately

call Magnolia (1-888-869-7747, a dedicated foster care phone line) to gain assistance with the 72 hours physical and all subsequent services for the life of the case.

Magnolia has hired a complete team of nurses and social workers for their foster care program. All of the services provided can be seen on the "Provider Reference Card" which is on the DFCS website for ready access for our workers as well as foster parents, parents, or other caregivers.