Core Collaboration Components for Children & Youth in Foster Care

Adopt and promote the AAP Foster Care recommendations:
- Health screening visit within 72 hours - 7 days of placement
- Comprehensive health visit within 30 days of placement
- Follow-up health visit within 60 to 90 days of placement
- Follow enhanced visit schedule based on age

Designate internal foster care contact(s) to work closely with DSS related to new/changing foster care placement; communicate and coordinate with Care Management and DSS contacts.

Designate scheduler(s) who is trained on AAP enhanced schedule guidelines to ensure children are seen per AAP recommendations.

Prepare for the 30-day Comprehensive visit:
Identify and initiate ROIs for needed records. Review records prior to the Comprehensive visit. Include biological parent(s) if deemed appropriate by DSS.

Prioritize social-emotional/developmental/behavioral screenings for children/youth in foster care.

Communicate and collaborate regularly with foster care team to share information and significant medical updates.

Designate foster care contact – CCNC Fostering Health Program Managers - [see map].

Facilitate information flow between DSS staff and care providers. Assure health information is shared with PCP and DSS.

Educate DSS, Foster/Resource Parents and Family of Origin about medical diagnosis and medications (administration, devices, red flags) to improve disease self-management.

Ensure medical, pharmaceutical, and behavioral health needs are met by working with DSS Social workers, foster and biological family to provide education and resources.

Provide Virtual Health Provider Portal access for DSS Child Welfare Workers (limited to FC workers and supervisors only) to access clinical history and review CCNC care plans and assessments.

Follow up every 3 months after initial needs/concerns are met to identify any new needs/concerns and re-engage care management services as needed.

Communicate and collaborate with the Medical Home and Care Managers when children come into custody or change placements: referral at time of custody change, placement changes, e.g. new foster placement, trial home placement, reunification, etc. or as medical/behavioral health/social needs arise. [www.ncpeds.org/fosteringhealthnc](http://www.ncpeds.org/fosteringhealthnc)

CMARC: Under age 5
CCNC: Over age 5
*CCNC may also care manage children under 5 who are medically complex.

Assure child/youth in foster care is enrolled in a Primary Care Medical Home.

Designate staff to use Virtual Health Provider Portal for access to clinical history on each child entering foster care.

Standardize process for foster/resource parents and DSS staff to adopt and follow the AAP Foster Care recommended enhanced visit schedule.
- Health screening visit within 72 hours-7 days of placement
- Comprehensive health visit within 30 days of placement
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