

Fostering Health NC - Best Practices for DSS Social Workers

Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care

What is Fostering Health NC? There are approximately 9,000 children in foster care in North Carolina. These children have special health care needs. Often because of the circumstances that led them to be placed into foster care, their physical, developmental, mental/social-emotional and oral health care has been inconsistent and sometimes impacted by crisis or injury. Fostering Health NC, a project of the North Carolina Pediatric Society, is focused on building and strengthening medical homes for infants, children, adolescents and young adults in foster care through integrated communications and coordination of care through a unique partnership among local Departments of Social Services, Community Care of North Carolina (CCNC) Networks, the pediatric care team, the child and the child’s family.

A. Benefits of Medical Homes

Medical homes provide a single point of entry to a system of care that facilitates access to medical and nonmedical services. A medical home allows primary care providers (i.e. pediatricians or family physicians), parents, child welfare professionals, and other stakeholders to identify and address all of a child’s physical and mental health needs promptly and as a team (Practice Notes, Vol. 15 #2, 2010). All children benefit from medical homes through the establishment of a consistent, ongoing relationship with a primary health care provider and team who know the child well. This consistency is particularly helpful for children in foster care. A medical home preserves the relationship children have with their doctors and ensures medical records don’t get lost, even when they return home or change placements (Practice Notes, Vol. 15 #2, 2010).

B. Ensuring Medical Home Assignment

Social workers should coordinate with their Medicaid eligibility counterparts to ensure all of the children on their caseloads are enrolled with CCNC and assigned to a medical home. Importantly, the child’s medical home should be listed on his/her Medicaid ID card. Care managers (CCNC Network care managers and local health department CC4C care managers) can assist in identifying an appropriate medical home for out of county placements. Social workers should then make positive contact with the medical home to make certain the practice knows that a child assigned to them is in foster care.

C. Facilitating Information Flow

To operate effectively, healthcare providers need important background information (especially for children just coming into care or switching medical homes). To accelerate the flow of this information, social workers should leverage CCNC’s patient information exchange platform known as Provider Portal. Provider Portal collects Medicaid claims data through CCNC’s Informatics Center and offers care team contact information, office

C. Facilitating Information Flow (continued)

visit and hospital stay histories, current and past medications (along with information on whether/where prescriptions were filled), and immunization records. To gain access to this portal, counties first need to enter into a Technology-Enabled Care Coordination Agreement (TECCA) with CCNC’s Central Office.

After a TECCA is executed, the DSS Director (or other designated person) will need to contact the local CCNC Network Administrative Manager (NAM) to provide a list of authorized users and schedule training. To identify your local NAM, please visit the Provider Portal homepage at <https://portal.n3cn.org/>. Scroll to the bottom of the page and click on the contact link that says “local CCNC Network Administrative Manager.”

In addition to leveraging Provider Portal, DSS may consider engaging the local CCNC Network in setting up secure messaging capability.

Importantly, DSS should establish a standard local protocol for notifying the medical home and care managers of changes in a child’s custody status. [See *Custody Status Notification Template* available in the Fostering Health NC Online Library: www.ncpeds.org/fosteringhealthnc]

D. Frequency of Foster Care Visits

Children in foster care need to be seen early and often to identify health issues before they become crises. Standards published by the American Academy of Pediatrics (AAP) and Child Welfare League of America (CWLA) are available in the Fostering Health NC Online Library and the AAP website. [See <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Health-Care-Standards.aspx>].

Summary of the AAP Standards:

- **0-6 months of age:** Should be seen every month
- **6-24 months of age:** Should be seen every 3 months
- **2-21 years and times of significant change** (e.g., change in placement, reunification): Should be seen every 6 months

Fostering Health NC - Best Practices for DSS Social Workers

Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care

E. Types of Foster Care Visits

According to the AAP Standards of Care, the **Initial Visit** should occur within 72 hours of placement into foster care (NC Division of Social Services standard for completing this visit is within seven days). The **Initial Visit** should be an assessment of acute care needs and an opportunity to obtain releases of information from additional providers in preparation for the comprehensive visit.

A second visit, called the **30-day Comprehensive Visit**, should occur within 30 days of placement into foster care, unless medically necessary to see the child sooner.

Follow-up Well-Visits should start within 60 to 90 days of placement, and additional health evaluations (mental health, developmental, educational and dental) should occur based on the child's age.

To align care with AAP-recommended visits, the NC Division of Social Services published a new set of health forms. These forms take the place of DSS-5243 and DSS-5244. For each child entering DSS custody, DSS should complete a **Health History Form (DSS-5207)** and send it to the medical home approximately one week prior to the child's 30-day Comprehensive Visit.

Primary care providers should complete **Health Summary Forms** after each of the recommended visits:

- Health Summary Form—Initial Visit (DSS-5206)
- Health Summary Form—30-day Comprehensive Visit (DSS-5208)
- Health Summary Form—Well Visit (DSS-5209)

These forms may be found on the DHHS forms website and on the Fostering Health NC Online Library:

<http://www.ncped's.org/?page=FHNCLibrary>

F. Guidance on Coding and Billing

Medical home providers often need guidance on how to code and bill services for children in foster care. To address this need (and to dispel the myth that Medicaid will not reimburse for the increased frequency of visits called for by AAP), please refer physicians to Fostering Health NC's *Framework for Foster Care Visits*. This document may be found in the Fostering Health NC online library--it contains an exhaustive list of visit options and service codes.

G. Mental/Social-Emotional Health Evaluation and Resources

All children in foster care should have a validated social-emotional screening. Based on early brain development research, children exposed to toxic stressors experience increased risk for delays in social-emotional development. If ignored, such delays can lead to long term problems with health and behavior.

Children who have a positive screening or a known mental health condition should have a comprehensive mental health evaluation by a mental health professional in the practice or by referral to a provider in the community. For infants with a positive screen, there is a critical need to perform a comprehensive evaluation for social-emotional concerns and other developmental concerns with the mother/infant dyad and not just the infant.

There are several resources available to evaluate and address social-emotional development. Commonly used screening tools include PEDS, ASQ-3, and ASQ-SE. [See *Healthy Child and Adolescent Development Promotion and Screening for Risk* in the Fostering Health NC Online Library]

Evidence-based supports and treatments include: Child Parent Psychotherapy, Attachment Bio-behavioral Catch Up, and Circle of Security. Older children may benefit from Trauma-Focused Cognitive Behavioral Therapy.

A complete list of evidence-based treatments and referrals and community supports for the mother/infant dyad in your community can be found in the Fostering Health NC Online Library. Additionally, the NC Child Treatment Program (CTP) website lists providers trained in these interventions:

<http://www.childtreatmentprogram.org/NCCounties/Index.rails>

Social workers should promote evidence-based, trauma-informed interventions by asking care providers for referrals for children in their care to mental health professionals trained in the modalities listed above.

Psychotropic Medication Management: CCNC-authored guidelines regarding psychotropic medication management (as well as other medications that may present risks if stopped abruptly) are available in the Fostering Health NC Online Library.

Fostering Health NC · Best Practices for DSS Social Workers

Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care

H. Transitions

Children in foster care experience many transitions and often all at once. Examples include living in a new home with their foster parents, joining a new foster family, visiting or reuniting with biological parents, starting at a new school or child care, making new friends, and sometimes having a new medical home. Children in foster care need time to adjust. Having a clear routine and structure can be very helpful for children of any age. Transitional objects (e.g., a favorite blanket, stuffed animal) can also help make transitions easier.

Additionally, shortly after a child/adolescent experiences a change in their foster placement (that is, moves from one home to another), it is important for the provider, the social services case worker, and care manager to discuss the child's health status, particularly their social-emotional health. Changing placements can be traumatic. If the child needs to be seen before the next scheduled visit, the provider can use that office visit as an opportunity to screen for trauma.

Adolescents often need to improve their self-management skills in order to plan and prepare for transition from pediatric to adult health care. The AAP offers tools specific to adolescents in foster care working on transition: [See <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/AgingOut%20FINAL.pdf>]

There are a wide variety of tools available to support youth in transition. [See www.gottransition.org/] Information includes the development of portable medical summaries and emergency plans to help with planning for emergencies.

Finally, The Indiana University's School of Medicine has published a handout with actions parents can take to ease transitions: [See <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/IU-Transitions.pdf>]

I. Oral Health

Almost 35% of children and adolescents enter foster care with oral health issues. It is important to link these children with dental homes to have a comprehensive oral health evaluation within 30 days of placement to address their acute and preventive dental and oral health needs.

Social workers should encourage practices to do fluoride varnishing for children aged three and under during well-visits. [See the CCNC Pediatric Oral Health Guidance: <http://dev.ncfahp.org/Data/Sites/1/ccnc-oral-health.docx>]

J. Supporting the Child's Environment

Because children in foster care have experienced trauma and significant instability, assessing the home environment is a crucial aspect of care. Home visits may allow for coaching on parenting skills and education about trauma and symptoms to watch for (see *Symptoms* below). It is important to express support for and facilitate a parent's emotional health and well-being. [See *Abbreviated Screening Tools*, Section M]

K. Case Management Across County Lines

When a child is placed with a family or residential facility outside the county, social workers need to make sure healthcare services are accessible in the "host" county.

Social workers should work with their CCNC or CC4C counterparts to identify a host county CCNC practice to serve as the child's new medical home. Every effort should be made to ensure that the transitioning child's Medicaid ID card is changed to reflect the *host* county CCNC practice (counties are free to assign *any* CCNC practice on the Medicaid ID card; they are not limited to those in their own county). To do this, the home county must obtain the National Provider Identifier (NPI) number and locator code for the host county CCNC practice.

NOTE: While assigning a "straight" or "open" Medicaid ID card may add flexibility in terms of where a child may be seen, doing so triggers the loss of two important tools: 1.) care management services from CCNC and 2.) the ability to view case management notes *across* CCNC networks. As a result, county DSS offices should assign CCNC practices on all Medicaid ID cards for youth in foster care.

If a **bridge period** is needed to cover the time between a child's move and the re-issuing of their Medicaid ID card, the home county DSS office can make a "Carolina ACCESS Override Request" to enable the host county medical home to provide services (and bill for those services) until the ID card is updated. To make this request, the home county DSS should contact the NC Division of Medical Assistance, Managed Care Section at 919-855-4780. The Division will need the child's Medicaid ID number, NPI of the child's *current* CCNC provider, NPI (or name and address) of the host county practice, locator code of the host county practice, and anticipated dates of service in full month increments (i.e. 3/2015 – 4/2015).

Fostering Health NC - Best Practices for DSS Social Workers

Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care

L. The Social Worker's Role

Know the medical homes in your community. Contact your local CCNC network for a complete list of medical home providers.

Ensure the children you work with have a medical home. If a child in your caseload does not have a medical home, work with CCNC to establish one.

Educate Families. At every stage of child welfare work (Assessment, In-Home, Foster Care, and Adoptions), make a point of talking with birth and resource families about the benefits of medical homes. If they or the child are Medicaid eligible, encourage them to enroll with CCNC.

Partner with medical homes. Make it clear to others that you understand the benefits of the medical home approach. Child and Family Team meetings (CFTs) are a great place to do this.

Partner with the foster and biological parents. Ensure foster parents have all the medical background information/documentation available upon placement of the child. Encourage the child's foster parents and biological parents to attend medical visits together when possible.

Partner with CCNC/CC4C care managers. Work with your local care managers to expand care management services, improve information flow, and maintain continuity in the event of a change in placement.

Symptoms and Behaviors That May Be Observed in Children in Foster Care

These may indicate that a child is not coping well and having problems related to social-emotional development and mental health.

Sleep problems

Feeding and Eating issues

Toileting issues (i.e., constipation, encopresis, enuresis, regression of toileting skills)

Self-regulation issues (inability to console or soothe or calm self, impulsive actions)

Frequent severe temper tantrums

Self-abuse (such as biting or hitting self)

Aggressive with other children

Defiance/arguing

Frequently in trouble at school and with peers for fighting and disrupting

Hypervigilance, anxiety, or exaggerated response

Excessive crying or worrying

Flat affect, withdrawn, not smiling, resists cuddling in infants (problems with attachment)

Dissociation (detachment, numbing, compliance, fantasy)

Difficulty acquiring developmental milestones in infants

Difficulty with school skill acquisition and keeping up in school

Trouble keeping school work and home life organized

Losing details can lead to confabulation, viewed by others as lying

Inappropriate sexual behaviors or gestures

See the Resource Section at the end for more information, especially the AAP's *Helping Foster and Adoptive Families Cope with Trauma: A Guide for Pediatricians*.

Fostering Health NC - Best Practices for DSS Social Workers

Building and Strengthening Medical Homes for Infants, Children, Adolescents and Young Adults in Foster Care

M. Additional Resources

Foster Care

AAP Healthy Foster Care America: www.aap.org/fostercare

Mental Health

AAP Mental Health Initiatives: www.aap.org/mentalhealth

Trauma

AAP's *Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians*:
<http://www.aap.org/traumaguide>

National Child Traumatic Stress Network: www.nctsn.org

Child Trauma Academy www.childtrauma.org

AAP Medical Home for Children and Adolescents Exposed to Violence: <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence.aspx>

Abbreviated Screening Tools for Caregivers may prove helpful in determining if a referral is needed:

Depression Screening: Patient Health Questionnaire-2:
http://www.cqaimh.org/pdf/tool_phq2.pdf

Substance Use Screening:
<http://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

Intimate Partner Violence Screening:
https://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Intimate_Partner_Violence

Early Brain Development

AAP: Early Brain and Child Development:
http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Documents/EBCD_Well_Child_Grid.pdf

Center on the Developing Child at Harvard University:
www.developingchild.harvard.edu

Zero To Three: <http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/>

Best Practices for DSS Social Workers was developed by the Fostering Health NC State Advisory Team, with contributions from Marian F Earls, MD, MTS, FAAP, Director of Pediatric Programs for Community Care of North Carolina (CCNC).