

The Healthcare Rights of Foster Children and Foster Parents

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Issues

- American Academy of Pediatrics, Sept. 2015 study of children in foster care:
 - 30-80% have at least one physical medical problem.
 - 80% have significant mental health need
 - 40% have significant oral health need
 - 60% of those under 5 have a developmental health issue
 - 40% educational issues.



Issues

- Children using behavioral health Services constitute:
 - 3% of Medicaid population
 - 15% of Medicaid behavioral health services
- Children in foster care are prescribed psychotropic medications at a rate 3 times that of other children enrolled in Medicaid and have higher rates of polypharmacy



Issues

- “Foster parents remain the major therapeutic intervention of the foster care system.”
 - American Academy of Pediatrics



Am. Acad. Pediatrics Recs

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health
Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Health Care Issues for Children and Adolescents in Foster Care and Kinship Care

COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE, COMMITTEE ON ADOLESCENCE, and COUNCIL ON EARLY CHILDHOOD

Children and adolescents who enter foster care often do so with complicated
and serious medical, mental health, developmental, oral health, and

[abstract](#)



Am. Acad. Pediatrics Recs

- **AAP Recommendations for Foster Children**
 - Initial health screening within 72 hours of placement
 - Ideally, children should have at least 3 health encounters over the first 3 months of foster care, as they adjust to their new circumstances



Am. Acad. Pediatrics Recs

- **AAP Recommendations for Foster Children**
 - Comprehensive evaluation of each child's medical, dental, mental health, developmental, and educational needs within 30 days, resulting in a health plan that is shared with caregivers and child welfare professionals and integrated into the child's permanency plan



Am. Acad. Pediatrics Recs

- **AAP Recommendations for Foster Children**
 - Children in foster care be seen monthly during the first 6 months of life, every 3 months from 6 to 24 months of age, and then at a minimum of every 6 months to monitor their health, emotional wellbeing, development, psychosocial stressors, continued adjustment to their foster family, and visitation with birth parents or other relatives



Issues

- Access to services
- Medicaid
- CMO
- EPSDT
- Obtaining MH Services
- Access to Records, Etc.



Foster Parent Bill of Rights

- The right prior to the placement of a child to be notified of any issues relative to the child that may jeopardize the health and safety of the foster family or the child or alter the manner in which foster care should be administered

;



Foster Parent Bill of Rights

- The right to communicate for the purpose of participating in the case of the foster child with other professionals who work with such child within the context of the professional team, including, but not limited to, therapists, physicians, and teachers, as allowable under state and federal law;



DFCS Policy

- Medical, Dental, and Developmental Needs:
 - Foster Care Policy 10.11
- Psychological and Behavioral Health Needs
 - Foster Care Policy 10.12
- <http://odis.dhs.ga.gov/ViewDocument.aspx?docId=3005835&verId=1>



DFCS Policy

- Health check within 10 days of removal
 - Developmental screening and services
- Monitor health on an ongoing basis
 - Each month for children requiring regular care.
 - Others, follow up on any visits to provider within 2 days
 - All Medical Documentation in SHINES
- Identify “high risk” children



DFCS Policy

- Trauma Assessment
 - For all children five and over.
 - What is a Trauma Assessment?
- Regional Well-being specialists



Medicaid: Foster Care

- Most children in care are eligible
- IV-E children, SSI children automatically.
- IV-B (state paid) children must meet eligibility criteria – low income, etc.
- Former foster children eligible to age 26.



Adoption Assistance Medicaid

2. Medicaid:

- A. Children who are determined to be eligible for Monthly (Ongoing) Adoption Assistance are eligible to receive medical benefits under Medicaid while residing in Georgia whether Title IV-E or Title IV-B eligible.
- B. For Title IV-E (Federal/State funded) eligible children, medical coverage will continue to be provided if the child is placed for adoption in another state or moves with the adoptive family to another state, per the procedures of the Interstate Compact on Adoption and Medical Assistance (ICAMA).
- C. For Title IV-B (State funded) eligible children, the State of Georgia is not responsible for medical coverage when the child is placed on adoptive status with an adoptive family in another state or moves with the adoptive family to another state.
- D. Policy and procedures related to Medicaid are explained in Sections 109.20 and 109.21.



Affordable Care Act (Obamacare)

- Former foster children are now categorically eligible for Medicaid to age 26, regardless of their income.



What services are we guaranteed?

- Amerigroup CMO
 - Contracted with DCH.
- Foster Care and Adoption Assistance
- DJJ youth in community residential placements
- Children and young adults less than 26 who are receiving foster care under IV-E or IV-B
 - Must be enrolled within 48 hours of request from DFCS



CMO: Amerigroup

- “Contractor shall at a minimum provide Medically Necessary Services and Benefits pursuant to the Georgia State Medicaid Plan.”
- “Provide access to providers who are trained or experienced in treating individuals with complex special needs, including children in foster care, receiving adoption assistance and those in the juvenile justice system.”



CMO: Amerigroup

- The Contractor shall assess the need to complete a new Health Risk Screening each time a FCAAP or DJJP Member moves to a new placement and complete a new Health Risk Screening when necessary based on a change in the FCAAP Member's or DJJP Member's medical or behavioral health as identified by Providers.



CMO: Amerigroup

- **Must have a Primary Care Physician who is the child's "Medical Home."**
- **Also a designated dentist**
 - Foster parents are allowed to change this.
- **The Contractor shall employ System of Care principles in the coordination and delivery of services to ensure coordinated planning across and between multiple child-serving agencies which also serve the FCAAP and DJJP Members.**



CMO: Amerigroup

- Coordinate medical and trauma assessment schedules included in the Comprehensive Child and Family Assessment (CCFA), including Health Check screenings, and ensure children receive the required follow-up treatment.
- Develop an individual Health Care Service Plan for each member



CMO: Amerigroup

- Develop a medication management program to assess prescribing patterns and treatment plans for members
- Provide Nurse Care Managers (NCM) to assist members identified as having special health care needs to obtain medically necessary care, health-related services and coordinated clinical care with holistic considerations



CMO: Amerigroup

- Care Coordination teams, including nurses, social workers and other clinical staff will coordinate care delivery services
- Care Coordinator: Call Amerigroup Intake.
 - 855.661.2021
 - GF360@amerigroup.com



<i>Benefit/Service Description</i>	<i>Specific Service Coverage</i>
<i>Children First and Babies Can't Wait</i>	<p><i>Federal laws on child find (e.g., 20 U.S.C. §1435 (a)(5); 34 C.F.R. §303.321(d)) require network Providers to identify and refer to the designated Children First program for assessment and evaluation of any FCAAP member, ages birth through 35 months of age who is:</i></p> <ul style="list-style-type: none"> • <i>Suspected of having a developmental delay or disability</i> • <i>At risk of delay</i>
<i>Initial screenings and follow-up treatment</i>	
<i>Screening</i>	<i>Provider Requirements</i>
<i>Physical health</i>	<p><i>Each child shall receive:</i></p> <ul style="list-style-type: none"> • <i>A medical screening within 10 days of placement in compliance with</i>
	<p><i>EPSDT standards, including at a minimum, the components identified in the Georgia Health Check Program</i></p> <ul style="list-style-type: none"> • <i>Any and all treatment as directed by the child's assessing physician</i>



<p><i>Dental health</i></p>	<p><i>Each child shall receive:</i></p> <ul style="list-style-type: none"> • <i>A dental screening within ten days of placement in compliance with EPSDT standards, including at a minimum, the components identified in the Georgia Health Check Program</i> • <i>Any and all treatment as directed by the child's assessing dentist</i>
<p><i>Mental health</i></p>	<p><i>Each child under four years of age shall receive:</i></p> <ul style="list-style-type: none"> • <i>A developmental assessment conducted by a licensed professional completed within 30 days of placement in compliance with EPSDT standards, including at a minimum, the components identified in the Georgia Health Check Program</i> • <i>Any and all treatment as directed by the child's assessing professional</i> <p><i>Each child four years of age and older shall receive:</i></p> <ul style="list-style-type: none"> • <i>A mental health screening conducted by a licensed mental health professional completed within 30 days of placement in compliance with EPSDT standards, including at a minimum, the components identified in the Georgia Health Check Program</i> • <i>Any and all treatment as directed by the child's assessing professional</i>



Periodic health screenings and treatment requirements by age	
Age	Requirements
Newborn through 6 months	Each child shall receive no less than three periodic EPSDT/Georgia Health Check Program health screenings.
7–18 months	Each child between the ages of seven months through 18 months shall receive no less than four periodic EPSDT/Georgia Health Check Program health screenings performed at approximate three-month intervals.
19 months through 5 years	Each child between the ages of 19 months through five years shall receive no less than one periodic EPSDT/Georgia Health Check Program health screening every six months.
Six years and over	Each child six years of age and older shall receive no less than one periodic EPSDT/Georgia Health Check Program health screening every year .
Every child age 3 and older	<p>Each child shall receive:</p> <ul style="list-style-type: none"> • At least an annual dental screening in compliance with EPSDT standards, including at a minimum, the components identified in the EPSDT/Georgia Health Check Program • Any and all treatment as directed by the child's assessing dentist
Every child regardless of age	<p>Each child shall receive:</p> <ul style="list-style-type: none"> • Any follow-up treatment or care as directed by the physician who administered the periodic EPSDT/Georgia Health Check Program health screening • An EPSDT/Georgia Health Check Program health screening within ten days of receiving a final discharge from placement



CMO: Amerigroup

- Education of Law Enforcement, Judges
- Ongoing Education of Provider Network
- Prior Authorization
 - Prior Authorization will not be required for the first ten (10) individual or group outpatient psychotherapy sessions provided by a contracted behavioral health provider, per twelve (12) month rolling period.



CMO: Amerigroup

- Otherwise, Pre-Authorization Required for:
 - Acute psychiatric and substance abuse inpatient admissions
 - Crisis Stabilization Unit (CSU) Services
 - Psychiatric Residential Treatment (PRTF)
 - Partial Hospitalizations (PHP)
 - Intensive Outpatient Program (IOP)
 - Intensive Family Intervention (IFI)
 - Community Support Individuals (CSI)
 - Psychological Testing



What if I'm not getting these benefits?

- Ombudsman Program: Amerigroup:
 - 1-855-558-1436 (phone)
 - HelpOMB@amerigroup.com (email)
- DCH:
GeorgiaFamilies360_Ombudsman@dch.ga.gov



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Health Care Benefits

- Periodic assessments of children's growth and development in accordance with accepted pediatric assessment standards, including:

- Unclothed physical exam including a nutritional assessment;

- An assessment to determine a child's overall physical, mental, and developmental health (the developmental assessment);.



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Health Care Benefits

- Health history;
- Laboratory services as needed, including assessment of blood lead levels;
- Immunizations in accordance with the recommendations of the Advisory Committee on Immunization Practices; and
- Anticipatory guidance.
- Interperiodic (as needed) assessments.
- Comprehensive vision, dental and hearing services in accordance with reasonable professional standards.



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Health Care Benefits

- **All medically necessary diagnostic and treatment items and services that fall within the definition of medical assistance.**
- A preventive standard of medical necessity that specifies “early” coverage to “correct or ameliorate” physical and mental conditions in children.
- Coordination with related programs.



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- “Medically necessary services” means services or treatments that are prescribed by a physician or other licensed practitioner, and which, pursuant to the EPSDT Program, diagnose or correct or ameliorate defects, physical and mental illnesses, and health conditions, whether or not such services are in the state plan.
- “Therapy services” means occupational therapy, speech therapy, physical therapy, or other services provided pursuant to the EPSDT Program to an eligible Medicaid beneficiary 21 years of age or younger and which are recommended as medically necessary by a physician.
 - OCGA 49-4-169.1



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- All persons who are 21 years of age or younger who are eligible for services under the EPSDT Program shall receive therapy services in accordance with the provisions of this article, whether they are categorically needy children enrolled in the low income Medicaid program or medically fragile children enrolled in the aged, blind, and disabled Medicaid program.

– OCGA § 49-4-169.2



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

- Administrative appeal
- Lawsuit
 - Georgia Advocacy Office has handled many of these. www.thegao.org
- Americans with Disabilities Act and Olmstead
 - “A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.”
 - <http://www.olmsteadrights.org/>



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

RE: [Name of child]
DOB:

Dear _____,

I have assessed the above-named child. I am a [physician, nurse, psychologist, clinical social worker, occupational therapist, etc.] licensed to practice in the State of Georgia. I have determined based upon my training and experience that this child requires [list the treatments, procedures, therapies or tests you believe the child needs based upon your assessment]. I am making this request pursuant to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions of the Medicaid Act, 42 U.S.C.A. § 1396d(r).

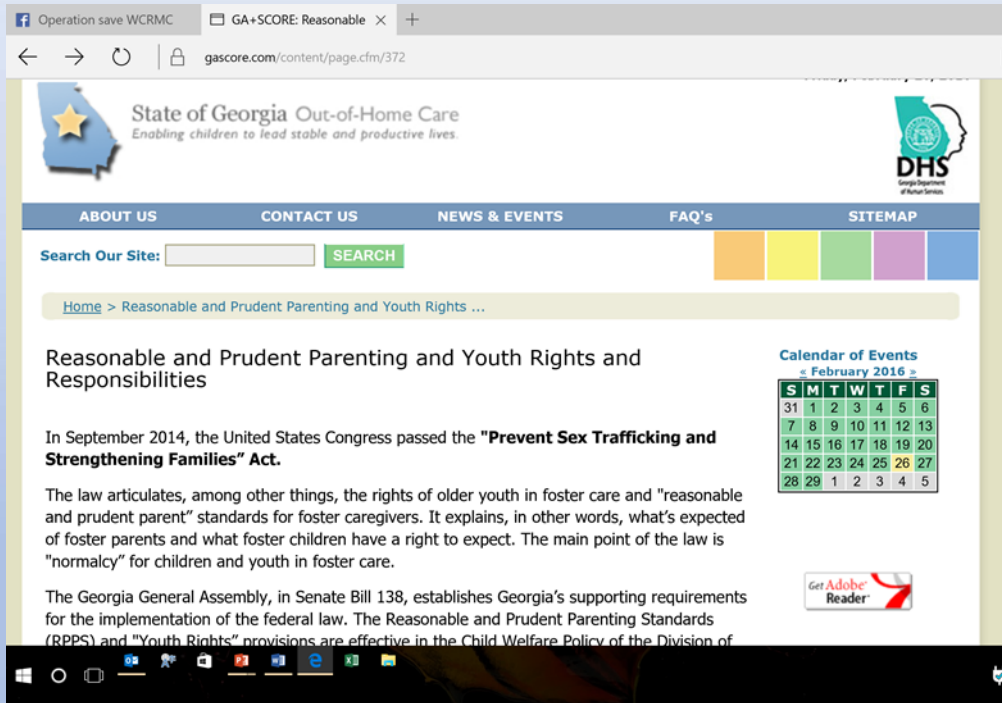
[Describe the child's medical history, and current diagnoses and treatments. Describe the treatment that you are requesting/prescribing and a description of how this treatment will "correct or ameliorate" any physical or mental illness or condition of the child.]

If you deny this request, please provide prompt written notice to this office [and the child's parent or legal guardian] of the reason for the denial and the process by which your decision may be appealed.



Foster Child Grievance Process

- <https://www.gascore.com/content/page.cfm/372/>



The screenshot shows a web browser window with the following content:

- Browser tabs: "Operation save WCRMC" and "GA+SCORE: Reasonable".
- Address bar: "gascore.com/content/page.cfm/372".
- Page header: "State of Georgia Out-of-Home Care" with the tagline "Enabling children to lead stable and productive lives." and the DHS logo.
- Navigation menu: "ABOUT US", "CONTACT US", "NEWS & EVENTS", "FAQ's", "SITEMAP".
- Search bar: "Search Our Site:" with a "SEARCH" button.
- Breadcrumbs: "Home > Reasonable and Prudent Parenting and Youth Rights ...".
- Main heading: "Reasonable and Prudent Parenting and Youth Rights and Responsibilities".
- Text: "In September 2014, the United States Congress passed the **'Prevent Sex Trafficking and Strengthening Families' Act**." followed by a paragraph explaining the law's purpose.
- Text: "The Georgia General Assembly, in Senate Bill 138, establishes Georgia's supporting requirements for the implementation of the federal law. The Reasonable and Prudent Parenting Standards (RPPS) and 'Youth Rights' provisions are effective in the Child Welfare Policy of the Division of..."
- Calendar of Events: "Calendar of Events - February 2016" with a calendar grid showing dates from 31 to 5.
- Footer: "Get Adobe Reader" logo.



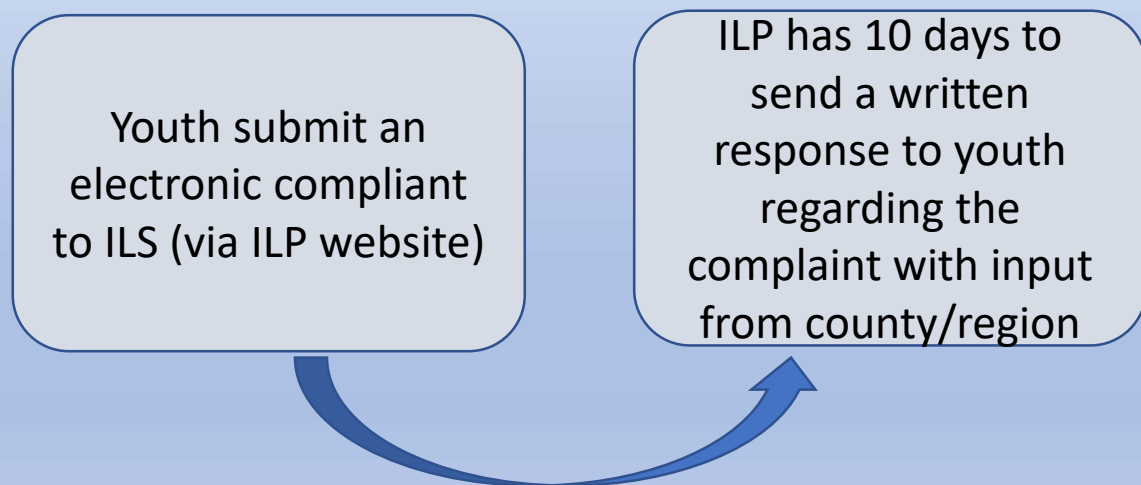
Youth Rights

1. The right to fair and equitable treatment by the Division of Family and Children Services (DFCS), foster parents, and other partners in the care of children in foster care;
2. The right to information regarding their heritage and cultural background;
3. The right to be safe from abuse, neglect and exploitation;
4. The right to know why they are in the child welfare system;
5. The right to have their educational needs met;
- 6. The right to have their health needs met;**
7. The right to family and community connections, including visitation, telephone calls, etc. ;



Youth's Grievance Process

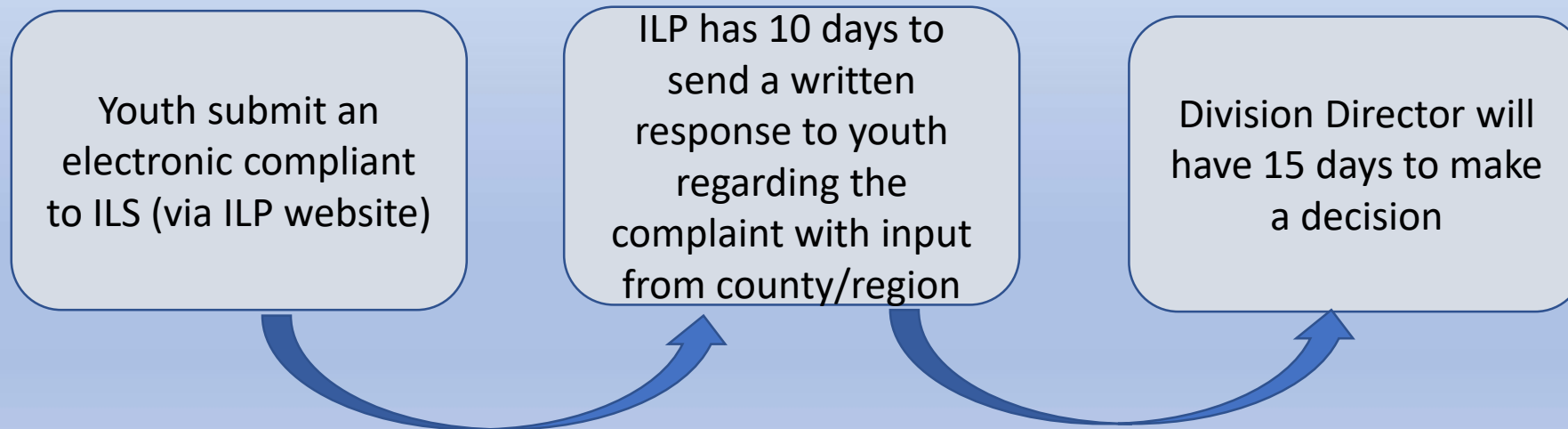
Step One Grievance: Submit a written complaint electronically to the Independent Living Specialist (ILS) explaining which of their rights they feel have been violated and how. The ILS, in consultation with the local DFCS County Director and Region Director, will investigate the complaint and issue a written response to the youth within 10 business.



Youth's Grievance Process

Step Two Grievance: If the complaint is not satisfactorily resolved within 10 business days from the date the complaint is received by the ILS, submit a written complaint to the DFCS Division Director along with a copy of the original complaint filed with the ILS, the written response, and any other pertinent documentation to...

NOTE: If the Step Two Grievance is not filed within 10 business days of the response from the Step One Grievance, the grievance is considered closed.



Practical Matters

- Issues you have
- Psychotropic Meds
- Emergency Behavioral Issues
- Trauma Assessments



Questions?

