State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch

Health Care Oversight and Coordination Plan FFYs 2020 - 2024

Each child that enters foster care receives an initial health screening and assessment during the pre-placement physical exam. Each child is also provided with State health insurance. Within 45 days in foster care, each child is provided with a Comprehensive Physical Exam. After the Comprehensive Exam, CWSB follows the EPSDT Medical (Physical and Mental) Health Screening Assessments Schedule, explained in item II. below.

I. MedQuest

The Fostering Connections Act of 2008 requires CWSB and the DHS MedQuest Division (MQD) to provide a continuum of health care for foster children.

Children who remain in the home receive medical plan coverage through their parents' or legal custodian's health plan. Children in out-of-home care are provided DHS' MedQuest health care services plan. This plan was developed by DHS in consultation with appropriate health care providers as well as experts and consumers of CWSB services.

The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are covered on a fee-for-service basis. The QUEST covered services include, but are not limited to:

A. In-patient and out-patient hospital and clinical services (including X-ray and laboratory examinations)
B. Physicians' services
C. Nursing facility and home health services
D. Drugs
E. Biological and medical supplies (medical equipment and appliances)
F. Podiatry (foot care)
G. Whole blood
H. Eye examinations, refraction and eyeglasses
I. Dental services (individuals age 21 and older have an annual payment limit for non-emergency services)
J. Family planning services
K. Psychiatric/psychological services
L. Diagnostic, screening, preventive and rehabilitative services
M. EPSDT services
N. Prosthetic devices (including hearing aids)

O. Transportation to, from, and between medical facilities (including inter-island or out-of-state air transportation, food, and lodging as necessary)
P. Respiratory care services
Q. Hospice care services

II. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

The purpose of the EPSDT Program is to provide Medicaid-eligible infants, children and youth under age 21 with quality comprehensive health care through primary prevention, early diagnosis, and medically necessary treatment of conditions.

The scope of required services for the EPSDT Program is broader than for the Medicaid Program. According to the EPSDT statutory provisions of the federal Omnibus Budget Reconciliation Act of 1989 (OBRA '89), if medical conditions, defects, or illnesses are discovered as a result of an EPSDT screening, the State is mandated to cover the costs for all services (specifically, all Title XIX services that are included in Section 1905(a) of the Act) that are needed to treat, correct, or ameliorate these conditions.

EPSDT services include:

- Complete medical and dental exams;
- Hearing and vision tests, laboratory tests;
- Immunizations and skin tests for tuberculosis (TB);
- Assistance with necessary scheduling and transportation upon request.
- Unlimited mental health benefits.

An outline of the EPSDT Program follows.

A. Medical (Physical and Mental) **Health Screening Assessments Schedule:**
1. Infancy: By age 1 month, and at 2, 4, 6, 9, and 12 months;
2. Early Childhood: At 15, 18, and 24 months, and at 3 and 4 years old;
3. Late Childhood: At 5, 6, 8, 10, and 12 years old; and
4. Adolescence: At 14, 16, 18, and 20 years old.

B. Preventive Dental Services (Once every six months beginning at age 12 months)
1. Examination
2. Prophylactic treatment
3. Sealing and polishing

C. Diagnosis and Treatment Services for Covered Services and Non-Plan Services:
1. Inpatient, outpatient hospital and clinic services, including x-ray and laboratory examinations;
2. Drugs, biological and medical supplies including medical equipment and appliances;
3. Physicians' (including osteopathic) services;

4. Nursing facility services and home health services;
5. Whole blood;
6. Eye examination, refractions and eye glasses; and
7. Hospice care services.

III. **Multidisciplinary Team(MDT)**

A new contracted provider for multidisciplinary team(MDT) services began on January 1, 2018. Services are statewide for all children in foster care. MDT conferences are consultative in nature and provide a multidisciplinary assessment of the family to assist in determining if child maltreatment has occurred, to assess the risk for continued child maltreatment, to determine the progress of a family for reunification or termination of parental rights, and to assess the needs of children in permanency situations. The goal of the MDT conference is to assist CWS in achieving safety, permanency, and well-being for children and families. All intakes assigned for investigation are reviewed by a MDT staff to determine the need for an MDT conference based on CWS procedures and priority of the case. The MDT consists of a psychologist, pediatrician/physician, registered nurse or nurse practitioner/advanced practice registered nurse(APRN), and a clinical social worker. The APRN primarily manages the oversight of the children in foster care who are on psychotropic medications.

Psychological Evaluations/Mental Health Assessments

On July 1, 2017, a new contracted provider began providing psychological evaluations and mental health assessment services to CWS children and families statewide. Psychological evaluations assist CWS in making appropriate service referrals and case direction for CWS clients. A request for a psychological evaluation requires the approval of the supervisor or section administrator. Mental health assessments provide a comprehensive psychosocial history for treatment planning and recommending the best approach for family intervention. Mental health assessments can be done for CWS cases, Voluntary Case Management and Family Strengthening Services cases. Consultative services are also provided to all referral sources. The provider may be asked to testify in court on a case.

IV. **Health Care Monitoring**

Health care needs for foster children are monitored by various professionals including the Public Health Nurse, the primary care physician, the social worker, the Multidisciplinary Team, etc. The social workers receive a monthly printout of children who are due for their annual health and dental check-ups. Health needs are also discussed in the monthly supervisory reviews.

Health information is retained in the case record. A copy of health reports is also included in the Child Information Folder (CIF) provided to the resource caregivers upon a child's

placement. As information changes, the updated information is sent to the resource caregiver to be placed in the CIF.

Medical information is updated in the child's record when the child's assigned worker receives reports. Information is provided to the child's resource caregivers and other entities on a need to know basis. Hawaii statute also allows the sharing of medical information between providers such as physicians.

The CWSB worker, resource parents, and health professionals assigned to the child's case ensures continuity of health care services while a child is in out-of-home care. When a child returns to the home, MEDQUEST provides medical insurance coverage during the transition from MQD coverage to the parent's coverage.

Oversight of prescription medicines, including psychotropic medications, for children in out-of-home care is provided by the CWSB worker in consultation with the primary care physicians and CAMHD staff providing care to a child, as well as the Multidisciplinary Team members, MQD staff, and other medical professionals.

The Multidisciplinary Teams statewide provide health care expertise and case consultation to CWSB. They were selected through an RFP process because of their experience and expertise in child welfare physical and mental health. As part of their contract, the APRN assists the CWSB in providing appropriate review, oversight and coordination of the use of psychotropic medications for children in out-of-home placement under the jurisdiction of the CWSB. The APRN has extensive knowledge of psychotropic medications, how to safely take the medications, and alternative treatments. The primary responsibility of the APRN is to monitor the prescription and use of psychotropic medication among youth in foster care. The APRN does not prescribe or administer the medication and is in a monitoring, consultative and intermediary position.

CWSB workers have been notified of the requirement to inform all foster youth and youth participating in the Chafee Foster Care and Independence and/or Education and Training voucher program about the importance of designating another individual to make health care treatment decisions on behalf of the youth if he or she becomes unable to make those decisions. Youth are informed by their caseworkers, by information and forms posted on websites of organizations such as the Hawaii Foster Youth Coalition, It Takes an Ohana (Hawaii's resource family organization), and DHS. Youth are also informed about this during Youth Circles (as part of their transition planning). CWSB works with the Court Improvement Project (CIP) and organizations that provide legal assistance to youth to ensure that youth who choose to write an advance health care directive are appropriately counseled and assisted.

V. Improving Exam Tracking and Oversight

CWSB continues to work with MQD to capture data and help community physicians complete the 45-day Comprehensive Exams and EPSDTs. CWSB is in discussion with the health plans, exploring ways to improve oversight of foster children receiving their EPSDT

check-ups. MQD put in place liaison workers for each health insurance plan that they manage. These liaison workers are the direct contacts for CWSB staff that arrange for medical coverage and monitor the completion of the needed medical exams for foster children. This has been an important development in CWSB's partnership with MQD and in CWSB being better able to monitor the medical services of foster youth.

VI. **Psychotropic Medication**

The over-prescription of psychotropic medication to foster children and youth is an issue of national concern. CWSB is working to further strengthen its health care oversight plan by developing a comprehensive strategy to address, track, and monitor youth who are prescribed psychotropic medications, and to ensure the provision of trauma-informed services to foster children. CWSB staff has taken advantage of the numerous national educational offerings on the topic, which have substantially helped to shape Hawaii's State plan. The following services/approaches are currently in place statewide in Hawaii for oversight of the use of psychotropic medication and for assessing/addressing the mental health needs of the foster youth population:

1. Multidisciplinary Team(MDT)
2. MDT case consultation
3. MDT medical record review
4. Mandatory Pre-Placement Exams;
5. Mandatory 45-day Comprehensive Exams, which may include mental health assessments;
6. Mandatory Mental Health Assessments, within 45 days of placement, which may be a psychological evaluation that assesses trauma related to abuse and removal;
7. Awareness Education for all current CWSB staff (trainings occurred in March 2012);
8. Psychotropic Medication Awareness Education has been added to CWSB new hire Core Training (first implemented in July 2012);
9. Mandatory Monthly Face-to-Face Contact between caseworker and child, caseworker and resource caregiver, and caseworker and biological parents (following updated written protocol for conducting monthly visits, caseworker must ask about psychotropic medication use and emotional trauma – implemented March 2012; following updated written policy, caseworker must discuss the youth's progress with any psychotropic medication each month with youth, parents, and resource caregiver – implemented December 2012);
10. Contracted provider for APRN who will assist CWS workers with monitoring psychotropic medication for all children
11. Regular contact between caseworker and child's doctors and therapists;
12. Regular contact between caseworker and child's school;
13. CWSB documentation of mental health diagnoses, medications, and monitoring of these medications (implemented in December 2012);

14. Mandatory use of *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care* prior to a youth in care beginning a psychotropic medication (implemented in December 2012);
15. Caseworker ensures that youth's questions have been answered by the prescribing physician before a foster youth starts taking psychotropic medication (implemented December 2012);
16. DOH CAMHD staff available for consultation on psych meds for CWSB and KCPC (implemented in November 2012);
17. CWSB written policy that CWSB staff and resource caregivers will not force a youth to take medication against his/her will while in foster care (implemented December 2012);
18. Partnership and collaboration among CWS, DOE, CAMHD, and MQD; and
19. Distribution of *Practice & Policy Brief: Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges* to Family Court staff and attorneys statewide (January 2013).

VII. **Medical Benefits for Former Foster Youth**

The Affordable Care Act (ACA), signed by President Obama in March 2010, contains a provision allowing children to remain covered under their parents' health insurance until the youth reach age 26. Effective January 1, 2014, the ACA also provides that, young adults who exit(ed) foster care at age 18 or later, and were enrolled in Medicaid when they aged out of care, are eligible for Medicaid coverage until age 26.

Hawaii CWSB has procedures in place to ensure the continued medical coverage of all current foster youth who are transitioning to adulthood. MQD has a computerized tickler system that notifies MQD when a foster youth turns 18 years old so that medical coverage can automatically continue until age 26. CWS staff will also submit a MQD communication form to inform MQD about the child turning age 18. Collaboration is continuing with MQD to ensure the former foster youth are receiving medical coverage until age 26.

VIII. **Collaboration**

CWSB continues to work with the DOH, DOE, resource caregivers, MQD, and the health community to improve and reduce any barriers that may arise while the child is in foster care.

The DHS adopted the 2 Gen approach which is an antipoverty initiative that provides support for children, their parents and grandparents (the whole family) together based on the framework and principles of 2 Gen which was developed by Ascend at the Aspen Institute. This approach proves effective at breaking children and their families free from the cycles of poverty and empowering them to live up to their full potential. DHS adapted this 2 Gen approach calling it 'Ohana Nui' which means extended or large family. This

approach fits the cultural practice and beliefs of Hawaii where family is so important and has a unique multigenerational family structure. It is not unusual to find 3 generations living in one house. Not only is this culturally acceptable, it is an economic lifestyle in Hawaii which has one of the highest costs of living in the country. As stated in the DHS blog, the Ohana Nui approach "helps children and families get the education and workforce training, social supports like parenting skills, and healthcare they need to create a legacy of economic stability and overall well-being that passes from one generation to the next." Ohana Nui works toward removing silos and integrating programs, streamlining services and building upon the strengths everyone has to offer to solve the needs of the community.

Ohana Nui will be supported by the new IT Enterprise System that will determine applicant eligibility for benefits and services across all divisions and programs within DHS, regardless of the client's point of entry and more quickly. It is envisioned too that some data can be shared with other departments to inform of social trends and client needs.

In the spirit of Ohana Nui, DHS is leading the state in applying the 2 Gen principles. One success story is the establishment of the Family Assessment Center that began planning in Fall 2015 and had a grand opening in September 2016. The Family Assessment Center is a homeless facility that was able to quickly come to fruition through the Ohana Nui efforts of DHS, the Hawaii Community Development Authority, pro bono architects Group 70 and Douglas Engineering, Catholic Charities, Benefit, Employment and Support Services, non-profit Partners in Development, DOE and the Department of Health. This Family Assessment Center was completed without any new resources.

XI. Prevention

CWS will be developing its Title IVE Plan to include the services that will be funded through the Family First Prevention Services Act(FFPSA), Public Law (P.L.) 115-123 for mental health/substance abuse and in-home parent skill-based programs. CWS will develop programs that meet the requirements for providing the prevention programs such as meeting the practice criteria of having prevention services rated as promising, supported, or well-supported in accordance with U.S. Department of Health and Human Services.

CWS will continue its Waiver Demonstration Project's home-based services that uses the Homebuilders model. CWS' Waiver Demonstration Project will end on September 30, 2019. It is anticipated that Homebuilders will be one of the in-home parent skill-based programs that will be approved by HHS as an allowable service by the Title IV-E Prevention Services Clearinghouse.

It is foreseen that CWS will be contracting all of its FFPSA services as CWS does not have the staff capacity to provide prevention services directly. CWS continues to work with the Administration for Children and Families to meet the FFPSA requirements that are ongoing.