Foster Care Population Summary Instructions

On a quarterly basis, the health plan shall submit to the state agency a foster care population summary report. This report should be modeled on the Policy Statement of the American Academy of Pediatrics (AAP) regarding health care for individuals in foster care: <http://pediatrics.aappublications.org/content/pediatrics/136/4/e1131.full.pdf>.

This narrative report must include, at a minimum, the following elements for each health plan; for additional guidance, refer to the AAP Policy Statement and the companion technical report: <http://pediatrics.aappublications.org/content/pediatrics/136/4/e1131.full.pdf>.

1. The number of children who entered foster care during the quarter being reported (Category of Aid 4, ME codes 7, 8, and 37).
2. The number of children currently in foster care.
3. The number of children receiving the required 72-hour assessments, 30-day comprehensive assessments, and ongoing care.
4. For those children who did not receive timely care, reasons why visits did not occur within the required time frames of 72 hours and 30 days.
5. Number of foster care children who received:
   1. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visits;
   2. Immunizations;
   3. Vision screenings;
   4. Glasses (number dispensed);
   5. Hearing screenings and referrals; and,
   6. Therapy services (examples: physical therapy, occupational therapy, speech therapy).
6. Describe which specific behavioral health services are available to members in foster care (e.g., evidence-based practices such as parent-child interaction therapy; child-parent psychotherapy; trauma-focused cognitive behavioral therapy; and the attachment, self-regulation, and competency model).
7. Provide a chronic disease profile that describes which chronic diseases are most prevalent by age group; the two age groups are:
   1. Children younger than thirteen (13) years of age; and,
   2. Children ages 13 through less than eighteen (18) years of age.
8. A description of outreach strategies employed, such as text messaging, social media, and phone calls.
9. A description of health coaching support and resources available to youth and young adults transitioning out of foster care. Health coaching and resources educate and facilitate access to services and explain how to receive support for medical adherence and preventive care.
10. A description of trauma-informed services and supports available to children in state custody and their guardians/foster parents.