2020-2024 Health Care Oversight and Coordination Plan Annual Update 2022

Section 422(b)(15)(A) of the Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care. States must develop the plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services.

The Health Care Oversight and Coordination Plan must include an outline of all of the items listed below, enumerated in statute at section 422(b)(15)(A)(i)-(vii) of the Act:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;

2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home;

3. How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record;

4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;

5. The oversight of prescription medications, including protocols for the appropriate use and monitoring of psychotropic medications;

6. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;

7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and

8. Steps to ensure the components of the transition plan development process required in the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The second Annual Progress and Services Report (APSR) to the 2020-2024 Child and Family Services Plan (CFSP) for fiscal year 2022 is due by June 30, 2021. To provide states with guidance on completion of the APSR update the U.S. Department of Health and Human Services has sent each state representative the program instructions. It is important that APSR submissions address all requirements outlined in the program instruction. The program instructions for this update are as follows:

- Describe the progress and accomplishments in implementing the state's Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.

- Provide an update on how during the COVID-19 pandemic and national public health emergency the state has worked to ensure children and youth continue to receive appropriate health care, including through use of telemedicine.

- Indicate in the 2022 APSR if there are any changes or additions needed to the plan, including any changes informed by the state's experience during the public health emergency. In a separate document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

1. Schedule for Initial and Follow-Up Health Screenings

The Children's Division continues to monitor the initial health and Healthy Children and Youth (HCY) examinations for children in foster care. Each child entering foster care should receive an initial health examination within twenty-four (24) hours to identify any immediate health care needs and a full HCY examination within thirty (30) days.

In 2019, of all of the children who came into care and remained in Children's Division care past thirty (30) days, an average of 42% had an initial health examination within twenty-four (24) hours. In 2020, the average number was 41%.

In 2019, of all of the children who came into care and remained in Children's Division care past thirty (30) days, an average of 86% had a full HCY examination. In 2020, the average number was 85%.

Children's Division has established a Memorandum of Agreement with Children's Mercy hospital in Kansas City to increase the number of initial health examinations completed within twenty-four (24) hours. Children's Division provides a list of children entering foster care to Children's Mercy hospital staff. The Children's Mercy staff use the list to contact resource providers in Jackson, Clay and Platte County. The primary purpose of the contact is to offer the resource providers a list of available medical providers who can perform the initial twenty-four (24) hour examination. The list of medical providers includes Children's Mercy hospitals Foster Care Medical Clinic and other suitable medical providers.

Children's Division has assigned a team of Health Information Specialist (HIS) to review the completion percentages of the initial health and full HCY examinations and develop methods to improve those percentages. The HIS team members review initial health and full HCY statistics on a monthly basis to ensure the examinations are complete and have been recorded in Family and Children Electronic System (FACES) database.

2. Monitoring and Treating Identified Health Needs, Including Emotional Trauma

Family and Resource Parent Engagement / Information Exchange

The Children's Division staff continue to collect, monitor and discuss the child's health care needs with the child's family, parents and resource providers with the Child/Family Health and Developmental Assessment (CW-103), Health Care Information Summary (CD-264) and Monthly Medical Log (CD-265). The assigned case manager is required to gather information about the child and provide the CD-264 to resource provider at the time of the initial or subsequent placement. The CD-264 contains information about the child's current health care providers, medications, chronic/reoccurring health conditions, allergies, etc. Staff use the CW-103 to request information from the parent(s). Also, staff can assist the parent(s) with completing of the CW-103, if needed. The parent(s) are valued as an active member of the child's Family Support Team and may provide important information about the child's health care. The resource provider completes the CD-265 form and

provides this to the assigned case manager each month. This form contains information about physician/therapist visits, upcoming appointments, medical events, etc.

Trauma Assessment Pilot with a Managed Care Organization

Children's Division has worked diligently over the past few years to heighten staff's trauma awareness and sensitivity needed to serve families and children involved in the child welfare system. The capacity for all staff to screen clients for trauma is a goal. With this must come staff's ability to be appropriately responsive to any traumatic experiences or triggers uncovered during such screening. The Children's Division is considering a number of trauma-specific assessment tools and, once selected, staff will be trained on the tool's application and how to triage outcomes to best support families and children.

Meanwhile, one of the state's three Managed Care Organizations, United Health Care (UHC), approached Children's Division in 2019 with a request to pilot a trauma assessment tool with children served in one circuit in the state. Though UHC already provides a trauma assessment to all their foster care members, the pilot proposal created the opportunity for an escalated and more collaborative approach. For the pilot project, UHC offers additional care management and oversight for children included in the pilot area, while also administering needed trauma assessments that inform better treatment plans for children in care, and help inform CD's next steps for a statewide trauma assessment protocol.
With consideration given to circuit demographics and foster care entry rates, the 32nd Circuit – consisting of Bollinger, Cape Girardeau, and Perry counties – was selected for the pilot.

United Healthcare uses the CANS Trauma (Child and Adolescent Needs and Strengths Trauma version) assessment provided by the National Child Traumatic Stress Network. UHC's care managers are trained on the CANS Trauma assessment, how to administer it, and how the assessment can be used in subsequent treatment planning. The pilot began in early 2019 and includes all children who enter foster care in the 32nd Circuit and who are placed within the circuit. Data on the number of children assessed or the impact on treatment planning is not available at this time. Early successes include increased awareness for CD case managers around services provided by the care management contract and improved comprehensive care and service planning.

3. Updating and Appropriately Sharing Medical Information, which may Include Developing and Implementing an Electronic Health Record

The Children's Division staff continues to gather health care documents to update medical information in each child's record. The health care documents include, but are not limited to information on:

- Medical, surgical, dental, psychosocial treatments;
- Mental health and psychiatric assessments;
- Hospitalization or residential treatment(s);
- Current and past medications;
- Family health history;
- Service plans, health screenings/examinations; and
- Clinically indicated lab work.

The Children's Division staff continue to use the CW-103, CD-264, and CD-265 to gather and distribute health care information to parents/resource providers and other members of the Family Support Team.

The Department of Social Services (Department) has privacy officers to process any request for sharing Protected Health Information (PHI) contained the in child's medical record. PHI is individually identifiable

health information maintained or transmitted by a covered entity. The Department has implemented an information security process to be in compliance with Health Insurance Portability and Accountability Act and Missouri's Sunshine Law requirements.

The State of Missouri's Office of Administration has awarded a contract to Cerner Corporation to pilot a project to develop and maintain data sources to populate foster children's longitudinal records, enhancing the visibility to gaps in care and an opportunity to improve overall member health. This pilot project is between the Department of Social Services and Cerner Corporation. An integral part of the medical records system project is Cerner's Project Plan. The Plan introduces Cerner's HealtheIntent platform that will be utilized to build the Healthe Foster Children Registry and a HealtheRecord for children in foster care.

The HealtheIntent platform is a shared computing service that combines health data from different systems across the continuum of care. This platform can receive data from hospital Electronic Medical Record (EMR) requirements, ambulatory EMR, medical/pharmacy claims, and laboratory data. HealtheIntent creates a record containing information that supports programs for decision support, quality measurement, and analytics for population management.

The primary goal of the Healthe Foster Children Registry is to build a Registry from data within the HealtheIntent platform and additional data from the: Lewis and Clark Information Exchange (LACIE Public Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.) and Cyber Access, and Family and Children Electronic System (FACES). When the data has been integrated, Cerner has forty-two (42) conditions within the Registry that can be measured to support certain healthcare decisions.

The HealtheRecord provides a longitudinal record combining clinical events and information into a single view. Items in HealtheRecord include, but are not limited to, allergies, conditions, lab results, and medication. Cerner has indicated that the Healthe Foster Children Registry and HealtheRecord will allow the Children's Division to identify, score, predict risks, and manage care to guide targeted interventions for children in foster care. The pilot project will be implemented in Jackson, Clay, Platte, Cass, and Vernon counties and will continue for thirty-six (36) months. Cerner has planned to employ their Medicaid Deployment Methodology (MDM) for project management. Cerner's MDM is based on the Project Management Body of Knowledge model and industry project management standards. The MDM assesses the areas of people, process, technology, and combines best practice recommendations with project management content (project plans and templates) to promote high quality and continuous improvement throughout the project.

4. Steps to Ensure Continuity of Health Care Services, which may Include Establishing a Medical Home

Medical Homes

There are two medical homes for youth in foster care contracts with Children's Division. The contracted agencies are SSM Health Cardinal Glennon and Washington University.

The SSM Health Cardinal Glennon agency operates the Foster Healthy Children (FHC) program for children under twelve (12) years of age. The FHC goal is to improve the health and well-being outcomes of these children. The program assists with providing examinations for all children entering foster care to ensure that immediate medical needs are met. During the period from October 2020 – December 2020 SSM has reported that 90% of the children received an examination within thirty (30) days. Of the remaining 10%, half were not completed with the thirty (30) days due to hospitalizations.

The Washington University operates the Supporting Positive Opportunities with Teens (SPOT) program. The SPOT operates a center serving at risk youth with a range of services to address the health, social support, and prevention needs of youth. The SPOT reports that for the period of September 2020 – November 2020 they averaged 10 referrals. During the same time period 148 (121 current & 27 new) clients received services at the SPOT. These services include: medical services from a physician, nurse services for prescriptions, immunizations and case management services.

The health home project model contracts have been in effect since 2015 and are in the process of extending their contracts with MO.HealthNet through 2022. The discussion to expand the health home model to other cities (Joplin, Springfield and Columbia) is ongoing.

Managed Care Plans – Care Management and Care Coordination

The new Managed Care contract released May 1, 2017 requires increased care management and care coordination for enrolled members. All children in foster care receive care management services through his/her managed care plan. The contract requires the health plan care managers to work with the child's primary care provider in developing plans of care for patients to ensure continuity and coordination of care. In the event a child is transitioning to a different managed care plan, the contract requires the new plan to continue services authorized by the previous plan for up to sixty calendar days and precludes the new plan from reducing services until the new plan conducts an assessment supporting service reduction.

Care Management services are intended to improve patient care and coordination, improve health outcomes, reduce inappropriate services and inpatient hospitalizations, and to better educate providers and members. The health plan must work with the child's resource parents to ensure the child receives all required examinations and health care visits/interventions within the timeframes defined by Children's Division and determined by the child's needs, including all HCY/EPSDT well-child exams.

Children's Division is working with the managed care plans to promote care management. The plans report some resistance from resource parents when contacted to complete the initial health assessment. While some resource parents do not fully appreciate the support provided by care management services, others feels it is a duplication of services they already receive or they do not need the support. The Children's Division and MO HealthNet Division support that all children and youth in foster care, who are enrolled in a managed care plan, will receive care management services.

The plans have collaborated on informational material to educate resource parents on the care management services provided by the contract and how those complement, or even exceed, services the child may be receiving already. Once the materials are finalized, approved, and published, Children's Division will disseminate to all resource parents, CD staff, and CD contracted case management staff.

5. Oversight of Prescription Medications, Including Protocols for the Appropriate Use and Monitoring of Psychotropic Medications

Psychotropic Medications Monitoring Training

The Children's Division has revised the psychotropic medications and informed consent trainings. The psychotropic medications trainings include the following:

- The definition and classes of Psychotropic Medications;
- Food and Drug Administration ("FDA")-approved versus off-label use of such medications;
- The possible risks, benefits, and interactions of such medications;
- Alternative forms of treatment;

- The utilization of non-pharmacological treatments; and
- A clinically developed guideline to review psychotropic medications to determine if the prescription and administration is above the maximum dosage limits for safe use.

The Children's Division and University of Missouri, Department of Psychiatry, Center of Excellence in Children's Health Integration, Learning, and Development provided two interactive webinars on improving the use of psychotropic medications for youth in foster care and engaging youth, parents and resource parents in behavioral health care decision. The webinars included information about psychotropic medications and allowed participants to ask questions during the webinar.

Psychotropic Medication Advisory Committee

In September 2019, Children's Division began appointing members to the Psychotropic Medication Advisory Committee (PMAC). The purpose of the PMAC is to provide professional/technical consultation to the Children's Division and MoHealthNet Division on the development and implementation of policy pertaining to the administration of psychotropic medications to children in foster care. The required members of the PMAC include the following:

- Director of Children's Division and/or such staff members as appropriate;
- Director of MoHealthNet Division and/or such staff members as appropriate;
- Representative or representatives of the Statewide Clinical Consultant;
- Child and adolescent psychiatrist, who may also be an employee of the Statewide Clinical Consultant;
- Child and adolescent psychiatrist who is *not* an employee of the Statewide Clinical Consultant (and who may be located outside of the state);
- Licensed psychologist or other mental health provider with experience working with children and adolescents, who may also be an employee of the Statewide
- Clinical Consultant;
- Pediatrician;
- Representative appointed by the Director of the Missouri Department of Mental Health;
- Individual with expertise in management of electronic health records;
- At least three foster children above the age of 13;
- Current Resource Provider;
- Attorney who represents children in foster care;
- Attorney who represents parents of children in Children's Division foster care; and
- Pharmacist and/or a pharmacologist with expertise in Psychotropic Medication.

The PMAC is required to meet on a quarterly basis and prepare an annual report on the work of the PMAC. The PMAC has reviewed topics such as; the emergency administration of psychotropic medications and a maximum dosage review for psychotropic medications prescribed to children in foster care. The annual report for 2020 has been provided to the Director of the Department or Social Services.

Clinical Sub-Committee

In December 2019, a clinical sub-committee was created from the PMAC members to review maximum dosage guidelines and develop an "Excessive Dosage Criteria" guideline for Children's Division staff. The required members of the clinical sub-committee include the following:

- Qualified Psychiatrist;
- Pharmacist and/or pharmacologist;
- Representative of the Statewide Clinical Consultant;

- Pediatrician; and a
- Licensed psychologist or other mental health provider with experience working with children and adolescents.

The review of the "Excessive Dosage Criteria" would be for psychotropic medication(s) that do not have FDA-approved pediatric or adult dosage guidelines or is prescribed for an "off-label" use. The clinical sub-committee has reviewed several state programs and developed an Excessive Dosage Guideline" for psychotropic medications. The guideline has been implemented throughout the state and has been published on the Department of Social Services website. The University of Missouri Kansas City's pharmacy department will monitor the Excessive Dosage Guideline and provide updates as needed.

The Statewide Clinical Consultant

The Center for Excellence in CHILD Well-being (The Center) has continues to be the Statewide Clinical Consultant for the Children's Division. The Center's primary function is coordinating oversight for the appropriate use and monitoring of psychotropic medications prescribed to children in foster care. The Center utilizes data from the Care Management Technologies *Population Performance* database to monitor quality indicators for best practices and alerts staff of children/youth hitting benchmarks falling outside of best practice.

The Center has reported that during the fourth quarter of 2020 The Center received 148 consultation request from Children's Division. Of that 148, 135 were psychotropic medication reviews, 12 were case consultations and 1 was for physical health.

Heightened Trauma Awareness for Resource Parents

In working toward becoming a trauma-informed organization, Children's Division is training resource parents on the National Child Traumatic Stress Network's Resource Parent Curriculum (RPC) Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents. Some resource parents may have become too accustomed to seeking pharmacological interventions to address a child's behaviors. The new informed consent policy implemented in September 2018 requires that before a child is evaluated for psychotropic medication, they or their caregivers must first have attempted non-pharmacological interventions. Should these interventions prove ineffective or insufficient, the child may be recommended for a psychiatric evaluation if referred by a mental health professional.

This policy revision reinforces the need to strengthen resource parents' readiness to meet the unique needs of children in foster care. The eight-week RPC workshop prepares resource parents to understand how trauma affects children so resource parents, in turn, are more skilled and effective in addressing behavioral symptoms in the home. Understanding behaviors are not always symptoms of underlying mental health disorders can impact the tendency to seek pharmacological interventions. Although the goal is to train all current and newly licensed resource parents on the RPC curriculum, there is an insufficient number of facilitators statewide to develop a training plan or timeline for completion.

The Division has partnered with Missouri's Foster and Adoptive Care Coalition to continue to provide train-the-trainer sessions to staff and co-trainers to build capacity and opportunities for training of resource parents.

6. Consulting with and Involving Physicians or Other Appropriate Medical or Non-Medical Professionals in Assessing the Health and Well-Being of Children and in Determining Appropriate Medical Treatment

Health Care Oversight and Coordination Committee

In 2015, the Children's Division gathered several agency staff and stakeholders to develop and implement the Health Care Oversight and Coordination Plan. The establishment of this workgroup was the creation of the Health Care Oversight and Coordination Committee (HCCC), which consisted of pediatricians, foster parents and representatives from:

- Children's Division
- Missouri HealthNet
- Division of Youth Services
- Department of Health and Senior Services
- Office of State Courts Administrator
- Private Foster Care Case Management Provider
- Recipients of Child Welfare Services
- Mental Health Care Experts
- School of Social Work/Research
- Child Advocacy Centers
- Residential Facilities for Children in Foster Care

The HCCC developed the plan to ensure oversight and coordination of health care services for children in foster care. When the Health Care Oversight and Coordination Plan was complete, the HCCC continued to meet each year to discuss services for children in foster care.

During the HCCC meeting on February 9, 2021 the primary topic was HCCC goals for 2021. The primary topics were the following areas:

- Behavioral Health services
- HCY Examinations
- Medical Homes
- Health Information Sharing

Each quarter the HCCC continues to provide insight and guidance to Children's Division on current events relating to foster care services in their respective fields. The HCCC has developed a sub-committee to review screening and access to care for children with behavioral health needs.

7. Procedures and Protocols Established to Ensure Children are not Inappropriately Diagnosed (Family First Prevention Services Act - FFPSA)

Children/youth in CD custody continue to be evaluated by qualified medical and behavioral health clinicians using age-appropriate, evidence-based, and validated assessment tools. Each child's diagnoses are reviewed by the assigned case manager and Family Support Team to guide in the development of the child's treatment plan. If there is a question and/or concern about the accuracy of a diagnosis the assigned case manager can initiate a referral to the Statewide Clinical Consultant (The Center). The Center will provide their findings and recommendations to assigned case manager who will be required to follow-up with the child's health care provider.

8. Health Care Transition Planning for Youth Aging Out of Foster Care

The goal of transition planning is to identify and arrange for anticipated service needs for older youth who will soon be exiting foster care. Youth who have a comprehensive plan are better equipped to transition successfully from foster care to self-sufficiency. It is imperative for staff, youth, and other Family Support Team members to

discuss transition planning well in advance of the youth's impending exit so a well-informed and practical transition plan can be developed.

To prepare youth for their exit from the foster care system, the Social Services Specialist meets with the youth six months in advance and at 90 days prior to release from custody to develop a personalized transition plan and complete an exit planning checklist.

Youth are educated on the importance of designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and the youth does not have or does not want a relative who would otherwise be authorized under law to make those decisions. This can be done by a health care power of attorney, health care proxy, or other similar document recognized by state law and youth should be educated as to how to execute such a document if the youth wants to do so. Policy and procedures exist for assisting youth in need of services transitioning from alternative care to adult guardianship or conservatorship or supported living through another agency such as Department of Mental Health (DMH) or Department of Health and Senior Services (DHSS). Exit planning for these services begin one year in advance.

Each youth is provided an "exit packet" prior to exiting from care. The exit packet must contain information regarding: eligibility for extended MO HealthNet coverage, durable power of attorney for health care and health care directive, services available through Chafee Aftercare, the Education and Training Voucher (ETV) program, National Youth in Transition Database activities, request to re-enter foster care, Foster Youth to Independence Housing Voucher Program, and additional resources germane to the youth's geographic area such as services for disabilities, childcare, and public assistance programs.

On August 28, 2013, state statute extended medical coverage for former foster youth to age 26. The statute includes youth who were in foster care under the responsibility of the state of Missouri at the age of eighteen, or at any time during the thirty-day period preceding their eighteenth birthday. In SFY20, this was extended to include youth who transitioned out of care from another state and are now residing in Missouri.

9. Provide an update on how during the COVID-19 pandemic and national public health emergency the state has worked to ensure children and youth continue to receive appropriate health care, including through use of telemedicine.

The MO HealthNet Division (MHD) is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

MO HealthNet covers Telehealth and Teledentistry services. MO HealthNet allows any licensed health care provider or licensed dental provider, enrolled as a MO HealthNet provider, to provide telehealth services if the services are within the scope of practice for which the health care/dental provider is licensed. The services must be provided with the same standard of care as services provided in person. Telehealth/Teledentistry services may be provided to a MHD participant, while at home, using their telephone.

The Missouri Child Psychiatry Access Project (MO-CPAP) started as a pilot program in 2018. In January 2020, it moved to statewide implementation. Initially funded by Missouri Foundation for Health (MFH) with expansion resources provided by Health Resources and Services Administration (HRSA), MO-CPAP aims to support and strengthen primary care providers' ability to offer mental health care to young patients with mild to moderate behavioral health issues.

Primary care physicians, family physicians, pediatricians, physician assistants and advanced practice nurses can enroll in the project. Enrolled providers are available to access support services such as:

- Telephone consults with child and adolescent psychiatrists regarding screening, diagnosis and management of behavioral health issues,
- Linkage and referral services to connect patients to community-based mental health care and other resources, as well as telephonic follow up coordination to ensure successful connection to care,
- Education and training in identification, assessment and treatment of mild to moderate behavioral health issues.

MO HealthNet child providers in every county in Missouri can participate in MO-CPAP by enrolling online and using the consultation warm line to reach a team of child and adolescent psychiatrists and follow up coordinator, who are trained in collaborative care with the goal to increase positive outcomes for behavioral health issue.

The HIS team provided weekly updates on in-patient hospital protocols during peak of COVID regarding changes to admission practices, patient safety through quarantine and visitation guidelines.

HIS collaborated with other agencies to assist in the administration of COVID -19 testing for new foster care entries and received clarification that Medicaid would pay for COVID testing for examinations. An HCY COVID Guide was provided to case managers and resource providers.

Managed Care Companies (MCO) met to discuss the best way to help foster care members and caregivers with HCY visits. MCO's encouraged CD, FCCM and caregivers to contact their assigned care manager at the respective health plans for assistance.

Managed Care agency, Home State Health, partnered with Babylon to bring HCY exams via telehealth to Children's Division's foster care population. This was presented to the HIS team in May 2020.