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.

Health Care Oversight and Coordination Plan

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- 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 2023 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

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 Healthy Children and Youth (HCY) examination within thirty (30) days. The Children's Division has a Memorandum of Agreement with Children's Mercy Hospital to conduct initial health examinations and current contacts with medical homes that perform HCY examinations. The initial health and HCY examinations are documented in the Family and Children Electronic System (FACES). The Children's Division provides a list of children entering foster care in Jackson, Clay and Platte County to Children's Mercy hospital staff. The staff contact the resource providers and provide a list of available medical providers who can perform the initial twenty-four (24) hour examination. The medical home staff review FACES and conducts an examination if the child needs an HCY.

The Children's Division has assigned a team of Health Information Specialist (HIS) to review the completion of the initial health and HCY examinations. The HIS team members review initial health and HCY reports to ensure the examinations are complete and have been recorded in FACES.

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

Family and Resource Parent Engagement / Information Exchange

The parents/family and resource parent(s) are valued members of the child's Family Support Team (FST) and can provide important information about the child's health care. The Children's Division staff collect, monitor, track, and discuss the child's health care needs with the child's FST members. The assigned case manager is required to gather information about the child with the Child/Family Health and Developmental Assessment (CW-103), Health Care Information Summary (CD-264) and Monthly Medical Log (CD-265) documents. Staff use the CW-103 to request current and historical health information from the parent(s). The assigned case manager can assist the parent(s) with completing of the CW-103, if needed. The CD-264 contains information about the child's current health care providers, medications, chronic/reoccurring health conditions, allergies, etc. The resource provider completes the CD-265 log 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

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. 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.

UnitedHealthcare uses the National Child Traumatic Stress Network Child and Adolescent Needs and Strengths assessment tool. 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 provided by UHC indicates members who received the CANS assessment upon entry into foster care have increased placement stability. Children's Division also notes improved outcomes around placement stability for the 32nd Circuit, recognizing UHC's CANS assessment as a possible contributing factor. UHC has not requested to expand the pilot outside of the 32nd Circuit. Children's Division is not pursuing expansion at this point with UHC or the other two managed care plans. MO HealthNet, the state Medicaid agency, has decided to move to a sole source managed care plan contract for all children and youth receiving Medicaid eligibility through the Children's Division. The contract, which should be awarded and in effect by July 1, 2022, will require the vendor's care management activities, including assessment and care planning, to be provided in accordance with the definition of trauma-informed care.

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

The Children's Division and MO HealthNet Division (MHD) continue to collaborate with the Cerner Corporation to implement the pilot project to develop and maintain the Healthe Foster Children Registry and HealtheRecord from the HealtheIntent platform.

The HealtheIntent platform is a shared computing service that combines health data from the Lewis and Clark Information Exchange (LACIE Public Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.), Cyber Access, and FACES. This platform can receive data from hospital Electronic Medical Record (EMR) requirements, ambulatory EMR, medical/pharmacy claims, and laboratory data.

The primary goal of the Healthe Foster Children Registry is to build a Registry that contains forty-two (42) conditions that can be measured to support certain healthcare decisions. The HealtheRecord creates a longitudinal record containing information that supports program decisions, quality measurement, and analytics for population management. The pilot project is active and has been implemented in Jackson, Clay, Platte, Cass, and Vernon counties.

The Department of Social Services (Department) has privacy officers to process any request for sharing Protected Health Information (PHI) and Personal Identifiable Information (PII). PHI is individually identifiable health information maintained or transmitted by a covered entity. PII is personal information that can be used to directly identify an individual. 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.

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

Psychotropic Medications Monitoring Training

The Children's Division and University of Missouri, Department of Psychiatry, Center for Excellence in CHILD Well-being (The Center), collaborated to develop two interactive webinars. The topics of the webinars were Non-Pharmacological Interventions and Healthy Sleep Habits. The webinars allowed participants to ask questions during the webinar. The HIS team continues to revise the psychotropic medication and informed consent trainings on an on-going and targeted basis.

Medical Homes

The contracts for medical homes are with the Washington University and SSM Health Cardinal Glennon.

The Washington University administers 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 SSM Health Cardinal Glennon agency operates the Foster Healthy Children (FHC) program for children under twelve (12) years of age. The program assist with providing examinations for all children entering foster care to ensure that immediate medical needs are met.

The medical home contracts are scheduled to expire in June 30, 2022. The services provided within the contracts will be managed through the new managed care plan contract scheduled to go into effect on July 1, 2022.

Managed Care Plans – Care Management and Care Coordination

Effective July 1, 2022, Missouri moved from a healthcare delivery system administered by three different managed care plans to a single specialty plan for children in the care and custody of the state, children covered under an adoption or legal guardianship subsidy, and foster care alumni who are eligible for extended Medicaid coverage to age twenty-six (26). The goal of the specialty managed care plan is to establish a trauma-informed, comprehensive and integrated behavioral health and physical health system that addresses the unique and complex needs of children involved in the child welfare system and across multiple child-serving systems. Home State Health was awarded the contract and administers the new sole source specialty plan called Show Me Healthy Kids (SMHK).

The specialty managed care contract offers enhanced care coordination and care management, access to a coordinated network of providers, and provides health care through a whole-person approach. Behavioral health services previously carved out of the managed care contract are now included in the new specialty managed care contract. In-lieu of services options proposed by Home State Health include the Partial Hospitalization Program, the Intensive Outpatient Program, and Inpatient Diversion/Stepdown services – each designed to address the treatment needs of youth outside of an inpatient hospital or residential program setting.

The SMHK plan offers a host of additional benefits tailored to support the needs of the specialty plan population. Additional benefits include after-school and social support programs; art therapy; care grants to support social, physical, or educational activities; a free cell phone pre-programmed to access providers, care managers, the nurse helpline, and non-emergency transportation; equine therapy; customized sensory support kits; respite for caregivers; tutoring services; peer support specialist services; financial assistance for youth transitioning to independence; and more.

All children and youth enrolled in the specialty plan are eligible for care management. The SMHK care management program, activities, and services supplement and do not duplicate the case management and care coordination provided by the Division and other service providers. Children are assigned to a care management

tier based on risk factors such as behavioral health hospitalization, a newly diagnosed condition, the prescription of a psychotropic medication, and more. The child's assigned tier determines the level and intensity of care management. SMHK care managers and clinical staff support the Division's oversight of children and youth prescribed psychotropic medication by monitoring pharmacy utilization, identifying outlier prescribing practices, and conducting peer-to-peer consultations when prescribing practices fall outside established clinical practice guidelines.

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

Psychotropic Medication Advisory Committee

The Psychotropic Medication Advisory Committee (PMAC) has met each quarter in 2021. The PMAC has discussed topics such as, maximum dosages of psychotropic medications, trainings for various members in the child welfare community, and the emergency administration of psychotropic medications. The PMAC annual report for 2021 has been provided to the Acting Director of the Department or Social Services.

Clinical Sub-Committee

The clinical sub-committee and the University of Missouri Kansas City's pharmacy department reviewed and provided updates for the Excessive Dosage Guidelines (EDG). The reviews were performed for psychotropic medication(s) that do not have FDA-approved pediatric or adult dosage guidelines or is prescribed for an "off-label" use. The EDG has been implemented throughout the state and has been published on the Department's website.

The Statewide Clinical Consultant

The Center continues to perform the functions of the Statewide Clinical Consultant by providing several types of psychotropic medication reviews. A review can be initiated when the prescription/administration of a psychotropic medication meets specific criteria, i.e., prescription/use of three or more psychotropic medications for 90 days or more; multiple prescribers, etc., or there is a request to review a psychotropic medication regiment. The Center utilizes data from the Care Management Technologies *Population Performance* database to determine psychotropic medication prescription/use, specific criteria and quality indicators.

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. This training highlights awareness and gives support to resource parents identifying that there are non-pharmacological interventions to explore prior 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. During the 2021-2022 fiscal year, FACC trained over 48 individuals to teach the RPC Curriculum. Those individuals consisted of current Resource Parents and staff.

In addition to the RPC Curriculum, the Children's Division has partnered with Jordan Valley Community Health Center to offer a piloted trauma-informed evidence-based curriculum for resource parents. This 8-hour training has been offered twice in the Greene County area and has received positive feedback from resource parents. The goal is to turn the curriculum over to the Children's Division to make available statewide.

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

The Health Care Oversight and Coordination Committee (HCCC) has met quarterly in 2021. During the meetings the primary topics of discussion were: Behavioral Health services, medical home updates, and health information sharing options. The HCCC has developed a sub-committee to review screening and access to care for children with behavioral health needs. Each medical home representative provides an update on current events related to services and examinations within their respective programs. The HCCC has expressed a desire to develop and incorporate a web-based health information system that could provide near real-time updates to a medical record.

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

Each child's diagnoses are listed in FACES and reviewed by the assigned case manager. If there is a question and/or concern about the accuracy of a diagnosis the assigned case manager can initiate a referral to The Center and indicate the reason for the referral. 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

To prepare youth for their exit from the foster care system, the assigned case manager meets with the youth six (6) months before their date of exit to assess the youth's situation. At three (3) months, the assigned case manager and youth meet to develop a personalized transition plan and complete an exit-planning checklist. The goal of transition planning is to identify and arrange for anticipated service needs that will support a successful transition from foster care to self-sufficiency.

The transition plan addresses items listed as action plan goals. The plan should address academic achievement, job readiness, community services/support, youth leadership, and independent living skills training. The creation and implementation of the plan is a joint effort between the assigned case manager and the youth.

As part of the exit checklist, each youth is provided an "exit packet." The Exit Packet should contain MHD information, the Chafee Aftercare Pamphlet, an Education and Training Voucher (ETV) brochure, MO Reach

brochures, the National Youth in Transition Database (NYTD) Pamphlet, Re-Entry pamphlet, and any additional resources pertinent to their own local communities.

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.

Telemedicine is the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.

During the public health emergency, MHD waived the requirement that physicians must have an established relationship with the patient before providing services via telehealth and that in order to treat patients in Missouri with telehealth, health care providers shall be fully licensed to practice in Missouri. This flexibility allowed providers to treat patients in Missouri if they are licensed in the state in which they practice.

Also, MHD allowed the use of telephone for telehealth services, and allowed quarantined providers and/or providers working from alternate sites or facilities to provide and bill for telehealth services. These services should be billed as distant site services using the physician’s and/or clinic provider number.

MHD reimburses for services provided via telemedicine when the service can be performed with the same standard of care as a face-to-face service. There were no co-pays for COVID-19 testing for MHD participants.