

Promoting Healthy Outcomes for Foster Children

An Introduction

Laval Miller-Wilson
LMillerWilson@phlp.org

HEALTH CARE NEEDS OF FOSTER CHILDREN

- Vulnerable Demographic
- Receive Inadequate Health Care Prior to Placement
- Barriers To Obtaining Health Care After Placement
 - Turnover in Child Welfare Personnel
 - Changes in Placement
 - Lack of Medical Records
 - Lack of Community Capacity

Laws & Regulations Governing the Provision of Health Care

- Federal law mandates for quality health services to foster children
- State law mandates (Juvenile Act) “wholesome mental and physical development” of children in its care
- State regulations detail mandates on CYS. Case plans (FSPs) must identify health services to be provided and timetable.

**Minimum Health Requirements
CYS Must Ensure**

- Complete physical exam within 60 days of placement
- Dental exam within 60 days of placement and check-ups every 9 months
- Immediate medical attention for all problems identified
- All necessary care when child is ill
- Case plan (IDing problems, providers, immunizations, other relevant information)

**What is Comprehensive Physical
Health Care?**

- Each child in foster care should have an identified primary health care provider and medical home
- Each child should receive on-going primary health care in accordance with EPSDT standards.
- Chronic medical conditions require specialty care
- Every child should have a dentist

**What Are Early Intervention
Services?**

- All children birth through two should be referred for a developmental assessment within one month of entering foster care

Behavioral Health

- Best practice: An initial mental health and substance abuse screening must be conducted within 24 hours of the child's placement
- Best practice: Children should be referred for a comprehensive mental health and substance abuse evaluation within 60 days of placement, or sooner depending on the severity of the child and family's needs.

Framework for thinking about Insurance

- Who runs the program?
- Who pays for the program?
- What benefits does the program provide?
- What providers participate and who decides?
- How are health care providers (doctors, hospitals, others) paid?

Medicaid in PA

- Run by the Department of Public Welfare
- Extraordinary array of medical and health care services
- Managed Care component known as Health Choices

Medicaid Benefits

“Mandatory” Items and Services

- Physician services
- Laboratory and x-ray services
- Inpatient hospital services
- Outpatient hospital services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under 21
- Family planning
- Rural and federally-qualified health center (FQHC) services
- Nurse midwife services
- Nursing facility (NF) services for individuals 21 or over

“Optional” Items and Services

- Prescription drugs
- Clinic services
- Dental services, dentures
- Physical therapy and rehab services
- Prosthetic devices, eyeglasses
- Primary care case management
- Intermediate care facilities for the mentally retarded (ICF/MR) services
- Inpatient psychiatric care for individuals under 21
- Home health care services
- Personal care services
- Hospice services

Healthchoices Southeast

- Three – soon to be five – Medicaid managed care organizations



Separate behavioral health managed care: organized by county – CBH (phila) or Magellan (Chester, Montco, Bucks, Del)

Community Behavioral Health

- City's behavioral health managed care organization
- Point of entry for mental health and substance abuse services for children in DHS custody who reside in 5 county area
- To initiate evaluation DHS caseworker or foster care worker calls Family Court Unit

Health Insurance Touch Points

Placement: Automatic eligibility in MA upon placement. DHS will notify foster parents

Doctor's Visit: Have the foster parent inform you of visit

When Change of Placement

Reintegration: Discharge for CYS custody

Denials of Coverage

- Medical Necessity
- Developing Evidence & Argument for Medical Necessity
 - Judgment of other insurers and medical bodies
 - Effectiveness of the procedure/equipment
 - Treating Physician's Opinion

Steps to Challenge Medical Necessity

- Review denial with the health plan policy booklet
- Verify with physician's office that a letter of medical necessity was sent with medical records
- Did the physician include pain or discomfort in medical records



Toll Free HelpLine 1-800-274-3258
PHLP provides free legal services and advocacy to Pennsylvanians having trouble accessing publicly funded health care coverage or services. For assistance, call our helpline at 1-800-274-3258 or 1-866-236-6310 TTY or e-mail us at staff@php.org.

Always encourage patients to apply for Medicaid
Always encourage them to call PHLP if they are denied
Legal services are your friends when advocating for patients
