

DSS CARE COORDINATION MODEL

| First 48 hours after Entering Care | | | | |
|--|--|----------------------|------------------------|----------------|
| Activity | DSS Office of Child Health and Wellbeing | Select Health (SHSC) | Foster Parent Guardian | DSS Caseworker |
| Perform initial medical screen to – 1- Identify health conditions that require prompt medical attention such as acute illnesses, chronic diseases requiring therapy (e.g. asthma, diabetes, seizure disorder), signs of abuse or neglect, signs of infection or communicable diseases (e.g. varicella, lice), hygiene, nutritional or dental problems, pregnancy, and significant developmental or mental health disturbances. 2- To identify health conditions that should be considered in making placement decisions. | X ¹ | X | | X |

| First 60 days in Care |
|--|
| <p>Requirement – Every child coming into foster care is required to have the following within the following timelines:</p> <ol style="list-style-type: none"> 1- Comprehensive medical assessment (EPSDT visit) within 30 days of entering care 2- Comprehensive mental health assessment within 30 days of comprehensive medical assessment for children ages 3 and above if indicated during the comprehensive medical assessment 3- Babynet referral (for children under 36 months) |

¹ As stated in the Healthcare Addendum, it is to be determined which entity, the DSS Office of Child Health and Wellbeing or Select Health, will review the initial medical screen form for conditions or diagnoses which require immediate attention.

4- Dental examination (for children ages 2 and above where there is no evidence of a dental examination within the 6 months prior to entering care)

Number of Children - DSS averages 50 new entrants into foster care per week

Care Management – Select Health’s Integrated Health Care Management (IHCM) program uses a holistic approach to evaluate members’ physical and behavioral health needs. The program is built on a population health management approach that uses key clinical and nonclinical characteristics, including triggers, to segment the population by risk level and to design and implement tiered interventions appropriate for the level of risk. Select Health will collaborate with DSS and the foster parent to ensure that all initial physical and behavioral health assessments are completed within the agreed upon timeframes.

| Activity | DSS Office of Child Health and Well-Being | Select Health (SHSC) | Foster Parent Guardian | DSS Caseworker |
|---|---|----------------------|------------------------|----------------|
| Reach out to Select Health to introduce self as case worker and inform Select Health of foster parent contact information | | | | X |
| Coordinate and facilitate all Child and Family Team Meetings (24 hours, 7 days, 30 days) | | | | X |
| Participate in all Child and Family Team Meetings during the first 30 days (24 hours, 7 days, 30 days) | | X | X | X |
| Collect historical behavioral and medical health data about the child from birth parent | | | | X |
| Collect historical behavioral and medical health data about the child from Select Health and DHHS claims data | | X | | |
| Review the child’s immunization status and recommend any needed follow-up | | X | | |

| Activity | DSS Office of Child Health and Well-Being | Select Health (SHSC) | Foster Parent Guardian | DSS Caseworker |
|--|---|----------------------|------------------------|----------------|
| Assign child to preferred provider and communicate selection to foster parent | X | | | |
| Send foster parent and caseworker foster care welcome packet for child | X ² | X | | |
| Connect with the foster parent to inform of Select Health benefits and offer to assist in making required initial comprehensive medical appointment (EPSDT) with preferred provider and dental examination | | X | | |
| Make appointment for comprehensive medical a (EPSDT) and dental examination | | | X | X ³ |
| Review findings from comprehensive medical assessment (EPSTD) to determine if comprehensive mental health assessment is needed and/or any other follow-up care | X | | | |
| If needed, call foster parent to inform of need for comprehensive mental health assessment and/or any other follow-up care | X | | | |
| If needed, make appointment for comprehensive mental health assessment and/or any other follow-up care | | | X | X ⁴ |
| Review findings from comprehensive mental health assessment to determine any needed follow-up behavioral health care | X | | | |
| If needed, make BabyNet referral | | | | X |

² For children not in Select

³ For missed visits and follow up

⁴ For missed visits and follow up

ONGOING

Requirement –

- Children in foster care under the age of six months in care for one month or more will receive a periodic preventative visit monthly
- Children in foster care between the ages of six months and 36 months in care for one month or more will receive periodic preventative visit in accordance with current American Academy of Pediatrics periodicity guidelines
- Children in foster care ages three and older in care for six months or more will receive a periodic preventative visit semi-annually
- Children in foster care ages two and older in care for six months or longer will receive a dental examination semi-annually
- Children in foster care will receive timely accessible and appropriate follow-up care and treatment to meet their health needs

Number of Children – There are an average of approximately 4,700 children in foster care at any given time, with seasonal highs in certain months of the year

Care Management – Select Health will enroll children in foster care into Complex Care Management on an ongoing basis based upon one of the following triggers:

Process Touchpoints

- Admission to hospital in the last six months
- Emergency room visit in the last six months
- Planned admission or surgery
- Use of three or more medications
- Use of medical equipment (including nebulizer)
- Admission to foster care
- Planned exit from foster care (at child and family team meeting prior to reunification, when goal changes to adoption, when youth ages out of system)
- Any placement instability which could result in a loss of services (geographic change or entry/exit from residential treatment)

- Repeat maltreatment in care

Functioning

- Eating/Feeding Issues
- Medication Management
- Behavior Issues
- Physical and Sexual Abuse
- Severely Emotionally Disturbed
- Intellectually Disabled
- Medically Complex (medically fragile)
- Gender/Identity

Medical and Mental Health Conditions

- Premature and/or low birth weight baby
- Baby born without prenatal care
- Baby born to substance abusing mother
- Asthma
- Mood Disorder (such as depression, bipolar, and others)
- Psychotic Disorders (such as schizophrenia)
- Neurodevelopmental Disorders (such as autism)
- ADHD (not managed well with medication)
- Lead Poisoning
- Sickle Cell anemia
- Pregnancy
- Suicide Risk
- SUD/Addiction

| Activity | DSS Office of Child Health and Wellbeing | Select Health (SHSC) | Foster Parent Guardian | DSS Caseworker |
|---|--|----------------------|------------------------|----------------|
| Create action items for all EPSDT visits according to periodicity and/or DSS requirements | X | | | |

| Activity | DSS Office of Child Health and Wellbeing | Select Health (SHSC) | Foster Parent Guardian | DSS Caseworker |
|---|--|----------------------|------------------------|----------------|
| Reach out to foster parent to assist in scheduling all periodic EPSDT and dental visits | | | | X |
| Schedule all periodic EPSDT and dental visits | | | X | X ⁵ |
| Follow-up to ensure that all required EPSTD visits occur | X | | | |
| Notify Select Health of any placement moves as a care coordination trigger | X | | | |
| Enroll child in Complex Care Management based on identified triggers | | X | | |
| Review findings of periodic EPSDT visits and create action items for all required follow-up care and review to ensure follow-up visits occurred | X | | | |
| Schedule all follow-up appointments | | | X | X ⁶ |
| Conduct back-end reviews to ensure that foster care children are receiving required care | X | X | | |

Other Requirements for Select Health –

- Select Health notifies someone in central Office of Health and Wellbeing of all denials for foster care children
- 24-hour availability for caseworkers and foster parents to deal with access or emergency issues
- Track all network adequacy issues and report to DHHS on a monthly basis
- Provider Training
- Participate in DSS training of caseworkers (“beams into” Dr. K and Tim’s training)
- Communicate health information it knows (to be defined) to DSS
- Communicate health information it knows about the child to providers

⁵ For missed visits and follow up

⁶ For missed visits

STAFFING TO SUPPORT CARE COORDINATION MODEL

| Staffing Levels to Support the Care Coordination Model | |
|---|---|
| DSS Office of Child Health and Well-Being | |
| 6 | Registered Nurses – Responsible for supporting clinical consultation, medication management, training and case staffing, coordinating with Select Health foster care unit to ensure that every child is linked to the care management and services they need, monitor care quality provided by Select Health network and out of network specialty care, review Medicaid health, behavioral health, and dental data, and troubleshoot cases referred from the field |
| 5 | Program Coordinators – Responsible for monitoring and dissemination data to regions and counties on monthly initial screening reports, psychotropic medication reports, and gaps in care reports. They will also track other measures such as vision and hearing screenings. The additional staff will also provide technical assistance, training, and coaching to regions and counties on psychotropic medication issues and gaps in care, and assist with implementation of new policies, procedures, and practices. |
| 2 | Quality Improvement and Contract Managers – Responsible for annual network adequacy review, managing the Select/DSS relationship, monitor consistency of the assessment tool, and manage denials and appeals |
| 3 | Data Analytics and Reporting – Responsible for handling healthcare improvements to CAPSS, daily feeds to DHHS and Select Health, manage and configure data shared from DHHS, Select Health, and other data sources and produce data reports for the field |
| Total - 16 | |

| Staffing Levels to Support the Care Coordination Model | |
|---|--|
| DSS Caseworkers | |
| 1 caseworker: 15 children (foster care) | DSS will commit resources to meet the approved caseload standards in compliance with the approved interim enforceable targets. |
| 1 caseworker: 9 children (IFCCS) | DSS will commit resources to meet the approved caseload standards in compliance with the approved interim enforceable targets. |
| 1 caseworker: 17 children (adoptions) | DSS will commit resources to meet the approved caseload standards in compliance with the approved interim enforceable targets. |

| Staffing Levels to Support the Care Coordination Model | |
|---|---|
| Select Health Foster Care Unit | |
| 6 | Complex Care Manager (Clinical RN) |
| 8 | Care Connectors (Non-clinical) |
| 0.5 | Other – RN Manager |
| 1 | Other – RN Supervisor |
| 2 | Other – CM II – LCSW |
| 0.5 | Medical Director |
| 1 | Quality Improvement Specialist |
| Total - 19** | **These resources will be dedicated exclusively to the foster care management unit. In addition to the resources committed to the foster care management unit, Select Health will draw upon its other resources/expertise within its care management structure to meet the commitments outlined in the care coordination model. |