



## Health Care Management

**F**oster care agencies are bound by law to ensure that children and adolescents in foster care receive services necessary to optimize their physical, emotional, and developmental well-being. While holding agencies responsible, the law does not specify how agencies are to accomplish this. Traditionally, agencies have relied on caseworkers to serve as case coordinators for medical, mental health, dental, and developmental issues; caseworkers, in turn, rely on foster parents to serve as children's advocates with medical, mental health, dental, educational, and developmental systems of care. However, numerous studies (*see* Chapter 1) demonstrate that children and adolescents in foster care have multiple physical, emotional, and developmental needs that are inadequately addressed by this traditional reliance on caseworkers and foster parents as health care coordinators. In fact, there are no studies indicating that this has ever been a successful approach.

There are multiple barriers to successful health care coordination in the foster care system. First, children and adolescents in foster care have multiple, complex health care needs that demand a high level of medical sophistication on the part of health care professionals. Except in unusual circumstances, caseworkers and foster parents do not possess the medical knowledge and familiarity with the intricacies of the health care system to perform this function adequately. The level of sophistication required to coordinate health care services for children and adolescents in foster care is most similar to that of case managers for children with special health care needs. The second major barrier is the highly mobile and transient nature of the population, which makes maintaining children and adolescents in medical homes and timely transfers of medical

information formidable tasks. Third, the lack of medical and financial resources to adequately provide for this group limits access to the type and range of services necessary for many children and adolescents in foster care. The fourth obstacle is the complexity of the foster care bureaucracy itself, which impedes information sharing. Shared responsibility for these children and adolescents among foster parents, birth parents, and caseworkers is inherent to the system but creates opportunities for miscommunication, conflict, and the abrogation of responsibility. Another significant barrier to optimal health care coordination is lack of information about these children and adolescents as they enter the foster care system and the difficulties of maintaining accrued information in an accessible and useful form even after children and adolescents have entered care. Requirements around consent and confidentiality are complex, further contributing to the difficulty of information gathering and sharing.

In response to the legal mandate for foster care agencies to provide for the optimal physical, emotional, and developmental health of children and adolescents in foster care and in recognition that the traditional approach has failed to overcome barriers to high-quality, comprehensive, and coordinated health care for this vulnerable and needy population, a new approach—*health care management*—is necessary for children and adolescents in foster care.

The phrase *health care management* is used in this manual to refer to the functions that must be in place to ensure that children and adolescents in foster care receive high-quality, comprehensive, and coordinated health care. *Health care management is the responsibility of the child welfare agency, but it is a function that requires medical expertise.* Health care management requires a structure apart from traditional casework and medical roles.

As noted in Chapter 1, it is anticipated that different agencies will have different solutions or models that will satisfy the standards for health care management. Some agencies may choose to delegate some part of the health care management function to primary care physicians or public health nurses. Agencies are, however, ultimately responsible for ensuring that all of these health care management functions are carried out in a consistent and thoughtful manner for each and every child and adolescent in their care.

Agencies may have a single individual or team performing health care management functions. The individual, or at least one member of the team, must be a physician, pediatric or family nurse practitioner, or registered nurse. The individual, or at least one member of the team, also must have experience in working with the pediatric population, familiarity with foster care, and effective communication, managerial, and advocacy skills.

The functions of health care management include

- Information gathering, which includes organizing and maintaining health-related information in a complete, succinct, and useful manner.
- Ensuring that appropriate medical consents are available.
- Coordination of health care services, which includes ensuring children and adolescents have access to health care, monitoring children's use of the health care system, and ensuring that children receive services appropriate to their health care needs. Coordination also includes systematic communication and coordination of care among medical personnel, casework staff, and foster and birth parents. Health care coordination includes an advocacy role to ensure that children and adolescents receive all necessary health, mental health, and developmental services in a timely manner.

- Educating foster care agency staff, legal staff, educators, and foster and birth parents about health care issues pertinent to the care of children and adolescents; educating health care professionals about foster care issues that affect the health of children and adolescents.
- Ensuring that medical plans for children and adolescents are integrated into permanency plans for them by foster care agencies.

## **Information Gathering**

### ***Obtaining Past Medical History***

Health care professionals and foster care staff need past health care information to create a plan for children and adolescents and to ensure that all of their health needs are met. Health care management, often in collaboration with other agency staff and primary care physicians, will attempt to obtain as much past health care information as possible about children and their families (*see* Chapter 2). If at all possible, it is important that agency staff interview the children and adolescents and/or birth parents to gather this information. Whether an interview is possible, agency or medical staff should use other routes to identify past sources of health care and obtain the medical history. While this task should be accomplished as soon as possible after children enter foster care, the difficulties associated with obtaining consents and locating prior sources of care often dictate that it is an ongoing process while children are in care. Obtaining consents and locating medical information are labor-intensive, time-consuming processes, but are of the highest priority.

### ***Establishing the Medical File***

Each child and adolescent in foster care must have a medical file in which all relevant medical information, past and ongoing, will be placed. The medical file may be paper or electronic and is the centralized medical information resource for the agency. Health care management is responsible for obtaining, organizing, and

maintaining this file in a concise and useful manner. These files, which are agency-based, are separate from the medical record that is maintained by each health care office that provides services to the child. Each agency will be responsible for deciding the format and details of the content, but the file at least should contain

- Updated problem list
- Updated medication list
- Updated immunization record
- Appropriate consent documents
- Summaries of ongoing health care visits to the primary care physician
- Complete past medical history
- Summaries of ongoing health care visits to medical subspecialists
- Human immunodeficiency virus (HIV) risk assessment documentation and any HIV-related information
- Developmental and mental health evaluation summaries
- Educational evaluation summaries
- Summaries of developmental and mental health treatment plans
- Laboratory reports
- Summaries of health care planning conferences

In the situation in which an agency has its own medical office providing the full range of pediatric primary care services outlined in this manual, the medical chart may fill the dual role of medical file and medical record as long as the information is accessible to child welfare personnel.

### ***Information Management***

Quality health care management generates data. These data allow for tracking and the confidence that all health care service needs are identified and met. Agencies must develop systems that organize and store that data. Health care management must ensure that information is conveyed to the data information system that has

been established. In some cases, the data information system will be a direct responsibility of the health care management team. In others, there may be a separate structure that will need to be updated, monitored, and integrated. The data must be retrievable in several formats. The agency must be able to retrieve data about an individual child. The agency also must be able to aggregate data for all children so that they can produce reports for review by local district commissioners and state agencies with oversight responsibilities.

### **Obtaining Medical Consents**

Agencies must make good faith efforts to obtain written consent from birth parents for regular, recurring medical treatment (*see* Chapter 6). While it is not the express responsibility of the health care manager to obtain this consent, health care management must ensure that written consent is obtained and a copy of the consent is placed in the medical file and shared with the primary care physician.

If it is not possible to obtain written consent when a child or adolescent is placed in foster care, health care management staff must make ongoing requests of the foster care agency staff to obtain consent. The absence of written consent should not delay or defer seeking routine or urgent health care for the child (*see* Chapter 6).

Foster care agency staff should work with health care management to ensure that appropriate consent has been received for specific health care interventions for which it is required. In those situations in which interaction with the health care professional is critical to the consent process, the health care manager must coordinate plans among the foster care agency staff, physician, foster parents, birth parents or legal guardians, and children or adolescents to ensure that consent truly is informed (*see* Chapter 6).

**Health Care Coordination Role**

Health care management has a vital role in ensuring that each child and adolescent in foster care receives all necessary medical, developmental, and mental health care services while in foster care, the foster parents are compliant with the medical plan for the child, and information is shared appropriately among health care professionals involved in the child's care.

***Ensuring Compliance With Health Standards***

Health care management is responsible for identifying children and adolescents who come into foster care to the medical team and a primary care physician or medical home for each child entering the system. This implies that the foster care agency is responsible for identifying children and adolescents entering care to health care management.

Health care management is responsible for ensuring that each child and adolescent who enters foster care has an initial medical screen, a comprehensive health assessment visit, and a follow-up health assessment visit as part of the admission process to foster care (*see* Chapter 2). The child may receive these services through the agency's medical office, if one exists, or from his or her primary care physician. Ideally, these visits occur with the health care professional who will be the ongoing medical home for the child while in foster care.

Health care management is responsible for ensuring that each child and adolescent in foster care receives routine preventive health care services according to health guidelines for children in foster care (*see* Chapter 2). These services should occur in the medical home.

Health care management is responsible for ensuring that the child or adolescent is referred in the time frame indicated for comprehensive developmental and mental health evaluations (*see* Chapter 3). In some instances, these evaluations will occur at the same time and

locale as the comprehensive health assessment. For most children, the comprehensive mental health and developmental evaluations will occur at different times and with different health care professionals in different locations.

For children and adolescents not enrolled in ongoing mental health and developmental services, health care management must ensure that periodic reassessments of their emotional and developmental needs are conducted. For children enrolled in ongoing developmental and mental health care services, health care management must communicate with care coordinators for those services. Developmental and mental health care coordinators determine what assessments are required and coordinate the assessment and treatment activities of developmental and mental health specialists (*see* Chapter 3). The developmental and mental health care coordinators explain the developmental and mental health findings and treatment plans to everyone involved in the children's care. This role complements but does not replace that of health care management at foster care agencies.

The health care manager is responsible for ensuring that children suspected to be victims of physical abuse or neglect or sexual abuse receive appropriate evaluations and health care and foster care agency personnel have made appropriate referrals (*see* Chapter 4).

Health care management is responsible for ensuring that children and adolescents in foster care receive appropriate medical services for

- Acute illnesses.
- Chronic medical needs, including those requiring subspecialty referral. For children and adolescents with complex health care needs, health care management is responsible for arranging, coordinating, and monitoring appointments with individual health care professionals, even when a care coordinator is involved.



- Emotional health conditions.
- Developmental delays.
- Transfers or changes in foster care placement.
- Return to foster care.
- Child abuse and neglect allegations while in foster care.
- Discharge from foster care.

### ***Monitoring Foster Parent Compliance***

Health care management is responsible for ensuring that

- Foster parents are aware of the health care requirements.
- Foster parents attend all scheduled health care appointments.
- Foster parents attend all health care conferences when their presence is indicated.
- Missed appointments are rescheduled.
- Concerns about the foster parents are shared with the foster care agency and health care professionals.

Noncompliance of the foster parents with the medical, mental health, and developmental planning for a child in foster care is a serious breach of parenting responsibility and must result in agency intervention with the family. It is the responsibility of the health care team to monitor foster parent compliance and inform the agency of lapses in compliance.

### ***Information Sharing and Care Coordination***

A critical function of health care management is the coordination and linkage of health care services among different health care professionals and agency staff. This is particularly important when the interaction includes behavioral and developmental health care professionals. Links also must be forged and maintained between health care professionals and children and adolescents, foster parents, birth parents, and agency staff. The health care manager is responsible for ensuring that information sharing occurs in such a way as to enhance the coordination of health care services.

Information that is gathered must be reviewed for

- Completeness
- Identification of health care conditions
- Recommendations for further treatment
- Appropriateness of ongoing services
- Alternative treatment options

After reviewing health care information, health care management may wish to

- Consult with health care professionals, agency staff, the child or adolescent, foster parents, and/or birth parents to seek further information or to develop or explain the health care plan.
- Consider obtaining a second opinion in certain situations.

After reviewing the information, health care management must

- Share information promptly with agency personnel, the primary care physician, and other health care professionals as indicated.
- Ensure that foster parents are informed of and understand the information.\*
- Communicate information to the birth parents.\*
- Assist foster parents in obtaining appropriate referrals.

*\*See Chapter 7 for a further discussion of what types of information may and may not be shared with foster caregivers and birth parents.*

### ***Integration of the Health and Child Welfare Plans***

The ultimate goal of health care management is to develop a comprehensive treatment plan in collaboration with caseworkers and primary care physicians that uses all known pertinent health information and takes into consideration permanency plans for children and adolescents, strengths and weaknesses of current foster care placements, and psychosocial needs of children and adolescents. This integration of health and social service agendas is the crux of quality health care management for this population. The health

care manager is responsible for assisting the agency in integrating health care information into the permanency planning for the child or adolescent.

### ***Other Health Care Coordination Functions***

- Assist foster care personnel with finding appropriate foster homes for children with complex health, developmental, and behavior problems.
- Assist the agency with ongoing training for foster parents designated to provide care for children who are medically complex or fragile.
- Assist foster care personnel with compiling medical information for subsidy assessment.
- Compile medical information for use by agency personnel in routine court hearings.
- Assist with release of medical information under subpoena.
- Ensure health insurance is activated in a timely manner; when necessary, ensure rapid enrollment or disenrollment and transfer of insurance for a child who changes placement or agencies.
- Ensure that medical information is transferred to the new primary care physician when a child is transferred between agencies or discharged from foster care.

### **Education**

Health care management should participate in the education of foster care agency personnel, foster parents, children and adolescents in foster care, and birth parents. Education should cover agency health care requirements for children and adolescents in foster care in general, as well as specific treatment plans for individual children and adolescents. Health care management must be able to communicate in language understandable to a layperson. Education must be integrated into interactions with staff and families that occur informally, as well as at scheduled planning conferences. Some agencies may choose to use

the health care management team to conduct or organize on-site training sessions. Specific topics will vary but may include the following:

- Delineate preventive health care requirements for children and adolescents in foster care.
- Consent and confidentiality procedures.
- Medical procedures that must occur at home (eg, nebulizer use).
- Role of home health agencies for health care and training.
- Medication delivery, storage, and safety.
- Child development.
- Explain child behavior in the context of developmental stages.
- Effects of foster care on children and adolescents.
- Effects of abuse and neglect on children and adolescents.
- Describe the behavioral and physical indicators of abuse and neglect.

### ***Health Care Professionals***

Health care management also is responsible for familiarizing health care professionals with the effect of the foster care system on children and foster and birth parents, especially concerning issues of separation and loss and the long-term impact of abuse and neglect. Education also should include information about the mandates and agendas of the foster care system and consent and confidentiality issues unique to foster care.

### **Summary**

Health care management is vital for children and adolescents in foster care to achieve wellness and permanency. It is recognized that other factors, such as the emotional well-being and maturity of birth parents, their compliance with visitation and other recommendations of family court and child welfare staff, and the ability of foster parents to meet children's needs, have a much more profound effect on child and adolescent well-being. However, promoting

adherence to health care standards and improving communication among the various parties involved in children's care will improve the overall quality of health care and decrease the fragmentation of health care services. Educating foster and birth parents about health issues and providing an additional level of support will stabilize foster care placements and enhance caregiver skills. That, in turn, should result in better outcomes and earlier achievement of permanency for children and adolescents in foster care. The health care management role demands health expertise beyond that of foster care personnel and foster parents and should be viewed as a support service for both. Health care management is the mechanism for integrating health and social services planning in a way that enhances health outcomes, well-being, and permanency for this most vulnerable and needy population.