2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

Health Care Oversight and Coordination Plan Update

Attachment E

June 30, 2017

Washington State Department of Social & Health Services

CA Children's Administration

Washington State Health Care Oversight and Coordination Plan

2017 Update

The Program Instructions for the first APSR to the 2015-2019 CFSP directed states to address the following in an update to the Health Care Oversight and Coordination Plan:

- *Describe the progress and accomplishments in implementing the state's 2015-2019 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;*
- *Indicate in the 2018 APSR if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.*

Changes and updates are provided below and identified within each section of the Health Care Oversight and Coordination Plan

- **Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice**
  - No updates or changes were made to this section
- **How health needs identified through screenings will be monitored and treated:**
  - A six-hour in-service training for CA staff regarding mental health needs and trauma identification is available statewide throughout the year. In 2016, this training was provided to 478 CA staff.
  - Four Ongoing Mental Health (OMH) screeners telephonically conduct mental health screenings, at six month intervals, for children ages 3-17 years old. OMH screens are completed for children who received a CHET upon entering out-of-home placement after January 2014. Tools used in the OMH screen are the:
    - Ages and Stages Questionnaire-Social/Emotional (ASQ-SE); for children 3 years to 65 months
    - Pediatric Symptoms Checklist-17 (PSC-17); for children 66 months through 17 years
    - Screen for Child Anxiety and Related Emotional Disorder (SCARED) – trauma tool.; for children 7 years old through 17 years old.
  - The OMH screening program completed 1,594 screens in calendar year 2016. An average of 44 percent of the children who received an OMH screen scored in the clinically significant range. This information and suggestions for appropriate evidence-based services are forwarded to the caregiver and caseworker.
  - The OMH program is piloting a trauma screen for children ages 3-7 years old (known as the Plus 3 pilot). The pilot was designed and implemented as a response to the gap in validated trauma screening tools for this age group. In coordination with University of Washington evaluation team, the pilot was expanded to include children and youth up to age 17 to test the feasibility of this tool as a potential replacement for more burdensome procedures in the OMH and CHET programs.
  - Completed case review of 150 individual children who screened above the clinical range on the SCARED Trauma Tool to observe implementation of the new SCARED tool and its impact on receiving mental health services. Of the 150 children, 148 received a recommendation for a mental health assessment and 138 completed a mental health assessment (92%).
  - Apple Health Core Connections (AHCC) calls caregivers of all children newly placed into foster care to discuss caregiver questions and concerns about the child and identify any urgent physical or behavioral health care needs.
  - The Fostering Well-Being Care Coordination Unit (FWB CCU) continued to provide care coordination services to children and youth in foster care during 2016 and assisted in the transition to managed care with AHCC. FWB CCU continues to provide care coordination services

for children and youth in foster care who remain in the Apple Health fee for service program. These children and youth are either American Indian/Alaska Native who choose to remain fee for service or undocumented who must remain state funded and cannot be enrolled in a federally funded Medicaid program.

- How medical information for children in care will be updated and appropriately shared which may include the development and implementation of an electronic health record;
  - The OMH screeners upload the results of the mental health screening tools into FamLink, and the caseworker is notified by email that the report has been uploaded. A copy of the OMH report is mailed to the child's caregiver.
  - By December 2017, the OMH report will be shared with AHCC via a secure file transfer site. AHCC will use the OMH report to assure children are accessing appropriate behavioral health services.
  - Completed CHET reports are shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.
  - In calendar year 2016, AHCC provided training to 1,124 CA staff and 1,438 caregivers regarding trauma, resiliency, managed health care for foster children, personal health information, and consent.
  - By summer 2016, CA will complete data share agreements, memorandums of understanding, and business associate agreements in order to establish data and information sharing protocols with CCW, the Health Care Authority (HCA), and other DSHS administrations. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.
  - UPDATE: Data share and business associate agreements were not completed by summer, 2016. CA, HCA, and CCW continue to work on this item and expect to have a data exchange between CA and HCA completed in 2017. Once the data exchange occurs, CA and HCA will begin working on an interface that will auto populate specific fields in FamLink with data from Washington's Medicaid Management Information System (MMIS), ProviderOne.
  - CA, HCA, and CCW will continue develop and implement data share agreements and policy that will allow CA caseworkers to have direct access to the CCW CHR360 portal which contains information about the child's physical, behavioral, and medication information.
  - Families of adopted children and youth who participate in Extended Foster Care who choose to remain enrolled in CCW are currently able to access their health information through the CCW CHR 360 portal.
- Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care)
  - AHCC had an initial "Continuity of Care" benefit for children who are newly enrolled into their plan from fee for service or other managed care plans. The intent was to allow time for AHCC to contract with the child's existing providers and avoid changes in providers. AHCC has extended the "Continuity of Care" benefit indefinitely and consistently works with out-of-network providers to ensure the child's needs are met.
    - Since the contract was awarded to Coordinated Care in August 2015, AHCC has made statewide efforts to recruit and contract with physical and behavioral health care providers who see fee-for-service Medicaid children to ensure continuity of care under the new AHCC managed care plan.
    - Due to legislation (SHB 1879), active planning between the HCA, CA, DBHR and CCW is occurring to develop the service array, rates and contract language for a fully integrated physical and behavioral health system. Full integration is scheduled for implementation by October 2018.

- Oversight of prescription medications
  - AHCC embeds a formal psychotropic medication utilization review (PMUR) into their practice. Between April 1, and December 31, 2016 the PMUR process identified 13 children/youth with a medication regimen outside of typical/recommended prescribing parameters. There were also 21 children/youth with a regimen outside of parameters but within the standard of care. PMUR utilizes a peer to peer process to address medication concerns with prescribers.
  - The AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child's clinical status.
  - For a child who is prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:
    1. Absence of a thorough assessment for a DSM-5 diagnosis(es)
    2. Four (4) or more psychotropic medications prescribed concomitantly
    3. Prescribing of:
       a. Two (2) or more concomitant stimulants
       b. Two (2) or more concomitant alpha agonists
       c. Two (2) or more concomitant antidepressants
       d. Two (2) or more concomitant antipsychotics
       e. Three (3) or more concomitant mood stabilizers
    4. The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
    5. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
    6. The psychotropic medication dose exceeds usual recommended doses.
    7. Stimulants: Under age 3-years old
       - Alpha Agonists Under age 4-years old
       - Antidepressants: Under age 4-years old
       - Mood Stabilizers: Under age 4-years old
       - Antipsychotics: Under age 5-years old
    8. Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
       - Attention Deficit Hyperactive Disorder (ADHD)
       - Uncomplicated anxiety disorders
       - Uncomplicated depression
    9. Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.
  - CA's Division of Licensed Resources (DLR) identified concerns in some licensed group care facilities regarding medication management and documentation. DLR identified consistent documentation errors, and to a lesser degree, medication storage issues. To remedy the identified issues, DLR worked with nurses from the FWB CCU to create a medication management training for DLR and group care staff. Work began on this training in October of 2016 and became available to both DLR regional licensors and private agency staff on April 3, 2017. The training is required for all DLR regional licensing staff and will be added as a requirement for all BRS contracted providers in the next Behavior Rehabilitation Service (BRS) contract renewals. The training is also available for other CA staff and non-BRS group care staff. Regional licensors are now required to review medication storage and logs as part of their bi-annual health and safety review. This new requirement will be added to the regional licensing policies and procedures during the next policy revision in 2017.

- How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.
  - Upon the implementation of AHCC in April 2016:
    - All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.
    - Completed CHET screens are uploaded to an sFT site for retrieval by AHCC staff. AHCC reviews the CHET reports and assigns the child to a care coordination level and contacts the caseworkers of children who are assigned for the more intensive levels of care coordination.
    - CHET screeners send an "expedited referral" to AHCC for care coordination if there are concerns about medically complex or medically fragile children during the CHET screening process.
  - As a quality assurance mechanism, CA HQ observed the Alliance trainers who provide the *Mental Health: A Critical Aspect to Permanency and Well-Being* training to ensure fidelity of the model.
  - Training opportunities for CA staff and caregivers are available through AHCC. These trainings include:
    1. Trauma 101
    2. Resiliency
    3. Hope for Healing

    AHCC will continue to expand their training topics and opportunities for CA staff and caregivers in 2017.
- Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions.
  - No changes were made to this section.