Alaska's Title IV-B Health Care Oversight & Coordination Plan

June 2024

Alaska's goal is to ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental and dental health needs. The following represents how Alaska addresses the requirements of the Title IV-B Health Care Oversight and Coordination Plan. The Social Security Act Section 422 (b)(15)(A) requires that states develop a plan in coordination with the state title XIX (Medicaid) agency, and in consultation with pediatricians, other experts in healthcare, and experts in and recipients of child welfare services.

Submitted by:

The Department of Family and Community Services
(Through partnership with Department of Health)

HOCP Committee Co-Chairs:

Office of Children's Services: Deputy Director

Office of Children's Services: Supervising Nurse Consultant

Health Care Services: EPSDT Program Manager

A Schedule for Initial and Follow-up Health Screenings That Meet Reasonable Standards of Medical Practice

Alaska Administrative Codes align the Early and Periodic Screening Diagnosis and Treatment (EPSDT) screening schedule with the schedule of comprehensive medical screening recommended by *Bright Futures/ American Academy of Pediatrics Recommendations for Preventative Pediatric Health Care.* Required by Medicaid rules, Medical Assistance programs provide information to parents and caretakers of children regarding screening and treatment allowed through the Medicaid EPSDT provision.

It is the Office of Children's Services policy that after a child has entered custody and is placed in out-of-home care; the Protective Services Specialist (PSS) will provide the out-of-home care provider with the EPSDT Guidelines and Periodicity Schedule. All children who come into OCS care are required to have an EPSDT (well child check) within 30 days of being placed out-of-home. OCS provides this information to the out-of-home care provider as part of the electronic placement packet, which is provided at the time of placement or within five business days of placement.

As early as possible children should receive quality health care beginning at birth and continuing throughout childhood and adolescence including the identification, diagnosis, and treatment of medical

conditions. Children are to receive well-child visits at regular intervals throughout childhood and adolescence, according to the *Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care*. Well-child exams should include a health history, developmental and behavioral screening and assessment, physical exam, immunizations, lab tests, and screenings for dental, vision, and hearing. Children shall receive treatment for any health, developmental or social-emotional problems identified during well-child visits. Likewise, if the need for further testing or specialty care is identified, children shall receive the recommended services.

In nearly all cases, children in OCS custody are eligible for Medicaid. OCS policy states that when the department takes custody of a child, OCS will complete the Medicaid application. The out-of-home care provider will arrange for completion of the EPSDT screening within thirty days of the placement. HCS can provide training to medical providers on EPSDT through web-based training, in person, or one-on-one. If OCS is aware that a child had an EPSDT appointment, but it is not showing up as complete, HCS can follow up with the provider to maintain that appropriate Medicaid billing codes are being utilized.

How Health Needs Identified Through Screenings will be Monitored and Treated, Including Emotional Trauma Associated with a Child's Maltreatment and Removal from Home.

OCS policy states that after any necessary exams and screenings the medical provider will give the exam results and recommendations to the out-of-home care providers and the out of home care providers will ensure that the primary Protective Services Specialist (PSS) receives a copy of the results and recommendations. It is the responsibility of the PSS to follow up on recommendations for treatment and further assessment (CPS Manual 6.3.1). They can do this in coordination with the Medical Mental Health Unit as needed based on the youth's needs. In accordance with the provision under EPSDT in Title XIX, follow-up may include arranging for medically necessary treatment identified by the screening or for the treatment in the Medicaid state plan. Per 1905(r)(5) in Title XIX, children who are Medicaid beneficiaries are entitled to : "Such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services , whether or not such services are covered under the State plan ."

In March 2013, OCS implemented a policy that requires the quarterly review of health records by the regional OCS nurse consultant when a child is taking a psychotropic medication. While the primary intent of this additional oversight is to monitor the mental health needs of the child, with review of the entire medical record, this cohort of children in foster care will have additional monitoring of all their health needs (CPS manual 6.3.2).

In support of appropriate utilization and access to health care, both OCS workers and nurses may request case management services provided by the Alaska Medicaid Coordinated Care Initiative (AMCCI) for Medicaid eligible OCS children. These services are provided under contract with the Division of Health Care Services.

Children's trauma and mental health needs are assessed by the PSS when developing the case plan and case plan goals for the child. Each portion of the child's case plan includes services to ensure the medical, mental health and educational needs of the child will be met. PSS staff will assess the child's mental health needs during monthly case worker visits with the child and foster parents. They will review the case plan to assure that it provides the support and resources for the child's safety and well-being. The foster parent and Guardian Ad Litem also provide feedback on the services they believe would reduce the emotional trauma to the child. When a child's history is positive for trauma exposure, and concerns are present in one or more trauma areas, the worker will refer the child for a comprehensive mental health assessment to help understand child functioning and needs (CPS manual 2.9.4). Because youth in custody may engage in high-risk behaviors, including risky sexual decision making at a higher rate than other adolescent populations, the transition plan developed for older youth should include information to help the youth to make informed decisions regarding sexual activity (CPS manual 3.14.1).

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 PSS will provide the out of home care provider with the most recent information available regarding the child's medical and mental health history upon placement to ensure that the medical and mental health needs of the child are met. OCS staff provide a placement packet to out -of-home care providers within five business days of the placement. (CPS Manual 3.5).

To ensure OCS is following the EPSDT periodicity schedule, OCS receives a monthly report for all children in OCS custody who had a medical appointment billed to Medicaid. This report comes from the Alaska Medicaid Health Enterprise and a file transfer updates the data into the Online Resource for the Children of Alaska (ORCA). The updated appointment information populates under the child's medical profile in ORCA. This allows for an ORCA report to highlight any children who are behind on their EPSDT appointments.

OCS complies with the HIPAA confidentiality requirements. All OCS staff are required to complete an online HIPAA course, and the policy manual provides additional guidance (CPS manual 6.1.2).

Steps To Ensure Continuity Of Health Care Services, Which May Include Establishment Of A Medical Home For Every Child In Care,

Since 2011, OCS's medical care policy has required that every effort will be made to ensure that health care services for children in out-of-home care continue to be provided by the same medical providers as before the child's removal from home (CPS manual 6.3.1).

OCS partners with the Office of Medicaid and Health Care Policy Tribal Health Program Manager in efforts to maintain that Alaska Native and American Indian children, in custody, utilize Indian Health Services as their medical home. This is enforced yearly by a memorandum from the OCS Director to all staff as well as all current licensed providers and unlicensed relative providers. Out of home placement providers for Alaska Native and American Indian children who do not have a medical home are encouraged to utilize Indian Health Services to establish a medical home.

The Oversight Of Prescription Medicines, Including Protocols For The Appropriate Use and Monitoring Of Psychotropic Medications.

OCS policy regarding the administration of psychotropic medication includes verifying that the parent received informed consent from the medical provider. Oversight is provided by the OCS Regional Nurse Consultant (CPS manual 6.3.2). Detailed procedures for informed consent have been in place since 2009. Implementation of updated policy on oversight and monitoring occurred in March 2013 and again in January of 2019.

The 2013 revisions to the mental health policy include procedures for monitoring psychotropic medications for children in OCS custody as well as the provision of informed consent. When prescribing a psychotropic medication, informed consent from the medical provider to the parent of the child includes the side effects of the medication. The following policy and procedures apply to informed consent:

When a medical provider recommends the administration of psychotropic medication to a child in custody:

- If age appropriate, the PSS will ensure that the medical provider has provided the child with education on the recommended treatment, including the medications.
- If parental rights have not been terminated, and the parents are unwilling or unavailable to consent, the worker will consult with the Assistant Attorney General about obtaining a court order to consent to recommended treatment.
- If parental rights have been terminated or a court order has been issued, the worker will:
    - Obtain information about the recommended medication from the provider; and
    - Consult with their supervisor and the OCS Regional Nurse Consultant to determine

whether the medication should be authorized or declined; and
    - If a decision is made to authorize the medication, notify the medical provider of the decision by providing a signed authorization form.
    - A change in dosage of a medication that already has been authorized also requires the worker to consult with their supervisor and the OCS Regional Nurse Consultant before authorizing the change.

OCS policy for psychotropic medication monitoring is based on policy developed and adopted by the Alaska Department of Health and Social Services regarding the use of these medications for all children receiving Department services:

- The PSS shall notify and consult with the OCS nurse when a child is on psychotropic medication, or such medication is recommended.
- OCS nurses review all prescriptions of psychotropic medication, with additional monitoring required for children age five or younger receiving psychotropic medications, children of any age who are receiving four or more psychotropic medications, and children of any age receiving two or more atypical antipsychotic medications. Additional monitoring includes consulting with the Department's contractor's physician consultant for a secondary review.
- OCS nurses request and review the medical records for children in custody with a prescription of at least one psychotropic medication on a quarterly basis.
- Medical providers prescribing atypical antipsychotics to OCS children are required to follow biometric and laboratory measures to monitor for side effects.
- When psychotropic medication is prescribed for a child in out-of-home care, the worker or the OCS nurse providing information about the medication and side effects to the caregiver; and
- Information about medication, dosage, results of reviews, and consent are entered into ORCA under the child's medical profile. ORCA reports allow for the electronic tracking of psychotropic medications documented in the child's medical profile.

Training regarding psychotropic medication and implications for children in foster care is available for resource families. Foster parents also receive the OCS psychotropic medication brochure in the Core Training information. Additionally, foster parents have access to various self-studies addressing psychotropic medication in the context of the mental health needs of children. OCS child welfare staff receive information through consultation with the nurses and by reviewing the OCS policy and brochure. Yearly training is also provided to all OCS staff by the Regional Nurse Consultants.

In addition, OCS has formed an agreement with a Health Authority (described further in next section) to provide additional guidance on methods to track children in state custody on psychotropic medications. The Health Authority will also conduct a doctor-to-doctor outreach and advocacy with a foster child or youth's provider when disagreements are raised by the OCS Nurses or staff regarding the treatment or medication regime.

When youth are discharging from a Residential Treatment Center (RTC) the OCS psych nurse, in collaboration with the PSS, will participate in discharge planning prior to the youth's discharge date. Discharge planning will include referrals to necessary treatments as well as prescriptions for current medications. OCS staff should advocate for, and if necessary, assist in securing a thirty-day supply of medications. The youth must discharge from the RTC with a thirty-day supply of all prescribed medications. For youth stepping down to therapeutic foster care, the assigned clinician from the placement agency will also participate in discharge planning prior to the youth entering their services. If there is a psychiatrist on staff, the psychiatrist will review the medications and consult with the youth's primary physician prior to discharge.

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.

The implementation of the policy addressing the oversight and monitoring of children in state's custody on

psychotropic medications is a priority of the Office of Children's Services Nurse Consultant staff. A third-party review may be required after the OCS psych nurses have requested and reviewed the child's medical history and medication list. A third-party physician review is critical to providing appropriate oversight for children on psychotropic medications. Protocols incorporated into the policy involve the consultation with a third-party psychiatrist for children who meet certain criteria (e.g. are receiving four or more psychotropic medications). In March 2014, Seattle Children's Hospital was awarded the contract and third-party oversight was implemented and systemized in April 2014. This contract is current and continues to be utilized by OCS.

OCS implemented a procedure that requires OCS Nurses to notify the AAG if a foster care youth is admitted into an acute residential psychiatric facility. The AAG then notifies the court and requests a review hearing. With the opportunity for all legal parties to participate in the hearing, this process allows for greater oversight and transparency on the placement of youth in acute residential facilities.

In January of 2019 OCS signed a memorandum of agreement with The Medical Director for Health Care Services, to serve as the OCS Health Authority. When the Medicaid Medical Director is not available, the Chief Medical Officer for the department has been designated to serve this role as the OCS Health Authority. This agreement provides for the Health Authority to participate in quarterly meetings with the OCS Nurse Consultants to discuss and strategize around any health care needs or practice trends identified for the foster care population. The Health Authority will also provide guidance regarding quality assurance methods on tracking children in state custody on psychotropic medications and system improvements. Agency records will be available for the Health Authority to review as necessary to provide and facilitate consultation of services for children and youth in OCS custody.

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.

The Health Authority, in agreement with OCS, has access to agency records to facilitate consultation for services for children and youth in OCS custody. OCS is partnering with the Health Authority to work collaboratively in the identification and elimination of barriers to ensure that children in foster care receive quality, appropriate level of care, and timely services to meet their medical and mental health needs.

When a youth in OCS custody is recommended for a Residential Treatment Center (RTC) or a Residential Psychiatric Treatment Center (RPTC) the PSS will present the youth's case to the Regional Placement Committee or Team Decision Making (TDM) Meetings. These committees may include, but are not limited to, the OCS regional psych nurse, a representative from the Department of Juvenile Justice, and a representative from the Department of Behavioral Health. The youth's placement history, diagnosis, assessments, and social and trauma history will be presented to the committee. The committee will maintain that all lesser restrictive placement options have been exhausted and that RTC or RPTC is in the child's best interest. If the RTC or RPTC is located out of state, the youth's case will be presented by the PSS and the OCS regional psych nurse to the Out of State Placement Committee. This committee includes, but is not limited to, the OCS Social Services Program Administrator, a representative from the Department of Juvenile Justice, and a representative from the Department of Behavioral Health. Committee members will be presented with the youth's placement history, diagnoses, assessments and social and trauma history. The committee will maintain that all in state options have been exhausted and attending out of state treatment is in the best interest of the youth.

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 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.

It is OCS policy that workers will develop transition plans for youth starting at age 14. The transition plan

will be updated at least every six months and during the ninety-day period immediately before the youth's case closes. At ninety days before case closure, the transition plan must address the options for health insurance, and the importance of having a health care power of attorney or a proxy. In addition, the transition plan needs to assist the youth in how to execute the documents for power of attorney or proxy. OCS coordinates with the Medicaid agency regarding the youth's Medicaid benefits (CPS manual 3.14.1).

OCS policy was updated in 2018 to include Alaska state statutory changes requiring youth 16 and older to be provided with their health care information, history, birth certificate and medical card when they exit state custody.

State of Alaska Medicaid policy, in compliance with the Affordable Care Act, covers Former Foster Care Children defined as individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care in Alaska when they turned 18 or aged out of foster care. Any transition plan for individuals aging out of foster care includes determining eligibility for Medicaid under the appropriate mandatory eligibility category.

Alaska's Title IV-B Health Care Oversight and Coordination Plan

Goal: OCS Protective Services Specialists, Resource Families, and Youth will receive information, support, and tools they need in order for Alaska's Healthcare Oversight and Coordination Plan to be effective.

Objectives	Measurement and Timeline	Training and other Supports Needed	Projected Outcomes
Children in OCS custody will have needed medical screenings.	OCS will establish baseline initial EPSDT completion rates and demonstrate improvement with a goal of 50% compliance by	OCS will assess the data interface used to receive the EPSDT completion data.	Children in OCS custody will have their medical needs met through EPSDT screenings. Historical ORCA data is as follows: FY 17= 28%, FY 18= 31% As of June 2021, 47% of the children in OOH have an up to date EPSDT. As of May 2024 54% of children in OOH have an up to date EPSDT.

Objectives	Measurement and Timeline	Training and other Supports Needed	Projected Outcomes
Enhance the Out of State Placement Committee (OSPC) and increase oversight of OCS children going to out of state treatment.	Beginning in August of 2024, Statewide Indian Child Welfare Act Coordinator, will work to create a plan for ICWA Specialists to participate in OSPC for youth in their region to ensure all in state cultural resources have been exhausted.	The Deputy Director will provide mentoring to ICWA Specialists and supervisory staffing will be provided from Regional Protective Services Managers and the Statewide ICWA coordinator.	ICWA Specialists work closely with Tribal Representatives on OCS cases. They can provide insight into cultural resources for children being assessed for Out of State Treatment.