Fostering Connections to Success and Increasing Adoptions Act: State Implementation of the Health Oversight and Coordination Plan

Overview
In October 2008, due to efforts on the part of the AAP and other organizations advocating on behalf of children in the foster care and adoption system across the country, President Bush signed HR 6398 – Fostering Connections to Success and Increasing Adoptions Act.

The new law, Public Law 110-351, is a comprehensive measure designed to improve outcomes for children in foster care by providing networks and support for kinship guardians, promoting permanent family placement, and enhancing health care and education services for children in foster care. In addition, the law extends federal support for young adults in foster care to age 21 years.

By amending the Social Security Act to expand and extend foster care and adoption incentives through FY 2013, the new law affords states, territorial, and tribal Title IV-B (Child Welfare Services) and Title IV-E (Foster Care and Adoption Assistance) agencies the following opportunities:

- kinship guardianship assistance payments for children to grandparents and other relatives who have assumed legal guardianship of children
- **Family Connection Grants** to be used for helping children who are in, or at risk of entering, foster care reconnect with their families
- due diligence to identify and notify relatives within 30 days of removal of parental custody
- allowance of waiver of nonsafety licensing standards for relative foster family homes on a case-by-case basis
- state option to extend foster care and adoption assistance programs to children to age 21 if certain criteria are met
- assistance and support for children turning 18 (or older as states may elect) in developing a plan for transitioning out of foster care
- training for child welfare agencies, court personnel, and guardians
- providing for educational stability in a child’s state case plan
- reasonable efforts to place siblings in the same foster care, kinship guardianship, or adoptive placement
- equitable access for foster care and adoption services for Native American children in tribal areas
- enhanced state incentive payment for increased adoption rates among children with special needs and older children
- delinking of eligibility for adoption assistance with the outdated income requirements of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI)
- development of a state plan, in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, for the oversight and coordination of health care services for children in foster care
In 2010, President Obama signed HR 3590 – the Patient Protection and Affordable Care Act (ACA). The act, Public Law 111-148, included an amendment to funding under Title IV-B (Child Welfare Services) requiring states to update their health care oversight and coordination plans with information on how they will meet the health care needs of youth aging out of foster care.

In 2011, President Obama signed HR 2883 – the Child and Family Services Improvement and Innovation Act. The act, Public Law 112-34, further amended state health care and oversight coordination plans by requiring each state to update their plans to include the monitoring and treatment of emotional trauma and protocols for monitoring psychotropic medication use.

**Effective Date**
States, territories, and tribal authorities must be currently working to implement these changes to bring needed improvements in the foster care system. The effective date of most of the sections of this law is the date of its enactment – October 7, 2008, with delays permitted when state legislation (other than legislation appropriating funds) is required for a state to comply with certain requirements, such as the development of health care oversight and coordination plans.

The “delayed effective date” is the beginning of the first day of the first calendar quarter following the close of the first regular session of the state legislature that ends after October 7, 2009.

With an effective date of October 1, 2010 for Public Law 111-148, the Administration on Children, Youth, and Families required states to submit their health care oversight and coordination plan amendment by September 30, 2010. The effective date of the provisions required in Public Law 112-34 was October 1, 2011.

**Oversight and Coordination of Health Care Services for Children in Foster Care**
Section 205 of the new law requires states to develop, in coordination and collaboration with the state Medicaid and child welfare agencies and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services, a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement.

The plan must ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and must include an outline of:

- a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice
- how health needs identified through screenings will be monitored and treated
- 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
- steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care
- the oversight of prescription medicines
- how the state actively consults with and involves physicians or other appropriate medical or nonmedical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children
- steps to ensure that the components of any transition plan for children aging out of foster care includes information about the options for health insurance; information about a health care power of attorney, health care proxy, or other similar document recognized under state law; and provide the power for a child to execute such an agreement upon exiting care (per PL 111-148)
- steps to monitor and treat emotional trauma associated with a child’s maltreatment and removal, in addition to other health needs identified through screenings (per PL 112-34)
- protocols for the appropriate use and monitoring of psychotropic medications (per PL 112-34).

**AAP Resources and Recommendations**
To assist chapters working with states in the development of a health care oversight and coordination plan for the health care of children in foster care, a wealth of resources and recommendations are available in each of the areas required by the federal law.

**Schedule for Initial and Follow-Up Health Screenings**
- A medical/developmental/mental health screening within 72 hours of entering the child welfare system.
• A comprehensive assessment, including review of physical, mental, developmental, and dental health within 30 days after entering the child welfare system.
• Additional visits, as appropriate during the first 60-90 days of entering the child welfare system to assess the child in the process of transition, monitor the adjustment to care, identify evolving needs, and continue information gathering.
• Steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care.
• Preventive health care in accord with an enhanced schedule of well-child visits, immunizations, and related care developed by the AAP and collaborative professional organizations to meet the special needs of children in the child welfare system.
• AAP chapters are encouraged to consult the AAP policy statement Health Care of Young Children in Foster Care when working with state agencies to develop health oversight and coordination plans (HOCPs).

Monitoring and Treating Health Needs Identified Through Screenings

• Health needs identified during screening, comprehensive assessment and other visits should be monitored, treated, and addressed in the medical home in accordance with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements by pediatricians, pediatric subspecialists, pediatric surgical specialists, family physicians and health care clinicians educated and trained in the care of children – in collaboration with caseworkers and the judicial system.
• Ideally, state HOCPs should ensure that the individuals involved in a child’s care know exactly what their responsibilities are and how to fulfill them (eg, social worker is responsible for ensuring that appropriate medical screenings and exams are scheduled and appointments kept; judge is responsible for ensuring that the child is receiving regular medical care).

Updating and Sharing Medical Information/ Electronic Medical Records

• State plans should address access to necessary medical information for others involved in the care of children in foster care beyond the pediatrician and other health care clinicians (eg, social workers, foster parents, judges, educators).
• State plans should address provision of appropriately detailed medical information to a foster family upon placement/placement change; to the biological family upon reunification; to a family who is seriously considering adoption of a particular child; to the family upon adoption; and to the youth upon aging out of the system.
• Some states, most notably Texas, through its STAR Health program for children in foster care, developed in collaboration with the Texas Pediatric Society, are already developing health passports and electronic health records (EHRs) for children in foster care.
• The Academy’s policy statement, Using Personal Health Records to Improve the Quality of Health Care for Children, which includes basic principles for ideal personal health records (PHRs) as well as the AAP clinical report, Special Requirements of Electronic Health Record Systems in Pediatrics, can be utilized by AAP chapters in the development of state plans.
• The AAP has encouraged HHS to develop incentives for states to examine ways to improve the collection, maintenance, and sharing of such information.
• A strong state-federal partnership can ensure interface among such records as children may move across the country and are cared for by pediatricians or other physicians in other states.

Ensuring Continuity of Health Services and Establishing Medical Homes for Every Child in Foster Care

The medical home is an innovative health care model utilized by pediatricians to provide accessible, continuous, comprehensive, patient and family-centered, coordinated, compassionate, and culturally effective care to children. The medical home is important for all children, but critically so for children in foster care, many of whom have health challenges.

These health challenges require concerted, coordinated efforts on the part of not only pediatricians, other physicians, and health care clinicians, but the entire child welfare system in order to improve the health and well being of children in foster care.

• State plans should seek to establish a medical home for every child in foster care in order to maintain continuity throughout placement.
• State plans should address coordinating care plans that may be developed by physicians other than the child’s pediatrician/medical home to ensure appropriate care (eg, monitoring prescriptions, potential interactions, etc).

• The Academy’s policy statement, Care Coordination in the Medical Home: Integrating Health and Related Systems of Care for Children With Special Health Care Needs is an excellent resource for AAP chapters working with states to develop this component of a health oversight and coordination plan.

Oversight of Prescription Medicines

Failure to coordinate and provide continuity of services and the absence of clear guidelines and accountability to ensure that treatment decisions are in a child’s best interests create a risk that medication will be prescribed to control a child’s behavior. Individual care plans offer the best chance for success.

The Texas Department of State Health Services, in collaboration with the Texas Pediatric Society, Federation of Texas Psychiatry, Texas Academy of Family Physicians, Texas Osteopathic Medical Association, and Texas Medical Association, has developed a resource, Psychotropic Medication Utilization Parameters for Foster Children, which may be useful to other states in developing this component of a state plan.

• State HOCPs should include specific steps for monitoring the prescription of medication to children in foster care.

State Consultation With Physicians and Professionals in Determining Appropriate Medical Treatment for Children in Foster Care

Input from pediatricians, family physicians, and other health care clinicians is critical to improving systems of care for children in the child welfare system.

• AAP chapters are encouraged to work with state Medicaid and child welfare agencies to develop a detailed explanation, algorithm, and/or flow chart of the systems that are in place to ensure that medical decisions are made by the appropriate individuals and there is coordination among all parties who are responsible, in whole or in part, for a child’s health and medical care.

Ensuring Transition Plan Meets the Health Care Needs of Children Aging Out of Foster Care

• The AAP clinical report, Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home, is an excellent resource for chapters working with states to develop this component of a health care oversight and coordination plan.

Steps to Monitor and Treat Emotional Trauma Associated with a Child’s Maltreatment and Placement in Foster Care

• AAP chapters are encouraged to utilize the AAP policy statement Developmental Issues for Young Children in Foster Care when consulting with states to develop this component of the health care oversight and coordination plan.

Utilization of State Plans

The Academy has urged the Administration for Children & Families (ACF) to examine ways in which state HOCPs can be used by both the agency and the states to track and improve health care for children in foster care and has encouraged ACF to highlight particularly innovative plans. The Academy’s view is that state health oversight and coordination plans are not intended to be static documents, but dynamic processes that help drive continuous quality improvement.

• The Academy encourages states to consider using the planning process to help inform their Program Improvement Plans under Child and Family Service Reviews as well as other periodic efforts to improve child welfare and foster care systems.

Federal Guidance to States

• ACF-CB-PI-09-06 provides guidance to states, territories, and insular areas on required actions for June 30, 2009 submission of Title IV-B plan including copy of health care services plan.

• ACF-CB-PI-09-08 provides a revised Title IV-E plan that incorporates the statutory provisions made by Public Law 110-351 which are effective through fiscal year 2010.

• ACF-CB-PI-10-10 provides guidance to states, territories, and insular areas on required actions for September 30, 2010 submission of health care oversight and coordination plan amendment found in PL 111-148.
• **ACYF-CB-PI-10-11** provides new guidance on the foster care maintenance, adoption assistance, and/or kinship guardianship programs to an eligible youth age 18 and older up to age 21; provides additional guidance on other provisions of PL 110-351 and the flexibilities afforded as a result of the Patient Protection and Affordable Care Act (PL 111-148); see Section F for Health Care Oversight and Coordination Plan.

• **ACYF-CB-IM-11-06** provides information to state, tribal, and territorial Title IV-B and IV-E agencies of the enactment of the Child and Family Services Improvement and Innovation Act (Public Law 112-34) and the law’s basic provisions.

• **Department of Health and Human Services November 23, 2011** letter to state child welfare directors, state Medicaid directors, and state mental health authority directors on expanding opportunities for states to strengthen efforts to monitor the use psychotropic medication among children in foster care.

• **ACYF-CB-IM-12-03** provides guidance to state, tribal, and territorial Title IV-B and IV-E agencies related to the development of oversight plans for psychotropic medication for children in foster care.

• **ACYF-CB-IM-12-04** provides information on the Administration on Children, Youth, and Families efforts to improve the health and well-being of children who participate in and receive child welfare services.

**Resources**

**Summary of State Health Oversight and Coordination/Health Care Service Plans** – A resource from the American Academy of Pediatrics Division of State Government Affairs. The resource is attached at the end of the State Strategy. *(Attached to the State Strategy starting on the next page)*

**Healthy Foster Care America** – A program of the American Academy of Pediatrics

[www.aap.org/fostercare](http://www.aap.org/fostercare)

**Association of Administrators for the Interstate Compact on Adoption and Medical Assistance**


**Association of Administrators of the Interstate Compact on the Placement of Children**

[http://icpc.aphsa.org](http://icpc.aphsa.org)

**NOTE:** State Strategy documents provide AAP chapters with recommended strategy on a specific state government issue as well as additional background information that can be used when communicating with legislators or other public officials. Individual variations may be required based on state needs.