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HEALTHCARE OVERSIGHT AND COORDINATION PLAN 2020-2024

Nebraska Department of Health and Human Services
Division of Children and Family Services

June 30, 2019

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Introduction

The Department of Health and Human Services (DHHS), Division of Children and Family Services (CFS) Healthcare Oversight Plan (HCOP) for 2020-2024 reflects lessons learned since development of the 2015-2019 plan. This plan continues to build upon and strengthen activities to improve the ongoing oversight and coordination of health care services for children in Nebraska's foster care system.

The Protection and Safety Unit works collaboratively to ensure that the abused, neglected, or dependent populations it serves are safe from harm or maltreatment. Children live in a permanent, healthy, nurturing and caring environment with a stable family, effects of harm to the child are diminished, and communities are safe from harm. In 2018 CFS transitioned to a new organizational structure to better support the work being done in the field. There are the five areas of support:

1. Prevention – This team focuses on prevention activities, community response teams, Nebraska prevention fund board, etc.
2. Safety – This team provides support in the area of abuse and neglect policy, training, Structured Decision Making /Safety Organized Practice, human trafficking and Indian Child Welfare Act (ICWA).
3. Families First – This team provides support with in-home safety services, in-home skill acquisition services, parental engagement, family team meetings, sibling engagement and alternative response.
4. Permanency – This team provides support for foster care, adoption, guardianship and Interstate Compact on the Placement of Children (ICPC).
5. Well-Being – This team provides support for housing, extended foster care, Independent Living services, health matters (physical, behavioral, pharmaceutical), substance use issues, education and developmental work, domestic violence, normalcy and extracurricular activities and working across divisions within DHHS and with community entities to meet the needs of the children and families served.

Due to this structure change, the HCOP transitioned to the Well-Being Team for oversight and management.

Overview

This HCOP reflects lessons learned since development of the 2015-2019 plan and shows how DHHS continues to strengthen activities to improve the health care and oversight of children and youth in foster care over the next five years.

On the following pages, an outline of the items enumerated in statute at section 422(b)(15)(A)(i)-(vii) of the Act (referred to as the 'Act' below) and the Family First Prevention Services Act (FFPSA) amendment includes the current processes on how the items are being met, as well as documentation that supports these processes.

The attachment *Healthcare Oversight Strategic Plan 2015-2019* explains the resolution of strategies used during 2015-2019. In order to expand on current processes, strategies planned for 2020-2024 are explained throughout this report. The strategies are also outlined in the attachment *Healthcare Oversight Strategic Plan 2020-2024 v3.0*.

This is the 3rd fifth year cycle of this plan. Nebraska's Healthcare Oversight Committee (HCO Committee) has gone through significant changes in the last few years. As such, work from the HCO Committee has not advanced as quickly as desired. HCO Committee members have been re-engaged, new members obtained, priorities clarified and work restarted.

The next HCO Committee meeting is scheduled for November 2019. At that time, discussion is set to occur on specific steps needed to complete the strategies listed below, which the committee has identified as priorities (these are detailed in the *Healthcare Oversight Strategic Plan 2020-2024 v3.0* with identified strategy leads and strategy due dates of 6.30.20).

- Ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner.
- Track CFSR Items 17 and 18 more thoroughly and take appropriate action according to what the results shows.
- Work with the Nebraska Foster Care Review Office and the 1184 team meetings across the state to obtain aggregate data on the physical and behavioral/mental health care of our youth.
- Utilize the HCO Committee in reviewing aggregate data regularly and gain committee's input on healthcare related policy development.
- Consider making applicable NFOCUS data entry fields mandatory.
- Work with the Nebraska System of Care to compile the various strategies currently used into one comprehensive report to demonstrate Item 8 is being met.

With each quarterly HCO Committee meeting, focus and discussion on future actions for strategies will be discussed. The HCO Committee is engaged in the activities and planning process to make this a collaborative effort. Details of the HCO Committee meeting discussions and updates will be included in the APSR.

The following are lessons learned from the 2015-2019 Health Care Oversight and Coordination Plan.

- Meaningful data is needed on some items of the Act in order to develop more impactful strategies, thus being able to provide better oversight.
    - Though CFS has data on most items of the Act, the HCO Committee has determined the data needs to be more robust and get to the heart of the information that needs to be captured. This will include creating more comprehensive reports, having regular reviews of this additional captured data and determining next steps based upon the new data.
        - Data on youth in the care of CFS is needed on the following (and explained in more detail later in this report):
            - If initial health screenings are being completed timely (within 2 weeks)
            - If trauma, exposure to substance use and exposure to domestic violence are being addressed
            - If medical and behavioral health needs are being met
            - If medical homes are being established
            - If information on transitioning from a pediatric doctor to a general practitioner is being provided to aging out youth
            - If youth have the tools they need, prior to aging out, to meet their own health care needs
    - CFS is working closely with the Quality Assurance (QA) team on gathering more robust data from case reviews. QA is a part of the HCO Committee (ad hoc) and provides data when needed. A QA employee attended the HCO Committee meeting in March 2019 to explain data collection. The Well-Being team also met with the QA team several times so far in 2019 to discuss QA tools, data collection, etc. QA is an integral part of the HCO Committee and will continue to provide data as needed to help meet the strategies detailed below.

- Applicable administrative memos/policies need to include additional information so CFS Specialists can address youth health related concerns more thoroughly.
    - CFS has numerous administrative memos and policies related to the health of youth served (which are referenced throughout and attached to this report). However, through a review of the administrative memos/policies related to the health of youth, the HCO Committee has determined some are lacking in information to best guide CFS Specialists.
        - Policies lacking needed information includes (and explained in more detail later in this report):
            - DHHS' Sex Trafficking Administrative Memo (being updated at this time)
            - Health Care Coordination and Psychotropic Medication Guidelines (being updated at this time-drafts are attached to this plan)
            - Transitional Living Planning
            - Information for youth aging out on reproductive health (a policy is being developed at this time)

*As data is collected and strategies completed, more policies may be developed to help guide the work of CFS.

- Provide aging out youth with additional information to ensure their healthcare needs are met when no longer under the care of a pediatrician or they need to change doctors.
    - While CFS provides youth aging out with medical information and resources, this information does not always ensure youth know how to obtain a general practitioner, as needed, if they wish to stop seeing a pediatrician. It is important youth understand how to access a general practitioner and their medical history prior to aging out.
- Increase collaboration within the Protection and Safety Unit to ensure health needs of youth are being met.
    - The Well-Being Team will focus on collaboration with the Safety Team pertaining to training CFS Specialists on health care related issues for youth in DHHS' custody and collaboration with the Permanency Team as it pertains to ensuring the health needs of youth in foster care are being met.
- Increase collaboration within CFS and other DHHS Divisions to ensure health needs of youth are being met.
    - Over the last five years CFS and the HCO Committee have increased collaboration with other DHHS Divisions, however additional work is needed with the end goal being to better meet the healthcare needs of youth served.
- Utilize the HCO Committee to review health related aggregate data.
    - CFS has regular quarterly meetings with the HCO Committee
        - Meetings have been scheduled through the end of calendar year 2019
    - With the increased measureable data planned on being obtained throughout the next five years, CFS plans to utilize the expertise of the HCO Committee in reviewing aggregate data and providing feedback so CFS can make appropriate changes for the healthcare of the youth served.

By employing strategies for the above lessons learned, the Child and Family Services Review (CFSR) Well-Being Outcome 3 will be addressed.

The Nebraska HCOP was developed in coordination with other DHHS Divisions, including Medicaid and Long Term Care (MLTC) and Behavioral Health, experts from health care and child welfare services, and families involved with CFS. The HCO Committee decided on action steps to achieve the identified strategies and goals. The committee members are listed below. More medical professionals and family/youth representatives are being considered for additions to the HCO Committee by working closely with HCO Committee team members on recommendations. Adding new team members will be reviewed regularly. CFS's Eastern Service Area contractor will be contacted for involvement with the HCO Committee upon the contract effective date of January 1, 2020. As a side note, DHHS can reimburse families for mileage, but not meals. DHHS cannot reimburse professionals for mileage or meals.

2020-2024 Nebraska Healthcare Oversight Committee

The following is a list of the HCO Committee team members for the 2020-2024 HCOP:

Name	Organization	Position/Role	Field of Expertise
John Danforth	Independent Consultant	Mental Health Provider	Behavioral Health
Linda Cox	Foster Care Review Office	Research Analyst	Child Welfare
Ryan Rachow	PromiseShip	Healthcare Coordinator	Child Welfare
Kelli Hauptman	Center for Children, Family, and the Law through the University of Nebraska-Lincoln	Co-Director of Nebraska Resource Project for Vulnerable Young Children	Child Welfare
Cheryl Turner	Center for Children, Family, and the Law through the University of Nebraska-Lincoln	Training Specialist	Behavioral Health
Kasey Ripperger	Nebraska Children's Home Society	Permanency Supervisor	Child Welfare
Andrea Wright	Heartland Family Service	Program Director	Child Welfare
Bernie Hascall	DHHS Division of Behavioral Health	Administrator	Behavioral Health *Also a Program Improvement Plan (PIP) Core Team member
Pegg Siemek Asche	NOVA Treatment Community	CEO	Child Welfare
Michelle Muhle	Nebraska Alliance of Child Advocacy Centers	Outreach Coordinator	Child Welfare
Teresa Zahren	Wellcare	Senior Manager, Behavioral Health Services	Medical Health
Josie Rodriguez	DHHS Division of Public Health	Administrator	Medical Health
Cryssa Bartels	Nebraska Total Care	Foster Care Liaison	Medical Health
Deb VanDyke Ries	Court Improvement Project	Director of Court Improvement Project	Child Welfare *Also a Program Improvement Plan (PIP) Core Team member
Tina R. Scott-Mordhorst MD	University of NE Medical Center	Pediatrician	Medical Health
Ashely Brown	KVC Nebraska	President	Child Welfare
Casandra Dittmer	KVC Nebraska	Director of Family Preservation & Model Fidelity	Child Welfare
Jennie Cole-Mossman	Center for Children, Families and the Law	Co-Director of Nebraska Resource Project for Vulnerable Young Children	Child Welfare
Kristina Hagan	Cedars	Prevention Supervisor	Child Welfare
Jackie Meyer	Counseling Enrichment Center	Director	Behavioral Health
Felicia Nelson	Nebraska Foster and Adoptive Parent Association	Executive Director	Child Welfare
Kathy Handler		Parent for family voice	Recipient of Child Welfare services
Allison Wilson	DHHS Division of Children and Family Services	Program Specialist	Child Welfare
Stacy Scholten	DHHS Division of Children and Family Services	Administrator	Child Welfare
Deanna Brakhage	DHHS Division of Children and Family Services	Program Specialist	Child Welfare
Karen Moran	DHHS Division of Children and Family Services	Program Specialist	Child Welfare
Brandy Gustoff	Omaha Home for Boys	Program Manager	Child Welfare

Name	Organization	Position/Role	Field of Expertise
Patricia Cartledge	United Health Care (Managed Care Organization)	Associate Director of Health Services	Behavioral Health
Stephanie Pospisil	Ponca Tribe	Director of Social Services	Child Welfare
Sheila Kadoi (ad hoc member)	DHHS Division of Children and Family Services	Administrator	Child Welfare *Also a Program Improvement Plan (PIP) Core Team member
Jennifer Dunavan	Independent Consultant	Registered Dietician	Physical Health
Rebecca Daughtery	DHHS Division of Children and Family Services	Choice and Voice Advocate	Child Welfare

Item 1 A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

1A. Current Processes and Documentation in Support of this Requirement

- During the first two weeks of a child's removal from his or her home the following occurs
    - The CFS Specialist ensures the caregiver arranges for medical care with the child's established primary care provider to preserve the continuity of care and the child's medical home. CFS Specialists maintain the responsibility for ensuring youth obtain needed medical appointments. If the child is unable to see their primary care provider (a reason being proximity to the provider is too far) the CFS Specialist, through the caregiver, will request the new treating provider consult with the child's established primary care provider.
    - A comprehensive assessment is completed which includes a review of the child's physical, mental, developmental, and dental health
    - Additional visits are determined and occur, as appropriate, during the first two weeks the child enters 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
        - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

- CFS Specialists utilize Structured Decision Making (SDM) to assess risk and safety
    - This assessment also screens youth for trauma, exposure to substance use and exposure to domestic violence

- Data regarding Item 1 is collected through Nebraska's Continuous Quality Improvement (CQI) case reads quarterly and Nebraska's statewide child welfare automated system, the Nebraska Family On-Line Client User System (N-FOCUS). N-FOCUS is the location where CFS Specialists enter contact narratives, complete assessments, and authorize services
    - N-FOCUS sends reminders to CFS Specialists to alert them of upcoming due dates for yearly physical, dental, and vision exams for state wards on their caseload. N-FOCUS also sends alerts to display 60 days and 30 days before the one year anniversary of the last exam entry date-these alerts help CFS Specialists ensure health exams stay current.

- The following information is entered into N-FOCUS
    - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reports
    - Home health reports
    - Nurse, physician and hospital documentation
    - Dental, vision, psychological, and physical exam dates, results, and reports

- Medical provider information
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*
    - Refer to the attachment *Medical Conditions Review Tool*

- Preventive health care is provided in accordance with the schedule of well-child visits, immunizations and related care developed by the American Academy of Pediatrics (AAP) and collaborative professional organizations to meet the special needs of children in the child welfare system
    - DHHS emphasizes the importance of following the AAP Periodicity Schedule 2019. In addition to physical health, this schedule addresses developmental, behavioral, and dental health.
        - Refer to the attachment *AAP Periodicity Schedule 2019*

1B. New Strategies for 2020-2024

The following strategies have been chosen to more thoroughly meet Item 1, in order to improve the physical and behavioral/mental health care of youth served.

- DHHS' Sex Trafficking Administrative Memo will include information about medical checks being done on youth who have gone missing from foster care, upon their return
    - When youth go missing from foster care, their medical care is a primary concern. A tool is located in N-FOCUS that CFS Specialists use to screen youth upon their return for possible trafficking situations.
        - Refer to the attached tool *Nebraska Human Trafficking Taskforce Screening Tool*

- Ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner, if need be
    - In 2017 and 2018, a combined number of approximately 100 youth discharged from Nebraska's child welfare system for the reason of 'Reaching the Age of Majority'
    - Young adults will have a doctor in place, or the information to obtain a doctor, which supports continuity from one doctor to another

- Drill down further on data to confirm specifically if an initial health screening has been done timely (within two weeks of a child's removal from their home)

- Determine if the SDM tools assessing for risk and safety are also screening for trauma, exposure to substance use and exposure to domestic violence adequately. If not, changes will be implemented
    - A cross walk between the SDM tool Family Strengths and Needs Assessment and Child Welfare Trauma Referral tool was previously completed.
        - Refer to the attachment *SDM Crosswalk*
    - Quality Assurance is reviewing the data in reviews to determine if this is being addressed

- If this is not being addressed through SDM tools, changes will be implemented in conjunction with discussions between the HCO Committee and DCFS

Item 2 How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home

2A. Current Processes and Documentation in Support of this Requirement

- EPSDT exams are provided at least annually for all state wards on Medicaid
    - These exams have five components
        1. Comprehensive health and developmental history that assesses for both physical and mental health, as well as for substance use disorders
        2. Comprehensive, unclothed physical examination
        3. Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices
        4. Laboratory testing (including blood lead screening appropriate for age and risk factors)
        5. Health education and anticipatory guidance for both the child and caregiver
            - Refer to the attachment *EPSDT-A Guide for States*
            - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

- CFS Specialists ensure individuals involved in a child's care understand their responsibilities and how to fulfill them
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*
    - Refer to the attachment *CFSR Items 17 and 18*

- Foster homes provide documentation on medical, dental, and vision checkups the children in their care have had
    - Refer to the attachment *PSP 21-2017 Use of the Nebraska Caregiver Responsibility Tool*

- Foster homes provide notes on mental health and behavioral needs of the children placed in foster care during the reporting month
    - Refer to the attachment *PSP 21-2017 Use of the Nebraska Caregiver Responsibility Tool*

- CFS Specialists complete the medical section in N-FOCUS and court reports, including items like diagnosis, medications and medical appointments
    - Refer to the attachment *PSP 28-2017 Mandatory Monthly Visits With Children, Parents & Out of Home Care Providers*
    - Refer to the attachment *Medical Conditions Review Tool*

- The due date tracker includes youth's annual physical, semiannual dental and annual vision appointments
    - N-FOCUS sends reminders to CFS Specialists to alert them of upcoming due dates for yearly physical, semiannual dental and yearly vision exams for state wards on their caseload. N-FOCUS also sends alerts to display 60 days and 30 days before the one-year anniversary of the last exam entry date-these alerts help CFS Specialists ensure health exams stay current.

- Juvenile court cases may include pre-hearing conferences. The conference agendas include information about the children and can include health related items. Those who participate include parents, parents' attorneys, guardian ad litems, county attorneys, and CFS Specialists among others
    - Refer to attachment *Pre-Hearing Conference Protocol*
    - Refer to attachment *Guardian Ad Litem Report*

- New Nebraska Juvenile Court judges attend the National Council of Juvenile and Family Court Judges judicial college
    - Refer to attachment *National Council of Juvenile and Family Court Judges Education*

2B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 2, in order to improve the physical and behavioral/mental health care of youth served.

- Track attachment *CFSR Items 17 and 18* more thoroughly and take appropriate action according to what the results show
    - From the CFSR Review in June 2017, Nebraska received an overall rating of 85% for the 46 applicable cases that rated as a Strength for Item 17. Nebraska received an overall rating of 65% for the 40 applicable cases that rated as a Strength for Item 18. The target for both Items 17 and 18 is 95%.
    - Obtaining more robust data will help define better strategies to utilize, therefore increasing positive health outcomes.

- Track aggregate data from attachment *Medical Conditions Review Tool* more thoroughly and take appropriate action according to what the results show in order to increase positive health outcomes

Item 3 How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record

3A. Current Processes/Documentation in Support of this Requirement

- Medical health information on youth is shared for placement
    - Refer to the attachment *PSP 10-2017 Review of a Child's File by Adoptive Parent(s)*

- Need-to-know medical information may be provided to involved parties in the following ways
    - Court reports
    - Family Team Meetings
    - Individual Educational Plan (IEP) Meetings
    - Nebraska Health Information Initiative (NeHII)-Nebraska's Health Information Exchange
        - Refer to the attachment *Information on NeHII*
    - Nebraska Prescription Drug Monitoring Program (PDMP)
        - Refer to the attachment *Information on PDMP*
    - Nebraska Medicaid Electronic Health Record (EHR) Incentive Program
        - Refer to the attachment *Information on EHR*

3B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 3, in order to improve the physical and behavioral/mental health care of youth served.

- Explore how to appropriately share data more efficiently
    - Determine if there is a more efficient way for medical information to follow a youth through placement changes and when providing medical information to schools
        - There will be less of a potential for medical information to be misplaced between placement and school changes
        - As of March 2019, there were 3127 youth placed out of home. By ensuring medical information follows children through placement and school changes, this will increase positive health outcomes.
            - Refer to the attached report *DHHS Division of Children and Family Services CFS Point in Time Dashboard Report*
    - Collaborate with the Managed Care Organizations (MCOs)
        - The MCOs (United Healthcare, Wellcare and Nebraska Total Care) are required in their MLTC contracts to develop policies in collaboration with CFS. CFS has reviewed these policies and provided feedback to MLTC.

        - Refer to the attachments *UHC Policy on Collaboration with DCFS*, *Wellcare Policy on Collaboration with DCFS*, and *NTC Policy on Collaboration with DCFS*

- Track *CFSR Items 17 and 18* more thoroughly and take appropriate action according to what the results show
    - From the CFSR Review in June 2017, Nebraska received an overall rating of 85% for the 46 applicable cases that rated as a Strength for Item 17. Nebraska received an overall rating of 65% for the 40 applicable cases that rated as a Strength for Item 18. The target for both Items 17 and 18 is 95%.
    - Obtaining more robust data will help define better strategies to utilize, therefore increasing positive health outcomes

Item 4 Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

4A. Current Processes/Documentation in Support of this Requirement

- Per Agency Supported Foster Care (ASFC) contracts, foster parents complete monthly reports regarding medical appointments

- The primary care physician is listed on the MCO's Medicaid card that recipients receive
    - Refer to the attachment *Example of a Medicaid ID card*

- Primary care physician/medical home data is tracked in N-FOCUS

- The CFS Specialist arranges medical care with the child's medical home to preserve the child's continuity of care. If the child is unable to access their medical home (a reason such as proximity to the provider is too far) the CFS Specialist will request the new medical provider consult with the child's medical home.
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

4B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 4, in order to improve the physical and behavioral/mental health care of youth served.

- Increase tracking abilities of medical homes for every child in care
    - All youth will have an identified medical home who knows the child and their health needs. This will provide more consistency and continuity for the child.
        - Find a more reliable way to track medical homes for children who are not on Medicaid
            - This information can be captured through N-FOCUS by CFS Specialists. CFS will create a report to demonstrate which child (ren) have an identified medical home.
                - In April 2019, N-FOCUS data report 'CFS Youth List for Medicaid' shows 96 state wards in Nebraska did not have Medicaid

- Update procedures and data collection to ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner, if needed

    - In 2017 and 2018, a combined number of approximately 100 youth discharged from Nebraska's child welfare system for the reason of 'Reaching the Age of Majority'
    - Youth aging out will have a dentist, mental health provider (if need be), and medical provider in place, or the information to obtain such providers, which supports continuity of health care
        - A policy is also being developed at this time to ensure youth aging out have information on reproductive health

- Ensure foster parents are providing medical appointment information to designated contact (such as foster care specialist, CFS Specialists, etc.) regarding children placed in their homes
    - Track and review this data, taking appropriate action as needed

Item 5 The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications

5A. Current Processes/Documentation in Support of this Requirement

Per guidance from April 2012 through ACYF-CB-PI-12-05, the Administration for Children and Families informed states of the elements that must be included in their protocols for monitoring the appropriate use of psychotropic medications for children and youth in the foster care system:

1. Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication);
2. Informed and shared decision-making (consent and assent) and methods for ongoing communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders;
3. Effective medication monitoring at both the client and agency level;
4. Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (at both the agency and individual case level); and
5. Mechanisms for sharing accurate and up-to-date information related to psychotropic medications to clinicians, child welfare staff, and consumers, including both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials.

In order to meet these above factors, CFS has implemented the following protocols:

- Weekly scheduled staffings of youth occur between CFS and the Managed Care Organizations (MCO) so collaboration can occur. Staffings also occur on an as needed basis when needed. When need be, the MCO's pharmacist is included in the calls to provide expertise on medications, medication interactions, concerns, etc. In addition, monthly meetings occur on a monthly basis between CFS and the MCOs to address system issues.
    - Refer to these attachments to review the questions being addressed during these meetings. These youth have been identified as DHHS' priority populations currently. Once priority populations are addressed, youth ages 5-18 not on psychotropic medication are discussed.
        - *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
        - *Questions for CFS- Children ages 0 to 5*
        - *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
        - *Questions for CFS-Children taking Psychotropic Medication*

- The MCOs have checks and balances in place regarding prescription requests from medical providers
    - All 3 contracted MCOs are required to have policies in place that ensure collaboration with CFS to meet this requirement.

- CFS Specialists are provided training materials with questions to ask the youth's team (child, parent, doctor, others) to determine if a psychotropic medication should be prescribed
    - Refer to the training document attachment *Psych Meds+Job Aid*
    - Refer to the attachment *PSP 13-2017 Health Care Coordination and Psychotropic Medication Guidelines*

- Before giving consent for psychotropic medication, the CFS Specialist verifies the youth had a medical evaluation within the past 12 months and ensures the youth has a DSM V diagnosis
    - Refer to the attachment *PSP 13-2017 Health Care Coordination and Psychotropic Medication Guidelines*

- *Psychotropic Medications Informed Consent* is a policy mandated form CFS Specialists use when a youth may be prescribed a psychotropic medication
    - Refer to the attachment *PSP 13-2017 Health Care Coordination and Psychotropic Medication Guidelines*

5B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 5, in order to improve the physical and behavioral/mental health care of youth served.

- Continue to utilize MCO's pharmacist to provide medical oversight
    - Obtaining additional oversight from a pharmacist will help in reviewing pharmaceutical concerns

- Track information from attachment *CFSR Item 18* and take action according to the results
    - Nebraska received an overall rating of 65% for the 40 applicable cases rated as a Strength for Item 18. The target for Item 18 is 95%.
    - Obtaining more robust data, such as specific information concerning psychotropic medications, will help define better strategies for meeting youth's needs

- Track information from attachment *Medical Conditions Review Tool* more thoroughly and take action according to results
    - Obtaining better data will help define better strategies to increase positive health outcomes for youth

- Follow American Academy of Pediatrics HCO Plans Recommendations
    - Refer to attachment *American Academy of Pediatrics HCO Plans Recommendations and Resources*
    - Obtaining better data will help define better strategies to increase positive health outcomes for youth

- Update the Psychotropic Medications Informed Consent form and corresponding policy
    - Update the form to include input from all prescribers, not just physicians
    - Work with Protection and Safety Unit's Safety Team and the Division of Medicaid and Long-term Care on updating policy and training
    - Among other items, the revised policy will more thoroughly addresses the afterhours consultation process on the prescription of psychotropic medication and handling prescription requests from medical professionals

- Input for this policy was provided by DCFS and the MCOs at the standard monthly joint meeting held in June 2019 and provided by the HCO Committee members at the quarterly meeting held in August 2019
- This draft policy and draft consent form are currently under review by DCFS staff
    - Refer to the attachments *Oversight of Psychotropic Medications and Informed Consent Process for State Wards DRAFT* and *Psychotropic Medication Informed Consent Form DRAFT*

Item 6 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

6A. Current Processes/Documentation in Support of this Requirement

- Regular meetings occur between CFS and the MCOs to ensure collaboration occurs
    - Refer to attachments to review the questions being addressed during these meetings. These youth have been identified as DHHS' priority populations currently. Once priority populations are addressed, youth ages 5-18 not on psychotropic medication are discussed.
        - *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
        - *Questions for CFS- Children ages 0 to 5*
        - *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
        - *Questions for CFS-Children taking Psychotropic Medication*

- The CFS Specialist will arrange medical care with the child's established primary care provider to preserve the continuity of care and the child's medical home
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

- The Structured Decision Making (SDM) tools requires information to be obtained about the child's health (SDM Safety Assessments, SDM Risk Assessment, SDM Prevention Assessment, Family Strengths and Needs Assessment)

- The CFS Specialist ensures youth are enrolled in Nebraska Medicaid, if applicable
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

6B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 6, in order to improve the physical and behavioral/mental health care of youth served.

- Work with the Nebraska Foster Care Review Office and the 1184 team meetings across the state to obtain aggregate data on the physical and behavioral/mental health care of our youth
    - Refer to Nebraska Revised Statute 28-729 for more information
- Utilize the HCO Committee in reviewing aggregate data regularly and gain Committee's input on healthcare related policy development
    - This will ensure a large group of individuals, comprised of various entities, professionals, and family review data together to give different perspectives and feedback. Data being collected can be adjusted accordingly based on feedback.

Item 7 Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth 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

7A. Current Processes/Documentation in Support of this Requirement

- This information is currently being tracked and reviewed by DHHS' Quality Assurance Department on a quarterly basis
    - Refer to the attachment *Independent Living Plan In-Depth Discharge Review*
    - Refer to the attachment *Independent Living Plan Quality Review*

- The CFS Specialist works with the youth and others on the team to develop a Transitional Living Plan
    - Refer to the attachment *PSP 30-2015 Transitional Living Planning*

7B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 7, in order to improve the physical and behavioral/mental health care of youth served.

- Track more fully the *Independent Living Plan Quality Review* and *Independent Living Plan In-Depth Discharge Review* results and take action according to the results
    - This will ensure youth have the tools they require, prior to aging out, to meet their own health care needs

- Consider making applicable N-FOCUS data entry fields mandatory
    - Policy currently requires these fields to be completed but if there is a hard edit done in N-FOCUS, CFS Specialists will unable to continue documenting until this is entered
        - Refer to the attachment *PSP 30-2015 Transitional Living Planning*

Item 8 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

8A. Current Processes/Documentation in Support of this Requirement

- Regular staffings occur between CFS and the MCOs on youth in care
  - Refer to attachments to review the questions being addressed during these meetings
    - *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
    - *Questions for CFS- Children ages 0 to 5*
    - *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
    - *Questions for CFS-Children taking Psychotropic Medication*

- CFS collaborates with MLTC, the MCOs, and other medical professionals to prevent youth from being placed at higher levels of care inappropriately
  - For an example, refer to the attachment *Medicaid Policy to Prevent Inappropriate Diagnosis*

- Work with the Nebraska System of Care to compile the various strategies currently used into one comprehensive report to demonstrate Item 8 is being met
  - Including medical necessity/eligibility criteria from Medicaid and for the Divisions of Developmental Disabilities and Behavioral Health
    - Refer to the attachment *Ensuring Youth are not being Placed in Inappropriate Settings to Receive Services*

- The MCOs and CFS collaborate on trainings for CFS Specialists to ensure that youth are placed at appropriate higher levels of care
  - Refer to the attachment *MCO PRTF PowerPoint Presentation*

8B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 8, in order to improve the physical and behavioral/mental health care of our youth.

- Secure representatives from the Nebraska Medical Association (NMA) to be members of the HCO committee
  - This will provide another perspective. The mission of the Nebraska Medical Association is to *"serve physician members by advocating for the medical profession, for patients and for the health of all Nebraskans*."

- Secure more medical personnel to be members of the HCO committee-such as nurses, Physician Assistants, etc.
  - This will provide a more well-rounded medical perspective for the committee

- Secure youth and more parents to be members of the HCO committee
    - This will provide a better balance for the committee

List of Attachments

Item 1 Attachments

- *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*
- *Medical Conditions Review Tool*
- *AAP Periodicity Schedule 2019*
- *Nebraska Human Trafficking Taskforce Screening Tool*
- *SDM Crosswalk*

Item 2 Attachments

- *EPSDT-A Guide for States*
- *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*
- *CFSR Items 17 and 18*
- *PSP 21-2017 Use of the Nebraska Caregiver Responsibility Tool*
- *PSP 28-2017 Mandatory Monthly Visits With Children, Parents & Out of Home Care Providers*
- *Medical Conditions Review Tool*
- *Pre-Hearing Conference Protocol*
- *Guardian Ad Litem Report*
- *National Council of Juvenile and Family Court Judges Education*

Item 3 Attachments

- *PSP 10-2017 Review of a Child's File by Adoptive Parent(s)*
- *Information on NeHII*
- *Information on PDMP*
- *Information on EHR*
- *DHHS Division of Children and Family Services CFS Point in Time Dashboard Report*
- *UHC Policy on Collaboration with DCFS*
- *Wellcare Policy on Collaboration with DCFS*
- *NTC Policy on Collaboration with DCFS*

Item 4 Attachments

- *Example of a Medicaid ID card*
- *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

Item 5 Attachments

- *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
- *Questions for CFS- Children ages 0 to 5*
- *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
- *Questions for CFS-Children taking Psychotropic Medication*
- *Psych Meds+Job Aid*
- *PSP 13-2017 Health Care Coordination and Psychotropic Medication Guidelines*
- *American Academy of Pediatrics HCO Plans Recommendations and Resources*

- *Oversight of Psychotropic Medications and Informed Consent Process for State Wards DRAFT*
- *Psychotropic Medication Informed Consent Form DRAFT*

Item 6 Attachments

- *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
- *Questions for CFS- Children ages 0 to 5*
- *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
- *Questions for CFS-Children taking Psychotropic Medication*
- *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

Item 7 Attachments

- *Independent Living Plan In-Depth Discharge Review*
- *Independent Living Plan Quality Review*
- *PSP 30-2015 Transitional Living Planning*

Item 8 Attachments

- *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
- *Questions for CFS- Children ages 0 to 5*
- *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
- *Questions for CFS-Children taking Psychotropic Medication*
- *Medicaid Policy to Prevent Inappropriate Diagnosis*
- *Ensuring Youth are not being Placed in Inappropriate Settings to Receive Services*
- *MCO PRTF PowerPoint Presentation*

Healthcare Oversight Strategic Plan 2015-2019

Healthcare Oversight Strategic Plan 2020-2024 v3.0