

Assessments for Children in DHS Custody/Foster Care – Guidance Document

The Oregon Health Authority (OHA) has received a number of questions from Coordinated Care Organizations (CCOs) about the Assessments for Children in the Department of Human Services (DHS) Foster Care CCO Incentive Measure (“DHS Custody measure”).

This document summarizes these questions and OHA responses about the measure specifications, available data, types of DHS placements, coordination with branch offices, and more. The document has been updated to reflect changes to the measure specifications for the third measurement year, calendar year 2015. This updated document also clarifies continuous enrollment requirements and communication with branch offices.

For more information or to submit additional questions, please email Metrics.Questions@state.or.us.

Contents

Background	2
DHS Custody, Foster Care, and Substitute Care	2
Federal and State Requirements of Child Welfare for Assessments	2
Medicaid Eligibility of Children in DHS Custody.....	3
Overview of CCO Incentive Measure – Assessments within 60 Days for Children in DHS Custody	4
When are Assessments Required?	10
Notification Process for 2015.....	11
Communication with DHS Branch Offices.....	14

Background

DHS Custody, Foster Care, and Substitute Care

➤ What does “DHS custody” mean?

When a court of law gives legal custody of a child to the Oregon Department of Human Services – Child Welfare (DHS) for the purposes of making decisions about the care and placement of a child, the child is said to be in DHS custody. This is most often a temporary measure while DHS works to reunify the child with his/her family. Legal custody provides DHS the authority to make decisions about the child, including determining where they live, enrollment in school, and access health care services. A child may legally be in DHS custody, but remain in the physical custody of his/her parent(s).

➤ How do “foster care” and “substitute care” differ?

A child who is in DHS custody may be placed in substitute care. Substitute care can refer to one of several types of placement and is often used interchangeably with “foster care” – one of the most common types of placement.

Foster care is intended to provide a family setting in the community for a child. Foster care families are certified by the state and may be a relative or a non-relative to the child.

A child with more complex or high needs may also be placed in substitute care with a private child caring agency or specialized setting, such as Behavioral Rehabilitation Services (BRS) facility, a Treatment Foster Care home, or Psychiatric Residential Treatment Services (PRTS) facility.

Federal and State Requirements of Child Welfare for Assessments

See Oregon Administrative Rules (OAR) 413-015-0465: Medical Assessment, Dental Assessment, and Mental Health Assessment for All Children in Substitute Care.

(1) The child’s caseworker must refer a child placed in substitute care for:

- (a) A medical assessment with 30 days of entering care¹;
- (b) A dental assessment within 30 days of entering care;
- (c) A mental health assessment within 60 days of entering care.

(2) The assigned caseworker must assure that the child receives all required, covered medical treatment recommended in the assessments described in section (1) of this rule.

¹ Note entering care refers to the Medicaid eligibility start date. See page 6 for additional details on how state requirements differ from the CCO incentive measure requirements.

See also Child Welfare Policy I-C.4.1, "Medical Services Provided through the Oregon Health Plan."
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-c41.pdf

Section 422(b)(15)(A) of the Social Security Act: States are required to develop a plan for ongoing oversight and coordination of health care services for children in foster care.

Medicaid Eligibility of Children in DHS Custody

➤ **Are all children in DHS custody eligible for Medicaid?**

As of January 1, 2014, a child in DHS custody who is in foster/substitute care is eligible for Medicaid (OHP) under Title XIX, regardless of income, unless the child's citizenship is not verified.

- A child whose citizenship is not verified is not eligible for Medicaid, but is enrolled in a CCO and receives the Medicaid (OHP) benefit through General Assistance (GA) funding.
- If a child's citizenship was initially not verified, but is later verified, the child would become eligible for Medicaid under Title XIX. The child's CCO enrollment and benefits would not change, but his/her eligibility category would change. This change would be reported to the CCO via an 834 enrollment file.
- A child in DHS custody who is moved to an out-of-state placement will become a Fee for Service (Open Card) OHP member unless and until Medicaid eligibility in their new state can be determined.
- A child who is in the temporary legal custody of DHS, but is physically placed with his/her parent, is not eligible for Medicaid (OHP) under Title XIX. However, a child who is in custody, but not in substitute/foster care, may be eligible for Medicaid if the child or family's income meets OHP income requirements.

If a child is not eligible for Medicaid and other coverage is not available, funding for assessments may be available through "Other Medical" funds administered through DHS branch offices. Other Medical refers to System of Care Funds used for non-covered services and evaluations for non-Medicaid eligible clients.

Note: DHS is required to conduct appropriate assessments within 30 or 60 days from the date of custody, regardless of a child's Medicaid eligibility. However, if a child is not Medicaid-eligible **or** is not enrolled in a CCO for 60 continuous days following the date of notification, the child will not be included in the CCO incentive measure (see Measure section below).

Overview of CCO Incentive Measure – Assessments within 60 Days for Children in DHS Custody

➤ **What is the CCO Incentive Measure?**

The CCO incentive measure looks at whether a child who enters DHS custody and is placed in foster care and who is enrolled in a CCO receives appropriate assessment(s) within 60 days of OHA/DHS **providing notification** to the CCO that the child had entered DHS custody and been placed in foster care.

For 2015, the CCO incentive measure includes the following assessments:

- A child who is **4 years of age or older** as of the date of DHS custody is expected to receive both a **physical health assessment, a mental health assessment, and a dental assessment** within 60 days; and
- A child who is **under 4 years of age** as of the date of DHS custody is expected to receive a **physical health assessment** within 60 days.
- A child who is **between 1 and 4 years of age** as of the date of DHS custody is expected to receive a **dental assessment** within 60 days.

In other words, if a child is between 1 and 4 years of age as of the date of DHS custody, only the physical health assessment and dental assessment is required for the child and the psychological assessment and intervention codes are excluded. If the child is less than 1 years of age as of the date of DHS custody, only a physical health assessment is required for the child.

For 2013 and 2014, the CCO incentive measure only included mental health and physical health assessments.

For 2015, the CCO incentive measure includes the following codes:

Physical health assessment codes:

- Outpatient and office evaluation and management codes: 99201 - 99205, 99212 - 99215
- Preventative visits: 99381 – 99384, 99391 – 99394
- Annual wellness visits: G0438, G0439

Mental health assessment codes:

- Psychological assessment and intervention codes: 90791 – 90792, 96101 – 96102, H0031, H1011
- Mental health assessment, by non-physician with CANS assessment: H2000-TG (modifier must be included)

- Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days): H0019²
- Psychiatric health facility service, per diem: H2013
- Community psychiatric supportive treatment program, per diem: H0037

Dental assessment codes:

- Dental diagnostic codes (clinical oral evaluations): D0100- D0199.

The full incentive measure technical specification sheets are posted online at:

<http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

➤ **What is the benchmark and improvement target for this measure?**

The benchmark for is 90 percent. That is, 90 percent of children entering DHS custody and placed in foster care (who were enrolled in the CCO for at least 60 days after the CCO received notification) received timely health assessments.

The improvement target requires at least a 10 percent reduction in the gap between baseline and the benchmark. If the 10 percent reduction results in an improvement target less than 3 percentage points, the CCO must improve by at least 3 percentage points. Additional details on improvement target methodology available online at: <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

A CCO who meets the benchmark or the improvement target is eligible to receive a Quality Pool payment for this measure.

➤ **What is the measurement period?**

- For 2013, the measurement is based on children who entered DHS custody and placed in foster/substitute care and were enrolled in a CCO between October 1 and December 31, 2013.
- For 2014, the measurement is based on children who entered DHS custody and were placed in foster/substitute care and were enrolled in a CCO between January 1 and October 31, 2014.
- For 2015, the measurement is based on children who entered DHS custody and were placed in foster/substitute care and were enrolled in a CCO between January 1 and October 31, 2015.

Note the cut-off date of October 31 for the 2014 and 2015 measurement periods is so the 60 day continuous enrollment period can occur by the end of the calendar year, rather than looking for children who were placed in foster/substitute care through December 31, which would push the continuous enrollment period out through February of the following year.

² Use of this code counts as both mental and physical health assessment for children in PRTS.

➤ **How do CCOs receive notification of children in DHS foster / substitute care?**

For the incentive measure, a weekly notification file is posted on each CCO's secure FTP site. This weekly notification file and email is the "start" of the 60 day window for continuous enrollment and for timely assessments. See Notifications section below.

OHA is interested in transitioning notification to the 834 enrollment files in 2015; however, this transition cannot be made until several changes are made to the 834 files. The 2015 CCO incentive measure will continue to be based on children included in the weekly notification files until further notice.

CCOs also receive information on children in DHS foster/substitute care on an ongoing basis through daily "834" OHP eligibility/enrollment files.

➤ **What are the continuous enrollment criteria?**

Children who entered DHS foster/substitute care and were enrolled in a CCO during the measurement period (see above) must remain continuously enrolled in the CCO for at least 60 days after the date of notification, (as reflected by their Medicaid eligibility start date) to be included in the measure.

➤ **How do requirements of DHS Child Welfare differ from the CCO incentive measure?**

The CCO incentive measure differs in three ways from the federal and state requirements of DHS:

- The CCO incentive measure requires physical, mental, and dental health assessments within 60 days of notification. DHS Child Welfare is responsible for obtaining physical and dental health assessments within 30 days and mental health assessments within 60 days of the child entering custody.

Note: The OHA Metrics & Scoring Committee chose to use a 60-day window for assessments for the CCO incentive measure, rather than the 30-day window outlined in Oregon Administrative Rule, due to information sharing challenges.

- The CCO incentive measure 60-day window begins on the date that OHA/DHS provides the CCO with notification that a child is in foster/substitute care (see Notification section below).

DHS Child Welfare's timeframe for achieving the required assessments begins on the date a child enters DHS custody (as reflected by the Medicaid eligible start date).

The CCO incentive measure does not include children under 4 years of age in its measurement of mental health assessments. DHS, however, requires mental health assessments for children ages 1 and up.

Which Children are Included in the CCO Incentive Measure?

- **Will CCOs be held accountable for all children entering DHS custody who were enrolled in a CCO within the measurement period?**

No. Children will be excluded from the final CCO incentive measure denominator for the following reasons:

- The child did not meet the continuous enrollment criteria (at least 60 days of continuous enrollment in a CCO as of date of notification);
- The child entered DHS foster/substitute care, but was not enrolled in a CCO;
- The child was placed in an Oregon Youth Authority (OYA) 24/7 lock-down facility;
- The child is in run-away status – the child is still in DHS custody, but this child would be disenrolled from the CCO and enters Fee for Service (open card) until their next placement.
- Trial reunification – the child returned home and enrolled into a different CCO than the CCO they were enrolled in during the previous placement.

Trial reunification is a placement that occurs after a child has been in foster care and the parent has completed all requirements so the child can return home. A medical case is kept open for the child for six months to cover the transition period. When the child is placed back with their parent(s), they may be enrolled in a new CCO based on location, but a new assessment is not required since they are not new to DHS custody, nor did they leave and return to DHS custody (as confirmed by their Medicaid eligibility start date, which will remain the same throughout the change in CCO).

- The child was not included in the weekly CCO notification file.
- The child experienced a change in guardianship or adoption (unless Medicaid eligibility and CCO enrollment changed). Note that the child's medical case could be closed and then a new case would be reopened if there were a disruption or placement back into foster care. In this case, a new medical case would be opened and the CCO would receive a new 834 enrollment file. This could potentially re-qualify the child for inclusion in the CCO incentive measure.

- **How are children who have a change in guardianship excluded from the CCO incentive measure?**

OHA is excluding children with a "6050" branch code, which signifies an adoption or guardianship change, from the incentive measure denominator. Note: Errors in MMIS may cause a child to show up in the weekly notification file as newly placed in foster care in the 834 enrollment files because of a

change in guardianship, but the final CCO incentive measure will exclude those children (unless the child's Medicaid eligibility or CCO enrollment had also changed).

Note that a termination of a guardianship order may result in a child re-entering foster care, which would then require assessment.

➤ **Do any youth placed in Oregon Youth Authority (OYA) custody count for the CCO incentive measure?**

If a youth comes into OYA custody and is placed in a community placement and enrolled in a CCO, they will be included in the weekly notification file and will count in the CCO incentive measure.

➤ **If a CCO is notified by a local branch office of a child in DHS foster/substitute care that does not show up in their enrollment files, will that child be included in the CCO incentive measure?**

No. Only a child who is included in the weekly notification file will be included in the CCO incentive measure.

Some children who are identified through the weekly notification file will be **excluded** from the final CCO incentive measure if they met exclusion criteria noted above or did not meet the 60 day continuous enrollment criteria.

➤ **Will children who entered DHS foster/substitute care, were enrolled in a CCO, and received health assessments before OHA/DHS provided notification count?**

CCOs that are quickly identifying children in foster care who were enrolled in the CCO and getting them in for timely assessments will not be penalized. See below.

➤ **Will assessments occurring between date of CCO enrollment and date of OHA/DHS notification be counted?**

The OHA Metrics & Scoring Committee adopted a 30-day look back period to ensure that any child who had entered DHS foster/substitute care, enrolled in a CCO, and received an assessment before OHA/DHS provided notification to the CCO would be counted in the measure. The 30-day look back period begins on the date of OHA/DHS notification.

While some children may receive an assessment within this window prior to when they actually enter DHS foster/substitute care, or between entering DHS foster/substitute care and being enrolled in the CCO, OHA understands that this is a relatively small number of children and the benefits of instating a look back period outweigh the potential over-counting of assessments that could occur.

➤ **If the child is placed out-of-area, is the CCO still responsible for ensuring they receive their assessments?**

Yes. Regardless of placement location, the CCO is still responsible for ensuring that the enrolled child receives his/her required assessments. CCOs are encouraged to develop relationships and processes that will facilitate assessments in out-of-area placements.

➤ **Does a child who is placed in a voluntary long-term placement count for the CCO incentive measure?**

Yes, a child who is placed in a voluntary long-term placement is still expected to receive assessments and will count toward the CCO incentive measure. Placement type is not a determining factor in the CCO incentive measure.

➤ **Do children in BRS placements count in the CCO incentive measure?**

Behavior Rehabilitation Services (BRS) is a Medicaid program that provides residential or therapeutic foster care services for children with serious psychosocial, emotional and behavioral disorders. Children in BRS may or may not be counted towards the CCO incentive measure, depending on whether they were already in DHS foster care and/or enrolled in a CCO prior to BRS placement.

- Children who were in DHS foster care prior to BRS placement were already subject to the assessment requirements when they were new to DHS foster care; these children would not need to be reassessed upon placement in BRS, and would have counted toward the CCO incentive measure when they first entered DHS foster care.
- Children who were not in DHS foster care prior to BRS placement do need to be assessed upon placement in BRS, as they are new to DHS foster care. These children would be counted toward the CCO incentive measure only if they had been enrolled in a CCO.

When are Assessments Required?

➤ When does a child need an assessment?

A child requires an assessment when they are **new** to DHS foster/substitute care (see OAR 413-015-0465 above) or if they **leave and return** to DHS foster/substitute care, even if an assessment was recently completed.

Any time a child is brought into DHS foster care, an assessment is required to be able to meet the needs of the child. The possibility of over-assessing a child is outweighed by the potential of not recognizing and properly treating a child's potential trauma-related issues.

If a child who is new to or returning to DHS custody is placed out-of-area, is an assessment still required? What CCO is responsible for the assessment(s)?

Regardless of placement location, the enrolled child is expected to receive the required assessments. The CCO assigned at the time the child enters DHS foster/substitute care is responsible for ensuring their enrolled child receives his/her assessments, even if the child's placement is in a location outside of the CCO's region.

➤ When should a child be reassessed?

For children who have remained continuously in DHS foster care, reassessment should be based on the child's health care needs and considerations such as: significant changes in the child's health, health care guidelines for reassessment of medications or ongoing testing, significant trauma to the child, and whether or not the child is progressing in mental health services.

➤ Does a change from one foster/substitute placement to another require a new assessment?

No. As long as the child remained in DHS foster/substitute care, a change in a child's placement does not require a new assessment, even if the child moves to a higher level of care (e.g., psychiatric residential placement). An assessment may be requested based on the child's needs, but it will not be included in the CCO incentive measure.

➤ What if the child had just been assessed by a provider before entering DHS foster care?

OAR 413-015-0465 requires that a child entering DHS foster/substitute care is required to have medical, dental, and mental health assessments, regardless of assessments occurring just prior to entering DHS foster/substitute care.

Even if a child is currently receiving services, such as mental health treatment, they are still required to have a new assessment if they enter or re-enter DHS/foster substitute care.

Notification Process for 2015

Notification of children in DHS custody continues to be based on OHA “weekly notification” emails. The weekly notification file is a list of children entering foster care who were enrolled in a CCO, as identified using the 834 file. The weekly notification file is separate from the 834 enrollment files which are provided daily.

Notification files are posted to each CCO’s secure FTP site weekly and a notification email is sent to a list of identified contacts. If you would like to be added to the email notification list, please contact Metrics.Questions@state.or.us

CCOs can also monitor the daily 834 enrollment files to identify children with any PERC 19 or GA in a child welfare branch. The CCO should prioritize mental, physical, and dental health assessments for children with Medicaid effective eligibility dates within 90 days of the CCO enrollment date.

➤ What information is OHA providing to CCOs in the weekly notification file?

For the purposes of the CCO incentive measure, OHA provides a weekly spreadsheet generated from MMIS that includes the following information:

- | | |
|------------------------|---|
| • Report run date | • Mailing address |
| • CCO name | • Mailing state |
| • Medicaid ID number | • Mailing zip |
| • Full Member name | • Eligibility Effective date – this date reflects the date the child most recently came into DHS foster care. |
| • Member date of birth | |

As of February 21, 2014 – the weekly notification file also includes:

- | | |
|--------------------|----------------------------|
| • Case worker name | • Branch office identifier |
|--------------------|----------------------------|

➤ Is the weekly notification file reconciled with DHS data?

The weekly notification file is not currently reconciled with DHS data before OHA provides it to CCOs. OHA and DHS will be reconciling the list of children from the notification files to apply all exclusion criteria before determining the incentive measure denominator for each CCO for 2013 and for 2014.

Note that in most CCOs, the weekly enrollment of children in foster/substitute care is very small, so when in doubt about a child’s status, it is best to contact the local DHS branch office for timely clarification. See Branch Offices section below for contact information.

➤ **How are these children identified in MMIS?**

Perc Codes	19 Child welfare; GA General Assistance; not Medicaid, but same benefits and CCO coverage.
Division Codes	Specify "CSD" to exclude OYA clients.
Branch Codes	Filter out "6050" and "0060" to exclude adoption/guardian/non-foster cases.

➤ **What happens if a child is already enrolled in the CCO when they enter DHS foster/substitute care?**

If a child is already enrolled in the CCO when they enter DHS foster/substitute care, the CCO will receive a termination transaction for medical ending the previous case. When Child Welfare medical opens, the PERC code will change to a PERC 19 or GA, and the branch number will change to a Child Welfare branch number. The child would then need to be manually enrolled into the appropriate CCO. CCOs would not be notified until the child was enrolled into their plan. Then the CCO would receive the 834 file.

Children who were already enrolled in the CCO are subject to the assessment requirements described above once they enter DHS foster/substitute care.

Note: Coverage/CCO assignment can change several times in the first 60 days of DHS foster care.

It is important to understand that once the child enters DHS foster/substitute care, the child may not be immediately enrolled into a CCO. MMIS does not auto-enroll children in DHS foster care into physical health plans – the manual enrollment may take several weeks.

The child would remain Fee For Service (open card) during this period and the assessments would be coordinated by Child Welfare before the child is enrolled into the CCO.

The CCO is not responsible for assessments until the child is enrolled in the CCO. However, children who are not exempt from CCO enrollment may be automatically enrolled into mental health or dental health plans through MMIS. CCOs would be held responsible for mental and dental health assessments during the 60-day window, while Child Welfare addressed the physical health assessment requirement.

Reports are generated each week for DHS Medical Assistance Specialists at the Child Welfare branch offices to manually enroll children into CCO As and CCO Bs where appropriate. CCOs should contact branch offices for more information on enrollment status (see Branch Offices section below for contact information).

Note: Medicaid eligibility effective date can be back-dated in MMIS, in which case the information was not available to CCOs on the actual Medicaid eligibility effective date. Retro enrollment into the CCO would not be completed without the approval of Plan Account Representative at OHA.

Note: some children show up on the weekly notification file only because errors were corrected.

The current MMIS hierarchy does not protect records of children in DHS foster care from changes by

other users, resulting in some eligibility changes that are corrections for errors and do not reflect real-life changes in a child's eligibility. CCOs should always check the Medicaid eligibility effective dates to determine continuous enrollment in both Medicaid and foster care.

➤ **How does OHA's data on children in foster care differ from DHS' data (MMIS and ORKIDS)**

Child Welfare - ORKIDS data is uploaded into OHA - MMIS several times a day; Medicaid effective eligibility dates, which are the same as the date the child entered DHS foster care, are the same in both systems. Note the Medicaid effective eligibility date is not the same as the CCO enrollment date.

ORKIDS does not include any CCO enrollment data – this information must come from MMIS.

MMIS does not include any information on the child's parents and placement – this information must come from ORKIDS.

Communication with DHS Branch Offices

CCOs are encouraged to build relationships with each DHS branch office in a CCO's region. DHS has also asked District/Program Managers to reach out to CCOs. It is through these communications that CCOs can identify branch-level contacts for eligibility, placement, and tracking issues.

CCOs should also work with DHS Medical Assistance Specialists (MAS) at each branch office. MAS staff work directly with the case worker on each child's enrollment needs. Medical Assistance Specialists should be a CCO's first contact at the branch office, followed by the office manager. District and Program managers can also be contacted for enrollment issues.

Contact information for branch offices can be found in the Office Directory:

<http://dasapp.oregon.gov/statephonebook/display.asp?agency=10000&division=00030§ion=00008>

If CCOs are having challenges coordinating with branch offices they should contact the DHS Medical Assistance Resource Coordinators at Central Office:

Shelly Watts at (503) 945-6613

Tonya Burckhardt at (503) 945-5934

- **What information are branch offices authorized to share with CCOs about children in DHS custody who are enrolled in the CCO?**

Branch offices are authorized to share information with CCO's regarding the medical, mental health, and dental needs of the enrolled child. This information includes, but is not limited to, children's names, date of birth, case worker, the child's current caregiver, and contact information.