

Medicaid in New Hampshire

Providing for Children in Foster Care

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EXECUTIVE SUMMARY

New Hampshire provides substantial Medicaid funding for children in foster care yet often still struggles with identifying and treating foster children's mental and physical health problems. This report highlights three areas of concern regarding the provision of Medicaid services to foster children in the Granite State: ensuring a comprehensive health assessment upon entering foster care, guaranteeing that foster children's mental health needs are met, and offering timely and satisfactory dental care. The report provides a number of policy options for improving and enhancing Medicaid benefits for foster children in New Hampshire, many of which are based on effective policies from other states.

1. BACKGROUND

More than 800,000 children each year spend time in the U.S. foster care system, a number that has significantly increased over the last decade.¹ Nearly all children in foster care are eligible to receive Medicaid benefits. Children for whom states receive federal reimbursement for foster care expenses are automatically qualified (under Title IV-E of the Social Security Act) and all fifty states have chosen to extend additional Medicaid benefits to most non-IV-E eligible foster children.²

In June 2005, 2,287 foster care children were enrolled in Medicaid in New Hampshire,³ representing approximately four percent of all children receiving Medicaid services in the state.⁴ The number of foster children receiving Medicaid services in New Hampshire increased ten percent between June 1997 and June 2005.⁵ As of 2001, New Hampshire ranked third in the nation for per capita Medicaid spending on foster children, contributing \$11,568 per child. Maine spent the most per foster child on Medicaid, providing \$19,408 in Medicaid services for each foster child enrollee.⁶

Children in foster care make up only a small percentage of Medicaid recipients, yet the high percentage of foster children with physical and mental health needs make them disproportionately large consumers of Medicaid services, as compared to other Medicaid-eligible youths.⁷ For example, foster children utilize Medicaid-reimbursed mental health services at a rate 8 to 15 times higher than other qualified children.⁸ This high rate of Medicaid utilization is due to the fact that foster children experience more health problems—especially mental health problems—than either the general population or the population of low-income children. Studies have shown that approximately 60 percent of children entering foster care have significant mental health problems, as compared to less than 20 percent of youth in the general population.⁹

Children in foster care are at exceptionally high risk for health problems stemming from abuse and neglect, separation from their homes and families, and ongoing disruptions in their everyday lives. Furthermore, data suggest that many foster children do not receive the health services they need. In a 2005 assessment of child welfare agency performance, the U.S. Department of Health and Human Services found that child welfare agencies failed to provide adequate health services in over 30 percent of reviewed cases.¹⁰

2. EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate requires states to conduct regular examinations of all eligible enrollees up to age 21 to detect physical and mental health problems. State EPSDT programs must provide medical, hearing, vision, and dental screenings and other necessary health care procedures at intervals established by the state that meet reasonable practice standards.¹¹ The goal of this screening process is to identify and treat conditions that might otherwise impede a child's growth and development, thereby helping to avoid the physical and financial costs of long-term disability. Early intervention treatment following an initial assessment may include any federally approved Medicaid service, regardless of whether or not the service is covered by the state health plan.¹² In 1999, New Hampshire's EPSDT program—called the Child Health Assurance Program (CHAP)—provided roughly 55,000 children with at least one EPSDT screening.¹³

A child placed in foster care in New Hampshire must be given a complete EPSDT health and developmental assessment within 30 days of entering the foster care system. For children under the age of two, a screening should be completed within 48 hours. The New Hampshire EPSDT screening process consists of a vision exam, a hearing exam, and lab tests; as part of the evaluation, a mental health assessment is also performed at one of 12 mental health centers in the state. EPSDT screenings are scheduled for a foster child by a child protection worker soon after the child enters foster care; they are performed by medical intake clinicians who accept Medicaid.¹⁴

According to JoAnn Gleason, supervisor of the New Hampshire Division of Child Youth and Families (DCYF) Foster Care Health Program, the state has experienced some difficulties regarding initial EPSDT health assessments for foster children. Most notably, EPSDT screenings for foster children are not always completed within the mandated 30-day period and EPSDT screening tools are not standardized. Ms. Gleason commented that physicians "do not routinely use the [Medicaid EPSDT screening] form."¹⁵ This means that foster children are receiving different initial medical assessments depending on the physician providing the screening, which could result in less-than-thorough examinations and a lack of coordination in foster children's medical records.

2.1 Replicable State Models

- In Washington, the state Medicaid agency has developed a standardized screening form for all primary care providers to use during initial visits with foster children. The Well Child Exam forms provide guidance and information to both caregivers and physicians about age-specific developmental issues. The form is available to all primary care providers in the state for free; it can be downloaded from the state's website and is offered in seven languages.¹⁶ Additionally, Washington provides a monetary incentive—in the form of increased payment rates—for pediatric providers who use this form to assess foster children.¹⁷
- North Carolina has focused its efforts on improving the rate of developmental screening, surveillance, and referral for low-income and foster children in primary care practice. In 2004, the North Carolina Medicaid program began requiring clinicians to use a formal standardized developmental screening tool at specified visits. In order to be reimbursed for this activity, clinicians are required to list the screening code on the claim form. This program has shown

positive results: in areas using the new screening process, the referral rate for early intervention services is at least double the statewide average.¹⁸

2.2 Policy Options

The regulation and standardization of EPSDT medical examinations would help to promote timely and comprehensive initial health screenings for foster children in New Hampshire. If all state Medicaid providers offered the same extensive health survey to incoming foster children within the directed 30-day timeframe, the coordination, continuation, and quality of foster children's health care would be better ensured. In order to guarantee that children in foster care in New Hampshire receive appropriate EPSDT assessments, the following steps could be taken:

- ▶ Educate caseworkers and foster care providers about the importance and availability of EPSDT medical exams
- ▶ Examine how and when initial EPSDT medical examinations for children are being provided
- ▶ Ensure that initial EPSDT medical assessments are completed within the mandated 30-day timeframe
- ▶ To standardize EPSDT assessments throughout the state—as was done in Washington and North Carolina—set guidelines for the content and scope of the exam, which can include the following criteria:
 - Age-specific forms
 - Questions about child and family background
 - Complete assessment of child's physical health conditions
- ▶ Provide incentives for medical clinicians to use the standardized EPSDT screening tool, like those currently offered in Washington

3. MENTAL HEALTH CARE

Despite representing less than five percent of Medicaid enrollees nationwide, children in foster care account for 25 to 41 percent of all mental health services provided by Medicaid.¹⁹ Under EPSDT, all Medicaid eligible children under age 21 are entitled to comprehensive mental health services. Nevertheless, EPSDT exams are often not used to detect mental health problems.²⁰ A general lack of mental health services for children in foster care is a major challenge throughout the United States.

According to a 2006 survey of New Hampshire Foster Care Health Program nurses, 80 percent of nurse coordinators in urban DCYF district offices and 100 percent of nurse coordinators in rural district offices named providing mental health services their top challenge for foster child health care. The main reason cited for inadequate mental health care was a lack of skilled mental health specialists, especially in rural settings such as the North Country.²¹ As a result, foster children in rural areas often must travel significant distances to receive the care they need—a real difficulty if they lack regular and reliable transportation.

Lack of health care continuity—which may include limited interaction between health care providers and interruptions in care—was also mentioned as a significant cause of insufficient mental health services.²² A further challenge faced by New Hampshire is the inability of child welfare agency staff to participate in annual mental health trainings. While staff members have

shown an eagerness and interest to participate, caseworkers are often unable to attend the trainings given their heavy caseloads.²³

“...Almost all kids coming into care these days five or over are on at least one psychiatric medication. I think most of it is related to PTSD. ... These kids have seen some really awful things in their life. I’ve had five year olds come in on antipsychotic medication...” – New Hampshire Nurse Coordinator

“[In the North Country, there is a major problem with] mental health services. We have some but there are wait lists, and the quality of the mental health system that is available is not great. It’s not that the people aren’t wonderful providers, but we’re always given interns, people learning.” – New Hampshire Nurse Coordinator

Quotes taken from “The New Hampshire Division for Children Youth and Families Foster Care Health Program Nurse Survey”

3.1 Replicable State Models

- Connecticut mandates that the Comprehensive Multidisciplinary Examination (CME) must be administered to every child entering care within 30 days of placement. The CME includes a psychosocial assessment, which must be conducted by a licensed social worker located in each foster care clinic.
- In Minnesota, mental health screenings are required for all children entering foster care. Two screening tools are adopted for children receiving child protective services as well as those entering foster care—the Ages and Stages Questionnaire, and the Pediatric Symptom Checklist. Specialized training is required of caseworkers who conduct the screening.
- In Georgia, a psychological examination must be completed by a licensed psychologist or psychiatrist on all children age 4 or over, within 30 days of out-of-home placement.
- States have implemented a variety of different programs to help to transport foster children to medical appointments. Idaho has seen a positive impact on service accessibility in rural areas following negotiations with Medicaid to reimburse provider travel. In South Carolina, there is a volunteer driver program to aid in transporting foster children to specialty appointments, and in North Dakota, gas vouchers are now available for the transport of foster children to medical services.²⁴

3.2 Policy Options

Mentally ill foster children are a highly vulnerable population, frequently requiring psychiatric medications and careful monitoring to remain healthy and stable. Due to the prevalence and severity of mental health problems among foster children—35 to 85 percent of children entering foster care have significant mental health problems—it is important for states such as New Hampshire to assess and improve upon the flaws and inequities of mental health services for foster children. The following provisions regarding mental health care for foster children could be followed, in order to help ensure frequent, coordinated, and high-quality care:

- ▶ Utilize ESPDT screening as a first tool for identifying potential mental health issues, and if necessary, broaden initial assessments of mental health needs
- ▶ Whenever possible, decrease reliance on caseworkers to identify children's mental health issues, since they often lack necessary expertise
- ▶ Develop appropriate ways for children living in rural areas to gain access to mental health care
- ▶ Ensure that case plans reflect mental health needs, as necessary
- ▶ Promote continuity of care by developing a service plan for mental health treatment and keeping up-to-date computerized medical records

4. DENTAL CARE

With all the responsibilities that foster parents assume, the dental needs of foster children can get overlooked. Many foster parents do not see dental care as a priority; others have difficulty finding dentists who accept Medicaid. Moreover, Medicaid inadequately funds dental care for children: dental care averages 25 to 27 percent of total health care spending for children and dental decay is the most common chronic disease in children, yet only 2.3 percent of Medicaid spending for children is allocated for dental services.²⁵ While foster children are actually more likely than other groups of Medicaid children to receive dental care, the numbers are still low. A Kaiser Foundation study found that between 36 and 54 percent of foster children received dental care during a one-year span.²⁶

In New Hampshire, access to dental and orthodontic service—especially in rural areas—is widely viewed by DCYF health care professionals as a pressing problem for foster children.²⁷ One of the main reasons for deficient dental services in New Hampshire is low Medicaid reimbursement rates, which results in dental offices refusing to see Medicaid patients, including foster children. Since its inception in 1999, the New Hampshire Foster Care Health Program (NHFCHP) has been advocating for an overall improvement in dental care for foster children. Program staff members have been working to educate foster parents about the necessity of consistent child dental care. The NHFCHP has also been active in promoting discussion between the Oral Health Unit of New Hampshire HHS and the New Hampshire Dental Society to encourage more dental providers to accept Medicaid.²⁸

“There aren’t enough dentists for the general population, let alone for people with Medicaid. Most of these [foster] children have never had the opportunity to go to dentists. They’re frightened of them, they have poor oral hygiene—they’ve even learned to live with cavities and mouth pain. It’s really difficult.” – Supervisor of the New Hampshire DCYF Foster Care Health Program

Quote taken from telephone interview

“I’ve got kids with 10, 12, 14 cavities; I’ve got kids who have needed extractions; I’ve got kids who needed root canals. Huge, huge [dental] problems, and that’s all neglected.” – New Hampshire DCYF Nurse Coordinator

Quote taken from “The New Hampshire Division for Children Youth and Families Foster Care Health Program Nurse Survey”

4.1 Replicable State Models

- Members of California's North County Health Services drive a health center on wheels to sites throughout the Del Norte Country to provide dental services to foster children. The mobile clinic offers X-rays, fluoride treatments and teeth cleanings for foster children between the ages of 3 and 18. During their examination, children with cavities are signed up for additional follow-up sessions or given a referral. In addition to dental work, a nurse provides preventative dental techniques to foster parents and children. Between 16 and 18 children are seen each day.²⁹
- In South Dakota, medical primary care providers are trained to detect dental diseases and to provide parents with prevention information to ensure better oral health for their children. The state is also working to train general dentists in pediatric dental techniques so that they can better meet the needs of young children. South Dakota aims to train 95 percent of pediatricians, 80 percent of other primary care providers, and 200 general dentists. The state's goal is to increase the number of Medicaid-enrolled children ages one to five that have access to dental care by 25 percent over five years.³⁰
- In order to encourage more Massachusetts dentists to treat Medicaid patients, a recent report recommended that the state increase its reimbursement rates to dentists and hire an outside administrator to run its Medicaid dental program.³¹

4.2 Policy Options

Adequate dental care is essential to the health and well-being of children in foster care. Children with insufficient dental care may experience pain and infection caused by tooth decay—which can lead to problems in eating, speaking, and learning.³² According to health officials, improper dental care has also been linked to a number of serious health problems including high blood pressure, obesity and heart disease.³³ To help ensure that foster children receive regular and satisfactory dental care, New Hampshire could work to:

- ▶ Increase the number of dentists who accept Medicaid by offering increased reimbursement rates and other types of incentive packages
- ▶ Simplify administrative hurdles that complicate the process of providing dental services to Medicaid recipients
- ▶ Provide state-sponsored support and education programs that teach foster care children and caregivers about ways to access dental care, reduce missed appointments, and promote oral hygiene
- ▶ Make dental services more accessible to foster children in rural areas, either by providing them with transportation to dental services or bringing dental care to them
- ▶ Train primary care providers who see foster children on methods of identifying and preventing childhood dental problems

5. CONCLUSION

As compared with the rest of the nation, New Hampshire has reserved a substantial amount of funding for foster care children's Medicaid-sponsored health care. The state could utilize these funds to initiate more innovative and effective programs aimed at improving this population's

Medicaid services. Specifically, New Hampshire can work to set strict guidelines and standards for administering EPSDT examinations, more rigorously screen for and treat mental health disorders, and provide prompt and quality dental care to all foster children in New Hampshire. While the state has additional work to do to ensure that every foster child has access to appropriate care, some initial strides have been made in identifying the areas in need of improvement. Researchers at the University of New Hampshire recently concluded a three-year study analyzing Medicaid and Department of Health and Human Services/DCYF data on the health care of foster children.³⁴ The study found that mental health, dental, and orthodontic services appeared inadequate in some areas of New Hampshire and that geographic differences in the availability of services exist throughout the state. Two main policy recommendations were presented: to broaden the role of nurses in providing health assessments and to standardize the coordination of health care across settings and providers.³⁵ New Hampshire can give at-risk youths in foster care the greatest opportunity for healthy, productive lives by remaining committed to providing them with the best possible health care through Medicaid.

Disclaimer: All material presented in this report represents the work of the students in the Policy Research Shop of the Rockefeller Center at Dartmouth College and does not represent the official views or policies of Dartmouth College.

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