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Foster care policy requires that every child entering foster care must receive a comprehensive medical examination including a mental health screening, within 30 calendar days from the child's entry into foster care. Timely medical exams are crucial to assess current health status, identify needs and initiate appropriate follow-up and preventive health care. Counties have indicated that there are sometimes challenges to meet the time frame. This communication provides information and technical assistance to field staff to address identified barriers within the Department's purview to facilitate ready access to health care for all children within the first 30 days in foster care.

Within foster care, accessible health care is dependent on prompt Medicaid activation within SWSS-FAJ. As of May 1, 2012, the standard of promptness for opening Foster Care Departmental Ward Medicaid (MA-FCDW) in SWSS-FAJ, for all eligible children, is within 14 calendar days of case acceptance. Opening Medicaid in SWSS-FAJ and transmitting to Bridges activates the MA-FCDW. The result is an automatic removal of the child's Medicaid (MA) case from the family MA case. This is a seamless process; as long as the child's placement is in a Medicaid Health Plan (MHP) living arrangement, the child remains in the family's MHP and fee-for-service (FFS) MA is not activated. Therefore, this preserves access to the child's family physician under the MHP and eliminates issues such as MHP disenrollment and subsequent re-enrollment and finding a physician who accepts FFS Medicaid.

Problems in this process occur when the family's Medicaid is closed (by an ES/FIS worker) prior to the opening of the child's MA-FCDW in SWSS or delays in funding determinations which prevent prompt MA-FCDW activation. To ensure a smooth transition for activating foster care Medicaid, several counties have developed an individual process, involving coordination of various activities. While the processes vary, common factors are noted as best practice recommendations:

- CPS notifies ES/FIS of child's removal, but indicates not to close the child's Medicaid, as Foster Care program will automatically remove child from the family MA case upon opening the MA-FCDW.
- The ES/FIS worker does not close the child's Medicaid on the parent's Medicaid case, instead the foster care worker promptly opens the MA-FCDW in SWSS-FAJ (and transmits to Bridges) which automatically removes the child from the family Medicaid case.
- The Child Welfare Funding Specialist (CWFS) facilitates expeditious funding determination, which increases timely MA-FCDW activation and greatly reduces the potential of an automatic MHP disenrollment through Michigan Enrolls.

- Follow-up is provided by the foster care worker and/or Health Liaison Officer (HLO) as designated through the county process.

For counties experiencing delays in opening MA-FCDW, establishing similar best practices may provide assurances that the foster child's Medicaid remains with the same health plan as the family Medicaid, thereby providing continuity in health care, preventing MHP disenrollment, and assisting in meeting the standard of promptness.

Other actions have been found beneficial to meeting the initial medical exam within 30 days requirement. Best practice is to ensure the foster parent or relative caregiver is aware of the health requirements as early as possible in the initial placement. This includes ensuring the foster care placement is:

- Provided with the MHP information, name of child's primary care physician (if applicable) and the age-specific Well Child Exam form for the initial medical exam.
- Assisted as necessary in scheduling and keeping the medical appointment.
- Provided with follow-up contact to serve as a reminder and/or help with resolving unforeseen barriers.

All of the suggestions outlined have been utilized with noted success. Counties are encouraged to adopt any of the strategies to develop a process that is workable with their staff.