Michigan Department of Human Services CSA Children's Services Administration Communication Issuance	**Type:** ☐ Informational Memorandum (IM) ☒ Program Instruction (PI) ☐ Policy Guide (PG)	
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	Response Due: 12/17/2012	
	Log No.: 12-185	
	Contact: Christine Rehagen, Child Welfare Field Operations Administration	
	Originating Office: CWFO	
	Subject/Title: Medical and Dental Exams	
	Distribution: ☒ DHS Child Welfare Staff ☒ Private Agency Child Welfare Staff ☒ CSA Central Office Managers/Staff ☒ Native American Tribes ☒ Data Management ☒ DHS County Directors ☐ Adult Services Staff ☐ Other:	☒ BCAL ☒ CWTI ☒ SACWIS

Children entering care are some of the most vulnerable children in the state; physically, mentally, or sexually abused, neglected, sometimes malnourished, drug-exposed, and lacking consistent medical and pre-natal care. Research shows that the trauma children experience in abusive and neglectful households has a profound impact on their physical and mental health and well-being. If not treated, trauma-related conditions may impair a child's functioning for life. Consequently, it is imperative that children under the supervision of DHS and private agencies receive not only immediate medical and dental exams, but routine exams to ensure any existing conditions are being treated.

After reviewing nine months of performance data and conducting a qualitative review of a sample of case files, it is very evident that that Michigan must substantially improve efforts to ensure initial and routine medical and dental exams for children in foster care are executed and properly documented. The Department conducted focus groups with DHS local offices and private agencies to identify barriers impeding the accomplishment of these expectations. The primary barriers included:

1. Lack of documentation received from medical or foster care provider
2. Inaccurate or improperly recorded case file documentation in SWSS
3. Delays in appointment scheduling and completion
4. Errors with Medicaid coverage

The following action steps have been developed to ensure DHS and private agencies improve the execution and documentation of health care services to children in foster care.

1. Each DHS local office and private agencies must develop an agency-specific plan for increasing the timely completion and documentation of initial and periodic medical and dental exams. Each local office/agency plan must address how the following will be accomplished:

    a. Improve data entry and documentation problems

    b. Improve the scheduling and keeping of appointments

    c. Improve the monitoring of periodic exams coming due

d. Improve the timely receipt and/or transmission of medical documentation for input into SWSS

e. Improve the awareness of staff roles and responsibilities (CPS and FC caseworkers, health liaison officers, and all child welfare managers) in ensuring that medical and dental exams are completed and recorded in an accurately and timely manner. Counties/agencies without health liaison officers must detail the roles and responsibilities of any other designated staff, such as staff nurses, medical coordinators, schedulers, interns, clerical support, etc.

DHS local office plans are to be returned to your designated Business Service Center Director; PAFC plans are to be returned to Lynn Hendges, Child Welfare Field Operations (hendgesL2@michigan.gov) **by December 17, 2012**.

Child Welfare Field Operations will measure performance using the Data Driven Decision Making Reports (CR 401, 411, 421, 431). A report will be released monthly to both DHS local offices and private agencies via the DHS E-Blast. This report will contain the rolling average performance for DHS and private agencies by county; DHS currently unable to provide a report by individual private agency. A brief explanation of how data is captured and calculated in the four DDDM medical and dental reports is attached along with the first report covering August – October 2012.

2. Foster care supervisors must review case documentation during supervision with staff and ensure that exam information has been included in the most recent service plan. In addition, DHS supervisors must review SWSS to ensure that exam dates have been accurately entered into SWSS. Private agency supervisors must ensure that documentation has been appropriately loaded to SWSS Web. Refer to FOM-801, FOM-914, and CSA Communication Issuance Log 12-049 for more information.

3. POS monitors are responsible for entering all medical and dental exam information from private agencies in the Medical Tab of the Child Information screen of SWSS. Refer to FOM-914 and CSA Communication Issuance Log 12-049 for more information.

4. Private agencies may directly contact the SWSS Help Desk from 12/1/2012 – 3/1/2013 if they are not able to resolve issues related to opening Medicaid for children in foster care. While this opportunity is offered for a limited time to evaluate and address private agency specific issues related to Medicaid, it is expected that all other resources are exhausted before calling the Help Desk (including DHS local office staff and, where available, health liaison officers.) Private agencies may contact the Help Desk at SWSSHELPDESK@michigan.gov or 517-373-9977.

The following attachments are also offered to assist DHS local offices and private agencies in addressing other related operational barriers:

- ***Recommended Practices for Ensuring Children in Foster Care are Receiving Appropriate and Timely Medical and Dental Care***
- ***Bridges Navigation Guide for Medicaid Inquiries***