

January 10, 2012

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Secretary Diana Dooley  
California Health and Human Services Agency  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

Re: Realignment of the Health Care Program for Children in Foster Care

Dear Secretary Dooley:

We write to urge the administration not to include the Health Care Program for Children in Foster Care (HCPCFC) in child welfare realignment and to make that decision as soon as possible because counties are making funding and staffing decisions that may affect the future of the program. Popularly known as the foster care nurses program, HCPCFC provides essential health care coordination for abused and neglected children and plays a crucial role in protecting the health and safety of these children. Funded in part through Medicaid federal financial participation (FFP), the program is the centerpiece of California's federally mandated health care oversight and coordination plan for children in foster care and helps to ensure that California is in compliance with federal foster care requirements, such as the maintenance of health and education passports for children in out of home care.

Any realignment process that restructures the program, or provides counties with the flexibility to reduce or eliminate financial support for foster care nurses, raises questions about how the state will ensure health care coordination for these vulnerable children and how the state will comply with federal child welfare and Medicaid requirements that are addressed by the current program structure. The simplest way to resolve these issues is to follow the recommendation of the CHDP directors and exclude the HCPCFC from realignment of child welfare services.

*Foster Care Nurses Meet an Urgent Need for a Statewide System of Health Care for Children in Foster Care*

The HCPCFC provides public health nurses for children in foster care. These nurses monitor the care children receive, connect children to necessary health care, and coordinate medical and mental health services with child welfare, developmental, and other services. Welf. & Inst. Code §16501.3. Foster care nurses serve as a liaison between child welfare workers and health care providers. They document initial and follow-up health screenings, collect and record health information, make and expedite referrals, participate in health care planning and coordination, and monitor the child's progress in meeting treatment goals. They also troubleshoot Medi-Cal and health

insurance coverage issues and are frequently called upon to resolve problems in access to health and mental health services for children placed out of county.

The program was created to address a disturbing lack of attention to the health care needs of children in foster care. In 1998 a statewide task force of experts in health care and child welfare found that children in foster care were not routinely assessed for medical, psychological or developmental conditions; Medi-Cal red tape and paperwork resulted in delays in treatment; and children's medical records were poorly maintained or non-existent, placing them at considerable risk for over-immunization, misdiagnosis, or under-treatment. Institute for Research on Women and Families, *CODE BLUE: HEALTH SERVICES FOR CHILDREN IN FOSTER CARE*, cover letter, 2 (1998). Task force members analyzed why foster children were not getting adequate medical care and recommended the development of a statewide system of health care for children in foster care and the use of public health nurses to coordinate the children's physical, dental, mental, and developmental health services. *Id.*, 5-7 & 12.

As a result of these recommendations, the legislature created the HCPCFC to "enhance the physical, mental, dental, and developmental well-being of children in the child welfare system." A.B. 1111, sec. 38 (1999) enacting Welf. & Inst. Code §16501.3, *see also*, California Department of Social Services, ACIN I-55-99 NEW FOSTER CARE PUBLIC HEALTH NURSE (PHN) PROGRAM IN COUNTY WELFARE DEPARTMENTS (September 2, 1999). The HCPCFC has been featured in a recent GAO report, General Accountability Office, *Foster Care: State Practices for Assessing Health Needs, Facilitating Service Delivery, and Monitoring Children's Care*, GAO-09-26 (February 2009) and is the main strategy California employs to oversee and coordinate health care for children in foster care.

#### *The HCPCFC is a Medicaid Program*

The legislature funded the program with general fund dollars and federal financial participation (FFP) through the Medicaid (Title XIX) program and designed the program to access FFP at the enhanced rate of 75% for administrative services delivered by skilled professional medical personnel. Welf. & Inst. Code §16501.3 (d). The Department of Social Services (DSS) receives general funds for the program and transfers money through an interagency agreement to the Department of Health Care Services (DHCS). As the single state agency for Medicaid, DHCS is responsible for submitting claims for FFP and for providing program support and oversight. 42 U.S.C. §1396a(a)(4)&(5); Welf. & Inst Code §§14100.1 & 14154.

County allocations are distributed through the CHDP program and are based on the number of children likely to be served. ACIN I-55-99; California Department of Health Services, CHDP Program Letter 99-6, HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE, 2 (October 21, 1999); California Department of Social Services, CALIFORNIA'S TITLE IV-B CHILD AND FAMILY SERVICES PLAN ANNUAL PROGRESS AND SERVICES

REPORT (APSR), p. 69 (June 30, 2010) (ACF Requested Revisions October 4, 2010) (hereinafter APSR). Counties are not required to provide the county match that is required for general child welfare programs. Welf. & Inst. Code §16501.3 (e).

Realigning the program to the counties would require the state to address how DHCS will fulfill its responsibilities as the single state Medicaid agency, how claiming procedures will be structured and monitored to ensure claims are accurate and that California is able to obtain the full amount of FFP that is available, how memoranda of understanding will be designed and handled at the county level, and how the state will amend its Medicaid cost allocation plan in a manner that complies with federal law.

*Foster Care Nurses Are the Centerpiece of California's Health Care Oversight and Coordination Plan*

In 2008 Congress passed the Fostering Connections to Success and Increasing Adoptions Act which requires states to develop a health care oversight and coordination plan for children in foster care, in coordination and collaboration with the state Medicaid agency and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services. 42 U.S.C. §622(b)(15); Welf. & Inst. Code §16010.2.

In recognition of the success of the HCPCFC in meeting the health care needs of children in foster care and to comply with the new law, the legislature amended the statutory authorization for the HCPCFC, appropriated additional funds for the program, and mandated implementation of the program in all counties. Welf. & Inst. Code §16501.3; California Department of Social Services, CALIFORNIA'S IV-B CHILD AND FAMILY SERVICES PLAN FEDERAL FISCAL YEAR 2010-2014, p. 47 (JUNE 30, 2009) 2<sup>ND</sup> REVISED FINAL OCTOBER 28, 2009) (hereinafter IV-B Plan); APSR, p. 70.

The current program forms the basis of California's compliance with the requirement for a health care oversight and coordination plan for children in foster care, APSR, 69; IV-B Plan, pp. 47- 48. Foster care nurses also help to ensure that children receive the Medicaid services to which they are entitled and that California is in compliance with federal foster care provisions, such as the requirement that the child's case plan include current health information. 42 U.S.C. §§671(a)(16); 675(1)(C) & (5)(D); Welf. & Inst. §16010.

Realigning the program to the counties would require the state to amend California's IV-B Plan to explain how the state will provide ongoing oversight and coordination of health care services for children in foster care. It would also require the state to identify how it will ensure compliance with Title IV-E requirements that are currently met by the program. Amending the IV-B Plan would require consultation with child welfare and health care professionals and the children and families they serve, and any amended plan must provide an explanation of how the state consulted with pediatricians, other experts in health care, and experts in and recipients of child welfare services in making the

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changes to the program; how the health care experts were selected; and how they and the Medicaid agency were involved in developing the amended plan. *See*, United States Department of Health and Human Services, Administration on Children, Youth and Families, ACYF-CB-PI-10-11, *Guidance on Fostering Connections to Success and Increasing Adoptions Act of 2008*, 21 (July 9, 2010). Consultation with a wide range of experts and recipients of services is particularly important given the concerns raised by the Statewide Organization of County CHDP Directors and Deputy Directors who represent health care professionals that work with children in foster care every day.

We urge you to exclude the Health Care Program for Children in Foster Care from plans to realign child welfare services. Time is of the essence. Counties are making decisions about how to fund and staff realigned programs, and professionals who are uncertain about the future of this program may be making alternative career plans. Retaining high quality, experienced staff is important to the ongoing success of the HCPCFC. We urge you to make a final decision and to make that decision public as quickly as possible.

Very truly yours,



Alice Bussiere

cc: Toby Douglas, Department of Health Care Services  
Will Lightbourne, Department of Social Services  
Frank Mecca, County Welfare Directors Association of California