

From: Pisarik, Holly <HollyPisarik@gov.sc.gov>
To: Baker, JoshJoshBaker@gov.sc.gov
Date: 11/4/2015 9:22:41 AM
Subject: Re: I lost your phone number - are you around?

Is this Beth Hutto?

Sent from my iPhone

On Nov 4, 2015, at 8:06 AM, "Baker, Josh" <JoshBaker@gov.sc.gov> wrote:

> I did a quick cut-and paste so the message flow makes more sense; she'll get back with us on the requirement today.

> jdb

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> So, foster kids, like all Medicaid children are entitled to EPSDT benefits which requires periodic medical screens on an established basis and inter-periodic screens on an as-needed basis.

Whenever a health issue is discovered (at either a periodic screen, inter-periodic screen, or any encounter with a provider), EPSDT requires that a referral is made for treatment.

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> Foster kids are a special case because the state has custody of those children and it is well-established that foster kids are at an increased risk of physical and behavioral health needs. When the state takes a child into custody, the child is in need of a medical screen and the state, as the custodian, is fully aware of that need. Not sure that we have a timing requirement right now but I would think we would want to screen the child within a week of going into custody. EPSDT screens are made up of 5 components. The first component is a comprehensive physical health, mental health, and substance abuse screen. In many cases, foster kids will show a health need under this first component. If so, the law requires the state to ensure the child is referred for further treatment.

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> Under the TennCare case that I worked on, the Consent Decree required the screen to occur within 24 hours of the child going into custody. The state used the local health departments to conduct the screens. In hindsight, I now believe that screening within 24 hours was too aggressive because TennCare was focused on getting the screen accomplished and not on the quality of the screen, the referral process, or treating secondary conditions. Also, a foster child often makes several moves within the first few days of going into custody. So, the screen at the local county health dept did not always follow the child. Unfortunately, the acute children most often experienced this lost screen results as they were most likely to move to other regions of the state or to out-of-state placements.

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> If there was ever a group that needs their care managed and can benefit the most from that, it's foster kids. Even though the foster children have greater health needs than other children, since they are young and the state controls their care and placement, there is a huge opportunity to actually improve their health by abiding by EPSDT (also, it's the law). If Select Health successfully manages their care and DSS places them in an appropriate home or in-patient setting, the state can make a positive, lifelong impact on their health.

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> Me again. Thinking about the foster kid screen issue overnight and vaguely remembered there may be a three day requirement within which the screen must occur. Will check on that today.

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> Also remembered that, in the early days of the consent decree negotiations, TN was actually pushing for the 24 hour window to screen. They wanted to identify the kids with behavioral health needs and place them in a therapeutic or residential setting quickly so they did not have to move them from placement to placement. In abuse situations, as part of the criminal investigation against the parents, they needed the results of the physical quickly to build their case and identify extent of physical or sexual abuse.