



Working Together

HEALTH SERVICES
FOR CHILDREN IN
FOSTER CARE

2009



**New York State
Office of
Children and Family
Services**

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Acknowledgments

Working Together: Health Services for Children in Foster Care was developed and produced by the New York State Office of Children and Family Services (OCFS) and Welfare Research, Inc. (WRI). We wish to thank the many people who contributed ideas, expertise, sample documents, and encouragement.

New York State Office of Children and Family Services

Michael D. Cohen, Medical Director
Dianne Ewashko, Acting Assistant Director, Strategic Planning and Policy Development (SPPD)
Mary Skidmore, Bureau of Services Planning, SPPD
John Stupp, Assistant Deputy Counsel
Mimi Weber, Bureau of Services Planning, SPPD

Welfare Research, Inc.

Rebecca McBride, Senior Writer/Editor
Stephanie Richardson, Production Manager

Special Contributors

Barbara Bode, Salvation Army Social Services for Children
Gail Charlson, NYS Department of Health
Marian Donaldson, Westchester County Department of Social Services
Robin Epstein, NYC Administration for Children's Services
Joanne Favat, Herkimer County Department of Social Services
Cheryl Flanigan, NYS Office of Children and Family Services, Albany Regional Office
Jeanette Friedrich, Rockland County Department of Social Services
Corinne Geller, Association to Benefit Children, Variety House
Ronald Gerhard, Parson's Child and Family Center
Michele Ingro, House of the Good Shepherd
Pamela Martindale, Washington County Department of Social Services
Paul Mann, NYS Office of Children and Family Services, Buffalo Regional Office
Eileen Nihan, NYC Administration for Children's Services
Sandi Sanzo, Broome County Department of Social Services
Susan Sherlock, Rockland County Department of Social Services
Carol Shapiro, NYS Office of Children and Family Services, NYC Regional Office
Ken Skinner, Council of Family and Child Caring Agencies
Linda Spriggs, St. Christopher-Ottillie Services for Families and Children
Fran Stasik, Onondaga County Department of Social Services
Heidi Soucis, St. Lawrence County Department of Social Services
Hee Sun Yu, NYC Administration for Children's Services

2008-09 Revisions

New York State Office of Children and Family Services

Mary Skidmore, SPPD, Bureau of Planning and Intervention Design
Tom Hoeg, SPPD, Bureau of Policy Analysis

Welfare Research, Inc.

Rebecca McBride, Senior Writer/Editor
Lisa Casciotti, Production Manager

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Original production of this manual was made possible by the collaborative efforts of Welfare Research, Inc. and the Center for Development of Human Services (CDHS), Buffalo State College.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Contents

<i>Acknowledgments</i>	<i>ii</i>	
Introduction		
Why a Manual on Health Services for Children in Foster Care?	xi	
Audience and Organization of the Manual	xii	
Key Concepts	xiii	
Chapter One: Initial Evaluation of Child's Health		1-1
Health Services Time Frames	1-2	
1. Initial Screening	1-3	
2. Information Gathering	1-4	
Immunization History	1-5	
Consent	1-6	
3. Comprehensive Health Evaluation	1-7	
Initial Medical Assessment	1-8	
Initial Dental Assessment	1-11	
Initial Mental Health Assessment	1-12	
Initial Developmental Assessment	1-15	
Initial Substance Abuse Assessment	1-16	
4. HIV Risk Assessment	1-18	
5. Follow-Up Health Evaluation	1-19	
6. Child Abuse and Neglect Health Evaluation	1-20	
Time Frames	1-20	
Components of Child Abuse and Neglect Health Evaluation	1-22	
7. Resources	1-23	
Medical Home	1-23	
Medical Information Sites	1-23	
Immunization Schedule	1-23	
Mental Health Assessment Tools	1-25	
Developmental Assessment Tools	1-27	
Substance Abuse Resources	1-33	
Child Abuse and Neglect Resources	1-36	
Chapter Two: Preventive and Ongoing Health Care		2-1
1. Comprehensive Plan of Care	2-2	
2. Routine Preventive Health Care	2-3	
Schedule for Routine Well Child Care	2-3	
Components of Well Child Visits	2-4	
Follow-Up Activities	2-4	
3. Dental Care Services	2-5	
4. Mental Health Services	2-7	
Components of Mental Health Treatment	2-8	
5. Developmental Services	2-10	
Early Intervention Program	2-11	

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Transition from EIP to Preschool Special Education.....	2-13
Preschool Special Education Services	2-14
Special Education Services	2-14
Section 504 Services for Children in General Education Classes.....	2-15
6. Substance Abuse Services.....	2-17
Drug Screening	2-17
Training for Staff, Caregivers, and Health Care Providers	2-18
Methamphetamine.....	2-18
Engaging and Counseling Children	2-19
Tobacco Use.....	2-20
7. Management of Chronic Medical Conditions.....	2-21
8. Acute Illness and Injury/Emergency Care	2-22
Emergency Procedures.....	2-22
Communicable Diseases and Schools.....	2-22
9. Resources	2-24
Health Guidance Materials.....	2-24
Dental Services	2-26
Mental Health Services.....	2-27
Developmental Services.....	2-28
Substance Abuse Services.....	2-29
Growth and Development Charts.....	2-31
Chapter Three: Special Health Care Services	3-1
1. Bridges to Health	3-2
Waiver Services	3-2
2. HIV-Related Services	3-4
Prevention Education	3-4
HIV Counseling and Testing.....	3-5
Placement of HIV-Infected Children	3-6
Medical Care for HIV-Infected Children.....	3-6
Clinical Trials for HIV-Infected Children.....	3-7
Newborn Screening Program	3-7
Risk Assessment	3-8
3. Family Planning, Sexuality Education, and Reproductive Health Services.....	3-9
Notice of Family Planning Services.....	3-9
Family Planning Services.....	3-10
Community Prevention Programs	3-10
Routine Gynecological Care	3-10
Pregnancy.....	3-10
Sexually Transmitted Diseases	3-11
4. Services for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth	3-13
Health Care	3-14
Mental Health.....	3-14
Organizational Changes	3-15
In-Service Trainings.....	3-15
Welcoming Strategies	3-16

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

5.	Special Services for School-Age Youth.....	3-17
	Violence and Trauma.....	3-17
	Suicide.....	3-17
	Child and Adolescent Sexual Offenders/Reactors.....	3-18
6.	Resources.....	3-21
	Bridges to Health (B2H).....	3-21
	HIV-Related Services.....	3-21
	Reproductive and Sexual Health.....	3-22
	Pregnancy Services – Programs of the Department of Health.....	3-23
	Services for GLBTQ Youth.....	3-24
	Trauma.....	3-26
	Suicide.....	3-26
	Assessment and Treatment of Child and Adolescent Sexual Offenders.....	3-26
Chapter Four: Health Care Coordination.....		4-1
1.	Definition of Health Care Coordination.....	4-2
	Benefits of Health Care Coordination.....	4-3
2.	Implementing Health Care Coordination.....	4-4
	Health Services Delivery.....	4-4
	Oversight.....	4-4
	Critical Elements.....	4-5
3.	Activities of Health Care Coordination.....	4-6
	Information Management.....	4-6
	Accessibility to Services.....	4-6
	Coordination of Health Services.....	4-8
	Discharge Planning.....	4-9
	Activities that Benefit the Agency.....	4-10
4.	Resources.....	4-11
Chapter Five: Medication Administration and Management.....		5-1
1.	The Basics.....	5-2
	Filling Prescriptions.....	5-2
2.	Types of Medication.....	5-3
	Names of Medication.....	5-3
	Preparation Forms.....	5-4
3.	Routes of Administration.....	5-6
4.	Who Administers Medication.....	5-7
5.	Guidelines for Administering Medication.....	5-8
	Side Effects.....	5-8
	Medication Schedule/Recording.....	5-9
6.	Special Situations.....	5-10
	Medication Errors.....	5-10
	Child Refusal To Take Medication.....	5-11
	Administering/Taking Medication Outside the Foster Home.....	5-12
7.	Storage, Inventory, and Disposal of Medication.....	5-14
	Storage and Inventory.....	5-14
	Disposal.....	5-15

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

8. Psychiatric Medication.....	5-16
Medication Monitoring	5-17
Consent for Psychiatric Medication	5-19
Documentation.....	5-20
9. Controlled Substances and Congregate Care	5-21
10. Resources	5-22
Medication Information	5-22
Controlled Substances.....	5-22
Poison Control Centers	5-22
Abnormal Involuntary Movement Scale (AIMS)	5-23
Chapter Six: Medical Consents	6-1
Medical Consent	6-2
1. Consent to Obtain Health Records.....	6-3
Consent for Family Health History	6-3
2. Consent/Authorization for Routine Evaluation and Treatment.....	6-5
Consent and Voluntary Placement.....	6-6
When Consent Is Not Available.....	6-6
Consent and Foster Parents	6-7
Consent and Relatives	6-8
3. Informed Consent for Non-Routine Health Care	6-9
Authority to Provide Informed Consent.....	6-10
If Parent/Guardian Does Not Consent for Psychiatric Medication	6-10
4. Consent and Early Intervention Program.....	6-12
5. Minors' Capacity to Consent for Specific Health Services.....	6-13
Reproductive Health Services/Family Planning Services.....	6-13
Consent and Teen Parents	6-14
Outpatient Mental Health Services	6-14
Inpatient Psychiatric Services	6-14
Chemical Dependency Services.....	6-15
Blood Donations	6-15
6. Consent and HIV/AIDS	6-16
Initial HIV Risk Assessment	6-16
HIV Testing	6-17
7. Resources	6-19
HIV Consent	6-19
Brochures on Consent.....	6-19
Chapter Seven: Confidentiality of Health Information	7-1
1. Sharing Health Information	7-2
CONNECTIONS	7-3
Transfer or Discharge.....	7-3
Youth's Access to Own Health Records.....	7-4
Sharing Health Information in Congregate Care	7-4
2. Flow of Confidential Health Information	7-5
3. Confidentiality and Disclosure of HIV-Related Information.....	7-6

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

4. HIV Testing and Confidentiality.....	7-8
5. Agency Protocols for Protecting Confidentiality.....	7-9
6. Resources	7-10
HIV and Confidentiality.....	7-10
Chapter Eight: Maintaining Health Records	8-1
1. Obtaining the Child's Health History	8-2
2. The Health File.....	8-3
Agency Records	8-3
Provider Records.....	8-5
3. The Medical Home Health File.....	8-6
4. Health Information in CONNECTIONS.....	8-8
Required Fields	8-8
5. Health Passport	8-12
6. Documenting and Monitoring Health Information	8-13
7. Resources	8-14
Health Passport	8-14
Agency Forms and Notices	8-15
Chapter Nine: Working with Community Health Care Providers	9-1
1. Identifying and Engaging Health Care Providers in the Community	9-2
Laying the Groundwork	9-2
Criteria for Selecting a Community Health Care Provider	9-3
Engaging Health Care Providers.....	9-4
Addressing Concerns About Foster Care.....	9-4
Developing a List of Health Care Providers	9-5
2. Establishing and Maintaining Relationships with Health Care Providers	9-6
Providing Information for Initial Health Evaluation.....	9-6
Establishing Relationships with Emergency Rooms.....	9-7
Follow-Up Activities.....	9-7
3. Service Agreements	9-9
4. Billing Policies and Practices.....	9-10
Tips for Foster Parents	9-10
Billing Arrangements.....	9-10
How To Obtain a Medicaid Per Diem.....	9-12
Chapter Ten: Supporting Caregivers	10-1
1. Being Part of a Team	10-2
2. Transportation	10-3
3. Information	10-4
Emergencies: Tips for Foster Parents	10-5
4. Health/Mental Health Training	10-6
Training Topics.....	10-6
Training Materials.....	10-7
Sources of Training.....	10-8
5. Foster Parent Associations and Support Groups	10-10

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

6. Resources	10-11
Statewide Organizations for Foster and Adoptive Parents.....	10-11
Treatment of Children with Mental Disorders	10-11
Emergency Fact Sheet.....	10-12

Appendix A: Forms and Websites	A-1
Forms	A-2
Admission Screening Interview	A-5
Health History Interview with Family	A-7
Medical Review of Systems.....	A-13
Family Planning Notice	A-17
Health Care Coordination and Treatment Plan	A-19
Health Discharge Summary	A-21
Medication Log.....	A-23
Informed Consent for Psychiatric Medication	A-27
Guidelines for Voluntary Agencies Regarding Informed Medical Consent for Behavioral/Psychotropic Medication and Informed Medical Consent for Behavioral/ Psychotropic Medication.....	A-29
Informed Consent to Perform HIV Testing	A-33
HIPPA Compliant Authorization for Release of Medical Information and Confidential HIV Related Information	A-35
Health Care Provider Visit Record	A-39
Mental Health Care Provider Visit Record	A-41
Service Agreement.....	A-43
Application for Discrete Medicaid Rate	A-45
Websites	A-53

Appendix B: Selected Health-Related Policies

Selected Administrative Directives

09-OCFS-ADM-15 Medicaid Coverage for Final-Discharged Youth 18 to 21 Years of Age.....	B-3
08-OCFS-ADM-01 Changes associated with CONNECTIONS Build 18-9 Health, Education, and Permanency Hearing Report Modules.....	B-19
97 ADM-15 Foster Care: Assessment of Foster Children for Capacity to Consent and HIV Risk; Counseling of Adolescents; Legal Consent for HIV Testing; Documentation and Disclosure.....	B-50
91 ADM-36 Foster Care and Adoption: HIV-Related Issues and Responsibilities.....	B-93
90 ADM-21 Foster Care: Medical Services for Children in Foster Care	B-124

Informational Letters

09-OCFS-INF-01 Health Care Coordination for Children in Foster Care: Approaches and Benefits	B-140
08-OCFS-INF-02 The Use of Psychiatric Medications for Children and Youth in Placement; Authority to Consent to Medical Care	B-165
04-OCFS-INF-05 Smoking in Foster Homes	B-186

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Local Commissioners Memorandum

04-OCFS-LCM-04 Referrals of Young Children in Indicated CPS Cases to Early Intervention Services	B-189
---	-------

General Information System Messages (Department of Health)

GIS 08 OLTC/001 Bridges to Health Waivers (B2H) for Children in Foster Care	B-191
GIS 05 MA/041 Categorical Eligibility for Children in Foster Care	B-193

Appendix C: Selected Regulations and Laws

Codes, Rules and Regulations of the State of New York	C-5
Family Court Act.....	C-69
Mental Hygiene Law	C-71
Public Health Law	C-75
Social Services Law.....	C-93
Code of Federal Regulations	C-95

Appendix D: Protocol: Children in Foster Care Who Participate in the Early Intervention Program

Appendix E: Local Procedures and Forms

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Introduction

Why a Manual on Health Services for Children in Foster Care?

The New York State Office of Children and Family Services (OCFS) is committed to supporting local departments of social services (LDSS, also known as local districts) and voluntary agencies in the provision of adequate, timely health services for children in foster care. This manual is intended to assist and advise foster care and health services staff in focusing attention on this critical issue. As the mental health, developmental, and behavioral needs of children in foster care have increased over the last several years, the provision of health services and coordination of appropriate health care have become more central to achieving their child welfare goals.

All children need health services to identify their condition and needs, diagnose and treat any identified problems, and initiate appropriate follow-up and preventive health care. As a result of health care deprivation and abuse and neglect, children in foster care have a high level of health services needs. Recent research provides the following sobering statistics:

- Approximately 60 percent of children in care have a chronic medical condition, and 25 percent have three or more chronic problems.¹
- Developmental delays are present in approximately 60 percent of preschoolers in foster care.²
- Children in foster care use both inpatient and outpatient mental health services at a rate 15 to 20 times higher than the general pediatric population.³
- Between 40 percent and 60 percent of children in foster care have at least one psychiatric disorder.⁴

Children in foster care experience higher rates of physical and emotional problems than those in the general population. This high level of need can be attributed to many factors: exposure to

¹ M. Szilagyi. "The pediatrician and the child in foster care," *Pediatric Review* 19 (1998), pp. 39-50. N. Halfon, A. Mendonca, & G. Berkowitz. "Health Status of Children in Foster Care: The Experience of the Center for the Vulnerable Child," *Archives of Pediatrics & Adolescent Medicine* 149 (April 1995), pp. 386-392.

² Ibid.

³ S. DosReis, J.M. Zito, D.J. Safer, & K.L. Soeken. "Mental Health Services for Youths in Foster Care and Disabled Youths," *American Journal of Public Health* 91:7 (2001), pp. 1094-1099. J.L. Takayama, A.B. Bergman, F.A. Connell. "Children in Foster Care in the State of Washington: Health Care Utilization and Expenditures," *Journal of the American Medical Association* 271 (1994), pp.1850-1855. N. Halfon, G. Berkowitz, & L. Klee. "Mental Health Services Utilization by Children in Foster Care in California," *Pediatrics* 89 (1992), pp. 1238-1244.

⁴ DosReis, 2001.
Szilagyi, 1998.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

trauma, the pervasive effects of abuse or neglect, inadequate health care or medical neglect before entry into care, the inherent stress of out-of-home placement, and movements between settings that result in interruptions in health services.

The Adoption and Safe Families Act (ASFA) of 1997 provides additional impetus for diligence in addressing the health needs of children in foster care. For the first time, child welfare agencies are being held accountable for improving the well-being of children in foster care in addition to addressing their safety and permanency.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 [Public Law (P.L.) 110-351] furthers the emphasis on ongoing oversight and coordination of health care for children in foster care, including their mental and dental health needs.

Healthy People 2010, an important federal initiative, is a set of health objectives for the nation to achieve during the first decade of the new century. The overarching goals of Healthy People 2010 are:

1. To increase quality and years of healthy life.
2. To eliminate health disparities.

To achieve these public health goals for the nation, programs that provide health services must incorporate the goals into their work. To do our part in this national public health effort, we have included references to applicable Healthy People goals for children and adolescents in this manual.

Audience and Organization of the Manual

We recognize that there are different health care delivery models for children in foster care across New York State. How children receive health services varies depending on whether they are placed in a foster home supervised by the LDSS (direct care) or in a setting operated by a voluntary authorized agency (indirect care). For the purposes of this manual, we refer to both LDSS and voluntary agencies as “agencies.”

In addition, health services may be provided directly by the LDSS or agency, or by providers in the community. These differences are taken into account throughout the manual.

Our intended audience is case managers, case planners, caseworkers, health care coordinators, health services staff, and any other agency personnel who coordinate or oversee the health needs of children in foster care. The manual is not designed for caregivers or health care providers. However, parts of this manual may be used to educate health care providers and caregivers about the health care guidelines for children in foster care.

Chapters address the initial evaluation of the child’s health, ongoing and preventive health care, specific health services, medication administration and management, health care coordination, issues of consent and confidentiality specific to children in foster care, maintenance of health records, working with health care providers, and ways to support caregivers. At the end of each chapter you will find helpful resources such as website addresses, program descriptions, and sample tools.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Appendix A contains sample forms and a list of the websites cited in the manual. The sample forms are provided to assist you in organizing the tasks and information described in the manual. Feel free to adapt them as appropriate. Appendix B contains copies of health-related policy documents issued by OCFS. Appendix C contains copies of critical regulations and laws cited in the manual. Appendix D contains the Protocol: Children in Foster Care Who Participate in the Early Intervention Program. Appendix E provides space for you to insert local policies and forms.

Key Concepts

Health Services Guidelines for Children in Foster Care

In 2001, the Office of Children and Family Services developed health services guidelines for children in foster care to provide local districts and voluntary agencies with clear instructions for arranging and coordinating the health care of these children. The guidelines outline the mandated and recommended health services activities needed to support optimal health for children in foster care and comply with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards and state regulations.

➔ EPSDT defines the minimum federal Medicaid required services. The New York State version of EPSDT is known as the Child/Teen Health Plan (C/THP). As children in foster care are now categorically eligible for Medicaid if they are citizens or meet satisfactory immigration status, it is our responsibility to implement this set of core services. In addition, we have included recommendations for best practice to promote optimal health. These are based on research on the health needs of children in foster care. You are encouraged to use your available resources to provide all recommended as well as required services.

Contained within the guidelines are descriptions of the services necessary to address children's health needs, time frames to accomplish required health activities, qualifications for health care providers, and important concepts around health care coordination, monitoring of health services, and administrative issues. This manual incorporates the guidelines along with other helpful resources and suggestions for managing health services for children in foster care.

Note: The resources listed in this manual are intended to enhance the assessment of health care needs and the delivery of health services to children in foster care, and are not specifically endorsed by the Office of Children and Family Services. Sources for the documents are provided, and the author is responsible for the content. Listings of websites and organizations are included to provide helpful information and tools for foster care and health staff working together with children and families.

The guidelines are drawn from the following sources:

- Federal Medicaid EPSDT (Early and Periodic Screening, Diagnostic and Treatment) standards.
- New York State Medicaid C/THP (Child/Teen Health Plan) standards.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

- New York State Codes, Rules and Regulations (NYCRR) applicable to services for children in foster care.
- New York State OCFS policy documents applicable to children in foster care.
- New York State Mental Hygiene Law (MHL).
- New York State Public Health Law (PHL).
- New York State Social Services Law (SSL).
- Child Welfare League of America (CWLA) Standards for Health Care Services for Children in Out of Home Care.
- American Academy of Pediatrics (AAP): policy statement, Health Care of Children in Foster Care; and *Fostering Health: Health Care for Children in Foster Care in New York State*.
- Other relevant sources.

➔ **Footnote citations to a law or regulation indicate that an activity or component is *required* and provide the legal or regulatory source for the requirement. Use of the term “should” indicates that an activity is recommended by OCFS as best practice but is not required by law or regulation.**

Note: Language with footnote citations may not be quoted verbatim from the particular source. Appendix B contains links to relevant policies, and Appendix C contains links to selected regulations and laws.

Comprehensive Health Evaluation: Five Assessment Domains

The health needs of children fall into five different domains: medical, dental, developmental, mental health, and substance abuse. Although there is overlap across the areas, each has a unique focus with specialty health practitioners and diverse assessment and treatment protocols. All five domains warrant assessment and special consideration. For this reason, information is organized in the manual according to these five domains.

Health Care Coordination

The overarching theme of the manual is “working together” to promote optimal health of children in foster care. This means health care professionals, casework staff, agency staff, caregivers, birth parents, and service providers working collaboratively toward implementing an integrated plan of care. To make this happen effectively, the function of health care coordination is crucial. Simply put, health care coordination is a series of activities that support oversight and responsibility for all aspects of health services for children in foster care. Throughout the manual, “health care coordination activities” are highlighted to indicate ways that staff can coordinate health services and integrate them into permanency planning and case management.

Working Together

HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

NYS Office of Children and Family Services

Health care coordination activities may be conducted by a variety of individuals, such as the case manager, foster parent, or agency health services staff. It is recommended that a lead person with a health background be identified to provide or assist with health care coordination. We recognize that local districts and voluntary agencies conduct activities differently and have different staffing patterns. The term “staff” is used to indicate any staff involved with health care coordination.

(See Chapter 4, Health Care Coordination, and Appendix B for the guidance paper, Health Care Coordination for Children in Foster Care: Approaches and Benefits (09-OCFS-INF-01).

Medical Home

When feasible, children should receive all of their health care, including routine preventive, acute illness, and chronic illness, from the same provider prior to foster care placement, while in foster care, and upon discharge, to promote continuity of care. In this model of care, every child has an established, ongoing relationship with a primary health care provider, so that health problems can be identified, treated, and documented early to improve outcomes and reduce the likelihood of disease, disability, and hospitalization.

The concept of the medical home is woven throughout the manual beginning with the initial comprehensive health evaluation.