



Barrier Submission Form

Statewide System of Care Steering Committee



Regional Executive Council Information

Council name: System of Care Executive Council

Date submitted: _____

Region: Linn, Benton and Lincoln Counties

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Barrier Information

Barrier description:

When young people are placed in substitute care and/or are reunified with their parents there are insurance challenges that tend to cause delays in medical care. Further, the American Academy of Pediatrics recommends that children entering foster care have a medical assessment within 72 hours of placement, which may not be met due to these challenges.

Challenges:

1. Young people entering substitute care often have health care needs that require immediate attention (infants, toddlers, those with infections, etc.) and insurance enrollment timelines (Open Card enrollment and CCO assignment) create delays in obtaining that care.
2. There is a need for more timely and accurate reports on children in care to CCOs from the state (placement information, insurance information).
3. There is a need for more outreach education, including medical, mental health and dental providers as well as front office staff, that all medical, dental and behavioral health services for young people in care is covered through CCO prior authorization and/or transition of care rules.
4. There is a need for outreach to inform providers about CCO prior authorization (reimbursement) *and retroactive application* for in network and out of network providers.





Barrier Submission Form

Statewide System of Care Steering Committee

5. There is a need for outreach to inform medical providers about reimbursement for transition of care, explaining the rules and requirements of transition of care.
6. Young people, especially those with medical complexity, have an existing relationship with their Primary Care Provider (PCP), and it is best practice for children with complexity of care to maintain continuity of care when it's logistically possible even if their placement moves them to a different CCO.

Actions Taken to Address Barrier

Summary of Practice Level Work Group action steps:

Summary of Advisory Committee action steps:

Reviewed and escalated to the Executive Council.

Summary of Executive Council action steps:

Executive Council members reviewed this barrier with representatives from DHS; IHN-CCO worked with Encompass (the care coordination program for youth and children in foster care in Linn, Benton and Lincoln Counties) to resolve the DCO component. IHN-CCO worked with Encompass to partially resolve the MCO component regionally. Multiple recommendations were developed from discussions at multiple meetings.

Request of Statewide SOC Steering Committee

1. We recommend improving insurance enrollment timelines (Open Card enrollment and CCO assignment) to prevent delays in care without compromising services (*some services are not covered by Open Card*).



Barrier Submission Form

Statewide System of Care Steering Committee

2. We recommend the state produce more timely and accurate reports on children entering and in care to CCOs. We recommend the state determine what information CCOs need on children in care as well as what information ODSH needs to ensure the health and wellbeing of the child.
3. We recommend the state implement IDENTITY (see attached PP) in the D4/IHN-CCO service area as a pilot project. IDENTITY provides real time health information on children in care to providers in a cost-effective manner. This action would resolve recommendation 2 (see above).
4. We recommend improved outreach to medical, dental and behavioral health service providers, including front office staff, that all care for young people in resource care will be reimbursed through CCO prior authorization and/or transition of care rules to mitigate denial of service from providers.
5. We recommend improved outreach to inform providers about CCO prior authorization (reimbursement) for in network and out of network providers to mitigate denial of service from providers.
6. We recommend improved outreach to inform providers about reimbursement during transition of care, explaining the rules and requirements of transition of care to mitigate denial of service from providers.
7. We recommend the state explore ways that young people, especially those with medical complexity, who have an existing relationship with their PCPs, such as a trusted therapist or pediatrician, can maintain continuity of care when it's logistically possible even if their placement moves them to a different CCO.

Resolving these barriers will enable resource parents to access medical care and mental health treatment for recently arrived children in their homes.

Removing these barriers will improve access to medical care and mental health treatment, which is essential for the health and well-being of our children in care.
