Ohio Health Care Oversight and Coordination Plan Revised

Overview

The Ohio Department of Children and Youth (DCY) oversee the health care of children and youth in the child welfare system, ensuring they receive timely health evaluations and follow-up treatment. This is accomplished through a collaborative oversight and coordination plan with partners from the Ohio Department of Job and Family Services (ODJFS), the Ohio Department of Medicaid (ODM), the Ohio Department of Health (ODH), the Ohio Department of Mental Health and Addiction Services (OhioMHAS), the Ohio Department of Developmental Disabilities (DODDD), health care providers, and consumers.

Together, these partners work together to improve health care services for children and youth through program development, Ohio Administrative Code (OAC) rule revisions, and system-wide integration.

Lessons Learned and System Improvements

Over the past five-year plan period, Ohio has gained valuable insight into the provision and oversight of healthcare for children in substitute care. The policies, systems enhancements, and initiatives outlined below reflect Ohio's ongoing efforts to improve care coordination and service quality. Initiatives such as the Health and Children Services Data Exchange request for proposal (RFP), Child and Adolescent Needs and Strengths (CANS) IT System Interface, the new Ohio statewide automated child welfare information system (SACWIS) and Medicaid interface, Ohio Certification for Agencies and Families (OCAF) platform, and Care Coordination Portals (CCPs) are designed to improve coordination and communication among ODM, DCY, public children services agencies (PCSA), and private child placing agencies (PCPA). These improvements also strengthen data collection and ensure compliance with state policies and procedures.

Health Care Coordination by PCSAs and PCPAs

PCSAs and PCPAs are responsible for ensuring that each child in their care or custody receives comprehensive, coordinated health care.

This includes:
- Collaborating with the child's current and previous medical providers
- Actively involving parents, guardians, or custodians in planning and delivering services

Agencies must ensure that health care is preventive, comprehensive, and in compliance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, Bright Futures guidelines, and OAC requirements.

Health Care Requirements:
- Physical Exams (Ages 3 and Older):
  - Comprehensive physical exam (including behavioral, developmental, vision, hearing, and dental) within 60 days of entering substitute care.

- Follow-up Visits (Within 60–90 Days of Entry):
  - Assess the child's transition into care
  - Monitor adjustment
  - Identify emerging needs
  - Continue to gather health information
- Pediatric Care (Under Age 3):
  - Provide medical, developmental, behavioral, dental, vision, and hearing screenings
  - Refer to Help Me Grow if delays or risks are identified
- Immunizations:
  - Ensure the child is up to date on all age-appropriate vaccinations
- Dental Care (Ages 3 and Older):
  - Initial dental exam within 6 months of placement
  - Ongoing exams every 6 months thereafter
- Treatment for Diagnosed Needs:
  - Initiate treatment for medical or psychological conditions within 60 days of diagnosis, or sooner if necessary
- Psychological Examination:
  - Ensure a psychological assessment is completed when a child or youth has been adjudicated for specific offenses

Oversight and Monitoring

DCY's Technical Assistance Specialists (TASs) monitor how county agencies assess and address the health needs of children through the Child Protection Oversight and Evaluation (CPOE) process. During a sample of case reviews in each county, the TASs review case documentation in Ohio SACWIS, electronic case file, and the hard copy to ensure:

- Timely EPSDT and OAC compliant exams and follow-ups.
- Continued assessment of health needs through face-to-face contacts and conversations.
- Oversight of prescribed medications, especially psychotropics.
- Accurate documentation and informed consent for psychotropic use.

Care Coordination and Continuity of Care

Ohio has opted for intensive care coordination for its Medicaid population to ensure continuity of health care services. Each Ohio Managed Care Organization (MCO) is required to assign a risk tier and care coordinator to individual members. Most children in custody are enrolled in one or more of Ohio MCOs.

For high risk, multi-system youth under age 21, Ohio offers a specialized program called OhioRISE (Resilience through Integrated Systems and Excellence), which provides child-centered care coordination through regional Care Management Entities (CMEs). CMEs are vital to the success of the OhioRISE model by serving as a single point of contact for families and PCSAs, especially during crises, and a welcomed resource for managing day-to-day behavioral health and support services.

CMEs ensure access to high-intensity, wraparound care that is locally coordinated and clinically integrated. They also facilitate Child and Family Team (CFT) meetings where children, youth, and their

caregivers' select members of their CFT to help guide care planning. The meetings focus on the family's strengths, beliefs, culture, community/natural support, and their voice.

All MCOs must use a three-tier risk stratification framework as part of their care coordination program:

- Tier 1 – low risk
- Tier 2 – moderate risk
- Tier 3 – high risk

Care coordination includes a wide range of care services, from short-term gap-filling to long-term support for complex needs. It focuses on collaboration with the members and brings healthcare services and community-based resources together.

Key Focus Areas of Care Coordination:

- Identifying and addressing physical, behavioral, and psychosocial needs.
- Supporting member goals and choices through a person-centered, trauma-informed, and culturally attuned approach.
- Providing continuity of care while honoring member experience and choice.
- Leveraging the strengths of CMEs and the OhioRISE plan by supporting collaborative partnerships.
- Establishing clear communication and delineation of roles and responsibilities.
- Implementing data and information systems to coordinate care.

Medication Oversight

Psychotropic Medication Monitoring

In February 2012, the Public Children Services Association of Ohio (PCSAO) established the Behavioral Health Leadership Group (BHLG), comprised of representatives from state and county child welfare agencies, as well as public and private service providers. This collaborative group developed the "Psychotropic Medication Toolkit for Public Children Services Agencies," a comprehensive resource designed to guide PCSAs in overseeing the use of psychotropic medications among children and youth in Ohio's foster care system. The toolkit outlines policies, practice guidelines, procedures, training protocols, monitoring strategies, and information-sharing practices to ensure appropriate and effective medication management in alignment with best practices and regulatory standards.

ODM requires MCOs to employ at least one board-certified psychiatrist to act as a Behavioral Health Clinical Director, responsible for overseeing the safe prescribing of psychotropic medications and controlled substances.

As of the 2024 provider contract, ODM also requires the use of an annual HEDIS (Healthcare Effectiveness Data and Information Set) report to monitor trends and usage of opioid and psychotropic medications prescribed for Medicaid members under 21 years of age.

In 2022, MCOs reported on two pediatric behavioral health and pharmacy HEDIS measures. Under the current contract, they report on eight measures, including:

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Follow-Up Care for Children Prescribed ADHD Medication
- Monitoring of opioids, antidepressants, and metabolic health

Ohio's MCOs must meet minimum performance standards on these measures. This year in response to low rates of antipsychotic metabolic monitoring in children, Ohio Medicaid issued a Program Improvement Plan (PIP) aiming to increase the monitoring rates by 10%.

DCY is partnering with ODM to build on this data to improve treatment outcomes for children in custody.

PCSA Medication Report

The *PCSA Medication Report*, available since late 2021, is a tool designed specifically for PCSAs to support client level monitoring of medications for youth in foster care. The report provides a list of medications through ODM over the past 12 months for an individual child, focused on ten predefined medication classes.

Originally designed to help PCSAs track psychotropic and opioid medications, the report was expanded based on feedback from PCSAs and clinical staff. Additional medication classes such as neuropathic pain medications, anticonvulsants, insulin, inhalers (e.g., for asthma), and EpiPens were added to capture drugs critical to managing mental health and serious medical conditions.

While the report is not considered a full medication list, it offers targeted information to help PCSAs understand and track prescriptions for children and youth in their custody. For more detailed pharmacy data or a clinical review, PCSAs can contact the child or youth's MCO or access the Care Coordination Portal.

The current process is manual, requiring DCY staff to coordinate with ODM to arrange data delivery, establish data-sharing agreements, run code to generate reports, and email the reports to PCSA and DCY representatives. Over the next five years, the goal is to create seamless integration between Ohio SACWIS and Medicaid's pharmacy claims system, enabling automated, on-demand report generation and distribution.

Supporting Youth Transitioning from Care

At least one hundred eighty days prior to a youth's eighteenth birthday, the PCSA or PCPA is required to provide the youth information on final transition planning and post emancipation services in accordance with OAC.

At least 90 days before a youth emancipates from agency custody, the PCSA or PCPA must develop a youth-driven final transition plan and include the following healthcare information:

- Details about Medicaid eligibility for former foster youth up to age 26.
- Submission of ODM 01958 "Referral for Medicaid Continuing Eligibility Review" to the county where the youth will reside post-emancipation.
- Explanation that Medicaid must be renewed annually in the residing county.
- Options for health care power of attorney and establishing ongoing medical and behavioral health services.

Prior to the youth's emancipation from agency custody, the PCSA or PCPA is required to secure and provide the youth with an original birth certificate, Social Security card, and a current state identification card or driver's license.

Upon termination of custody due to emancipation, the agency is required to provide the youth with the final transition plan, a copy of the youth's health and education records, and a letter verifying their emancipation from agency custody.

Data Integration and Technology Initiatives

Health and Children Services Data Exchange RFP

A request for proposal (RFP) was posted to enable bidirectional data sharing between Electronic Health Records (EHR) systems and Ohio SACWIS, allowing both medical and child welfare providers real-time access to essential data.

By enabling shared access, providers across systems can better understand and respond to each other's needs. For example, a child welfare worker could help ensure a child attends a medical appointment if they receive that information directly. Currently, appointments may be scheduled without awareness of the child's involvement with other systems, leading to missed appointments and gaps in care. For medical providers, access to child welfare data can offer a fuller view of the child's needs, allowing for more effective and tailored care.

CANS IT System Interface

Child and Adolescent Needs and Strengths (CANS) Assessments are completed by trained and certified professionals to obtain information used to inform care planning and decision-making for children and youth with behavioral health needs. The assessments capture the child or youth and family's story, identifying both strengths and areas of need.

Ohio has selected the CANS tool to meet the functional assessment requirements for the Qualified Residential Treatment Program (QRTP). Access to CANS assessment information helps ensure youth are not placed in non-family foster home settings due to inappropriate diagnoses.

To support this, DCY and ODM are developing an interface between the CANS IT System and Ohio SACWIS. While CANS assessors can currently view assessments within the CANS IT system, the new interface will allow Title IV-E agencies to view CANS information for children in custody directly through Ohio SACWIS.

Ohio SACWIS – Medicaid Interface

Ohio SACWIS is integrated with Ohio Benefits (OB), which is replacing ODM's legacy system, the Medicaid Information Technology System (MITS), set to retire in 2025. Going forward, Medicaid eligibility determinations for children in custody of Title IV-E agencies will be determined by OB.

When a Title IV-E Agency obtains custody of a child or youth, their existing medical information, including MCO information, is shared with Ohio SACWIS to support continuity of care. Authorized users can view and update MCO information within Ohio SACWIS as needed. Multiple security measures have been put in place in both systems to protect children's confidential information.

As a result, Ohio SACWIS and OB are building a real-time, bidirectional data interface. This new interface will:

- Increase the amount and accuracy of verified data in Ohio SACWIS
- Improve Medicaid eligibility tracking for children and youth in custody
- Include eligibility data for youth in extended foster care (Bridges Program) and those aging out of care
- Ensure continued access to Medicaid waivers and guarantee 12 months of Medicaid coverage for children and youth exiting custody (i.e., reunification, adoption, aging out of care)

Ohio Certification for Agencies and Families

Ohio Certification for Agencies and Families (OCAF) platform is an online portal that allows prospective agencies and families to inquire, apply, and become a certified agency or certified foster and/or adoptive caregiver with any agency in Ohio.

The portal will also offer a secure login for providers such as adoptive parents, kinship providers, and foster parents giving them 24/7 access to current Medicaid information for the children in their care. This near real-time access supports continuity of care by ensuring providers can access medical information and resources.

Care Coordination Portals

In December of 2023, ODM's Managed Care Organizations (MCO) opened their Care Coordination Portals (CCPs) to Medicaid recipients and legal guardians, providing access to care coordination and health information, including children in custody. Each MCO including Aetna OhioRISE, have a CCP available through the MyOhio or OH|ID websites.

The ODM and DCY collaborated to provide Title IV-E agencies with streamlined access to these portals via a specialized user role in Ohio SACWIS and accessed using the State of Ohio single sign-on. Aetna's CCP, FamilyCare Central, has been accessible since fall of 2022.

ODM, DCY, and the MCOs have collaborated to ensure that the CCPs are structured to aid Title IV-E agencies to easily view healthcare information for children and youth in their custody, including:

- Prior authorization requests
- Medicaid-covered services (e.g., hospital stays, doctor visits, prescriptions)
- Contact information for managed care coordinators or care guides

While utilizing the portal is optional and left to each agency's discretion, they offer immediate access to health information for children and youth in Title IV-E agency custody.

School-Based Health Initiatives

Ohio's Governor and General Assembly support a variety of school-based health initiatives to ensure children and youth, including those involved in child welfare, have access to comprehensive and timely health services within the school setting.

Governor Mike DeWine proposed funding in the 2026-2027 budget to support school-based health centers, the Ohio SEE program, and a dental services pilot program for Ohio's most at-risk students.

These efforts align with the state's commitment to improving educational and health outcomes by addressing physical, behavioral, and oral health needs directly where students learn.

School-Based Health Centers (SBHCs)

School based healthcare has merged as a priority for many programs and agencies in Ohio, especially for populations of youth that have barriers to accessing a primary care provider. In State Fiscal Year 2022, the ODH partnered with the Ohio Department of Education and Workforce (ODEW) to support SBHCs across the state. This effort was funded through CDC Workforce Development Initiative and the American Rescue Plan Act (ARPA). Funds were used to contract with Nationwide Children's Hospital to provide training for SBHC funded agencies, and with the Ohio School-Based Health Alliance to deliver training, technical assistance, and foster collaboration among SBHCs statewide.

SBHCs provide comprehensive health services and programming in school buildings that may include:

- Preventative care, including annual physical and immunizations
- Acute illness
- Mental health and behavioral health services and supports
- Oral health and vision services
- Chronic disease management

Ohio Student Eye Exam (OhioSEE)

Governor Mike DeWine announced the creation of the Ohio Children's Vision Strike Force in May 2024 which led to the development of the OhioSEE Program. As part of the Governor's proposed 2026-2027 executive budget, $50 million is recommended to support the initiative over the biennium.

Administered by ODH, the OhioSEE program supports children in grades K-3 who fail vision screenings and do not have access to follow-up care. With parental consent, participating students receive a full eye exam, and glasses if needed, through one of four locally selected delivery models, including mobile vision vans or SBHCs. ODH also partners with community organizations to offer screening days for homeschooled K-3 students.

Ohio's Children's Dental Service Pilot Program

Announced by Governor Mike DeWine in his 2025 State of the State Address, Ohio's Children's Dental Service Pilot Program under the auspices of ODH is designed to improve dental care access for school-age children in underserved areas.

In response to data showing that 64% of Ohio children on Medicaid had no dental visit in 2023, and 19% had at least one untreated cavity, the program targets nine counties with dental care shortages and no nonprofit dental clinics: Clinton, Crawford, Gallia, Highland, Hocking, Monroe, Noble, Paulding, and Washington.

Through school-based delivery, the pilot will offer screenings, preventive care, and treatment directly in schools. If approved by the General Assembly, the program could serve up to 12,000 children who went without dental care in the past year.

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