



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 (LDSSs, also known as local districts) and voluntary authorized agencies (VAs) in the provision of adequate, individualized, and 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. Over time, the focus has shifted to the importance of timely and responsive mental health, developmental, and behavioral services for children in foster care. Thus, the inclusion of those elements into the provision of health services and coordination of appropriate health care has become more central to achieving child welfare goals.

All children in foster care need health services to identify, diagnose, and treat their needs. Health services are also necessary for appropriate preventive care and consistent follow-up care for treatment already received.

The American Academy of Pediatrics declared that children in foster care are “children with special health care needs” due to their high rates of physical and mental health struggles, some of which could have been caused by the maltreatment itself or the disruption caused by removal from the home and placement in foster care. When children experience more adverse childhood experiences (ACEs) – including child maltreatment, parental substance use disorder, parental divorce or separation, parental incarceration, and domestic violence – they are at an increased risk for long-term and lifelong medical issues, such as adulthood heart disease, stroke, cancer, respiratory diseases, diabetes, depression, and other conditions.¹

Federal laws have a significant impact on how New York State funds and delivers health services for children in foster care. Some of these federal laws are discussed below.

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

The federal Patient Protection and Affordable Care Act (ACA) is the comprehensive health care reform law enacted in March 2010. The ACA provided a mandated eligibility pathway for Medicaid that became effective in 2014 for the “former foster care” group, which enables older youth to receive Medicaid until their 26th birthday. This coverage is similar to that of other young adults with no foster care connection who are able to remain on their parents’ health care plans until age 26. Youth formerly in foster care are eligible for their state’s full Medicaid coverage, regardless of their income and whether the state where they live opted to cover or declined to expand Medicaid coverage under the “adult group.”

The federal Family First Prevention Services Act (FFPSA) enacted in February of 2018 enhances support services for families to help children remain safely at home instead of entering foster care. Under FFPSA, states, territories, and tribes have the option to use Title IV-E funds for time-limited, evidence-based prevention services for a child who is a candidate for foster care, a pregnant or parenting youth in foster care, and the parents or kin caregivers of those individuals. Some of these services are health related, such as mental health and substance use disorder prevention and treatment services.²

Audience and Organization of the Manual

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 in direct care or indirect care placements. Direct care includes foster homes certified or approved by an LDSS as well as facilities operated by an LDSS. Indirect care includes VA-certified or approved foster homes and VA-operated congregate care settings.

¹ [Health-Care Coverage for Children and Youth in Foster Care and After \(childwelfare.gov\)](http://childwelfare.gov).

² [Health-Care Coverage for Children and Youth in Foster Care and After \(childwelfare.gov\)](http://childwelfare.gov).



Health services may be provided directly by the VAs or by providers in the community.

This manual's 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. This manual is not designed for parents/caregivers or health care providers but may be helpful to guide conversations with these individuals about the health care needs of and services for children in foster care.

Health Services Guidelines for Children in Foster Care

OCFS's health services guidelines for children in foster care comply with the 2019 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards issued by the Centers for Medicare and Medicaid Services (CMS) and all state and federal health regulations.

➔ **EPSDT provides a comprehensive array of preventative health care and treatments for children under age 18 who are enrolled in Medicaid. The New York State version of EPSDT is known as the Child/Teen Health Plan (CTHP). Children in foster care are categorically eligible for Medicaid if they are U.S. citizens or meet satisfactory immigration status and are entitled to receive core services. In addition, this manual includes recommendations for best practices to promote optimal health. These are based on research on the health needs of children in foster care. You are encouraged to use 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 OCFS. Resources referenced throughout this manual, including websites and organizations, are included to provide helpful information and tools for foster care and health staff working together with children and families, but these are not maintained or authored by OCFS.

The guidelines are drawn from the following sources:

- [***Federal Medicaid EPSDT \(Early and Periodic Screening, Diagnostic and Treatment\)***](#)
- [***New York State Medicaid C/THP \(Child/Teen Health Program\) Provider Manual***](#)
- ***New York State Codes, Rules and Regulations (NYCRR)*** applicable to services for children in foster care
- [***New York State Office of Children and Family Services policy directives***](#) 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)**
- [***Health Care Issues for Children and Adolescents in Foster Care and Kinship Care - Official Journal of the American Academy of Pediatrics***](#)
- Child Welfare League of America (CWLA) Standards: Health Care Services for Children in Out-of-Home Care
- American Academy of Pediatrics (AAP) [***Fostering Health: Standards of Care for Children in Foster Care***](#)
- Other relevant sources