The MATCH Program at BCDSS: Making All The Children Healthy in Baltimore’s Foster Care System

A program of HealthCare Access Maryland, Inc. & Baltimore City Department of Social Services to provide medical case management for Baltimore City children in foster care.
### BCDSS Child Welfare Snapshot (10/2011)

<table>
<thead>
<tr>
<th>Kids in Care</th>
<th>3789</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Settings</td>
<td>76%</td>
</tr>
<tr>
<td>Group Settings</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
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<tr>
<td>Foster Homes</td>
<td>972</td>
</tr>
</tbody>
</table>

#### Kids by Age Group

- 0-2 Yrs: 12%
- 3-5 Yrs: 9%
- 6-12 Yrs: 19%
- 13-16 Yrs: 21%
- 17+: 40%

Foster Homes: 972

- 61% age 12
Who is MATCH?

- Combination of HCA and BCDSS staff
  - Medical Director
  - Nurse and SW Program Managers
  - Care Coordinator Supervisor
  - 10 RN Medical Case Managers
  - 7 SW Medical Case Manager
  - 10 Care Coordinators
  - Program Administrator
  - 19 Administrative Support Staff
    - Registration, Scheduling, Medical Records, Medical Assistance, Data management
Alignment with BCDSS Child Welfare Workers

1 MATCH Team per 2 Permanency Units
- Nurse Medical Case Managers (2)
- Social Worker Medical Case Managers (1-2)
- Care Coordinators (2)
What does MATCH do?

- Assure that the health care needs of children in foster/kinship care are met in a timely manner— including initial and comprehensive health exams
- Determining children’s health status and identifying children at risk for health issues
- Assist with health related referrals and following up with health provider recommendations
- Educate permanency team, caregivers and children about child’s health needs including disease management, prevention, and wellness
- Assure enrollment in Medical Assistance and choose appropriate MCO
Children’s Health Status

1- Healthy
2- Healthy. In counseling.
3- Acute or chronic condition requiring follow-up
4- Acute or chronic condition requiring subspecialty care or condition considered high risk
5- Medically fragile child
Barriers to meeting Health Needs for Children in Foster Care

- Discontinuity of care - using different medical providers, multiple placements
- Incomplete health history - lack knowledge about health conditions and needs
- Difficulty monitoring health - multiple placements, social worker knowledge of health issues
- Gaps in health care coverage (MA and MCO enrollment)

Medical Homes for Children in Foster Care

- Maintaining a child in their previous medical home is critical for children who transition placements, care providers, and who have increased health care needs.

- Allows for continuity of care and a single source of health history.
System Challenges

- Infants and Toddlers assessments
  - Caregivers refusal to participate
  - Caregiver is educational surrogate
  - Sharing of information- different legal rules
System Challenges

- HIPAA rules confusing for children in foster care - who has right to information
- Medicaid enrollment codes do not easily identify children in foster care
- Medicaid billing code for an initial foster care screen does not exist
  - Confusion with providers/practices on how to schedule and what it is
System Challenges

- Adolescents and transitional age youth
  - Missed appointments/Refusing to attend
  - Balancing privacy of health records with care oversight
  - Change in child to adult mental and behavioral health services