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AAP News 2002;20;117

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American Academy of Pediatrics

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Policy calls for comprehensive medical, dental care for foster kids

by Lori O'Keefe
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It's no surprise that children placed in foster care because of unstable family environments have more medical, developmental, educational and mental health problems than other children. In fact, it's estimated that anywhere from 35% to 95% of foster care children suffer from at least one of these issues.

"The problem with foster children is that they come in for care and, oftentimes, nobody has any idea about their previous health care. The dilemma then becomes how to care for children when you don't have their medical history," said Mark D. Simms, M.D., M.P.H., FAAP, member of the AAP Provisional Section on Adoption (PSOA) Steering Committee. "The pediatrician has to play the role of catching up to find out what the child's needs are and to coordinate care and referrals."



Dr. Simms

A revised AAP Policy Statement, *Health Care of Young Children in Foster Care*, recommends that children receive an initial health screening as soon as they are placed into foster care. The policy statement also recommends comprehensive medical and dental assessments, developmental and mental health evaluations, and ongoing primary care and monitoring of health status through a medical home (*Pediatrics*. 2002;109:536-541).

"The issue of health care for young children in foster care is extremely important and pressing because in recent years, increasing numbers of infants and toddlers have entered foster care," said Susan Lippert Levitzky, M.D., FAAP, member of the AAP Committee on Early Childhood, Adoption and Dependent Care (COECADC). "Their health and developmental needs must be dealt with in the best possible way for an optimal outcome."



Dr. Levitzky

The policy statement cites that approximately 500,000 children are in foster care, a 65% increase in the past 10 years.

According to Dr. Simms, 35% of children in foster care have a chronic health problem such as asthma, diabetes or a chronic skin condition, about 15% have a birth defect that requires ongoing health care, about 50% have a challenging behavior, and approximately 90% have a behavior disturbance.

"Mental health problems are more subtle and difficult to detect," Dr. Levitzky said. "All children coming into foster care are emotionally traumatized. We're looking for serious reactions to separation from family and parents and approaches to ameliorating this."

Dr. Simms also discovered in his own research that 15% of children who were entering foster care were short. However, after placement, 50% of the children grew at an accelerated rate, 30% grew at a normal rate, and the remaining 20% failed to grow at a normal rate (Wyatt DT, et al. *Arch Pediatr Adolesc Med*. 1997;151:813-816).

In addition, Dr. Simms and colleagues discovered that children put into a stable foster environment show improvement over time (Horwitz SM, et al. *Arch Pediatr Adolesc Med*. 2001;155:1255-1260).

Besides health issues and a lack of health care history, the complexity of and time involved with treating

foster children and coordinating their health care typically means inadequate reimbursement rates.

"Funding of health care for children in foster care is complicated," Dr. Levitzky said. "Foster children have such complex histories and physical, developmental and mental health problems, and evaluating them takes much more time and therefore is more costly."

Maira A. Szilagyi, M.D., Ph.D., FAAP, says she spends just as much time coordinating care for foster children as she does providing medical treatment. She opted for reimbursement from Medicaid fee-for-service rather than a Medicaid HMO because, at the time, the managed care option didn't provide adequate care for the mental health needs of foster children. However, since then, Dr. Szilagyi, who works at an Article 28 facility, has been able to secure an enhanced Medicaid reimbursement rate to treat what she considers a "special needs population." An Article 28 facility is one that has a high number of Medicaid patients, such as a university-based hospital or neighborhood health center. These facilities receive Medicaid fee-for-service payment, but also receive an enhanced rate that they negotiated with the state because of the high number of Medicaid patients. In addition, Article 28 facilities treat more complex patients.

To help improve reimbursement rates, Dr. Szilagyi, a member of COECADC and the PSOA Steering Committee, suggests discussing reimbursement issues with the county public health director, foster care agency directors and key personnel at the department of social services.

Dr. Levitzky recommends joining with child welfare and mental health professionals to advocate at the state and national levels.

After opening a specialty primary care office to treat children in foster care, Dr. Szilagyi quickly realized that a medical home model would be more effective than relying on foster parents to schedule and follow through on medical care for their foster children.

"We couldn't even be sure we would be notified when children entered the welfare system," said Dr. Szilagyi. "Children were being placed in foster care and foster parents only sometimes thought to take their children to the pediatrician. It became apparent that we needed a medical home model and tracking system because children were moving around so much."

Dr. Szilagyi says consent and confidentiality are additional issues pediatricians face in treating foster children. "It took me years to figure out the complexities of consent and confidentiality," she said. "Birth parents have the authority to provide consent but foster parents provide care to the children."

The AAP policy statement recommends that pediatricians serve as the primary care provider for children in foster care, act as a consultant to child welfare agencies and work in conjunction with child welfare agencies and pediatric subspecialists. The policy statement also recommends:

- conducting an initial physical examination to identify acute and chronic health conditions that require immediate treatment;
- providing comprehensive physical and mental health and developmental evaluations within one month of placement;
- encouraging social workers to include results of health assessments and recommendations from health professionals in social service case plans;
- working with child welfare agencies to ensure that

foster children receive all of the necessary preventive and therapeutic services and participate in all federal and state entitlement programs for which they are eligible;

- monitoring physical, developmental and mental health progress more frequently than children living in stable homes; and
- working with child welfare agencies to implement systems to guarantee transfer of physical and mental health information among health professionals who treat foster children.

"Putting together a team up front is key to getting anything done," Dr. Szilagyi said. "Teamwork pays off in the foster care business."

In addition to the policy statement, more information on health concerns and guidelines for evaluating the needs of children in foster care can be obtained by entering "foster care" into the search engine on the AAP Web site (www.aap.org).

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