



Health and Health Care in Husky A for Children in the Care and Custody of The Connecticut Department of Children and Families

January 2002

In Connecticut, there are more than 8,000 children in the care and custody of the Department of Children and Families (DCF) who are enrolled in HUSKY A. Enrollment in this Medicaid managed care program is mandatory for children in state custody. HUSKY A provides foster care and adoptive families with access to the health care these children need. Although children in foster care and other protective out-of-home placements make up less than five percent of children enrolled in HUSKY A, their health care needs and circumstances constitute a significant challenge for the health care system. Their health concerns are extensive, commonly the result of abuse or neglect, and often include chronic diseases and significant developmental and psychiatric problems. Recent studies in Connecticut and elsewhere show that children in state custody do not always receive basic health care services, nor are their health problems always identified and treated.

Ensuring the health and well being of Connecticut children in state custody is enormously challenging and highly dependent on effective communication and cooperation between two large state agencies, regional foster care clinics, four health plans and provider networks, caseworkers and foster parents. Health care for these children can be complex, intensive, and very costly. Educational and social service needs tend to overlap with health care needs. In order better understand how these children fare in HUSKY A, the Children's Health Council reviewed and compiled enrollment and utilization data for children in state custody in HUSKY A.¹

Enrollment

Children in DCF custody make up a small proportion of children in HUSKY A. As of July 2001, there were 8,314 children enrolled in Medicaid coverage categories (D01, D02) corresponding to foster care and adoption assistance groups (4.7%). In comparison, 23.8% of children enrolled in July 2001 were in families receiving cash assistance. As overall enrollment in HUSKY A has increased, the proportion of children in state custody who are enrolled in HUSKY A has decreased somewhat.

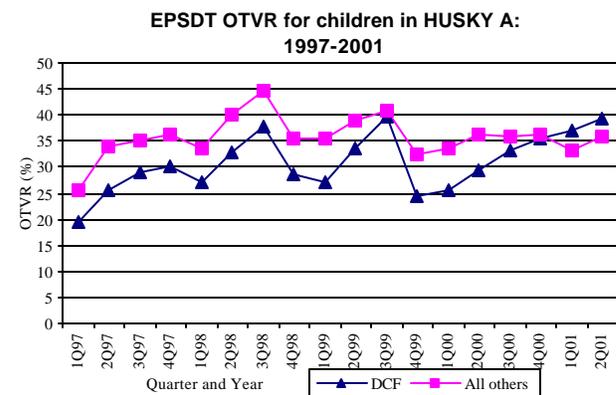
Children in DCF custody are at risk for losing coverage when changes in DCF involvement affect eligibility. Based on analysis of longitudinal enrollment data dating back to July 1997, the average period of continuous enrollment in DCF-related coverage groups is just over 17 months (range: one - 41 months). On average, children in DCF-related Medicaid coverage groups had one to two enrollment periods (range: one – six). Children in federally mandated Medicaid coverage groups are entitled to 12 months continuous eligibility, but like other children in HUSKY A, are at risk for losing coverage when DCF involvement ends and eligibility in other coverage groups should be evaluated. Eligibility for children in state funded Medicaid is tied to DCF involvement; unlike other children enrolled in HUSKY A, these children are not granted 12 months continuous eligibility.

Children in DCF custody are more likely to change health plans. In a one- year period, 10% of children in DCF custody changed, compared to less than 5% of other children.

Health care utilization

Compared to other children enrolled in HUSKY A, children in DCF custody:

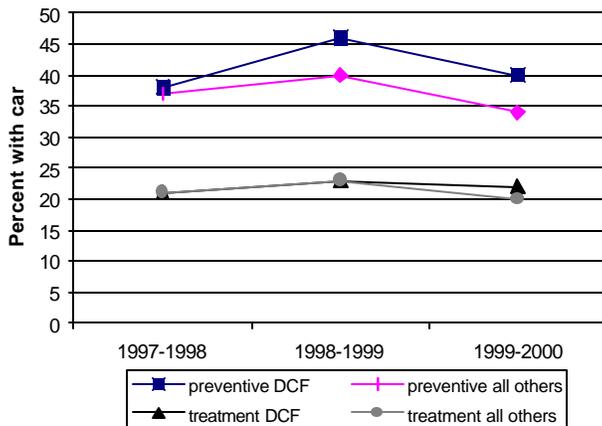
- **Are increasingly more likely to receive timely well-child care.** Until recently, children in state custody had consistently lower rates of timely well-child visits than other children enrolled in HUSKY A. Beginning in the third quarter 2000, the gap



between visit rates began to narrow and the EPSDT on-time visit rate for children in DCF custody has surpassed the rate for other children in HUSKY A.

- **Are less likely to have a usual source of care.** In two one-year periods, children in DCF custody were less likely than other children in HUSKY A to have had a usual source of care, that is, a place other than the emergency department to go for well-child care and acute care. Those at greatest risk were older adolescents, males, and white children in DCF custody.
- **Are more likely to have had emergency care or been hospitalized for behavioral health care.** In a one-year period, the percentage of emergency visits for mental disorders was considerably higher for children in DCF custody (19.1%) than for other children in HUSKY A (3.1%). The percentage of hospitalizations for mental disorders was far higher for children in DCF custody (62.8%) than for other children in HUSKY A (8.0%).
- **Are more likely to have had preventive dental care.** Annual rates for preventive dental care for children in DCF custody have been equal to or higher than rates for other children. Treatment rates have been essentially the same.

Preventive Dental Care & Treatment for Children in HUSKY A



Health status

Children in DCF custody have disproportionately more behavioral health care needs than other children in HUSKY A. In a one-year period, children in DCF custody were at seven times greater risk for being hospitalized for treatment of very serious mental health disorders and chemical dependency. Length of stay was longer and discharges were far more likely to be followed by readmissions.

Access to and satisfaction with health care
Foster care and adoptive parents report they are generally satisfied with HUSKY A health plans, access to care, and the quality of the care their children receive. Compared to responses from parents of other children with special health care needs in HUSKY A, foster care and adoptive parents were more likely to report that their children were in good health, with few chronic health conditions. Access to care was reportedly the same as that reported by parents of other children with special health care needs, although children in DCF custody were reported to have used fewer services. Dental care utilization was reportedly higher, however. Satisfaction with the choices and quality of providers and with the overall quality of the health plans was essentially the same for foster care or adoptive parents and other parents of children with special health care needs.

Recommendations

- DSS should extend 12 months continuous eligibility for HUSKY A to children in state funded Medicaid, then work with DCF and others to ensure that reunited families know how to access care for their children.
- DSS should investigate and remedy administrative procedures that might adversely affect continuous eligibility for children in DCF custody whose eligibility for Medicaid ends.
- The Children’s Health Council, in consultation with DCF, should investigate and report on the effective use of directed, intensive outreach and follow-up with foster care families so that health plans and others can adopt this approach to increasing timely well-child visit rates.
- DSS should collaborate with DCF, DPH, and the Children’s Health Council to develop a systematic approach to monitoring access to and quality of care for children in state custody and other children with special health care needs in HUSKY A.
- DSS, DCF, and HUSKY A health plans should work together to ensure that when Connecticut KidCare is implemented, behavioral health care services are well-coordinated with primary care services for children who receive care.

ⁱ A detailed report is available on from the Children’s Health Council and at www.childrenshealthcouncil.org.