

# Identifying and Securing Services for Medically Complex Children in Out-of-Home Care

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**Subject:** Identifying and Securing Services for Medically Complex Children in Out-of-Home Care

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**Contact Div/Bur/Sec:** Division of Milwaukee Child Protective Services

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*Any information referenced within this document is considered to be a part of this policy with the exception of the "related resources" section.*

## **Summary:**

This policy describes specific procedures used to identify the high-risk population of children with medical complexity who are entering out of home care and strategies to ensure children and their caregivers receive the supports and services to promote placement stability and permanency.

## **Policy:**

Children with medical complexity are a high-risk subpopulation served in the child welfare system, who have significant chronic physical and/or mental health conditions that frequently result in functional limitations and high health care needs or utilization. Children with medical complexity comprise an estimated 5-10% of the out-of-home care population.

They can present unique case management challenges and have been found to be at increased risk of maltreatment and for experiencing poor outcomes during periods of transition (e.g. entry into out-of-home care, placement changes, and reunification). Children with medical complexity also have among the highest risk of all children for adverse medical, developmental, psychosocial, and family outcomes.

DMCPS Health Unit and Ongoing agency nurses utilize the Pediatric Medical Complexity Algorithm (PMCA) risk stratification tool to identify children with medically complex conditions and/or who are technology dependent. Early identification of this subpopulation of children as they are entering out of home care facilitates condition specific provider education and helps to target additional resources and supports which can also reduce the risk of maltreatment in this vulnerable population.

Children who are technology dependent or are medically fragile (see definition below) may not be considered medically complex (according to the PMCA tool) but may receive the same support as children who are medically complex outlined in this policy. Children with either medical fragility or technology dependence alone does not necessarily constitute complexity; both can be important components of medical complexity.

Depending on available information, children may be identified as medically complex when a DMCPs Access referral is received, during a CPS investigation, or when a child is placed in out-of-home care or receiving EIS or IHHS

The procedure below describes when the DMCPs/Ongoing Nurses should be notified, how children are identified as medically complex by DMCPs/Ongoing Nurses, and the ongoing collaboration that should occur between OCMs and Ongoing Nurses to support children and their caregivers, who are in out-of-home care and considered medically complex. This includes but is not limited to collaboration with Wraparound and Care4Kids when applicable.

### Definitions

- Medically complex: children with medical complexity are defined as having significant chronic health problems that can affect multiple organ systems and frequently result in functional limitations, high health care needs or utilization, and often, the need for, or use of medical technology. This includes physical and/or behavioral health conditions.
- Medically fragile: referring to an ongoing need for skilled services that support basic life functions necessary for survival.
- Technology dependent: child requires technology to compensate for the loss of a vital body function.

### Procedures:

1. When the IAS/OCM suspects a child entering or placed in out-of-home care may be medically fragile/complex, the IAS/OCM should request a health consultation with an DMCPs/Ongoing Nurse for the purpose of a medical complexity determination
2. When a DMCPs/Ongoing Agency Nurse is notified, the assigned DMCPs/Ongoing Nurse will review available health information, have further dialogue about the child's condition with IAS/OCM (if needed), and completes the PMCA scoring tool if sufficient medical information is available. The DMCPs/Ongoing Nurse will document the PMCA scoring results for whether or not the child is medically complex or related medically fragile or technology dependent designation in an eWISACWIS. Documentation will occur in a case note and the Ongoing Nurse will check the "*child has chronic physical, mental and emotional issues*" box under the person management, medical and mental health tab if applicable.
  - a. The DMCPs/Ongoing Nurse will notify the IAS/OCM if the child is medically complex.
3. If a child is identified as medically complex and/or technology dependent and transferring to Early Intervention Services, Intensive In-Home Services, or entering Out-of-home care, the Ongoing Nurse will:
  - a. Contact the DMCPs Health Unit for health information about the case, if the Ongoing Nurse has not received communication from a DMCPs Nurse.
  - b. Participate in the case transition meeting (as availability allows)
    - i. If the Ongoing Nurse cannot participate, the Ongoing Nurse will follow up with the OCM to get case information.

- c. Conduct a home visit with a child and their caregiver within 30 days of case transfer to OHC, including PMCA scoring if not already completed.
  - i. Home visits for medically complex children receiving EIS or IIHS services will be at the discretion of the Ongoing Nurse but may also be recommended by the DMCPs Medical Director or Ongoing Section Manager.
- d. Initiate and participate in quarterly consultation with the OCM to discuss the child's medical condition, needs, and any support the caregiver may need. An Ongoing Nurses' participation in a permanency roundtable and/or family team meetings qualifies as a quarterly consultation when applicable.
  - i. For children enrolled in Care4Kids, the Ongoing Nurse will communicate with the Care4Kids Health Coordinator (at least bi-annually in conjunction with initial C4K care plan development and updates), and efforts should be made to involve the Care4Kids Coordinator in quarterly consultations.
  - ii. More contact between the Ongoing Nurse, OCM, and other care coordinators may be needed dependent upon the child's needs
- e. Conduct a home visit within 30 days after reunification occurs.
- 4. The DMCPs Health Unit and Ongoing Nurses collaborate to track children in OHC with medically complex conditions in order to support IAS/OCMs and children and families in out-of-home care.
- 5. The Ongoing Nurse will review the PMCA score of children in OHC, who are identified as medically complex, annually (at a minimum). This information will be used to determine if current support is sufficient or should be modified in conjunction with other available information.

### **Child Hospitalization during Child Welfare Involvement**

- o The Ongoing Nurse must be notified by the Ongoing Case Manager (OCM) when a child identified as medically complex, medically fragile or technology dependent in out-of-home care is hospitalized for physical or behavioral health.
- o A consult must occur as soon as possible after the notification between the Ongoing Nurse and OCM to share information about what led to hospitalization and other important factors in the case.
  - o The Ongoing Nurse will determine if phone and/or face to face follow up with the child and caregiver is necessary. If so, the communication with the child and caregiver will occur within 30 days of the hospitalization discharge date.
- o The nurse consultation with the caregiver may result in the nurse doing the following:
  - o Review of discharge medications and status of any recommended hospital follow up
  - o Consultation with Care4Kids Health Care Coordinator, Wraparound Care Coordinator or other service coordinators to connect to additional services/supports
  - o Referral to CLTS, behavioral health (CCS or other) Birth to Three and/or other county-based services.

### **Responsibilities:**

IAS: Notify the DMCPs/Ongoing Nurse when it is suspected or confirmed that a child entering or placed in out-of-home care may be medically fragile/complex, collaborate

with the DMCPs/Ongoing Nurse to provide support to children and families, and communicate with the child's caregivers.

OCM: Notify the DMCPs/Ongoing Nurse when it is suspected or confirmed that a child entering or placed in out-of-home care may be medically fragile/complex or has been hospitalized for a physical or behavioral health condition, participate in quarterly consultations with the Ongoing Nurse, communicate with the child's caregivers, and collaborate with the DMCPs/Ongoing Nurse and IAS.

DMCPs Nurse: Identify children who are medically complex by reviewing health information and collaborating with IAS/OCM to collect additional information, track children who are medically complex, and communicate with the child or caregivers to provide additional resources and support

Ongoing Nurse: Identify children as medically complex, collaborate with OCMs to serve children and their caregivers by initiating and attending staffings, communicate with the child or caregivers to provide additional resources and support, and consult with the DMCPs Medical Director as needed.

### **Related Resources:**

#### DMCPs Policies

- [Medical Coverage for Children Entering Out-of-Home Care](#)
- [Medical Evaluations for Children Policy](#)  
and [Process for Scheduling Medical Evaluations Memo](#)
- [Consultations with DMCPs Health Unit Policy](#)  
and [Memo](#)
- [Special Considerations During COVID-19 for children and families with medical conditions Memo](#)