



Colorado Health and Health Care Profile: Children in Foster Care

Colorado Department of Health Care Policy and Financing

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Colorado [Medicaid](#) is a public health insurance program for low-income families, the elderly, and people with disabilities administered by the [Colorado Department of Health Care Policy and Financing](#). It is the goal of Colorado Medicaid to improve the health and functioning of Medicaid clients by improving their access to quality, cost-effective health care services. *Colorado Health and Health Care* profile reports examine the Department’s progress in achieving that goal.

Colorado Children in Foster Care

According to the Colorado Department of Human Services, Division of Child Welfare Services’ [Fact Sheet](#) for fiscal year (FY) 2010, Colorado had 1,281,607 children between the ages of 0-17. Of those children, .9% (11,905) were in some form of out of home placement. Of those placed out of the home, 50% (5,922) of the children were in foster/group homes, 34% (4,054) were in kinship and other care, and 16% (1,929) were in residential care.

Under Colorado’s Needy Persons Under-21 Rule (10 CCR 2505-10, Section 8.100.4.H), children who are considered to be under partial or full financial responsibility of the Colorado Department of Human Services and are in foster care in Colorado are eligible to receive Medicaid benefits until their 21st birthday.

In 2008, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351, Section F (P.L. 110-351) was implemented on the federal level. The Act calls for every state to create a Health Care Oversight and Coordination Plan that outlines the health care services for children in foster care.

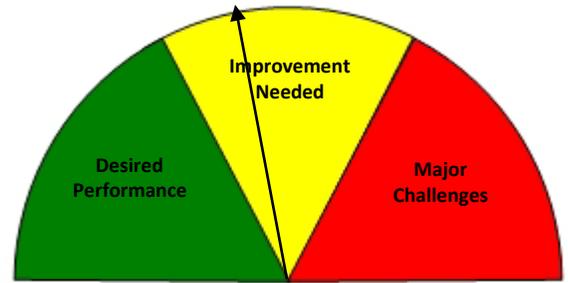
Colorado’s Oversight and Coordination Plan describes the changes of the services for children in foster care in the state. Some examples of the changes so far include:

- The signing of a law called the Medical Homes For Children Act (SB07-130) by Governor Bill Ritter, Jr., which assures access to a medical home for every child enrolled in public health insurance (Medicaid). A medical home is a team of medical professionals who provide primary care to a patient. This allows for a patient and/or their families to create more of a bond with their health care professionals.
- The establishment of county medical home pilot programs in various counties across the state that help ensure that children in foster care are taken care of. Two examples include:
 - Denver County – created the Growing Connections for Kids project (GCFK) which sets up a coordinated health care team for every child in the Denver County foster care system.
 - Larimer County – established a program called “Healthy Harbors” that focuses on about 30% of the county’s children who are living in out-of-home placements and who have lacked access to medical, dental and/or mental health care. The program is a collaboration between the community, dental, primary care, and mental health officials in the county.

Children in Foster Care and Children Not in Foster Care

This issue of *Colorado Health and Health Care* looks at Colorado’s successes and challenges regarding the health and health care of children and adolescents in foster care. In an effort to help us understand exactly what Colorado’s health care successes and challenges are for children in foster care, it is important to compare them to other Medicaid children who are not in foster care. Doing so provides context to examine where Colorado is on the right track, areas in which Colorado needs to improve, and what major challenges need to be addressed. **Please Note: The following data used in this document is Colorado Medicaid claims data from Fiscal Year 2009-2010, and covers the age group 0-18.**

Medicaid Foster Care Gauge



On the Right Track

Improvement Needed

Major Challenges

- Emergency Department Visits
- Well Child Visits

- Dental Care
- Hospitalization

- Pharmacy

On the Right Track

Emergency Department Visits

In Fiscal Year 2009-10, about 25% of the children in foster care visited the emergency department at least once. This is less than the about 42% of Medicaid children who were not in foster care who visited the emergency department at least once.

Well Child Visits

During Fiscal Year 2009-10, about 74% of Medicaid children in foster care had at least one well child visit. In comparison to the about 87% of non-foster care children on Medicaid who had at least one well child visit during Fiscal Year 2009-10. However, in comparison to the Healthy People 2020 goal of having 76% of adolescents (10-17 year-olds) who have a wellness check-up once a year by 2020, Colorado is on the right track.

Improvement Needed

Dental Care

Healthy People 2020 has a goal to “increase the proportion of children, adolescents, and adults who used the oral health care system in the past year” from their current baseline of 45% to 49% by 2020. In Colorado, for Fiscal Year 2009-10, about 61% of children in foster care used dental services at least once. This compares to about 63% of Medicaid children not in foster care who used the dental services at least once.

Hospitalization

In Fiscal Year 2009-10, about 4% of children in foster care were hospitalized at least once. This is in comparison to about 5% of Medicaid children not in foster care who were hospitalized at least once. Although fewer children in foster care were hospitalized than children not in foster care, the average length of stay for children in foster care was 11 days compared to the Medicaid children not in foster care at 8 days.

Major Challenges

Pharmacy

For Fiscal Year 2009-10, about 71% of children in foster care utilized general pharmacy services at least once. This compares to about 66% of Medicaid children not in the foster care system who used general pharmacy services at least once. When looking at mental health drug usage, about 34% of children in foster care used at least one mental health drug compared to only about 3% of children not in foster care who used at least one mental health drug.

How We Are Addressing the Challenges

Increasing access to oral health assessments and examinations

- The Department reimburses trained medical providers to conduct oral health assessments and examinations.

Increasing access to fluoride varnish

- Fluoride varnish for children up to age 5 is now reimbursed if performed by trained medical providers as well as dental providers.

Increasing Medicaid benefit knowledge for caseworkers and foster parents

- The Department is working to provide benefit training to both caseworkers and foster parents.

Increasing the inclusion of children in foster care in the Medicaid enrollment process

- The Accountable Care Collaborative (ACC) includes children in foster care in the enrollment and care coordination activities.

Increasing the overall potential success of the Health Care Oversight and Coordination Plan

- In conjunction with the Department’s Children’s Services Steering Committee (CAC), a Fostering Connections working group of state government officials, foster care stakeholders, pediatricians, judicial branch officials, and other interested parties has been tasked with helping advance the requirements of the federal act.

The data presented in this health profile has been compiled from the following sources:

1. Colorado Department of Human Services, Division of Child Welfare Service
2. Child Welfare Research Program
3. Child Welfare League of America
4. Foster Care, Medicaid Kids Comparison Fiscal Year 2009-10 Analysis
5. Health Care Oversight and Coordination Plan for Children in Foster Care
6. [Healthy People 2020](#)
7. Colorado Secretary of State website, Needy Persons Under 21 Rule (10 CCR 2505-10, Section 8.100.4.H)

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