

CHECKING-UP ON CHILDREN IN NEW YORK CITY FOSTER CARE:

Does The
Medicaid
Per Diem Rate
Ensure Access
To Care?



CITIZENS' COMMITTEE for CHILDREN
OF NEW YORK INC.

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February 2005

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Constance Christensen, Esq.
Task Force Co-Chair

Chris Stern Hyman, Esq.
Task Force Co-Chair

Heidi Stamas
Chairman

Judith A Garson, Esq.
President

Gail B. Nayowith
Executive Director

Tara Sher, Esq.
Senior Policy Associate

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EXECUTIVE SUMMARY

Between 1991 and 2002, New York State focused on expanding health insurance coverage for children. The combined efforts of government and advocates resulted in many achievements, including: creating and expanding the Child Health Plus program; investing state and federal funds to expand eligibility for Medicaid and to support the facilitated enrollment initiative; and streamlining some of the administrative hurdles families encountered during the insurance application and re-certification processes.¹

Unlike the thousands of New York children who benefited from the recent efforts to expand and streamline access to health insurance, children in foster care did not. Unfortunately, the availability of adequate health insurance for children in foster care continues to be treated as a child welfare issue separate and apart from the State's public health insurance agenda. This is true despite the fact that most children in foster care are insured by Medicaid.

New York State relies on two types of Medicaid reimbursement for children in foster care: the Medicaid per diem rate and Medicaid Fee-For-Service.² The Medicaid per diem rate, a daily rate received by foster care agencies to pay for outpatient health and mental health services, is unique to children in foster care. It was intended to provide foster care agencies with the flexibility to respond to the special health and mental health needs of children in care. The Medicaid per diem rate affords foster care agencies with two choices: (1) hire staff who provide health and mental health services directly and/or (2) pay for services obtained in the community. For foster care agencies opting to provide services directly, New York State does not require them to obtain a license to do so and subjects them to only minimal oversight and regulation. For foster care agencies opting to secure services in the community, many refer children to state licensed health and/or mental health clinics that obtain Medicaid Fee-For-Service reimbursement. Referrals to Medicaid-Fee-For-Service providers

alleviates some of the financial strain experienced by foster care agencies year after year because New York State has set the Medicaid per diem rates so low that they could not otherwise afford to pay for the services rendered.

The end result is that the inadequacy of the Medicaid per diem rates, limited regulation of health and mental health service delivery by foster care agencies, and the reliance on Medicaid Fee-For-Service providers has resulted in wide variation as to how foster care agencies address the health and mental health needs of children in their care. These circumstances raise serious concern about whether children in foster care receive the services to treat their mental health problems, promote their healthy development, and help to facilitate reunification with their family or other caregivers.

From a policy and planning perspective, New York State's complicated health insurance arrangement for children in foster care makes it difficult to ascertain how foster care agencies spend the Medicaid per diem rate *and* the total amount of Medicaid per diem and Medicaid Fee-For-Service dollars spent on children in foster care. The absence of this data undermines efforts to allocate resources in ways that promote ready access to coordinated, comprehensive, and ongoing health and mental health services for children in foster care. A goal New York State has pursued vigorously for millions of other children.

Recent efforts to address the disparity in health insurance coverage for children in foster care and its consequences have met with no tangible success. The New York State Department of Health (SDOH) and the New York State Office of Children and Family Services (OCFS) formed a workgroup in 1999. Over a period of five years, the OCFS/SDOH Workgroup developed proposals to: restructure the Medicaid per diem rate methodology; improve care coordination and increase investment for mental health screening, assessment, and treatment services; and equip foster care agencies with the resources to serve categories of children depending on their level of mental health need. None of these proposals advanced beyond the Workgroup or surfaced in a state executive or legislative budget proposals.

¹ The New York State adopted budget for fiscal year 2005 curtailed some of these achievements and many advocates believe that even greater efforts to scale back Medicaid and Child Health Plus are in the works.

² Children placed in the care of a not-for-profit foster care agency are ineligible for Medicaid Managed Care under state law. 2002 NY Laws c. 1, sec. 67 ("a foster child in the placement of a voluntary agency" as a class of Medicaid recipients are "not eligible to participate in a [Medicaid] managed care program . . .").

Most recently, OCFS released *Working Together: Health Services for Children in Foster Care (Working Together)*, a manual distributed to foster care agencies that describes the state mandates related to, and the best practices for, delivering health and mental health services to children in foster care. Although originally intended to become regulatory requirements, an inability to secure state funding to enable foster care agencies to comply with the standards resulted in OCFS's decision to transform *Working Together* into a manual of recommended best practices. Presently, with the exception of the state mandates, there is no mechanism for monitoring or enforcing compliance with these standards. These circumstances highlight the gap, created by the inadequacy of the Medicaid per diem, between how foster care agencies try to meet the health and mental health needs of children in foster care and how foster care agencies could and should improve their practices if adequately funded.

After three years of advocacy in Albany to improve health insurance coverage for children in foster care, CCC decided that a change of approach was needed.³ To this end, CCC initiated a two-part study to examine how foster care agencies actually use the Medicaid per diem rate and/or other resources to address the health and mental health needs of children in their care. Part I of the study focused exclusively on agencies operating regular foster boarding homes. A total of 22 foster care agencies that operated foster boarding homes (FBH agencies) in New York City participated in Phase I of CCC's study. Part II of the study focused on children placed in regular group homes and regular residential treatment centers (RTCs). A total of 17 agencies that operated either regular group homes or regular residential treatment centers (RTCs) participated in Phase II of the study.

³ We also acknowledge the advocacy of other organizations working to improve health insurance coverage and access to health and mental health services for children in foster care. For example, the Council of Family and Child Caring Agencies (COFCCA), the principal representative for nearly all the voluntary, not-for-profit organizations providing foster care, adoption, family preservation, and special education services in New York State, contributed to the OCFS/SDOH Workgroup and hired a consultant to conduct an independent analysis of the Medicaid per diem rate. COFCCA is also partnering with the Coalition of Voluntary Mental Health Agencies, (CVMHA) the umbrella advocacy organization of New York City's mental health community, to examine ways to improve the access that children in foster care have to community-based mental health services. Most recently, the COFCCA/CVMHA Workgroup has begun to pilot a trauma-based assessment tool in community-based mental health clinics serving children in foster care.

FINDINGS

Although attempting to present a simple explanation of how foster care agencies allocated the Medicaid per diem rate across services and the ways in which they relied on licensed health and mental health providers to meet the needs of children in their care, this report's findings reflect just how complex and arcane the Medicaid per diem rate financing structure is and how much variability exists across agencies. This complexity makes it very difficult to identify patterns of practice and to grasp the array of service delivery structures. Nevertheless, it is our hope that the findings presented in this report will convince policymakers that what exists now falls far short of meeting the needs of children in foster care and that a rational solution that aligns Medicaid reimbursement with actual costs of providing quality state-of-the-art care to children in foster care is required. The following are key findings produced by our study:

Medicaid Funding and Licensing

- Most FBH agencies provided health and mental health services directly on-premises and referred at least some children to licensed outpatient health and mental health clinics that billed Medicaid Fee-For Service;
- Most FBH agencies allocated more of their Medicaid per diem rate to the provision of primary care services than mental health services;
- FBH agencies with lower Medicaid per diem rates relied heavily on Fee-For-Service hospital-based health clinics and Fee-For-Service community-based mental health clinics to provide services to children in their care;
- The majority of agencies operating group homes and RTCs did not possess health or mental health clinic licenses, but provided health and mental health services to residents.
- Very few agencies operating group homes and RTCs relied exclusively on the Medicaid per diem rate to support health or mental health services provided on agency premises.
- Staffing structures and sources of funding for health and mental health services provided on foster care agency premises varied widely among agencies operating group homes and RTCs.

Primary Care

- FBH agencies with higher Medicaid per diem rates generally provided a greater range of health and mental health services and served a larger proportion of their children on-premises than agencies with lower Medicaid per diem rates;
- FBH agencies operating “primary care sites” served at least 90% of children in their care and relied on the Medicaid per diem rate to support those services;
- When FBH agencies referred children for primary care, most relied on licensed hospital-based outpatient health clinics (which bill Medicaid Fee-For-Service) rather than community-based outpatient health clinics (which should be paid with the Medicaid per diem rate).
- RTCs were more likely than group homes to have a wider range of health services on agency premises, whether provided by agency employed professionals or by professionals in private practice or employed by another institution.

Mental Health

- Slightly more than one-third of the foster boarding home population served by FBH agencies reportedly received individual therapy, even though researchers have estimated that the prevalence of serious emotional disturbance among children in foster care ranges from approximately 30%-70%;
- FBH agencies operating “mental health clinic sites” provided individual therapy to approximately one-third to one-half of their children receiving mental health services and the sites were supported by the Medicaid per diem rate;
- Almost all FBH agencies referred at least half of the children receiving individual therapy to community-based mental health clinics;
- All agencies operating RTCs provided all outpatient mental health services to residents on agency premises.
- Some group homes obtained group and family therapy for residents and many referred residents to practitioners in the community for individual therapy.

Care Coordination

- FBH agencies experienced great difficulty in obtaining treatment reports from licensed health and mental health clinics serving foster boarding home children;
- Health and mental health care coordination was not a formally established service in all FBH agencies;
- Most FBH agencies divided management and coordination of health and mental health services among more than one staff person;
- Most agencies operating group homes and RTCs employed registered nurses to conduct health care coordination; and
- Most agencies operating RTCs separated the functions of health and mental health care coordination among staff.

Our study demonstrates that the Medicaid per diem rates, even those at the higher end for FBH agencies, do not cover the actual cost of providing comprehensive, coordinated, and quality health and mental health services for children placed in foster care. Although many of the foster care agencies we interviewed provided health and mental health services on their premises, almost all also referred to hospital-based and community-based clinics where practitioners billed Medicaid Fee-For-Service. From a practical standpoint, these circumstances force children in foster care to straddle three systems – child welfare, mental health, and health – in order to obtain the health and mental health care that they need.

Neither the child welfare system, health system, nor the mental health system alone are equipped to provide comprehensive, coordinated, and quality care to children placed in foster care. Simply stated, the child welfare system lacks sufficient Medicaid funding and foster care agencies are not subject to licensing and quality oversight that apply to state licensed health and mental health clinics. Licensed mental health clinics are crippled by inadequate rates of Medicaid Fee-For-Service reimbursement that make care coordination and cross-system communication extremely difficult and are unable to expand capacity to meet the enormous need for children’s outpatient mental health treatment services. Licensed health clinics’ rates of reimbursement similarly do not support the kind of coordination and communication with child welfare agencies, caregivers, and foster parents required for children in foster care.

RECOMMENDATIONS

The need to improve insurance coverage for children in foster care is clear. CCC believes that the way to do so must be guided by policies that bear a relationship to changes in the health insurance industry. This means that any fiscal, regulatory, or policy changes should ensure that the concepts of a medical home, continuity of care, and care coordination apply equally to children as they enter, remain in, and leave foster care. To that end, this report concludes with a series of recommendations intended to improve health insurance coverage for children in foster care and ensure that the children placed in foster care receive the comprehensive, coordinated, and quality health and mental health services that they need. The recommendations include:

- I. **Use the Medicaid Per Diem Rate To Fund Only Health and Mental Health Screenings, Care Coordination, and Family Engagement Activities Related to Health and Mental Health Issues.** To decrease service variability and quality across agencies and increase consistency of service delivery, the Governor and the New York State Legislature should require that the Medicaid per diem rate be spent only on health and mental health purposes that foster care agencies are well-situated to provide to all children entering placement. To that end, CCC recommends that the Medicaid per diem rate support a standard health/mental health service package based on a per child case rate that would consist of the following:
 - Implementing a standardized screening/assessment instrument administered by credentialed and experienced health and mental health professionals to detect health and mental health symptoms and identify service needs of children in care;
 - Employing credentialed and experienced mental health professionals to coordinate mental health services and health professionals to coordinate health services in sufficient numbers to manage appropriately-sized caseloads;
 - Conducting health and mental health orientation groups for children entering foster care; and

- Implementing formal activities to educate case-workers, caregivers, and foster parents about children's health and mental health issues and to support them in caring for children with health and mental health needs.
- II. **Fund Training and Implementation of the Best Practices Set Forth in the New York State Office of Children and Family Services' recently released guide *Working Together: Health Services for Children In Foster Care*.** Acknowledging foster care children as a special needs and medically and emotionally vulnerable population, *Working Together* raises the bar for the delivery of health and mental health services to children in care. However, an investment of resources is required to enable foster care agencies to implement the recommended best practices. This report shows that the Medicaid per diem rate does not pay for all the health and mental health services needed by children in foster boarding homes, group homes, or RTCs and that a wide gap exists between the way services are now provided and the recommended best practices set forth in *Working Together*. To eliminate this gap, CCC recommends that:
 - the Governor, the New York State Legislature, the New York State Department of Health, and the New York State Office of Children and Family Services work with local child welfare authorities and foster care agencies to determine the actual cost of complying with the best practice standards and state and local regulations;
 - the New York State Department of Health and the New York State Office of Children and Family Services ensure that the per child case rate developed (pursuant to Recommendation I) account for the full cost of compliance with the practices and mandates set forth in *Working Together*;
 - the Governor and the New York State Legislature invest the resources necessary to ensure that the Medicaid per diem rates reflect the actual cost of complying with the practices and mandates set forth in *Working Together*; and
 - the New York City Administration for Children's Services in collaboration with New York City foster care agencies review local standards and align them with *Working Together* where appropriate.

III. Increase the Availability of Licensed Health and Mental Health Services for Children in Foster Care and Establish New Foster Care Medicaid Fee-For-Service Reimbursement Rates to Improve Access to Care. Arguably, the Medicaid per diem rate was created to enable foster care agencies to respond to the unique health and mental health needs of children in foster care. However, changes in health care financing, health insurance coverage for children and the failure to adjust Medicaid per diem rates to keep pace with actual costs, complicated and outdated coverage rules, and the growing health and mental health needs of children in foster care, have all conspired to restrict the availability of and access to needed care to which these children are entitled.

To increase the availability of licensed health and mental health services, CCC recommends that:

- the New York State Department of Health and the New York State Office of Mental Health develop a foster care clinic license so that treatment offered to children in foster care meets the same minimum standards of health and mental health care services provided to children who live at home with their parents;
- the New York State Office of Mental Health should amend regulations to promote the co-location of licensed children's mental health services or mental health clinical staff on-site at foster care agencies; and

- the New York City Administration for Children's Services (ACS) should work with the New York City Health and Hospitals Corporation (HHC) to establish linkages between HHC Child Health Clinics, other pediatric primary care services, foster care agencies, and ACS direct care programs. The HHC Child Health Clinics could become the medical home and primary care service provider for children residing in foster boarding and group homes.

To improve access to outpatient health and mental health treatment for children in foster care, CCC recommends that:

- the New York State Department of Health and the New York State Office of Mental Health should in consultation with the Office of Children and Family Services, develop new foster care Medicaid Fee-For-Service reimbursement rates; and
- the new foster care Medicaid Fee-For-Service reimbursement rates should account for the cost of: (1) providing outpatient health and mental health treatment for the child and family or caregivers, and other special health, mental health, or behavioral services needed by children in foster care placement; (2) documentation for family court; (3) appearances in family court; and (4) communication and collaboration with families, caregivers and other professionals responsible for the child.

BACKGROUND

NEW YORK CITY FOSTER CARE: LEVELS OF CARE AND PLACEMENT DATA

Since the early 1990s, the number of children in foster care in New York State has steadily declined. In 1991, the number of children in care statewide equaled 50,433.⁴ By March 2003, the total number of children placed in foster care in New York State had declined to 38,091.⁵ In April 2003, the total number of children in foster care in New York City equaled 24,682,⁶ and a year later the number had declined again to 21,300.⁷

Two levels of foster care placement exist in New York State: foster boarding home programs and congregate care. Within each level, there are regular and specialized placements. For purposes of this study, we focused on three *regular* foster care programs: regular foster boarding homes, regular group homes, and regular residential treatment centers. A regular foster boarding home refers to a family-like setting where a child is placed with a foster parent who has been authorized to care for the child and receives payment for doing so.⁸ With limited exceptions, no more than six children may reside in a foster boarding home.⁹ In April 2003, ACS had contracted with 41 foster care agencies to operate foster boarding homes, which served 12,325 children.¹⁰ ACS also operates foster boarding home programs that serve far fewer children.¹¹

In April 2003, the average age of a child placed in a New York City foster boarding home was 9 years old.¹²

The foster boarding home population was roughly half female and half male.¹³ Children of color are disproportionately represented in the New York City child welfare system. In April 2003, slightly more than half of children placed in foster boarding homes were African-American, approximately one quarter were Hispanic, and less than four percent were Caucasian.¹⁴

Congregate care generally refers to a residential group setting where oversight is provided by paid professional staff rather than a foster parent,¹⁵ and includes group homes (7-12 residents),¹⁶ group residences (no more than 25 residents),¹⁷ and institutions (13 or more residents and known in New York City as residential treatment centers).¹⁸ Within these levels of placement, there are regular placements and specialized placements. For example, there are regular group homes and specialized group homes, such as those serving Hard to Place Youth or Mother/Child programs. Specialized programs generally receive higher rates for board and care and the Medicaid per diem than the regular programs.

The congregate care population is significantly older than the foster boarding home population. According to ACS, in April 2004, the average age of child placed in congregate care was 16 years old.¹⁹ Boys represented 60% of the congregate care population in 2004 while girls comprised roughly 40% of the population.²⁰ The ethnic/racial composition of the congregate care population closely resembles that of the foster boarding home population; approximately one-half of the children were African-American, one-quarter Hispanic, and 3.5% were Caucasian.²¹

⁴ Citizens' Committee for Children of New York, Inc. *Keeping Track of New York City's Children* (New York: Citizens' Committee for Children of New York, Inc., 2000): 157, Fig. 212.

⁵ New York State Office Of Children & Family Services, Response to Freedom of Information Law Request (2004).

⁶ New York City Administration for Children's Services, Office of Research and Evaluation (2004).

⁷ *Ibid.*

⁸ 18 NYCRR § 427.2(d).

⁹ 18 NYCRR § 427.2(d).

¹⁰ New York City Administration for Children's Services, Office of Research and Evaluation (2004). As noted in the discussion of methodology, at the outset of our study, we relied on provider lists obtained from COFCCA and ACS and identified 37 agencies operating foster boarding homes. Subsequent to the completion of Phase I, ACS informed us that it had contracts with 41 agencies that operated regular foster boarding homes in April 2003. Closures and mergers of some agencies may account for this discrepancy.

¹¹ *Ibid.* (indicating that 286 children were placed in ACS operated foster boarding homes in April 2003).

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ One exception to this definition is an agency boarding home, which refers to a "family-type home for the care and maintenance of not more than six children operated by an authorized agency." 18 NYCRR § 427.2(i).

¹⁶ 18 NYCRR § 427.2(h).

¹⁷ 18 NYCRR § 427.2(g).

¹⁸ 18 NYCRR § 427.2(f).

¹⁹ New York City Administration for Children's Services, Office of Research and Evaluation (2004).

²⁰ *Ibid.*

²¹ *Ibid.*

In April 2004, there were a 4,361 children placed in congregate care.²² ACS maintained contracts with 20 foster care agencies to operate 113 regular and specialized group homes.²³ Together, these group homes contained 623 regular and 446 specialized beds.²⁴ A total of 1,034 children were placed in regular and specialized group homes operated by foster care agencies in April 2004.²⁵

ACS maintained contracts with 17 foster care agencies to operate 41 residential treatment centers in April 2004.²⁶ The 41 RTCs operated a total of 1,902 beds, 1,498 were regular beds and 404 were specialized beds.²⁷ These RTCs served a total of 1,351 children in April 2004.²⁸

HEALTH AND MENTAL HEALTH NEEDS OF CHILDREN IN FOSTER CARE

By contract and state and local regulation, New York City foster care agencies are responsible for: screening and assessing children for health and mental health problems; ensuring that children in care receive health and mental health services to address identified problems; and managing and coordinating the health and mental health services received by child in care.

Upon entering foster care, children often present with significant unmet health and mental health needs. Many of these needs have their origins in prior experiences of abuse and/or neglect and other life experiences, including those leading to a child's placement.²⁹ The experience of being removed from their families and placed in foster care as well as multiple foster care placements often compounds

pre-existing conditions.³⁰ According to the Child Welfare League of America, "[c]hildren in foster care today demonstrate a marked increase in the prevalence of chronic health problems. The frequency of these problems is most likely related to health conditions existing prior to placement. . . . An alternative explanation for the high rate of chronic disorders in these children is that existing but remediable health problems were neglected by the child's parents and subsequently have become chronic."³¹

Research also documents the high rates of emotional and behavioral problems experienced by children in foster care. Two recent studies shed light on the mental health status of New York City children in foster care. One study, commissioned by ACS, yielded data from case records of 504 children, 220 of whom were placed in regular foster boarding homes, 145 in group homes, 72 in residential treatment centers, and the remainder in therapeutic foster boarding homes (49) or diagnostic centers (18).³² The study found 23% of children in regular foster boarding homes, 45.5% in group homes, and 83% in residential treatment centers had diagnoses that met criteria for a serious emotional disturbance.³³ These findings are similar to other data. According to the Child Welfare League of America, for example, "[t]hrough the data vary, it can be said conservatively that about 30% of the children in placement have marked or severe emotional problems" and that "some estimates range as high as 70%."³⁴

²² *Ibid.*

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ Mark Simms, Howard Dubowitz, and Moira Szilagyi, "Health Care Needs of Children in the Foster Care System," *Pediatrics* (2000): 909 and 911; Neal Halfon, Moira Inkelas, Robin Flint, Kimberly Shoaf, Alex Zepeda, and Todd Franke. "Assessment of Factors Influencing the Adequacy of Health Care Services to Children in Foster Care," Los Angeles: UCLA Center for Healthier Children, Families, and Communities., National Center for Infant and Early Childhood Health Policy (2002).

³⁰ Simms, "Health Care Needs of Children in the Foster Care System," 909, 911; Francine Cournos, "The Trauma of Profound Childhood Loss: A Personal and Professional Perspective," *Psychiatric Quarterly* 73 (2002): 145-156.

³¹ Child Welfare League of America, *Standards for Health Care Services for Children in Out-of-Home Care* (Washington, DC: Child Welfare League of America): 1-2 (citing A.R. Gruber, *Children in Foster Care* (New York: Human Sciences Press, 1978); N. Halfon and L. Klee, "Health Services for Foster Children in California: Current Practices and Policy Recommendations," *Pediatrics* 80, 2: 183-191; Kavalier, F. and Swire, M.R.(1972). Health Services for Foster Children: An Approach to Evaluation," *Child Welfare* 11 9 (1987): 574-584; E. Schor, "The Foster Care System and Health Status of Foster Children," *Pediatrics* 69 (1982): 521-528; N.J. Hochstadt and P.K. Jaudes, *The MAPS Project: Medical and Psychological Screening. Report to the Illinois Department of Children and Family Services* (Chicago, IL: LaRobida Children's Hospital and Research Center)).

³² John Lyons, "The Health and Mental Health Needs of Children in Child Welfare in New York City: Report to the Administration for Children's Services, New York, New York" (Draft 2001): 3.

³³ *Ibid.* at 23.

In comparison, the federal government estimates that the prevalence rate of serious emotional disturbance with substantial impairment in the general population aged 9-17 years ranges from 9% to 13%.³⁵ Using the federal prevalence rate, New York City children in even the least restrictive placement – foster boarding homes – are nearly twice as likely and children in congregate care are approximately three to six times as likely to have a serious emotional disturbance than children not living in foster care.

A second study further documented a trend in New York State that forces the child welfare system to serve children and adolescents with serious mental health needs. The study compared the mental health histories of New York children placed in RTCs in 1991 to those of children placed in 2001.³⁶ The data showed that children placed in RTCs in 2001 were statistically more likely to have had histories of psychiatric hospitalizations and taken psychotropic medications than those in placement in 1991.³⁷ The study also found that those youth placed in RTCs in 2001 who had been hospitalized were more likely than others to have had histories of suicidal behavior.³⁸ The study attributed the rise in severity of mental illness within the RTC population to a reduction in long-term mental health care facilities and changes in the juvenile justice system.³⁹ Given the child welfare system's legal mandate to serve all children with indicated cases of abuse or neglect, the study concluded that "it is now the case that only the most disturbed or difficult youth are in RTCs" and that "RTCs have become the treatment providers for youth who traditionally would have been served elsewhere."⁴⁰

³⁴ Child Welfare League of America, "Standards for Health Care Services," 2 (citing E. Schor, "The Foster Care System and Health Status of Foster Children," *Pediatrics* 69 (1982): 521-528; M.E. Moffatt, M. Peddie, J. Stulginskas, I.B. Pless, and N. Steinmetz, "Health Care Delivery to Foster Children: A Study," *Health Social Work* 10 (1985): 129-137; and F. Kavalier and M.R. Swire, "Health Services for Foster Children: An Approach to Evaluation," *Child Welfare* 11 9 (1972): 574-584).

³⁵ 62 Fed. Reg. 193 (October 6, 1997) (describing federal prevalence rate and citing 58 Fed. Reg. 96 (May 20, 1993)).

³⁶ Nan Dale, Amy J.L. Baker, Emily Anastasio and James Purcell, J., "Characteristics of Children in Residential Treatment in New York State," *Child Welfare* (In Press).

³⁷ *Ibid.* at 6.

³⁸ *Ibid.* at 6-7.

³⁹ *Ibid.* at 8.

⁴⁰ *Ibid.*

GOVERNMENT EVALUATION AND REGULATION OF SERVICES SUPPORTED BY THE MEDICAID PER DIEM RATE

The regulation of health and mental health services provided to children in foster care is divided among three state agencies, the New York Office of Child and Family Services (OCFS), the New York State Department of Health (SDOH), and the New York State Office of Mental Health (SOMH).

New York State Office of Children and Family Services (OCFS)

The New York Office of Children and Family Services is the state agency that licenses and regulates foster care agencies. The vast majority of OCFS regulations address issues related to a child's placement in foster care, including: assistance for board and care; record keeping; permanency planning; child abuse and maltreatment; and adoption. OCFS regulations governing the health care of children in foster care are comparatively minimal. Specifically, OCFS regulations charge foster care agencies with the responsibility "for providing comprehensive medical and health services for every foster child in [their] care"⁴¹ and establish rules governing medical examinations, medical record keeping, and other issues which are discussed in greater detail in the Findings Section of this Report. For now, it is important to note that foster care agencies may hire health and mental health professionals to provide services directly to children in their care, but the State does not require agencies to obtain a health or mental health clinic license. As a result, many foster care agencies use the Medicaid per diem rate to pay the salaries of licensed health and mental health professionals, but the agencies are not subject to the accreditation and quality assurance audits that apply to health and mental health clinics licensed by other state agencies.

⁴¹ 18 NYCRR § 441.22(a).

Notwithstanding the lack of clinic licensure, foster care agencies must comply with service delivery standards mandated by OCFS regulations and administrative directives. Foster care agencies are also required to conform to the standards established by the American Academy of Pediatrics and the New York State Child Teen Health Plan.⁴² Recognizing the need for more comprehensive health and mental health standards for children in foster care, SDOH and OCFS, in consultation with the Administration for Children's Services and foster care agencies, drafted new guidelines in 2001. These guidelines would have established requirements for: (1) comprehensive and timely health and mental health screenings and evaluations; (2) the delivery of health and mental health services; and (3) health care coordination. The draft guidelines also made clear that trained and qualified health and mental health professionals should be employed to deliver services in accordance with state and federal Medicaid laws and accepted professional practice standards. From a quality assurance perspective, the draft guidelines would have obligated state, local, and nonprofit agencies to monitor health needs and health services, assess outcomes, and develop quality improvement programs, and subjected foster care agencies to audits by state agencies.

Although originally completed in 2001, the guidelines remained in draft form as of January 2004. OCFS acknowledged that without additional funding foster agencies could not fully comply with the 2001 draft guidelines. In the absence of this funding, OCFS subsequently transformed the guidelines into a manual to be used by caseworkers, foster care agencies, and others to promote best practices for health and mental health service delivery to children in foster care. In early 2004, OCFS distributed its manual, *Working Together: Health Services for Children in Foster Care (Working Together)* to foster care agencies statewide.

⁴² The Child/Teen Health Plan is New York State's version of the Early, Periodic, Screening, Diagnostic and Treatment program mandated by the federal government under Medicaid.

Working Together compiles in a single location the minimal state requirements and nationally established best practices for health service delivery to children in foster care. Importantly, it recognizes that children in foster care have more significant health and mental health needs than other children and that the current fragmented service delivery system is not meeting their needs. *Working Together* states that "[c]hildren in foster care experience higher rates of physical and emotional problems than those in the general population"⁴³ and "[a]s the mental health, developmental, and behavioral needs of children in foster care have increased over the last several years, the provision of health services and coordination of appropriate health care have become more central to achieving their child welfare goals."⁴⁴ Significantly, *Working Together* elevates care coordination and mental health screening, assessment, and treatment to essential health services.

The majority of the functions described in *Working Together*, particularly those related to health care coordination, are recommended best practices as opposed to legal mandates. And, equally important, New York State has provided no additional funding for the implementation of these practices. When considered in this light, *Working Together* implicitly recognizes the gap between how foster care agencies try to meet the health and mental health needs of children in foster care with inadequate resources and how foster care agencies could and should improve their practices if adequately funded. Thus, although the compilation of *Working Together* by the Office of Children and Family Services is an important step forward, the need for improved funding and service delivery for children in foster care in New York State is clear.

⁴³New York State Office of Children and Family Services, *Working Together: Health Services for Children in Foster Care* (Rensselaer, New York: Office of Children and Family Services, 2004): ix.

⁴⁴ *Ibid.*

Outpatient Mental Health Treatment Crisis and Its Impact on Children in Foster Care

Throughout New York City and New York State, the demand for children's outpatient mental health treatment services far exceeds the supply. In its 2002 report, *Paving the Way: New Directions for Children's Mental Health Treatment Services*, CCC identified the regulatory and policy barriers that have severely restricted the expansion of children's outpatient mental health treatment services and constrained the ability of licensed community-based and hospital-based programs from moving services out of clinic buildings and into locations, such as schools, foster care agencies, and other settings that are more convenient to children and families. *Paving the Way* also showed how the New York State Office of Mental Health's (SOMH) regulations perpetuate an office-based treatment model and fail to promote the design of child and family-centered treatment practices.

Parents, advocates, and the children's mental health community have known for years that New York City children wait weeks and, in some cases, months to begin outpatient treatment. In September 2003, the New York City Department of Health and Mental Hygiene (DOHMH) released the *Children's Needs Assessment in the Bronx*, a study of licensed hospital-based and community-based outpatient mental health clinics that serve children.⁴⁵ The *Needs Assessment* found that children in the Bronx waited an average of six weeks from the initial referral to the first treatment appointment, and "[m]ore than half (68%) of the clinics reported that their average wait was 21 days or more."⁴⁶ This capacity crisis places thousands of New York children at increased risk of deterioration, hospitalization, and residential placement. Children who cannot tolerate the long wait for an outpatient treatment appointment in their community usually enter the system in the most costly and most disruptive levels of care.

Children in foster care constitute a significant proportion of New York City children seeking outpatient treatment services in licensed community-based and hospital-based clinics. It is at the intersection of the mental health system and the child welfare system where the catastrophic effect of the barriers to expanding and improving outpatient treatment services are most visible. Here we briefly discuss the most significant barriers and their impact on children in foster care.

The first barrier is the low rates of Medicaid reimbursement for community-based outpatient treatment providers. The Medicaid Fee-For-Service reimbursement rate for community-based outpatient treatment services located in New York City is approximately \$66 for a session lasting at least 30 minutes.⁴⁷ Clinic budgets are calculated based on the number of clinic visits (sessions) provided. To meet budget targets, visits are scheduled back-to-back with little time for off-site work and limited opportunity to produce reports needed by Family Court. Although SOMH regulations allow services to be delivered off-site occasionally, the lack of reimbursement for travel time and the need to meet billable visit targets makes this type of treatment very costly. These circumstances also contribute to the absence of community-based therapists at ACS mandated Service Plan Review conferences.

With respect to children in foster boarding or group homes who obtain mental health treatment services at community-based outpatient clinics the Medicaid per diem rate is intended to pay for these services. We know anecdotally that one outpatient treatment visit costs a community-based mental health clinic from \$83-\$125. Clearly, foster care agencies relying on the Medicaid per diem rate alone cannot afford even the low end of this

⁴⁵ Malitta Engstrom, Rufina Lee, Richard Ross, Myla Harrison, Katharine McVeigh, Louis Josephson, Jane Plapinger, Daniel Herman, Cheryl King, and Lloyd Sederer, *Children's Needs Assessment in the Bronx*, (New York: New York City Department of Health and Mental Hygiene, 2003).

⁴⁶ *Ibid.* at 12. A recent study conducted in Westchester County found a similarly long wait for children's outpatient mental health treatment services. Westchester Community Network Outpatient Clinic Report: Children's Mental Health (September 2003).

⁴⁷ 14 NYCRR § 588.13(a)(1)(i). As described in more detail in *Paving the Way*, some agencies and hospitals receive a supplement for each Medicaid visit that increase the total amount of their reimbursement. However, not all agencies are entitled to this supplement and even those that receive it have difficulty covering the cost of the services they provide.

range. In our study, for example, the median Medicaid per diem rate for the participating FBH agencies was \$7.15, or a total of \$50.05 per week. Although some foster care agencies negotiate reimbursement rates with community-based mental health clinics, the clinics likely absorb the difference between the negotiated rate and the actual cost of service. To get around this problem, some foster care agencies use community-based mental health clinics that will bill Medicaid directly for services provided to children in foster care and obtain Medicaid Fee-For-Service reimbursement. Whether New York State officially sanctions this practice remains subject to debate, leaving the mental health agencies that bill for services rendered to children in foster care at risk of Medicaid disallowances. This billing practice also means that the foster care agencies cannot account for the actual cost of the mental health services obtained in the monthly cost reports submitted to SDOH and therefore forego a future increase in their Medicaid per diem rate.

The second barrier is the lack of Medicaid reimbursement for collateral work conducted by the telephone. Sound mental health practice dictates that children's mental health treatment requires significant collateral work and consultation due to a child's multi-system involvement. This is true particularly for children in foster care. SOMH regulations define "collaterals" as "members of the [child's] family or households, or significant others who regularly interact with the [child] . . ."48 In practice, collaterals could include a child's parent/caregiver, teacher, caseworker, psychiatrist, foster parent, probation officer, and others. However, only collateral contacts that occur face-to-face are Medicaid reimbursable.49 This means that community-based mental health clinics do not get paid for conversations with caseworkers, foster parents, and parents of children in foster care that happen by telephone. This limitation combined with the back-to-back scheduling of appointments severely hamper the ability of community-based mental health clinics to communicate with those adults that may enhance a child's treatment.

The third and most formidable barrier is the Medicaid Cap. The term "Medicaid Cap" has become a shorthand reference to the policy adopted by New York State several years ago to limit state spending on outpatient mental health services. Implemented by the New York State Division of Budget to hold the line on spending, the Medicaid Cap added another criteria for SOMH to consider in the licensing process for outpatient mental health programs. Accordingly, SOMH must consider the impact on the State's share of Medicaid when deciding to issue or amend a license for outpatient mental health programs. Since the implementation of the Medicaid Cap, the issuance of licenses by SOMH to create new or expand existing outpatient treatment programs has become rare.

For community-based agencies seeking to meet the huge demand for children's outpatient treatment services, the Medicaid Cap freezes the potential for expansion. For example, a mental health agency may recognize the demand for outpatient treatment services and decide that it wants to establish a school-based mental health program to meet the need. Although the mental health agency may be able to obtain programmatic approval to operate the school-based program as a satellite, SOMH will typically deny the application if more Medicaid revenue is necessary to pay for the additional visits projected. This barrier to expansion is what has created the long waits for outpatient mental health treatment services experienced by children both in and out of foster care all over New York State.

⁴⁸ 14 NYCRR § 587.4.

⁴⁹ 14 NYCRR § 588.6(5).

New York State Department of Health (SDOH) and New York State Office of Mental Health (SOMH)

SDOH is the state agency that manages the Medicaid program. SDOH licenses and regulates community-based health clinics and hospitals. SOMH licenses and regulates community-based and hospital-based mental health clinics. To maintain their operating licenses, clinics must comply with specific contractual and regulatory criteria, accreditation standards, and be subjected to audits by different levels of government.

All Medicaid Fee-For-Service expenditures for children in foster care are paid by SDOH. This is true for health as

well as mental health services. Fee-For Service providers submit bills to SDOH for Medicaid reimbursement. Although possible to identify Medicaid Fee-For-Service claims for children in foster care, SDOH does not generally segregate or report these expenditures separately from those reported for all other children enrolled in Medicaid. In fact, when CCC requested Medicaid data, SDOH reported that it did not have recent data on children in foster care. SDOH also establishes the Medicaid per diem rates each year (subject to the approval of OCFS), but does not monitor or regulate how foster care agencies allocate those funds or provide services.

	A	B	C	D
	Foster Care Agency	Hospital-based Outpatient Clinic	Community-Based Outpatient Clinic (Health-Article 28) (Mental Health Article 31)	Private Practitioner
Outpatient Health Services	Medicaid per diem rate	Medicaid Fee-For-Service	Medicaid per diem rate	Medicaid per diem rate
Outpatient Mental Health Services	Medicaid per diem rate	Medicaid Fee-For-Service	Medicaid per diem rate Or Medicaid fee-for-service	Medicaid per diem rate
Column A	<p>Foster care agency provides health and mental health services. Agencies use the Medicaid per diem rate to pay for the salaries of the health/mental health/dental staff and administrative costs associated with providing service on-agency premises.</p>			
Column B.	<p>Hospital-based health and mental health clinics Agencies may refer children to hospital-based outpatient health, mental health, and dental clinics for services. Hospitals are issued an Article 28 licensed by the New York State Department of Health. Some hospitals may also have an Article 31 license from the New York State Office of Mental Health. All services provided by hospitals to foster care children are reimbursed by Medicaid Fee-For-Service.</p>			
Column C.	<p>Community-based health and mental health clinics. Agencies may use the Medicaid per diem rate to pay for outpatient health services provided by an Article 28 community-based health clinic, such as a Community Health Center, and/or outpatient mental health services provided by an Article 31 community-based mental health clinics. With respect to community-based health or mental health clinics, the foster care agency refers a child to the clinic and the clinic sends the agency a bill for services provided that is to be paid with the Medicaid per diem rate. In some cases, the agencies may negotiate reimbursement rates with the community-based providers. See Text Box on pp. 14 which describes a Fee-For-Service billing practice common among community-based mental health programs serving children in foster care.</p>			
Column D.	<p>Private Practitioners. On occasion, foster care agencies refer children to private practitioners for services and use the Medicaid per diem rate to pay for services rendered.</p>			

New York City Administration for Children's Services (ACS)

ACS is the local government agency in New York City that regulates foster care. ACS has taken active steps to monitor how nonprofit foster care agencies obtain health and mental health services for children in their care. To that end, it has adopted the *Foster Care Standards for Health, Mental Health, and Substance Abuse*. These standards incorporate and exceed the minimal state standards and govern several areas including: (1) establishment of a medical home; (2) medical intake procedures; and (3) initial assessments.

To evaluate compliance with its health standards, ACS developed the *Health Information Profile System (HIPS)*, a computer-based data entry system. Introduced in 2000, HIPS relies on foster care agencies to input medical/mental health data to track a child's health and treatment history and the names of essential health/mental health providers. For example, HIPS records show: the name of a child's primary care provider; whether he or she received timely initial and follow-up evaluations; immunizations; allergies; medical and mental health diagnoses; medication; and other health history. Although all nonprofit foster care agencies now have the capacity to input HIPS data, its routine use across agencies varies.

To monitor on-site health and mental health operations and the types of services provided, ACS conducts Medical Performance Reviews. Conducted by ACS staff, these reviews consist of in-person visits to foster care agency premises, structured interviews with agency staff, and a review of a sample of medical records and health policy and procedure manuals. Through Medical Performance

Reviews, ACS seeks to understand many issues, including: the types of services children received; whether the agency maintained and communicated health information properly; and whether agency policy prescribes procedures for addressing different health related situations. Although originally intended as an annual review, ACS had not completely staffed its medical review unit before the introduction of agency-wide freezes in 2001 prevented the hiring of new staff and the filling of vacant staff positions. As a result of recent city budget deficits, ACS now conducts Medical Performance Reviews on a bi-annual basis, except in those cases where a reviewer concludes that circumstances warrant a follow-up review sooner.

HEALTH INSURANCE COVERAGE FOR NEW YORK CITY CHILDREN

Medicaid is a joint federal-state, and in New York's case, local program that finances health coverage for low-income adults and children established by Title XIX of the Social Security Act in 1965. In New York, the federal government pays 50% of the Medicaid costs, the State 25%, and localities 25%. Upon entry into foster care, most children in New York State are enrolled in Medicaid. Their eligibility is determined by the local social services district.

With respect to children in New York State, three types of Medicaid reimbursement exist: (1) Medicaid Fee-For-Service; (2) Medicaid Managed Care; and (3) the Medicaid per diem rate. As stated earlier and as will be explained in more detail below, services provided to children in New York City that are placed in nonprofit foster care agencies are financed through Medicaid Fee-For-Service and the Medicaid per diem rate.

Type of Medicaid Coverage	Total Number of NYS Children Enrolled ⁵⁰	Estimated Total Number of Children Enrolled in NYC	Total Number of NYC Children Living in Foster Boarding Homes Enrolled	Total Number of NYC Children in Group Homes and RTCs
Medicaid Fee-For-Service	1,375,467	921,321 ⁵¹	286 ⁵²	39 ⁵³
Medicaid Managed Care	1,130,060	797,616 ⁵⁴	0	0
Medicaid Per Diem Rate	Data not available	20,975 ⁵⁵	12,325 ⁵⁶	2,385 ⁵⁷

(1) Medicaid Fee-For-Service.

Children enrolled in Medicaid Fee-For-Service receive a Medicaid card that they present to health care providers each time they obtain health or mental health services, and the providers seek reimbursement directly from New York State's Medicaid Management Information System. The reimbursement rates for outpatient health and mental health services are determined by the New York State Department of Health (SDOH). Children placed in ACS Direct Care as well as foster care children in many upstate counties are enrolled only in Medicaid Fee-For-Service.

Children in New York City foster boarding homes, group homes, and residential treatment centers operated by nonprofit foster care agencies receive Medicaid identification numbers that allow them to obtain certain health and mental health services on a Fee-For-Service basis. For example, any inpatient or outpatient services provided by a hospital to a child in foster care are billed to Medicaid Fee-For-Service. In addition, some licensed community-based mental health clinics obtain Medicaid Fee-For-Service reimbursement for outpatient treatment services provided to children in foster care.⁵⁸

⁵⁰ DOH/OMM Audit, Fiscal and Program Planning Data Mart; File as of date: January 2004. The data in this column reflects the number of children from birth to age 20 who had claims paid by Medicaid as of September 2003. The total number of children enrolled children eligible to receive services is 1,781,648 in New York State and 1,151,361 in New York City respectively. *Ibid.*

⁵¹ *Ibid.*

⁵² This figure reflects the total number of children placed in foster boarding in ACS Direct Care in April 2003. New York City Administration for Children's Services, Office of Research and Evaluation, 2004.

⁵³ This figure reflects the total number of children placed in group homes in ACS Direct Care in April 2004.

⁵⁴ *Ibid.*

⁵⁵ This figure reflects the total number of New York City children placed in foster care in April 2004. New York City Administration for Children's Services, Office of Research and Evaluation (2004).

⁵⁶ This figure reflects the total number of children placed in regular foster boarding homes operated by nonprofit foster care agencies in April 2003. New York City Administration for Children's Services, Office of Research and Evaluation (2004).

⁵⁷ This figure reflects the total number of children placed in residential treatment centers and group homes operated by nonprofit foster care agencies in April 2004. New York City Administration for Children's Services, Office of Research and Evaluation (2004).

2) Medicaid Managed Care.

Children enrolled in Medicaid Managed Care participate in a health plan, and receive services through a network of providers affiliated with the plan. In 2003, the SDOH had contracted with approximately 17 managed care plans in New York City to serve children enrolled in Medicaid. Most Medicaid managed care plans serve particular geographic regions in New York City. By contract, managed care plans are required to provide a comprehensive benefit package to children. Between 1999 and 2002, New York State rolled out an initiative that mandated that Medicaid eligible children and adults living in New York City must enroll in a managed care plan. This mandate applies to all New York City Medicaid eligible children unless they are exempt or excluded by law from enrolling in Medicaid Managed Care.

⁵⁸ Please see Text Box on pp. 16 for more information on this practice.

Children who have a serious emotional disturbance are exempt from mandatory Medicaid Managed Care.⁵⁹ A child meets the definition of having a serious emotional disturbance and can enroll in Medicaid Fee-For-Service if during the twelve months preceding enrollment, the child had ten or more inpatient or outpatient mental health visits or one or more specialty mental health visits. Alternatively, a child with serious emotional disturbance may enroll in Medicaid Managed Care plan voluntarily. In these circumstances, the plan continues to manage the child's health services, but is reimbursed at the Medicaid Fee-For-Service rate for mental health services provided to the child.

Significantly, state law excludes children placed with nonprofit foster care agencies from participating in Medicaid Managed Care.⁶⁰ This exclusion does not apply to the New York City children placed in Direct Care with ACS in 2003 or children in Upstate New York who are placed in foster care operated by local social services districts. According to OCFS, six counties in upstate New York enroll children in foster care in Medicaid managed care plans, although none of these counties have enrolled all children. Rather, they select only certain children, usually those placed in an urban area that is likely to have a network of health and mental health providers, to enroll in Medicaid managed care plans. *For the majority of children in New York City who are placed in foster care, the statutory exclusion eliminates Medicaid Managed Care as an insurance coverage option.*

Finally, in light of the state mandate to enroll eligible children in Medicaid Managed Care, it is likely that many New York City children will have been participating in a managed care plan prior to placement in foster care. Alternatively, if a child's family income exceeded Medicaid eligibility requirements, there is a good chance that she was enrolled in managed care plan under Child Health Plus B, New York State's other public health insurance program. Upon placement in foster care, a child will be disenrolled

⁵⁹ New York State Department of Health, Medicaid Managed Care Model Contract (1999), Sec. 5.2(b).

⁶⁰ 2002 NY Laws c. 1, sec. 67. Enacted in 2002, the Health Care Workforce Recruitment and Retention Act incorporated the exclusion created by social services law that provided that "a foster child in the placement of a voluntary agency" as a class of Medicaid recipients are "not eligible to participate in a [Medicaid] managed care program . . ."

from Medicaid Managed Care and their insurance status changed. From a practical standpoint, the change in health insurance coverage typically leads to a change in primary care and other providers as well.

(3) Medicaid Per Diem Rate What is a Medicaid Per Diem Rate?

A Medicaid per diem rate is a daily rate that a foster care agency receives for each child in its care to cover the cost of most outpatient health, mental health, and dental services.⁶¹ The Medicaid per diem rate also covers the cost of medications and laboratory fees emanating from outpatient visits, which can be quite costly depending on the needs of an agency's population.⁶² The Medicaid per diem rate does not apply to inpatient services, emergency services, or any other services provided by a hospital, including medications and laboratory fees.

The Medicaid per diem rate was developed in the mid-1980s and nonprofit foster care agencies had the option of accepting it and relinquishing comprehensive coverage under Fee-For-Service Medicaid for children in their care. According to *Working Together*, the Medicaid per diem rate was developed to:

- Reflect costs that adequately reimburse agencies for medical services necessary to meet the needs of children in care.
- Provide equitable distribution of available resources among all [foster care] agencies that are providing services in an efficient fashion.
- Be sensitive to the unique or unusual medical needs of certain groups of children with special medical conditions.
- Reflect reasonable costs of programs that are efficiently operated and should be relatively easy to administer.⁶³

⁶¹ Foster care agencies also receive a per diem rate, known as the Maximum State Aid Rate (MSAR), to cover the cost of a child's board and care.

⁶² The New York State Department of Health maintains a list of "carve-out" medications that can billed by a pharmacy directly to Medicaid Fee-For-Service. If prescribed to children in foster care, the agency does not need to cover the cost with the Medicaid per diem rate. New York State Office of Children and Family Services, *Working Together*, 9-12.

⁶³ New York Office of Children and Family Services, *Working Together*, 9-12-9-13.

The Medicaid per diem rate was potentially appealing to those agencies that operated residential facilities, such as residential treatment centers or group residences, because it offered an opportunity to locate health and mental health services on the campuses or in the facilities where children lived. Over the years, agencies also accepted the Medicaid per diem rate for children in regular foster boarding home programs even though many of those children were living in homes and served by community-based and/or hospital-based health and mental health providers.

Calculating the Medicaid per diem rate and its Limitations

When the Medicaid per diem rate was developed over twenty years ago, the State created the *MMIS Provider Manual: Child Care* to explain the rate setting methodology and the scope of the Medicaid per diem rate. With the exception of two minor revisions in the early 1990s, the Manual has not been updated since its original publication in 1982. This is problematic because the MMIS Manual does not reflect changes in health care service delivery or billing that has occurred in the interim. As a result, clarity about the calculation and full scope of what the Medicaid per diem rate covers tends to reside in the few people who participated in its incarnation. However, due to a recent overhaul of the State's Medicaid Management Information System, OCFS and SDOH are re-examining the *MMIS Provider Manual: Child Care*. Below we explain how CCC has come to understand the basics of the Medicaid per diem rate through interactions with OCFS, ACS, and foster care agencies.

Simply stated, the calculation of the Medicaid per diem rate is based on an agency's historical documentation of its costs *and* the cost ceilings established by New York State decades ago. The calculation of the Medicaid per diem rate is *not* based on the actual cost of providing, managing, and coordinating health and mental health services for children in care. Each year SDOH determines the Medicaid per diem rate for each program operated by a foster care agency. The Medicaid per diem rates are based on reports, known as Medical Services Expenditure Distribution Sheets (DOH-4224), submitted by foster care agencies to SDOH that reflect the cost of services received by the children in

care that the agency paid for with the Medicaid per diem rate. The cost report is divided into thirteen categories, known as "cost centers."⁶⁴ Each cost center has a ceiling. Although trended for cost-of-living-increases, SDOH has not altered the cost center ceilings to reflect increases in the cost of health care for decades. In the event that an agency's costs exceed a ceiling, SDOH will only factor in the cost up to the ceiling when calculating the Medicaid per diem rate and the agency must absorb the excess cost.

With respect to services provided by health or mental health professionals employed by foster care agencies, the cost reports reflect only the total cost of the salaries for the particular clinical positions and SDOH groups these together under a single cost category of "direct clinical services." This grouping effectively creates a ceiling that limits the size and/or salaries of foster care agency clinical staff. For agencies that reach the direct clinical services ceiling, the only way to increase the size of clinical staff is to obtain other resources to support the new positions.

For those services provided by an outpatient community-based clinic or a private practitioner, the cost report indicates only those services that were paid for with the Medicaid per diem rate. It does not indicate where the services were received or the number of children who received the services. However, agency records should reflect both the name of the vendor and the service provided to each child. Importantly, the cost reports do not reflect the services provided to children in community-based or hospital-based clinics that were billed to Medicaid Fee-For-Service.

Although each foster care program has a general Medicaid per diem rate, the vast majority of agencies receive a "blended rate" that applies to the following programs: regular foster boarding homes, regular group homes, and regular institutions. The blended rate is determined by the SDOH. To arrive at the blended rate, SDOH combines the rates for each of the agency's programs and divides by the total number of the days of care.

⁶⁴ The 13 cost centers are: Physicians; Psychiatrists, Psychological Services; Certified Social Workers; Dental; Specialists; Nursing Services; Medical Administration; Medical Supplies & Equipment; Medical Transportation; Central Administration; Administrative Overhead; Property; and Hospital/Clinical.

There is a two-year lag between submission of the documentation and calculation of an agency's Medicaid per diem rate. As a result, the Medicaid per diem rate does not reflect current year costs. These circumstances leave most foster care agencies in a financial conundrum, which is exacerbated by similarly inadequate board and care rates

⁶⁵ The New York State Office of Children and Family Services sets the Maximum State Aid Rate (MSAR) each fall. It is calculated in a manner similar to the Medicaid Per Diem Rate relying on a retrospective (two years back) analysis of annual costs and cost ceilings. Complicating matters more, the foster care block grant creates an ongoing lack of transparency and of responsibility. Because state foster care funding has remained capped, the state and New York City have been at odds over whether or not each adequately funds their share of the MSAR foster care rates. In December 2003, New York City implemented a new flat rate structure for foster boarding homes that establishes a floor of \$23.50 per day below which all foster boarding home provider rates will not fall. This new rate structure ties agency rates to performance on EQUIP (Evaluation and Quality Improvement Protocol) with rates ranging between a high of \$26 per day for excellent to a low of \$23.50 per day for low-end satisfactory performers and performers that need improvement. However, even with the flat rate and floor many agencies continue to receive MSAR rates that do not reflect the actual cost of care. To date, funding increases needed to support this new rate structure for foster boarding homes have been supported entirely with city funds and New York City anticipates drawing on increased federal Title IV E funds as well.

(Maximum State Aid Rates).⁶⁵ To supplement the cost of the health and mental health services provided to children in their care, some foster care agencies succeed in obtaining other, mostly private or foundation, funds. For example, a foster care agency may obtain foundation funding for a particular position, such as a Ph.D. psychologist, to provide individual therapy to children in its foster boarding home program. Assuming the agency had not reached the direct clinical services cost ceiling, the agency's documentation of the cost of the psychologist in its Medicaid cost report would result in an increase in its Medicaid per diem rate two years later. In effect, those agencies that are able to front the cost of expanded services with non-Medicaid dollars for two years and that have not reached the cost ceiling will succeed in obtaining an increase in their Medicaid per diem rate. But, not all agencies are able to secure external or private funds. The combination of inadequate Medicaid reimbursement and inadequate board and care financing has recently forced a number of foster care agencies to merge or close their doors.

METHODOLOGY

In November 2002, CCC convened the Task Force on Health and Mental Health Services for Children in Foster Care. The Task Force was a two phase study designed to examine how foster care agencies use the Medicaid per diem rates and the extent to which they relied on community-based and hospital-based providers to serve children in care. In November 2002, CCC launched the Task Force with a policy briefing and presentation by Francine Cournos, M.D., a psychiatrist and author of a memoir entitled *City of One*. In preparation for our fieldwork, CCC conducted informational interviews with executive, health, and mental health directors of several foster care agencies, with executive level staff of Article 31 community-based mental health clinics serving children in foster care, and with staff from ACS's Office of Medical Services Planning. CCC staff regularly attended meetings of the COFCCA Health Care Workgroup and the COFCCA/CVMHA Workgroup. We also reviewed state and city statutes and regulations.

PHASE I: FOSTER BOARDING HOME PROGRAMS

Phase I of the Task Force began in the Fall of 2002 and ended in the Spring of 2003. This Phase focused exclusively on foster care agencies operating regular foster boarding home programs (FBH agencies). Twenty-nine lay and professional members, including CCC trained volunteers, CCC board members and CCC staff, participated in Phase I of the Task Force. (Appendix A).

In March 2003, CCC sent letters to the executive directors of 37 nonprofit foster care agencies operating foster boarding homes in New York City and invited their participation in our study.⁶⁶ A total of 22 agencies agreed to participate. Participation in the study involved two separate parts. The first part consisted of one-hour face-to-face interviews with agency health and mental health directors respectively. The second part required each agency to complete a written questionnaire.

CCC developed two survey instruments, both of which were field-tested with professionals from nonprofit foster care agencies. The first instrument, "the Site Visit Questionnaire" was used to conduct in-person interviews with the health and mental health directors of each agency. The Site Visit Questionnaire sought information about on-site health and mental health services, health and mental health staffing, referrals to community-based and hospital-based outpatient mental health and health clinics, care coordination, and cross-system communication. The survey was divided into two sections, mental health and health. CCC organized Task Force members into teams of two and trained them to administer the Site Visit Questionnaire. Most of these interviews were conducted with agency health and mental health directors in separate one-hour face-to-face meetings unless an agency had only one person in charge of both areas. All 22 agencies completed face-to-face interviews during the months of May and June 2003.

The second instrument, "the Agency Questionnaire", requested fiscal and statistical information, including: agency census data; the Medicaid per diem rate for each agency operated foster care program; description of foster boarding home program; and data indicating the proportion of children receiving health and mental health services and where those services were provided. The Agency Questionnaire also sought information about casework staffing, training, caseload size, and supervision. Because completion of the Agency Questionnaire would likely require consultation with a variety of staff and agency records, CCC mailed a cover letter and a copy of the survey directly to the executive director, health director, mental health director, and director of the foster boarding home program of each agency. With follow-up telephone calls as needed, CCC received completed Agency Questionnaires from 18 of the 22 (82%) participating agencies. It is important to note that one of the agencies that had not submitted a completed questionnaire closed its doors June 1, 2003, making follow-up impossible.

⁶⁶ At the outset of our study, we relied on provider lists obtained from COFCCA and ACS and identified 37 agencies operating foster boarding homes. Subsequent to the completion of Phase I, ACS informed us that it had contracts with 41 agencies that operated regular foster boarding homes in April 2003. Closures and mergers of some agencies may account for this discrepancy.

PHASE II: REGULAR GROUP HOMES AND REGULAR RESIDENTIAL TREATMENT CENTERS

Phase II of our Task Force occurred between the Fall of 2003 and the Spring of 2004. This phase of the Task Force focused on foster care agencies that operated regular group homes (7-12 residents) or regular residential treatment centers (13 or more residents). Eighteen lay and professional members, including CCC trained volunteers, CCC board members and CCC staff, participated in Phase II of the Task Force. (Appendix B).

In March 2004, we sent letters to 24 executive directors of foster care agencies that operated group homes and/or residential treatment centers inviting their participation in the study. Seventeen agencies agreed to participate. We separated these agencies into three groups: (1) those operating only group homes; (2) those operating only RTCs; and (3) those operating both group homes and RTCs. With respect to the third group, we selected to interview the agency with respect to only one program. In total, eight agencies operating regular group homes and nine agencies operating RTCs participated in our study.

Similar to Phase I of the Task Force, Phase II involved two survey instruments. Although modeled on the instruments used in Phase I, the questionnaires developed for Phase II were revised and modified to capture issues related specifically to congregate care. The first instrument, the "Site Visit Questionnaire," was administered by two Task Force members in a one-hour face-to-face meeting with agency administrators. Based on CCC's explanation of the study, the agencies selected medical, mental health, program, and/or executive directors to participate in the interview. Because agencies often operated more than one group home or RTC, we asked participants to respond to questions with one program in mind. All 17 agencies completed a site visit interview.

The second instrument, the "Agency Questionnaire," sought data relating to: program census; budget; the Medicaid per diem rate; and staffing. Rather than mail this

questionnaire to the agency as we did in Phase I, Task Force members handed the questionnaire to the interview participants and asked them to oversee its completion and return to CCC. With follow-up phone calls and mailing of the survey, four of the eight agencies operating group homes and six of the nine agencies operating RTCs returned completed questionnaires to CCC.

LIMITATIONS OF THE DATA AND STUDY

The participants in our study represent 54% (22/41) of the agencies operating regular foster boarding homes, 40% (8/20) of the agencies operating group homes, and 53% (9/17) of the agencies operating regular RTCs in New York City. Participation was voluntary and as a result the agencies involved in the study represent a self-selected group. We recognize the possibility that only agencies wishing to showcase their programs participated in our study and that those not faring well opted out. Or, it may simply be that non-participation resulted because agency executives were too busy or too overwhelmed to respond to the letter of invitation. In fact, CCC was informed by two of the agencies in Phase I and one agency in Phase II that did not complete the Agency Questionnaire that recent staff reductions left them without resources to devote to its completion and the closure of the third agency operating foster boarding homes reinforce the dire fiscal straits more and more agencies are encountering. It is our hope that the agencies that chose to participate recognized the opportunity to bolster the advocacy efforts to improve health insurance coverage for children in foster care by exposing the realities of their struggles to address the health and mental health needs under the Medicaid per diem rate.

The data we report is based on the total number of programs that answered the question presented rather than the total number of agencies interviewed. This is particularly relevant when reporting data that emanated from the different questionnaires because all agencies completed the Site Visit Questionnaire, but not all completed the Agency Questionnaire.

FINDINGS

The findings in this report are organized into two sections: Part I describes the data obtained from agencies operating regular foster boarding homes during the first phase of our study and Part II presents the information provided by agencies operating regular group homes and regular RTCs during the second phase of our study. Both phases of the study aimed to document how agencies provide and/or obtain health and mental health services for children in care, but the focus of each phase differed slightly. To help readers grasp the nuances between the two phases, we briefly describe the information obtained here.

Phase I of our study focused on regular foster boarding homes, the largest segment of the foster care system and likely the largest program within most agencies. Our questionnaires sought to document whether foster care agencies provided health and mental health services on their premises and the extent to which agencies relied on practitioners in the community – hospital-based, community-based, and private practitioners – to serve children in their care. With respect to services provided by foster care agencies on their premises, the findings presented in Part I describe: (1) the variety of health and mental health services provided directly by foster care agencies; (2) the professionals employed by foster care agencies to provide health and mental health services; (3) the number of children regularly receiving health and mental health services at a foster care agency; (4) the number of children referred to practitioners in the community; and (5) how practitioners in the community were reimbursed for services provided to children in foster boarding homes. During Phase I of the study, we did not ascertain the specific services provided by particular health and mental health professionals employed by foster care agencies.

Phase II of our study focused on regular group homes and regular RTCs. Based on our experience in Phase I, we constructed the questionnaires to document: (1) the health and mental health services received by residents; (2) the professionals employed by foster care agencies to provide particular health and mental health services; (3) the health and mental health services that residents obtained from practitioners in the community; and (4) the source(s) of funding used to pay for health and mental health services. We requested data about agency budgets, Medicaid per diem rates, census, and service utilization in the Agency

Questionnaire, but very few agencies furnished this information.

Although attempting to present a simple explanation of how foster care agencies allocated the Medicaid per diem across services and the ways in which they relied on licensed health and mental health providers to meet the needs of children in their care, the findings reinforce just how complex and arcane the Medicaid per diem financing structure is and how much variability exists across agencies. This complexity makes it very difficult to identify patterns of practice and to grasp the array of service delivery structures. Nevertheless, it is our hope that the findings will demonstrate to policymakers that what exists now falls far short of meeting the needs of children in foster care and that a rational solution that aligns Medicaid reimbursement and other funding with actual costs of providing quality state-of-the-art care to children in foster care is required.

PART I: REGULAR FOSTER BOARDING HOMES

Medicaid Per Diem Rates

We obtained from the New York State Office of Child and Family Services the FY 2002-2003 Medicaid per diem rates (Medicaid per diem rate) for agencies operating foster boarding home programs in New York City. The Medicaid per diem rates for these agencies ranged from a low of \$2.62 to a high of \$24.15. The median Medicaid per diem rates for all FBH agencies was \$6.92.

All of the agencies participating in our study received a blended Medicaid per diem rate. The Medicaid per diem rate for study participants ranged from a low of \$4.49 to a high of \$24.15.⁶⁷ The second highest Medicaid per diem rate was \$11.73. The median Medicaid per diem rate for all 22 participating agencies was \$7.15 and the mean \$8.15.

The Medicaid per diem rate for the agencies operating foster boarding home programs, but not participating in our study ranged from a low of \$2.62 to a high of \$17.53. The median Medicaid per diem rate for nonparticipating agencies was \$5.76.

⁶⁷ The agency with the MPDR of \$24.15 had nearly three times as many children in its congregate care programs than in its foster boarding home program.

	Median Medicaid Per Diem Rate	Minimum Medicaid Per Diem Rate	Maximum Medicaid Per Diem Rate
All Agencies Operating Foster Boarding Homes in NYC	\$6.92	\$2.62	\$24.15
Agencies operating FBH in NYC that participated in CCC's study	\$7.15	\$4.49	\$24.15
Agencies operating FBHs in NYC that did not participate in CCC's study	\$5.76	\$2.62	\$17.53

For analytical and descriptive purposes, we used the median Medicaid per diem rate of \$7.15 to divide the FBH agencies that participated in our study into two groups: (1) FBH agencies with Medicaid per diem rates below \$7.15 and (2) FBH agencies with Medicaid per diem rates above \$7.15. In many of the findings that follow, we compare these two groups.

When considering the findings presented in this report, it is important to remember that the FBH agencies that participated in CCC's study represent more than half of the agencies operating regular foster boarding homes in New York City and that they had a median Medicaid per diem rate that was 23¢ higher than the median Medicaid per diem rate for all agencies operating foster boarding home programs and \$1.39 higher than those agencies that chose not to participate.

FOSTER CARE AGENCY AS PROVIDER OF ON-PREMISES HEALTH AND/OR MENTAL HEALTH SERVICES

This Section examines the health and mental health services that FBH agencies provided directly on their premises to children in their care. The findings showed that agencies fall into two categories: (1) agencies that relied on practitioners in the community to serve children in care, but employed a few health and mental health professionals to provide limited services at the agency and (2) agencies that employed a staff of health and mental health professionals to provide a full array of services on agency premises. The agencies falling into the second category typically operated de facto clinics. Within these two categories, we examined whether agencies had a

Medicaid per diem rate above or below the median of \$7.15 to determine whether the Medicaid per diem rates affected the scope of services provided.

On-Premises Mental Health Services in Foster Boarding Home Agencies

With one exception, the FBH agencies (21/22) we interviewed provided developmental screenings, crisis intervention, clinical consultation, acted as liaisons to community-based and hospital-based mental health providers, and conducted substance abuse screenings. One agency below the median Medicaid per diem rate provided no mental health services at all.

When considered as a group, the agencies above the median Medicaid per diem rate provided more mental health treatment and other mental health services than agencies below the median Medicaid per diem rate.

Nearly 60% (13/22) of all of the agencies provided individual therapy and prescription of psychotropic medication, and monitored children taking psychotropic medication at least one agency site. We refer to these agencies as operating "mental health clinic sites." Nearly three quarters (73% or 8/11) of the agencies above the median Medicaid per diem rate had at least one "mental health clinic site" compared to only 45% (5/11) of agencies below the Medicaid per diem rate. Although the majority of the agencies below the Medicaid per diem rate did not operate "mental health clinic sites," four provided at least one, but not all three of the following services: individual treatment, prescribed psychotropic medication, or monitored psychotropic medication.

Ninety-one percent (10/11) of the agencies operating “mental health clinic sites” reportedly provided group therapy and 79% (11/14) provided family therapy on their premises. Family therapy is the one treatment service for which licensed outpatient mental health clinics did not historically receive Medicaid reimbursement. However, in 2004, SOMH adopted a regulation that changed this policy. Nevertheless, the flexibility provided by the Medicaid per diem rate enables foster care agencies to provide both family therapy and group therapy. Agencies noted the primary importance of family therapy in working towards a child’s permanency planning goals and lamented the very limited availability of family therapy at licensed mental health clinics. Among those agencies that did not meet our definition of a “mental health clinic site,” 21% (3/14) provided family therapy and 10% (1/10) provided group therapy.

On-Premises Health Services in Foster Boarding Home Agencies

Similar to our mental health analysis, we separated agencies according to the array of health services that they provided on agency premises to children in foster boarding homes. Almost all of the agencies provided some health services, but not all agencies were equipped as full service primary care sites. In analyzing the data, we identified those agencies that provided the following primary care services: (1) routine check-ups; (2) physical examinations; (3) immunizations; (4) diagnosis and treatment of acute illness; (5) follow-up care for chronic health conditions; and (6) hearing and vision screenings. We refer to the agencies that had sites that provided these six services

as operating “primary care sites.” As in the case of mental health services, some agencies operated more than one “primary care site” at different agency locations and served children from the foster boarding home as well as other programs.

Slightly more than half (54.5% or 12/22) of all of the agencies operated “primary care sites.” Of the agencies operating “primary care sites,” 58% (7/12) were agencies above the median Medicaid per diem rate. More than half (4/7) of those agencies above the median Medicaid per diem rate that operated “primary care sites” did so at multiple locations. In comparison, four of five FBH agencies below the median Medicaid per diem rate operated one “primary care site” and the fifth operated two “primary care sites.”

Agencies below the median Medicaid per diem rate were more likely than those above to operate “partial primary care sites.” We defined as “partial primary care sites” those agencies that provided most of the primary care services provided by “primary care sites,” but that did not provide one of the following services: diagnosis and treatment of acute illness, routine check-ups, or follow-up care for chronic health conditions. A total of six agencies operated “partial primary care sites” and five of those were agencies below the median Medicaid per diem rate. Four agencies reported that they did not provide on-premise health services, and three quarters of those were agencies above the median Medicaid per diem rate.

Eighty-six percent (6/7) of the agencies above the median Medicaid per diem rate that operated at least one “primary care site” also operated at least one “mental health clinic site.” In comparison, two of the five

	FBH Agencies Below Median Medicaid per diem rate	Agencies Above Median Medicaid per diem rate
A. Does not have mental health clinic site	6	3
B. Has at least one mental health clinic site	5	8
C. Does not have a primary care site	6	4
D. Has at least one primary care site	5	7

(40%) agencies below the median Medicaid per diem rate operated both a “primary care site” and a “mental health service” site.

Summary of On-Premises Health and Mental Health Services Provided by FBH Agencies: According to our findings, in general the higher a FBH agency’s Medicaid per diem rate, the greater range of on-premises health and mental health services they were likely to provide. Agencies above the median Medicaid per diem rate were more likely to have multiple “mental health clinic sites” and “primary care sites.” Only 5 FBH agencies below the median Medicaid per diem rate met our definition of “mental health clinic sites.” This data is important because most of the agencies that did not participate in our study would fall below the median Medicaid per diem rate of \$7.15, suggesting that they are less likely to have on-premise services.

Our findings also indicate that those FBH agencies that operated “mental health clinic sites” resembled a licensed mental health clinic-based model with regard to the types of services they provided. However, an area in need of further examination is whether foster care agencies have developed mental health treatment models that are different from those found in licensed mental health clinics. Apart from the availability of family therapy, it appears that foster care agencies, despite their relative freedom from regulation, generally provided mental health treatment services in a clinic-like setting. As in the case with community-based and hospital-based mental health clinics, foster care agencies providing mental health treatment services required most children placed in foster boarding homes and their parents and foster parents to travel to a clinic office (although located in a foster care agency) to receive services from foster care agency staff. Unlike obtaining services from a practitioner in the community, a child’s and family’s participation in treatment at the foster care agency may be combined with other appointments and provide agency mental health and case-work staff with opportunities to communicate more regularly with one another as well as the child and family. Thus, the advantages of increased contact through co-location of child welfare and mental health services distinguish on-premises mental health treatment from services received in community-based or hospital-based outpatient clinics where communication between caseworker and clinic-based therapist is more challenging.

SERVICE UTILIZATION

CCC attempted to ascertain where children in foster boarding homes received outpatient mental health treatment and primary care services. Specifically, we asked all agencies to furnish data indicating the proportion of children in their foster boarding home program that received outpatient mental health treatment services and primary care at the following sites: (1) the foster care agency; (2) hospital-based outpatient clinics; (3) community-based outpatient clinics; and (4) private practice settings.

Overall Mental Health Service Utilization

In light of the shortage of outpatient children’s mental health treatment services in New York City (as discussed in the Text Box, pp. 14) and the research that shows that children in foster care have higher rates of serious emotional disturbance than the general population, we asked more detailed questions about mental health service utilization than primary care utilization. We tried first to ascertain the proportion of children who received outpatient mental health treatment services, specifically individual therapy and psychotropic medication.⁶⁸ We then tried to determine where children placed in foster boarding homes received individual therapy and monitoring of their psychotropic medication. Depending on the question, the response rate ranged from 59%-73% (13-16) agencies.

Sixteen agencies reported that approximately one third (median) of the children in foster boarding homes received individual therapy. Of the children participating in individual therapy, approximately 11% (median for 15 agencies) received services on agency premises, approximately 17% (median for 13 agencies) received services at a community-based outpatient mental health clinic, and less than 3% received services at a hospital-based outpatient mental health clinic.

When making mental health referrals, approximately 70% (14/20) of the foster care agencies indicated that they “always” or “whenever possible” tried to refer children to community-based mental health clinics that would bill Medicaid Fee-For-Service.

⁶⁸ We also inquired about participation rates in family therapy and group therapy, but very few agencies provided this data.

Mental Health Utilization on Agency Premises

As reported earlier, 13 FBH agencies participating in this study operated “mental health clinic sites.” Depending on the question, the response rate among these agencies to questions pertaining to service utilization ranged from 62%-85% (or 8-11 agencies). In analyzing this data, we sought to understand the proportion of children those agencies operating “mental health clinic sites” served and the proportion of children they referred to community-based or hospital-based outpatient mental health clinics.

Approximately one-third (median) of children served by FBH agencies that operated “mental health clinic sites” received individual therapy. Fifteen agencies reported that approximately 16% (median) of children placed in foster boarding homes received psychotropic medication. For approximately 8.5% (median) of this population, psychotropic medication services were provided by the foster care agencies.

Agencies below the median Medicaid per diem rate with “mental health clinic sites” provided individual therapy to approximately one-third of the total number of children receiving those services. The remaining two-thirds of children participating in individual therapy received those services at a community-based mental health clinic.

Agencies above the median Medicaid per diem rate with “mental health clinic sites” provided individual therapy to approximately half of the total number of children receiving those services. Those agencies referred the other half of the children to community-based outpatient mental health clinics for individual therapy. Neither agencies above or below the median Medicaid per diem rate referred many children to hospital-based outpatient mental health clinics for individual therapy.

Summary of Findings Related to Mental Health Service Utilization: Although approximately 30% of children in foster boarding homes participated in individual therapy, the data indicate that only one-third to one-half of those children received those services on FBH agency premises. Additionally, our data confirm the existence of the practice of referring children in foster care to community-based mental health clinics that bill Medicaid Fee-For-Service. This arrangement has developed among foster care agencies and community-based mental health

clinics to compensate for the fact that Medicaid per diem rates are too low to support services provided by foster care agencies and insufficient to cover the cost of obtaining those services in community-based mental health clinics. These circumstances present two problems. First, unlike primary care, few FBH agencies we interviewed had hired behavioral health care managers to coordinate and monitor services provided to children referred to community-based and hospital-based mental health clinics. By leaving this responsibility to caseworkers or dividing it among caseworkers and mental health professionals the oversight is likely to be fragmented and inconsistent. Second, the Fee-For-Service billing practice exists entirely at the control of the New York State Department of Health, which can reverse it at any time. This is not the case with hospital-based services.

Overall Primary Care Utilization

We obtained service utilization data with respect to primary care services from 16 (73%) of the agencies, nine of the agencies were above the median Medicaid per diem rate and seven were below.

Of the 16 agencies that provided data on primary care service utilization, we determined that they served approximately 75% (median) of their children on-premises. When we examined the data more closely, we found that the agencies above the median Medicaid per diem rate served a much larger proportion of their children on premises (median 89%) than the agencies below the Medicaid per diem rate (median 10%).

Approximately 10% (median) of the children served by the 16 agencies reporting utilization data received primary care services at hospital-based clinics, but agencies below the median Medicaid per diem rate referred significantly more children to hospital-based clinics than agencies above the median Medicaid per diem rate. Four of seven agencies (57%) below the median Medicaid per diem rate reported that one-fifth to one-half of their foster boarding home children received primary care in a hospital-based clinic. In comparison, nearly 80 % of the agencies above the median Medicaid per diem rates sent 11 % or fewer children to hospital-based clinics for primary care.

Both FBH agencies above and below the median Medicaid per diem rate were not likely to refer many children to community-based health clinics for primary care. According to our data, 4% (median) of the children served by the 16 agencies received primary care services at community-based clinics.

Fewer than 1% (median) of the children served by the 16 agencies received primary care services in a private practice setting. In the case of agencies above the median Medicaid per diem rate, all nine reported that less than 10% (median) of their foster boarding home population obtained primary care services from private practitioners. Five of seven agencies below the median Medicaid per diem rate reported that they did not send any children to private practitioners for primary care services, while the other two agencies sent 68% and 75% respectively of their foster boarding home children to private practitioners for primary care.

Summary of Findings Related to Overall Primary Care Utilization: During our study, we learned that some FBH agencies had developed arrangements with hospital-based clinics to provide primary care services to children in foster boarding homes. These arrangements allow foster care agencies to derive the fiscal advantage of using the Medicaid per diem rate to pay for other services, such as health care coordination services, while the primary care services are paid by Medicaid on a Fee-For-Service basis because they are provided by a hospital or a hospital employee. For example, one large agency, in addition to operating its own “primary care sites,” had an arrangement with a hospital that deployed two doctors and one nurse practitioner to the foster care agency premises 15 hours per week. Approximately 14% of the agency’s foster boarding home population was served through this arrangement and the services were paid by Medicaid Fee-For-Service. The agency had similar arrangements, although for fewer hours and serving far fewer children, with other hospital-based providers for which it paid with the Medicaid per diem rate. In addition, this foster care agency employed 25 health care managers.

Another agency we interviewed relied on a hospital-based primary care provider to serve the majority of its children at the foster care agency and used the Medicaid

per diem rate to employ as agency staff registered nurses who performed screenings and care coordination. Again, the foster care agency benefited from this arrangement because the services provided by the hospital’s pediatrician were billed to Medicaid Fee-For-Service rather than the foster care agency. Prior to the commencement of our interviews, the agency was notified by the hospital that it planned to terminate this arrangement.

We also learned about two agencies that had developed arrangements to pay for health services with the Medicaid per diem rate. One agency sent children in its foster boarding home program to a hospital-based outpatient health clinic on designated days and paid the hospital an annual lump sum out of its Medicaid per diem rate. The foster care agency also located a staff nurse at the hospital clinic on the days it served the foster boarding home children to assist with screenings and assessments. The rest of the week the nurse performed care coordination duties on-site at the foster care agency. The administrator explained that this arrangement enabled the foster care agency to save on the overhead and administrative expenses of providing services on-premises and that the relative predictability for primary care services made it possible. He noted that the same efficiencies could not be achieved with respect to mental health services.

Finally, we identified only one agency that had an arrangement with a community-based licensed health clinic to provide primary care to children in its foster boarding home program. This case involved a foster care agency that had a community-based health clinic license. The agency with the licensed health clinic provided primary care services to the children placed with the second agency for a rate of \$1.50 per day per child. The referring agency reported satisfaction with this arrangement, stating that as part of a foster care agency the health clinic was sensitive to the needs of children in foster care. It is also interesting to note that the doctors at the foster care agency’s licensed health clinic were employed by a hospital, but the agency operating the clinic used its Medicaid per diem rate to pay the hospital for these positions. The foster care agency informed CCC that this arrangement ensured increased continuity of care for those of its children who required inpatient care.

Primary Care Utilization on Agency Premises

As reported earlier, a total of 12 agencies operated what we termed “primary care sites.”

Unfortunately, only 7 of the 12 reported utilization data. The limited data obtained showed that those agencies that operated primary care sites, whether above or below the median Medicaid per diem rate, provided primary care to a substantial majority of their foster boarding home population.

Five of the seven agencies above the median Medicaid per diem rate that operated at least one “primary care site” served approximately 95% (median) of their foster boarding home population. Similarly, two of the agencies below the median Medicaid per diem rate that operated at least one “primary care site” served approximately 87.5% (median) of their foster boarding home population on-premises. With one exception, these agencies referred very few children to hospital-based or community-based health clinics or private primary care providers

Summary of Findings Related to Primary Care Utilization on Agency Premises: Most foster care agencies involved in our study either provided primary care services on their premises and/or made referrals to hospital-based clinics. In general, it was only a small proportion of children who received primary care at community-based licensed health clinics or in private practice settings. With regard to the off-premise referrals, the greater usage of hospital-based rather than community-based clinics reflects the possibility that this is an important way that foster care agencies compensate for the inadequacy of the Medicaid per diem rate. From a fiscal perspective, hospitals generally have higher rates of Medicaid Fee-For-Service reimbursement than other providers and therefore sending children in foster care to hospital-based clinics costs the State and New York City more in Medicaid dollars.

HEALTH AND MENTAL HEALTH STAFF EMPLOYED BY FOSTER CARE AGENCIES

The Medicaid per diem rate provides reimbursement for services delivered by selected credentialed health and mental health professionals. CCC asked agencies to indicate the type of health and mental health positions and the full-time equivalent for each position for which the agency had budgeted.⁶⁹ Importantly, agencies may have

budgeted for a certain number of hours per week for a position, but employed more than one professional in the same position on different days. For example, an agency may budget for one full-time equivalent psychiatrist, but employ two psychiatrists on a part-time basis. In addition, foster boarding home programs may constitute only one of many agency programs served by the professionals.

Slightly more than three-quarters of the agencies (76.5% or 13/17) reported that the Medicaid per diem rate constituted their only source of funding for mental health staff positions and slightly fewer (64.7% or 11/17) agencies reported that the Medicaid per diem rate constituted the only source of funding for medical staff positions.⁷⁰ To hire more staff than could be supported by the Medicaid per diem rate, some agencies reportedly relied on grants or created positions that could be funded through a separate funding stream, such as the board and care rate.

Mental Health Staff Employed By FBH Agencies

Agencies above the median Medicaid per diem rate budgeted for significantly more full-time equivalent mental health positions than agencies below the median Medicaid per diem rate. As described in more detail below, this was the case for all mental health positions, including psychiatrists, Ph.D. psychologists, master’s level psychologists, and certified social workers. For those agencies below the median Medicaid per diem rate less staff time likely translated into fewer hours of service per week or fewer numbers of children served on agency premises.

⁶⁹ The information regarding staff was part of the Agency Questionnaire that the foster care agencies completed and returned to CCC by mail or fax. Two of the agencies that did not complete Agency Questionnaires were below the Medicaid per diem rate and two were above. Staffing data was not reported by three agencies below the median Medicaid per diem rate, except one of these agencies clearly indicated that the Mental Health Director was a full-time equivalent position and only listed the other staff positions. This accounts for the fewer number of responses when compared to the questions relating to health and mental health services, which were part of the Site Visit Questionnaire administered in-person by Task Force members.

⁷⁰ It is important to note that CCC’s questionnaire asked whether all the mental health staff positions listed were supported wholly by the agency’s Medicaid per diem rate. Some agencies identified clerical and administrative positions as part of the mental health or health staff and indicated that those positions were only partially if at all supported by the Medicaid per diem rate.

None of the agencies below the median Medicaid per diem rate, including those that operated “mental health clinic sites,” had budgeted for at least one full-time equivalent psychiatrist. Seven agencies below the median Medicaid per diem rate reported that they employed psychiatrists on a part-time basis, and one agency had no psychiatrist at all. In comparison, 44% (4/9) of the agencies above the median Medicaid per diem rate had at least one full-time equivalent psychiatrist and 44% (4/9) budgeted for part-time psychiatrists. Four agencies above the median Medicaid per diem rate that operated “mental health clinic sites” had at least one full-time equivalent psychiatrist position.

Both agencies above and below the median Medicaid per diem rate invested substantially in Ph.D. psychologists. Six of nine agencies above the median Medicaid per diem rate budgeted to employ more than one full-time equivalent Ph.D. psychologist, and five of the six operated “mental health clinic sites.” Three agencies below the median Medicaid per diem rate also employed more than one full-time equivalent Ph.D. psychologist and a fourth agency budgeted for one full-time equivalent psychologist. Two of the four agencies below the median Medicaid per diem rate with at least one full-time equivalent Ph.D. psychologist operated “mental health clinic sites” and another agency that operated a “mental health clinic site” had budgeted for one part-time Ph.D. psychologist.

Nearly 90% (7/8) of the agencies below the median Medicaid per diem rate did not employ master’s level psychologists and 62.5% (5/8) did not employ certified social workers. In comparison, more than half (55.5% or 5/9) of the agencies above the median Medicaid per diem rate employed at least one full-time equivalent master level’s psychologist, and all of these were agencies that operated a “mental health clinic site.”

More agencies above the median Medicaid per diem rate that operated “mental health clinic sites” had budgeted for at least one full-time equivalent certified social worker than the agencies below the median Medicaid per diem rate. Five agencies above the median Medicaid per diem rate that operated a “mental health

clinic site” employed at least one full-time equivalent certified social worker. Only two agencies below the median Medicaid per diem rate that operated “mental health clinic sites” had budgeted for certified social workers, one on a part-time basis and the other for one full-time equivalent position.

Agencies that did not meet the definition of a “mental health clinic site” had considerably fewer full-time mental health staff than those that did. These agencies had no full-time equivalent psychiatrists or master’s level psychologists, and 71% (5/7) had no certified social workers. The one full-time equivalent position that agencies without a “mental health clinic site” had was for Ph.D. psychologists. Three agencies had at least one full-time equivalent Ph.D. psychologist and two had part-time positions.

Health Staff Employed By FBH Agencies

More agencies above the median Medicaid per diem rate had at least one full-time equivalent pediatrician on staff than agencies below the median Medicaid per diem rate. Specifically, 55.5% (5/9) of the agencies above the median Medicaid per diem rate reported that they had at least one full-time equivalent pediatrician, including three agencies that operated “primary care sites.” With respect to agencies below the median Medicaid per diem rate, the majority (5/9 or 55%) had budgeted for less than one full-time equivalent pediatrician.

Agencies above and below the median Medicaid per diem rate invested significant resources in full-time equivalent registered nurses and licensed practical nurses. Seventy-eight percent (7/9) of the agencies above and 78% (7/9) below the median Medicaid per diem rate had at least one full-time equivalent registered nurse. Although slightly less than half the agencies above and below the median Medicaid per diem rate had licensed practical nurses, those that did had at least one full-time equivalent position. CCC also inquired about physician assistants and nurse practitioners, but very few agencies budgeted for these positions.

The majority of agencies that did not operate a “primary care site” were likely to employ only registered nurses on a full-time basis and to lack at least one full-time equivalent pediatrician, licensed practical nurse, or nurse practitioner. Seventy-percent (7/10) of the agencies that did not operate a “primary care site” budgeted for at least one full-time equivalent registered nurse, and 71% (5/7) of these agencies employed more than one full-time equivalent registered nurse. In comparison, only two agencies that did not operate a “primary care site” had at least one full-time equivalent pediatrician. Forty percent (4/10) budgeted for a part-time pediatrician and 40% (4/10) had no pediatrician at all.

Summary of Findings Related to Health and Mental Health Staff Findings: According to the data, the primary mental health professionals hired by foster care agencies were psychiatrists and licensed (Ph.D.) psychologists. The most common full-time mental health position across agencies was a Ph.D. psychologist, with more agencies above the median Medicaid per diem rate employing these professionals than those below. Although a total of 13 agencies had “mental health clinic sites,” only four had employed at least one full-time equivalent psychiatrist and again these agencies were all above the median Medicaid per diem rate.

TABLE 1: HEALTH AND MENTAL HEALTH STAFF EMPLOYED BY FOSTER BOARDING HOME AGENCIES⁷¹

Mental Health Staff	Agencies Above Median Medicaid per diem rate	Agencies Below Median Medicaid per diem rate	Agencies Above Median Medicaid per diem rate w/ MH Clinic Site	Agencies Below Median Medicaid per diem rate w/ MH Clinic Site
At Least 1 FTE Psychiatrist	4	0	4	0
At Least 1 FTE Ph.D. Psychologist	6	4	5	2
At Least 1 FTE Master's Level Psychologist	5	1	5	0
At Least 1 FTE Certified Social Workers	5	3	5	1
Health Staff	Agencies Above Median Medicaid per diem rate	Agencies Below Median Medicaid per diem rate	Agencies Above Median Medicaid per diem rate w/ Primary Care Site	Agencies Below Median Medicaid per diem rate w/ Primary Care Site
At Least 1 FTE pediatrician	5	1	3	1
At Least 1 FTE registered nurse	7	7	4	2
At Least 1 FTE licensed practical nurse	4	4	2	3

⁷¹ This data reflect only the number of agencies responding to the staffing questions.

Agencies above the median Medicaid per diem rate, particularly those operating “mental health clinic sites,” were also more likely to employ full-time equivalent master’s level psychologists and certified social workers. The lack of certified social workers and master’s level psychologists and the limited psychiatric time in agencies below the median Medicaid per diem rate suggests that most of the mental health services are provided by Ph.D. psychologists and that their “mental health clinic sites” are providing services to fewer children and/or operating less than five full days per week.

The cost to an agency for a Ph.D. psychologist is higher than it would be for a master’s level psychologist or certified social worker. The limited number of certified social workers in agencies below the median Medicaid per diem rate may relate to the former lack of Medicaid reimbursement for these mental health professionals. Until a policy change in FY 2001, foster care agencies could not obtain Medicaid reimbursement for mental health services provided by certified social workers. Although this policy changed, agencies must front the cost of the social worker for two years and must not have reached the direct clinical services cost ceiling in order to obtain Medicaid reimbursement for the position two years later. Agencies without the resources to front this cost will likely have difficulty availing themselves of the policy change. Agencies below the median Medicaid per diem rate may be confronted with this dilemma, which would account for their limited numbers of certified social workers.

With respect to primary care, full-time registered nurse was the most common health position across agencies. As in the case of Ph.D. psychologists, we were unable to ascertain the scope of job functions performed by registered nurses. Through our discussions, we learned that the responsibilities of registered nurses could include: clinical work; screenings; care coordination and management; and maintenance of records. Very few agencies had nurses coordinating the mental health care of children in foster boarding homes. Several agencies, both above and below the median Medicaid per diem rate, employed full-time licensed practical nurses. Full-time pediatricians were more prevalent in agencies above the median Medicaid per diem rate than those below.

HEALTH AND MENTAL HEALTH CARE COORDINATION

With few exceptions, most foster boarding home programs referred children in their care to practitioners in hospital-based and/or community-based licensed outpatient clinics. As our study shows, this was particularly true with regard to mental health services even when an agency operated its own “mental health clinic site.” Care coordination/management is essential to ensuring that children and foster parents follow-up on referrals and that children receive the health and mental health services they need at the community-based and hospital-based clinics. From the foster care agencies’ perspective, care coordination/management is a necessary link to monitoring a child’s health and well-being.

OCFS regulations do not recognize care coordination or management as a unique service to be provided to children in foster care. The regulations merely obligate foster care agencies to “provide or arrange for . . . follow-up care as recommended by a child’s physician.”⁷² However, *Working Together* clearly elevates the importance of this service in ensuring that children in foster care get the care that they need. According to the manual, “*In response to the legal mandate for social services agencies to provide for the necessary physical, emotional, and developmental health of children in foster care, and in recognition that current practice does not consistently overcome barriers to high quality, comprehensive care for this vulnerable and needy population, the Office of Children and Family Services strongly recommends the implementation of health care coordination for all children.*”⁷³ Indeed, the manual describes health care coordination activities in almost every one of its ten chapters.

In a related effort, OCFS recently funded six agencies to conduct health care coordination pilot projects for two years.⁷⁴ Under way in 2004, the pilot is intended, in part, to test the timeframes and screening and care coordination

⁷² 18 NYCRR § 441.22(g).

⁷³ New York State Office of Children and Family Services, *Working Together*, 4-1 (emphasis added).

⁷⁴ Another 3 agencies received funding for one year and the likelihood of a second year of funding remains uncertain.

functions originally set forth in the draft health standards (which became *Working Together*). The participating agencies had flexibility in determining how to structure their care coordinator positions. OCFS will evaluate the impact of these services on several measures, including: stability of placement; duration of placement; rates of hospitalization; and length of stay in hospitals.

Although incorporating the OCFS regulations regarding “follow-up care” and omitting use of the term “care coordination,” ACS standards enumerate a variety of coordinating functions, including: developing a written health plan for each child; reviewing health examination records; and following-up on recommendations for treatment and referrals made by the provider.⁷⁵ At present, however, there are no state or local standards or regulations that govern what type of professional shall perform these functions or how often.

Eighty-one percent (17/21) of the FBH agencies reported that they employed health care managers to coordinate the health services of children in foster boarding homes. Despite this finding, we learned through our interviews that the term “health care manager” is not universally understood by FBH agencies to refer to a particular position. FBH agencies that had hired staff for the sole purpose of coordinating and monitoring the health services for children readily understood the term. Agencies that did not have these positions and divided health care coordination among multiple staff often required an explanation of the term. With respect to these agencies, it was difficult to discern whether they had hired any staff whose sole or primary responsibility was the coordination of a child’s health services.

In reporting this data, we acknowledge responsibility for perhaps using incorrect terminology. We attempted to account for this possibility by including questions that described job functions and asked agencies to match care coordination functions to the staff position responsible for its execution. Data derived from these questions reinforced the concern that health care coordination is not a formally established service in all FBH agencies. For example, 93%

(14/15) of the agencies reported that when a child was referred to a hospital-based primary care clinic, they monitored the child’s attendance, treatment, and progress. Thirty-three percent (5/15) of the agencies reported that health care managers had primary responsibility for monitoring these issues and another 20% (3/15) identified health care managers as well as other professionals, such as case-workers, pediatricians, registered nurses, and licensed practical nurses as “usually” performing this work. Through the surveys and follow-up telephone calls, we discerned that many agencies employed registered nurses to work as health care coordinators, but in some agencies nurses had both care coordination and clinical responsibilities.

We also inquired about caseloads of health care managers. Fifty percent (11/22) of the agencies reported this data. Among those agencies, the average caseload for a health care manager ranged from 25 to 350 cases. The median health care manager caseload for these agencies was 126 cases.

Nearly two-thirds of the FBH agencies (14/22) indicated that they did not have behavioral health care managers and responsibility for managing a child’s mental health services was shared among staff. As in the case of health care managers, we detected that some agencies were unfamiliar with the term “behavioral health care manager.” Of the eight agencies that reported employing behavioral health care managers, only two identified these staff as “usually” responsible for monitoring a child’s mental health treatment and services. Five of the eight agencies identified caseworkers in combination with other staff, such as behavioral health care managers, health staff, mental health professionals or casework supervisors, as “usually” responsible for monitoring a child’s mental health care. Of the agencies that reportedly did not employ behavioral health care managers, three identified case-workers as “usually” responsible for monitoring, four identified mental health professionals, and another four identified mental health professionals and caseworkers as sharing this responsibility. In other words, whether an agency reported that it employed a behavioral health care manager or not, the responsibility for following-up on a child’s mental health treatment was “usually” that of a case-worker and/or mental health professional.

⁷⁵ New York City Administration for Children’s Services, Foster Care Standards, Appendix G, §III(K)(4)(c).

A bachelor's degree was the minimum educational credential for caseworkers employed by 94% (16/17) of the agencies and only one agency required caseworkers to have a master's level degree. In addition, the average caseloads for caseworkers employed by seventeen agencies that reported the data ranged from 6 to 29 cases and the median was caseload was 22 cases. Over 80% of the agencies reported that they provided formal health and mental health training to caseworkers. The majority of agencies reported that caseworkers received supervision about the health and mental health aspects of their cases on an "as needed basis."

Slightly less than half of the agencies reported that their staff monitored mental health referrals to community-based and hospital-based clinics on a monthly basis and approximately half indicated that the monitoring of primary care services occurred on a monthly basis. There are no state or local standards that govern how frequently foster care agencies must monitor a child's compliance with recommended treatment and referrals. Often mental health treatment, such as individual therapy, is recommended on a weekly basis. According to our data, most agencies monitored mental health treatment less frequently than once a month. Additionally, during our study, we learned that the responsibility for monitoring a child's mental health treatment compliance after an initial appointment at a licensed mental health clinic fell primarily on the foster parent and that unless the foster parent notified the caseworker or other staff about a child's non-compliance, a foster care agency could go without knowing about it for several weeks or months.

Over three quarters of the agencies reported that obtaining written mental health treatment reports from community-based and hospital-based outpatient mental health clinics was "difficult" or "very difficult." Over eighty-percent of the agencies (14/17 or 82.4%) indicated that therapists from hospital-based or community-based clinics rarely attended Service Plan Review conferences. As a result, their written treatment reports serve as critical sources of information used by foster care agencies to monitor a child's attendance, treatment, and progress. During interviews, several directors expressed their concern that the therapists from community-based and hospital-based mental health clinics lacked familiarity with the

reporting requirements of foster care agencies. They suggested that cross-system education about these and other requirements may help facilitate a more timely exchange of the reports and other information. That many foster care agencies also identified their lack of control over whether the clinics received reimbursement for their services reinforces our earlier finding that they were referring children to community-based mental health clinics that bill Medicaid Fee-For-Service rather than paying with the Medicaid per diem rate.

More than two-thirds of the agencies reported that obtaining written health records and reports from community-based and hospital-based primary care clinics was "difficult" or "very difficult." Agencies reported slightly greater difficulty obtaining health reports/records from community-based (79%) as opposed to hospital-based clinics (67%). Again, foster care agencies identified the lack of familiarity with their reporting requirements as a contributing factor to the difficulty obtaining reports and records from primary care practitioners located in the community and recommended cross-system training in this area.

Roughly seventy-percent of the agencies reported that obtaining treatment reports and records and reports from private mental health and health practitioners was "easy" or "somewhat easy." Although foster care agencies did not refer large numbers of children to private practitioners, when they did their Medicaid per diem rate paid for the services. Foster care agencies attributed the ease of obtaining reports and records to the fact that they could withhold reimbursement until they received the information.

Summary of Findings Related to Care Coordination: The reliance on community-based and hospital-based clinics, particularly in light of the multiple service needs of the children, elevates the importance of health and mental health care coordination and management. It is the responsibility of foster care agencies to ensure that children referred to these clinics attend their appointments and receive the treatment they need. Given the involvement of multiple parties – foster parents, parents, health and mental health providers, caseworkers, and other foster care agency staff – this is no simple task.

Most agencies involved in our study reported that their staff engaged in care coordination. It was more difficult to discern whether agencies had assigned staff to perform primarily this function. We attribute part of this difficulty to the absence of an established definition of “care coordination” in the field prior to the release of *Working Together* in 2004. For those agencies that employed professionals to perform care coordination, our questions presented no trouble. It was those agencies that did not seem to have a designated health or mental health care coordination professional and that divided this responsibility among multiple staff that had difficulty responding to CCC’s questions.

That so many agencies identified more than one staff person as having care coordination responsibilities raises the possibility that the coordination itself may be fragmented. The majority of agencies identified caseworkers and/or mental health professionals as responsible for behavioral health care coordination. One noticeable difference from the data collected was that agencies were more likely to use caseworkers to coordinate a child’s mental health services as opposed to health services. For the most part, caseworkers were not identified as staff responsible for coordination of a child’s primary care services. Registered nurses and licensed practical nurses were the positions identified as engaging in health care coordination.

Our findings also raised concern regarding the frequency that monitoring of services provided by community-based and hospital-based clinics occurred. We learned that most agencies monitored primary care on a monthly basis and mental health treatment less than once a month. This is problematic when many children have been referred to receive mental health treatment services on a weekly basis.

Finally, agencies across the board reported difficulty in obtaining information related to a child’s treatment from hospital-based and community-based outpatient clinics. This is true with respect to health and mental health records. Agencies attributed the difficulty to the lack of control over reimbursement because all hospital-based outpatient clinics and many community-based outpatient mental health clinics obtain Medicaid Fee-For-Service reimbursement for the services rendered. In comparison, most foster care agencies used the Medicaid per diem rate to pay for services provided by private health or mental health

practitioners and, as a result, were able to obtain records from these providers with relative ease. We know, however, that agencies infrequently referred to private practitioners.

In short, our findings show that coordination of health and mental health services was: (1) often shared by multiple staff members who are likely to have additional clinical or case management responsibilities; (2) conducted on roughly a monthly or less than monthly basis; and (3) complicated by difficulty obtaining treatment records from community-based and hospital-based outpatient clinics. Together, our findings suggest that the Medicaid per diem rate is not adequate to support care coordination as a necessary health and mental health service, particularly for those agencies also providing other health and mental health services. In addition, the care coordination that is occurring appears to focus more on primary care than mental health services.

PART II: REGULAR GROUP HOMES AND REGULAR RESIDENTIAL TREATMENT CENTERS

As explained in the Background Section of this report (pp. 10-21), group homes and residential treatment centers (RTCs) represent two categories of congregate care. Most of the programs interviewed for our study are one of many programs operated by a single agency. Group homes, like foster boarding homes, are usually located in a community setting. For many agencies, the way health and mental health services are provided to group home residents may be similar to how foster boarding home children are served – some residents may receive services on agency premises and others may be referred to practitioners in the community. In contrast, RTCs are typically located on self-contained campuses where most, if not all, outpatient health and mental health services are provided to residents on the premises.

In April 2004, ACS had contracted with 20 foster care agencies to operate regular group homes and 17 agencies to operate residential treatment centers. We interviewed eight of the agencies that operated regular group homes and nine agencies that operated regular residential treatment centers. We were unable to obtain the Medicaid per diem rates received by these agencies and therefore were not able to compare the agencies by this measure as we did with

respect to FBH agencies. Rather, we analyzed the data for group homes and RTCs separately. Although we present the findings for each program type in this Section, we are not making direct comparisons between the two.

In addition to the focus on congregate care, Part II of our study specifically examined: (1) the health and mental health services received by residents; (2) the professionals employed by foster care agencies to provide each particular service; (3) the health and mental health services that residents obtained from practitioners located in the community; and (4) the source of funding used to pay for health and mental health services. Again, this is slightly different than the information gathered in Part I of the study, which examined the breadth of services provided on agency premises, staffing structures, and utilization of those services by children placed in foster boarding homes.

MENTAL HEALTH SERVICES

In our site visits, we asked agencies to identify the mental health services that they provided to residents in group homes and RTCs or secured for them in the community. For those services offered by the agency, we inquired about the credentials of the professionals providing the service, and the sources of funding used to support the professionals. Our findings are presented below.

Services Provided

With limited exceptions, group home and RTC programs reported that their residents received the following mental health services: initial psychological evaluations, psychiatric evaluations, individual, group, and family therapy, and prescription and monitoring of psychotropic medications.

Group Homes

All group homes provided initial psychological evaluations to residents on agency premises and seven of eight programs regularly monitored those residents taking psychotropic medication. One program referred residents to a community-based mental health clinic for these services. Another program reported that it neither monitored medication nor referred residents to the community for monitoring.

Less than all group homes secured group and family therapy for their residents. According to the data, all group homes provided or secured individual therapy for residents. Specifically, four group homes obtained individual therapy for their residents at their agency, three group homes secured therapy for residents, and one group home's residents received individual therapy on agency premises or in the community. Of the four programs that secured individual therapy in the community, three referred residents to both community-based or hospital-based mental health clinics, one referred residents only to community-based mental health clinics that billed Medicaid Fee-For-Service, and one program referred residents to a private practitioner whom it paid with its Medicaid per diem rate.

Group therapy was the least common treatment service provided to group home residents. Only two of the eight programs indicated that they offered group therapy. Residents of both programs received group therapy on agency premises.

Half (4) of the group homes reported that family therapy was provided to residents on agency premises. Two of the programs that provided family therapy on agency premises also referred residents and their families to community-based mental health clinics for treatment.

Six of the eight group homes reported that their agencies did not possess a mental health clinic license. Of these six programs, half provided individual therapy, 83% (5/6) provided psychiatric evaluations, and all (6/6) provided psychological evaluations to group home residents.

Seventy-five percent (6/8) of the group homes reported that the agency mental health staff who served their residents also served children in other agency programs.

Residential Treatment Centers

All RTCs obtained individual, group, and family therapy for residents on agency premises. No RTCs referred residents to community-based or hospital-based mental health clinics or to private practitioners for treatment services.

All RTCs reported that residents received initial psychological evaluations and monitoring of psychotropic medication at their agencies. No RTCs referred residents to community-based or hospital-based mental health clinics or to private practitioners for these services.

Five of the nine RTCs reported that their agencies did not possess a mental health clinic license. All of the five RTCs provided initial psychological evaluations, psychiatric evaluations, and individual therapy to residents at their agencies. Three RTCs reported that their agencies possessed a mental health clinic license.

Two thirds (6/9) of the RTCs reported that agency mental health staff who served their residents also served children in other programs.

Staffing and Source(s) of Funding For Mental Health Services

In Phase II of the Task Force, we inquired more specifically about which staff provided each mental health service and the sources of funding used by agencies to support the staff function. Below we present the findings.

Staffing and funding patterns differed widely from agency to agency, making it impossible to categorize service delivery models. Tables 2-4 use the example of individual therapy to illustrate the variation across group home and RTC programs. Boxes marked with an “X” indicate that the program employed the professional identified in the column to provide therapy and the parenthesis indicates the sources of funding used to support the staff person.

TABLE 2: GROUP HOME STAFFING AND SOURCE(S) OF PAYMENT FOR ON-PREMISE INDIVIDUAL THERAPY

Program	On or Off-Site	Caseworker	Certified Social Worker	Ph.D. Psychologist	MA Psychologist	Psychiatrist
#1	On & Off				X (MPDR)	
#2	Off					
#3	On		X (grant)			
#4	On			X (MPDR + other)		X (MPDR + other)
#5	On			X (MPDR + MSAR)	X (MPDR + MSAR)	
#6	On*					
#7	Off					
#8	On			X (MPDR)		X (MPDR)

* Agency did not provide staffing informationt Least 1 FTE Ph.D. Psychologist6

TABLE 3: LOCATION AND SOURCE OF FUNDING FOR OFF-PREMISE INDIVIDUAL THERAPY FOR GROUP HOME RESIDENTS

Program	On or Off-Site	Community-based Health Clinic	Hospital-based Health Clinic	Private Practice
#1	On & Off	X (MPDR)	X (MFFS)	
#2	Off	X (MFFS)		
#3	On			
#4	On			
#5	On			
#6	Off	X (MPDR & MFFS)	X (MPDR & MFFS)	
#7	Off	X (MPDR)		
#8	On			

MPDR = Medicaid Per Diem Rate MSAR = Maximum State Aid Rate MFFS= Medicaid Fee-For-Service

TABLE 4: RESIDENTIAL TREATMENT CENTERS STAFFING AND SOURCE(S) OF PAYMENT FOR ON-PREMISE INDIVIDUAL THERAPY

Program	On-Site	Caseworker	Certified Social Worker	Ph.D Psychologist	MA Psychologist	Psychiatrist
#1	On	X (MSAR)	X (MSAR)	X (MPDR)	X (MSAR)	X (MPDR)
#2	On		X (MPDR)	X (MPDR)	X (MPDR)	
#3			X (MPDR + MSAR)	X (MPDR)	X (MPDR)	
#4	On		X (MPDR + MSAR)			
#5	On		X (MPDR)	X (MPDR)		
#6	On		X (MSAR)	X (MSAR)		X (MSAR)
#7	On		X (MPDR +MSAR)	X (MPDR)	X (MPDR)	
#8	On	X (MSAR)	X (MSAR)	X (MPDR)	X (MPDR)	
#9	On				MA Interns (MPDR)	

MPDR = Medicaid Per Diem Rate MSAR = Maximum State Aid Rate MFFS= Medicaid Fee-For-Service

As illustrated by Tables 2-4, no two programs shared identical staffing and funding models for individual therapy provided on-site at the agency. Similar variation existed with respect to the provision of on-site family and group therapy. Less variation among staffing patterns existed for initial psychological evaluations and the monitoring of residents receiving psychotropic medication. For example, almost all group homes reported that a Ph.D. psychologist conducted initial psychological evaluations of residents. But one group home reported that caseworkers and certified social workers conducted the psychological evaluations and another group home relied on caseworkers and Ph.D. psychologists to conduct them. Most RTCs employed Ph.D. psychologists to conduct initial psychological evaluations, but many of these also employed at least one other mental health professional, such as a certified social worker, master's level psychologist, or psychiatrist to provide this service.

Most group homes and RTCs employed a psychiatrist to monitor residents receiving psychotropic medication. However, even with respect to this service, uniform staffing patterns did not exist. For example, one RTC reported that certified social workers and psychiatrists conducted initial psychological evaluations.

Very few group homes and RTCs relied exclusively on the Medicaid per diem rate to support all the mental health services provided on agency premises. Of the nine agencies interviewed that operated RTCs, only three relied exclusively on the Medicaid per diem rate to support mental health services provided on agency premises.

With respect to group homes, we obtained funding data regarding mental health services from seven of eight programs. Only one of those seven relied exclusively on the Medicaid per diem rate to support the mental health services received by residents. A second agency relied only on the Medicaid per diem rate to support mental health services provided on agency premises, but also referred residents for individual therapy to hospital-based mental health clinics that billed Medicaid Fee-For-Service.

For those agencies that did not rely exclusively on the Medicaid per diem rate to fund mental health services provided on agency premises, other sources of funding included the Maximum State Aid Rate, an agency's endowment, or a grant. For example, in Table 2, group home #3

funded the certified social worker with a grant whereas group home #5 relied on a combination of its Medicaid per diem rate and the Maximum State Aid Rate to support both the Ph.D. and master's level psychologists.

Only one group home and four RTCs reported that the Medicaid per diem rate was the exclusive source of funding for the mental health services provided to residents on agency premises or in the community.

However, it is important to note that even these few programs relied on referrals to community and/or hospital-based mental health clinics that billed Medicaid Fee-For-Service for some of their residents.

Summary of Mental Health Services Findings: The data suggest that group home residents do not have access to a full array of mental health services. Only half of the group homes referred residents to family therapy and even fewer ensured that group home residents received group therapy. We learned anecdotally that programs have difficulty engaging group home residents in therapy because of their age, geographic distance makes it difficult for families to participate, and their length of stays can be short depending on the circumstances. All of the RTCs interviewed indicated that residents have access to a variety of mental health services on agency premises. Although requested, we were unable to obtain reliable data regarding service utilization by group home and RTC residents.

On the issue of licensing, the majority of agencies serving group home and RTC residents did not possess a mental health clinic license. In addition, most of the mental health professionals employed by agencies served children in other programs as well as those in group homes or RTCs. Without utilization data or regulation of minimal staffing patterns, it is difficult to assess whether agencies are equipped to meet the mental health needs of their residents.

The variation in staffing patterns across programs reflects the flexibility inherent in the Medicaid per diem rate financing structure. The variation also highlights the lack of uniform staffing standards, which may affect the type, availability, and quality of the services provided to residents in group homes or residential treatment centers. The variation also highlights the lack of uniform staffing standards, which may affect the type, availability and quality of the services provided to residents in group homes and RTCs.

Important factors for agencies to consider in hiring staff is the actual cost of one credentialed professional compared to another and whether sources of funding other than the Medicaid per diem rate could support the professional. The data show that RTCs were more likely to employ certified social workers to conduct individual therapy than agencies serving group home residents. Salary data reported by a few agencies indicated that it cost an agency less to employ a certified social worker than a Ph.D. psychologist. In addition, the RTCs relied, at least in part, on the Maximum State Aid Rate to support the certified social workers.

Finally, the data show that the Medicaid per diem rate cannot and does not provide sufficient funding for outpatient mental health services. This is true whether the agency provides all of the services or provides some and makes referrals to other providers. When Medicaid per diem rates do not support the cost of providing and/or securing health and mental health services, the agencies are confronted with the following choices: (1) find additional funding to ensure that children receive the care they need; (2) accrue a deficit and risk financial failure to ensure that children receive the care they need; (3) refer residents to clinics that will bill Medicaid-Fee-For-Service; or (4) allow children to go without the care that they need.

Two agencies operating group homes provided us with budgetary information that sheds light on their financial condition. The first agency reported that its operating budget exceeded the revenue received from its Medicaid per diem rate and Maximum State Aid Rate by 15%. The agency reported that it relied on its endowment to close the deficit. Another agency reported that its group home operating budget exceeded the revenue received from its Medicaid Per Diem Rate and Maximum State Aid Rate by 30%. This agency also relied on its endowment and a small grant to close its operating deficit.

HEALTH SERVICES

Similar to mental health, programs identified the health services that were provided by foster care agencies to group home and RTC residents or secured for them in the community. In reviewing the health service data, it is important to recall that the majority of residents in RTCs and group homes are teenagers, making the accessibility of gynecolog-

ical examinations and substance abuse treatment services more relevant than for the foster boarding home population.

Almost all group home programs and RTC programs reported that residents received the following health services: medical examinations upon placement, treatment of acute illness, immunizations, gynecological examinations, vision and hearing screenings, dental services, substance abuse screening, substance abuse treatment, HIV/AIDS screening, and family planning counseling. We take a closer look at where and by whom many of these services are provided and the sources of funding used to pay for them.

Services Provided

Group Homes

Only three of eight group homes reported that residents received medical examinations, treatment for acute illness, dental services, substance abuse treatment, and gynecological examinations on agency premises. Of the eight programs, residents of three programs obtained medical examinations and treatment for acute illness on agency premises, residents of two programs secured those services in the community, and residents of three programs either obtained the services at their agencies *or* in the community.

Dental services were more likely to be obtained by group homes in the community than provided by foster care agencies. Specifically, five programs reported that they obtained dental services for their residents in hospital-based or community-based clinics. Residents in three programs were served by a dentist on agency premises. Although two of these programs reported that the dentists were agency staff, the third was served by a dentist from a separate institution who provided services on agency premises part-time.

Only two group homes offered residents substance abuse treatment on agency premises. Most (5) of the group home programs referred residents to community-based or hospital-based substance abuse treatment clinics. One agency, however, reported that it did not provide or obtain substance abuse treatment services for residents.

More than half of the group homes reported that they referred female residents to community-based or hospital-based health clinics for gynecological services. Two programs reported that staff pediatricians provided

gynecological services on agency premises and that they also made referrals to community-based or hospital-based health clinics.

Six group home programs reported that their agencies did not possess a health clinic license. Of these six, all provided treatment for acute illness and five provided initial medical examinations for residents on agency premises.

Nearly all group homes (7/8) reported that health staff who served their residents on agency premises also served children in other agency programs.

Residential Treatment Centers

Eight of the nine RTCs reported that medical examinations and treatment for acute illness were provided on agency premises by staff medical professionals. Only one RTC referred residents to community-based and hospital-based health clinics for medical examinations and treatment for acute illness. This program, however, reported that a registered nurse employed by the agency also provided treatment for acute illness. Most RTCs employed pediatricians, registered nurses, and/or nurse practitioners to provide these services.

Only one RTC reported having a dentist on staff. Three other RTCs were served by dentists who provided services on agency premises part-time but were in private practice or employed by a community-based clinic. Another three RTCs reported that they referred residents to dentists located in the community.

Residents in four RTCs received substance abuse treatment services on agency-premises, three RTCs referred residents to community-based or hospital-based clinics, and two did not refer residents for treatment. Of the substance abuse treatment services provided on agency-premises, three RTCs relied on practitioners from community-based and/or hospital-based treatment programs to deliver the service.

Of the six RTC programs that reported on the availability of gynecological services, all made referrals to practitioners in community-based health clinics, hospital-based health clinics, and/or private practice. However, three RTCs reported that they made referrals to practitioners in the community and provided the services on agency premises. These agencies employed pediatricians or

nurse practitioners to provide gynecological examinations on agency premises.

Six RTCs reported that their agencies did not possess a health clinic license. Of these, five reportedly provided medical examinations and four provided treatment for acute illness to residents.

Two-thirds of the RTC programs reported that agency health staff who served their residents also served children in other agency programs.

Staffing and Source(s) of Funding for Health Services

Seven of eight group home programs provided funding data for medical examinations, treatment of acute illness, dental services, substance abuse treatment services, and gynecological examinations. None of these programs relied exclusively on the Medicaid per diem rate to fund these services on or off agency premises. All seven of these programs reported that the agency relied on Medicaid Fee-For-Service reimbursement for at least one of the health services secured in the community for residents.

Only two of nine RTC programs relied exclusively on the Medicaid per diem rate to pay for medical examinations, treatment of acute illness, dental services, and gynecological examinations provided to residents. However, neither of these programs provided or secured substance abuse treatment services for residents. To obtain health services for residents, the remainder of the programs that provided complete funding data reported that the agency relied on the Medicaid per diem rate in combination with the Maximum State Aid Rate, grants, and endowments to support services provided on agency premises and referred to providers in the community that billed Medicaid Fee-For-Service.

Often a combination of pediatricians, registered nurses, nurse practitioners, and to a lesser extent licensed practical nurses provided health services to group home and RTC residents on agency premises. Although the Task Force inquired about which professionals provided a particular health service, as illustrated by Table 5-8 with respect to medical examinations and similar to the area of mental health, the staffing patterns and sources of payment varied from agency to agency.

TABLE 5: GROUP HOME STAFFING AND SOURCE(S) OF PAYMENT FOR ON-PREMISE MEDICAL EXAMINATIONS

Program	On or Off-Site	Pediatrician	Registered Nurse	Nurse Practitioner	Licensed Practical Nurse	Physician Assistant
#1	On & Off	X (MPDR)	X (MPDR)			
#2	On & Off	X (MPDR & MSAR)				
#3	On	X (MPDR)				
#4	On	X (MPDR & Other)	X (MPDR & Other)		X (MPDR & Other)	
#5	On	X (MPDR & MSAR)	X (MPDR & MSAR)	X (MPD & MSAR)	X (MPDR & MSAR)	
#6	Off					
#7	Off					
#8	On & Off*	X	X			

* Agency did not provide staffing or funding information.

TABLE 6: LOCATION AND SOURCE OF FUNDING FOR OFF-PREMISE MEDICAL EXAMINATIONS FOR GROUP HOME RESIDENTS

Program	On or Off-Site	Community-based Health Clinic	Hospital-based Health Clinic	Private Practice
#1	On & Off	X (MPDR)		
#2	On & Off	X (MFFS)		
#3	On			
#4	On			
#5	On			
#6	Off	X (MPDR & MFFS)	X (MPDR & MFFS)	
#7	Off	X (MFFS)		
#8	On & Off*		X (MFFS)	

MPDR = Medicaid Per Diem Rate MSAR = Maximum State Aid Rate MFFS = Medicaid Fee-for-Service

TABLE 7: RESIDENTIAL TC STAFFING AND SOURCE(S) OF PAYMENT FOR ON-PREMISE MEDICAL EXAMINATIONS

Program	On or Off-Site	Pediatrician	Registered Nurse	Nurse Practitioner	Licensed Practical Nurse	Physician Assistant
#1	On	X (MPDR)	X (MPDR)	X (MPDR)		
#2	On	X (MPDR)	X (MPDR)			
#3	On		X (MPDR)	X (MPDR)	X (MPDR)	X (MPDR)
#4	On	X (MPDR)				
#5	On	X (MPDR)	X (MPDR)			
#6	On	X (MPD)	X (MSAR)		X (MSAR)	
#7	On	X (MPDR & MSAR)				
#8	Off					
#9	On		X (MPDR)			

TABLE 8: LOCATION AND SOURCE OF FUNDING FOR OFF-PREMISE MEDICAL EXAMINATIONS FOR RTC RESIDENTS

Program	On or Off-Site	Community-based Health Clinic	Hospital-based Health Clinic	Private Practice
#1	On			
#2	On			
#3	On			
#4	On			
#5	On			
#6	On			
#7	On			
#8	Off	X (MFFS)	X (MFFS)	
#9	On			

MPDR = Medicaid Per Diem Rate MSAR = Maximum State Aid Rate MFFS= Medicaid Fee-for-Service

We also asked agencies to provide the full-time equivalent for each professional, but few agencies furnished this information. However, our data show that: 77% (7/9) of RTCs and 63% (5/8) of group homes were served by agency employed pediatricians; 100% of RTCs and 63% of group homes were served by agency employed registered nurses; 44% (4/9) of RTCs and 13% (1/8) of group homes were served by agency employed nurse practitioners; and 33% (3/9) of RTCs and 25% (2/8) of group homes were served by agency employed licensed practical nurses.

Summary of Health Findings: With respect to health service delivery, most agencies provided medical examinations and treatment for acute illness to residents of group homes and RTCs on agency premises. More variation existed with respect to the delivery of dental, substance abuse treatment, and gynecological services. Depending on the agency, some of these services were provided on agency premises. And, in the case of RTCs, some had arrangements with non-agency providers, such as a dentist in private practice or a community-based substance abuse clinic, to provide services to residents on agency premises. Agencies also relied on referrals to community-based or hospital-based clinics and private practitioners, particularly for gynecological services. With respect to substance abuse treatment services, two agencies operating group homes and two agencies operating RTCs reported that their residents did not receive substance abuse treatment services. This is a concern because as *Working Together* makes clear best practice standards and the Child/Teen Health Plan and ACS regulations require substance abuse assessments be conducted for adolescents and that treatment services must be provided if the diagnosis warrants.⁷⁶

Similar to the area of mental health, very few agencies operating group homes or RTCs relied exclusively on the Medicaid per diem rate to pay for health services provided to residents. However, RTCs were more likely than group homes to have a wider range of health services provided on agency premises, whether provided by agency employed professionals or by professionals in private practice or employed by another institution. But, even with regard to

services provided by non-agency professionals on agency premises, the sources of funding varied. In some instances, these services were billed to Medicaid Fee-For-Service and in others the foster care agency relied on its Medicaid per diem rate.

HEALTH AND MENTAL HEALTH CARE COORDINATION

As described earlier in this report, *Working Together* recognizes care coordination as an essential health and mental health service for children in foster care. For the sake of clarity, the Site Visit Questionnaire used to interview group homes and RTCs included a definition of care coordination. This definition was based on the *Child Welfare League of America Standards*. During the interviews, we asked programs to identify the staff responsible for health and mental health care coordination and care coordination caseloads.

Group Homes

Seven of eight group homes reported that registered nurses conducted health care coordination. For three group homes only registered nurses served as health care coordinators, but they also provided medical care. Four group home programs reported that health care coordination was shared by registered nurses and other health staff including: pediatricians, caseworkers, and/or physician assistants.

The average health care coordinating caseload among staff serving six group home programs was 98 cases. For those agencies that relied exclusively on registered nurses to conduct health care coordination, the average caseload ranged from 32 to 92 cases per nurse.

Four group home programs reported that staff responsible for health care coordination also had responsibility for mental health care coordination. In two of these programs, care coordination was shared among at least two staff and another program relied on only registered nurses. The fourth program assigned mental health care coordination to caseworkers and Ph.D. psychologists, but a registered nurse monitored any child taking psychotropic medication.

⁷⁶ New York State Office of Children and Family Services, *Working Together*, 1-14 and 2-15; New York City Administration for Children's Services, Foster Care Standards, Appendix G, Part III, §K (6).

Four group home programs reported that the caseloads for mental health care coordination ranged from 13 to 50 cases. The average caseload for these four programs was 28 cases.

Residential Treatment Centers

Seven of the nine RTCs reported that the responsibility for health care coordination is not shared among multiple staff and in five programs only registered nurses provided this service. In the other two programs, a licensed practical nurse and a nurse practitioner respectively conducted health care coordination.

Seven of the nine RTCs separated the functions of health care coordination and mental health care coordination.

The average health care coordination caseload as reported by seven RTC programs was 96 cases per staff member. Among these programs, the caseloads ranged from 51 to 165 cases.

Three RTC programs relied exclusively on Ph.D. psychologists to conduct mental health care coordination and another program relied exclusively on certified social workers to provide this service. In each of these four programs, the mental health professional also conducted clinical work. Two agencies reported that responsibility for mental health care coordination was shared among five staff positions.

The average mental health care coordination caseload reported by seven RTC programs was 46 cases per staff member. Among these programs, the caseloads ranged from 10 to 98 cases per staff member.

Summary of Care Coordination Findings: OCFS has formally recognized health and mental health care coordination as an essential service for children in foster care in *Working Together*. The agencies operating group homes and RTCs responded to questions regarding this service with greater ease than the regular foster boarding home programs interviewed in Phase I of the study. The difference may relate to the inclusion of a definition of care coordination in the questionnaire used to interview group home programs and RTCs.

The use of registered nurses as health care coordinators was common to both group home programs and RTCs. In both program types, registered nurses served as the exclusive care coordinators in a majority of the programs. However, most of the registered nurses performed care coordination functions in addition to providing other medical services. And, in a few cases, registered nurses were responsible for coordinating health and mental health services.

Although we were unable to obtain the number of full-time equivalent nurses employed by each program, the reported caseload sizes hint at the demands on their time. For example, the three group homes that employed only registered nurses to coordinate health care had average caseloads that ranged from 32 to 92 cases. During this study and in other settings, foster care agency administrators have expressed serious concern over the difficulty hiring and retaining experienced registered nurses. The difficulty relates in part to a widespread shortage of nurses nationally and locally. And, the demanding workloads and lower pay scales offered by foster care agencies compound recruitment and retention difficulties. Although agencies participating in the OCFS care coordination pilot (see pg. 31) may employ other professionals, the impact of the nursing crisis on foster care agencies requires increased attention by the State and the NYC Administration for Children's Services.

RTC programs were more likely than group home programs to delegate responsibility for health care and mental health care coordination to different staff members. In addition, although not every program provided data, 4 RTCs had assigned mental health care coordination to Ph.D. psychologists or certified social workers exclusively. For those agencies where mental health care coordination was combined with health care coordination or where multiple staff were responsible for care coordination, it is difficult to discern the extent of fragmentation that occurs.

SUMMARY OF STUDY FINDINGS

This Section summarizes the key findings from Part I and Part II of the study.

MEDICAID FUNDING AND LICENSING

- Most FBH agencies provided health and mental health services directly on-premises and referred at least some children to licensed outpatient health and mental health clinics that billed Medicaid Fee-For Service;
- Most FBH agencies allocated more of their Medicaid per diem rate to the provision of primary care services than mental health services;
- FBH agencies with lower Medicaid per diem rates relied heavily on Fee-For-Service hospital-based health clinics and Fee-For-Service community-based mental health clinics to provide services to children in their care;
- The majority of agencies operating group homes and RTCs did not possess health or mental health clinic licenses, but provided health and mental health services to residents.
- Very few agencies operating group homes and RTCs relied exclusively on the Medicaid per diem rate to support health or mental health services provided on agency premises.
- Staffing structures and sources of funding for health and mental health services provided on foster care agency premises varied widely among agencies operating group homes and RTCs.

PRIMARY CARE

- FBH agencies with higher Medicaid per diem rates generally provided a greater range of health and mental health services and served a larger proportion of their children on-premises than agencies with lower Medicaid per diem rates;
- FBH agencies operating “primary care sites” served at least 90% of children in their care and relied on the Medicaid per diem rate to support those services;
- When FBH agencies referred children for primary care, most relied on licensed hospital-based outpatient health clinics (which bill Medicaid Fee-For-Service) rather than community-based outpatient health clinics (which should be paid with the Medicaid per diem rate).

- RTCs were more likely than group homes to have a wider range of health services on agency premises, whether provided by agency employed professionals or by professionals in private practice or employed by another institution.

MENTAL HEALTH

- Slightly more than one-third of the foster boarding home population served by FBH agencies reportedly received individual therapy, even though researchers have estimated that the prevalence of serious emotional disturbance among children in foster care ranges from approximately 30%-70%;
- FBH agencies operating “mental health clinic sites” provided individual therapy to approximately one-third to one-half of their children receiving mental health services and the sites were supported by the Medicaid per diem rate;
- Almost all FBH agencies referred at least half of the children receiving individual therapy to community-based mental health clinics;
- All agencies operating RTCs provided all outpatient mental health services to residents on agency premises.
- Some group homes obtained group and family therapy for residents and many referred residents to practitioners in the community for individual treatment.

CARE COORDINATION

- FBH agencies experienced great difficulty in obtaining treatment reports from licensed health and mental health clinics serving foster boarding home children;
- Health and mental health care coordination was not a formally established service in all FBH agencies;
- Most FBH agencies divided management and coordination of health and mental health services among more than one staff person;
- Most agencies operating group homes and RTCs employed registered nurses to conduct health care coordination; and
- Most agencies operating RTCs separated the functions of health and mental health care coordination among staff.

DISCUSSION AND RECOMMENDATIONS

For the past several years, New York State has devoted significant resources to restructuring its public health insurance system. Between 1991 and 2002, New York State created and expanded the Child Health Plus Program, implemented Family Health Plus, and rolled out mandatory Medicaid managed care enrollment in New York City and other parts of the State. In implementing these efforts, New York State embraced concepts adopted by the health insurance industry. These concepts include: (1) ensuring that children and adults have a “medical home” rather than using hospital emergency rooms for primary care services; (2) promoting “continuity of care” or ongoing health care service delivery and putting an end to intermittent, sporadic, and ultimately more costly services; and (3) facilitating the coordination of health care services. The concepts – a medical home, continuity of care, and care coordination – have not been pursued in a systematic way for children in foster care as they have been for other children with public health insurance.

Despite New York State’s concentrated focus on health insurance, improving insurance coverage for children in foster care has escaped consideration within the higher echelons of state government. As a result, the health and mental health needs of children in foster care continue to be treated as a child welfare issue separate and apart from the larger public health insurance agenda. This is true despite the fact that children in foster care are insured by Medicaid and many children in foster care receive services from community-based and hospital-based Medicaid Fee-For-Service providers.

Our study demonstrates that the Medicaid per diem rates, even those at the higher end, fall far short of covering the actual cost of providing comprehensive, coordinated, and quality health and mental health services for children placed in foster care. Although many of the foster care agencies we interviewed provided health and mental health services on their premises, almost all also referred to hospital-based and community-based clinics where practitioners billed Medicaid Fee-For-Service. From a practical standpoint, these circumstances force children in foster care to straddle three systems – child welfare, mental health, and health – to obtain the health and mental health services that they need.

Neither the child welfare system, the health system, nor the mental health system alone are alone equipped to provide comprehensive, coordinated, and quality care to children placed in foster care. Simply stated, the child welfare system lacks sufficient Medicaid funding and foster care agencies are not subject to licensing and quality oversight that apply to state licensed health and mental health clinics. Licensed mental health clinics are crippled by inadequate rates of Medicaid Fee-For-Service reimbursement that make care coordination and cross-system communication extremely difficult and are unable to expand capacity to meet the enormous need for children’s outpatient mental health treatment services. Licensed health clinics rates of reimbursement similarly do not support the kind of coordination and communication with child welfare agencies, caregivers, and foster parents required for children in foster care.

The need to improve insurance coverage for children in foster care is clear. CCC believes that the way to do so must be guided by policies that bear a relationship to changes in the health insurance industry. This means that any fiscal, regulatory or policy changes should ensure that the concepts of a medical home, continuity of care, and care coordination apply to all children as they enter, remain in, and leave foster care.

From a fiscal standpoint, rates of reimbursement should reflect the actual costs of services. Although based on historical spending, the Medicaid per diem rate is not based on actual costs of the services. Similarly, the Medicaid Fee-For-Service reimbursement rate for outpatient mental health treatment services does not cover the cost of providing services to children, and especially to children in foster care. The New York State Department of Health, the agency responsible for Medicaid rate setting, should work closely with the Office of Children and Family Services and the New York State Office of Mental Health to determine the actual cost of providing services and establish Medicaid per diem and Medicaid Fee-For-Service rates that are aligned with the cost of providing children in foster care with coordinated and quality health and mental health services.

Any changes must also promote quality oversight and accountability. Many foster care agencies provide health and mental health services, but are not required to obtain a state health or mental health clinic license. Foster care agencies are also not subject to the same level of oversight and auditing as licensed health and mental health clinics. The fact is that foster care agencies comprise a part of the children's outpatient mental health treatment and primary care service capacity for children and should be licensed to provide those particular services.

With these concepts in mind, CCC has developed the following recommendations for improving insurance coverage for children in foster care and ensuring that the children placed in foster care receive the comprehensive, coordinated, and quality health and mental health services that they need. We caution that these recommendations should be considered together rather than in isolation.

I. Use the Medicaid Per Diem Rate To Fund Only Health and Mental Health Screenings, Care Coordination, and Family Engagement Activities Related to Health and Mental Health Issues. To decrease service variability and quality across agencies and increase consistency of service delivery, the Governor and the New York State Legislature should require that the Medicaid per diem rate be spent only on health and mental health purposes that foster care agencies are well-situated to provide to all children entering placement. To that end, CCC recommends that the Medicaid per diem rate support a standard health/mental health service package based on a per child case rate that would consist of the following:

- Implementing a standardized screening instrument administered by credentialed and experienced health and mental health professionals to detect health and mental health symptoms and identify service needs of children in care;
- Employing credentialed and experienced mental health professionals to coordinate mental health services and health professionals to coordinate health services in sufficient numbers to manage appropriately-sized case-loads;
- Conducting health and mental health orientation groups for children entering foster care; and

- Implementing formal activities to educate caseworkers, caregivers, and foster parents about children's health and mental health issues and to support them in caring for children with health and mental health needs.

II. Fund Training and Implementation of the Best Practices Set Forth in the New York State Office of Children and Family Services' recently released guide Working Together: Health Services for Children In Foster Care. Acknowledging foster care children as a special needs and medically and emotionally vulnerable population, *Working Together* raises the bar for the delivery of health and mental health services to children in care. However, an investment of resources is required to enable foster care agencies to implement the recommended best practices. This report shows that the Medicaid per diem rate does not pay for all the health and mental health services needed by children in foster boarding homes, group homes, or RTCs and that a wide gap exists between the way services are now provided and the recommended best practices set forth in *Working Together*. To eliminate this gap, CCC recommends that:

- the Governor, the New York State Legislature, the New York State Department of Health, and the New York State Office of Children and Family Services work with local child welfare authorities and foster care agencies to determine the actual cost of complying with the best practice standards and state and local regulations;
- the New York State Department of Health and the New York State Office of Children and Family Services ensure that the per child case rate developed (pursuant to Recommendation I) account for the full cost of compliance with the practices and mandates set forth in *Working Together*;
- the Governor and the New York State Legislature invest the resources necessary to ensure that the Medicaid per diem rates reflect the actual cost of complying with the practices and mandates set forth in *Working Together*; and
- the New York City Administration for Children's Services in collaboration with New York City foster care agencies review local standards and align them with *Working Together* where appropriate.

III. Increase the Availability of Licensed Health and Mental Health Services for Children in Foster Care and Establish New Foster Care Medicaid Fee-For-Service Reimbursement Rates to Improve Access to Care. Arguably, the Medicaid per diem rate was created to enable foster care agencies to respond to the unique health and mental health needs of children in foster care. However, changes in health care financing, health insurance coverage for children and the failure to adjust Medicaid per diem rates to keep pace with actual costs, complicated and outdated coverage rules, and the growing health and mental health needs of children in foster care, have all conspired to restrict the availability of and access to needed care to which these children are entitled.

To increase the availability of licensed health and mental health services, CCC recommends that:

- the New York State Department of Health and the New York State Office of Mental Health develop a foster care clinic license so that treatment offered to children in foster care meets the same minimum standards of health and mental health care services provided to children who live at home with their parents;
- the New York State Office of Mental Health should amend regulations to promote the co-location of licensed children's mental health services or mental health clinical staff on-site at foster care agencies; and

- the New York City Administration for Children's Services (ACS) should work with the New York City Health and Hospitals Corporation (HHC) to establish linkages between HHC Child Health Clinics, other pediatric primary care services, foster care agencies, and ACS direct care programs. The HHC Child Health Clinics could become the medical home and primary care service provider for children residing in foster boarding and group homes.

To improve access to outpatient health and mental health treatment for children in foster care, CCC recommends that:

- the New York State Department of Health and the New York State Office of Mental Health should in consultation with the Office of Children and Family Services, develop new foster care Medicaid Fee-For-Service reimbursement rates; and
- the new foster care Medicaid Fee-For-Service reimbursement rates should account for the cost of: (1) providing outpatient health and mental health treatment for the child and family or caregivers, and other special health, mental health, or behavioral services needed by children in foster care placement; (2) documentation for family court; (3) appearances in family court; and (4) communication and collaboration with families, caregivers and other professionals responsible for the child.

CONCLUSION

Children in foster care represent a high need population whose multiple health and mental health problems and multi-system involvement require comprehensive care coordination and ready access to the health and mental health services. With the recent success of New York's facilitated enrollment initiative, many of the children entering foster care are likely to have been enrolled in Medicaid Managed Care. Upon placement with a foster care agency, the insurance coverage for most children changes. They are disenrolled from their Medicaid managed care plans and subjected to two types of Medicaid reimbursement: 1) Medicaid Fee-For-Service – which offers health and mental health providers the highest rates of reimbursement; and 2) the Medicaid per diem rate – which offers health and mental health providers arguably the lowest reimbursement rates of any insurance product.

Sadly, this two tier-system of Medicaid coverage leaves children in foster care with fragmented, uncoordinated outpatient health and mental health services and without ready access to needed services, particularly mental health services. The reimbursement rates and regulations also discourage much needed communication between health, mental health, and child welfare providers. From a fiscal

standpoint, maintaining three separate systems of Medicaid reimbursement – child welfare, health, and mental health – results in an inefficient allocation of resources to the detriment of the children in foster care and the foster care agencies that struggle to meet their health and mental health needs.

Failing to address the health and mental health needs of children in foster boarding homes has serious and adverse effects on children. An inability to obtain needed treatment often hampers the achievement of permanency planning goals, extends the length of stay in foster care, and prolongs an abused or neglected child's recovery. An improvement in Medicaid coverage for these children is long overdue.

CCC urges the Governor, the New York State Legislature, the New York State Department of Health, the New York Office of Children and Family Services, the Mayor of New York City, the New York City Council, and the New York City Administration for Children's Service to join forces and make the fiscal, regulatory, and policy changes needed to enable health, mental health, and child welfare providers to deliver comprehensive, coordinated, and quality health and mental health services to children in foster care.

APPENDIX A

TASK FORCE ON HEALTH AND MENTAL HEALTH SERVICES FOR CHILDREN IN FOSTER CARE MEMBERS – PHASE I

Orren Alperstein
Nancy Banks
Priscilla Barnes Davis
Bonnie Beer
Muriel Chess
Terri Childs
Connie Christensen, Co-Chair
Tim Clifford
Trudy Festinger
Rachel Foster Kodosi
Helen Garey
Judy Garson

Jennifer Hand
Helen Hintz
Ruth Houghton
Chris Stern Hyman, Co-Chair
Bobbi Kirschner
Nancy Locker
Elinor Manucci
Kathy Mele
Sue Nager
Kim Morgan, Intern
Tara Sher, Staff
Flora Solarz
Nancy Solomon
Leine Spohngellert
Heidi Stamas
Susan Witter
Leslie Yoo

APPENDIX B

TASK FORCE ON HEALTH AND MENTAL HEALTH SERVICES FOR CHILDREN IN FOSTER CARE MEMBERS – PHASE II

Judy Berger
Muriel Chess
Terri Childs
Connie Christensen, Co-Chair
Rosenny Fenton
Trudy Festinger
Helen Hintz
Ruth Houghton

Chris Stern Hyman, Co-Chair
Becky Kaplan
Bobbi Kirschner
Jane Levinson
Nancy Locker
Elinor Manucci
Beth Sheehan
Tara Sher, Staff
Nancy Solomon
Randy Smolian
Heidi Stamas

APPENDIX C

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC. TASK FORCE ON FOSTER CARE AND HEALTH AND MENTAL HEALTH SERVICES

AGENCY QUESTIONNAIRE

(Foster Boarding Homes)

Citizens' Committee for Children of New York, Inc. (CCC) is a child advocacy organization that has been advocating for New York City's children for 59 years in the areas of health, mental health, child welfare, housing, child care, education, income support and youth services. We are making site visits to 22 foster care agencies that operate foster boarding home programs as part of a study that will document the variety of ways agencies have developed to provide health and mental health services on-site and/or to secure services in the community for children in their care. In addition to the site visits, we are requesting all participating agencies to complete this questionnaire, which seeks information about agency Medicaid per diem rates, size, and staffing structures. The information compiled through this research will form the basis of a report that CCC will publish to educate the public, policymakers, and government officials about the challenges foster care agencies face in trying to meet children's health and mental health needs.

Please know that no administrator, staff person, parent, or child will be identified by name in any CCC publication or advocacy efforts.

GENERAL INFORMATION

Name of Organization:

Address: _____

Names and Titles of Persons Who Completed this Questionnaire:

Name and Phone Number of Agency Contact for this Questionnaire:

AGENCY INFORMATION

1. Please indicate the types of foster care programs operated by your agency that are funded in part with the Medicaid per diem and the capacity and current census for each program:
- | | | |
|---|-----------------------|---------------------|
| <input type="checkbox"/> Regular Foster Boarding Home | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Therapeutic Foster Boarding Home | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Group Home (7-12 youth) | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Group Residence (13-25 youth) | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Institutional (26 or more youth) | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Other _____ | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Other _____ | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Other _____ | Program Capacity_____ | Current census_____ |
| <input type="checkbox"/> Other _____ | Program Capacity_____ | Current census_____ |
2. Please indicate the Medicaid per diem rate for each of the programs listed:
- | | | |
|---|---|---|
| <input type="checkbox"/> Regular Foster Boarding Home | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
| <input type="checkbox"/> Therapeutic Foster Boarding Home | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
| <input type="checkbox"/> Group Home (7-12 youth) | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
| <input type="checkbox"/> Group Residence (13-25 youth) | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
| <input type="checkbox"/> Institutional (26 or more youth) | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
| <input type="checkbox"/> Other _____ | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
| <input type="checkbox"/> Other _____ | Generalized Medicaid per diem rate_____ | Specialized Medicaid per diem rate_____ |
3. Does your agency blend the Medicaid per diem rates for different programs into a single pool?
- No
- Yes
- If yes, please indicate the programs for which the rates are blended and the advantages or disadvantages of the blending.
- _____
- _____
- _____

-
4. Has your agency experienced a decline in its overall census between 1997 and 2002?
- No
 - Yes.
- If yes, in which of the following ways has this impacted your agency? (check all that apply)?
- Reductions in supervisory staff
 - Reductions in front line staff
 - Increased caseloads for front line staff
 - Reduction in services
 - Office closures
 - Increased agency deficit
 - Increased agency's reliance on charitable funds
 - Other
-

Instructions: The remainder of this questionnaire pertains to your foster boarding home programs. Before turning to the questions, please review the definitions below. We hope that these will help you to answer the questions accurately.

Definitions For This Questionnaire:

Foster boarding homes: we use this term to refer to regular foster boarding homes and kinship care only. Our definition does not include agency operated foster homes, group homes, therapeutic foster boarding homes, or emergency foster boarding homes.

Hospital-based: we use this term to mean outpatient services provided by a licensed clinic that is located in a hospital. For our purposes, this term also includes licensed clinics that are affiliated with a hospital, but not physically attached to it.

Community-based: unless otherwise specified we use this term to mean outpatient mental health with an Article 31 license or health clinics that are not hospital-based and not affiliated with a hospital.

5. Please indicate the boroughs where your foster boarding home placements are located and the proportion of your agency's foster boarding home population placed in each borough (check all that apply):
- Brooklyn _____ % of your agency's foster boarding home population placed in Brooklyn
 - Bronx _____ % of your agency's foster boarding home population placed in Bronx
 - Manhattan _____ % of your agency's foster boarding home population placed in Manhattan
 - Queens _____ % of your agency's foster boarding home population placed in Queens
 - Staten Island _____ % of your agency's foster boarding home population placed in Staten Island

CASEWORK STAFF

6. How many caseworkers is your foster boarding home program budgeted to employ? ____ (please provide the full-time equivalent or FTE)
7. Are there currently caseworker vacancies?
 No
 Yes If yes, how many? _____ (FTE)
8. What are the minimum professional credentials required for caseworkers employed in your foster boarding home program?
 High school diploma or equivalent
 Bachelor's degree in social work or related field
 Master's degree in social work or related field
 Other
9. How many of the caseworkers employed in your foster boarding home program have the following credentials?
 High school diploma or equivalent only # _____
 Bachelor's level degree only # _____
 Master's level degree # _____
 Other: _____
10. What is the average caseload of a full-time or FTE caseworker in your foster boarding home program?
_____ cases

TRAINING

11. How many hours of training on mental health related topics do caseworkers employed by your agency receive each year? _____ hrs/year
12. Does your agency offer formal mental health training (i.e. seminars, workshops, in-service training) for caseworkers in your foster boarding home program?
 No. If no, proceed to question 18.
 Yes. If yes, proceed to next question.
13. Please indicate the topics covered in the formal training and how often training occurs (check all that apply):
- | | | | |
|--|---------------------------------|-------------------|-----------------------------|
| <input type="checkbox"/> Crisis intervention | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> Screening for, and detection of, mental health symptoms | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> Recognizing symptoms of trauma | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> Different types of mental health interventions | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> Different types of mental health disorders | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |

-
- Psychotropic medications
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Roles of different mental health professionals (psychiatrist, psychologist, social workers)
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Education about the different types of children's mental health services in New York City and State
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Making referrals to mental health services
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Helping parents to manage a child's mental health needs
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Helping foster parents to manage a child's mental health needs
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
14. Who provides mental health training to caseworkers in your foster boarding home program? (check all that apply)
- Casework supervisors
 - Mental health professionals who are employees of your agency
 - Mental health professionals who are employees of community-based mental health clinics or hospital-based mental health clinics
 - Organizations or institutes approved to provide continuing professional education
 - Other _____
15. Does your agency budget include funding for mental health training for caseworkers in your foster boarding home program?
- No. If no, proceed to question 18.
 - Yes. If yes, proceed to question 16.
16. Approximately how much funding is annually available for mental health training? \$ _____
17. Please indicate the sources of agency funding for mental health training: (check all that apply)
- Medicaid per diem
 - Private or foundation grants
 - Grants or other funding from the New York City Administration for Children's Services
 - Grants or other funding from the New York State Office of Children and Family Services
 - Grants or other funding from the New York State Office of Mental Health
 - Grants or other funding from the New York City Department of Health and Mental Hygiene
 - Grants or other funding from the New York State Department of Health
 - Other _____
-
18. Does your agency provide formal health training (i.e. seminars, workshops, in-service training) for caseworkers in your foster boarding home program?
- No. If no, proceed to question 24.
 - Yes. If yes, proceed to next question.

-
19. Please indicate the topics covered in the formal training and how often training occurs: (check all that apply):
- Screening for, and detection of, health symptoms
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Primary and preventive care
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - American Academy of Pediatrics Guidelines
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Child/Teen Health Plan requirements (EPSDT)
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Different types of children's health problems prevalent in a foster care population (asthma, diabetes, obesity)
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Making referrals to community-based health clinics
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Other _____

20. Who provides health training for caseworkers in your foster boarding home program? (check all that apply)?
- Casework supervisors
 - Health professionals who are employees of your agency
 - Health professionals who are employees of community-based health clinics or hospital-based health clinics
 - Organizations or institutes approved to provide continuing medical education
 - Other _____

21. Does your agency budget include funding for health training for caseworkers in your foster boarding home program?
- No. If no, proceed to question 24.
 - Yes. If yes, proceed to next question.

22. How much funding is annually available for health training? \$ _____

23. Please indicate the sources of this funding: (check all that apply)
- Medicaid per diem
 - Private or foundation grants
 - Grants or other funding from the New York City Administration for Children's Services
 - Grants or other funding from the New York State Office of Children and Family Services
 - Grants or other funding from the New York State Office of Mental Health
 - Grants or other funding from the New York City Department of Health and Mental Hygiene
 - Grants or other funding from the New York State Department of Health
 - Other _____

SUPERVISION

24. Do caseworkers receive supervision about health aspects of cases?
- Yes. If yes, proceed to question 25.
 - No. If no, proceed to question 28.

-
25. Who provides supervision to caseworkers about health aspects of their cases?
- Casework supervisor
 - Health Director
 - Other health staff employed by the agency (who is not the health director)
 - Other _____
26. How often is individual supervision about health aspects of cases provided to caseworkers?
- Weekly
 - Once a month
 - Less than once a month
 - On an as needed basis
 - Other _____
27. How often is group supervision about health aspects of cases provided to caseworkers? (check all that apply)
- Weekly
 - Once a month
 - Less than once a month
 - On an as needed basis
 - Other _____
28. Do caseworkers receive supervision about mental health aspects of cases?
- Yes. If yes, proceed to question 29.
 - No. If no, proceed to question 32.
29. Who provides supervision to caseworkers about mental health aspects of their cases?
- Casework supervisor
 - Mental Health Director
 - Other mental health staff employed by the agency (who is not the health director)
 - Other _____
30. How often is individual supervision about mental health aspects of cases provided to caseworkers?
- Weekly
 - Once a month
 - Less than once a month
 - On an as needed basis
 - Other _____
31. How often is group supervision about mental health aspects of cases provided to caseworkers? (check all that apply)
- Weekly
 - Once a month
 - Less than once a month
 - On an as needed basis
 - Other _____

MENTAL HEALTH STAFF AND SERVICES

32. Please indicate the mental health positions (excluding foster boarding home caseworkers) your agency has budgeted for who provide services to your foster boarding home program, the full-time equivalent (FTE) for each position, and any vacancies you currently have.

(If a position falls under more than one of the listed categories, please do not count it twice)

<input type="checkbox"/> Mental Health Director	FTE _____	Vacancies _____
<input type="checkbox"/> Psychiatrist	FTE _____	Vacancies _____
<input type="checkbox"/> Licensed Psychologist (not a care manager)	FTE _____	Vacancies _____
<input type="checkbox"/> Master's Level Psychologist (not a care manager)	FTE _____	Vacancies _____
<input type="checkbox"/> Certified Social Worker (C.S.W.) (not a care mgr)	FTE _____	Vacancies _____
<input type="checkbox"/> M.S.W. (not CSWs or care manager)	FTE _____	Vacancies _____
<input type="checkbox"/> Registered Nurse	FTE _____	Vacancies _____
<input type="checkbox"/> Bachelor's level social workers (not a care mgr)	FTE _____	Vacancies _____
<input type="checkbox"/> Behavioral Health Care Manager	FTE _____	Vacancies _____
<input type="checkbox"/> Substance Abuse Specialist	FTE _____	Vacancies _____
<input type="checkbox"/> Other _____	FTE _____	Vacancies _____

33. Are all of the positions identified in Question 32 fully funded through the Medicaid per diem rates received by your foster boarding home program?

Yes. If yes, proceed to next question.

No. If no, please identify positions that are not fully funded through the Medicaid per diem and other sources of funding that support them. _____

34. Do the professionals identified in Question 32 provide mental health services only to children in your agency's foster boarding home program?

Yes. If yes, please proceed to next question.

No. If no, please indicate the other agency programs served by these mental health professionals:

35. Please indicate the proportion of your foster boarding home population that receives the following types of mental health treatment?

a) Individual therapy _____%

b) Family therapy _____%

c) Group therapy _____%

d) Psychotropic Medication _____%

36. Please indicate the proportion of your foster boarding home population that receives the following types of mental health treatment on-site at your agency?

a) Individual therapy _____%

b) Family therapy _____%

c) Group therapy _____%

d) Psychotropic Medication _____%

-
37. Please indicate the proportion of your foster boarding home population that receives the following types of mental health treatment at Article 31 community-based mental health clinics?
- a) Individual therapy _____% b) Family therapy _____%
- c) Group therapy _____% d) Psychotropic Medication _____%
38. Roughly what proportion of your foster boarding home population that receives treatment at Article 31 community-based mental health clinics are referred to clinics that agree to bill Medicaid fee-for-service rather than obtain reimbursement from your agency directly? ____%
39. Please indicate the proportion of your foster boarding home population that receives the following types of mental health treatment at hospital-based outpatient mental health clinics?
- a) Individual therapy _____% b) Family therapy _____%
- c) Group therapy _____% d) Psychotropic Medication _____%
40. Please indicate the proportion of your foster boarding home population that receives the following types of mental health treatment from private practitioners? _____

TRAINING

41. Does your agency budget include funding for training for mental health staff?
- No. If no, proceed to question 44.
- Yes. If yes, proceed to next question.
42. How much funding is available annually for training mental health staff? \$\$ _____
43. Please indicate the sources of funding for formal mental health training for mental health staff. (check all that apply):
- Medicaid per diem
- Private or foundation grants
- Grants or other funding from ACS (New York City Administration for Children's Services)
- Grants or other funding from OCFS (New York State Office of Children and Family Services)
- Grants or other funding from SOMH (New York State Office of Mental Health)
- Grants or other funding from NYC DOHMH (New York City Department of Health and Mental Hygiene)
- Grants or other funding from the New York State DOH (New York State Department of Health)
- Other _____

HEALTH STAFF

44. Please indicate the health professionals your agency that has budgeted for who provide services to children in your foster boarding home program, the full-time equivalent for each position, and any vacancies you currently have:
(If a position falls under more than one of the listed categories, please do not count it twice)
- | | | |
|---|-----------|-----------------|
| <input type="checkbox"/> Health Director | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Pediatrician | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Nurse Practitioner (not a care manager) | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Physicians' Assistant (not a care manager) | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Registered Nurse (not a care manager) | FTE _____ | Vacancies _____ |

-
- | | | |
|--|-----------|-----------------|
| <input type="checkbox"/> Licensed Practical Nurse (not a care manager) | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Health Care Manager | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Dentist | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Other _____ | FTE _____ | Vacancies _____ |
| <input type="checkbox"/> Other _____ | FTE _____ | Vacancies _____ |

45. Are all of the positions identified in Question 44 fully funded through the Medicaid per diem rates received by your foster boarding home program?
- Yes. If yes, proceed to question 46.
- No. If no, please identify positions that are not fully funded through the Medicaid per diem and other sources of funding that support them.
- _____
- _____

46. Do the professionals identified in Question 44 provide health services only to children in your agency's foster boarding home program?
- Yes. If yes, please proceed to next question.
- No. If no, please indicate the other agency programs served by these health professionals:
- _____
- _____
- _____

47. Roughly what proportion of your total foster boarding home population receives on-site primary care at your agency? _____%
48. Roughly what proportion of your foster boarding home population is referred to hospital-based primary care providers to obtain primary care services? _____%
49. Roughly what proportion of your foster boarding home population is referred to community-based primary care providers (i.e. a community health center) to obtain primary care services? _____%
50. Roughly what proportion of your foster boarding home population is referred to primary care providers in private practices to obtain primary care services? _____%

51. Does your agency budget include funding for training for health staff?
- No. If no, proceed to question 54.
- Yes. If yes, proceed to next question.

52. Roughly, how much funding was allocated by your agency for training health staff in 2002: \$ _____

53. Please indicate the sources of funding for health training of health staff:
- Medicaid per diem
- Private or foundation grants
- Grants or other funding from ACS (New York City Administration for Children's Services)
- Grants or other funding from OCFS (New York State Office of Children and Family Services)

- Grants or other funding from SOMH (New York State Office of Mental Health)
- Grants or other funding from the NYC DOHMH (Department of Health and Mental Hygiene)
- Grants or other funding from the NYS DOH (New York State Department of Health)
- Other _____

HEALTH AND BEHAVIORAL HEALTH CARE MANAGEMENT/COORDINATION STAFF

54. If your agency employs health care managers, please answer the following questions:
- a) How many of your health care managers have the following credentials or certification:
- High school diploma or GED # _____
 - Have a bachelor's degree only # _____
 - Have a master's degree # _____
 - Registered Nurse # _____
 - Certified Social Worker # _____
 - Nurse Practitioner # _____
 - Licensed Practical Nurse # _____
 - Other _____ # _____
- b) How does your agency pay for the health care manager positions?
- Medicaid per diem
 - Private or foundation grant
 - MSAR funding
 - Other _____
55. If your agency employs behavioral/mental health care managers (as a separate position from health care managers), please answer the following questions:
- a) How many of your behavioral/mental health care managers have the following credentials or certification:
- High school diploma or GED # _____
 - Bachelor's degree only # _____
 - Registered Nurse # _____
 - Certified Social Worker # _____
 - Masters in Social Work # _____
 - Masters in Psychology # _____
 - Licensed Psychologist # _____
 - Other _____ # _____
- b) How does your agency pay for the behavioral/mental health care manager positions?
- Medicaid per diem
 - Private or foundation grant
 - MSAR funding
 - Other _____

FOSTER PARENTS

56. Does your agency provide training for foster parents operating foster boarding homes in any of the following areas:
(check all that apply)

- Child rearing skills (behavior management, discipline)
- Childhood development
- Childhood illnesses
- Primary and preventive health care
- Children's mental health disorders
- Recognizing symptoms of trauma
- The importance of complying with a child's health and mental health treatment
- Psychotropic medication
- Other health or mental health related topics

57. Does your agency conduct support groups for foster boarding home parents?

- No.
- Yes. If yes, what topics are typically addressed:

THANK YOU.

APPENDIX C

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC. TASK FORCE ON FOSTER CARE AND HEALTH AND MENTAL HEALTH SERVICES

AGENCY QUESTIONNAIRE

(Group Homes)

Citizens' Committee for Children of New York, Inc. (CCC) is a child advocacy organization that has been advocating for New York City's children for 59 years in the areas of health, mental health, child welfare, housing, child care, education, income support and youth services. We are making site visits to foster care agencies that operate congregate care programs as part of a study that will document the variety of ways agencies have developed to provide health and mental health services on-site and/or to secure services in the community for children in their care. In addition to the site visits, we are requesting that all participating agencies complete a written questionnaire that seeks information about agency Medicaid per diem rates, size, and staffing structures. The information compiled through site visits and questionnaires will form the basis of a report that CCC will publish to educate the public, policymakers, and government officials about the challenges foster care agencies face in trying to meet children's health and mental health needs.

Please know that no agency, administrator or staff person will be identified by name in any CCC publication or advocacy efforts.

GENERAL INFORMATION

Name of Organization:

Address: _____

Names and Titles of Persons Who Completed this Questionnaire (for purposes of follow-up only):

Name and Phone Number of Agency Contact for this Questionnaire (for purposes of follow-up only):

INSTRUCTIONS

This in-person interview and a written survey are part of a study CCC is conducting to understand how voluntary foster care agencies in New York City use the Medicaid Per Diem Rate to provide and/or obtain outpatient health and mental health services for children placed in congregate care. The questions in this interview pertain only to regular GROUP HOME programs (see definition below). Please do not include information about any specialized GROUP HOME (i.e. Hard to Place) that your agency may operate.

This interview contains many questions about staff positions and job functions. Although we know that job titles may vary by agency, we have defined the positions we inquire about according to job responsibilities. Many of the job titles and functions we used are derived from the Child Welfare League of America Standards. We have also defined a few other terms that you will encounter in our questions. Please review the definitions before proceeding to the questions.

DEFINITIONS

Caseworker: Staff person whose job responsibilities usually include: engaging the family; assessing family and child's needs; creating service plans; coordinating and implementing the service plan; and appearing in family court.

Child Care Workers: Staff person responsible for providing general child supervision, crisis management, daily living support, recreational activities, behavioral intervention, and child advocacy. Child care workers may also participate in the case planning and assessment processes.

Clinical team meeting: a meeting convened to discuss residents' health and/or mental health conditions that is attended by health, mental health, and/or casework staff. Other staff may also participate sometimes.

Community-based clinic: refers to a free-standing health or mental health clinic that is licensed by New York State Dept. of Health or the New York State Office of Mental Health to provide outpatient services.

GROUP HOME: residential facility for 7-12 youth. For the purposes of this survey we are only interested in regular GROUP HOMES. This does not include any specialized programs such as Diagnostic Reception Centers, Hard to Place Programs, Mother/ Child Programs, Maternity Programs, Sex Offenders Programs, SILP Programs, Emergency GROUP HOMES, Crisis Residences or Gay/ Lesbian/ Transgender/ Questioning Programs.

Health care coordinator: staff person who is primarily responsible for coordinating health services and ensuring that appropriate health assessment and services, medications, special tests and procedures, physical examinations and evaluations are obtained. The health care coordinator may have similar responsibilities for a child's mental health services. Agencies may have different titles for this position.

Hospital-based clinic: refers to an outpatient clinic that is located within or affiliated with a hospital and licensed by the New York State Department of Health or the New York State Office of Mental Health.

Mental health care coordinator: staff person who is primarily responsible for coordinating mental health services and ensuring that appropriate mental health assessment and services, medications, developmental, psychological, and psychiatric evaluations are obtained. Agencies may have different titles for this position.

Instructions: If possible, please provide actual data rather than estimates.

PROGRAM CAPACITY

1. What was the total number of regular GROUP HOMES operated by your agency in March 2004? _____
2. What was the total number of beds and census for your regular GROUP HOME program in March 2004?
 - a) # of beds _____
 - b) census in March 2004 _____
3. How many residents in your regular GROUP HOME program in March 2004 were originally from the following locations:
 - a) New York City: _____
 - b) Other than New York City: _____
4. What was the average length of stay for residents in your regular GROUP HOME program on March 1, 2004?
_____ months

BUDGET AND FUNDING INFORMATION

5. What was the total operating budget for your agency's regular GROUP HOME program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
6. What was the Medicaid Per Diem Rate for your regular GROUP HOME program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
 - a) Is this rate a blended rate? Yes No
7. What was the Maximum State Aid Rate (MSAR) for your regular GROUP HOME program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
8. Did the revenue received from the Medicaid Per Diem Rate and the Maximum State Aid Rate cover your regular GROUP HOME program's operating expenses in city FY 2004 (7/1/03-6/30/04)?
 - Yes. If yes, proceed to question 11.
 - No. If no, proceed to question 9.
9. If you answered no to question 8, what was the deficit for your regular GROUP HOME program in city FY 2004 (7/1/03-6/30/04)?
\$ _____

-
10. Did your regular GROUP HOME program obtain additional funding to reduce the deficit?
- No. If no, proceed to question 11.
- Yes. If yes, please indicate the types and amounts of funding your agency obtained (*check all that apply*):
- | | |
|---|----------|
| <input type="checkbox"/> Private donations/fundraising benefits | \$ _____ |
| <input type="checkbox"/> Foundation grants | \$ _____ |
| <input type="checkbox"/> Agency Endowment | \$ _____ |
| <input type="checkbox"/> Other public funding | \$ _____ |
| <input type="checkbox"/> Other(specify): _____ | \$ _____ |

RESIDENT MENTAL HEALTH AND HEALTH CHARACTERISTICS

11. What was the total number of residents in your regular GROUP HOME program participating in outpatient individual therapy/treatment in March 2004 at the following locations:
- Total number of residents receiving outpatient individual therapy/treatment on GROUP HOME premises or at another location operated by your agency. _____
 - Total number of residents receiving outpatient individual therapy/treatment at a hospital-based or hospital-affiliated mental health clinic. _____
 - Total number of residents receiving outpatient individual therapy/treatment at a free-standing community-based mental health clinic. _____
 - Total number of residents receiving outpatient individual therapy/treatment from a private practitioner. _____
12. What was the total number of residents in your regular GROUP HOME program who received psychotropic medication in March 2004? _____
13. What was the total number of residents in your regular GROUP HOME program who had psychiatric emergency room visits in city FY 2004 (7/1/03-6/30/04)? _____
14. What was the total number of residents in your regular GROUP HOME program who were hospitalized for psychiatric reasons in city FY 2004 (7/1/03-6/30/04)? _____
15. Please indicate the total loss in billable days care and the total amount of revenue lost as a result of the hospitalizations indicated in question 14.
- billable days lost _____
- (loss in revenue) \$ _____
16. What was the total number of residents in your regular GROUP HOME program who were hospitalized for medically-related reasons in city FY 2004 (7/1/03-6/30/04)? _____
17. Please indicate the total loss in billable days care and the total amount of revenue lost as a result of the hospitalizations indicated in question 16.
- billable days lost _____
- (loss in revenue) \$ _____

18. What percentage of the residents in your regular GROUP HOME program **usually** receive primary care at the following locations (*please note that the sum of a+b+c+d should equal 100%*):
- a. On GROUP HOME premises or at another location operated by your agency _____%
 - b. At a community-based health clinic _____%
 - c. At a health clinic located in or affiliated with a hospital _____%
 - d. At the office of a private practitioner _____%

STAFFING

Child Care Workers

19. What was the total number of **child care workers (not including per diem workers)** employed by your regular GROUP HOME program in March 2004 who possessed the following credentials? (*In each category, please count only the child care workers for whom this is the highest credential*).

High School Diploma/GED (only) _____

Associate Degree (A.A.) _____

Bachelor Degree (B.A.) _____

Masters Degree (M.A., M.S.W.) _____

20. What was the agency's source(s) of funding for **child care workers**? (*check all that apply*)

Maximum State Aid Rate

Other _____

21. From the period beginning March 1 through March 31, 2004, how many hours did your agency pay for **salaried** child care workers in your regular GROUP HOME program? _____ hours

22. From the period beginning March 1 through March 31, 2004, how many hours did your agency pay for **per diem** child care workers in your regular GROUP HOME program? _____ hours

23. What was the salary range for **child care workers** employed by your regular GROUP HOME program in March 2004? \$ _____ to \$ _____

24. What was the salary range for **child care worker supervisors** employed by your regular GROUP HOME program in March 2004? \$ _____ to \$ _____

Caseworkers

25. What was the total number of full-time equivalent caseworkers employed by your regular GROUP HOME program in March 2004 who possessed the following credentials (In each category, please count only the highest credential of each staff person). Also, please check the agency's source(s) of funding for the caseworkers.

a. Bachelor's Degree (B.A.)

What was the total number of full-time equivalent **B.A. caseworkers** employed in March 2004? _____ FTE

What were the sources of funding for **B.A. caseworkers**?

- Medicaid Per Diem Rate
- Maximum State Aid Rate
- Other (specify) _____

b. Master's Degree (M.S.W. or M.A.)

What was the total number of full-time equivalent **M.A./ M.S.W. caseworkers** employed in March 2004? _____ FTE

What were the sources of funding for **M.A./ M.S.W. caseworkers**?

- Medicaid Per Diem Rate
- Maximum State Aid Rate
- Other (specify) _____

c. Clinical Social Worker (C.S.W.)

What was the total number of full-time equivalent **C.S.W. caseworkers** employed in March 2004? _____ FTE

What were all sources of funding for **C.S.W. caseworkers**?

- Medicaid Per Diem Rate
- Maximum State Aid Rate
- Other (specify) _____

d. Other Credential (please specify): _____

What was the total number of full-time equivalent with the identified credential employed as **caseworkers** in March 2004? _____ FTE

What were all sources of funding for this level of **caseworkers**?

- Maximum State Aid Rate
- Medicaid Per Diem Rate
- Other (specify) _____

26. What was the salary range for caseworkers with the following credentials employed by your regular GROUP HOME program in March 2004?

B.A. Caseworker \$ _____ to \$ _____

M.S.W. or M.A. caseworker \$ _____ to \$ _____

CSW Caseworker \$ _____ to \$ _____

Other (as identified in 25 (d)) \$ _____ to \$ _____

27. What was the salary range for caseworker supervisors employed by your regular GROUP HOME program in March 2004? \$ _____ to \$ _____

MENTAL HEALTH STAFF

28. What was the total number of full-time equivalent (FTE) mental health staff employed by your regular group home program in March 2004 who possessed the following credentials (In each category, please count only the highest credential for each staff person)? Also, please check the agency's source(s) of funding for each position.

a. Clinical Social Worker (C.S.W.)

What was the number of FTE **clinical social workers** employed as mental health staff (who did not also act as caseworkers) in March 2004? _____ FTE

What were the sources of funding for **clinical social workers** employed as mental health staff?

- Maximum State Aid Rate
- Medicaid Per Diem Rate
- Other (specify) _____

b. **Psychologist (M.A.)**

What was the number of FTE psychologists (MA) employed in March 2004? _____ FTE

What were the sources of funding for psychologists (MA)?

Medicaid Per Diem Rate

Other (specify) _____

c. **Psychologist (Ph.D.)**

What was the number of FTE psychologists (Ph.D.) employed in March 2004? _____ FTE

What were the sources of funding for psychologists (Ph.D.)?

Medicaid Per Diem Rate

Other (specify) _____

d. **Psychiatrist (M.D.)**

What was the number of FTE psychiatrists employed in March 2004?

What were the sources of funding for psychiatrists?

Medicaid Per Diem Rate

Other (specify) _____

e. **Mental Health Care Coordinator** (please see definition on page 2 and check only if the staff has not been accounted for in one of the other categories)

What was the number of FTE mental health care coordinators employed in March 2004? _____ FTE

What were all sources of funding for mental health care coordinators?

Medicaid Per Diem Rate

Other (specify) _____

f. **Other Position (Credentials _____)**

What was the number of FTE with the identified credential employed in March 2004? _____ FTE

What were the sources of funding for this position?

Maximum State Aid Rate

Medicaid Per Diem Rate

Other (specify) _____

29. What was the salary range for the following mental health positions in your regular GROUP HOME program in March 2004?

Clinical Social Worker (C.S.W) \$ _____ to \$ _____

Psychologist (M.A.) \$ _____ to \$ _____

Psychologist (Ph.D.) \$ _____ to \$ _____

Psychiatrist (M..D.) \$ _____ to \$ _____

Mental Health Care Coordinator \$ _____ to \$ _____

Other (as identified in 28(f)) \$ _____ to \$ _____

HEALTH STAFF

30. What was the total number full-time equivalent (FTE) health care staff employed in your regular GROUP HOME program in March 2004 who possessed the following credentials. Also, please check the agency's source(s) of funding for each position.

a. **Licensed Practical Nurse (L.P.N.)**

What was the number of FTE L.P.N.s employed in March 2004? _____ FTE

What were the sources of funding for L.P.N.s?

Medicaid Per Diem Rate

Other (specify) _____

b. **Registered Nurse (R.N.) (not including nurse practitioners/nurse clinicians)**

What was the number of FTE RN.s employed in March 2004? _____ FTE

What were the sources of funding for R.N.s?

Medicaid Per Diem Rate

Other (specify) _____

c. **Nurse Practitioners/Nurse Clinicians**

What was the number of FTE nurse practitioners/nurse clinicians employed in March 2004? _____ FTE

What were the sources of funding for nurse practitioners/nurse clinicians?

Medicaid Per Diem Rate

Other (specify) _____

d. **Pediatrician/ Family Practitioner (M.D.)**

What was the number of FTE pediatricians/family practitioners employed in March 2004? _____ FTE

What were the sources of funding for pediatricians/family practitioners?

Medicaid Per Diem Rate

Other (specify) _____

e. **Health Care Coordinator** (*please see definition on page 2 and check only if the staff has not been accounted for in one of the other categories*)

What was the total number of FTE health care coordinators employed in March 2004? _____ FTE

What were all sources of funding for health care coordinators?

Medicaid Per Diem

Other (specify) _____

f. **Other Health Care Position (specify) _____)**

What was the number of FTEs with the identified credential employed in March 2004? _____ FTE

What were the sources of funding for this position?

Medicaid Per Diem

Other (specify) _____

31. What was the salary range for the following health staff positions in your regular GROUP HOME program in March 2004?

Licensed Practical Nurse	\$ _____ to \$ _____
Registered Nurse	\$ _____ to \$ _____
Nurse Practitioner/Nurse Clinician	\$ _____ to \$ _____
Pediatrician/ Family Practitioner	\$ _____ to \$ _____
Health Care Coordinator	\$ _____ to \$ _____
Other (as identified in question 30e)	\$ _____ to \$ _____

THANK YOU.

APPENDIX C

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC. TASK FORCE ON FOSTER CARE AND HEALTH AND MENTAL HEALTH SERVICES

AGENCY QUESTIONNAIRE

(Residential Treatment Centers)

Citizens' Committee for Children of New York, Inc. (CCC) is a child advocacy organization that has been advocating for New York City's children for 59 years in the areas of health, mental health, child welfare, housing, child care, education, income support and youth services. We are making site visits to foster care agencies that operate congregate care programs as part of a study that will document the variety of ways agencies have developed to provide health and mental health services on-site and/or to secure services in the community for children in their care. In addition to the site visits, we are requesting that all participating agencies complete a written questionnaire that seeks information about agency Medicaid per diem rates, size, and staffing structures. The information compiled through site visits and questionnaires will form the basis of a report that CCC will publish to educate the public, policymakers, and government officials about the challenges foster care agencies face in trying to meet children's health and mental health needs. _

Please know that no agency, administrator or staff person will be identified by name in any CCC publication or advocacy efforts.

GENERAL INFORMATION

Name of Organization:

Address:

Names and Titles of Persons Who Completed this Questionnaire (for purposes of follow-up only):

Name and Phone Number of Agency Contact for this Questionnaire (for purposes of follow-up only):

INSTRUCTIONS

This in-person interview and a written survey are part of a study CCC is conducting to understand how voluntary foster care agencies in New York City use the Medicaid Per Diem Rate to provide and/or obtain outpatient health and mental health services for children placed in congregate care. The questions in this interview pertain only to regular RESIDENTIAL TREATMENT CENTERS. Please do not include information about any specialized RESIDENTIAL TREATMENT CENTERS (i.e. Hard to Place) that your agency may operate.

This interview contains many questions about staff positions and job functions. Although we know that job titles may vary by agency, we have defined the positions we inquire about according to job responsibilities. Many of the job titles and functions we used are derived from the Child Welfare League of America Standards. We have also defined a few other terms that you will encounter in our questions. Please review the definitions before proceeding to the questions.

DEFINITIONS

Caseworker: Staff person whose job responsibilities usually include: engaging the family; assessing family and child's needs; creating service plans; coordinating and implementing the service plan; and appearing in family court.

Child Care Workers: Staff person responsible for providing general child supervision, crisis management, daily living support, recreational activities, behavioral intervention, and child advocacy. Child care workers may also participate in the case planning and assessment processes.

Clinical team meeting: a meeting convened to discuss residents' health and/or mental health conditions that is attended by health, mental health, and/or casework staff. Other staff may also participate sometimes.

Community-based clinic: refers to a free-standing health or mental health clinic that is licensed by New York State Department of Health or New York State Office of Mental Health to provide outpatient services.

Health care coordinator: staff person who is **primarily** responsible for coordinating health services and ensuring that appropriate health assessment and services, medications, special tests and procedures, physical examinations and evaluations are obtained. The health care coordinator may have similar responsibilities for a child's mental health services.

Hospital-based clinic: refers to an outpatient clinic that is located within or affiliated with a hospital and is licensed by the New York State Department of Health and/or New York State Office of Mental Health.

Mental health care coordinator: staff person who is **primarily** responsible for coordinating mental health services and ensuring that appropriate mental health assessment and services, medications, developmental, psychological, and psychiatric evaluations are obtained.

Residential Treatment Center (RTC)/Institution: residential facility for 26 or more residents. For the purposes of this survey we are only interested in regular RTC programs. This does not include any specialized programs such as Diagnostic Reception Centers, Hard to Place Programs, Mother/ Child Programs, Maternity Programs, Sex Offenders Programs, SILP Programs, Emergency Group Homes, Crisis Residences or Gay/ Lesbian/ Transgender/ Questioning Programs.

Instructions: If possible, please provide actual data rather than estimates.

PROGRAM CAPACITY

1. What was the total number of regular RTC programs operated by your agency in March 2004? _____
2. What was the total number of beds and census for your regular RTC program in March 2004?
of beds: _____
Census in March 2004: _____
3. How many residents in your regular RTC program in March 2004 were from the following locations:
New York City: _____
Other than New York City: _____
4. What was the average length of stay for residents in your regular RTC program on March 1, 2004?

BUDGET AND FUNDING INFORMATION

5. What was the total operating budget for your agency's regular RTC program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
6. What was the Medicaid Per Diem Rate for your regular RTC program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
 - a) Is this a blended rate?
 - Yes
 - No
7. What was the Maximum State Aid Rate (MSAR) for your regular RTC program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
8. Did the revenue received from the Medicaid Per Diem Rate and the Maximum State Aid Rate cover your regular RTC program's operating expenses in city FY 2004 (7/1/03-6/30/04)?
 - Yes If yes, proceed to *question 11*.
 - No If no, proceed to *question 9*.
9. If you answered no to question 8, what was the deficit for your regular RTC program in city FY 2004 (7/1/03-6/30/04)?
\$ _____
10. Did your regular RTC program obtain additional funding to reduce the deficit?
 - No. If no, proceed to *question 11*.
 - Yes. If yes, please indicate the types and amounts of funding your agency obtained:
 - Private donations/fundraising benefits \$ _____
 - Foundation grants \$ _____
 - Agency Endowment \$ _____
 - Other public funding \$ _____
 - Other (specify): _____ \$ _____

RESIDENT MENTAL HEALTH AND HEALTH CHARACTERISTICS

11. What was the total number of residents in your regular RTC program participating in outpatient individual therapy/treatment in March 2004 at the following locations:
- a. Total number of residents receiving outpatient individual therapy/treatment on RTC premises or at another agency location. _____
 - b. Total number of residents receiving outpatient individual therapy/treatment at a hospital-based or hospital-affiliated mental health clinic. _____
 - c. Total number of residents receiving outpatient individual therapy/treatment at a free-standing community-based mental health clinic. _____
 - d. Total number of residents receiving outpatient individual therapy/treatment from a private practitioner. _____
12. What was the total number of residents in your regular RTC program receiving psychotropic medication in March 2004? _____
13. What was the total number of residents in your regular RTC program who had psychiatric emergency room visits in city FY 2004 (7/1/03-6/30/04)? _____
14. What was the total number of residents in your regular RTC program who were hospitalized for psychiatric reasons in city FY 2004 (7/1/03-6/30/04)? _____
15. Please indicate the total loss in billable days care and the total amount of revenue lost as a result of the hospitalizations indicated in *question 14*.
- billable days lost _____
- (loss in revenue)\$ _____
16. What was the total number of residents in your regular RTC program who were hospitalized for medically-related reasons in city FY 2004 (7/1/02-6/30/03)? _____
17. Please indicate the total loss in billable days care and the total amount of revenue lost as a result of the hospitalizations indicated in *question 16*.
- billable days lost _____
- (loss in revenue)\$ _____
18. What percentage of the residents in your regular RTC program receive primary care at the following locations (*please note that the sum of a + b + c + d should equal 100%*):
- a. On RTC premises or at another location operated by your agency _____%
 - b. At a community-based health clinic _____%
 - c. At a health clinic located in or affiliated with a hospital _____%
 - d. At the office of a private practitioner _____%

STAFFING

Child Care Workers

19. Please indicate the child care worker to resident ratio for a standard non-specialized RTC cottage that receives the Medicaid per diem rate identified in *question 6* or provide us with a copy of a weekly staff schedule for the cottage (whichever is easiest):

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

20. If your agency operates any specialized or categorical cottages (such as Intensive Cottage; Respite/Behavior Management Cottage, etc) using the Medicaid per diem rate identified in *question 6* in the space provided below please indicate the name of the cottage and the child care worker to resident ratio or provide us with a copy of a weekly staff schedule for the cottage (whichever is easiest).

a. Type of cottage (please specify): _____

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

b. Type of cottage (please specify): _____

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

c. Type of cottage (please specify): _____

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

d. Type of cottage (please specify): _____

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

e. Type of cottage (please specify): _____

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

f. Type of cottage (please specify): _____

Morning:	child care worker; # of residents	_____
Afternoon:	child care worker; # of residents	_____
Evening:	child care worker; # of residents	_____
Overnight:	<u>awake</u> child care worker; # of residents	_____
Overnight:	<u>asleep</u> child care worker; # of residents	_____

21. What was the total number of full-time equivalent (FTE) **child care workers (not including per diem workers)** employed by your regular RTC program in March 2004 who possessed the following credentials? (In each category, please count only the child care workers for whom this is the highest credential).

High School Diploma/GED (only)	_____
Associate Degree (A.A.)	_____
Bachelor Degree (B.A.)	_____
Masters Degree (M.A., M.S.W.)	_____

22. What was the agency's source of funding for child care workers? (check all that apply)

Maximum State Aid Rate

Other _____

23. From the period beginning March 1 through March 31, 2004, how many hours did your agency pay for **salaried child care workers** in your regular RTC program? _____ hours

24. From the period beginning March 1 through March 31, 2004, how many hours did your agency pay for **per diem child care workers** in your regular RTC program? _____ hours

25. What was the salary range for **child care workers** employed by your regular RTC program in March 2004?
 \$ _____ to \$ _____

26. What was the salary range for **child care worker supervisors** employed by your regular RTC program in March 2004?
 \$ _____ to \$ _____

Caseworkers

27. What was the total number of full time-equivalent **caseworkers** employed by your regular RTC program in March 2004 who possessed the following credentials (In each category, please count only the highest credential of each staff person). Also, please check the agency's source(s) of funding for the caseworkers.

a. Bachelor's Degree (B.A.)

What was the total number of full-time equivalent B.A. caseworkers employed in March 2004? _____ FTE

What were the sources of funding for B.A. caseworkers?

Maximum State Aid Rate

Medicaid Per Diem Rate

Other _____

b. Master's Degree (M.S.W. or M.A.)

What was the total number of full-time equivalent **M.A./ M.S.W. caseworkers** employed in March 2004? _____ FTE

What were the sources of funding for **M.A./ M.S.W. caseworkers**?

Maximum State Aid Rate

Medicaid Per Diem Rate

Other _____

c. Clinical Social Worker (C.S.W.)

What was the total number of full-time equivalent **C.S.W. caseworkers** employed in March 2004? _____ FTE

What were all sources of funding for **C.S.W. caseworkers**?

Maximum State Aid Rate

Medicaid Per Diem

Other _____

d. Other Credential (please specify): _____

What was the total number of full-time equivalents with the identified credential employed as **caseworkers** in March 2004? _____ FTE

What were all sources of funding for this level of **caseworkers**?

Maximum State Aid Rate

Medicaid Per Diem Rate

Other _____

28. What was the salary range for caseworkers with the following credentials employed by your regular RTC program in March 2004?

B.A. caseworker \$ _____ to \$ _____

M.S.W. or M.A. caseworker \$ _____ to \$ _____

CSW caseworker \$ _____ to \$ _____

Other (as identified in question 27(d)) \$ _____ to \$ _____

29. What was the salary range for **caseworker supervisors** employed by your regular RTC program in March 2004?

\$ _____ to \$ _____

MENTAL HEALTH STAFF

30. What was the total number of full-time equivalent (FTE) mental health staff employed by your regular RTC program in March 2004 who possessed the following credentials (In each category, please count only the highest credential for each staff person)? Also, please check the agency's source(s) of funding for each position.

a. **Clinical Social Worker (C.S.W.)**

What was the number of FTE **clinical social workers** employed as mental health staff (who did not also act as case-workers) in March 2004? _____ FTE

What were the sources of funding for **clinical social workers** employed as mental health staff?

Medicaid Per Diem

Maximum State Aid Rate

Other (specify) _____

b. **Psychologist (M.A.)**

What was the number of FTE **psychologists (MA)** employed in March 2004? _____ FTE

What were the sources of funding for **psychologists (MA)**?

Medicaid Per Diem Rate

Other(specify) _____

c. **Psychologist (Ph.D.)**

What was the number of FTE **psychologists (Ph.D.)** employed in March 2004? _____ FTE

What were the sources of funding for **psychologists (Ph.D.)**?

Medicaid Per Diem Rate

Other (specify) _____

d. **Psychiatrist (M.D.)**

What was the number of FTE **psychiatrists** employed in March 2004? _____ FTE

What were the sources of funding for **psychiatrists**?

Medicaid Per Diem

Other (specify) _____

e. **Mental Health Care Coordinator** (*please see definition on page 2 and check only if the staff has not been accounted for in one of the other categories*)

What was the total number of salaried **mental health care coordinators** employed in March 2004? _____

What were all sources of funding for **mental health care coordinators**?

Medicaid Per Diem

Other (specify) _____

f. **Other Position (Credentials _____)**

What was the number of persons with the identified credential employed in March 2004? _____ FTE

What were the sources of funding for this position?

Medicaid Per Diem

Other (specify) _____

31. What was the salary range for the following **mental health** positions in your regular RTC program in March 2004?

Clinical Social Worker (C.S.W) \$ _____ to \$ _____

Psychologist (M.A.) \$ _____ to \$ _____

Psychologist (Ph.D.) \$ _____ to \$ _____

Psychiatrist (M..D.) \$ _____ to \$ _____

Mental Health Care Coordinator \$ _____ to \$ _____

Other (as identified in question 30(f)) \$ _____ to \$ _____

HEALTH STAFF

32. What was the total number full-time equivalent (FTE) health care staff employed in your regular RTC program in March 2004 who possessed the following credentials. Also, please check the agency's source(s) of funding for each position.
- a. **Licensed Practical Nurse (L.P.N.)**
 What was the number of FTE L.P.N.s employed in March 2004? _____ FTE
 What were the sources of funding for L.P.N.s?
 Medicaid Per Diem Rate
 Other (specify) _____
- b. **Registered Nurse (R.N.) (not including nurse practitioners/nurse clinicians)**
 What was the number of FTE R.N.s employed in March 2004? _____ FTE
 What were the sources of funding for R.N.s?
 Medicaid Per Diem Rate
 Other (specify) _____
- c. **Nurse Practitioners/Nurse Clinicians**
 What was the number of FTE **nurse practitioners/nurse clinicians** employed in March 2004? _____ FTE
 What were the sources of funding for **nurse practitioners/nurse clinicians**?
 Medicaid Per Diem Rate
 Other (specify) _____
- d. **Pediatrician/ Family Practitioner (M.D.)**
 What was the number of FTE **pediatricians/family practitioners** employed in March 2004? _____ FTE
 What were the sources of funding for **pediatricians/family practitioners**:
 Medicaid Per Diem Rate _____
 Other (specify) _____
- e. **Health Care Coordinator** (please see definition on page 2 and check only if the staff has not been accounted for in one of the other categories)
 What was the total number of salaried **health care coordinators** employed in March 2004? _____
 What were all sources of funding for **health care coordinators**?
 Medicaid Per Diem
 Other (specify) _____
- f. **Other Health Care Position (specify _____)**
 What was the number of FTE with the identified credential employed in March 2004? _____ FTE
 What were the sources of funding for this position?
 Medicaid Per Diem
 Other _____
33. What was the salary range for the following health staff positions in your regular RTC program in March 2004?
- | | |
|------------------------------------|----------------------|
| Licensed Practical Nurse | \$ _____ to \$ _____ |
| Registered Nurse | \$ _____ to \$ _____ |
| Nurse Practitioner/Nurse Clinician | \$ _____ to \$ _____ |
| Pediatrician/ Family Practitioner | \$ _____ to \$ _____ |
| Health Care Coordinator | \$ _____ to \$ _____ |
| Other (as identified in (32 f)) | \$ _____ to \$ _____ |

THANK YOU.

APPENDIX D

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC. TASK FORCE ON FOSTER CARE AND HEALTH AND MENTAL HEALTH SERVICES

SITE VISIT QUESTIONNAIRE

(Foster Boarding Homes)

Thank you for taking the time to meet with us to discuss how your agency provides and/or secures health, mental health, and dental services for children placed in foster boarding homes. Citizens' Committee for Children of New York, Inc. (CCC) is a child advocacy organization that has been advocating for New York City's children for 59 years in the areas of health, mental health, child welfare, housing, child care, education, income support and youth services. We are making site visits to 22 foster care agencies that operate foster boarding home programs as part of a study that will document how the Medicaid per diem impacts the ability of New York City children in foster care to obtain the health and mental health services they need. Information collected during this visit will be used in the study and in CCC's advocacy efforts to expand insurance coverage for children in foster care.

Please know that no administrator, staff person, parent or child will be identified by name in any CCC publication or advocacy efforts.

GENERAL INFORMATION (to be completed by CCC Task Force Members Prior to Visit)

Name of Program _____

Address: _____

Name and Title of Program Representative(s) Interviewed:

Phone: _____

Phone: _____

Name(s) of CCC Volunteer(s) completing questionnaire:

Instructions to Interviewee: In this interview we are going to ask you specific questions about how your agency provides and/or secures health, mental health, and dental services for children placed in foster boarding homes. Before turning to the questions, we would like to share a few definitions with you that we hope will help you to answer the questions accurately.

DEFINITIONS FOR THIS QUESTIONNAIRE:

Foster boarding homes: we use this term to refer to regular foster boarding homes and kinship care only. Our definition does not include agency operated foster homes, group homes, therapeutic foster boarding homes, or emergency foster boarding homes.

Hospital-based: we use this term to mean outpatient services provided by a licensed clinic that is located in a hospital. For our purposes, this term also includes licensed clinics that are affiliated with a hospital, but not physically attached to it.

Community-based: unless otherwise specified we use this term to mean outpatient mental health with an Article 31 license or health clinics that are not hospital-based and not affiliated with a hospital.

Instructions to Interviewee: We will begin by asking you a series of 11 questions to give us a snapshot of your agency's service delivery arrangements. Afterwards, we will ask more specific questions related to mental health and health services.

Instructions to Interviewee: We will begin by asking you a series of 11 questions to give us a snapshot of your agency's service delivery arrangements. Afterwards, we will ask more specific questions related to mental health and health services.

Instructions to Recorder: Complete the chart below by marking the appropriate box with an "X" or "N/A" if the follow-up questions do not apply.

ON-SITE SERVICES						
1	(a) Does your agency <u>provide on-site</u> mental health services to children in your foster boarding home program?	Yes	No	(b) Does your agency have an <u>Article 31</u> license to provide on-site mental health services to children in your foster boarding home program?	Yes	No
2	(a) Does your agency <u>provide on-site</u> health services to children in your foster boarding home program?	Yes	No	(b) Does your agency have an <u>Article 28</u> license to provide on-site health and/or mental health services to children in your foster boarding home program?	Yes	No
3	Does your agency <u>provide on-site</u> dental services to children in your foster boarding home program?	Yes	No			

MENTAL HEALTH REFERRALS						
4	(a) Does your agency <u>refer</u> children in your foster boarding home program to <u>Article 31 community-based mental health clinics</u> for outpatient services?	Yes	No	(b) How does your agency pay for mental health services provided by Article 31 community-based clinics to children in your foster boarding home program?	Does agency pay with Medicaid per diem?	Do clinics bill Medicaid fee-for-service?
5	(a) Does your agency <u>refer</u> children in your foster boarding home program to <u>hospital-based clinics</u> for outpatient mental health services?	Yes	No	(b) How does your agency pay for the outpatient services provided by hospital-based clinics?	Does agency pay with Medicaid per diem?	Do hospitals bill Medicaid fee-for-service?
6	(a) Does your agency <u>refer</u> children in your foster boarding home program to community-based private mental health practitioners?	Yes	No	(b) How does your agency pay for services provided by a community-based private mental health practitioner? Does agency pay with Medicaid per diem?	Does agency pay with Medicaid per diem?	Do clinics bill Medicaid fee-for-service?

HEALTH REFERRALS						
7	(a) Does your agency <u>refer</u> children in your foster boarding home program to <u>community-based health clinics</u> (i.e. school-based health clinic or community health center) for primary care services?	Yes	No	(b) How does your agency pay for services provided by community-based health clinics?	Does agency pay with Medicaid per diem?	Do clinics bill Medicaid fee-for-service?
8	Does your agency <u>refer</u> children in your foster boarding home program to <u>hospital-based outpatient clinics</u> for primary care services?	Yes	No	(b) How does your agency pay for outpatient services provided by hospital-based health clinics?	Does agency pay with Medicaid per diem?	Do hospitals bill Medicaid fee-for-service?
9	(a) Does your agency <u>refer</u> children in your foster boarding home program to primary care providers in <u>private practice</u> for primary care services?	Yes	No	(b) How does your agency pay for services provided by private practitioners?	Does agency pay with Medicaid per diem?	Do clinics bill Medicaid fee-for-service?

DENTAL REFERRALS						
10	(a) Does your agency <u>refer</u> children in your foster boarding home program to <u>hospital-based outpatient clinics</u> for routine dental care?	Yes	No	(b) How does your agency pay for outpatient services provided by hospital-based health providers?	Does agency pay with Medicaid per diem?	Do hospitals bill Medicaid fee-for-service?
11	(a) Does your agency <u>refer</u> children in your foster boarding home program to <u>community-based clinics</u> for routine dental services?	Yes	No	(b) How does your agency pay for dental services provided by a community-based clinics?	Does agency pay with Medicaid per diem?	Do dentists bill Medicaid fee-for-service?
12	(a) Does your agency <u>refer</u> children in your foster boarding home program to dentists in <u>private practice</u> for routine dental services?	Yes	No	(b) How does your agency pay for dental services provided by dentists in private practice?	Does agency pay with Medicaid per diem?	Do dentists bill Medicaid fee-for-service?

MENTAL HEALTH SERVICES

Instructions to Interviewee: The following questions pertain to on-site mental health services provided by your foster care agency. If your agency does not provide any on-site mental health services, we will turn to page 14 and begin with questions about referring children to mental health services.

ON-SITE SERVICES

13. Does your agency conduct mental health screenings for children (age 5 and over) placed in foster boarding homes?

- Yes
- No. If no, how does your agency identify children in need of mental health services? (check all that apply)
 - Caseworker referrals
 - Foster parent referrals
 - Referrals from pediatricians
 - School referrals
 - Other _____

14. Please provide the address for each agency location that provides on-site mental health services to children in foster boarding homes and indicate the services provided at the site:

a) Address of on-site mental health services: _____

What mental health services are provided on-site at the address listed directly above: (check all that apply)

- Developmental screening
- Crisis intervention
- Psychiatric evaluations
- Psychological evaluations
- Individual therapy
- Group therapy
- Thematic groups to address specific symptoms or periods of foster care placement (i.e. orientation groups, anxiety groups, adoption groups, sibling groups, etc.)
- Family therapy
- Clinical consultation
- Liaison with community-based or hospital-based mental health providers
- Prescription of psychotropic medication
- Monitoring of psychotropic medication
- Substance abuse screening
- Substance abuse treatment
- Other _____

Please indicate the mental health positions at the site identified above and the full-time equivalent for each position.

Name of Position

Full-Time Equivalent (FTE)

b) Address of on-site mental health services: _____

What mental health services are provided on-site at the address listed directly above: (check all that apply)

- Developmental screening
- Crisis intervention
- Psychiatric evaluations
- Psychological evaluations
- Individual therapy
- Group therapy
- Thematic groups to address specific symptoms or periods of foster care placement (i.e. orientation groups, anxiety groups, adoption groups, sibling groups, etc.)
- Family therapy
- Clinical consultation
- Liaison with community-based or hospital-based mental health providers
- Prescription of psychotropic medication
- Monitoring of psychotropic medication
- Substance abuse screening
- Substance abuse treatment
- Other _____

Please indicate the mental health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c) Address of on-site mental health services: _____

What mental health services are provided on-site at the address listed directly above: (check all that apply)

- Developmental screening
- Crisis intervention
- Psychiatric evaluations
- Psychological evaluations
- Individual therapy
- Group therapy
- Thematic groups to address specific symptoms or periods of foster care placement (i.e. orientation groups, anxiety groups, adoption groups, sibling groups, etc.)
- Family therapy
- Clinical consultation
- Liaison with community-based or hospital-based mental health providers
- Prescription of psychotropic medication
- Monitoring of psychotropic medication
- Substance abuse screening
- Substance abuse treatment
- Other _____

Please indicate the mental health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

d) Address of on-site mental health services: _____

What mental health services are provided on-site at the address listed directly above: (check all that apply)

- Developmental screening
- Crisis intervention
- Psychiatric evaluations
- Psychological evaluations
- Individual therapy
- Group therapy
- Thematic groups to address specific symptoms or periods of foster care placement (i.e. orientation groups, anxiety groups, adoption groups, sibling groups, etc.)
- Family therapy
- Clinical consultation
- Liaison with community-based or hospital-based mental health providers
- Prescription of psychotropic medication
- Monitoring of psychotropic medication
- Substance abuse screening
- Substance abuse treatment
- Other _____

Please indicate the mental health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

15. Does you have on-site mental health services at your agency that are provided by therapists employed by Article 31 community-based outpatient mental health clinics to children in foster boarding homes?

- No. If no, proceed to question 17.
- Yes. If yes, proceed to next question.

16. For each agency location with the arrangement described in the previous question, please provide the following information:

Identify Location	# of therapists	# of hours/week therapists are on-site	Approximate # of children in your foster boarding home program served at the site	Services Provided (indicate all that apply): (a) Individual therapy; (b) Family therapy (c) Group therapy (d) Emergency/after hour care (e) Crisis intervention; (f) Clinical consultations (g) Other	Source(s) of funding for the arrangement (indicate all that apply): (a) Medicaid per diem; (b) Medicaid Fee-For-Service (c)City funding; (d) Private funding; (e) Other

Please describe the advantages of this arrangement:

Please describe the disadvantages of this arrangement:

17. Does you have on-site mental health services at your agency that are provided by therapists employed by hospital-based outpatient mental health clinics to children in foster boarding homes?

- No. If no, proceed to question 19.
- Yes. If yes, proceed to next question.

18. For each agency location with the arrangement described in the previous question, please provide the following information:

Identify Location	# of therapists	# of hours/week therapists are on-site	Approximate # of children in your foster boarding home program served at the site	Services Provided (indicate all that apply): (a) Individual therapy; (b) Family therapy (c) Group therapy (d) Emergency/after hour care (e) Crisis intervention; (f) Clinical consultations (g) Other	Source(s) of funding for the arrangement (indicate all that apply): (a) Medicaid per diem; (b) Medicaid Fee-For-Service (c) City funding; (d) Private funding; (e) Other

Please describe the advantages of this arrangement:

Please describe the disadvantages of this arrangement:

19. Does your agency provide mental health services to children placed in the care of other foster care agencies?

- No. If no, please proceed to question 20.
- Yes. If yes, how is your agency reimbursed for these services?
 - Your agency negotiates a reimbursement rate that the other foster care agency pays with the Medicaid per diem.
 - Your agency bills Medicaid directly and receives fee-for-service reimbursement.

-
20. Who is usually responsible for making the referral of a child in a foster boarding home for on-site mental health services provided by your agency? (check all that apply)
- Caseworker
 - Casework supervisor
 - Mental health professional who is an employee of your agency (who is not a behavioral health care manager).
Please specify the positions _____
 - Behavioral health care manager
 - Nurse (who is not a behavioral health care manager)
 - Other _____
21. Is your agency more likely to refer a child with complex mental health needs (i.e. has serious behavioral problems and mental health diagnosis and requires multiple mental health interventions, such as psycho-pharmacological treatment, individual therapy, and group therapy) to your on-site mental health services rather than to a community-based or hospital-based mental health clinic?
- No.
 - Yes.
22. Does your agency require on-site therapists employed by your agency to participate in service plan review conferences for children in your foster boarding home program?
- No. If no, proceed to question 24.
 - Yes. If yes, proceed to next question.
23. During the last six months, how often did on-site therapists employed by your agency participate in service plan review conferences for children in foster boarding homes?
- Always
 - Sometimes
 - Never
24. Do therapists employed by your agency conduct home visits to foster boarding homes for children on their caseloads?
- No If no, proceed to question 26.
 - Yes. If yes, proceed to next question.
25. How often do on-site therapists conduct home visits to foster boarding homes for children on their caseloads?
- Once a month
 - More than once a month
 - On an as needed basis
 - Other _____

SUPERVISION

26. Are all on-site therapists at your agency regularly supervised?
- No. If no, proceed to question 31.
 - Yes. If yes, proceed to next question.

-
27. What mental health professional(s) supervise the therapists? (check all that apply)
- Psychiatrist
 - Licensed Psychologist
 - Certified Social Worker
 - Other _____
28. How often do supervisors meet one-on-one with therapists for supervision?
- One hour per week
 - Two hours per week
 - More than two hours per week
 - Monthly
 - On an as needed basis
 - Other _____
29. Do on-site therapists participate in group supervision?
- No. If no, proceed to question 31.
 - Yes. If yes, proceed to next question.
30. How often do on-site therapists participate in group supervision?
- Once a week
 - Once every two weeks
 - Once a month
 - Other: _____

TRAINING

31. Apart from supervision, orientation, and professional continuing education or license re-certification requirements, how many hours per year is your mental health staff required to attend training related to the development of clinical skills? _____ hrs/year
32. Does your agency offer formal mental health training (i.e. seminars, workshops, in-service trainings) for your mental health staff?
- No. If no, proceed to question 34.
 - Yes. If yes, proceed to next question.
33. Please indicate the areas of training received by your mental health staff and how often training on the topic occurs? (check all that apply)
- | | | | |
|---|---------------------------------|-------------------|-----------------------------|
| <input type="checkbox"/> Child development | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> Identifying developmental delays | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> Child abuse and neglect | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |
| <input type="checkbox"/> The child welfare system | a) At initial orientation _____ | b) Annually _____ | c) Less than annually _____ |

- Screening and detection for mental health symptoms
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Recognizing symptoms of trauma
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Crisis intervention
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Different types of mental health modalities
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Different types of mental health disorders
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Evidence-based mental health interventions
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Psychotropic medication
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Education about the different types of children's mental health services in New York City and State
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Making referrals to community-based or hospital-based mental health services
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Substance abuse
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Family systems
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Working with families
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____

34. In 2002, New York State allowed foster care agencies to include the costs of mental health services provided by certified social workers in the calculation of their Medicaid rates. Has your agency availed itself of this policy change?

Yes. If yes, please explain the steps your agency has taken:

No. If no, please explain why it has not:

35. Please describe the advantages of providing on-site mental health services to children in your foster boarding home program.

36. Please describe the disadvantages of providing on-site mental health services to children in your foster boarding home program.

Instructions to the Interviewee: The following questions pertain to mental health referrals made by your agency to community-based and/or hospital-based outpatient mental health clinics for children in your foster boarding home program.

37. Apart from the 30-day permanency planning conference and service plan review conferences, does your agency convene clinical case conferences to determine a child's mental health needs?

- No. If no, proceed to question 41.
- Yes. If yes, proceed to next question.

38. Are clinical case conferences convened for every child placed in a foster boarding home?

- No. If no, proceed to next question.
- Yes. If yes, proceed to next question.

39. Which staff attends clinical case conferences? (check all that apply)

- Caseworker
- Casework supervisor
- Mental Health Director
- Mental Health staff other than the Mental Health Director, please specify the positions

Other _____

40. At which of the following phases of foster care placement are clinical case conferences convened? (check all that apply)

- At or near the time of placement
- Changes in placement
- Termination of parental rights
- Prior to discharge
- Pre-adoption
- Other _____

41. What criteria does your agency consider when selecting Article 31 community-based mental health clinics to serve children in your foster boarding homes? (check all that apply)

- Clinic's location
- Clinic's hours of operation
- Familiarity/experience with foster care population
- Ability to generate timely reports
- Willingness to bill Medicaid fee for service to obtain reimbursement
- Ability to negotiate a reimbursement rate that can be paid with the Medicaid per diem

-
- Length of time before treatment begins
 - Severity of child's mental health needs
 - Languages spoken by therapists
 - Willingness to work with foster parent
 - Willingness to work with parent
 - Treatment modalities available
 - Treatment specializations (i.e. treatment for sexually abused children)
 - Availability of family treatment
 - Article 31 has a memorandum of understanding with your agency
 - Other _____
42. Do the same criteria identified in the previous question apply in selecting hospital-based outpatient mental health clinics for children in your foster boarding home program?
- Yes
 - No. If no, please explain _____
43. How often does your agency try to refer to Article 31 community-based mental health clinics that will bill Medicaid fee-for-service rather than obtain reimbursement directly from your agency?
- Always
 - Whenever possible
 - Regularly
 - Seldom
 - Never
44. Who is usually responsible for making a referral of child in a foster boarding home to a community-based or hospital-based clinic for mental health services?
- Caseworker
 - Casework supervisor
 - Behavioral health care manager
 - Health care manager
 - Mental health professional who is an employee of your agency (and who is not the behavioral health care or health care manager). Please specify the positions: _____
 - Other _____
45. When a child in a foster boarding home is referred to a community-based outpatient mental health clinic, does your agency regularly monitor the child's: (check all that apply)
- Attendance
 - Treatment
 - Progress
 - If one of the above, proceed to questions 46-48.
 - If none of the above, proceed to question 49.

-
46. Which staff person is responsible for this work?
- Caseworker
 - Casework Supervisor
 - Behavioral health manager who is an employee of your agency
 - Health care manager who is an employee of your agency
 - Mental health professional who is an employee of your agency (but not a behavioral health manager)
- Please specify which mental health staff: _____
-
- Nurse (who is neither a health or behavioral care manager)
- Other _____
47. How often does monitoring occur?
- Once a week
 - Bi-monthly
 - Once a month
 - Every three months
 - Every six months
 - Annually
 - Sporadically
48. How is the monitoring conducted? (check all that apply)
- Verbal communication with mental health clinic
 - Verbal communication with foster parent
 - Receipt of written reports from the mental health clinic
 - Other _____
-
49. When a child in a foster boarding home is referred to a hospital-based outpatient mental health clinic, does your agency regularly monitor the child's: (check all that apply)
- Attendance
 - Treatment
 - Progress
 - If one of the above, proceed to questions 50-53.
 - If none of the above, proceed to question 54.
50. Which staff person is responsible for this work?
- Caseworker
 - Casework Supervisor
 - Behavioral health manager who is an employee of your agency
 - Health care manager who is an employee of your agency
 - Mental health professional who is an employee of your agency (but not a behavioral health manager)
- Please specify which mental health staff: _____
-
- Nurse (who is neither a health or behavioral care manager)
- Other _____

-
51. How often does monitoring occur?
- Once a week
 - Bi-monthly
 - Once a month
 - Every three months
 - Every six months
 - Annually
 - Sporadically
52. How is the monitoring conducted? (check all that apply)
- Verbal communication with mental health professional
 - Verbal communication with foster parent
 - Receipt of written reports from the mental health clinic
 - Other _____
-
53. Does your agency regularly follow-up? (check all that apply):
- With the mental health clinic to determine whether appointments are kept
 - With the mental health clinic to learn the child's diagnosis or prescribed treatment
 - With the foster parent regarding the child's mental health condition
 - With the parent regarding the child's mental health condition
 - With the child or teenager regarding their mental health needs
54. How easy is it for your agency to obtain written treatment reports from Article 31 community-based mental health clinics in a timely manner?
- Easy to obtain
 - Somewhat easy
 - Difficult
 - Very Difficult or
 - Impossible to obtain
55. How easy is it for your agency to obtain written treatment reports from hospital-based outpatient mental health clinics in a timely manner?
- Easy to obtain
 - Somewhat easy
 - Difficult
 - Very Difficult or
 - Impossible to obtain

-
56. How easy is it for your agency to obtain written treatment reports from private mental health practitioners in a timely manner?
- Easy to obtain
 - Somewhat easy
 - Difficult
 - Very Difficult or
 - Impossible to obtain
57. Does your agency encourage therapists from Article 31 community-based mental health clinics to attend service plan review conferences for children in foster boarding homes?
- No If no, proceed to question 58.
 - Yes If yes, how often do these professionals generally attend the conferences?
 - Always
 - Sometimes
 - Rarely
58. Does your agency encourage therapists from hospital-based outpatient mental health clinics to attend service planning review conferences for children in foster boarding homes?
- No. If no, proceed to question 59.
 - Yes. If yes, how often do these professionals generally attend the conferences?
 - Always
 - Sometimes
 - Rarely
59. How does your agency respond to mental health emergencies of children in foster boarding homes that arise on a weekend? (check all that apply)
- Agency provides 24-hour on-call emergency coverage by a mental health professional.
Please specify the type of professional who performs this duty: (check all that apply):
a) Psychiatrist _____, b) Psychologist _____, c) Certified Social Worker _____, d) Other _____
 - Agency provides 24-hour on-call emergency coverage by a health professional
Please specify the type of professional who performs this duty: (check all that apply)
a) Pediatrician _____, b) Registered Nurse _____, c) Nurse Practitioner _____, d) Other _____
 - Agency provides 24-hour on-call emergency coverage by a non-mental health or non-health professional
 - Foster parents are trained to take children to emergency rooms
 - Agency has memoranda of understanding with local hospitals to provide emergency care
 - Agency has memoranda of understanding with Article 31 community-based mental health clinics to provide emergency care
 - Other comments: _____

-
60. How does your agency respond to mental health emergencies of children in foster boarding homes that arise after normal business hours? (check all that apply)
- Agency provides 24-hour on-call emergency coverage by a mental health professional
Please specify the type of professional who performs this duty: (check all that apply):
a) Psychiatrist _____, b) Psychologist _____, c) Certified Social Worker _____, d) Other _____
 - Agency provides 24-hour on-call emergency coverage by a health professional
Please specify the type of professional who performs this duty: (check all that apply)
a) Pediatrician _____, b) Registered Nurse _____, c) Nurse Practitioner _____, d) Other _____
 - Agency provides 24-hour on-call emergency coverage by a non-mental health or non-health professional
 - Foster parents are trained to take children to emergency rooms
 - Agency has memoranda of understanding with local hospitals to provide emergency care
 - Agency has memoranda of understanding with Article 31 community-based mental health clinics to provide emergency care
 - Other comments: _____

61. In general, how would you rate the effectiveness of community-based mental health clinics in the following categories?
- Attending to mental health needs of children in foster care
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Knowledge about types of mental health problems prevalent in the foster care population
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Knowledge about appropriate mental health interventions for children in foster care
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Engaging foster parents in child's mental health treatment
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Engaging parents in child's mental health treatment
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Communicating with your agency about a child's mental health treatment
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

62. Please share any comments you may have on areas in which you think the community-based clinics need improvement in meeting the mental health needs of children in foster care:

63. In general, how would you rate the effectiveness of hospital-based outpatient mental health clinics in the following categories?
- Attending to mental health needs of children in foster care
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Knowledge about types of mental health problems prevalent in the foster care population
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Knowledge about appropriate mental health interventions for children in foster care
a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

-
- Engaging foster parents in child's mental health treatment
 - a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Engaging parents in child's mental health treatment
 - a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____
 - Communicating with your agency about a child's mental health treatment
 - a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

64. Please share any comments you may have on areas in which you think the hospital-based clinics need improvement in meeting the mental health needs of children in foster care:

65. What are the advantages of referring children in foster boarding homes to community-based and/or hospital-based outpatient mental health clinics?

66. What are the disadvantages of referring children in foster boarding homes to community-based and/or hospital-based outpatient mental health clinics?

BEHAVIORAL/MENTAL HEALTH CARE MANAGEMENT/COORDINATION

Instructions to Interviewees: The next series of questions will focus on behavioral/mental health care coordination your agency provides to children in your foster boarding home population.

67. Does your agency employ staff who work as behavioral health care managers (who are not caseworkers or therapists)?

- No. If no, proceed to question 73.
- Yes. If yes, proceed to next question.

68. What are the behavioral-health related job functions of behavioral health care managers?

- Take child's mental health history
- Conduct mental health screenings
- Maintain child's mental health records
- Review child's mental health records
- Communicate with primary care provider about child's mental health treatment
- Make mental health referrals to on-site services at your agency
- Make mental health referrals to community-based or hospital-based mental health providers
- Coordinate child's behavioral health care when multiple providers are involved
- Follow-up with foster parent to ensure child kept scheduled appointments
- Follow-up with primary care or specialty care provider to obtain reports

-
- Follow-up with community or hospital-based mental health provider to obtain reports and monitor treatment compliance
 - Follow-up with parents about child's mental health needs and treatment
 - Provide mental health education to foster parents
 - Provide mental health training to caseworkers
 - Conduct home visits: regularly or as needed (circle one)
 - Accompany foster parent and child to appointments as needed
 - Other _____
69. Do the job functions of the behavioral health care managers also include responsibility for managing a child's physical health?
- No. If no, proceed to next question.
 - Yes. If yes, proceed to next question.
70. During the last six months, what was the average caseload for full-time, or the full-time equivalent of, behavioral health care managers assigned to your foster boarding home program? _____ cases
71. How often do behavioral health care managers participate in service plan review conferences for children in foster boarding homes?
- Always
 - Sometimes
 - Never
72. Do behavioral health care managers working with children in foster boarding homes also work with children placed in other agency programs?
- No
 - Yes. If yes, please indicate the other programs they serve _____
73. Does your agency employ staff who work as health care managers (who are not caseworkers or therapists) for children in your foster boarding home program?
- Yes If yes, proceed to next question.
 - No If no, proceed to question 78.
74. Are health care managers responsible for managing and coordinating behavioral/mental health care for children in foster boarding home programs?
- No. If no, proceed to question 78.
 - Yes. If yes, proceed to next question.
75. What are the behavioral/mental health related job functions of the health care manager?
- Take child's mental health history
 - Conduct mental health screenings
 - Maintain child's mental health records
 - Review child's mental health records
 - Communicate with primary care provider about child's mental health treatment

-
- Make mental health referrals to on-site services at your agency
 - Make mental health referrals to community-based or hospital-based mental health providers
 - Coordinate child's behavioral health care when multiple providers are involved
 - Follow-up with foster parent to ensure child kept scheduled appointments
 - Follow-up with primary care or specialty care provider to obtain reports
 - Follow-up with community or hospital-based mental health provider to obtain reports and monitor treatment compliance
 - Follow-up with parents
 - Provide mental health education to foster parents
 - Provide mental health training to caseworkers
 - Conduct home visits: regularly or as needed (circle one)
 - Accompany foster parent and child to appointments as needed
 - Other _____

76. During the last six months, what was the average caseload for full-time or the full-time equivalent of health care managers assigned to your foster boarding home program? _____ cases

77. Do health care managers working with children in foster boarding homes also work with children placed in other agency programs?

- No. If no, proceed to next question.
- Yes. If yes, please indicate the other programs they serve _____

GROUP HOMES

Instructions to Interviewee: Although our study focuses on foster boarding homes, we have a few questions that relate to group homes (homes with 7-12 children).

78. Does your agency operate group homes?

- No If no, that is our last question and the mental health portion of our interview is over. Thank you.
- Yes. If yes, proceed to next question.

79. Does your agency generally provide on-site mental health services to children in your group homes in the same locations that serve children in your foster boarding home program?

- Yes
- No. If no, please describe the differences: _____

80. Does your agency refer children in your group homes to Article 31 community-based mental health clinics?

Yes.

No. If no, please explain:

81. Does your agency generally refer children in your group homes to hospital-based outpatient mental health clinics?

Yes.

No. If no, please explain:

The mental health portion of our interview is over. Thank you.

PRIMARY CARE SERVICES

Instructions to Interviewee: The following questions pertain to on-site primary care services provided by your foster care agency. If your agency does not provide on-site health services, we will turn to page 32 and begin with questions about referrals to community-based and hospital-based services.

ON-SITE SERVICES

1. Please provide the address for each agency location that provides on-site health services and indicate the specific services provided by your agency to children placed in foster boarding homes:

a) Address of on-site health services: _____

What health services are provided on-site at the address listed directly above: (check all that apply)

- Routine check-ups (well-child care)
- Physical examinations
- Immunizations
- Diagnosis and treatment of acute illness
- Treatment for asthma
- Follow-up care for chronic health problems
- Gynecological examinations for adolescents
- HIV/AIDS screening and treatment
- General oral health examinations
- Routine dental care
- Hearing screenings
- Vision screenings
- Dental screenings
- Neurological assessments
- Reproductive health services
- Substance abuse screening
- Other, please list _____

Please indicate the health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

b) Address of on-site health services: _____

What health services are provided on-site at the address listed directly above: (check all that apply)

- Routine check-ups
- Physical examinations
- Immunizations
- Diagnosis and treatment of acute illness
- Treatment for asthma
- Follow-up care for chronic health problems
- Gynecological examinations for adolescents
- HIV/AIDS screening and treatment
- General oral health examinations
- Routine dental care
- Hearing screenings
- Vision screenings
- Dental screenings
- Neurological assessments
- Reproductive health services
- Substance abuse screening
- Other, please list _____

Please indicate the health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

c) Address of on-site health services: _____

What health services are provided on-site at the address listed directly above: (check all that apply)

- Routine check-ups
- Physical examinations
- Immunizations
- Diagnosis and treatment of acute illness
- Treatment for asthma
- Follow-up care for chronic health problems
- Gynecological examinations for adolescents
- HIV/AIDS screening and treatment
- General oral health examinations

- Routine dental care
- Hearing screenings
- Vision screenings
- Dental screenings
- Neurological assessments
- Reproductive health services
- Substance abuse screening
- Other, please list _____

Please indicate the health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

d) Address of on-site health services: _____

What health services are provided on-site at the address listed directly above: (check all that apply)

- Routine check-ups
- Physical examinations
- Immunizations
- Diagnosis and treatment of acute illness
- Treatment for asthma
- Follow-up care for chronic health problems
- Gynecological examinations for adolescents
- HIV/AIDS screening and treatment
- General oral health examinations
- Routine dental care
- Hearing screenings
- Vision screenings
- Dental screenings
- Neurological assessments
- Reproductive health services
- Substance abuse screening
- Other, please list _____

Please indicate the health positions at the site identified above and the full-time equivalent for each position.

<u>Name of Position</u>	<u>Full-Time Equivalent (FTE)</u>
_____	_____
_____	_____
_____	_____
_____	_____

2. Does your agency conduct Child/Teen Health screenings (EPSDT screens) for all children placed in foster boarding homes?
- No
 Yes
3. Does your agency conduct developmental screenings for all children placed in foster boarding homes?
- No
 Yes
4. Does you have primary care providers who are employees of a hospital provide primary care services on-site at your agency to children in your foster boarding home program?
- No. If no proceed to question 6.
 Yes
5. For each agency location with the type of arrangement described above, please provide the following information:

Identify Location	# of primary care providers providing on-site services	Total # of hours/week primary care provider(s) is on-site	Approximate # of children in your foster boarding home program served at the site	Source(s) of funding for the arrangement: (a) Medicaid per diem; (b) Medicaid Fee-For-Service (c) City funding (d) Private funding (e) Crisis intervention; (f) Other

Please describe the advantages of this arrangement:

Please describe the disadvantages of this arrangement:

6. Does your agency have primary care providers who are employees of a community-based health clinics (i.e. a community health center) provide primary care services on-site at your agency to children in your foster boarding home program?

- No. If no, proceed to question 8.
- Yes If yes, proceed to next question.

7. For each agency location with the type of arrangement described above please provide the following information:

Identify Location	# of primary care providers providing on-site services	Total # of hours/week primary care provider(s) is on-site	Approximate # of children in your foster boarding home program served at the site	Source(s) of funding for the arrangement: (a) Medicaid per diem; (b) Medicaid Fee-For-Service (c) City funding (d) Private funding (e) Crisis intervention; (f) Other

Please describe the advantages of this arrangement:

Please describe the disadvantages of this arrangement:

8. Does your agency provide primary care services to children placed in the care of other foster care agencies?

- No
- Yes. If yes, how is your agency reimbursed for these services?
 - Your agency negotiates reimbursement rates that the other foster care agencies pay with the
 - Medicaid per diem.
 - Your agency bills Medicaid directly and receives fee-for-service reimbursement.

9. Who is usually responsible for making a referral of a child in a foster boarding home for on-site health services provided by your agency?

- Caseworker
- Casework supervisor
- Health care manager
- Nurse practitioner
- Other health professional who are employees of your agency
- Foster parent
- Other _____

TRAINING

10. Apart from continuing education or license re-certification requirements, how many hours per year is your health staff required to attend training related to the development of clinical skills? _____ hrs/year

11. Does your agency provide formal health training (i.e. seminars, workshops, in-service trainings) to your health staff?

- No. If no, proceed to question 13.
- Yes If yes, proceed to next question.

12. Please indicate the areas of training received by your health staff and how often training on the topic occurs:(check all that apply)

- Child Development
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Childhood Illness
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Adolescent Development
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Anticipatory Guidance
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Acute Care
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Child abuse and neglect
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Recognizing symptoms of trauma
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Oral health
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Mental health
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- Reproductive health
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
- HIV/AIDS
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____

-
- Asthma
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Lead poisoning
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Developmental delays
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Engaging foster parents
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____
 - Engaging parents
 - a) At initial orientation _____
 - b) Annually _____
 - c) Less than annually _____

13. Please describe the advantages of providing on-site health services to children in your foster boarding home program.

14. Please describe the disadvantages of providing on-site health services to children in your foster boarding home program.

Instructions to the Interviewees: The following questions pertain to health referrals made by your agency to community-based and/or hospital-based primary care clinics for children in your foster boarding home program.

15. Apart from the 30-day and service plan review conferences, does your agency convene clinical case conferences to determine a child's health needs?

- No. If no, proceed to question 19.
- Yes. If yes, proceed to next question.

16. Is a clinical case conference convened for every child placed in a foster boarding home?

- No. If no, proceed to next question.
- Yes. If yes, proceed to next question.

17. Which staff attend clinical case conferences? (check all that apply)

- Caseworker
- Casework supervisor
- Health Director

-
- Health staff other than the Health Director. Please specify the health staff positions: _____

- Other _____
18. At which of the following phases of foster care placement are clinical case conferences convened? (check all that apply)
- At or near the time of placement
 - Changes in placement
 - Termination of parental rights
 - Prior to discharge
 - Pre-adoption
 - Other _____
19. What criteria does your agency consider when selecting a hospital-based health clinic to serve children in your foster boarding home? (check all that apply)
- Clinic's Location
 - Clinic's hours of operation
 - Emergency services
 - Familiarity/experience with the foster care population
 - Languages spoken by primary care providers
 - Willingness to work with foster parent
 - Willingness to work with parent
 - Whether your agency has a memorandum of understanding with the hospital
 - Other _____
20. Do the same criteria apply when selecting a community-based health clinic?
- Yes
 - No. If no, please explain other criteria considered: _____

21. Who is usually responsible for making the referral of a child in a foster boarding home to a hospital-based or community-based outpatient health clinic for primary care services? (check all that apply)
- Caseworker
 - Foster parent
 - Casework supervisor
 - Health care manager
 - Pediatrician who is an employee of your agency
 - Nurse practitioners who are employees of your agency (who are not health care managers)
 - Registered nurses who are employees of your agency (who are not health care managers)
 - Licensed practical nurses who are employees of your agency (who are not health care managers)
 - Other _____

-
22. When a child in your foster boarding home program is referred to a hospital-based outpatient health clinic for primary care services, does your agency regularly monitor the child's: (check all that apply)
- Attendance
 - Treatment
 - Progress
 - If one of the above, proceed to questions 23 – 25.
 - If none of the above proceed to question 26.
23. Which staff person in your agency is generally responsible for this work?
- Caseworker
 - Health Director
 - Pediatrician
 - Registered nurse (who is not a health care manager)
 - Nurse practitioner (who is not a health care manager)
 - Licensed practical nurse (who is not a health care manager)
 - Health care manager
 - Other _____
-
24. How often does the monitoring occur?
- Once a month
 - Every three months
 - Every six months
 - Annually
 - Sporadically
 - Depends on the age of the child
25. How is the monitoring conducted? (check all that apply)
- Verbal communication with the primary care provider
 - Verbal communication with foster parent
 - Written communication with primary care provider
 - Review of health records obtained
 - Other _____
-
26. Does your agency regularly follow-up? (check all that apply):
- With the clinic to determine whether appointments are kept
 - With the clinic to learn the child's diagnosis or prescribed treatment
 - With the foster parent about the child's health needs
 - With the parent about the child's health needs
 - With the child or teenager about his/her health condition

-
27. When a child in your foster boarding home program is referred to a community-based health clinic for primary care services, does your agency regularly monitor the child's? (check all that apply):
- Attendance
 - Treatment
 - Progress
 - If one of the above, proceed to questions 28 – 31.
 - If none of the above, proceed to question 32.
28. Which staff person in your agency is generally responsible for this work?
- Caseworker
 - Health Director
 - Pediatrician
 - Registered nurse (who is not a health care manager)
 - Nurse practitioner (who is not a health care manager)
 - Licensed practical nurse (who is not a health care manager)
 - Health care coordinator
 - Other _____
29. How often does the monitoring occur?
- Once a month
 - Every three months
 - Every six months
 - Annually
 - Sporadically
 - Depends on the age of the child
30. How is the monitoring conducted? (check all that apply)
- Verbal communication with the primary care provider
 - Verbal communication with foster parent
 - Written communication with primary care provider
 - Review of health records obtained
 - Other _____
31. Does your agency regularly follow-up: (check all that apply)
- With the clinic to determine whether appointments are kept
 - With the clinic to learn the child's diagnosis or prescribed treatment
 - With the foster parent about the child's health needs
 - With the parent about the child's health needs
 - With the child or teenager about his/her health condition

-
32. How easy is it for your agency to obtain a foster boarding home child's written health records/reports from hospital-based outpatient health clinics in a timely manner?
- Easy
 - Somewhat easy
 - Difficult
 - Very Difficult
 - Impossible to obtain
33. How easy is it for your agency to obtain a foster boarding home child's written health records/reports from community-based health clinics in a timely manner?
- Easy
 - Somewhat easy
 - Difficult
 - Very Difficult
 - Impossible to obtain
34. How easy is it for your agency to obtain a foster boarding home child's written health records/reports from primary care providers in private practice in a timely manner?
- Easy
 - Somewhat easy
 - Difficult
 - Very Difficult
 - Impossible to obtain
35. Does your agency encourage hospital-based primary care providers to attend service plan review conferences for children in foster boarding homes?
- No. If no, proceed to question 37.
 - Yes. If yes, proceed to next question.
36. In general, how often do hospital-based primary care providers attend service plan review conferences?
- Always
 - Sometimes
 - Never
37. Does your agency encourage community-based primary care providers to attend service plan review conferences for children in foster boarding homes?
- No. If no, proceed to question 39.
 - Yes. If yes, proceed to next question.
38. In general, how often do community-based primary care providers attend service plan review conferences?
- Always
 - Sometimes
 - Never

39. How does your agency respond to health related emergencies of children in foster boarding homes that arise on a weekend?

Agency provides 24-hour on-call coverage by a health professional

Please specify the type of professional who performs this duty: (check all that apply)

a) Pediatrician _____ b) Registered Nurse _____ c) Nurse Practitioner _____ d) Other _____

Agency provides 24-hour on-call coverage emergency coverage by a non-health professional

Agency trains foster parents to take children to the emergency room as needed

Agency has memoranda of understanding with local hospitals to provide emergency care

Agency has memoranda of understanding with community-based health providers to provide emergency care

Other comments: _____

40. How does your agency respond to health related emergencies of children in foster boarding homes that arise after normal business hours?

Agency provides 24-hour on-call coverage by a health professional

Please specify the type of professional who performs this duty: (check all that apply)

a) Pediatrician _____ b) Registered Nurse _____ c) Nurse Practitioner _____ d) Other _____

Agency provides 24-hour on-call coverage emergency coverage by a non-health professional

Agency trains foster parents to take children to the emergency room as needed

Agency has memoranda of understanding with local hospitals to provide emergency care

Agency has memoranda of understanding with community-based health providers to provide emergency care

Other comments: _____

41. In general, how would you rate the effectiveness of hospital-based outpatient health clinics in the following categories?

Attending to the health needs of children in foster care

a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

Knowledge about types of health problems prevalent in foster care population

a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

Engaging foster parents in child's health treatment

a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

Engaging parents in child's health treatment

a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

Communicating with your agency about a child's health treatment

a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

42. Please share any comments you may have on areas in which you think the hospital-based clinics need improvement in meeting the health needs of children in foster care:

43. In general, how would you rate the effectiveness of community-based health clinics in the following categories?

Attending to the health needs of children in foster care

a) Unsatisfactory _____ b) Fair _____ c) Good _____ d) Excellent _____

-
- Knowledge about types of health problems prevalent in foster care population
 - a) Unsatisfactory _____
 - b) Fair _____
 - c) Good _____
 - d) Excellent _____
 - Engaging foster parents in child's health treatment
 - a) Unsatisfactory _____
 - b) Fair _____
 - c) Good _____
 - d) Excellent _____
 - Engaging parents in child's health treatment
 - a) Unsatisfactory _____
 - b) Fair _____
 - c) Good _____
 - d) Excellent _____
 - Communicating with your agency about a child's health treatment
 - a) Unsatisfactory _____
 - b) Fair _____
 - c) Good _____
 - d) Excellent _____

44. Please share any comments you may have on areas in which you think the community-based clinics need improvement in meeting the health needs of children in foster care:

45. What are the advantages of referring children in foster boarding homes to community-based or hospital-based health clinics for primary care services?

46. What are the disadvantages of referring children in foster boarding homes to community-based or hospital-based health clinics for primary care services?

HEALTH CARE MANAGEMENT/COORDINATION

Instructions to Interviewees: The following questions focus on how your agency manages and coordinates the primary care services provided to children foster boarding homes.

47. Does your agency employ staff who work as health care managers (not a caseworker) for children enrolled in your foster boarding home program?
- No. If no, proceed to question 54.
 - Yes. If yes, proceed to next question.
48. What are the health-related job functions of health care managers?
- Collect child's health history
 - Conduct physical examinations
 - Conduct routine check-ups
 - Maintain child's health records
 - Review child's health records
 - Maintain child's mental health records
 - Follow-up with foster parent to ensure child kept scheduled appointments
 - Follow-up with parent about child's health needs and treatment
 - Follow-up with primary care or specialty care provider to obtain reports and monitor treatment compliance
 - Follow-up with community or hospital-based clinics to obtain reports and monitor treatment compliance
 - Review laboratory results
 - Communicate with primary care provider
 - Make referrals to health services
 - Make referrals to mental health services
 - Coordinate care when multiple providers involved
 - Participate in development of child's health treatment plan
 - Provide data for HIPS entry
 - Provide health education to parents
 - Provide health education to foster parents
 - Provide health training to caseworkers
 - Provide health education to children or adolescents placed with your agency
 - Conduct home visits: regularly or as needed (circle one)
 - Accompany foster parent and child to appointments as needed
 - Prepare paper work for obtaining administrative consent for non-routine medical or surgical procedures
 - Other _____
-
49. Do health care managers have responsibility for coordination and management of foster boarding home children's behavioral/mental health care?
- No. If no, proceed to question 51.
 - Yes. If yes, proceed to next question.

-
50. What are the behavioral/mental health-related jobs functions of health care managers? (check all that apply)
- Take child's mental health history
 - Conduct mental health screenings
 - Maintain child's mental health records
 - Review child's mental health records
 - Communicate with primary care provider about child's mental health treatment
 - Make mental health referrals to on-site services at your agency
 - Make mental health referrals to community-based or hospital-based mental health providers
 - Coordinate child's behavioral health care when multiple providers are involved
 - Follow-up with foster parent to ensure child kept scheduled appointments
 - Follow-up with community or hospital-based mental health provider to obtain reports and monitor treatment compliance
 - Follow-up with parents about child's mental health needs and treatment
 - Provide mental health education to foster parents
 - Provide mental health training to caseworkers
 - Conduct home visits: regularly or as needed (circle one)
 - Accompany foster parent and child to appointments as needed
 - Other _____
51. How often do health care managers attend service plan review conference for children in foster boarding homes?
- Always
 - Sometimes
 - Never
52. During the last six months, what was the average caseload for full-time, or full-time equivalent, health care managers assigned to your foster boarding home program? _____ cases
53. Do health care managers working with children in foster boarding homes also work with children placed in other agency programs?
- No
 - Yes. If yes, please indicate the other programs they serve:

GROUP HOMES

Instructions to Interviewee: Although our study focuses on foster boarding homes, we have a few questions that relate to group homes (homes with 7-12 children).

54. Does your agency operate group homes?
- No. If no, our interview is over. Thank you.
 - Yes. If yes, proceed to next question.

55. Does your agency generally provide on-site primary care services to children in your group homes in the same locations as children in your foster boarding home program?

Yes

No. If no, please describe the differences:

56. Does your agency refer children in your group homes to community-based health clinics for primary care services?

Yes.

No. If no, please explain:

57. Does your agency generally refer children in your group homes to hospital-based outpatient health clinics for primary care services?

Yes.

No. If no, please explain:

The interview is over. Thank you.

APPENDIX D

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC. TASK FORCE ON FOSTER CARE AND HEALTH AND MENTAL HEALTH SERVICES

SITE VISIT QUESTIONNAIRE (Group Homes)

Citizens' Committee for Children of New York, Inc. (CCC) is a child advocacy organization that has been advocating for New York City's children for 59 years in the areas of health, mental health, child welfare, housing, child care, education, income support and youth services. We are making site visits to foster care agencies that operate congregate care programs as part of a study that will document the variety of ways agencies have developed to provide health and mental health services on-site and/or to secure services in the community for children in their care. In addition to the site visits, we are requesting that all participating agencies complete a written questionnaire that seeks information about agency Medicaid per diem rates, size, and staffing structures. The information compiled through site visits and questionnaires will form the basis of a report that CCC will publish to educate the public, policymakers, and government officials about the challenges foster care agencies face in trying to meet children's health and mental health needs.

Please know that no agency, administrator or staff person will be identified by name in any CCC publication or advocacy efforts.

GENERAL INFORMATION

Name of Organization:

Address: _____

Names and Titles of Persons Who Completed this Questionnaire (for purposes of follow-up only):

Name and Phone Number of Agency Contact for this Questionnaire (for purposes of follow-up only):

INSTRUCTIONS

Read the following instructions to the interviewee: **This in-person interview and a written survey are part of a study CCC is conducting to understand how voluntary foster care agencies in New York City use the Medicaid Per Diem Rate to provide and/or obtain outpatient health and mental health services for children placed in congregate care. The questions in this interview pertain only to regular GROUP HOME programs (see definition of group home below). Please do not include information about any specialized GROUP HOME (i.e. Hard to Place) that your agency may operate.**

This interview contains many questions about staff positions and job functions. Although we know that job titles may vary by agency, we have defined the positions we inquire about according to job responsibilities. Many of the job titles and functions we used are derived from the Child Welfare League of America Standards. We have also defined a few other terms that you will encounter in our questions. I will review the definitions before proceeding to the questions, but feel free to ask for a definition again at any time.

DEFINITIONS

Caseworker: Staff person whose job responsibilities usually include: engaging the family; assessing family and child's needs; creating service plans; coordinating and implementing the service plan; and appearing in family court.

Child Care Worker: Staff person responsible for providing general child supervision, crisis management, daily living support, recreational activities, behavioral intervention, and child advocacy. Child care workers may also participate in the case planning and assessment processes.

Clinical team meeting: a meeting regularly convened to discuss residents' health and/or mental health conditions that is attended by health, mental health, and/or casework staff. Other staff may also participate sometimes.

Community-based clinic: refers to a free-standing health or mental health clinic that is licensed by New York State Department of Health or the New York State Office of Mental Health to provide outpatient services.

Group Home: residential facility for 7-12 youth. For the purposes of this survey we are only interested in regular group homes. This does not include any specialized programs such as Diagnostic Reception Centers, Hard to Place Programs, Mother/ Child Programs, Maternity Programs, Sex Offenders Programs, SILP Programs, Emergency Group Homes, Crisis Residences or Gay/ Lesbian/ Transgender/ Questioning Programs.

Health care coordination: refers to the responsibility for managing and coordinating health services and ensuring that appropriate health assessment and services, medications, special tests and procedures, physical examinations and evaluations are obtained. Some agencies may employ a staff person as a health care coordinator who is primarily responsible for the previously described functions.

Hospital-based clinic: refers to an outpatient clinic that is located within or affiliated with a licensed hospital. Primary care clinics are licensed by the New York State Department of Health and outpatient mental health clinics by the New York State Office of Mental Health.

Mental health care coordination: refers to the responsibility for managing and coordinating mental health services and ensuring that appropriate mental health assessment and services, medications, developmental, psychological, and psychiatric evaluations are obtained. Some agencies may employ a staff person as a mental health care coordinator who is primarily responsible for the previously described functions.

Pharmacy Benefit Manager: is a business that a foster care agency pays to manage the cost of selected medications required by children in foster care. For medications not included in the benefit, foster care agencies typically use the Medicaid per diem to pay the actual rate charged by individual pharmacies.

Instructions to the Interviewer:

1. All instructions to you are in italics.
2. All instructions that you should read out loud to the interviewee are highlighted in bold and begin with "Read."
3. Whenever the answer selected is "other," please define it.

Read: Our first series of questions relates to Child Care Workers and Caseworkers.

Child Care Workers

1. What is the number of child care workers assigned to a regular GROUP HOME at the following times of day:
Morning _____ # of child care workers
Afternoon _____ # of child care workers
Early Evening _____ # of child care workers
Overnight _____ # of awake child care workers and _____ # of asleep child care workers

Caseworkers

2. Does your agency assign **caseworkers** to work exclusively in your regular GROUP HOME program?
 Yes. Individual caseworkers serve only residents of your regular GROUP HOME program.
 No. Caseworkers are assigned to the regular GROUP HOME program as well as other programs (*for example foster boarding home programs*) operated by your agency.
3. What was the average caseload for one full-time equivalent (FTE) **caseworker** employed by your regular GROUP HOME program in March 2004?
1 FTE caseworker: _____ residents/cases
4. Do caseworkers assigned to your regular GROUP HOME program serve:
 Residents only
 Residents and their families

MENTAL HEALTH

Read: We will now ask several questions about the specific mental health services received by residents in your regular GROUP HOME program.

- 5a. Do residents of your regular group home program receive **Initial Psychological Evaluations** upon placement?
- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

5b. Do residents of your regular GROUP HOME program receive **Psychiatric Evaluations**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

5c. Do residents of your regular GROUP HOME program receive **Individual Therapy/Treatment**?

- Yes
- No

Service is provided to residents at your agency

- Service provided on GROUP HOME premises
- Service provided at another location operated by the agency

<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

Service is provided to residents at a non-agency location

	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

5d. Do residents of your regular GROUP HOME program receive **Group Therapy/Treatment**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

5e. Do residents of your regular GROUP HOME program receive **Family Therapy/Treatment**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

5f. Are residents of your regular GROUP HOME program prescribed **Psychotropic Medication**?

- Yes
- No

<input type="checkbox"/> Medication is prescribed to residents at your agency		
<input type="checkbox"/> Prescription of medication is provided on GROUP HOME premises <input type="checkbox"/> Prescription of medication is provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Medication is prescribed to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

5g. Are residents of your regular GROUP HOME program who receive **Psychotropic Medication** regularly **Monitored** by a professional?

- Yes
- No

<input type="checkbox"/> Psychotropic Medication is monitored at your agency		
<input type="checkbox"/> Medication is monitored on GROUP HOME premises <input type="checkbox"/> Medication is monitored at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Psychotropic Medication is monitored at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

5h. Do residents of your regular GROUP HOME program regularly receive any **Other mental health** services not previously identified?

- No
 Yes. If yes, please specify: _____

<input type="checkbox"/> Service is provided to residents at your agency <input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

6. Does the mental health staff employed by your agency to serve regular GROUP HOME residents provide services to children in other programs operated by your agency?

No

Yes. If yes, which of the following staff serve children in other agency programs (*check all that apply*):

Caseworker

Certified Social Worker (who is not a caseworker)

Psychologist (PhD)

Psychologist (MA)

Psychiatrist

Other (specify): _____

7. Does your agency have a license issued by the New York State Office of Mental Health to provide mental health services?

Yes

No

Read: The next set of questions focuses on the areas of individual therapy and supervision provided at your agency and referrals to non-agency mental health providers.

INDIVIDUAL THERAPY/TREATMENT (*not including psychopharmacology*)

If the agency provides individual therapy/ treatment onsite answer questions 8-11. If not, proceed to question 12.

8. As of March 2004, how many of the following professionals were employed (*full-time, part-time, or per diem*) by your regular GROUP HOME program to provide weekly individual therapy/treatment to residents?

Caseworker (BA only) _____

Caseworker (MA or MSW, not CSW) _____

Caseworker (CSW) _____

Clinical Social Worker (CSW, not caseworker) _____

Psychologist (MA) _____

Psychologist (Ph.D.) _____

Psychiatrist (M.D.) _____

9. Who supervises agency staff who provide individual therapy/treatment to residents of your regular GROUP HOME program? (*check all that apply*)

Psychologist (Ph.D.)

Psychiatrist (M.D.)

Clinical Social Worker (C.S.W.)

Other _____

Supervision not provided

10. How frequently do staff who provide individual therapy/treatment receive individual and/or group supervision? (*check all that apply*).

Individual supervision

- Not at all
- Monthly
- Weekly
- More than Weekly
- Other (specify) _____

Group Supervision

- Not at all
- Monthly
- Weekly
- More than Weekly
- Other (specify) _____

11. With regard to scheduling individual therapy/treatment sessions at your agency for residents in your regular GROUP HOME program, which statement is most accurate? (*check all that apply*)

- Appointments are usually scheduled on a weekly basis
- Individual therapy occurs on a drop-in basis
- Other (specify): _____

Read: We will now shift gears slightly and ask questions about mental health services provided to regular GROUP HOME residents at community-based and hospital-based mental health clinics.

12. How often does your agency try to refer to community-based (*not affiliated with a hospital*) mental health clinics that will bill Medicaid fee-for- service?

- Always
- Whenever possible
- Regularly
- Seldom
- Never

13. How easy is it for your agency to obtain written treatment reports from off-site mental health providers in a timely manner?

**Community-based
Mental Health Clinics**

- Easy to obtain
- Somewhat easy
- Difficult
- Very Difficult or
- Impossible to obtain

**Hospital-based Mental
Health Clinics**

- Easy to obtain
- Somewhat easy
- Difficult
- Very Difficult or
- Impossible to obtain

Private practitioners

- Easy to obtain
- Somewhat easy
- Difficult
- Very Difficult or
- Impossible to obtain

CRISIS RESPONSE

Read: We will now ask a few questions about crisis response.

14. What type of coverage does your agency provide to respond to mental health emergencies that arise in your regular GROUP HOME during normal business hours? (*check all that apply*)
- Agency provides 24-hour on-call emergency coverage by a mental health professional.
Please specify the type of professional who performs this duty: (*check all that apply*)
 Psychiatrist Psychologist Certified Social Worker Other _____
 - Agency provides 24-hour on-call emergency coverage by a health professional
Please specify the type of professional who performs this duty: (*check all that apply*)
 Pediatrician Registered Nurse Nurse Practitioner Other _____
 - Agency provides 24-hour on-call emergency coverage by a non-mental health or non-health professional.
 - Group home staff are trained to take residents to hospital emergency rooms.
 - Agency has memoranda of understanding with local hospitals to provide emergency care.
 - Agency has memoranda of understanding with community-based mental health clinics to provide emergency care.
 - Other (*please specify*): _____
15. What type of coverage does your agency provide to respond to mental health emergencies that arise in your regular GROUP HOME program after normal business hours? (*check all that apply*)
- Agency provides 24-hour on-call emergency coverage by a mental health professional.
Please specify the type of professional who performs this duty: (*check all that apply*)
 Psychiatrist Psychologist Certified Social Worker Other _____
 - Agency provides 24-hour on-call emergency coverage by a health professional
Please specify the type of professional who performs this duty: (*check all that apply*)
 Pediatrician Registered Nurse Nurse Practitioner Other _____
 - Agency provides 24-hour on-call emergency coverage by a non-mental health or non-health professional.
 - Group home staff are trained to take residents to hospital emergency rooms.
 - Agency has memoranda of understanding with local hospitals to provide emergency care.
 - Agency has memoranda of understanding with community-based mental health clinics to provide emergency care.
 - Other (*please specify*): _____

HEALTH

Read: We will now ask several questions about the specific health services received by residents in your regular GROUP HOME program.

16a. Do residents of your regular GROUP HOME program receive **Medical Examinations** upon placement?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16b. Do residents of your regular GROUP HOME program receive medical **Treatment for Acute Illness?**

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency <input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFSS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFSS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

16c. Do residents of your regular GROUP HOME program receive **Immunizations**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD;

16d. Do residents of your regular GROUP HOME program receive **Gynecological Examinations**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

16e. Do residents of your regular GROUP HOME program receive **Vision Screenings**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16f. Do residents of your regular GROUP HOME program receive **Hearing Screenings**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16g. Do residents of your regular GROUP HOME program receive **Routine Dental Care**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Dentist	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16h. Do residents of your regular GROUP HOME program receive **Substance Abuse Screenings**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16i. Do residents of your regular GROUP HOME program receive **Outpatient Substance Abuse Treatment**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16j. Do residents of your regular GROUP HOME program receive HIV/AIDS screening?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

16k. Do residents of your regular GROUP HOME program receive **Family Planning Counseling**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

161. Do residents of your regular GROUP HOME program regularly receive any **Other medical services** not previously identified?

- No
 Yes. If yes, please specify: _____

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on GROUP HOME premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

-
17. Does the health staff employed by your agency to serve residents of your regular GROUP HOME program serve children in other programs operated by your agency?
- No
 - Yes. If yes, which staff also serve other children:
 - Pediatrician/Family Practitioner (M.D.)
 - Registered Nurse
 - Nurse Practitioner
 - Licensed Practical Nurse
 - Other (specify): _____
18. Does your agency have a license issued by the New York State Department of Health to provide health services?
- Yes
 - No
19. How easy is it for your agency to obtain written treatment reports from off-site health providers in a timely manner?
- | Community-based Health Clinics | Hospital-based Health Clinics | Private practitioners |
|---|---|---|
| <input type="checkbox"/> Easy to obtain | <input type="checkbox"/> Easy to obtain | <input type="checkbox"/> Easy to obtain |
| <input type="checkbox"/> Somewhat easy | <input type="checkbox"/> Somewhat easy | <input type="checkbox"/> Somewhat easy |
| <input type="checkbox"/> Difficult | <input type="checkbox"/> Difficult | <input type="checkbox"/> Difficult |
| <input type="checkbox"/> Very Difficult or | <input type="checkbox"/> Very Difficult or | <input type="checkbox"/> Very Difficult or |
| <input type="checkbox"/> Impossible to obtain | <input type="checkbox"/> Impossible to obtain | <input type="checkbox"/> Impossible to obtain |

CRISIS RESPONSE

20. How does your agency respond to health related emergencies that arise in your regular GROUP HOME programs **during** normal business hours?
- Agency provides 24-hour on-call coverage by a health professional
Please specify the type of professional who performs this duty: *(check all that apply)*
 Pediatrician Registered Nurse Nurse Practitioner Other _____
 - Agency provides 24-hour on-call coverage emergency coverage by a non-health professional.
 - Group home staff are trained to take residents to hospital emergency rooms.
 - Agency has memoranda of understanding with local hospitals to provide emergency care.
 - Agency has memoranda of understanding with community-based health providers to provide emergency care.
 - Other *(please specify)*: _____
21. How does your agency respond to health related emergencies that arise in your regular GROUP HOME programs **after** normal business hours?
- Agency provides 24-hour on-call coverage by a health professional
Please specify the type of professional who performs this duty: *(check all that apply)*
 Pediatrician Registered Nurse Nurse Practitioner Other _____
 - Agency provides 24-hour on-call coverage emergency coverage by a non-health professional.
 - Group home staff are trained to take residents to hospital emergency rooms.

-
- Agency has memoranda of understanding with local hospitals to provide emergency care.
 - Agency has memoranda of understanding with community-based health providers to provide emergency care.
 - Other (please specify): _____

Read: We will now turn to questions about pharmacy and laboratory services.

PHARMACY AND LABORATORY SERVICES

22. Does your agency use a pharmacy benefit manager program to cover the cost of most outpatient medication prescribed for residents in your regular GROUP HOME program?
- Yes. If yes, what is the source of funding used by your agency to pay for the pharmacy benefit manager?
 - Medicaid Per Diem Rate
 - Other (please specify): _____
 - No. If no, what is the source of funding used by the agency to pay for outpatient medications for residents of your regular GROUP HOME program?
 - Medicaid Per Diem Rate
 - Pharmacy bills Medicaid Fee-For-Service
 - Other (please specify): _____
23. Does your agency outsource medical laboratory work (i.e. blood analysis) needed by residents of your regular GROUP HOME program?
- Yes. If yes, what source of funding does your agency use to pay the laboratory?
 - Medicaid Per Diem Rate
 - Laboratory bills Medicaid Fee-For-Service
 - Other (please specify): _____
 - No. What source of funding does your agency use to cover the laboratory costs?
 - Medicaid Per Diem Rate
 - Other (please specify): _____

CARE COORDINATION

Read: I will now ask a series of questions about care coordination. In our experience, the term “care coordination” may have different meanings for different agencies. For the purposes of this study, we are using a specific definition for “health care coordination” and “mental health care coordination.” I will read these definitions to you and then ask you to respond to the questions with these definitions in mind.

Health care coordination: refers to the responsibility for managing and coordinating health services and ensuring that appropriate health assessment and services, medications, special tests and procedures, physical examinations and evaluations are obtained. Some agencies may employ a staff person as a health care coordinator who is primarily responsible for the previously described functions.

Mental health care coordination: refers to the responsibility for managing and coordinating mental health services and ensuring that appropriate mental health assessment and services, medications, developmental, psychological, and psychiatric evaluations are obtained. Some agencies may employ a staff person as a mental health care coordinator who is primarily responsible for the previously described functions.

-
24. (a) Who usually conducts **health care coordination** for residents in your regular GROUP HOME program? (*check all that apply*)
- Licensed Practical Nurse
 - Registered Nurse
 - Nurse Practitioner
 - Pediatrician/ Family Practitioner
 - Caseworker
 - Certified Social Worker (not a caseworker)
 - Health Care Coordinator or Health Care Manager
 - Other _____
 - Health care coordination is not formally conducted (*if this box is checked go to question 26*).
- (b) Is the responsibility for **health care coordination** shared among the staff identified in the previous question? _____
- No
 - Yes
- (c) Which staff usually provide medical/clinical care as well as **health care coordination**?
- | | |
|--|---|
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Certified Social Worker (not a case worker) |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Health Care Coordinator or Health Care Manager |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pediatrician/ Family Practitioner | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Caseworker | |
25. As of March 2004, what was the average health care coordinating caseload for staff with this responsibility?
_____cases
26. Does the responsibility for health care coordination also include mental health care?
- No. *If no, proceed to next question 27.*
 - Yes. *If yes, proceed to question 29.*
27. (a) Who usually conducts **mental health care coordination** for residents in your regular GROUP HOME program (*check all that apply*)?
- Caseworker
 - Master's Level Social Worker (who is not a caseworker)
 - Certified Social Worker (who is not a caseworker)
 - MA Psychologist
 - Ph.D. Psychologist
 - Psychiatrist
 - Mental Health Care Coordinator or Mental Health Care Manager
 - Other _____
 - Mental health care coordination not formally conducted (*if this box is checked go to question 28*)
- (b) Is the responsibility for **mental health care coordination** shared among the staff identified in subpart (a)? _____
- No
 - Yes

(c) Which staff provide mental health treatment as well as **mental health care coordination**?

- Caseworker
- Master's Level Social Worker (who is not a caseworker)
- Certified Social Worker (who is not a caseworker)
- MA Psychologist
- Ph.D. Psychologist
- Psychiatrist
- Mental Health Care Coordinator or Mental Health Care Manager
- Other _____

28. As of March 2004, what was the average mental health care coordinating caseload for staff with this responsibility?
_____cases

Read: Our last few questions relate to case conferences and clinical team meetings.

CASE CONFERRING AND CLINICAL TEAMS

29. With regard to case planning, please indicate the professionals who **usually** participate in service plan review (SPR) conferences: *(check all that apply and indicate if the same staff person performs more than one of the roles described below)*.

- Child care worker assigned to resident
- Caseworker assigned to resident
- Agency employee who provides mental health treatment to resident
- Non-agency personnel who provides mental health treatment to resident
- Agency personnel who provides medical services to resident
- Non-agency personnel who provides medical services to resident
- Health Care Coordinator
- Mental Health Care Coordinator
- Casework Supervisor
- Unit Director
- Program Director
- Other (please specify): _____

30. Does your staff conduct **clinical team meetings** to discuss the health and mental health status of residents in your regular GROUP HOME program?

- Yes. If yes, how are the meetings organized?
 - Separate meeting conducted for health issues (**GO TO** box A on next page)
 - Separate meeting conducted for mental health issues (**GO TO** box B on next page)
 - Joint meeting is conducted that addresses both health and mental health issues (**GO TO** box C on next page)
- No. *If no, Read: Our interview is concluded. Thank you.*

A. Separate Health Clinical Meetings	Which staff regularly participate in the clinical meetings ? <input type="checkbox"/> Child Care Workers <input type="checkbox"/> Caseworkers <input type="checkbox"/> Licensed Practical Nurses <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Pediatrician/ Family Practitioners <input type="checkbox"/> Health Care Coordinator/ Manager <input type="checkbox"/> Other (specify): _____	How often does the clinical team meet? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
B. Separate Mental Health Clinical Meetings	Which staff regularly participate in the clinical meetings ? <input type="checkbox"/> Child Care Workers <input type="checkbox"/> Caseworkers <input type="checkbox"/> Clinical Social Workers (not caseworker) <input type="checkbox"/> Individual Therapists <input type="checkbox"/> Psychologists <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Mental Health Care Coordinator/ Manager <input type="checkbox"/> Other (specify): _____	How often does the clinical team meet? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
C. Joint Health and Mental Health Clinical Meetings	Which staff regularly participate in the clinical meetings ? <input type="checkbox"/> Child Care Workers <input type="checkbox"/> Caseworkers <input type="checkbox"/> Clinical Social Workers (not caseworker) <input type="checkbox"/> Individual Therapists <input type="checkbox"/> Psychologists <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Licensed Practical Nurses <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Pediatrician/ Family Practitioners <input type="checkbox"/> Health Care Coordinator/ Manager <input type="checkbox"/> Mental Health Care Coordinator/ Manager <input type="checkbox"/> Other (please specify): _____	How often does the clinical team meet? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____

Read: Our interview is concluded. Thank you.

APPENDIX D

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC. TASK FORCE ON FOSTER CARE AND HEALTH AND MENTAL HEALTH SERVICES

SITE VISIT QUESTIONNAIRE (Residential Treatment Center)

Citizens' Committee for Children of New York, Inc. (CCC) is a child advocacy organization that has been advocating for New York City's children for 59 years in the areas of health, mental health, child welfare, housing, child care, education, income support and youth services. We are making site visits to foster care agencies that operate congregate care programs as part of a study that will document the variety of ways agencies have developed to provide health and mental health services on-site and/or to secure services in the community for children in their care. In addition to the site visits, we are requesting that all participating agencies complete a written questionnaire that seeks information about agency Medicaid per diem rates, size, and staffing structures. The information compiled through site visits and questionnaires will form the basis of a report that CCC will publish to educate the public, policymakers, and government officials about the challenges foster care agencies face in trying to meet children's health and mental health needs.

Please know that no agency, administrator or staff person will be identified by name in any CCC publication or advocacy efforts.

GENERAL INFORMATION

Name of Organization:

Address: _____

Names and Titles of Persons Who Completed this Questionnaire (for purposes of follow-up only):

Name and Phone Number of Agency Contact for this Questionnaire (for purposes of follow-up only):

INSTRUCTIONS

Read the following instructions to the interviewee: **This in-person interview and a written survey are part of a study CCC is conducting to understand how voluntary foster care agencies in New York City use the Medicaid Per Diem Rate to provide and/or obtain outpatient health and mental health services for children placed in congregate care. The questions in this interview pertain only to regular RTC programs (see definition of residential treatment center below). Please do not include information about any specialized RTC programs (i.e. Hard to Place) that your agency may operate.**

This interview contains many questions about staff positions and job functions. Although we know that job titles may vary by agency, we have defined the positions we inquire about according to job responsibilities. Many of the job titles and functions we used are derived from the Child Welfare League of America Standards. We have also defined a few other terms that you will encounter in our questions. I will review the definitions before proceeding to the questions, but feel free to ask for a definition again at any time.

DEFINITIONS

Caseworker: Staff person whose job responsibilities usually include: engaging the family; assessing family and child's needs; creating service plans; coordinating and implementing the service plan; and appearing in family court.

Child Care Worker: Staff person responsible for providing general child supervision, crisis management, daily living support, recreational activities, behavioral intervention, and child advocacy. Child care workers may also participate in the case planning and assessment processes.

Clinical team meeting: a meeting regularly convened to discuss residents' health and/or mental health conditions that is attended by health, mental health, and/or casework staff. Other staff may also participate sometimes.

Community-based clinic: refers to a free-standing health or mental health clinic that is licensed by the New York State Department of Health or the New York State Office of Mental Health to provide outpatient services.

Health care coordination: refers to the responsibility for managing and coordinating health services and ensuring that appropriate health assessment and services, medications, special tests and procedures, physical examinations and evaluations are obtained. Some agencies may employ a staff person as a health care coordinator who is primarily responsible for the previously described functions.

Hospital-based clinic: refers to an outpatient clinic that is located within or affiliated with a hospital that is licensed by the New York State Department of Health and/or the New York State Office of Mental Health.

Mental health care coordination: refers to the responsibility for managing and coordinating mental health services and ensuring that appropriate mental health assessment and services, medications, developmental, psychological, and psychiatric evaluations are obtained. Some agencies may employ a staff person as a mental health care coordinator who is primarily responsible for the previously described functions.

Pharmacy Benefit Manager: is a business that a foster care agency pays to manage the cost of selected medications required by children in foster care. For medications not included in the benefit, foster care agencies typically use the Medicaid per diem to pay the actual rate charged by individual pharmacies.

Residential Treatment Center (RTC)/Institution: residential facility for 26 or more residents. For the purposes of this survey we are only interested in regular RTC programs. This does not include any specialized programs such as Diagnostic Reception Centers, Hard to Place Programs, Mother/ Child Programs, Maternity Programs, Sex Offenders Programs, SILP Programs, Emergency RTCs, Crisis Residences or Gay/ Lesbian/ Transgender/ Questioning Programs.

Instructions to the Interviewer:

1. All instructions to you are in italics.
2. All instructions that you should read out loud to the interviewee are highlighted in bold and begin with "Read."
3. Whenever the answer selected is "other," please define it.

Read: Our first series of questions relates to Caseworkers.

Caseworkers

1. Does your agency assign **caseworkers** to work exclusively in your regular RTC program?
 Yes. Individual caseworkers serve only residents of your regular RTC program.
 No. Caseworkers are assigned to the regular RTC program as well as other programs (*for example foster boarding home programs*) operated by your agency.
2. What was the average caseload for one full-time equivalent (FTE) **caseworker** employed by your regular RTC program in March 2004?
1 FTE caseworker: _____ residents/cases
3. Do caseworkers assigned to your regular RTC program serve:
 Residents only
 Residents and their families

MENTAL HEALTH

Read: We will now ask several questions about the specific mental health services received by residents of your regular RTC program.

GO TO CHART ON NEXT PAGE

- 4a. Do residents of your regular RTC program receive **Initial Psychological Evaluations** upon placement?
- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

4b. Do residents of your regular RTC program receive **Psychiatric Evaluations**?

Yes

No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

4c. Do residents of your regular RTC program receive **Individual Therapy/Treatment**?

Yes

No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

4d. Do residents of your regular RTC program receive **Group Therapy/Treatment**?

Yes

No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

4e. Do residents of your regular RTC program receive **Family Therapy/Treatment**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

4f. Are residents of your regular RTC program prescribed **Psychotropic Medication**?

- Yes
- No

<input type="checkbox"/> Medication is prescribed to residents at your agency		
<input type="checkbox"/> Prescription of medication is provided on RTC premises <input type="checkbox"/> Prescription of medication is provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Medication is prescribed at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

- 4g Are residents of your regular RTC program who receive **Psychotropic Medication** regularly **Monitored** by a professional?
 Yes
 No

<input type="checkbox"/> Residents' medication is monitored at your agency <input type="checkbox"/> Medication is monitored on RTC premises <input type="checkbox"/> Medication is monitored at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Residents' medication is monitored at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

- 4h. Do residents of your regular RTC program regularly receive any **Other mental health services** not previously identified?
- No
- Yes If yes, please specify: _____

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply.</i> MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Caseworker	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Certified Social Worker (who is not a caseworker)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (Ph.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychologist (MA)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Psychiatrist (MD)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based mental health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

5. Does the mental health staff employed by your agency to serve regular RTC residents provide services to children in other programs operated by your agency?

No

Yes. If yes, which of the following staff serve children in other agency programs (*check all that apply*):

Caseworker

Certified Social Worker (who is not a caseworker)

Psychologist (PhD)

Psychologist (MA)

Psychiatrist

Other (specify): _____

6. Does your agency have a license issued by the New York State Office of Mental Health to provide mental health services?

Yes

No

Read: The next set of questions focuses on the areas of individual therapy and supervision.

Individual Therapy/Treatment (not including psychopharmacology)

7. As of March 2004, how many of the following professionals were employed (*full-time, part-time, or per diem*) by your regular RTC program to provide weekly individual therapy/treatment to residents?

Caseworker (BA only) _____

Caseworker (MA or MSW, not CSW) _____

Caseworker (CSW) _____

Clinical Social Worker (CSW, not caseworker) _____

Psychologist (MA) _____

Psychiatrist (M.D.) _____

Read: We will now ask a few questions about supervision of staff providing therapy.

8. Who supervises agency staff who provide individual therapy/treatment to residents of your regular RTC program? (*check all that apply*)

Psychologist (Ph.D.)

Psychiatrist (M.D.)

Clinical Social Worker (C.S.W.)

Other _____

Supervision not provided

9. How frequently do staff who provide individual therapy/treatment receive individual and/or group supervision? (*check all that apply*).

Individual supervision

- Not at all
- Monthly
- Weekly
- More than Weekly
- Other (specify) _____

Group Supervision

- Not at all
- Monthly
- Weekly
- More than Weekly
- Other (specify) _____

10. With regard to scheduling individual therapy/treatment sessions for residents in your regular RTC program, which statement is most accurate:

- Appointments are usually scheduled on a weekly basis
- Individual therapy occurs on a drop-in basis
- Other (specify): _____

CRISIS RESPONSE

Read: We will now ask a few questions about crisis response.

11. Does your regular RTC program have a crisis response team on-call to respond to behavior of residents that may present an immediate danger to the individual and/or others?

- No. If no, please describe the protocol for responding to behavioral crises.

Yes. If yes,

(a) Who staffs the crisis team? (*check all that apply*)

- Child Care Workers
- Caseworkers (BSW, MSW, CSW)
- Clinical Social Workers (not a caseworker)
- Psychologist (PhD)
- Psychologist (MA)
- Psychiatrist
- Registered Nurse

(b) Are there fewer crisis staff on-call at different times of day?

- No.
- Yes. If yes, Please describe the difference.

-
- (c) Please Indicate when the crisis team is on-call during the week (*check all that apply*):
- Morning
 - Afternoon
 - Evening
 - Overnight
- (d) Please indicate when the crisis team is on-call during the weekend (check all that apply):
- Morning
 - Afternoon
 - Evening
 - Overnight

HEALTH

Read: We will now turn to the area of health services and ask several questions about the specific health services received by residents in your regular RTC program.

12a. Do residents of your regular RTC program receive **Medical Examinations** upon placement?

- Yes
 No

<input type="checkbox"/> Service is provided to residents at your agency <input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

12b. Do residents of your regular RTC program receive medical **Treatment for Acute Illness?**

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12c. Do residents of your regular RTC program receive **Immunizations**?

Yes

No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12d. Do residents of your regular RTC program receive **Gynecological Examinations**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other _____

12e. Do residents of your regular RTC program receive **Vision Screenings**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12f. Do residents of your regular RTC program receive **Hearing Screenings**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12g. Do residents of your regular RTC program receive **Routine Dental Care**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Dentist	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided to residents at a non-agency location		
	<input type="checkbox"/> Community-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based dental clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12h. Do residents of your regular RTC program receive **Substance Abuse Screening**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12i. Do residents of your regular RTC program receive **Outpatient Substance Abuse Treatment**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based substance abuse clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based substance abuse clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based substance abuse clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based substance abuse clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12j. Do residents of your regular RTC program receive **HIV/AIDS** screening?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

12k. Do residents of your regular RTC program receive **Family Planning Counseling**?

- Yes
- No

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

121. Do residents of your regular RTC program regularly receive any **other medical services** not previously identified?

No

Yes If yes, please specify: _____

<input type="checkbox"/> Service is provided to residents at your agency		
<input type="checkbox"/> Service provided on RTC premises <input type="checkbox"/> Service provided at another location operated by the agency		
<i>In the boxes directly below, indicate whether the provider of service is agency or non-agency personnel.</i>	<i>In the boxes in the column below, indicate all agency staff who provide the service or the affiliation of the non-agency provider. In each box, (check all choices that apply).</i>	<i>In the box below, indicate the source of payment for each staff person or non-agency provider. Check all sources that apply. MPD = Medicaid Per Diem MFFS = Medicaid Fee For Service MSAR = Maximum State Aid Rate (Room and Board Rate)</i>
<input type="checkbox"/> Agency Personnel including Contracted Employee (Full-time, Part-Time, Per Diem)	<input type="checkbox"/> Pediatrician/Family Practitioner (M.D.)	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
<input type="checkbox"/> Non-Agency Personnel (employed by outside entity)	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

<input type="checkbox"/> Service is provided at a non-agency location		
	<input type="checkbox"/> Community-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Hospital-based health clinic	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Private Practitioner	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> MPD; <input type="checkbox"/> MFFS; <input type="checkbox"/> MSAR; <input type="checkbox"/> Grant; <input type="checkbox"/> Other_____

13. Does health staff employed by your agency to serve residents of your regular RTC program provide services to children in other programs operated by your agency?

No.

Yes. If yes, which staff also serve other children:

Pediatrician/ Family Practitioner (M.D.)

Registered Nurse

Nurse Practitioner

Licensed Practical Nurse

Other (specify): _____

14. Does your agency have a license issued by the New York State Department of Health to provide services?

Yes.

No.

Read: We will now turn to questions about pharmacy and laboratory services.

PHARMACY AND LABORATORY SERVICES

15. Does your agency use a pharmacy benefit manager program to cover the cost of most outpatient medication prescribed for residents in your regular RTC program?

Yes. If yes, what is the source of funding used by your agency to pay for the pharmacy benefit manager?

Medicaid Per Diem Rate

Other (*please specify*): _____

No. If no, what is the source of funding used by the agency to pay for outpatient medications for residents of your regular RTC program?

Medicaid Per Diem Rate

Pharmacy bills Medicaid Fee-For-Service

Other (*please specify*): _____

16. Does your agency outsource medical laboratory work (i.e. blood analysis) needed by regular RTC residents?

Yes. If yes, what source of funding does your agency use to pay the laboratory?

Medicaid Per Diem Rate

Laboratory bills Medicaid Fee-For-Service

Other (*please specify*): _____

No. What source of funding does your agency use to cover the laboratory costs?

Medicaid Per Diem Rate

Other (*please specify*): _____

CARE COORDINATION

Read: I will now ask a series of questions about care coordination. In our experience, the term “care coordination” may have different meanings for different agencies. For the purposes of this study, we are using a specific definition for “health care coordination” and “mental health care coordination.” I will read these definitions to you and then ask you to respond to the questions with these definitions in mind.

Health care coordination: refers to the responsibility for managing and coordinating health services and ensuring that appropriate health assessment and services, medications, special tests and procedures, physical examinations and evaluations are obtained. Some agencies may employ a staff person as a health care coordinator who is primarily responsible for the previously described functions.

Mental health care coordination: refers to the responsibility for managing and coordinating mental health services and ensuring that appropriate mental health assessment and services, medications, developmental, psychological, and psychiatric evaluations are obtained. Some agencies may employ a staff person as a mental health care coordinator who is primarily responsible for the previously described functions.

17. (a) Who usually conducts **health care coordination** for residents in your regular RTC program ?
(check all that apply)
- Licensed Practical Nurse
 - Registered Nurse
 - Nurse Practitioner
 - Pediatrician/ Family Practitioner
 - Caseworker
 - Certified Social Worker (not a case worker)
 - Health Care Coordinator or Health Care Manager
 - Other _____
 - Health care coordination is not formally conducted (if this box is checked go to question 20).
- (b) Is the responsibility for **health care coordination** shared among the staff identified in the previous question? ____
- No
 - Yes
- (c) Which staff usually provide medical/clinical care as well as **health care coordination**?
- Licensed Practical Nurse
 - Registered Nurse
 - Nurse Practitioner
 - Pediatrician/ Family Practitioner
 - Caseworker
 - Certified Social Worker (not a case worker)
 - Health Care Coordinator or Health Care Manager
 - Other _____
 - None of the above
18. As of March 2004, what was the average **health care coordinating** caseload for staff with this responsibility?
_____cases
19. Does the responsibility for health care coordination also include mental health care?
- No. (If no, proceed to next question 20)
 - Yes. (If yes, proceed to question 22.)

-
20. (a) Who usually conducts **mental health care coordination** for residents in your regular RTC program ?
(check all that apply)
- Caseworker
 - Master's Level Social Worker (who is not a caseworker)
 - Certified Social Worker (who is not a caseworker)
 - MA Psychologist
 - Ph.D. Psychologist
 - Psychiatrist
 - Mental Health Care Coordinator or Mental Health Care Manager
 - Other _____
 - Mental health care coordination not formally conducted *(if this box is checked go to question 22)*
- (b) Is the responsibility for **mental health care coordination** shared among the staff identified in subpart (a)? _____
- No
 - Yes
- (c) Which staff provide mental health treatment as well as **mental health care coordination**?
- Caseworker
 - Master's Level Social Worker (who is not a caseworker)
 - Certified Social Worker (who is not a caseworker)
 - MA Psychologist
 - Ph.D. Psychologist
 - Psychiatrist
 - Mental Health Care Coordinator or Mental Health Care Manager
 - Other _____
21. As of March 2004, what was the average mental health care coordinating caseload for staff with this responsibility?
 _____cases

Read: Our last few questions relate to case conferences and clinical team meetings.

CASE CONFERENCING AND CLINICAL TEAMS

22. With regard to case planning, please indicate the professionals that **usually** participate in service plan review (SPR) conferences: *(check all that apply and indicate if the same staff person performs more than one of the roles described below).*
- | | |
|--|---|
| <input type="checkbox"/> Child care worker assigned to resident | <input type="checkbox"/> Non-agency personnel who provides medical services to resident |
| <input type="checkbox"/> Caseworker assigned to resident | <input type="checkbox"/> Health Care Coordinator |
| <input type="checkbox"/> Agency employee who provides mental health treatment to resident | <input type="checkbox"/> Mental Health Care Coordinator |
| <input type="checkbox"/> Non-agency personnel who provides mental health treatment to resident | <input type="checkbox"/> Casework Supervisor |
| <input type="checkbox"/> Agency personnel who provides medical services to resident | <input type="checkbox"/> Unit Director |
| | <input type="checkbox"/> Program Director |
| | <input type="checkbox"/> Other <i>(please specify)</i> : _____ |

23. Does your staff conduct **clinical team meetings** to discuss the health and mental health status of residents in your regular RTC program?

- Yes. *If yes*, How are the meetings organized?
 - Separate meeting conducted for health issues (**GO TO** box A below)
 - Separate meeting conducted for mental health issues (**GO TO** box B below)
 - Joint meeting is conducted that addresses both health and mental health issues (**GO TO** box C below)
- No. *If no*, Read: Our interview is concluded. Thank you.

A. Separate Health Clinical Meetings	Which staff regularly participate in the clinical meetings ? <input type="checkbox"/> Child Care Workers <input type="checkbox"/> Caseworkers <input type="checkbox"/> Licensed Practical Nurses <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Pediatrician/ Family Practitioners <input type="checkbox"/> Health Care Coordinator/ Manager <input type="checkbox"/> Other (specify): _____	How often does the clinical team meet? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
B. Separate Mental Health Clinical Meetings	Which staff regularly participate in the clinical meetings ? <input type="checkbox"/> Child Care Workers <input type="checkbox"/> Caseworkers <input type="checkbox"/> Clinical Social Workers (not caseworker) <input type="checkbox"/> Individual Therapists <input type="checkbox"/> Psychologists <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Mental Health Care Coordinator/ Manager <input type="checkbox"/> Other (specify): _____	How often does the clinical team meet? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
C. Joint Health and Mental Health Clinical Meetings	Which staff regularly participate in the clinical meetings ? <input type="checkbox"/> Child Care Workers <input type="checkbox"/> Caseworkers <input type="checkbox"/> Clinical Social Workers (not caseworker) <input type="checkbox"/> Individual Therapists <input type="checkbox"/> Psychologists <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Licensed Practical Nurses <input type="checkbox"/> Registered Nurses <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Pediatrician/ Family Practitioners <input type="checkbox"/> Health Care Coordinator/ Manager <input type="checkbox"/> Mental Health Care Coordinator/ Manager <input type="checkbox"/> Other (please specify): _____	How often does the clinical team meet? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____

Read: Our interview is concluded. Thank you.

GLOSSARY

Community-based Clinic: We use this term to refer to free-standing licensed outpatient clinics. Outpatient community-based health clinics are licensed by the New York State Department of Health and issued an Article 28 license to provide health and limited mental health services. Outpatient community-based mental health clinics are licensed by the New York State Office of Mental Health and issued an Article 31 license.

Foster Boarding Home: is a family-like foster care placement where a child is placed in a home with a foster parent who has been authorized to care for the child. The foster parent receives a stipend to care for the child and with limited exceptions no more than six children may reside in the home.

Group Home: is a foster care placement where a child is placed in a group setting and supervision is provided by professionals employed by a foster care agency. Seven to twelve children may reside in a group home.

Hospital-based Clinic: we use this term to refer to a licensed outpatient clinic located in or affiliated with a hospital. Hospitals are licensed by the New York State Department of Health and issued an Article 28 license to provide health and limited mental health services. For hospitals that operate outpatient mental health clinics, they also obtain an Article 31 license from the New York State Office of Mental Health.

Maximum State Aid Rate: is the daily rate of reimbursement received by not-for-profit foster care agencies to cover board and care costs for children in placement. MSAR is set by the New York State Office of Children and Family Services and supported by local, state, and federal funds.

Medicaid-Fee-For-Service Reimbursement: refers to the type of reimbursement received by health and mental health professionals for a particular service rendered to a Medicaid recipient. To obtain reimbursement, the professional or the facility or clinic that employs the professional submits a bill to the New York State Medicaid Management Information System.

Medicaid Per Diem Rate: is the Medicaid funding received by not-for-profit foster care agencies in the form of a daily or per diem rate to cover the cost of most outpatient health, mental health, and dental services received by children in care. The rate is set annually by the New York State Department of Health and supported by local, state, and federal funds.

New York City Administration for Children's Services: is the local government agency that regulates the provision of foster care by not-for-profit agencies and provides direct foster care. ACS also regulates preventive services and subsidized child care.

New York City Department of Health and Mental Hygiene: is the local government agency charged with the responsibility of promoting public health and mental health through the provision of services, programs, public education, and planning.

New York State Office of Children and Families: is the state agency that regulates child welfare, child care, and juvenile justice services.

New York State Department of Health: is the state government agency that manages and administers the Medicaid program and licenses hospitals and community-based health clinics to provide services pursuant to Section 28 of the Public Health Laws.

New York State Office of Mental Health: is the state government agency that is responsible for the regulation and quality control of services for children and adults with mental illness and issues operating licenses to community-based and hospital-based mental health clinics pursuant to Article 31 of the Mental Hygiene Laws.

On-premises or on agency premises: Refers to services provided to children in foster care at a location operated by the foster care agency.

Residential Treatment Center: is an institution operated by a foster care agency on a 24-hour basis that provides care and maintenance for 13 or more children.

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ABOUT CCC

Since 1944, Citizens' Committee for Children of New York, Inc. (CCC) has convened, informed and mobilized New Yorkers to make the city a better place for children. CCC's unique approach to child advocacy is fact-based and combines the best features of public policy advocacy with a tradition of citizen activism. While many of our activities directly affect the lives of individual children, most of our efforts are spent identifying the causes and effects of vulnerability and disadvantage, promoting the development of services in the community, and working to make public policy more responsive to children. To achieve positive outcomes for children, CCC:

- Mobilizes New Yorkers who are committed to making what is best for children a priority;
- Advocates for children by promoting new ideas and offering new solutions;
- Analyzes and monitors programs and policies to find out what works for children and what doesn't;
- Educates the public and the media about children's issues; and reaches out to New Yorkers, to raise their awareness and capitalize on their desire to do something for children;
- Provides opportunities for New Yorkers to get involved and support policies and programs that reward families who are working hard to make a good life for their children and help children in families who cannot;
- Builds networks among civic, religious and community groups and individuals and organizations who are determined to improve the quality of life for children and families;
- Prepares young people and adults to be leaders through YouthAction NYC and the Community Leadership Course.

Imagining innovative solutions to complex problems has been at the heart of CCC's work for six decades. Despite notable gains, too many children still face a future where achievement and economic security are out of reach. To commemorate 60 years of service to New York City children and to address barriers to economic, housing and developmental security that stand in the way of a productive future, CCC has mounted a new campaign called *Securing Every Child's Birthright*. The campaign champions bold new policies and initiatives and inspires action among policymakers, government and fellow New Yorkers to insure that every child is healthy, housed, educated, and safe.

CCC is a non-profit organization supported by individuals, foundations and corporations.

CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC.

105 East 22nd Street, 7th Floor

New York, NY 10010

V: (212) 673-1800 F: (212) 979-5063

E-mail: info@cccnewyork.org

website: www.cccnewyork.org