

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

Policy Number:	IA 6.00, IHS 2.00, CM 14.00
Subject:	Medically Complex, Medically Fragile, Technology Dependent
Last Updated/Reviewed:	July 3, 2024
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Any information referenced within this document is considered to be a part of this policy with the exception of the "Related Resources" section.

Summary

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

Related Resources

DMCPS Policies

- [Medical Coverage for Children Entering Out-of-Home Care](#)
- [Medical Evaluations for Children Policy](#) and [Process for Scheduling Medical Evaluations Memo](#)
- [Consultations with DMCPS Health Unit Policy](#)

Definitions

Medically complex: Children with medical complexity are defined as having significant chronic health problems that can affect multiple organ systems and frequently result in functional limitations, high health care needs or utilization, and often the need for or use of medical technology. This includes physical and/or behavioral health conditions.

Medically fragile: referring to an ongoing need for skilled services that support basic life functions necessary for survival.

Technology dependent: child requires technology to compensate for the loss of a vital body function.

Hospitalization: any time a child is admitted to the hospital for physical or behavioral or mental health issue.

Policy

The DMCPHS Health Unit and Agency Based Healthcare Provider(s) (ABHP) collaborate to track children in out-of-home care with medically complex conditions to support Initial Assessment Specialists (IAS)/Child Welfare Case Management (CWCM) and children and families in out-of-home care. They utilize the Pediatric Medical Complexity Algorithm (PMCA) risk stratification tool to identify children with medically complex conditions and/or who are technology dependent. Identifying this subpopulation of children as they are entering out-of-home care facilitates condition-specific provider education and helps to target additional resources and supports that can help improve safety for this vulnerable population.

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

Nurse/ABHP involvement with infants and children with identified special medical, developmental and/or behavioral health needs must be measured by focusing on the number of children classified as having complex chronic (CC) and non-complex chronic (NC-C) conditions.

Each child in either category will be reviewed to determine whether nurse activity has occurred within the specified timeframe of 4 months (for CC) or 6 months (for NC-C) and type(s) of nurse activity will be categorized per individual child as well as in aggregate per complexity subtype.

Depending on available information, children may be identified as medically complex when a DMCPHS Access referral is received, during a CPS investigation with Initial Assessment, or when a child is receiving Contracted Case Management services.

The procedure below describes when the DMCPHS Health Unit/Agency Based Health Provider (ABHP) should be notified, how children are identified as medically complex by DMCPHS Health Unit/ABHP, and the ongoing collaboration that should occur between CWCM and ABHPs to support children with complex medical needs and their caregivers. This includes but is not limited to collaboration with Milwaukee County services and Care4Kids when applicable.

The tasks and procedures in this policy must be executed in a culturally relevant and appropriate manner in accordance with [Access and Initial Assessment Standards](#), [Ongoing Service Standards](#), [Trauma Informed Care](#) principles, and [Family First](#) principles.

Procedures

Children Entering or Placed in Out-of-Home Care or In-Home Services

1. When the assigned IAS/CWCM suspects a child entering or placed in out-of-home care or In-Home Services (IHS) may be medically fragile, medically complex, and/or

technology dependent, the IAS/CWCM should request a health consultation with the DMCPH Health Unit/ABHP for the purpose of a medical complexity determination. The primary assignment staff (IAS/CWCM) will lead the referral and contact their respective Health/Medical Unit.

2. When a DMCPH Health Unit/ABHP is notified:
 - a. The assigned DMCPH Health Unit/ABHP will review available health information and
 - i. Have further dialogue about the child's condition with IAS/CWCM (if needed), and
 - b. Complete the PMCA scoring tool if sufficient medical information is available.
 - c. The DMCPH Health Unit/ABHP will document the PMCA scoring results for whether the child is medically complex or related medically fragile or technology dependent designation in an eWISACWIS. Documentation will occur in a case note.
 - d. The DMCPH Health Unit/ABHP will notify the IAS/CWCM, their respective supervisors, and program managers via email if the child is medically complex. A staffing may also occur if needed.
3. If a child is identified as medically complex, medically fragile, and/or technology dependent AND transferring to In-Home Services or entering out-of-home care, the ABHP will:
 - a. Contact the DMCPH Health Unit for health information about the case if the ABHP has not received communication from the DMCPH Health Unit.
 - b. Participate in the case transition meeting (as availability allows)
 - i. If the ABHP cannot participate, the ABHP will follow up with the CWCM to get case information.
 - c. A home visit will occur at the discretion of the ABHP and with consultation of the CWCM with consent of the parent(s)/caregiver(s).
 - d. Children identified as having complex chronic conditions (using the PMCA Classification system) will be reviewed by the ABHP every four months at a minimum and completion of these reviews will be documented in the nursing case log. Any nursing recommendations because of these reviews will be documented in eWISACWIS. Additionally, children identified as having non-complex chronic conditions (using the PMCA classification system) will be reviewed by the ABHP every six months. Completion of these reviews will be documented in the nursing case log. Any nursing recommendations because of these reviews will be documented in eWISACWIS.
 - i. The DMCPH Health Unit and/or ABHP will communicate with the child's assigned Care4Kids (C4K) Health Coordinator (at least bi-annually in conjunction with initial C4K care plan development and updates), and efforts should be made to involve the Care4Kids Coordinator in quarterly consultations.
 - ii. More contact between the ABHP, CWCM, and other care coordinators may be needed dependent upon the child's needs.

- e. Consult with the CWCM to determine if a home visit is needed after significant events occur but not limited to: a placement move and/or reunification.
4. The DMCPHS Health Unit and ABHPs may perform home visits to children age 3 and under who are not enrolled in Care4Kids with consent from the parent(s)/Caregiver(s).

Child Hospitalization during Child Welfare Involvement

- The ABHP must be notified by CWCM when a child identified as medically complex, medically fragile or technology dependent in out-of-home care is hospitalized for physical or behavioral health. If the agency does not have an ABHP, the CWCM must notify DMCPHS' Health Unit.
- A consult must occur as soon as possible after the notification between the ABHP and CWCM to share information about what led to hospitalization and other important factors in the case.
 - The ABHP will determine if phone and/or face to face follow up with the child and caregiver is necessary. If so, the communication with the child and caregiver will occur within 30 days of the hospitalization discharge date or as required by the child's discharge plan or needs.
- ABHP will notify DMCPHS Health Unit and Nursing Administrator of hospital admissions (behavioral and physical health related) by email within 12 business hours of receiving notice of hospital admission. The ABHP consultation with the caregiver may result in the ABHP doing the following:
 - Review of discharge medications and status of any recommended hospital follow up.
 - Consultation with Care4Kids Health Care Coordinator, other Milwaukee County assigned Care Coordinator(s), or other service coordinators to connect to additional services/supports.
 - Referral to Children's Long-Term Support (CTLS), behavioral health (Comprehensive Community Services (CCS) or other), Birth-to-Three and/or other county-based services.

Responsibilities

Initial Assessment Specialist: Notify the DMCPHS Health Unit/ABHP when it is suspected or confirmed a child open in Initial Assessment is entering or placed in out-of-home care or In-Home Services may be medically fragile/complex, collaborate with the DMCPHS Health Unit /ABHP to provide support to children and families and communicate with the child's caregivers.

Child Welfare Case Manager: Notify the DMCPHS Health Unit/ABHP when it is suspected or confirmed a child open with case management services may be medically fragile/complex or has been hospitalized for a physical or behavioral health condition, participate in quarterly consultations with the ABHP, communicate with the child's caregivers, and collaborate with the DMCPHS Health Unit/ABHP and IAS.



DMCPS Health Unit: Identify children who are medically complex by reviewing health information and collaborating with IAS/CWCM to collect additional information, track children who are medically complex, and communicate with the child or caregivers to provide additional resources and support.

ABHP: Identify children as medically complex, collaborate with CWCM to serve children and their caregivers by initiating and attending staffings, communicate with the child or caregivers to provide additional resources and support, measure their agency's Nurse/ABHP involvement with children classified as having complex chronic (CC) and non-complex chronic (NC-C) conditions, and consult with the DMCPS Medical Director as needed.