

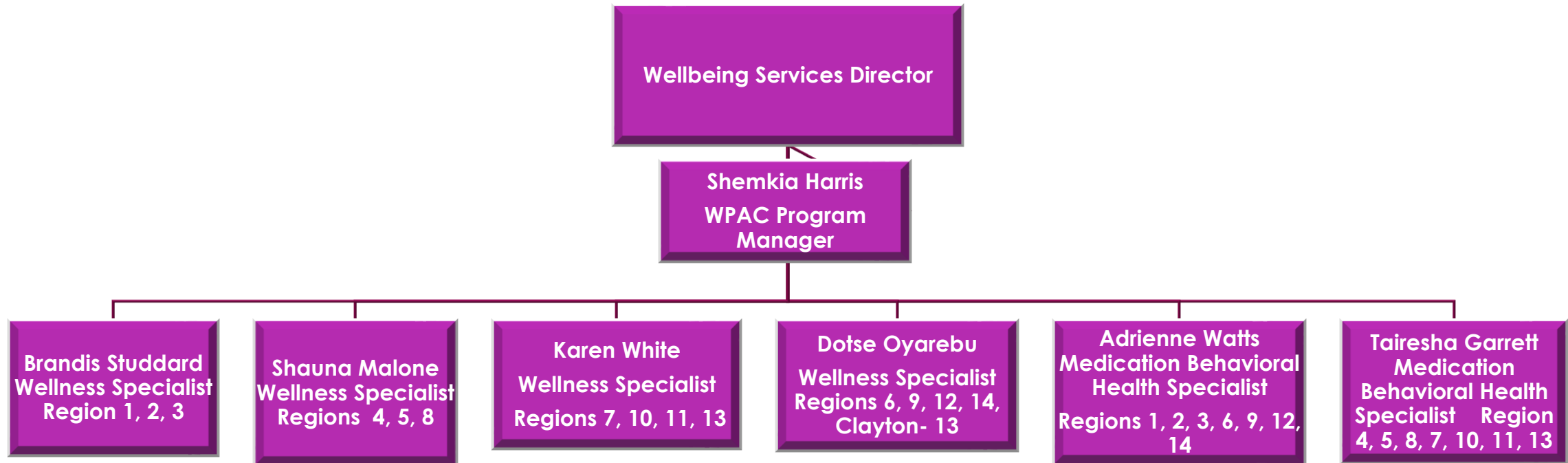


All Things WPAC

Wellness Programming Assessment and Consultation

WELLBEING SERVICES PROGRAM

WPAC Organization Chart



WPAC

- ▶ The WPAC Unit through its regionally assigned Specialists, partner with frontline staff, county and regional leadership to provide support, assessment, consultation, tracking, and quality monitoring to ensure the wellbeing needs of youth are being met.

What to expect from WPAC

- ▶ Coordination/Facilitation of Trainings
- ▶ Coordination Health Data Days
 - ▶ Entering health data into Shines, using HIN portal, utilizing reports
- ▶ “Over the Shoulder” Support for staff
 - ▶ One on one training provided to new case managers, social service techs, and other direct service staff (as needed)
- ▶ Monitoring program performance/Data Tracking/Trends Analysis
- ▶ Participation in staffing to address wellness needs of youth

What to expect from WPAC

- ▶ Assist in addressing barriers or gaps in medical coverage
- ▶ Partner with Amerigroup, Department of Community Health (DCH), Department of Public Health (DPH) Rev Max, Care Coordination and Treatment Unit (CCTU), and other community stakeholders to address wellbeing needs of youth in care
- ▶ Distribute psychotropic medications and significant health conditions reports
- ▶ Facilitate Escalated Medication Consent Protocol

DFCS Policies

- ▶ 9.02 Applying for Medical Services at Initial Entry and Exit
- ▶ 10.10 Comprehensive Child and Family Assessment (CCFA)
- ▶ 10.11 Medical, Dental, and Developmental Needs
- ▶ 10.12 Psychological and Behavioral Health
- ▶ 19.28 Children 1st and Babies Can't Wait

Initial Assessments Timeline

24 hours in care

Complete Medicaid Application in Shines

Submit Amerigroup Referral/Eform
By the 5th day in care CCFA referral should be made

DFCS Policy 9.2 and 10.10

10 days in care

Initial, Schedule and complete ESPDT and Dental Exam

Initial and Schedule Trauma Assessment

Referral for Developmental Screening to children 1st

DFCS Policy 10.11, 10.12, 19.28

20 days

Trauma Assessment is completed

DFCS Policy 10.12

30 Days

CCFA is completed
CCFA should include results of ESPDT, Dental, and Trauma Assessment.

DFCS Policy 10.10

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (DFCS Policy 10.11)

- ▶ Newborn
- ▶ 3 to 5 days after leaving hospital
- ▶ 1 month
- ▶ 2 months
- ▶ 4 months
- ▶ 6 months
- ▶ 9 months



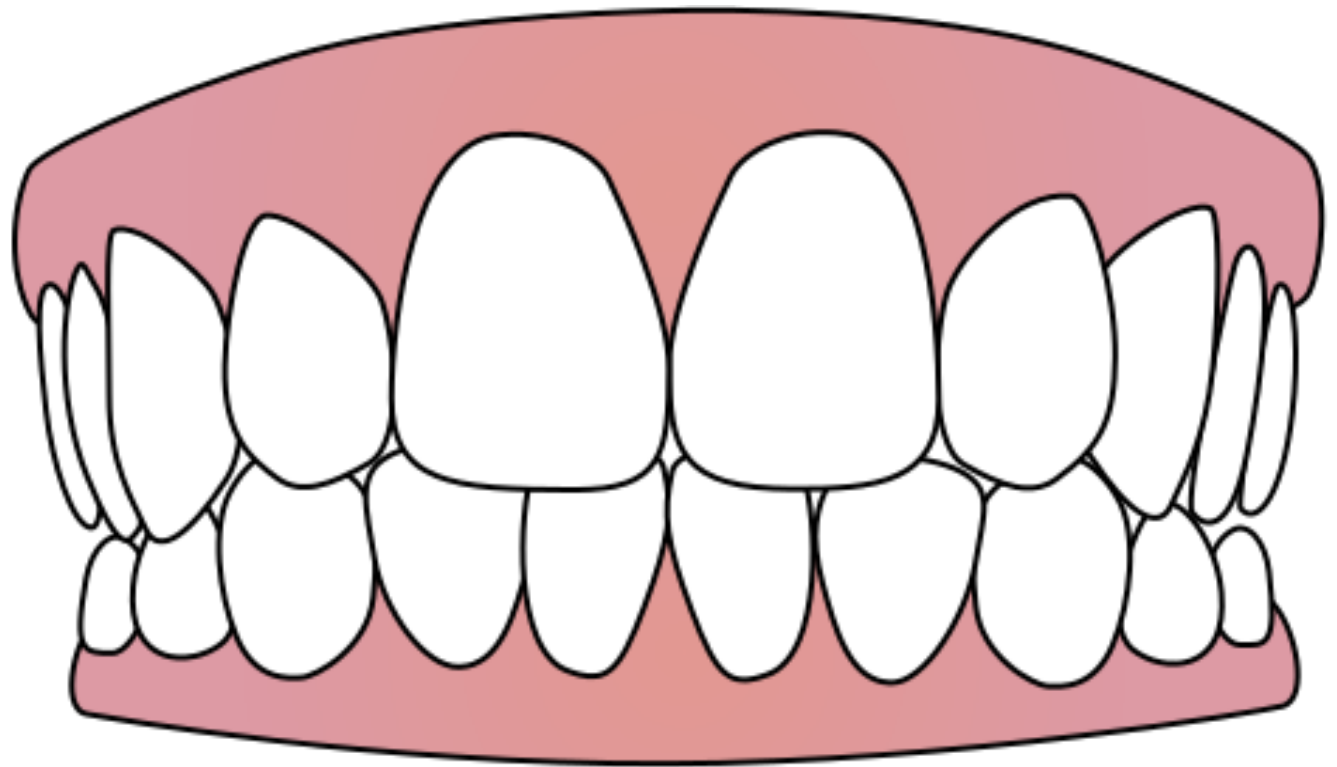
- ▶ 12 months
- ▶ 15 months
- ▶ 18 months
- ▶ 24 months
- ▶ 30 months



- ▶ After 3 years old Well Checks should occur once per year up until age 21 years old.

Dental Exams (DFCS Policy 10.11)

- ▶ Children under the age of 1 can be seen by their pediatrician for dental screening.
- ▶ Children beginning at the age of 1 can be seen by dentist/dental hygienist and ever 6 months after the initial visit.



Assessments (DFCS Policy 10.12)

Trauma Assessment

- ▶ Trauma Assessments are to be completed on all children at the age of 5 and older.



Developmental Assessment

- ▶ Developmental Assessments are to be completed on all children **Under** the age of 5.



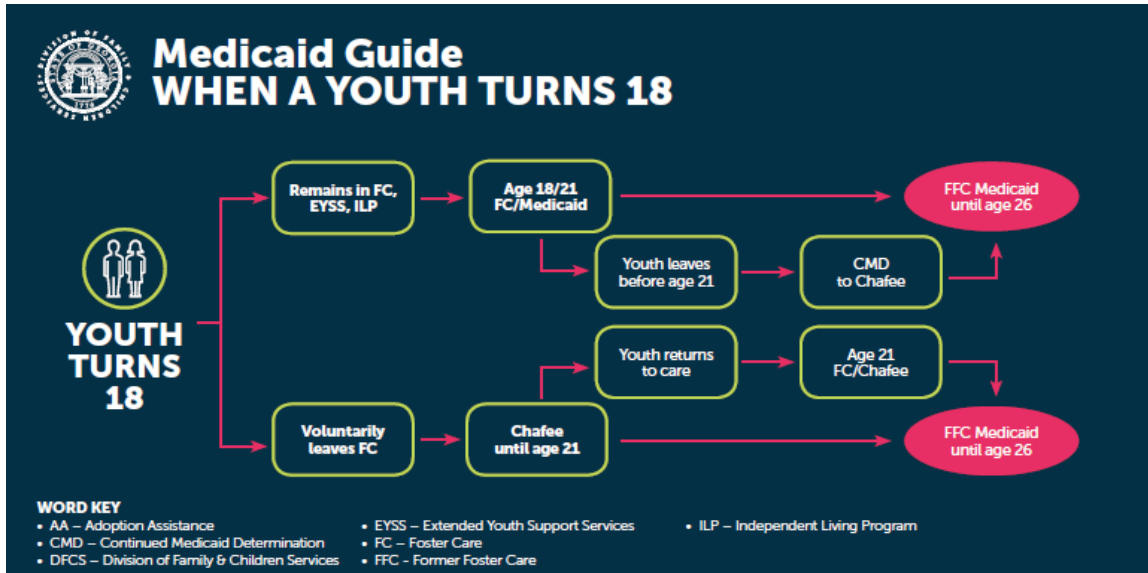
Medication Consent (DFCS Policy 10.12)

- ▶ Obtain the county director's decision to grant or deny consent (via medication consent form) if county director is not available then the regional director must provide the consent
- ▶ Notify prescribing physician (and caregiver) of the decision within **2 business days**, except when a child is in a PRTF or CSU, then a decision should be provided with in **24 hours**
- ▶ **Exception to Inform Consent**
 - ▶ Informed consent is not required when dealing with emergency circumstances such as suicidal ideation, severe psychosis, self-injurious behavior, physical aggression that is dangerous to self or others, or severe impulsivity that endangers self or others. Also, if psychotropic medications were initiated on an outpatient basis and the physician determines withholding any medication can be detrimental to the patient's health

Escalated Medication Consent Protocol

- ▶ Protocol was developed in order to expedite the delivery of Psychotropic Medication Consent for Children in Crisis at a CSU and PRTF.
- ▶ Facilities can send DFCS medication consent form to med_consent_inpatient@dhs.ga.gov
- ▶ MBHS ensures consent form is completed appropriately and verify the child is in custody.
- ▶ MBHS facilitate communication between facility, regional and county director to ensure consents are provided within 24 hours of the request.
- ▶ Protocol must be used within 10 days of a child being admitted for treatment at a PRTF; DFCS Medication Consent protocol must be followed after the 10-day period

Youth Exiting Care



- Rev Max will move youth from age 18 to 21 to Foster Care Medicaid or Chafee Medicaid with SHINES notification with a current address.
- Requires SHINES NOC* for youth's current address and legal status at age 18 to 21 if voluntarily remaining in care.
- Adopted youth are not eligible for Chafee or Former Foster Care Medicaid.
- **Inform youth that they must update their current mailing address through the Gateway system customer portal to receive notices.**

- Inform youth that they must respond to annual renewal letter from Gateway to maintain eligibility.
- Chafee and Former Foster Care Medicaid have no income resource requirements.
- Self-attestation of foster care in another state at the time the youth turned 18 or aged out of the foster care system is acceptable for Chafee and Former Foster Care Medicaid.
- If you have questions, contact your local Rev Max Supervisor.

*NOC - Notification Of Change

shines.dhs.ga.gov | gateway.ga.gov

- ▶ ROI needs to be completed when a youth turns 18 so that CM can have access to health records
- ▶ Youth must be in care on their 18th birthday to be eligible for Medicaid
- ▶ Notification of Change must be sent to Rev Max when youth exit care along with the youth's current address, so the youth can receive notifications for Medicaid renewals
- ▶ Youth can contact WPAC through healthmatters@dhs.ga.gov health related questions

A chalkboard with the text "Any Questions?" written in white chalk. The text is written in a cursive, handwritten style. The word "Any" is on the top line, and "Questions?" is on the bottom line. The chalkboard has a dark, textured background with some faint, illegible markings.

Any
Questions?

Communication is Key

- ▶ Shemkia Harris (WPAC Program Manager)- shemkia.reid.harris@dhs.ga.gov (404-416-8655)
- ▶ Brandis Studdard (Regions 1,2,3)- brandis.studdard@dhs.ga.gov (470-128-9874)
- ▶ Shauna Malone (Regions 4,5,8)- shauna.malone@dhs.ga.gov (404-276-5949)
- ▶ Karen White (Regions 7,10,11,13) – karen.white@dhs.ga.gov (404-276-4663)
- ▶ Dotse Oyarebu (Regions 6,9,12,13 (Clayton only), 14) – dotse.oyarebu@dhs.ga.gov (404-550-8024)
- ▶ Adrienne N. Watts (Medication/Behavioral Health) (Regions 1,2,3,6,9,12,14) adrienne.watts@dhs.ga.gov (470-217-9914)
- ▶ Tairesha Garrett (Medication/Behavioral Health) (Regions 4,5,8,7,10,11,13) tairesha.garret@dhs.ga.gov (404-804-3530)
- ▶ healthmatters@dhs.ga.gov



Thank
you