	Section 24: Children in State Custody	**Revision Date:** July 1, 2024; January 31, 2025 **Effective Date:** July 1, 2024; December 22, 2025

24. Children in State Custody (CISC)

The MCO must issue a Member Identification card to the identified resource/foster family or child's caregiver within 7 days of contact with the Member's assigned Children Youth and Families Department (CYFD) Permanency Planning Worker (PPW).

24.1 Comprehensive Well Child Visit (WCV)

The MCO shall utilize available resources such as the Member's assigned care coordinator, the Member's assigned PPW, a community health worker, care worker or tribal liaison to ensure that the WCV is scheduled within 30 days of placement in State custody.

The MCO shall detail the reason for the missed WCV or scheduling after the required 30-day requirement as directed in Report #70 and should include but not limited to the following reason criteria:

- Could not reach PPW
- Run away
- No longer in State Custody
- No Response/Could not reach guardian
- Refused
- Refusal by child over 14 years or older
- Work related issues
- Acute visit
- Lack of provider availability within 30 days
- No show
- Lack of transportation
- Availability of case worker or foster parent
- Other

The MCO and PPW will collaborate with the CISC's caregiver/resource parent when scheduling the WCV to avoid scheduling conflicts, ensure transportation, and address any cultural and language needs.

24.2 Education and Assistance for CISC, Caregivers and Providers

The MCO shall provide education and assistance to CISC and their caregivers to ensure access to timely and quality care. The MCO must document these efforts in the CISC member file and report to HCA as requested and directed in MCO report #70. Education on and assistance with scheduling should include but is not limited to the following:

- The benefits of Care Coordination
- Transportation benefits provided by the MCO
- The importance of having a WCV within 30 days of placement
- Accessing behavioral health services

The MCO shall educate providers on the unique needs of CISC and should utilize available provider resources such as Primary Care Providers (PCPs), School Based Health Centers, Federally Qualified Health Centers, Rural Health Clinics, and Tribal providers to ensure CISC receive timely care, with a focus on the 30-day WCV

The MCO shall train providers on claims submission and reference the following procedure and diagnosis codes to ensure appropriate billing and reimbursement for the CISC 30-day WCV:

Well Child Check Procedure and Diagnosis Codes
These following codes and diagnosis codes combinations are specified by CMS as criteria for CMS-416 EPSDT Participation Report. This direction has the potential to increase member participation rates. Additionally, the diagnosis codes distinguish the visit as a well visit as opposed to a visit for illness, injury or other.

CPT Codes Preventive Service*	**Description**
99381	New Patient under one year
99382	New Patient (ages 1-4 years)
99383	New Patient (ages 5-11 years)
99384	New Patient (ages 12-17 years)
99385	New Patient (ages 18-39 years)
99391	Established patient under one year
99392	Established patient (ages 1-4 years)
99393	Established patient (ages 5-11 years)
99394	Established patient (ages 12-17 years)
99395	Established patient (ages 18-39 years)
99460	Initial hospital or birthing center care for normal newborn infant
99461	Initial care in other than a hospital or birthing center for normal newborn infant
*These CPT codes do not require use of a “Z” code	
CPT Codes: Evaluation and Management Codes **	**Description**
99202-99205	New Patient
99213-99215	Established Patient
** The above CPT codes must be used in conjunction with at least one of the following “Z” diagnosis codes: Z00.00 through Z00.129, Z00.8, Z02.89 and Z76.1 – Z76.2	

24.3 Critical Incident Reporting (CIR)

MCOs shall ensure that a Critical Incident (CI) involving a CISC COE of 066 or 086 is reported in the HCA CI Portal within 24 hours of the incident.

MCOs shall document review by a clinician for all CIRs for CISC members. This review must be initiated within two (2) business days of the report submission and may be documented as follows in the HCA CI Portal diary entry:

- For incidents that do not require escalation, document the title of the clinician who reviewed the incident, e.g., “Reviewed by RN.”
- For incidents that require escalation, document the title of the clinician who reviewed the incident and the title of the clinician it was escalated to, e.g., “Reviewed by RN and escalated to MD.”

If a CISC member is no longer in state custody but remains in a CISC COE of 066 or 086, the MCO must continue to complete all follow-up required by this policy. In addition, the MCO must reach out to the member’s CYFD Title IV-E specialist so they may contact the HCA MAD Eligibility Bureau to correct the member’s COE to reflect a non-CISC Medicaid COE.

All CISC members must be categorized as a Risk Level III (High): weekly diary entries in the HCA CI Portal.

MCOs must ensure the following items are entered into narrative or diary notes in the HCA CI Portal:

- If a member is in an out-of-state facility, note the name of the facility.
- If a member is housed in a CYFD office, please specify the CYFD office.

MCOs must complete monthly in-person visits for CISC members in an out-of-state facility.