

## IMPROVING ACCESS TO VISION CARE FOR YOUTH IN FOSTER CARE: INSIGHTS FROM POLICY INTEREST-HOLDERS

### Children in foster care face unique challenges to accessing vision care.

Youth in foster care face challenges accessing consistent and effective health care due to frequent [transitions](#), fragmented [systems](#) and systemic barriers.

Specific to vision care, every change in placement can result in:

- Glasses or contact lenses being lost or left behind
- A new caregiver not knowing about a child's vision needs
- Overall disruption of the child's medical care

Children in foster care are also at increased [risk](#) for health problems that can be compounded by uncorrected vision issues, including academic delays and behavioral manifestations of trauma experiences such as hypervigilance. This could look like children scanning their environment for potential threats—made worse when children cannot see clearly. At Children's Hospital of Philadelphia (CHOP)'s [Fostering Health Program](#)—a specialized medical clinic for children in foster care—we initiated this project after observing that most children who had abnormal vision screens did not have access to glasses.

As part of a [collaboration](#) between CHOP's Fostering Health Program and [PolicyLab](#) and funded by the Warby Parker Impact Foundation, we held policy-oriented conversations with 10 interest-holders in Fall–Winter 2024–2025 to understand systems-level barriers and opportunities for improving access to and continuity of vision care for youth in foster care. These interest-holders included child advocate attorneys and social workers and individuals in several different roles within the Philadelphia County child welfare system. In addition to our policy-oriented conversations, we utilized qualitative research methods to explore lived experience perspectives of nine youth in foster care, seven foster parents, and six health care professionals in Summer 2025.

This brief translates what we learned from the policy conversations—complemented and validated by our qualitative research findings—into recommendations for policy change. The recommendations are targeted to county and state decision-makers in Pennsylvania, but are likely salient for localities and states across the country.

### HEALTH IMPACT OF UNTREATED VISION PROBLEMS

Children's brains are developing rapidly in their early years. It is vital for children to receive screening and treatment for vision challenges as early as possible. In the absence of treatment, the developing brain learns to function without the correct visual input—a condition called [amblyopia](#) which can cause permanent vision problems in one or both eyes.

*"[...] she came from another state, and she was wearing glasses there... they didn't send the glasses."*

—Foster parent

## BACKGROUND

### *Pediatric vision screening*

Children’s vision needs include refractive errors of the eye, such as [nearsightedness](#) and [farsightedness](#); [strabismus](#), a condition where the eyes point in different directions; and [cataracts](#), a condition where the lens of an eye becomes clouded. Without treatment, these are [associated](#) with the development of amblyopia.

The American Academy of Pediatrics [recommends](#) routine vision screening starting at birth. Identifying vision concerns early can [lower](#) the likelihood of blindness from issues such as amblyopia by up to half.

### *The role of Medicaid*

Most children in foster care are [covered](#) by Medicaid and thus have access to Medicaid’s benefit for children, known as [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)](#). The American Academy of Pediatrics [recognizes](#) that children in foster care are a population with special health care needs that requires additional visits beyond the periodicity schedules that states generally use for their EPSDT benefits.

## RECOMMENDATIONS

### → **Standardize and expand Medicaid vision benefits for children in foster care and design Medicaid services to address the unique barriers they face**

Generally, Pennsylvania children in foster care are assigned to Medicaid managed care organizations, which cover standard in-network vision care services.<sup>\*</sup> For the most part, for members under age 21, insurers cover two vision exams, two standard eyeglass frames, four standard eyeglass lenses (two sets), and four standard contact lenses (two sets) per year—and, if needed, more with prior authorization. Most plans will replace glasses if they are lost or broken, though policies vary.<sup>†</sup>

#### *Standardize coverage*

Policy interest-holders shared that awareness of insurers’ vision benefits for children could be strengthened among foster parents and professionals involved in children’s care. They also expressed that the current benefits are insufficient. This dual barrier could be improved through the standardization of all vision benefits for children in foster care across Medicaid managed care plans, as well as communication and outreach efforts to promote understanding and clarity.

#### *Expand coverage*

Coverage can be expanded to meet the unique vision care needs of youth in foster care. In particular, eyeglass and contact lens replacement policies should be straightforward and more generous for this population.

There can be stigma associated with wearing glasses. A theme we heard in both our policy-oriented conversations and our qualitative research is that youth appreciate being able to select attractive glasses that boost their confidence. Accordingly, Medicaid can ensure that children can select from a range of glasses that are appealing to them.

*“My foster parent couldn’t get me glasses for a very long time, so I just had to live like that.”*

– Youth in foster care

\* This information is derived from PA Medicaid plans’ 2024 member handbooks.

† Three plans include coverage of a replacement pair if glasses are lost, stolen, or broken; a fourth does as well with written prior authorization. Another plan provides a one-year breakage warranty, but not all plans state a replacement policy.

### ***Design coverage to address unique barriers youth in foster care face***

Interest-holders we spoke with also raised the following recommendations.

- Ensure that children who enter foster care are promptly assigned to a Medicaid managed care organization and connected with vision care
- Ensure timely communication of insurance information including insurance card and vision care providers who accept the child's insurance to foster parents responsible for bringing youth to appointments
- Provide case management and support with transportation costs to vision care appointments

### **→ Utilize multiple touchpoints for vision screening**

Amid many pressing issues that children in foster care face, the need for vision care can be easily forgotten or deprioritized. Policies and procedures can be instituted to ensure that the adults involved in the care of youth in foster care attend to their vision needs.

Interest-holders noted that it is preferable to perform vision screenings in settings where children are already going, rather than in a separate appointment that a family would need to arrange. They emphasized the importance of health care and education settings while also advising looking beyond them, as some children may be both absent from school and not interacting frequently with the health care system.

### ***Health care***

The American Academy of Pediatrics [recommends](#) that children have a health screening within 24–72 hours of placement in foster care and a comprehensive evaluation within 30 days, followed by frequent health care visits.<sup>‡</sup>

### ***Child welfare agencies***

Policy interest-holders suggested that a comprehensive checklist could support child welfare agency case managers in ensuring vision screening is completed, given high turnover among case managers.

Multiple systems are involved in the lives of youth in foster care and each has a role to play in supporting their vision care. Strategies raised by policy interest-holders include:

Figure 1:

### **EACH SYSTEM HAS A ROLE**



#### **SCHOOLS:**

- Engage and inform schools on the unique challenges children in foster care face in accessing vision care and the opportunity for schools to help connect children to care



#### **HEALTH CARE:**

- Screen for vision in every visit for youth in foster care
- Help with barriers to accessing glasses and contact lenses, such as transportation needs and identifying eye care providers



#### **COURTS:**

- Engage and educate judges on the challenges children in foster care face in accessing vision care
- Inquire at hearings whether a child is up-to-date with vision needs specifically

<sup>‡</sup> The AAP provides guidance, which varies by child age, for both preventive pediatric health care visits and additional recommended monitoring visits. For most children (those 24 months or older), well-visits are recommended on an annual basis, while additional monitoring visits are recommended every 6 months.

### **Use additional touchpoints**

Interest-holders advised that other touchpoints professionals have with children can also serve as opportunities to check for unmet vision needs, in settings such as:

- Child welfare agencies
- Safety visits with children and foster families in their homes
- Emergency holding areas for children while placement is sought

### **→ Ensure that vision needs are raised and documented when foster parents and professionals convene**

Identifying that a child requires vision care is only the first step in addressing their needs. In some cases, children's vision issues are identified, but children do not reach the next step, which may be receipt of glasses or a follow-up appointment. In other cases, glasses do not transition with children as they move to different foster placements.

### **Ensure that vision needs are raised in convenings of foster parents and professionals involved in children's care**

Policy interviews identified a lack of knowledge about the importance of vision care. Education about this topic could promote discussion of children's vision care needs during convenings where foster parents, child welfare professionals, advocates and other professionals review children's needs and care plans.

### **Document vision needs clearly and consistently**

Consistent documentation that is accessible for all adults involved in a child's care is essential to facilitate coordination and collaboration, especially in light of high turnover among caseworkers.

Our research identified the following opportunities to promote synergy:

- Ensure children's vision needs are reviewed at times when family and professionals involved in caring for youth meet to discuss the case
- Ensure families' case information is shared with child advocates
- Incorporate children's vision care histories into county-level and state-level electronic data management systems

*“When [...] professionals get together and talk about what is going on for a child and where the needs are—that’s when we see real movement happening.”*

—Interest-holder

VISIT [BIT.LY/FOSTER-CARE-VISION](https://bit.ly/foster-care-vision) to view this brief online and access reference links.

### **RELATED POLICYLAB WORK**

*Improving Access to Vision Care for Youth in Foster Care*

*Keeping a Close Eye on the Vision of Youth in Foster Care*

The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

#### **PolicyLab**

Children's Hospital of Philadelphia  
2716 South Street  
Roberts Center for Pediatric Research,  
10th Floor  
Philadelphia, PA 19146

PolicyLab@chop.edu  
policylab.chop.edu

@PolicyLabCHOP  
[in](#) [X](#) [v](#) [t](#) [m](#)