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**Child Health and Disability Prevention Program and Health Care Program
For Children in Foster Care**

**Notes and
References**

I. Introduction

- A. The Probation Department is subject to an interagency agreement regarding the local administration of the State’s Child Health and Disability Prevention (CHDP) Program. The County’s Department of Social Services (DSS) and Department of Public Health (PH) are also subject to the agreement.

The Department is also subject to a memorandum of understanding (MOU) with the same two departments regarding the Health Care Program for Children in Foster Care (HCPCFC). The HCPCFC is a program found within the CHDP.

The interagency agreement and MOU address the responsibilities of the Probation Department, and describes the purpose and requirements of the CHDP and the HCPCFC.

- B. The CHDP Program:

The CHDP Program provides complete health assessments for early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.

For further reference:

www.dhcs.ca.gov/services/chdp/Pages/ProgramOverview.aspx

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C. The HCPCFC Program:

The HCPCFC is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. The local CHDP Program is administratively responsible for the HCPCFC. This includes the management of the required interdepartmental Memorandum of Understanding with the local child welfare service agency, probation and health departments.

For further reference:

www.dhcs.ca.gov/services/HCPCFC/Pages/ProgramOverview.aspx

D. The goals and objectives of the HCPCFC are common to the health, welfare, and probation departments and are implemented through close collaboration and cooperation among this multi-disciplinary, interdepartmental team. The program has established a process through which PHNs consult and collaborate with the foster care team to promote access to comprehensive preventive health and specialty services.

E. The CHDP Program is applicable to juvenile offenders in foster care by virtue of their status as recipients of Medi-Cal benefits. The HCPCFC applies specifically to youth in foster care and therefore applies to juvenile offenders placed in foster care.

F. Non-Minor Dependents (NMDs) are entitled to receive medical and dental care with the frequency provided by the EPSDT Periodic Schedules. However, they are not required to receive services in a particular frequency. They must consent and agree to receive dental and health care treatment and services. Additionally, healthcare information on NMDs cannot be obtained, added to the health and education summary or shared without the NMD's consent. NMDs have reached the age of majority and therefore have legal decision-making authority as any other adult.

G. A Deputy Probation Officer (DPO) and Supervising Probation Officer (SPO) assigned to the Placement Unit are responsible for carrying out the requirements of the interagency agreement and MOU, and for insuring compliance with their mandates by foster care providers.

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II. Child Health and Disability Prevention Program:

- A. Roles and responsibilities of DSS:
 - 1. Provide information (written and oral) about the CHDP during Medi-Cal eligibility interviews and annual re-determinations of eligibility.
 - 2. Discuss the value of preventative health services, and the availability of health assessments and dental services.
 - 3. Inform Medi-Cal recipients of the need for prompt diagnosis and treatment of conditions to prevent disability.
 - 4. Inquire with persons if they need additional information or assistance with obtaining covered services.
 - 5. Document the above efforts.

- B. Roles and responsibilities of DPO (within 30 days of the placement of a youth in a foster care program):
 - 1. Document the need for any health, medical, or dental care.
 - 2. Insure that information about the CHDP Program and its services is given to the foster care provider.
 - 3. In the case of an out-of-state placement, provide information about the Federal EPSDT Program.
 - 4. Provide a State-approved brochure about CHDP services and information about the child's needs of preventative health care.
 - 5. Provide a face-to-face oral explanation about CHDP. This includes:
 - a. The value of preventative health services and the differences between episodic and wellness care.
 - b. The availability of health assessments according to the CHDP periodicity schedule.

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- c. The availability of annual dental exams.
 - d. The need for prompt diagnosis and treatment of suspected conditions to prevent disabilities and that all medically necessary diagnosis and treatment services will be paid for by Medi-Cal.
 - e. The nature, scope, and benefits of the CHDP Program.
6. Ask questions to determine if more information about the program is wanted, if program services are requested, or if appointment scheduling or transportation assistance is needed to obtain program services.
- a. Insure the foster care provider’s response to questions is documented in the Child Welfare Services/Case Management System (CWS/CMS). (Client Services application/Placement Management section /Placement Notebook/ Identification Page.)
 - b. Document the foster care provider’s response to questions on a CHDP Referral Form (PM 357) and maintain a copy of that form in the case file.
 - c. Complete annual informing of the program and its services to the foster care provider and the foster youth. This includes information about unmet medical or dental needs that require follow-up, and a review of the youth’s access to a primary care provider. This includes the steps outlined in Section B 5.
 - d. Send the CHDP referral form (PM 357) to the EPSDT Unit of the CHDP Program (of the PH Department) whenever a foster care provider or foster care youth indicates they respond “yes” to offers of more information about the program, medical or dental services, and appointment scheduling or transportation assistance. The form should include information regarding the type of services requested, source of the referral, and case type. (In most cases, the

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source of referral will be a re-determination for probation cases, and the case type will always be foster care.)

- e. Insure a foster youth receives medical and dental care that places attention on preventative health services through the CHDP Program according to its periodicity schedule for periodic health and dental assessments. More frequent health assessments may be obtained for a youth who enters a new placement. These efforts are to be documented in the youth's case plan.
- f. Insure arrangements are made for the necessary diagnosis and treatment of health conditions suspected or identified.

C. Roles and responsibilities of the EPSDT Unit of the CHDP Program:

- 1. Assist those requesting more information and offer assistance with scheduling and transportation needs.
- 2. Provide assistance and transportation to insure medical or dental care is received within 120 days of a request for a foster youth.
- 3. Refer persons to another provider if their current provider does not furnish health assessments.
- 4. Follow-up with persons requesting information or assistance after it has been provided.
- 5. Document efforts on the CHDP Referral Form (PM 357).

D. Roles and responsibilities of the CHDP Program:

- 1. Maintain adequate number of medical providers to meet local needs and Federal requirements.
- 2. Make all possible attempts to assure adequate number of dental providers.

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3. Maintain a supply of program materials including brochure and list of medical and dental providers.
 4. Coordination with another county when a person relocates.
 5. Provide copies of Confidential Screening/Billing Reports (PM 160s) for services given to children in foster care to the responsible person in the DSS.
 6. Informing eligible persons of Title V services. (Federally funded services designed to improve the health of mothers and children.)
 7. Along with the EPSDT Program, make an effort to locate persons lost to contact.
- E. Other roles and responsibilities:
1. Probation staff persons with responsibility for placement are to complete orientation training regarding the CHDP Program within 90 days of employment. (In the case of the Department, this means within 90 days of assignment to the Placement Unit.) This orientation is conducted by the CHDP Program Assistant.
 2. Foster care providers are to complete orientation regarding the nature, scope, benefits, and availability of CHDP Program services upon licensure or renewal of license.
 3. EPSDT Unit and CHDP Unit staff members perform periodic statistical and reporting functions.

III. Health Care Program for Children in Foster Care:

- A. Description and purpose of the HCPCFC:
1. The HCPCFC is a public health nursing program available to Child Welfare Services (CWS) and the Department to provide expertise in meeting the medical, dental, mental, and developmental needs of youth in foster care.

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2. The PHN assigned to this program provides administrative support only and not direct patient care.
 3. The MOU indicates the relationship between CWS, the Department, and the PHN is collaborative and has as a common goal, the promotion of access to comprehensive preventative health and specialty services.
- B. Roles and responsibilities of the PHN:
1. Identify health care providers in the community.
 2. Evaluate the adequacy, accessibility, and availability of health care services and work to recruit additional qualified providers.
 3. Act as a resource to facilitate referrals to medical, dental, mental health, and specialty providers.
 4. Work with the PHN in a youth's county of residence when placed by the Department.
 5. Interpret health care reports for DPOs.
 6. Insure a Health and Education Passport (HEP) has been created by the Department and work with the substitute care provider and the Department to insure it is updated.
 7. Work with substitute care providers in obtaining timely comprehensive assessments and expedite referrals for medical, dental, developmental, and mental health services.
 8. Assist the DPO in educating and supporting the foster care provider in obtaining special health care needs.
 9. Provide health care documentation to support request for health care services.

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10. Collaborate with the DPO and substitute care provider to insure that health care information is available to persons responsible for providing health care to a foster youth. This includes providing a copy of the HEP to the substitute care provider.
11. Assist the DPO in assessing the suitability of a foster care placement in terms of a youth's health care needs. This can be accomplished through attendance at a Child and Family Team meeting, visit to a program location, or consultation with the DPO and others about a youth's needs.
12. Collaborate with the DPO in developing a system of tracking and follow-up on changes in the health care status of a youth.
13. Review upon request a youth's health care plan with the DPO.
14. Educate and train health care providers, substitute care providers, DSS and Department staff members, and others about the special health needs of foster care youth.
15. Provide program consultation to the Department in the development of policies pertaining to the HCPCFC, and participate in multi-disciplinary meetings regarding the review of health care issues.
16. Provide assistance to the Department and youth leaving foster care regarding health care coverage options and community resources.
17. Conduct joint reviews of health care records with the DPO for documentation of health care services.
18. Develop a plan for evaluating the process and impact of the addition of the PHN component with CWS and the Department.
19. Evaluation of health care services to foster care youth.

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- C. Roles and responsibilities of Probation Department and DSS:
1. Provide input to the Deputy Director of the CHDP Program regarding the PHN.
 2. Work with PHN to insure foster care youth are referred for appropriate health care services in a timely manner.
 3. Work with PHN and substitute care provider to identify a health care provider for the foster youth.
 4. Work with PHN to insure foster care youth placed in another county have access to appropriate health care services.
 5. Collaborate with PHN in developing a health plan for any foster care youth expected to remain in foster care longer than six months; plan will be incorporated into the case plan.
 6. Provide health care documentation to the Juvenile Court as necessary in supporting requests for health care services.
 7. Work with PHN in keeping the HEP current and a copy provided to substitute care provider.
 8. Consult with the PHN regarding the suitability of a placement in terms of a youth's health care needs.
 9. Work with PHN and substitute care provider in developing a system of tracking and follow-up changes in the health care status or needs of a foster youth.
 10. Provide input to PHN regarding the development of training curriculum for others about the health care needs of foster youth, and collaborate with PHN in educating others about the health care needs of foster youth.
 11. Collaborate with PHN to assure youth leaving placement are aware of and connected to health care resources for independent living.

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12. Participate in joint reviews of case records for health care documentation.
13. Work with CWS and PHN in developing a plan for the evaluation of the process and impact of the PHN component.
14. Assist in gathering relevant data.

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