

Health Examinations

(Revised 05/25/18)

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Forms

The following forms are referenced in this file:

- 04-258 Placement Needs and Services Plan (CWS/CMS Template)
- 04-343 Health Visit Report
- 07-65 Placement Information and Payment Authorization (CWS/CMS Template)
- PM 160 Confidential Screening/Billing Reports
- PM 357 CHDP Referral

Child Health and Disability Prevention (CHDP)

Under the Child Health and Disability Prevention (CHDP) guidelines, all Medi-Cal recipients from birth to age 21 are eligible for CHDP scheduled periodic health assessments and services based on the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

Effective July 2016, children and youth in the California foster care system must receive timely health and dental exams, based on periodicity schedules adopted by the program as the California Early and Periodic Screening, Diagnostic and Treatment (EPSDT) periodicity schedule, which is now the [AAP Bright Futures periodicity](#).

Child Health and Disability Prevention (CHDP) (cont.)

Furthermore, according to Title 17 of the California Code of Regulations section 6847(c):

- Persons eligible for periodic health assessments will receive one assessment during each age period [...and...] will be considered overdue for an assessment on the first day he or she enters a new age period without assessment being performed in the previous age period.”
 - “Thus, children, youth and NMDs in foster care up to age 21 must receive:
 - at least **ONE** health assessment (or equivalent) within the age periods listed in the AAP Bright Futures Schedule for Health Assessments, as outlined in the [exam frequency section of this file](#).
 - **ONE** dental referral every six months, as outlined in the exam frequency section of this file

Nonminor dependents (NMDs) have reached the age of majority and therefore have all of the legal decision-making authority as any other adult, including privacy regarding their medical conditions and the right to consent to receive treatment or to take medication. While youth over 18 are entitled to receive medical care with the frequency provided by the new periodicity schedules, they must consent and agree to receive dental and healthcare treatment and services. County child welfare agencies and probation departments cannot require NMDs to receive services at a particular frequency.

Health Care Program for Children in Foster Care (HCPCFC)

HCPCFC fulfills the requirements of the Welfare and Institutions Code (WIC) §16501.3, for children in foster care. The County of San Diego Public Health Nurses (PHN) work directly with Child Welfare Services (CWS) Social Workers and the Juvenile Probation Department Probation Officers to provide health care coordination activities for children in foster care. CWS, Probation, and PHNs work to ensure that all children in foster care receive the required medical and dental exam within 30 days of entry or placement, as well as continuing routine medical and dental exams, as stated in the Health and Safety Code §124025-124110; Child Welfare Services Manual of Policies and Procedures Division 31-206.36 - .361.

For information on...	Refer to...
Regional HEP OA or PHN contact	CWS Unit Roster
San Diego HCPCFC	Health Care Program for Children in Foster Care Flyer
Health Exams	Health Exams for Children in Foster Care Brochure
CHDP	Child Health and Disability Prevention (CHDP) Program

Policy

For each child in placement (court or voluntary), the SW shall inform the Substitute Care Provider (SCP), in person, that the child must receive a medical and dental examination within 30 days of initial placement. The SCP may use a [Child Health and Disability Prevention \(CHDP\) provider](#) or an equivalent preventive health care provider.

Policy (cont.)

For Court cases, initial placement is the date of the Dispositional Hearing or the actual placement date, whichever is more recent.

For Voluntary Cases with out-of-home placement, initial placement is the date the supervisor signs and dates the initial case plan recommending FR.

For Voluntary Services with in-home placements (see ER - Voluntary Services), the SW will inform parents of and encourage parents to use available resources, including PHN support to ensure that the child receives a CHDP medical and CHDP dental exam, or its equivalent, as required by the CHDP schedule.

Children may also have an exam at Change of Placement. Ongoing placements shall require the minimum preventive health services described below.

Health assessments

Under the AAP Bright Futures periodicity schedule, 14 additional health assessments are added to the 15 health assessments presently reimbursable for children and youth from birth to age 21. Along with this change, several additional screening components are included in the AAP Bright Futures guidelines that were not included under CHDP.

The health assessment components included in the AAP Bright Futures guidelines are:

- Developmental/Behavioral:
 - Autism Screening at 18 and 24 months
 - Developmental Screening using standardized screening tool at 9, 18, and 30 months
 - Depression Screening at 12 years of age and older
 - Maternal Depression Screening at 1, 2, 4, and 6 months
 - Physical Exam/Procedures:
 - Newborn Blood Screening at newborn age, and once between 3-5 days and 2 months
 - Newborn Bilirubin Screening at newborn age
 - Congenital Heart Defect Screening at newborn age
 - HIV Screening starting at 11 years of age
 - Oral Health:
 - Fluoride Varnish at 6 month of age through 5 years of age
 - Fluoride Supplementation at 6 months through 16 years of age, except at 15 months.
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**Old CHDP and AAP
Bright Futures exam
frequency
comparison**

OLD CHDP Exam Schedule Number of Assessments: 15		
Age	Physical	Dental
Under 1 month	At 3 - 5 days old and by 1 month old	If problem noted, see dental provider
1 to 6 months	Every 2 months	
7 to 15 months	Every 3 months	
16 to 23 months	Every 6 months	At least annually, beginning at age 1 for maintenance; mandated beginning at age 3
2 to 3 years	Once a year	Every 6 months
4 to 5 years	Every 2 years	
6 to 8 years	Every 3 years	
9 to 19 years	Every 4 years	

NEW AAP BRIGHT FUTURES Exam Schedule Number of Assessments: 29		
Age	Physical	Dental
Under 1 month (Newborn and at 3 - 5 days old)	< 1 month	No exam but:
By 1 month	1 month	
2 months	2 months	Dental screening/ oral assessment is required at every health assessment regardless of age
4 months		
6 months		
9 months	3 months	If problem noted, refer to a dental provider
12 months		
15 months		
18 months	6 months	Every 6 months
24 months		
30 months		
3 to 19 years	12 months	

**HHSA countywide
ops compliance
goal/rate**

California's health and dental examination compliance goal/rate is 90% for all out-of-home placement children/youth in foster care. Historically, San Diego CWS has met or exceeded the state goal. Starting FY 18-19, HHSA countywide Ops medical and dental compliance goal/rate will be **95%**.

To continue with San Diego's success in ensuring timely health and dental exams for foster children and youth, CWS has partnered with HHSA HCPCFC to implement a Quality Improvement Project to assess current system practices to improve efficiencies and health/dental compliance rates. The following activities have been implemented:

- Completed process mapping of the Health and Education Passport (HEP) process to streamline procedures. Currently piloting revised HEP processes.
- Completed mapping with CWS regions/programs to assess current health and dental exam follow-up process.
- CCWS Data Unit providing monthly exam compliance reports to the region/program.

In addition to SWs continuous assistance in health and dental exam compliance success, the following are some tips to monitor timeliness and completion. SWs can:

- Check the health notebook to check the child's next health and dental exam due dates.
- Consult with the regional PHN regarding the child's health needs and resources to meet the child's health needs.
- Ask the SCP and child of any health needs during the monthly contact.
- Forward the child's health exam documents to the regional HEP OA.
- Monitor caseload health and dental exam compliance via SafeMeasures.

SafeMeasures

SW staff, HEP OAs and PHNs may access and monitor health and dental compliance rates in SafeMeasures. There are two sets of exam reports in SafeMeasures.

- The first set of exam reports is on the *Main Menu*, under the *Children in Placement* submenu.
 - These reports (both the physical and dental exams) are based strictly on completing required exams before a fixed birth anniversary date.
 - For example, a 3 year old would need an exam at any time while the child is 3 years old, and then must have another exam any time while a child is 4 years old. With this methodology, it is possible for the child to go almost two years without an exam if, for example, the child had an exam on 3rd birthday, and then did not have another exam until the day before 5th birthday. The child would still be compliant because child had an exam at age 3 and another exam while at age 4.
- The second set of exam reports is on the *Proposed Measures* menu, under the *Children in Placement* submenu. **IT IS RECOMMENDED TO USE THIS SET OF REPORTS FOR DETERMINING THE NEXT EXAM DUE DATE.**
 - These reports are based on an interval from the last exam.
 - For example, the same child above that had an exam on 3/15/2018, then, the child would need to have another exam before 3/15/2019.

CHDP providers and dental community clinics

SW will refer to the following San Diego County CHDP Providers and dental community clinics resources to assist SCPs in identifying appropriate providers for health and dental services:

- [County of San Diego CHDP Provider Directory](#) (619) 692-8808
 - [San Diego County Dental Community Clinics](#) (619-692-8858)
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Developmental mandate

In 2003, the federal Child Abuse Prevention and Treatment Act (CAPTA) was amended to include a requirement that “child protective services refer children under the age of 3 who are involved in a substantiated case of child abuse or neglect to Early Intervention Services authorized by Part C of the Individuals with Disabilities Education Act.” Children still must meet the eligibility criteria for those services but must be referred.

SWs will follow the referral procedures outlined in the PM file Developmental Screening and Enhancement Program (DSEP).

SW responsibilities

The SW is responsible for developing a health plan for a child in placement. This plan shall be based on the child’s individual needs and shall include preventative health services. Regional FC PHN support is available for consultation or information on health issues. In addition, the SW shall be responsible for:

- Ensuring all health plan requirements are met.
- Following up with the SCP to ensure medical and dental appointments are kept.
- Sending all medical information on the child to the regional Health Passport Clerks so all health services are documented in the Health and Education Passport (HEP) by the FC PHN.
- Offering assistance, when appropriate, with scheduling appointments and transportation to and from medical and dental appointments.
- Ensuring HEP and immunization record travels with child when the child goes home or changes placement.
- Ensuring the Dental Exam dates are within 30 days from initial placement and annually thereafter for children over 3 years of age.
- Ensuring the SCP is given the HEP within 30 days from initial placement and 48 hours for a COP.
- Ensuring that all children under age 6 are referred for early intervention services. See PM file on Developmental Screening and Enhancement Program (DSEP).
- Providing youth and NMDs with access to age-appropriate, medically accurate information about sexual development, reproductive and sexual health care, the prevention of unplanned pregnancies, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections (STIs).

NOTE: Transportation services should be offered on an exception-only basis.

Documentation procedure

The regional FC PHNs will record physical and dental examinations in CWS/CMS. They will also record any other health information available on the child.

It is the SW’s responsibility to forward all available health information to their regional HEP OAs to ensure it is documented in CWS/CMS.

Documentation procedure (cont.)

SWs shall use the procedures below to ensure health information is properly documented in CWS/CMS.

When	Action
At initial placement	<ul style="list-style-type: none">• Gather information and obtain SCP's signature on the 04-258 form.• Provide the HEP, if available.• Create 07-65 form indicating the date the HEP information was given to the SCP in the form of the HEP or 04-258.• Send any additional physical examination information to their regional HEP OAs, if it has not been included in the HEP.
At placement and any change of placement	<p>HEP OAs provide the SCP with CHDP informational material and document in ID Page of the Placement Notebook in CWS:</p> <ul style="list-style-type: none">• Provision of CHDP material• Acceptance/refusal of CHDP services. <p>NOTE: The SCP must be informed about CHDP on a yearly basis.</p>
Ongoing	<p>Send any other health information that has not been included in the HEP to the regional HEP OAs for FC PHN review and input.</p>

Acceptable health information

Acceptable health information includes:

- A signed and dated CHDP exam form (PM 160 or PM 357)
- A health care provider's certification/claim form or group home intake or progress reports that contains:
 - health provider's name
 - date of examination
 - services provided
 - conditions needing treatment
- Health Visit Report (04-343).

Reproductive and sexual health care

Youth and NMDs in foster care are entitled to certain reproductive and sexual health care rights. It is important that foster youth and the parties who serve these youth, such as county social workers, probation officers, Court Appointed Special Advocates, foster family agency and group home staff, caregivers and other service providers are aware of these rights and respect the youth's exercise of their rights.

Reproductive and sexual health care (cont.)

The following is a list of certain reproductive and sexual health care and related rights that foster youth have and are entitled to have respected:

1. The right to receive medical services, including reproductive and sexual health care. (W&IC section 16001.9, subdivision (a)(4)).
2. The right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for: (W&IC section 369, subdivision. (h). The NMDs have the medical consent rights of other adults, W&IC section 303, subdivision (d)).
 - a. The prevention or treatment of pregnancy, including contraception, at any age (Family Code section 6925), (except sterilization). (Family Code section 6925, subdivision (b)(1)).
 - b. An abortion, at any age. (Family Code section 6925; The right to consent to an abortion at any age was established by the California Supreme Court in *American Academy of Pediatrics v. Lungren* (1997) 16 Cal.4th 307)
 - c. Diagnosis and treatment of sexual assault, at any age. (Family Code section 6928, subdivision (b)).
 - d. The prevention, diagnosis, and treatment of STIs, at age 12 or older. (Family Code section 6926, subdivision (b)).

If the foster youth has the right to personally consent to medical services, such services shall be provided confidentially and maintained as confidential between the provider and foster youth to the extent required by the Health Insurance Portability and Accountability Act and the California Confidentiality of Medical Information Act, unless disclosed through written consent of the foster youth or through a court order. When a youth has the right to consent, there shall be privacy for examination or treatment by a medical provider, unless the youth specifically requests otherwise. (Public Law 104-191, Civil Code section 56 et seq., See, Health & Safety Code, sections 123110 and 123115.)

3. The right to have access to age-appropriate, medically accurate information about reproductive and sexual health care, the prevention of unplanned pregnancy including abstinence and contraception, abortion care, pregnancy services, and the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination. (W&IC sections 16001.9, subdivision (a)(27) and 369, subdivision (h)).
4. The right to be provided transportation to reproductive and sexual health-related services. (W&IC section 16001.9, subdivision (a)(4); Title 22 California Code of Regulations (CCR) sections 8075, subdivision (a) and 89374, subdivision (c)(1)).

Many reproductive health services are time-sensitive (e.g., emergency contraception, abortion); therefore, transportation must be provided in a timely manner in order to meet the requirement.

Reproductive and sexual health care (cont.)

5. The right to obtain, possess and use the contraception of his or her choice, including condoms. (Family Code section 6925 and W&IC section 369, subdivision (h)).
6. The right to have private storage space and to be free from unreasonable searches of his or her personal belongings. Contraception cannot be taken away as part of a group home discipline program or for religious beliefs, personal biases and judgments of another person. (Title 22 CCR section 84072, subdivision (c)(9)).
7. The right to choose his or her own health care provider, if payment for the health service is authorized under applicable Medicaid law. (42 United States Code sections 1396a, subdivision (23)(B) and 1396n, subdivision (b)).
8. The right to fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status. (W&IC section 16001.9, subdivision (a)(23)).
9. The right to independently contact state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state Foster Care Ombudsperson, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints. (W&IC section 16001.9, subdivision (a)(8)).
10. Depending on the type of licensed home or facility and age of the foster youth, personal rights are to be posted and/or explained in an age or developmentally appropriate manner, and provided to the foster youth. (W&IC section 16001.9 and Title 22 CCR sections 83072, 84072, 86072 and 89372.)

NOTE: Also, see PM file Foster Child's Rights.

In regards to [reproductive health planning](#), SWs will also document in the CWS/CMS contact notebook:

- Discussions, advisements, consultations with youth/NMD, caregivers, supervisor, PHNs, service providers, etc.
- Private information shared with specified parties as authorized by youth/NMD
- Referrals provided.

Resources

To assist SW staff to have conversations with youth and NMDs on sexual health:

- Trainings are available periodically through the [Academy of Professional Excellence](#).
 - Information is available through the U.S. Health and Human Services, Office of Adolescent Health website:
 - [Reproductive Health and Teen Pregnancy](#)
 - [Healthy Relationships in Adolescence](#)
 - Encourage youth to discuss any sexual health or reproductive health questions or concerns with their Primary Care Provider (PCP) during their annual medical exam.
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Alignment with SET Values

This policy and procedure aligns with SET Value #2 in that it creates collaborative partnerships with kinship and resource families. It supports the guiding principle of consistent communication and information sharing. It also aligns with SET Value #3 in that it supports a continual focus on children's well-being while in our care.
