California

Standards Established and Methods Used to Assure High Quality Care

Provider standards are set forth in the 512--series of program regulations. These set forth standards that must be met by every category of provider before participation in the program is permitted. In many instances the standards exceed licensing requirements. Compliance with these standards is verified by the Department's Licensing and Certification Section. Adherence to the standards implies at least a certain capacity for providing high quality care.

Further, the Department's Audits and Investigations Division is responsible for administering a program of review of the quality and adequacy of health care services provided by prepaid health plans. These "medical audits" of each prepaid health plan are conducted annually by teams that include a physician, dentist, and pharmacist. This Division also evaluates individual allegations of poor quality of care which are resolved generally on the basis of professional judgement.

The Medical Social Review activities relating to nursing home inpatients involves an assessment of the quality of care being provided in addition to evaluating the appropriateness of the level of care required by the program beneficiary.

Article 3

SERVICES AND STANDARDS

Sec.
14550. Required services.
14551. Additional services.
14552. Standards for certification as a provider.
14553. Policies and procedures.
14554. Medical records.
14555. Grievance procedures.
14556 to 14565. Repealed.

Article 3 was added by Stats.1977, c. 1066, p. 3231, § 5.

Repeal

Article 3 is repealed on Jan. 1, 1983, see Historical Note under § 14520.

§ 14550. Required services

Adult day health centers shall offer, and shall provide directly on the premises, at least the following services:

(a) Rehabilitation services, including the following:

(1) Occupational therapy as an adjunct to treatment designed to restore impaired function of patients with physical or mental limitations.

(2) Physical therapy appropriate to meet the needs of the patient.

(3) Speech therapy for participants with speech or language disorders.

(b) Medical services supervised by either the participant's personal physician or a staff physician, or both, which emphasize prevention treatment, rehabilitation, and continuity of care and also provide for maintenance of adequate medical records. To the extent otherwise permitted by law, medical services may be provided by registered nurses practicing under standardized procedures, or, if the Board of Registered Nursing defines standards for nurse practitioners, by nurses meeting such standards.

(c) Nursing services, including the following:

(1) Nursing services rendered by a professional nursing staff, who periodically evaluate the particular nursing needs of each participant and provide the care and treatment that is indicated.

(2) Self-care services oriented toward activities of daily living and personal hygiene, such as toileting, bathing, and grooming.

(d) Nutrition services, including the following:

(1) The program shall provide a minimum of one meal per day which is of suitable quality and quantity as to supply at least one-third of the daily nutritional requirement. Additionally, special diets and supplemental feedings shall be available if indicated.

(2) Dietary counseling and nutrition education for the participant and his family shall be a required adjunct of such service.

(e) Psychiatric or psychological services which include consultation and individual assessment by a psychiatrist, clinical psychologist, or a psychiatric social worker, when indicated, and group or individual treatment for persons with diagnosed mental, emotional, or behavioral problems.

(f) Social work services to participants and their families to help with personal, family, and adjustment problems that interfere with the effectiveness of treatment.

(g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.

(h) Transportation service for participants, when needed, to and from their homes utilizing specially equipped vehicles to accommodate participants with severe physical disabilities that limit their mobility.

(i) Written procedures for dealing with emergency situations. Such written procedures shall include the name and telephone number of a physician on call, written arrangements with a nearby hospital for inpatient and emergency room service, and provision for ambulance transportation.

(Added by Stats.1977, c. 1066, p. 3231, § 5.)

Historical Note

Former § 14550, added by Stats.1965, 2d Ex.Sess., c. 4, p. 127, § 4, specifying that definitions governed construction of chap., was repealed by Stats.1968, c. 21, p. 1635, § 68.

Original § 14550, added by Stats.1965, c. 1784, p. 4064, § 5, derived from former § 4730, added by Stats.1961, c. 1227, p. 2871, § 1, relating to eligibility for assistance to aged, was repealed by Stats.1965, 2d Ex.Sess., c. 4, p. 125, § 3.

Cross References

Subcontracts to provide basic services specified in this section, see § 14577.

Library References

Social Security and Public Welfare ⟹241.90.

C.J.S. Social Security and Public Welfare § 134.

Sec.
19016. Regulations and statements of policy.
19017. Research and statistics.
19018. Eligibility for services.
19019. Transfer of surplus property in trust to nonprofit corporations for manufacturing centers, opportunity centers, etc.; consideration; agreement; approval; extension.
19019.1. Actions by director of general services to help secure working capital, etc., for nonprofit corporations.
19019.2. Quarterly reports by nonprofit corporations.
19021. Manufacturing centers; qualifications.
19022. Location requirements for transfer of California industries for the blind or opportunity work centers.
19023. Monitor of transfer of California industries for the blind or opportunity work centers; annual reports.

Chapter 1 was added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970.

Cross References

Education of handicapped adults, see Education Code §§ 52570 et seq., 78440 et seq.
Retraining and rehabilitation of injured full-time public employees, see Labor Code § 6200 et seq.
Services for the developmentally disabled, see § 4500 et seq.

Administrative Code References

Conflict of interest code, see 9 Cal.Adm.Code 7400 et seq.
Department of rehabilitation, see 9 Cal.Adm.Code 7000 et seq.

Library References

Vocational rehabilitation programs. Report of Senate Social Welfare Subcommittee of General Research, vol. 21, no. 15, p. 134. Vol. 1 of Appendix to Journal of the Senate, Reg. Sess.1969.

§ 19000. Statement of public policy

It is the public policy of the State of California to assist and encourage handicapped individuals to attain their maximum usefulness and self-sufficiency and make adequate provision for such services as will enable them to prepare for and engage in gainful employment in order that they may make their full contribution to society.

This policy should be carried out by strengthening the existing program of vocational rehabilitation, consolidating the basic rehabilitative services in a Department of Rehabilitation, placing emphasis upon the need for maximum efficient utilization of state services, strengthening and developing services where needed, and promoting effective coordination of all public and private agencies serving the handicapped.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970.)

Historical Note

Derivation: Educ.C. former § 6971, added by Stats.1963, c. 1747, p. 3484, § 1.

Educ.C. former § 7001, enacted by Stats.1959, c. 2, p. 805, § 7001.

Educ.C.1943, § 9850, added by Stats. 1953, c. 1647, p. 3369, § 6.

Cross References

Encouragement of education, see Const. Art. 9, § 1.

Law Review Commentaries

Torts and the disabled. Jacobus ten-Broek (1966) 54 C.L.R. 841.

Library References

Social Security and Public Welfare ⟹179.

C.J.S. Social Security and Public Welfare § 102.

Review of rehabilitation policies and programs. Report of the Assembly Interim Committee on Social Welfare, 1965–1967, Vol. 19, No. 14, p. 7. Vol. 2 of Appendix to Journal of Assembly, Reg.Sess., 1967.

§ 19001. Department of rehabilitation

There is in the Health and Welfare Agency the Department of Rehabilitation.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970. Amended by Stats.1979, c. 373, § 409.)

Historical Note

Construction of provisions of other acts conflicting with sections affected by Stats.1969, c. 138, p. 290, see Historical Note under § 13921.

The 1979 amendment substituted "Health and Welfare Agency" for "Human Relations Agency".

Derivation: Educ.C. former § 6972, added by Stats.1963, c. 1747, p. 3484, § 1, amended by Stats.1969, c. 138, p. 298, § 32.

Library References

States ⟹45.

Social Security and Public Welfare ⟹5.

C.J.S. States §§ 79, 80, 82, 136.

C.J.S. Social Security and Public Welfare §§ 6, 7.

§ 19002. Director of rehabilitation

The Department of Rehabilitation is under the control of an officer known as the Director of Rehabilitation. As used in this division "department" and "director" refer to the Department of Rehabilitation and the Director of Rehabilitation, respectively, unless the context otherwise requires.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970.)

Historical Note

Derivation: Educ.C. former § 6973, added by Stats.1963, c. 1747, p. 3484, § 1.

Library References

Social Security and Public Welfare ⟹5. C.J.S. Social Security and Public Welfare §§ 6, 7.

§ 19003. Director; chief deputy; appointment; compensation

The director is appointed by the Governor, subject to confirmation by the Senate, and holds office at the pleasure of the Governor. The annual salary of the director is provided for by Chapter 6 (commencing with Section 11550) of Part 1 of Division 3 of Title 2 of the Government Code.

Upon recommendation of the director, the Governor may appoint a chief deputy director of the department who shall hold office at the pleasure of the Governor. The salary of the chief deputy director shall be fixed in accordance with law.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970. Amended by Stats.1972, c. 618, p. 1154, § 162; Stats.1978, c. 432, § 22.5, eff. July 17, 1978, operative July 1, 1978.)

Historical Note

The 1972 amendment deleted a provision that the director is a member of the Governor's Council.

The 1978 amendment added the second paragraph.

Derivation: Educ.C. former § 6974, added by Stats.1963, c. 1747, p. 3484, § 1.

Cross References

Annual salary of director of rehabilitation, see Government Code § 11554.

Library References

Social Security and Public Welfare ⟹5. C.J.S. Social Security and Public Welfare §§ 6, 7.

§ 19004. Law applicable to director

The provisions of Chapter 2 (commencing with Section 11150), Part 1, Division 3, Title 2 of the Government Code apply to the director and the director is the head of a department within the meaning of the chapter.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970.)

Historical Note

Derivation: Educ.C. former § 6971, added by Stats.1963, c. 1747, p. 3484, § 1.

Library References

Social Security and Public Welfare ⟹2. C.J.S. Social Security and Public Welfare § 5.

§ 19005. Authorization to cooperate with federal government

The department is vested with all necessary powers and authority to cooperate with the government of the United States or any agency or agencies thereof in the administration of any act of Congress and rules and regulations lawfully adopted thereunder relating to the disabled or rehabilitation of the handicapped.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970. Amended by Stats.1970, c. 338, p. 733, § 2.)

Historical Note

The 1970 amendment inserted the phrase "and rules and regulations lawfully adopted thereunder" and substituted "the disabled or rehabilitation of the handicapped" for "rehabilitation of the handicapped".

Derivation: Educ.C. former § 6977, added by Stats.1963, c. 1747, p. 3484, § 1.

Law Review Commentaries

Torts and the disabled. Jacobus tenBroek (1966) 54 C.L.R. 841.

Library References

Social Security and Public Welfare ⟹5.
States ⟹4.18.

C.J.S. Social Security and Public Welfare §§ 6, 7.
C.J.S. States § 28.

§ 19005.1. State agency; vocational rehabilitation services

The Department of Rehabilitation is hereby designated as the sole state agency with full power to supervise every phase of the administration of the state plan for vocational rehabilitation services. All decisions affecting eligibility for and the nature and scope of vocational rehabilitation services to be provided will be made by the department through its organizational units.

(Added by Stats.1975, c. 171, p. 316, § 22, eff. June 30, 1975.)

§ 19006. Rules and regulations

The department may adopt, amend, or repeal, in accordance with the provisions of the Administrative Procedure Act, such rules and regulations as may be reasonably necessary to enable it to carry out its duties and powers.

(Added by Stats.1969, c. 1107, p. 2115, § 17, operative Jan. 1, 1970.)

1 Government Code § 11370 et seq.

Library References:

Social Security and Public Welfare ⇐4.10.

C.J.S. Social Security and Public Welfare §§ 11, 16.

§§ 19100.1 to 19110. Inoperative

Historical Note

The addition of §§ 19100.1 to 19110 by Stats.1969, c. 1565, p. 3178, § 1, failed to become operative. See Historical Note under § 19700.

Chapter 2

DEFINITIONS

Sec.
19150. Vocational rehabilitation services.
19151. Handicapped individual.
19152. Rehabilitation facility.
19153. Blind person.
19154. Establishment of rehabilitation facility.

Chapter 2 was added by Stats.1969, c. 1107, p. 2118, § 17, operative Jan. 1, 1970.

§ 19150. Vocational rehabilitation services

(1) The term "vocational rehabilitation services" means the following services:

(a) Evaluation, including diagnostic and related services, incidental to the determination of eligibility for and the nature and scope of services to be provided;

(b) Counseling, guidance, and placement services for handicapped individuals, including followup services to assist such individuals to maintain their employment;

(c) Training services for handicapped individuals, which shall include personal and vocational adjustment, books, and other training materials;

(d) Reader services for the blind and interpreter services for the deaf; and

(e) Recruitment and training services for handicapped individuals to provide them with new employment opportunities in the fields of rehabilitation, health, welfare, public safety, and law enforcement, and other appropriate service employment.

(2) Such term also includes, after full consideration of eligibility for any similar benefit the following services and goods provided to, or for the benefit of, a handicapped individual:

(a) Physical restoration services, including, but not limited to (i) corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive and constitutes a substantial barrier to employment, but is of such nature that such correction or modification may reasonably be expected to eliminate or substantially reduce the handicap within a reasonable length of time, (ii) necessary hospitalization in connection with surgery or treatment, (iii) prosthetic and orthotic devices, (iv) eyeglasses and visual services as prescribed by a physician skilled in the diseases of the eye or by an optometrist;

(b) Maintenance, not exceeding the estimated cost of subsistence, during rehabilitation;

(c) Occupational licenses, tools, equipment, and initial stocks and supplies;

(d) In the case of any type of small business operated by the severely handicapped the operation of which can be improved by management services and supervision provided by the department the provision of such services and supervision, alone or together with the acquisition by the department of vending stands or other equipment and initial stocks and supplies;

(e) The provision of other facilities and services which promise to contribute substantially to the rehabilitation of a group of individuals but which are not related directly to the rehabilitation plan of any one handicapped individual;

(f) Transportation in connection with the rendering of any other vocational rehabilitation service;

(g) Any other goods and services necessary to render a handicapped individual employable;

(h) Services to the families of handicapped individuals when such services will contribute substantially to the rehabilitation of such individuals.

(Added by Stats.1969, c. 1107, p. 2118, § 17, operative Jan. 1, 1970.)

Historical Note

Derivation: Educ.C. former § 7010, enacted by Stats.1959, c. 2, p. 806, § 7010.

Educ.C.1943, § 9555, added by Stats. 1953, c. 1647, p. 3370, § 6, amended by Stats.1955, c. 877, p. 1495, § 10.

Library References

Schools and School Districts ⟹150.

C.J.S. Schools and School Districts § 447 et seq.

51009. Confidential Nature of Records.

All individual medical records of beneficiaries acquired by individuals or institutions providing care, the Department, or any other state or local agency, or by any organization contracting to provide administrative services under this program, shall be confidential and shall not be released without the written consent of the beneficiary or his personal representative. This shall not preclude the release of statistical or summary data or information in which individual beneficiaries are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, fiscal intermediaries, and state or local official agencies. Neither shall this section preclude exchange of information necessary for the purpose of effecting recovery as provided in Welfare and Institutions Code, Sections 10020 through 10025, 14024 and 14124.70 through 14124.79 with persons liable thereunder.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing, Certificate of Compliance filed 6-9-67 (Register 67, No. 23).
2. Amendment filed 11-15-68; effective thirtieth day thereafter (Register 68, No. 43).
3. Amendment filed 7-13-73; effective thirtieth day thereafter (Register 73, No. 28).
4. Editorial correction (Register 81, No. 38).

51011. Identification of Beneficiary.

All out-of-hospital and inpatient services may be provided subject to the limitations specified in the scope of benefits, and subject to the Medical Assistance classification of the beneficiary upon presentation by a beneficiary of a valid medical care eligibility card issued by a local welfare department, except where these regulations specify that prior authorization for a specific service is required, and evidence of such authorization is presented or furnished, such card shall be deemed adequate authorization to provide services up to the expiration date specified on the card.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).

51013. Crippled Children Services.

Whenever a beneficiary under age 21 has a medical or surgical condition which would qualify for services under Crippled Children Services, he shall be referred to that program for case management services and prior authorization by the appropriate local or state administrative agency for Crippled Children Services in the county in which the patient lives. Needed medical care not normally provided through Crippled Children Services shall be provided through the procedures established in these regulations.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).

51014. Vocational Rehabilitation Services.

Whenever a service is recommended on behalf of a Medi-Cal beneficiary on the basis that such service is needed for vocational rehabilitation, he shall be referred to the State Department of Rehabilitation for counseling and evaluation. If the Department concurs in the vocational relevancy of the proposed service, it will provide case management services and make appropriate recommendations on requests for prior authorization to the Medi-Cal consultant.

HISTORY:

1. New section filed 5-31-68; effective thirtieth day thereafter (Register 68, No. 21).

Historical Note

Addition of § 219 by Stats.1973, c. 142, p. 388, § 24, allowing the director to investigate the work of licensing boards, failed to become operative under the terms of § 110.5 of that Act upon enactment of Stats.1973, c. 122.

The 1978 amendment inserted, in two places, the words "Department of the" preceding "California Highway Patrol"; substituted "Department" for "Division" preceding "of Forestry"; and added subd. (e).

Library References

Health and Environment ⟹7(1).

C.J.S. Health and Environment §§ 9, 11, 54.

§ 220. Inoperative

Historical Note

Addition of § 220 by Stats.1973, c. 142, p. 388, § 25, requiring approval of director for any changes in rules, regulations or fees, failed to become operative under the terms of § 110.5 of that Act upon enactment of Stats.1973, c. 122.

§ 221. Licenses, certificates, etc.; issuance and renewal; two-year basis; fees

Notwithstanding any other provision of law, the department by rule or regulation may provide for the issuance and renewal on a two-year basis of licenses, certificates of registration, or other indicia of authority issued pursuant to this code by the department or any agency in the department.

The department may, by rule or regulation, set the fee for such two-year license, certificate of registration, or other indicia, not to exceed twice the annual fee for issuance or renewal set by statute.

(Added by Stats.1975, c. 57, p. 104, § 2.)

Library References

Licenses ⟹36.

C.J.S. Licenses § 42.

Article 2

CALIFORNIA CHILDREN'S SERVICES

Sec.

248. Title of act.
249. Services for physically defective or handicapped minors; powers and duties of department.
249.2. Transfer of duties, purposes, responsibilities and jurisdiction.
249.3. Possession and control of records, equipment and supplies.
249.4. Transfer of officers and employees.
250. Intent.
250.5. Handicapped child.

Sec.
250.6. Keeping program abreast of advances in medical science; pilot studies.
250.7. Repealed.
251. Services.
251.5. California children's services program.
252. Designation of agency to administer California children's services program; standards of local administration.
252.5. Repealed.
252.6, 252.7. Repealed.
253. Case finding; consent of parent or guardian.
253.5. Diagnosis for handicapped children.
254. Application for services.
255. Standards of financial eligibility exception for services under the medical therapy program in public schools.
255.3. Financial eligibility standards for treatment services; updating.
255.5. Continued eligibility; receipt of services under teaching program at medical school facility.
256. Determination of eligibility; certification for care.
257. Agreements with parents for payment.
257.5. Repealed.
258. Certification of eligibility; authorization and payment for services; reimbursement.
258.5. Repealed.
259. Payment for services without certification; furnishing services; gifts and legacies.
260. Direct arrangement for services; agreements with parents for payment.
261. Payment of services for nonresident children; special grants or allotments for costs.
262. Supervision over services; records.
263. Consent of parent or guardian; exception.
264. Effect of mental retardation.
265. County and state appropriations; reimbursement of counties.
266. State emergency aid.
267. Administration of medical-therapy program; costs; standards.
268. California children's services program; sharing costs; standards.
269. Program data; purposes.
270. Placement of handicapped children for adoption; entitlement to services.
271 to 273. Repealed.

Article 2, Crippled Children Services, was added by Stats.1968, c. 1316, p. 2485, § 2, operative July 1, 1969.

The heading of Article 2 was amended by Stats.1978, c. 857, § 2, to read as it now appears.

Former Article 2, Physically Handicapped Children, enacted in 1939, comprising sections 249 to 278, was repealed by Stats.1968, c. 1316, p. 2485, § 1, operative July 1, 1969.

Cross References

Additional educational service program components, see Education Code § 56332.
Compliance with hereditary disorders act, see § 155.
Establishments for handicapped persons, see § 1500 et seq.

Library References

Crippled children services. Report of Senate Social Welfare Subcommittee of General Research, vol. 21, no. 10, p. 154. Vol. 1 of Appendix to Journal of the Senate, Reg.Sess.1959.

Extention of crippled children services. Reports of joint Interim Committee on the Education of Handicapped Children and Adults, 1959, p. 157. Vol. 1 of Appendix to Journal of the Senate, Reg.Sess.1959.

Rehabilitation of disabled and dependent persons. Report of Senate Interim Committee on the Education and Rehabilitation of Handicapped Children and Adults, 1957, p. 21. Vol. 2 of Appendix to Journal of the Senate, Reg.Sess.1957.

§ 248. Title of act

This article shall be known and may be cited as the Robert W. Crown California Children's Services Act.

(Added by Stats.1973, c. 1085, p. 2201, § 1. Amended by Stats.1978, c. 857, § 3.)

Historical Note

The 1978 amendment substituted "California Children's" for "Crippled Children".

Section 1 of Stats.1978, c. 857, provides: "The Legislature finds that the use of certain descriptive labels which have no medical significance draws negative attention and stigma upon the individual or group concerned, gradually supplants, the unique identity and human potential of persons, and injures social values, status, societal mobility, and freedom. Therefore, it is the intent of the Legislature to change the name of the crippled children's program to the California Children's Services Program and to remove all use of the term crippled from the provisions that provide such program in referring to children with physical handicaps. It is further the intent of the Legislature that such change in name shall not be construed as expanding the list of eligible services available through the program or prohibit the use of existing forms used by the program prior to the use of new forms with the name change."

Administrative Code References

Child health and disability prevention program, see 17 Cal.Adm.Code 6500 et seq.
Immunization against poliomyelitis, diphtheria, pertussis, tetanus, and measles, see 17 Cal.Adm.Code 6000 et seq.
Services for physically handicapped children, see 17 Cal.Adm.Code 2890 et seq.
Tuberculosis screening of employees and volunteers in private, parochial and nursery schools, see 17 Cal.Adm.Code 6600 et seq.

Library References

Social Security and Public Welfare ⟹197.

C.J.S. Social Security and Public Welfare § 127.

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§ 249. Services for physically defective or handicapped minors; powers and duties of department

The State Department of Health Services shall establish and administer a program of services for physically defective or handicapped persons under the age of 21 years, in cooperation with the federal government through its appropriate agency or instrumentality, for the purpose of developing, extending and improving such services. The state department shall receive all funds made available to it by the federal government, the state, its political subdivisions or from other sources. The state department shall have power to supervise those services included in the state plan which are not directly administered by the state. The state department shall cooperate with the medical, health, nursing and welfare groups and organizations concerned with the program, and any agency of the state charged with the administration of laws providing for vocational rehabilitation of physically handicapped children.

The reference to "the age of 21 years" in this section is unaffected by Section 1 of Chapter 1748 of the Statutes of 1971 or any other provision of that chapter.

(Added by Stats.1972, c. 27, p. 32, § 2, eff. March 21, 1972, operative July 1, 1973. Amended by Stats.1973, c. 1212, p. 2743, § 26, operative July 1, 1974; Stats.1977, c. 1252, § 131, operative July 1, 1978.)

Historical Note

Operative date of Reorganization Plan No. 1 of 1970, see Historical Note under § 20.

Sections 5, 6, 8 of Stats.1972, c. 27, p. 33, provided:

"Sec. 5. It is the intent of the Legislature, that, if Reorganization Plan No. 1 of 1970 becomes operative, Section 249 of the Health and Safety Code, as amended by Section 1 of this act, shall remain in effect only until Reorganization Plan No. 1 of 1970 becomes operative [July 1, 1973] and on that date Section 249 of the Health and Safety Code, as added by Section 2 of this act, which includes the changes in Section 249 made by both Reorganization Plan No. 1 of 1970 and Section 1 of this act, shall become operative.

"Sec. 6. It is the intention of the Legislature that to the extent permitted by federal law, eligibility of persons for services to physically handicapped children pursuant to Article 2 (commencing with Section 249) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code shall continue to age 21, but that, persons 18 years of age and over may consent to treatment service under Article 2. Notwithstanding any other provision of law, Sections 249, 250.5, and 263 of the Health and Safety Code, as amended by Sections 1, 2, and 3 of this act, respectively, shall not constitute a change in, but are declaratory of, the preexisting law.

"Sec. 8. Sections 1 to 6, inclusive, of this act shall become operative on March 4, 1972."

The 1973 amendment inserted "State" preceding "Department" in the first sentence; deleted from the second sentence the words "and expend" in the phrase "receive and expend all funds"; rewrote the former second sentence as the present second and third sentences; and deleted the last paragraph which had read: "This section shall become operative on the same date as Reorganization Plan No. 1 of 1970 becomes operative" [July 1, 1973].

Sections 439, 448 of Stats.1973, c. 1212, p. 2733, provide:

"Sec. 439. Upon receipt of a formal ruling from the Secretary of Labor, the Secretary of Health, Education, and Welfare, or the head of any federal agency

Law Review Commentaries

Epilepsies. (1976) 13 San Diego L.Rev. 878.

Library References

Social Security and Public Welfare ⟹195.

C.J.S. Social Security and Public Welfare § 125.

§ 250.5. Handicapped child

"Handicapped child," as used in this article, means a physically defective or handicapped person under the age of 21 years who is in need of services. The director shall establish those conditions coming within a definition of "handicapped child" except as the Legislature may otherwise include in the definition. Phenylketonuria, hyaline membrane disease, cystic fibrosis, and hemophilia shall be among such conditions.

The reference to "the age of 21 years" in this section is unaffected by Section 1 of Chapter 1748 of the Statutes of 1971 or any other provision of that chapter.[1]

(Added by Stats.1968, c. 1316, p. 2485, § 2, operative July 1, 1969. Amended by Stats.1971, c. 1811, p. 3915, § 1; Stats.1972, c. 27, p. 32, § 3, eff. March 21, 1972, operative July 1, 1973.)

[1] Civil Code § 25 note.

Historical Note

The 1971 amendment included "hyaline membrane disease".

The 1972 amendment added the second paragraph.

Operative effect of 1972 amendment, see Historical Note under § 249.

Derivation: Former § 250, enacted by Stats.1939, c. 60, p. 487, § 250, amended by Stats.1943, c. 210, p. 1109, § 2; Stats. 1961, c. 1829, p. 3917, § 1; Stats.1961, c. 2148, p. 4432, § 2; Stats.1967, c. 1681, p. 4215, § 1.

Pol.C. § 2979b, added by Stats.1927, c. 590, p. 1021, § 1, amended by Stats.1929, c. 752, p. 1430, § 1.

Cross References

Diagnosis for handicapped children, see § 253.5.
Minor, defined, see Civil Code § 25.
Publication of conditions diagnosed, see § 253.5.

Library References

Social Security and Public Welfare ⟹195.

C.J.S. Social Security and Public Welfare § 125.
Words and Phrases (Perm.Ed.)

Notes of Decisions

1. In general

Former § 250, as amended, changed the age limit of a handicapped child from 18 to 21 years wherein he could be certified for services and a physically handicapped child who had been certificated by a superior court as eligible for services and who had attained the age of 18 need not have again petitioned the superior court for the issuance of a new certificate provided the age of 18 was attained after the effective date of the statutory amendment. 2 Ops. Atty.Gen. 110.

§ 250.6. Keeping program abreast of advances in medical science; pilot studies

The department shall keep the program abreast of advances in medical science, leading to the inclusion of other handicapping conditions and services within the limits of and consistent with the most beneficial use of funds appropriated for this purpose. With the approval of the agency administrator the department may carry out pilot studies to determine the need for, or the feasibility of, including other handicapping conditions and services in the program within the limits of available funds appropriated for the program.

(Added by Stats.1968, c. 1316, p. 2485, § 2, operative July 1, 1969.)

Library References

Social Security and Public Welfare ⟹195.

C.J.S. Social Security and Public Welfare § 125.

§ 250.7. Repealed by Stats.1973, c. 336, p. 756, § 2

Historical Note

The repealed section, added by Stats. 1970, c. 709, p. 1336, § 1, required priority in the use of 1970 appropriated funds for the crippled children's services program.

§ 251. Services

"Services," as used in this article, means any or all of the following:

(a) Expert diagnosis.

(b) Medical treatment.

(c) Surgical treatment.

(d) Hospital care.

(e) Physical therapy.

(f) Occupational therapy.

(g) Special treatment.

(h) Materials.

(i) Appliances and their upkeep, maintenance, care and transportation.

✳ (j) Maintenance, transportation, or care incidental to any other form of "services."

(Added by Stats.1968, c. 1316, p. 2485, § 2, operative July 1, 1969.)

51009. Confidential Nature of Records.

All individual medical records of beneficiaries acquired by individuals or institutions providing care, the Department, or any other state or local agency, or by any organization contracting to provide administrative services under this program, shall be confidential and shall not be released without the written consent of the beneficiary or his personal representative. This shall not preclude the release of statistical or summary data or information in which individual beneficiaries are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, fiscal intermediaries, and state or local official agencies. Neither shall this section preclude exchange of information necessary for the purpose of effecting recovery as provided in Welfare and Institutions Code, Sections 10020 through 10025, 14024 and 14124.70 through 14124.79 with persons liable thereunder.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing, Certificate of Compliance filed 6-9-67 (Register 67, No. 23).
2. Amendment filed 11-15-68; effective thirtieth day thereafter (Register 68, No. 43).
3. Amendment filed 7-13-73; effective thirtieth day thereafter (Register 73, No. 28).
4. Editorial correction (Register 81, No. 38).

51011. Identification of Beneficiary.

All out-of-hospital and inpatient services may be provided subject to the limitations specified in the scope of benefits, and subject to the Medical Assistance classification of the beneficiary upon presentation by a beneficiary of a valid medical care eligibility card issued by a local welfare department, except where these regulations specify that prior authorization for a specific service is required, and evidence of such authorization is presented or furnished, such card shall be deemed adequate authorization to provide services up to the expiration date specified on the card.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).

51013. Crippled Children Services.

Whenever a beneficiary under age 21 has a medical or surgical condition which would qualify for services under Crippled Children Services, he shall be referred to that program for case management services and prior authorization by the appropriate local or state administrative agency for Crippled Children Services in the county in which the patient lives. Needed medical care not normally provided through Crippled Children Services shall be provided through the procedures established in these regulations.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing. Certificate of Compliance filed 6-9-67 (Register 67, No. 23).

51014. Vocational Rehabilitation Services.

Whenever a service is recommended on behalf of a Medi-Cal beneficiary on the basis that such service is needed for vocational rehabilitation, he shall be referred to the State Department of Rehabilitation for counseling and evaluation. If the Department concurs in the vocational relevancy of the proposed service, it will provide case management services and make appropriate recommendations on requests for prior authorization to the Medi-Cal consultant.

HISTORY:

1. New section filed 5-31-68; effective thirtieth day thereafter (Register 68, No. 21).

(Register 80, No. 21—5-24-80)

(c) The costs of diagnosis and treatment services provided to Medi-Cal beneficiaries as a result of health assessments shall be reimbursed by the State in accordance with the Medi-Cal fee schedules, subject to any applicable Medi-Cal program limitations.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Section 323, Health and Safety Code.

HISTORY:

1. Amendment filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).

Article 4. Required Services

6840. Required Services.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Sections 321.2 (a)-(e), Health and Safety Code.

HISTORY:

1. Repealer filed 12-1-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).

6842. Outreach and Health Education.

(a) Plan. Each community child health and disability prevention program shall develop, plan and implement community outreach and health education activities which are related to the community's needs and resources. Activities may include, but are not limited to, community organization, staff training, consultation with children and families, staff services to community child health and disability prevention program advisory boards, and the development and dissemination of informational and educational material for the public, potential users and providers of the program's services, advisory board members, local agencies and community groups.

(b) Outreach. An outreach program shall be as follows:

(1) Community child health and disability prevention programs shall develop outreach programs to involve persons in the use of preventive health services. Outreach and health education services shall be designed to ensure that the only reason eligible persons do not participate in the health assessment and referral for diagnosis and treatment portions of the program is because they intelligently and knowingly decline such participation for reasons unrelated to availability and accessibility of the health assessment, diagnosis and treatment services.

(2) In cooperation with the community child health and disability prevention program, the governing body of every school district or private school which has children enrolled in kindergarten shall, at the time the parent or guardian registers a child in kindergarten, inform the parents or guardians as follows:

(A) It is statutorily required that children provide, within 90 days after entrance into the first grade, either a certificate to the school documenting that within the prior 18 months the child has received the appropriate health assessment required by law, or a waiver signed by the parent or guardian indicating that they do not want or are unable to obtain such health assessments for their children.

(c) Frequency. An annual referral to a dentist for dental services shall be offered each eligible Medi-Cal recipient three years of age and older. Dental providers, approved for participation in the Medi-Cal program, shall be reimbursed for diagnosis resulting from this annual referral, and for dental care needed for relief of pain and infections, restoration of teeth and maintenance of dental health.

(d) Offer of assistance with transportation and scheduling appointments. Medi-Cal beneficiaries shall be offered assistance with transportation and scheduling appointments for initial and periodic dental examinations. The response to this offer shall be recorded, and this assistance shall be provided if requested by the beneficiary.

(e) Completion of referral. All reasonable steps shall be taken to ensure that Medi-Cal beneficiaries eligible to receive an initial or a periodic dental examination, and who request a referral, complete the referral. An *initial* dental examination shall normally be completed within 120 days from either the date the beneficiary requests the referral, or the date the beneficiary was certified eligible to receive Medi-Cal benefits, whichever occurs later. A *periodic* dental examination shall normally be completed within 120 days from either the date the beneficiary requests the referral, or the last day of the month in which the annual dental examination was due, whichever occurs earlier.

(f) Referral sources. The first source of referral for dental services shall be the person's usual source of licensed dental care. If no usual source of licensed dental care can be identified, the person shall be given, without prejudice for or against any one source, the names and locations of at least three sources of dental care, when available, which have been approved as providers of dental services by the California Medical Assistance Program. Although the family or recipient may choose to receive dental diagnostic and treatment services from a provider of its choice, to be eligible for state reimbursement, these services shall be provided by Medi-Cal approved providers and in accordance with the provisions of the California Administrative Code, Title 22, Division 3 and subject to any applicable Medi-Cal program limitations.

(g) Documentation. If initial or periodic dental services were not provided to a Medi-Cal beneficiary who had requested such services and who also had requested assistance with transportation or scheduling appointments for services, documentation must exist showing that the family or person lost eligibility, could not be located despite a good faith effort to do so, or the person's failure to receive the services was due to an action or decision by the family or person, rather than a failure by the community child health and disability prevention program to meet requirements of this subchapter, including the requirement to offer and provide assistance with transportation and scheduling appointments for services.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Sections 321.2, 322.7 and 323.7, Health and Safety Code.

HISTORY:

1. New section filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.

2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).

3. Amendment of subsection (a)(1) filed 5-22-80; effective thirtieth day thereafter (Register 80, No. 21).

(Register 80, No. 13—3-29-80)

6846. Health Assessment.

(a) Conditions. The following conditions apply to health assessments provided to eligible persons:

(1) A health assessment shall not be provided without the voluntary consent of the patient.

(2) A health assessment shall not be provided to minors without the prior and written consent of the minor's parent or guardian unle: one or more of the following circumstances exist:

(A) The minor is emancipated.

(B) The minor is married.

(C) The minor is a member of the military forces.

(D) Provision of the service is exempted from parental consent by federal or state statute or regulation.

(b) Required screening procedures. Unless medically contraindicated or deemed inappropriate by the health assessment provider, or refused by the person, health assessments shall include the following procedures:

(1) Health and developmental history.

(2) Unclothed physical examination including assessment of physical growth.

(3) Assessment of nutritional status.

(4) Inspection of ears, nose, mouth, throat, teeth and gums.

(5) Vision screening.

(6) Hearing screening.

(7) Tuberculin testing and laboratory tests appropriate to age and sex, including tests for anemia, diabetes and urinary tract infections.

(8) Testing for sickle cell trait and lead poisoning where appropriate.

(9) Immunizations appropriate to age and health history necessary to make status current. (Patient shall also receive, subsequent to the health assessment, any immunizations which could not be given during the assessment, and any immunizations necessary to complete a series which could not be completed during the assessment.)

(10) Health education and anticipatory guidance appropriate to age and health status.

(c) Additional screening procedures. A community child health and disability prevention program may include screening procedures in its program, additional to the ones included in this section, if those procedures are approved by the Department and the State Child Health Board.

(d) Rechecks. In those instances where a person is eligible for state reimbursement of health assessment costs, reimbursement may be made for one recheck of those screening procedures (excluding the Health History and Physical Examination) and laboratory tests where such a recheck is medically indicated because questionable or marginal results were obtained during the prior screening.

(e) Results of health assessment. The results of the health assessment shall be handled as follows:

(1) Health assessment providers shall provide the person with a copy of the results of the screening tests, with an appropriate explanation of the results. Such notification and discussion of screening test results, unless provided by a licensed or certified practitioner of the healing arts, shall be free of diagnostic statements or suggestions that the person needs any particular treatment. Specifically, no medical care or special education plan shall be instituted solely on the basis of the health screening results.

(Register 80, No. 21—5-24-80)

The following table is a guide for the minimum frequency at which health assessments shall be provided to persons eligible for periodic assessments:

Under 1 month old	(1 month)
1 through 2 months old	(2 months)
3 through 4 months old	(2 months)
5 through 6 months old	(2 months)
7 through 9 months old	(3 months)
10 through 12 months old	(3 months)
13 through 17 months old	(5 months)
18 through 23 months old	(6 months)
2 years old	(1 year)
3 years old	(1 year)
4 through 5 years old	(2 years)
6 through 8 years old	(3 years)
9 through 12 years old	(4 years)
13 through 16 years old	(4 years)
17 through 20 years old	

(d) Additional Health Assessments. The frequency indicated in this section is considered a minimum for preventive health care. More frequent health assessments will be reimbursed when the additional assessment is deemed appropriate by the health assessment provider. Circumstances which may indicate the need for more frequent assessments include the following:

(1) The parents have or the person has a particular need for education and guidance.

(2) There is the presence or possibility of perinatal disorders (such as low birth weight, low Apgar scores at birth, prolonged labor).

(3) The person is or will be exposed to a potentially stressful environment—for example, camp or contact sports—before the next periodic health assessment indicated by the periodicity schedule is due.

(e) Limitations. Reimbursement at more frequent intervals will not be made for a health assessment of an individual for the purpose of monitoring or treating a specific disease or disorder previously diagnosed, or for a person whose overall health status requires ongoing treatment care. Such individuals are still eligible for regular assessments if they are otherwise eligible for CHDP services.

NOTE: Authority cited: Sections 208, 321 and 323.7, Health and Safety Code. Reference: Sections 320 and 323.7, Health and Safety Code.

HISTORY:

1. New section filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).
3. Amendment of subsections (c) and (d) (2) filed 5-22-80; effective thirtieth day thereafter (Register 80, No. 21).

6848. Certification for School Entry.

(a) If a child receives a health assessment under provisions of this subchapter, and must present documentation to the school in which the child is to enroll that the appropriate health screening procedures specified in Section 6846 have been performed, the physician providing or supervising such screening shall give the child or parent or guardian a certificate documenting that the child has received the appropriate health screening procedures. The certificate shall be provided whether the cost of the health assessment is reimbursed by the State or paid on behalf of the child.

(5) The community child health and disability prevention program shall:

(A) Identify those persons eligible for CHDP services who can obtain needed medical or remedial services through a grantee under Title V of the Social Security Act (Maternal and Child Health and Crippled Children's Services).

(B) Ensure that persons eligible for Title V services are informed of available services, and referred, if they desire, to Title V grantees that offer services appropriate to the persons' needs.

(6) The source of health care selected by the person shall be indicated on the CHDP assessment form. If that source is other than the assessment provider, a copy of the CHDP referral form or equivalent shall be provided, with the person's written permission, to the identified source of health care.

(b) Additional to (a), above, the following shall apply to Medi-Cal beneficiaries for whom diagnosis and treatment is indicated as a result of initial or periodic health assessments:

(1) Medi-Cal beneficiaries, who requested assistance with transportation or scheduling the appointment for the health assessment, shall be offered assistance with transportation and scheduling appointments for diagnosis and treatment. The response to this offer shall be recorded, and this assistance shall be provided if requested by the beneficiary.

(2) Medi-Cal beneficiaries, who did not request assistance with transportation or scheduling the appointment for the health assessment, may request assistance with transportation and scheduling appointments for diagnosis and treatment. If the beneficiary requests such assistance, the request shall be documented and the assistance shall be provided.

(3) Treatment needed as a result of an *initial* health assessment shall normally be initiated within 120 days from either the date the beneficiary requested the health assessment, or the date the beneficiary was certified eligible to receive Medi-Cal benefits, whichever occurs later. Treatment needed as a result of a *periodic* health assessment shall normally be initiated within 120 days from either the date the beneficiary requested the health assessment, or the last day of the month in which the beneficiary's age exceeds the oldest allowable age for the health assessment according to the periodicity schedule specified in Section 6847, whichever occurs earlier.

(4) If diagnostic and treatment services are not provided to a Medi-Cal beneficiary who requests such services and who also requests assistance with transportation or scheduling appointments for such services, documentation must exist showing that the family or recipient declined the services, lost eligibility, could not be located despite a good faith effort to do so, or the recipient's failure to receive the services was due to an action or decision by the family or recipient, rather than a failure by the community child health and disability prevention program to meet requirements of this subchapter, including the requirement to offer and provide assistance with transportation and scheduling appointments for services.

(c) Each community child health and disability prevention program shall be responsible for developing and maintaining a referral and follow-up system for diagnosis and treatment, and for ensuring that referral is carried out. The referral and follow-up system shall be specified in the community's child health and disability prevention program plan. Agreements between the community

1(K)

§ 317. Units of food and prices

Nutrition coupons, so far as feasible, shall reflect the unit price of foods selected by the department to meet the nutritional needs of the participants in the pilot project. Each coupon shall be specifically designated as to the unit of food for which it is redeemable.

(Added by Stats.1971, c. 1029, p. 1977, § 1.)

Library References

Health and Environment ⟹6.
Infants ⟹13.

C.J.S. Health and Environment § 13.
C.J.S. Infants §§ 5, 92, 93, 95 to 98.

§ 318. Contracts for redemption of coupons

The department shall, if it establishes a pilot program pursuant to Section 311, investigate the feasibility of contracting with one or more banks in the area served by the pilot project for the redemption of nutrition coupons.

(Added by Stats.1971, c. 1029, p. 1977, § 1.)

Library References

Health and Environment ⟹6.
Infants ⟹13.

C.J.S. Health and Environment § 13.
C.J.S. Infants §§ 5, 92, 93, 95 to 98.

§ 319. Report to legislature

If the department establishes a pilot program pursuant to Section 311, it shall submit a report to the Legislature by July 1, 1972, on its findings concerning the need for, and development of, a supplemental nutritional program for needy pregnant mothers and infants under one year of age, suffering from malnutrition.

(Added by Stats.1971, c. 1029, p. 1977, § 1.)

Library References

Health and Environment ⟹6.
Infants ⟹13.

C.J.S. Health and Environment § 13.
C.J.S. Infants §§ 5, 92, 93, 95 to 98.

Article 3.4

CHILD HEALTH DISABILITY PREVENTION PROGRAM

Sec.

320. Legislative finding and declaration.
320.2. Definitions.
320.5. State child health board.
320.7. State advisory committee on child abuse; creation; membership; duration of section.

Sec.
321. Administration; minimum standards for approval; rules and regulations; state plan.
321.2. Establishment of programs; plan requirements; standards for procedures; record system.
321.5. Services by city; election; powers.
321.7. Local advisory boards.
322. Directors of community programs.
322.2. Intercounty service contracts.
322.5. Preliminary budget; revised estimate; community child health and disability prevention plan; requirements.
322.7. State reimbursement.
323. State reimbursement.
323.2. Schedule and method of reimbursement; use of federal funds.
323.5. Certificate of receipt; health screening and evaluation services; waiver by parent or guardian.
323.7. Eligibility for services; rules and regulations specifying age groups for screening tests and recommendations for referral; sources of referral.
324. Copy of results of screening and evaluation; reference for further diagnosis and treatment.
324.2. School districts and private schools; information to parents or guardians of kindergarten children; withholding of average-daily-attendance funds.
324.5. Confidentiality of information and results; health screening and evaluation; release; professional interpretation of results.

Article 3.4 was added by Stats.1976, c. 1159, p. 5320, § 2.

Cross References

Compliance with hereditary disorders act, see § 155.

Administrative Code References

Child health and disability prevention program, see 17 Cal.Adm.Code 6800 et seq.

§ 320. Legislative finding and declaration

The Legislature finds and declares that many physical and mental disabilities can be prevented, or their impact on an individual lessened, when they are identified and treated before they become chronic and irreversible damage occurs. The Legislature finds and declares that a community-based program of early identification and referral for treatment of potential handicapping conditions will be effective in reducing the incidence of such conditions and will benefit the health and welfare of the citizens of this state.

It is the intent of the Legislature in enacting this article to establish child health and disability prevention programs, which shall

be financed and have standards established at the state level and which shall be operated at the local level, for the purpose of providing early and periodic assessments of the health status of children. It is further intended that child health and disability prevention programs shall make maximum use of existing health care resources and shall utilize, as the first source of screening, the child's usual source of health care so that health screening programs are fully integrated with existing health services, that health care professionals be appropriately represented and utilized in these programs, that outreach programs be developed to stimulate the use of preventive health services, and that services offered pursuant to this part be efficiently provided and be of the highest quality.

(Formerly § 306, added by Stats.1973, c. 1069, p. 2145, § 1. Amended by Stats.1976, c. 1208, p. 5499, § 1, eff. Sept. 22, 1976. Renumbered § 320 and amended by Stats.1977, c. 579, § 84.)

Historical Note

The 1976 amendment required, in the second sentence of the second paragraph, the use "as the first source of screening, the child's usual source of health care".

Repeal of § 306 (added by Stats.1973, c. 1069, p. 2145, § 1) by Stats.1976, c. 1159, p. 5230, § 1, failed to take effect upon enactment of Stats.1976, c. 1208, p. 5499, § 1, which amended § 306, under the terms of Gov.C. § 9605.

The 1977 amendment renumbered § 306 to be § 320 without change.

Former § 320, added by Stats.1976, c. 1159, p. 5230, § 2, relating to the same subject matter, was repealed by Stats. 1977, c. 579, § 95.

Library References

Social Security and Public Welfare ⟹195.

C.J.S. Social Security and Public Welfare § 125.

§ 320.2. Definitions

As used in this article:

(a) "Board" means the State Child Health Board.

(b) "Department" means the State Department of Health Services.

(c) "Director" means the State Director of Health Services.

(d) "Governing body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly.

(Added by Stats.1976, c. 1159, p. 5230, § 2. Amended by Stats.1977, c. 1252, § 152, operative July 1, 1978.)

(c) Any civil penalty which is assessed pursuant to subdivision (a) shall be paid into the General Fund of the State Treasury.

(Added by Stats.1979, c. 817, p. 2823, § 11.)

§ 319. Inspections and investigations

Any officer, employee, or agent of the state department may enter the premises of any contract retail food vendor to verify food prices or to witness or investigate procedures, or to otherwise determine compliance of such vendor with the provisions of this article.

(Added by Stats.1979, c. 817, p. 2824, § 12.)

1979 Legislation.

Former § 319 was renumbered § 317 and amended by Stats.1979, c. 817, p. 2823, § 8.

§ 319.5. **Report to legislature**

The state department, if it establishes the program authorized by Section 311, shall submit a report to the Legislature on or before March 1, 1980, describing the components of, and the participation in, the nutritional food supplement program.

(Added by Stats.1979, c. 817, p. 2824, § 13.)

ARTICLE 3.4. CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

Sec.
320.5. State maternal, child, and adolescent health board: duration of section.
321.7. Local maternal, child, and adolescent health boards.

Heading of Article 3.4 was amended by Stats.1981, c. 714, p. ——, § 210.

§ 320.2. **Definitions**

As used in this article:

(a) "State board" means the State Maternal, Child, and Adolescent Health Board.

(b) "Department" means the State Department of Health Services.

(c) "Director" means the State Director of Health Services.

(d) "Governing body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly.

(e) "Local board" means local maternal, child, and adolescent health board.

(f) "Local health jurisdiction" means county health department or combined health department in the case of counties acting jointly or city health department within the meaning of Section 1722.

(Amended by Stats.1981, c. 1038, p. ——, § 3.)

§ 320.5. **State maternal, child, and adolescent health board; duration of section**

A State Maternal, Child, and Adolescent Health Board advisory to the director is hereby established within the State Department of Health Services.

The state board shall consist of 13 voting members. The membership shall reflect the ethnic and geographic diversity of the State of California and shall include individuals or parents of individuals who are recipients of services administered by the department, health providers, including Board of Medical Quality Assurance certified or qualified physicians, and representatives of other related interests. The Governor shall appoint seven members of the state board, including a county health officer; a member of the Primary Care Clinics Advisory Committee; one family practice physician, one dentist a major part of whose practice is children's dentistry; one pediatrician; one representative of a child health advocacy organization; and one parent, who is not a health care provider, of a child eligible for health services administered by the department. The Chairman of the Senate Rules Committee shall appoint three members of the state board, including a pediatrician, a parent, who is not a health care provider, of a child eligible for health services administered by the department, and

an individual experienced in administering a local family planning agency. The Speaker of the Assembly shall appoint three members of the state board, including a pediatrician, a nurse specializing in child health, and an obstetrician/gynecologist. A member of the State Council on Developmental Disabilities, a member of the State Commission on Special Education, the Directors of the Departments of Health Services, Mental Health, and Social Services and the Superintendent of Public Instruction, or their designees, shall serve as ex officio, nonvoting members of the state board. The term of each member shall be three years, or for the duration that each member maintains the qualifications under which he or she was appointed, whichever is shorter. In order to maintain continuity, present members of the State Child Health Board shall be appointed to the state board for the duration of their current terms.

The members of the state board shall serve without compensation but shall be reimbursed for any actual and necessary expenses incurred in connection with the performance of their duties under this article. Members who are parents of children eligible for departmental programs may additionally be reimbursed upon request for their actual and necessary costs of additional child care and lost wages. The Director of Health Services shall provide necessary support staff and services to the state board. The state board shall utilize available department staff to carry out specific tasks enumerated in this article. The state board may hire staff for special projects provided the total budget level for board operations does not exceed the existing level, except as provided for by the director or the Legislature by statute.

The state board shall select its own chairperson from among the 18 appointed members by majority vote of the members and shall establish technical advisory committees as it deems necessary and desirable for the efficient and expeditious performance of its duties. The director may provide or the state board may request that the director provide additional technical experts and consultants to facilitate and support the work of the state board. The state board shall meet on call of the chairperson, at least once quarterly, or as often as necessary to fulfill its duties. All meetings and records of the state board shall be open to the public.

The state board shall have all of the following powers, duties and responsibilities:

(a) Conduct independent studies, investigations, and hearings on the health of mothers, children, and adolescents and the system of health services for mothers, children, and adolescents.

(b) Review health related programs which serve women, children, and adolescents for the purpose of recommending steps to facilitate interdepartmental integration of service delivery.

(c) Identify deficiencies and barriers in the maternal, child, and adolescent health delivery system on a statewide basis, recommend priorities for remedying deficiencies, and develop recommendations to remove barriers to appropriate health service utilization.

(d) Review, during the developmental stage, any plans affecting health programs for mothers, children, and adolescents developed by the department and comment on such plans vis a vis consistency with the state board's policy and goals and make recommendations on a unified planning process for programs affecting the health of mothers, children, and adolescents.

(e) Receive from the department for review and comment prior to their adoption all rules, regulations, and standards affecting maternal, child, and adolescent health. The director shall submit to the board a copy of the final statement prepared for the Office of Administrative Law pursuant to Section 11346.7 of the Government Code. The director may impose a reasonable time limit for the review of regulations, including, but not limited to, the following:

(1) Review of standards for health screening, evaluation, and diagnostic procedures for community maternal, child, and adolescent health programs.

(2) Review of standards for directors of community maternal, child, and adolescent health programs.

(3) Review of standards for public and private health providers, facilities, and agencies which participate in community maternal, child, and adolescent health programs.

(f) Review and comment upon proposed department policies affecting maternal, child, and adolescent health programs.

(g) Review policies and develop recommendations regarding:

(1) Health goals with measurable objectives for all children, adolescents, and pregnant females in California.

(2) A standard of financial eligibility for preventive programs which will facilitate program integration.

(3) A reimbursement mechanism that will encourage provider participation in an integrated maternal, child, and adolescent health program.

(4) Current programs that could be combined to foster integrated service delivery.

(5) Systems to assure coordination within the department in order to insure uniform case management and referral of children, youth, and pregnant women.

(6) Coverage of preventive care, health maintenance, and health education and counseling by third party payers.

(h) Review reports and respond to needs and recommendations of the local boards.

(i) Work with local boards to evaluate the success of established programs and assess the potential viability of proposed programs.

(j) Review and make recommendations to the director on written appeals received from local organizations and providers.

(k) Prepare a biennial report to the director summarizing the progress of the state board in fulfilling the above listed duties, powers and responsibilities, which report shall be transmitted to the Legislature and the local boards. The first such report shall be due on or before January 1, 1983.

In order to further the intent of this section and to support the work of the state board, the department shall develop, not later than July 1, 1982, alternative models for the provision of integrated health service delivery to women, children, and adolescents at the local level. Such models shall address the concerns and recommendations of the state board relating to integrated service delivery.

The provisions of this section shall remain in effect only until January 1, 1986, and as of such date is repealed, unless a later enacted statute, which is chaptered before January 1, 1986, deletes or extends such date.

(Added by Stats.1981, c. 1038, p. ——, § 5.)

Repeal

Section 320.5 is repealed by its own terms on Jan. 1, 1986.

1981 Legislation

Section 1 of Stats.1981, c. 1038, p. ——, provided:

"The Legislature finds and declares that there is a multiplicity of programs and advisory boards influencing policy on maternal, child, and adolescent health services throughout the state. Further, the Legislature finds and declares that while important strides have been made in meeting some specific health needs of mothers and children, no overall plans and standards have as yet been developed for assuring the health of California's children and women of the childbearing age. The resulting fragmented system is characterized by a lack of coordination, continuity, and comprehensive management of maternal, child, and adolescent health services both within local communities and on a statewide basis.

"It is the intent of the Legislature to establish a State Maternal, Child, and Adolescent Health Board, advisory to the Director of the State Department of Health Services in order to develop broad public input and provide consistent statewide policy advice supporting the coordination and integration of state programs serving mothers and children. Further, it is the intent of the Legislature to improve coordination and to promote an innovative and integrated maternal, child, and adolescent health system at the local level, by establishing local maternal, child, and adolescent health boards which may supersede and incorporate other local bodies advisory to local government on programs affecting the health of mothers and children."

Former § 320.5, amended by Stats.1980, c. 1028, p. 3298, § 1, was repealed by Stats.1981, c. 1038, p. ——, § 4.

§ 321.2. Establishment of programs; plan requirements; standards for procedures; record system

The governing body of each county * * * or counties shall establish a community child health and disability prevention program for the purpose of providing early and periodic assessments of the health status of children in the county or counties by July 1, 1974. However, this shall be the responsibility of the department for all counties which contract with the state for health services. Contract counties, at the option of the board of supervisors, may provide services pursuant to this article in the same manner as other county programs, provided such option is exercised prior to the beginning of each fiscal year. Each such plan shall include, but is not limited to, the following requirements:

(a) Outreach and educational services.

(b) Agreements with public and private facilities and practitioners to carry out the programs.

Asterisks * * * indicate deletions by amendment

§ 1187. Effectuation, purpose and approval of projects

The state department shall plan and put into operation a number of health services development projects. The purpose of the projects shall be to demonstrate effective ways of providing health care services in underserved rural health areas. The director shall make the final decision on approval of a project.

(Added by Stats.1976, c. 1196, p. 5463, § 1.)

Library References

Health and Environment ⟹6. C.J.S. Health and Environment § 13.

§ 1187.1. Application for funds; project operators

Applications may be made for funds for health services development projects and such projects may be initiated and operated by any agency, including, but not limited to:

(a) A community agency, including a National Health Services Corps site.

(b) An ongoing rural health program, including migrant health or Indian health program.

(c) A family practice education program.

(d) A county health department.

(e) The State Department of Health Services.

(f) Any health facility or clinic.

(Added by Stats.1976, c. 1196, p. 5463, § 1. Amended by Stats.1977, c. 1252, § 240, operative July 1, 1978.)

Historical Note

The 1977 amendment substituted "State Department of Health Services" for "State Department of Health" in subd. (e).

Cross References

Clinics, [illegible] see § 1240 et seq.
Indian sufficiency of funding for rural health services, see § [illegible]
Primary health service hospitals, see § 1329 et seq.

Administrative Code References

Applicants, see 22 Cal.Adm.Code 40213 et seq., 40223 et seq.

Library References

Health and Environment ⟹6. C.J.S. Health and Environment § 13.
States ⟹[illegible] et seq. C.J.S. States [illegible]

United States Code Annotated

Migrant health centers, see 42 U.S.C.A. § 254b.

§ 1187.3. Grants or loans; direct department administration

Projects may be in the form of grants or loans provided under contract between the state department and the contracting nonprofit agency, or may be administered directly by the state department.

(Added by Stats.1976, c. 1196, p. 5463, § 1.)

§ 1187.4. Assistance in preparing grant proposals

The state department may assist community agencies to develop contract proposals.

(Added by Stats.1976, c. 1196, p. 5463, § 1.)

§ 1187.5. Project proposals; project elements

Project proposals shall be considered which address the health needs of rural populations, including, but not limited to, migratory and other agricultural workers, native Americans, and senior citizens, which have insufficient access to adequate levels of health care services due to geographical isolation or economic factors.

Projects which are approved shall contain one or more of the following elements:

(1) Provides primary health care, including preventive health services and diagnostic, treatment, referral, and followup services.

(2) Provides comprehensive health care, including specialized physician services, inpatient and outpatient facilities, laboratory and X-ray services, home health services, and other specialized services.

(3) Provides emergency medical services designed to meet the special problems of rural isolation.

(4) Provides transportation appropriate to achieving the goal of making health care services available to residents of rural areas.

(5) Provides electronic communication technology to improve health care delivery and emergency health services in the designated rural areas.

(6) Establishes regional health systems, including linkage with both rural and urban health programs and facilities.

(7) Improves the quality of medical care and the administrative capabilities of agencies and management systems in rural areas.

(8) Provides health education programs in the designated rural areas, including health and nutrition education, and continuing education for health professionals.

(9) Promotes nurse practitioner and physician assistants programs and other programs for training and placement of health pro-

fessionals in the designated areas to respond to rural manpower shortages.

(Added by Stats.1976, c. 1196, p. 5463, § 1. Amended by Stats.1978, c. 1331, § 4.)

Historical Note

The 1978 amendment deleted "rural" before "nurse practitioner" in subd. (9).

Administrative Code References

Types of assistance, see 22 Cal.Adm.Code 40217.

§ 1187.6. Funding of projects; continuation or termination; evaluation

Project funding shall be for one year at a time and continuation will depend on progress toward achieving the goals of the project. The director shall make the final decision to continue or discontinue a project. In evaluating the success of a project, the director shall take into account the number of additional persons who are receiving quality health care as a result of the operation of the project and the improvement in health status of the population served by the project.

(Added by Stats.1976, c. 1196, p. 5463, § 1.)

Cross References

Advance payment for services, see § 1045.

§ 1187.7. Advisory committee

Each applicant shall form an advisory committee for the project. The advisory committee shall participate in all of the following:

(a) Planning the project.

(b) Reviewing the progress of the project.

(c) Proposing changes in the project.

(d) Planning for the continuation of the project after the grant period through self-sufficiency.

At least one-half of the members of the advisory committee shall be consumers, as defined by Public Law 93-641 [1]. The advisory committee shall include, where feasible, representatives of the health service agencies, the Seasonal Agricultural Workers Advisory Committee, consumers selected from rural target populations, such as native Americans, senior citizens, Medi-Cal recipients, isolated rural residents, and agricultural and forestry workers, providers from rural areas, and persons with knowledge of rural areas from educational institutions, and state, county, and federal agencies.

(Added by Stats.1976, c. 1196, p. 5463, § 1.)

[1] 42 U.S.C.A. § 300k et seq.

Each community child health and disability prevention program shall, pursuant to standards set by the director, establish a record system which contains a health case history for each child so that costly and unnecessary repetition of screening, immunization and referral will not occur and appropriate health treatment will be facilitated as specified in Section 323.5.
(Amended by Stats.1979, c. 373, p. —, § 178.)

State and local responsibilities, see 17 Cal.Adm.Code 6820.

§ 323.7 Eligibility for services; rules and regulations specifying age groups for screening tests and recommendations for referral; sources of referral

Eligibility for services and reimbursement, see 17 Cal.Adm.Code 6830, 6832.

§ 324.2 School districts and private schools; information to parents or guardians of kindergarten children; withholding of average-daily-attendance funds

In cooperation with the county child health and disability prevention program, the governing body of every school district or private school which has children enrolled in kindergarten shall provide information to the parents or guardians of all children enrolled in kindergarten of the provisions of this article. Every school district or private school which has children enrolled in the first grade shall report by January 15 of each year to the county child health and disability prevention program, the State Department of Health Services, and the Department of Education the following information:

(a) The total number of children enrolled in first grade.

(b) The number of children who have had a health screening examination, as evidenced by the certificate required by Section 308.5.

(c) The number of children whose parents or guardian have given written * * * waiver pursuant to Section 323.5 that they do not want their child to receive a health screening examination.

Each county child health and disability prevention program shall reimburse school districts for information provided pursuant to this section. The Superintendent of Public Instruction may withhold state average-daily-attendance funds to any school district for any child for whom a certification or parental waiver is not obtained.
(Amended by Stats.1979, c. 373, p. —, § 179.)

ARTICLE 3.6 GENETICALLY HANDICAPPED PERSON'S PROGRAM

§ 341. Establishment and administration; medical and social support services; rules and regulations; priorities

The State Director of Health Services shall establish and administer a program for the medical care of persons with genetically handicapping conditions, including cystic fibrosis, hemophilia, * * * sickle cell disease, Huntington's disease, Friedreich's Ataxia, and Joseph's disease.

The program shall also provide access to social support services, which may help ameliorate the physical, psychological, and economic problems attendant to genetically handicapping conditions, in order that the genetically handicapped person may function at an optimal level commensurate with the degree of impairment.

Such medical and social support services may be obtained through physicians, genetically handicapped person's program specialized * * * centers, and other providers that * * * qualify pursuant to the regulations of the department to provide such * * * services. "Medical care" as used in this section shall be limited to noncustodial medical and support services.

Underline indicates changes or additions by amendment

The director, with the guidance of the Advisory Committee on Genetically Handicapped Person's Program may, by regulation, expand the list of genetically handicapping conditions covered under this article. The director shall adopt such rules and regulations as are necessary for the implementation of the provisions of this article. The director, with the approval of the advisory committee, shall establish priorities for the use of funds and provision of services under this article.

(Amended by Stats.1979, c. 1155, p. —, § 2.)

1979 Legislation.

Section 1 of Stats.1979, c. 1155, p. —, provides:

"The Legislature finds and declares that the health care management problems of individuals suffering from chronic inherited degenerative illnesses have a cataclysmic and shattering emotional and financial impact on the patients and families afflicted.

"The Legislature further finds and declares that the health care delivery system in the State of California lacks a full range of services and facilities matched to the needs of the chronically ill at all levels of disability. As a consequence, many families unable to afford the high cost of health care are forced to consider bankruptcy or divorce as their only alternatives.

"The Legislature, therefore, finds that in order to ease human suffering, maintain the family unit and encourage individuals to remain self-supportive, the state must assist in the provision of such services."

§ 342. Inclusions in program; medical and social support services

The program established under this article shall include any or all of the following medical and social support services:

(a) Initial intake and diagnostic evaluation;
(b) The cost of blood transfusion and use of blood derivatives, or both;
(c) Rehabilitation services, including reconstructive surgery;
(d) Expert diagnosis;
(e) Medical treatment;
(f) Surgical treatment;
(g) Hospital care;
(h) Physical and speech therapy;
(i) Occupational therapy;
(j) Special treatment;
(k) Materials;
(l) Appliances and their upkeep, maintenance, and care;
(m) Maintenance, transportation, or care incidental to any other form of services; * * *
(n) Respite care or other existing resources (e. g., sheltered workshops);
(o) Genetic and long-term psychological counseling;
(p) Appropriate administrative staff resources to carry out the provisions of this article. Such staff shall include, but not be limited to, at least one case manager per each 350 clients.

(Amended by Stats.1979, c. 1155, p. —, § 3.)

§ 343. Advisory committee

The State Director of Health Services shall appoint an * * * 11-member Advisory Committee on Genetically Handicapped Person's Program composed of professional and consumer representatives who shall serve without compensation and at the discretion of the director. The director shall seek the advice of the advisory committee with respect to rules and regulations to be adopted pursuant to this article.

(Amended by Stats.1979, c. 1155, p. —, § 4.)

§ 347. Uniform standards of financial eligibility; persons with family incomes exceeding $100,000; repayment schedule

The state department shall establish, with the guidance of the advisory committee, uniform standards of financial eligibility for the services under the * * * program * * * established under this article.

Asterisks * * * indicate deletions by amendment

2-675 INDIVIDUALS TO BE SERVED BY THE SAU (Continued) 42-675

.334 For certified individuals who enter unsubsidized employment.

(a) Necessary WIN purchased services shall continue for 30 days to a certified individual who enters unsubsidized employment. It is not required that the services be purchased from WIN supportive service funds if other sources are available, however.

(b) WIN purchased services may continue for an additional 60 days at the discretion of the SAU when necessary to enable the registrant to remain employed.

(c) Such services may continue even though the AFDC grant may have been terminated.

.34 WIN purchased services for working registrants.

.341 In special circumstances, working registrants who are not currently receiving WIN purchased services, may be provided day care services. Such services are limited as follows:

(a) There has been a breakdown in day care due to unforeseeable circumstances. Changes in day care arrangements which can be anticipated, such as the end of the school year, are not considered exceptional circumstances; and

(b) The failure to provide the day care would result in the loss of existing employment; and

(c) Provision of day care would enable the registrant to continue employment; and

(d) The services are not available on a timely basis from Title XX or any other source.

.342 Under special circumstances WIN purchased services other than day care may also be provided.

.343 Provision of the WIN purchased services under this section is limited to a maximum of 30 days.

.344 This service may not be used as a means of automatically extending the usual duration of WIN purchased services.

.345 If the individual is uncertified when the need for the service arises, the SAU is to initiate the certification.

4 Title XX Services or Services From Other Sources

.41 At times, the registrant or a member of his/her family may require services which cannot be paid for from WIN supportive services funds or which cannot be provided by the SAU worker. In such instances, the SAU worker should make every effort to arrange for such services to be provided from available Title XX or other service programs.

42-675 INDIVIDUALS TO BE SERVED BY THE SAU (Continued) 42-675

.33 WIN purchased services are available to all certified registrants. The duration of such purchased services is limited however, as follows:

.331 Individuals in WIN components.

(a) Necessary WIN purchased services shall continue for the duration of the components, except for WIN/OJT, WIN/PSE components, and suspense to CETA/OJT, and CETA/PSE, even though the AFDC benefits have been terminated.

(b) When a certified individual enters WIN/OJT, WIN/PSE, CETA/OJT, or CETA/PSE, necessary supportive services shall continue for a period of 30 days after the start of subsidized employment even though the AFDC benefits have been terminated.

(c) When the SAU determines it is necessary to enable the registrant to remain in the component, they may authorize the continuation of such services for an additional 60 days even after AFDC benefits have been terminated.

.332 Certified registrants between components.

WIN purchased services may be provided for up to two weeks to a registrant between participation in WIN components or between participation in one component and the start of employment in order to avoid interruption of the employability process.

.333 Certified registrants, unassigned to any component.

WIN purchased services may be provided to certified registrants when required to enable the individual to accept training or employment.

42-675 INDIVIDUALS TO BE SERVED BY THE SAU 42-675

.1 General

.11 The SAU provides services to WIN registrants and their families, when such services are necessary to enable the registrant to accept employment or participate in the WIN program.

Subject to further limitations, registrants can be:

(a) AFDC applicants.

(b) Certified or uncertified AFDC recipients.

(c) Discontinued AFDC recipients who remain in WIN components.

.12 The supportive services to be provided are those specified under Section 42-680.

These are provided in two ways:

(a) Staff Services — which are those services provided by the SAU worker, such as counseling; and

(b) WIN Purchased Services — which are those services purchased using WIN supportive service funds.

Whether an individual can receive WIN purchased services and the duration of any such services depends upon:

(1) Whether he/she is an applicant or recipient.

(2) Whether he/she is certified or uncertified.

.2 Staff Services

.21 Staff services are those services provided by the SAU worker. They include any of the services outlined in Section 42-680 as well as the SAU staff time spent in arranging for WIN purchased services or services to be provided from Title XX or any other available sources.

.22 Staff services can be provided to all registrants and their families. This includes all applicant registrants, certified and uncertified registrants, and all registrants in a WIN component (participants) even though AFDC benefits may have been terminated.

.3 WIN Purchased Services

.31 WIN purchased services are services arranged by the SAU worker, but not actually provided by the SAU worker. WIN purchased services are paid for from WIN supportive service funds.

.32 In order to provide a WIN purchased service, it is required that the service be necessary to enable a registrant to accept and retain employment or training for employment.

WIN purchased services are not available to applicants.

WIN purchased services are not available to an uncertified registrant recipient.

If a WIN purchased service is necessary in order to complete certification and enable the uncertified registrant to accept employment or training for employment the individual must be certified and then the service provided.

42-678 REFUSAL TO ACCEPT SERVICES 42-678

.1 **Certified Mandatory Registrants**

.11 A Certified Mandatory Registrant may not refuse supportive services if the refusal prevents the individual from accepting an appropriate work or training assignment. Refusal of such services require that a cause determination be made. Such determinations are made by WIN.

.12 The Certified Mandatory Registrant is not required to accept any other supportive services as a condition of eligibility.

.2 **All Others**

All other registrants may accept or refuse to accept WIN supportive services.

42-680 MANDATED SUPPORTIVE SERVICES 42-680

Supportive Services are social services provided to WIN registrants necessary to enable the registrant to accept employment or participate in WIN, including such services as are necessary to remove or reduce barriers to employment. Mandated services to be provided include: day care, family planning, counseling, employment related medical and remedial care, and selected vocational rehabilitation services.

.1 **Child Day Care Services**

.11 Definition. Child day care is the comprehensive and coordinated sets of activities providing direct care and protection of infants, preschool and school age children during a portion of a 24-hour day inside or outside of the child's own home.

.12 Child Day Care Standards

Child day care arrangements provided through WIN must meet the same standards as are required under Title XX.

13 Child Day Care Plans

A child day care plan is a written agreement between the SAU, the provider, and the WIN certified registrant which comprehensively describes- for whom and under what specific circumstances child day care will be provided.

There must be a written plan for each certified registrant who receives WIN-funded child day care. This plan will include the following information:

a. The name, address, and case number of the WIN certified registrant.

b. Case name, if different from the above.

c. Date the plan is initiated.

d. Name, birthdate, and sex of child(ren) for whom care is being provided.

e. The component in which the registrant will participate.

f. The duration of the component (beginning and ending dates).

g. The type of care being provided, i.e., in-home, family day care, group day care, or day care center.

42-680 MANDATED SUPPORTIVE SERVICES (Continued) 42-680

h. Beginning and ending dates of provision of care.

i. Number of hours of care, e.g., 7:30 a.m. to 3:30 p.m., including normal transportation time.

j. Total number of hours per week.

k. Name and address of provider.

l. Signatures of SAU, the certified registrant, and the provider.

m. Rate of pay per hour, week or month.

n. Conditions under which provider will be paid or not paid for absences.

The SAU signature on the child day care plan is the instrument which authorizes expenditure of WIN child day care funds. A copy of the signed plan should be sent to the IMU.

.131 The SAU should explain to registrants the type of day care available, the suitability of each type of care in relation to the needs of the children, the importance of stability and continuity of care, the length of time WIN-funded day care payments can continue and the availability of Title XX or other day care after WIN-funded care ends.

.132 The certified registrant should be involved in the development of a suitable day care plan which may include plans for emergency or interim care as well as for long-term, stable day care.

.133 If there is more than one type of day care available, the mother or other caretaker relative may choose among them.

.134 A certified registrant may not refuse the available care unless he/she can arrange for other day care that is no more expensive to the county or WIN and can show that such refusal will not prevent or interfere with WIN participation.

.135 In the case of day care provided at no cost to the WIN program, the SAU worker should discuss the care arrangement with the WIN registrant to determine its potential stability and suitability. Each case folder should contain documentation confirming that the client has obtained his or her own suitable day care. Such documentation may consist of the SAU worker's narrative report in the case record.

.136 As part of the planning process, the SAU should stress the importance of the registrant's informing the SAU immediately if the day care plan breaks down.

42-680 MANDATED SUPPORTIVE SERVICES (Continued) 42-680

.14 Criteria for Child Day Care Plans

In developing plans for suitable day care services, the following factors should be considered:

.141 Accessibility to the child's home and school;

.142 Convenience for the registrant and suitability of the hours of the day care with respect to the registrant's schedule; and

.143 Appropriateness of the plan to the age and special needs of the child.

.15 Emergency Day Care Services

.151 The SAU is responsible for providing or arranging for temporary, emergency day care services when (1) no immediate and permanent arrangement is possible, or (2) care is needed for a short-term period, or (3) an emergency situation arises, disrupting the established day care plan, such as the illness of the provider or child or the unavoidable absence of the provider.

.152 Emergency care is not a substitute for long-term care. It should be provided only until a permanent day care plan can be established or the regular plan can be resumed. If possible, no child should be placed in an emergency care arrangement for more than ten continuous days at any one time. During this period, permanent day care arrangements should be developed.

.153 Emergency day care arrangements should meet the same standards as regular day care arrangements.

.16 Child Day Care Costs

.161 If a registrant declines to accept day care services arranged by the SAU and prefers to make other arrangements, WIN supportive service funds may be used to pay for such alternative arrangements if the arrangement will not be more costly than the WIN arrangement, if the alternative will not conflict with the registrant's participation in WIN, and if the arrangements meet the standards of Section 42-680.12.

.162 All child day care costs for participants are paid from WIN child day care funds following the limitations set forth in Section 42-675.33. Such costs shall be paid on the basis of a monthly claim submitted by the certified registrant or by the provider to the county welfare department. This claim shall be signed by both the certified registrant and the provider. The payment shall not exceed those agreed upon in the child day care plan and, (upon receipt of the expense claim), shall be adjusted to meet the actual allowable expense incurred.

.163 Costs of the transportation to and from day care locations of a child of a certified registrant may be charged to WIN manpower funds as part of the transportation allowance to and from the employment or training.

42-680 MANDATED SUPPORTIVE SERVICES (Continued) 42-680

.163 (Continued)

WIN manpower funds are paid by EDD for those participants in non-waged components. Transportation costs are allowed as a work-related expense. Transportation costs for participants in waged components are allowed as a work-related expense deducted from the income. See EAS Section 44-113.241 (d).

.164 WIN will pay for child care when the child is temporarily absent from care if it is agreed upon in the child day care plan. Payment may be made for temporary absences for only the following verified reasons:

(a) illness or quarantine of the child,

(b) illness or quarantine of the parent,

(c) family emergency, and

(d) court ordered visits with a parent or other relative by the child.

.17 Child Care Provided by State Department of Education Contract Centers

.171 WIN child day care funds are used to pay for WIN child(ren) care in SDE Contract Centers that meet Title XX standards.

.172 The SDE Center must be notified that the child(ren) is provided for by WIN and how long WIN will pay for such care. Submitting a copy of the child day care plan will accomplish this purpose. If the parent drops out of or completes the WIN component, the center must be notified so that it will not continue to bill WIN for child care.

.173 The rates in SDE Centers are the actual program costs of the center. The maximum reimbursement rate is established in the State Budget Act.

WIN counties are required to pay the maximum reimbursement rate or actual operating costs, whichever is less, for WIN children in SDE Centers.