HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE PROGRAM MANUAL

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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PREFACE

This manual is intended to consolidate, update, and replace the following previously published program resources: Pub 12: Public Health Nurses in Child Welfare Services (May 1999), Health Care Program for Children in Foster Care (HCPCFC) Resource Guide (December 2007), HCPCFC Standards of Practice (December 2015), and HCPCFC Standards of Practice Addendum October 2015-July 2016 (January 2016).

The HCPCFC Standards of Practice (December 2015), and HCPCFC Standards of Practice Addendum October 2015-July 2016 (January 2016) may continue to be referenced; however, the most recently dated resource should be followed and given precedence.[1, 2]

Acknowledgements

The Department of Health Care Services (DHCS), the California Department of Social Services (CDSS), and the HCPCFC Executive Committee (EC) acknowledge the valuable assistance of the statewide HCPCFC community who generously contributed subject matter expertise, extensive research, and detailed review, without which this manual would not have been possible. Special thanks are extended to the HCPCFC Education, Care Management and Advisory Subcommittees for their dedication and considerable contribution over the span of more than two years to develop and revise a rich portfolio of program resources, including this manual.

Disclaimer

The contents of this resource are not all inclusive. The information provided here is meant to provide an overview of the HCPCFC program requirements and to guide the reader to other resources cited.

New program guidance is released by the CDSS and DHCS periodically. If conflicting information is found in HCPCFC resource and guidance documents, the most recently dated resource should be followed.

The resources cited are from program policies and guidelines or published laws and regulations, etc. Where possible, primary sources and web-links are provided at the end of this manual.

In large part, references to regulation, letters, and notices within this manual will be used in the place of the actual text in order to mitigate outdated guidance between updates to this document. This approach is intended to support access to the most up-to-date information available regarding the given subject. A list of acronyms and

abbreviations commonly used in Child Welfare can be found at the end of this document.

Introduction

This resource guide provides programmatic guidelines and practical information for HCPCFC Public Health Nurses (PHNs) to successfully collaborate with child welfare and the juvenile probation services team members to help children and youth who are in out-of-home placement achieve best outcomes. HCPCFC PHN Program Administrators may reference the HCPCFC Financial Policy & Procedure (FP&P) to obtain information regarding fiscal procedures, staffing, onboarding, and other additional guidance in the administration of this program.

Children and youth in foster care typically have higher rates of serious health, emotional, behavioral, and developmental problems compared to other children and youth from the same socio-economic background. Foster children and youth have an extraordinary need for intensive management and coordination of timely access to health services for evaluation, treatment of complex health problems, and continuity of care. Between 2019 and 2021, a statewide average of 26.5% of foster children and youth in care for 12 months or more had undergone 3 or more placement changes.[3] Placement changes are transitions that can often result in a profound break in continuity of care. The need to transition from one health plan to another, providers, pharmacies, and support networks exacerbates the already existing challenges posed by complex health needs and the loss of oversight of a central caregiver with knowledge of the child or youth's health history. Adding to these challenges are changing social workers, and/or initiation of services from a variety of programs and providers, such as Enhanced Care Management (ECM), California Children's Services Program (CCS), Regional Centers, hospital or health system outreach and follow up systems, specialty mental health services, wrap around services, etc.[4, 5, 6, 7, 8] HCPCFC utilizes a comprehensive shared nursing care management model, serving as a central point of contact to bridge and connect all entities providing health services and support, to meet the unique health needs of this population.

HCPCFC provides consultation and resource guidance to the multidisciplinary care team to address and oversee the medical, dental, developmental, and behavioral health needs of foster children and youth. The program navigates the health care system to facilitate appropriate referrals and continuity of care for children and youth who are in out-of-home placement. It is essential that every child and youth in foster care is treated with compassion and expertise in a multidisciplinary setting.

Nothing in program materials supersedes or is intended to contradict local, state, and federal requirements. Should a contradiction be identified, the local, state, and/or federal requirements should be followed.

Population Served

All California foster children and youth in out of home placement are eligible to receive HCPCFC services. [9] HCPCFC serves: Foster Youth, as defined by Welfare and Institutions Code (WIC) 11400(f), Non-Minor Dependents (NMDs) as defined by WIC 11400 (v)(1-3), and Wards of the Juvenile Court as defined by WIC 450 who have been removed from their home pursuant to WIC 309 (temporary custody), are the subject of a petition filed under WIC 300 (dependent-victim of abuse or neglect) or WIC 602 (juvenile who has violated the law), or have been removed from their home and are the subject of a petition under WIC 300 or 602.[10, 11, 12, 13, 14, 15, 16] NMDs receive program services upon their request, and under their direction, in accordance with CDSS' All County Letter (ACL) No. 17-22E and WIC 16501.3.[17, 18] HCPCFC does not serve foster children and youth removed from their homes and admitted to hospitals, mental health treatment facilities, or placed in non-county approved foster homes.

History

In 1998, the Foster Care Children's Task Force published Code Blue: Health Services for Children in Foster Care highlighting the fact that foster children and youth have serious health, emotional and developmental problems. [19] The task force recommended a system of health care for children in foster care that would improve coordination and delivery of services in counties through the utilization of PHNs. As a result, Assembly Bill (AB) 1111 (Chapter 147, Statutes of 1999) enacted WIC 16501.3 establishing the HCPCFC program.[20]

Public Law (PL) 110-351, the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, amended section 422 (b)(15)(A) of the Social Security Act to require states to develop a plan for ongoing oversight and coordination of health care services for children and youth in foster care.[21] The plan must be developed in coordination with the State Title XIX (Medicaid) agency and in consultation with pediatricians, other experts in the health care field, and recipients of child welfare services. [22]

This "Health Care Oversight and Coordination Plan:" (a) supports current efforts to determine and meet the health care needs of children and youth in foster care; (b) represents a coordinated strategy to identify and respond to their health, mental health,

and oral health needs and (c) supports oversight and coordination of health-related services.

Psychotropic Medication Monitoring & Oversight History

In September 1999, Senate Bill (SB) 543 amended WIC 16010 and added 369.5 requiring judicial approval prior to administration of psychotropic medication to a child that has been determined to be a dependent of the court.[23, 24] In certain cases, an order may authorize the parent to make the determination. A request for psychotropic medication must originate with a physician, utilize specific forms, and include specific information.

In August 2014, the Mercury News published a series of reports - "Drugging Our Kids" - investigating the use of medication for foster youth. The reports resulted in an increased public awareness of this issue and resulted in a number of subsequent interventions.

In 2015, the California State Auditor's released report "California's Foster Care System: The State and Counties Have Failed to Adequately Oversee the Prescription of Psychotropic Medications to Children in Foster Care."[25]

In response, a number of steps were taken by various governmental agencies to address the findings, including additional Performance Measures and the involvement of PHNs. The full response, inclusive of all agencies, may be accessed on the California State Auditor's Report: 2015-131 webpage.[26] In addition, SB 238 and SB 319 introduced WIC section 16501.4 and Health and Safety Code section 1529.2 and amended Section 56.103 of the Civil Code and WIC sections 16501.3 and 5328.04 to improve California's monitoring and oversight of psychotropic medication use within the child welfare system.

PROGRAM GUIDANCE

HCPCFC is a CDSS program in which DHCS and CDSS partner to administer via an interagency agreement. Program guidelines are established by CDSS, DHCS, and statutory authority. Steps should be taken to read references in their entirety to understand the background and context of the policy. It is especially important for HCPCFC staff to understand the roles of others in the care team due to the dynamic and uniquely collaborative nature of program activities. HCPCFC staff, in particular the PHN, must integrate and shape their work around that of others on a daily basis, especially the child or youth's assigned Social Worker (SW) or Probation Office (PO), who are the primary case managers for the children and youth served.

Financial Policy & Program Administration

HCPCFC PHN Program Administrators may reference the HCPCFC Financial P&P to obtain information regarding financial requirements, procedures, staffing, onboarding, and other additional guidance in the administration of this program.

Department of Health Care Services Issued Guidance

- DHCS Program Letters[27]
- HCPCFC Financial Policy & Procedure

All DHCS issued publications pertaining to the HCPCFC program can be found on the DHCS HCPCFC webpage.[28] Letters date back to 1999 and include information ranging from sample duty statements to allocation information to program guideline updates.

California Department of Social Services Issued Guidance

- Letters and Notices - CDSS[29]

The below list summarizes the ACL and ACIN's by topic that have been identified by CDSS as being applicable to the work of HCPCFC, as of the time of writing. A search of the CDSS letters and notices (ACL/IN) webpage by subject matter is the best approach to obtaining comprehensive and up-to-date information.

- **All County Information Notice (ACIN) I-55-99** (September 2, 1999) Foster Care Public Health Nurse Program in County Welfare Departments[30]
- **ACL 99-108** (December 2, 1999) Instructions Regarding Local Memorandum of Understanding for HCPCFC[31]

- **ACL 17-22** (March 1, 2017) Updated Health Assessment and Dental Periodicity Schedules[32]
- **ACL 17-22E** (December 4, 2017) Updated Health Assessment and Dental Periodicity Schedules Errata[33]

Psychotropic Medication

- **ACL 1-20-08** (March 26, 2008) Psychotropic Medications[34]
- **ACIN I-36-15** (May 12, 2015) Improving Safety for Children in Foster Care Receiving Psychotropic Medications[35]
- **ACIN I-36-15E** (June 17, 2015) Improving Safety for Children in Foster Care Receiving Psychotropic Medications Errata[36]
- **ACL 16-96** (December 5, 2016) State General Fund Appropriation for the Monitoring and Oversight of Psychotropic Medication by Foster Care Public Health Nurses[37]

Reproductive & Sexual Health

- **ACL 16-82** (September 30, 2016) Reproductive and Sexual Health Care and Related Rights for Youth and Non-Minor Dependents in Foster Care[38]
- **ACL 18-44** (May 1, 2018) New and Revised Resource Materials Regarding Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care[39]
- **ACL 18-61** (June 20, 2018) New Mandates Regarding Case Plan Documentation and Training Related to Reproductive and Sexual Healthcare in Foster Care[40]
- **ACIN I-06-20** (January 27, 2020) This ACIN provides updated guidance and introduces new resources providing best practices to assist case management workers and public health nurses with documenting, protecting and sharing reproductive and sexual health information of youth and NMDs in foster care. This ACIN builds upon ACL 16-88 Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor dependents in Foster Care in 2016 via the California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care[41, 42]

Pregnancy

- **ACL 16-88** (October 12, 2016) California's Plan for the Prevention of Unintended Pregnancy[43]

- **ACL 16-32** (April 28, 2016) Documentation of pregnancy and parenting in the Child Welfare Services/Case Management System (CWS/CMS) for minor and NMDs[44]
- **ACL 21-123** (October 8, 2021) New Expectant Parent Payment[45]
- **ACIN I-45-22** (May 16, 2022) Supplemental Guidance and Tools to Support Expectant Parents in Foster Care[46]

Parenting

- **ACIN I-73-16** (October 19, 2016) The purpose of this ACIN is to provide updated information and guidance regarding how to document minor and NMDs parents in the CWS/CMS. This ACIN updates the guidance regarding documentation of parenting data provided in ACL 16-32[47, 48]

Sexual Orientation and Gender Identity and Expression

- **ACL 19-20** (March 13, 2019) Documentation of Sexual Orientation and Gender Identity (SOGIE) In the Child Welfare Services/Case Management System (CWS/CMS)[49]
- **ACL 21-149** (January 6, 2022) The purpose of this ACL is to provide guidance and instruction regarding the documentation of Sexual Orientation and Gender Identity and Expression (SOGIE) information into CWS/CMS. This ACL builds upon the guidance provided in ACL 19-20[50, 51]

Exceptional/Complex Needs

- **County Fiscal Letter (CFL) 23/24-09** (August 24, 2023) Fiscal Year 2023-24 Complex Care Child Specific General Fund Planning Allocation[52]
- **Complex Care Resource Guide**[53]

APPLICABLE STATUTES & REGULATIONS

The below list is meant to provide a summary overview of statutes and regulations that are directly applicable to HCPCFC or provides useful information impacting the work of HCPCFC. This list is not exhaustive and, although best effort to maintain updates are made, should not be assumed to be up to date.

Program Defining

- WIC 16501.3 - State General Funds to the CDSS for the purpose increasing the use of PHNs in meeting the health care needs of children and youth in foster care[54]

Access to Information & Authorization of Services

- WIC 5328.04 - Lanterman-Petris-Short Confidential Record Disclosure[55]
- Civil Code 56.103 - Disclosure of Medical Information[56]
- WIC 369 - Medical, Surgical, Dental Care[57]
- WIC 16010 - Health and Education Records of Minors[58]

Social Services

- WIC 16010, 16501, 358.1, 361.5, 366.1, 366.22(b) or 366.22(d)[59, 60, 61, 62, 63, 64]
- Child Welfare Services Program Standards: MPPs 31- 002(10), 31-075 (l 1-2), 31-205 (h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-335 .1, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(j), 31-405.1(k, l, l1), and 31-420.1(.7)[65]
- WIC 16001.9(a) - Minors and non-minors of 12 years or older have the right to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections[66]
- WIC 16501.1(g)(4) - Details the requirements that SW and PO are required to inform child and NMD in out-of-home placement of their personal rights, at least once every six months, at the time of a regularly scheduled SW or PO contact with the child or NMD[67]
- The Manual of Policies and Procedures (MPP) Division 31 contains the requirements that shall be met by the county in the administration of Child Welfare Services and by the county Probation Department when the Probation

Department places children in out-of-home care.[68] The MPP should be referenced when seeking detailed information regarding various county Child Welfare and Probation Department requirements. Some HCPCFC pertinent highlights include:

- Each child or youth in placement shall receive a medical and dental examination, preferably prior to, but not later than, 30 calendar days after placement (Division 31.206.36).[69]
- Arrangements shall be made for necessary treatment.
- When arranging for a child or youth's placement, the SW or PO shall provide information regarding Children's Presumptive Eligibility (CPE), formerly "CHDP Gateway," to the out-of-home care provider within 30 days of the date of placement.
- Provide the out-of-home care provider with a current Health & Education Passport (HEP). The HEP is a summary of the health and education information or records, including behavioral health information or records, of the child or youth.[70]
    - As soon as possible, but not later than 30 days after initial placement of a child or youth into foster care, the child protective agency shall provide the caretaker with the child or youth's current health and education summary. For each subsequent placement, the child protective agency shall provide the caretaker with a current summary within 48 hours of the placement.[71]
- Existing law requires that the case plan of a child or youth when they are placed in foster care, to the extent available and accessible, include the health and education records of the child or youth, as specified. Existing law requires that at the time a child or youth is placed in foster care the child or youth's health and education records be reviewed and updated and supplied to the Resource Family (RF) with whom the child or youth is placed.

Psychotropic Medication

» WIC 369.5 - Court authorization for the administration of psychotropic medication if a child is judged a dependent child of the court under WIC 300 and the child has been removed from the physical custody of the parent under WIC 361[72, 73, 74]

- WIC 16010 - Health and Education Records of Minors[75]

Probation

- WIC 739 - Medical Care for Probation[76]

Special Health Care Needs

- WIC 17710[77]
- WIC 17720[78]
- WIC 17730-17738[79]

Medi-Cal Regulations

- California Code of Regulations (CCR), Title 22, 50031; 50157(a), (d), (e), and (f) and 50184(b)[80]
- Health and Safety Code (HSC) 100925[81]

New regulations shall be adopted only after consultation and approval by the California Conference of Local Health Officers (CCLHO).[82]

- HSC 100950[83]

Federal regulations governing States' provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program:

- Title 42, Code of Federal Regulations (CFR), 440.40and Part 441, Subpart B[84, 85, 86, 87]
- Medi-Cal Foster Care Strategies[88]

Additional Federal Regulations

Social Security Act:

- Title IV, 472 Foster Care Maintenance Payments Program. Grants to states for aid and services to needy families with children and for Child Welfare Services
- Title IV, 473 (a)(1)(B) Adoption and Guardianship Assistance Program[89]
- Title IV, 475 (a)(5)(F) Definitions[90]

Federal statutes applying to the EPSDT program:

- Social Security Act (42 U.S.C 1396(d) 1902(a), 1905(a)(4)(B), and 1905(r)[91, 92, 93, 94]

- Omnibus Budget Reconciliation Act of 1989 (OBRA 89) - Public Law 101-239, 6403[95]
- CCR 51184[96]

PROGRAM MEASURES

HCPCFC Performance Evaluation

HCPCFC program performance is evaluated via the following measures:

- Performance Measures
- Supplemental Reports
  - Supplemental Reports would be any documentation the county/PHN determines is appropriate and helpful to be included.

HCPCFC Performance Measures

HCPCFC Performance Measures (PM) are reported utilizing the PM sheet of the HCPCFC Budget Workbook. PM data source(s) may be the local program tracking system of choice and/or may include the use of data obtained from resources such as the California Child Welfare Indicators Project (CCWIP).[97] If no tracking system is in place, all performance measure data must be tracked manually. Manual tracking processes should be detailed in local policy and procedure (P&P).

HCPCFC PM 1: Care Management

Care Management involves consultation, coordination, oversight, and management. Assigned children and youth will receive HCPCFC PHN directed administrative care management.[98]

- Numerator: The total number of children and youth assigned to a HCPCFC PHN or PHN team for 30 days or more for whom an initial review has been completed.
- Denominator: The total number of children and youth assigned to a HCPCFC PHN or PHN team for 30 days of assignment or more.
- NMDs: The total number of NMDs should be tracked and reported separately.

The initial review is the process during which a PHN reviews and interprets medical records to determine appropriateness of care and meet the required needs of the child or youth. The initial review may be documented using the local documentation system of choice and must contain at a minimum: the items reviewed, the items necessary but not available for review, and the plan to obtain the necessary missing information. If a PHN Health Care Management Plan has been completed within the first 30 days, this may be considered as both an initial review and a PHN Health Care Management Plan, for reporting purposes. Local programs must detail where and how this document is

stored and how the document will be shared with other members of the child or youth's care team in their local P&P. See HCPCFC PM 2: PHN Health Care Management Plan for more information on this measure.

The 30-day window begins when the PHN is made aware of the child or youth's assignment to their caseload. The process and timeframe for which a child or youth is assigned must be defined in local P&P, as this will vary by county.

Assignment count includes all types of PHN involvement, short or long term, including but not limited to: consultation, tracking, oversight, record review/interpretation requests, Child and Family Team (CFT) attendance, outside contacts/requests, etc.

HCPCFC PM 2: PHN Health Care Management Plan

HCPCFC PHNs will create a PHN Health Care Management Plan to document administrative care management activities, in a manner that can be utilized by other members of the youth's care team. A PHN Health Care Management Plan is a health management plan completed by a PHN which adheres to requirements found in the HCPCFC Program Manual's Scope of Work section. The Health and Education Passport (HEP) may be used to satisfy this requirement. Counties currently using the HEP are not required to complete an additional PHN Health Care Management Plan.

- Numerator: The total number of children and youth assigned to a HCPCFC PHN or PHN team for 60 days of assignment or more for whom a PHN Health Care Management Plan has been completed.
- Denominator: The total number of children and youth assigned to a HCPCFC PHN or PHN team for 60 days of assignment or more.
- NMDs: The total number of NMDs should be tracked and reported separately.

Local programs are encouraged, but not required, to use the PHN Health Care Management Plan template created by DHCS.[99] The PHN Health Care Management Plan, if not using the HEP, may be uploaded to CWS/CMS. Local programs must detail where and how this document is stored and how the document will be shared with other members of the child or youth's care team in their local P&P.

As of February 2025, Performance Measure 3 was removed.

~~HCPCFC PM 3: Psychotropic Medication Monitoring & Oversight~~

~~Assigned children and youth who have been prescribed a Psychotropic Medication will receive PHN administrative care management.[100]~~

- ~~Numerator: The total number of children and youth for whom the HCPCFC PHN or PHN team received a JV-220(A/B), within four court days after receipt of notice or as determined by local county practice and local rules of court.[101]~~
- ~~Denominator: The total number of children and youth with a documented PHN review of a JV-220(A/B).~~
- ~~Note: Given their unique ability to consent to their own medical care, NMDs should be excluded in this measure.~~

~~The documented PHN review must, at a minimum, identify each item prescribed as falling within or outside of the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care. Documentation must, at a minimum, be made available to the child or youth's assigned SW or PO. Local programs are encouraged, but not required, to utilize the HCPCFC JV- 220A/B Review template created by DHCS.[102] The HCPCFC JV-220(A/B) Review template may be uploaded to CWS/CMS. Local programs must detail where and how this document is stored and how the document will be shared with other members of the child or youth's care team in their local policy and procedure.~~

HCPCFC Performance Measures are not intended to alter current local practice with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication. Conflicts should be communicated to HCPCFC@dhcs.ca.gov in order to clarify measure of program performance.

Counties will not be sanctioned financially for failure to collect and report HCPCFC Performance Measures.

Process Measures

Additional Process Measures through the CCWIP are available on their website.[103] These Measures relate to California's Child Welfare Outcomes, which are of importance to the entities with which HCPCFC works closely and are impacted by HCPCFC program activities. The data from these measures are used to report on the California Children's and Family Services Review (C-CFSR) and are updated quarterly.[104] It is recommended HCPCFC program PHN's maintain familiarity with current CCWIP Process Measures. While the Process Measures available through the CCWIP are not used to evaluate the program directly or the PHN's performance, data should still be collected and submitted to DHCS. Data on these Process Measures should be collected and documented to the best of each local program's ability.

Process Measures are reported utilizing the PM sheet of the HCPCFC Budget Workbook. If no tracking system is in place, Process Measures must be tracked manually. Manual tracking processes should be detailed in local P&P. Counties will not be sanctioned financially for failure to collect and report Process Measures.

SCOPE OF WORK

WIC 16501.3 provides the framework for the operation of HCPCFC.[105] HCPCFC's role is to promote and enhance the physical, mental, dental, and developmental well-being of children and youth in the Child Welfare System. It is required that HCPCFC work in support and collaboration with their local Child Welfare Agency and Probation Department (CW/P) teams and work proactively within this framework to consult, coordinate, oversee, and manage the health care needs of this population.

HCPCFC policy adheres to mandates set forth by Title XIX of the federal Social Security Act, which limits the PHN scope of practice as defined by California state regulation. This means that the PHN working in the HCPCFC program must provide services related to the maintenance of public health for children and youth in foster care but does not provide direct patient care services. Therefore, the PHN follows California Business and Professions Code and California Board of Registered Nursing regulation as applicable to indirect patient care services.[106, 107, 108, 109, 110, 111]

It is important to recognize the CW/P case worker/team is the primary entity overseeing care and services provided to this population. The PHN is a crucial member of the multi-disciplinary team and can function as the healthcare lead, collaborating with the child's case worker/team to meet the needs of the child or youth.

Health services and care coordination are often provided to this population by a number of different entities. A case manager from other participating agencies, such as CCS, the regional center, or a home health agency may simultaneously enact specific case management responsibilities.[112] When other entities are providing health services, it is HCPCFC's role to: monitor and collaborate toward optimal outcomes, maintain the record of care provided and those providing services in CWS/CMS, share available information with the local CW/P team, identify and address gaps in care provided, continue ongoing administrative monitoring and oversight, communicate and consult with the case worker as appropriate, and address unmet needs through facilitation or direct intervention, within the scope of program responsibility.

Factors that support collaboration:

- Acting as a collaborative member of the CW/P team
- Establishing clear roles and responsibilities
- Establishing procedures for the sharing of information between teams
- Participation in multi-disciplinary meetings for review of health-related issues

- Documentation and record keeping that is available to all appropriate members of the team

In this section, you will find information regarding HCPCFC program responsibilities. The information here strives to provide guidance regarding the role of those working within the program but does not negate the requirement for local P&P guiding all program activities at the local level. All program activities must reflect the scope and goals of the program, as defined by WIC 16501.3. If unable to comply with statute or the requirements set forth in this manual, please continue to make your best attempts and document them.

Program specific time study information, including illustrative examples, can be found in the HCPCFC Financial P&P.

In cases where HCPCFC requirements contradict local, state, and federal requirements, the local, state and/or federal requirements should be followed and consultation regarding next steps should be discussed with the HCPCFC program authority who issued the guidance in question.

The HCPCFC webpage should be referenced to ensure knowledge of the most up to date program guidance, resources, tools, and training beyond the information found in this document. All program staff should be familiar with the entirety of this manual and be given the opportunity to thoroughly review and learn resources referenced in this manual. All program administrators and supervisors should be familiar with the entirety of the HCPCFC Program Manual, references within, and the HCPCFC Financial P&P. Questions may be directed to immediate supervisors, and to the DHCS HCPCFC liaison at HCPCFC@dhcs.ca.gov if further assistance is necessary.

Confidentiality

- Information regarding confidentiality can be found in the Confidentiality & Consent section of this manual. Confidentiality guidelines apply in every case and should be approached with care and detail in this vulnerable population.

Policy & Procedure

- While HCPCFC continues to move toward statewide standardization, the existing unique differences between jurisdictions require that locally specific P&P define how the HCPCFC program in the given jurisdiction will meet all federal, state, local, and DHCS/CDSS issued program requirements. Administrators can find further information regarding P&P requirements in their HCPCFC Financial P&P,

included with subject specific guidance in this manual, and by consulting with the DHCS HCPCFC liaison via email at HCPCFC@dhcs.ca.gov.

Home Visiting

- Local programs may conduct home visits for administrative care coordination activities. Acceptable administrative activities would be limited to what the HCPCFC PHN would have done over the phone. This acknowledges that the difference between a phone conversation and a home visit to conduct administrative care coordination is location.
- Local programs implementing a home visit program will need to define home visit (in person) administrative care coordination activities and apply appropriate time study code(s) for qualifying Federal Financial Participation (FFP) enhanced or non-enhanced activities. Local programs that are considering implementing home visits as an administrative care coordination activity should work/consult with their program and/or legal to determine/ensure appropriateness of the activity and identify proper time study function code for the activity.
- Local programs will also need to ensure HCPCFC PHNs conducting home visits do not provide direct care services. Direct client services that are reimbursed via the Medi-Cal fee-for-service (FFS) system or through Medi-Cal managed care plans are a non-claimable time study function. For more information regarding time study function codes, including program specific examples of staff activities, please refer to the Federal Financial Participation section of the HCPCFC Financial P&P.

Out-of-County Placement

- The roles and responsibilities of the HCPCFC regarding out-of-county placements must be detailed in local P&P, as this will vary by county.
- Collaborate with HCPCFC counterparts and foster care team members in other jurisdictions to the extent necessary to ensure the health needs of the child or youth are adequately addressed and documented.
- The county of jurisdiction maintains responsibility for the child or youth regardless of county placement, just as it would be were the child or youth placed within county.
- The county of jurisdiction may contact the county or state of placement to request assistance. The HCPCFC in the county of placement will provide support

directly to the requesting HCPCFC staff member but is not expected to take on the provision of services.

Documentation

Priority must be given to documenting within the same system used by the local CW/P documentation system, to the extent possible. No matter the system used, it is required that HCPCFC documentation be readily available to the CW/P primary case manager. The procedures that HCPCFC staff take when documenting, including the system(s) used and how access to that system is obtained, must be outlined in local P&P, and adhere to all applicable federal, state, and local authority, including but not limited to CDSS and DHCS issued guidelines and the guidance within this manual.

It is the local HCPCFC Program Administrator's responsibility to work with their local CW/P leadership to determine HCPCFC staff access to CW/P utilized documentation system(s), such as CWS/CMS or CWS – CARES. The local CW/P department allocates access to these systems for the staff within their county.

The core requirements defined in this section must be met no matter the documentation system used.

All Children & Youth Receiving HCPCFC Services

- HCPCFC PHN Health Care Management Plan:
  - HCPCFC PHNs will create a PHN Health Care Management Plan to document administrative care management activities, in a manner that can be utilized by other members of the child or youth's care team.[113] The HEP may be used to satisfy this requirement.[114] Counties currently using the HEP are not required to complete an additional PHN Health Care Management Plan. The PHN Health Care Management Plan, if not using the HEP, may be uploaded to CWS/CMS. Local programs must detail where and how this document is stored and how the document will be shared with other members of the child or youth's care team.
  - HCPCFC PHN Health Care Management Plan completed by a PHN at a minimum every six months, or when requested by the SW or PO, reflecting review of all information available to HCPCFC at the time of writing. The HCPCFC PHN Health Care Management Plan form may be utilized but is not required.

- A HCPCFC PHN Health Care Management Plan must include, at a minimum:
    - The name of the PHN
    - Date and time of writing
    - Health history available at the time of writing (location/provider and time span, at a minimum)
    - Lack thereof and/or pending record requests
    - Name and contact information of known entities providing services that address medical, dental, behavioral, or developmental health (e.g., Primary Care Provider, Medical Specialist, Dentist, CCS, County Behavioral Health, Enhanced Care Management, etc.)
    - A plan detailing next steps and who is expected to address each
    - The plan should address medical, dental, behavioral, and developmental aspects, even if this is to specify that local P&P has a certain area of responsibility under the oversight of another individual or entity
    - The plan would also include PHN recommendations and any pertinent observations

» Priority must be given to documenting, within the same system used by the local CW/P documentation system, to the extent possible. If the system used automatically generates required information, double documentation is not required. The required information can simply be attached/confirmed to be accurate in writing, if distributing this plan to others. Enter medications exactly as prescribed and include the generic name of the medication for Medi-Cal billing.

» No matter the system used, it is required that HCPCFC documentation must be readily available to the primary case manager, SW or PO. The procedures HCPCFC staff take when documenting, including the system(s) used, and how access to that system is obtained, must be outlined in local P&P, and adhere to all applicable federal, state, local authority, CDSS and DHCS issued guidance.

When Access to CWS/CMS is Available

» Revision of health information within CWS/CMS or Child Welfare Services – California Automated Response and Engagement System (CWS-CARES) at a minimum every 6 months or within 14 days of new information being available

to HCPCFC staff. This requirement may be modified if mutually agreed upon with the local CW/P and detailed in P&P. Adhering to requirements found in the Confidentiality & Consent section of this manual, HCPCFC staff would enter information in keeping with program scope defined in this manual and following current guidance and training resources provided by CWS/CMS, CWS-CARES, or an alternative county preferred system.

- Local P&P must specify if the HCPCFC PHN Health Care Management Plan is or is not entered into CWS/CMS or CWS-CARES and, if applicable, the specific procedure for doing so (location, note type, etc.). Entry of the HCPCFC PHN Health Care Management Plan must be mutually agreed upon between local CW/P and HCPCFC, within the HCPCFC PHN Health Care Management Plan P&P must specify the procedure for entry.
- The following PHN documentation requirements apply:
    - Enter medications exactly as prescribed and include the generic name of the medication for Medi-Cal billing,
    - Known history not currently active (medication, referral, diagnosis, etc.) should be entered with the applicable end date and reason for discontinuation,
    - Immunization history must include information found in the California Immunization Registry (CAIR2),
    - Diagnosis may only be entered when transcribed from documentation (health database) obtained from a licensed individual qualified to make a diagnosis in the area of specialty. Diagnoses assumed, obtained by word of mouth, and/or resulting from observations of HCPCFC staff may not be entered.
- The Summary of Current Health Condition must contain only the following using bullet point format:
    - Up to Date Based on Information Known as of: Enter the date of most recent confirmation that the information within the HEP is accurate per the information available to HCPCFC at that time.
    - Reviewed By: Enter only the name and title of the PHN who completed the review.
    - Questions or Requests for Assistance May Be Directed To: Enter the contact information for the local HCPCFC program. This should not be

personal contact information; it should be the central HCPCFC phone and email address.

- Additional information may be entered only when decided in cooperation with local CW/P, is detailed in local P&P, and must be uniformly completed by all HCPCFC staff within that jurisdiction.
- Documentation should reference other resources when possible and appropriate (e.g., documentation of a HCPCFC PHN Health Care Management Plan within CWS/CMS can reference the health history within CWS/CMS is confirmed to accurately reflect the information currently available to HCPCFC, in the place of summarizing a health history).
- All documentation and communication procedures shall be detailed in local P&P and created in cooperation with local CW/P. Documentation, P&P and record keeping shall reflect, adhere to, and allow for demonstration of adherence to all applicable program requirements.

» CWS/CMS Quick Guides for New Users

- Information on how to navigate the CWS/CMS systems can be found on pages 51-75 of the Standards of Practice Manual (2015).[115]

Psychotropic Medication Monitoring & Oversight (PMM&O)

The JV-220 form is the application to request psychotropic medications for foster children and youth. The JV-220(A) (Physician's Statement) and the JV-220(B) (Physician's Request to Continue Medication) are attachments to the JV-220. If the prescribing physician is completing the JV-220, then attachments JV-220(A) or JV-220(B) are required. This form is usually completed by the SW or PO, but is sometimes completed by the prescribing physician or his/her staff, or the child's caregiver.

» HCPCFC PHN JV-220(A/B) Review[116, 117, 118]

The HCPCFC PHN JV-220(A/B) Review must be completed within four court days after receipt of notice or as determined by local county practice and local rules of court for a youth assigned to the PHN.[119] Local programs are encouraged, but not required, to use the HCPCFC PHN JV-220(A/B) Review template created by DHCS.[120] The HCPCFC PHN JV-220(A/B) Review must include, at a minimum:

- Name of the PHN reviewer.
- Date and time of review.

- Health history/information (or lack thereof) available to HCPCFC at the time of review.
    - Health information includes, but is not limited to: behavioral health history and diagnoses, medication history, pharmacological and non-pharmacological treatment history, and other pertinent history as outlined in the JV-220(A/B) form.
- All identified instances where the information provided in the JV-220(A/B) does not align with the California Guidelines for the Use of Psychotropic Medication with Children in Foster Care.[121]
- The plan to address identified discrepancies inclusive of who will carry out each component.

This review and any additional concerns must be documented and communicated to the assigned SW or PO. Procedure and roles and responsibilities must be detailed in local P&P.

The HCPCFC PHN Monitoring and Oversight of Psychotropic Medication Administration Summary must be completed at a minimum, every six months, and when new information becomes available when a HCPCFC PHN is assigned to a child or youth who is known to be taking psychotropic medication. Documentation of PHN psychotropic medication monitoring and oversight must include, at a minimum:

- Name of the PHN reviewer
- Date and time of review
- Health history/records (or lack thereof) available to HCPCFC at the time of review
- All identified instances where the provider ongoing monitoring and oversight requirements do not meet the requirements defined for each medication in Appendix B of the California Guidelines for the Use of Psychotropic Medication with Children in Foster Care
- Any additional concerns identified by the PHN
- The plan to address identified concerns

Monitoring and oversight is dependent upon HCPCFC PHN access to necessary health information. If information is unavailable, HCPCFC will document this in their reviews and document completed or planned attempts to resolve this. Priority must be given to documenting within the same system used by the local CW/P

documentation system, to the extent possible. Local programs are encouraged, but not required, to use the Monitoring and Oversight of Psychotropic Medication Administration template created by DHCS.[122] The Monitoring and Oversight of Psychotropic Medication Administration template may be uploaded to CWS/CMS.

Please note: All guidance applicable to general program activities applies to PMM&O specific activities.

Co-Enrollment

- Youth served by HCPCFC may receive, or be eligible to receive, care coordination or case management from other programs or entities, including those affiliated with a Medi-Cal Managed Care Plan (MCP). All children and youth who are in foster care and enrolled in Medi-Cal managed care are also eligible for Enhanced Care Management.[123,124] Health services shall be communicated and conducted collaboratively for the greatest benefit to the child or youth and to ensure there is not a duplication of services, to the extent confidentiality requirements allowed in this population. The assigned SW or PO remains the primary case manager for the foster youth, and HCPCFC PHN shall support communication and collaboration regarding health matters amongst the applicable entities.
- Children and youth served by HCPCFC shall receive administrative oversight of their health regardless of services they receive from others. HCPCFC shall work, to the extent possible, to ensure activities delegated to other entities are being carried out as they should be and step in as needed to maintain continuity of care.
- Local programs should have P&Ps in place to define the necessary collaborative procedures when children and youth served by HCPCFC are also receiving potentially overlapping services from other entities. If HCPCFC staff encounter difficulties accessing or being given access to information regarding foster youth, they should report this to their direct supervisor who must take necessary steps to rectify the situation to successfully carry out PHN HCPCFC responsibilities. Agreements should be in place defining cooperative procedures, information sharing and communication between entities serving children and youth eligible for HCPCFC oversight.
- Local programs are encouraged to establish MOUs with any entity involved in the HCPCFC. This includes, but is not limited to: the county child welfare agency, the county probation department, the county behavioral health departments, the

county office of education, and the regional center or centers that serve children and youth with developmental disabilities.

- HCPCFC PHNs should screen those receiving program services for eligibility for other programs and services, such as CCS, and facilitate referrals as necessary. While screening and referrals are not the sole responsibility of the PHNs, they must work collaboratively with the SW and/or PO or other members of the care team to provide referrals.

Inter/Intra-Agency Collaboration

A MOU among health, welfare, and probation departments in each county is required for the continued operation of the HCPCFC at least biennially. The MOU delineates the roles and responsibilities of the PHN, Social Worker, and Probation Officer in the HCPCFC.

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» Work collaboratively as a member of the CW/P team. » Share available information with the appropriate CW/P team member(s) via CWS/CMS, upon request, and routinely as defined by local P&P. » Participate in locally applicable multi-disciplinary team meetings, such as Child and Family Teams, as appropriate. » Collaborate, as appropriate per program, local, state, and federal requirements, with other entities providing services to the program assigned child or youth, enable complementing coordination of services provided and prevent duplication of services. » Provide monitoring and oversight of health-related services provided to children and youth assigned to a	» Work collaboratively with HCPCFC, as a member of the team. HCPCFC is authorized to access protected health information (PHI) by WIC 5328.04 and Civil Code 56.103.[125, 126] » Must share all available health records including medical, dental, developmental, and behavioral and other health care services, such as Enhanced Case Management as defined by WIC 5328.04 records and information.[127] » Include HCPCFC PHNs in locally applicable team meetings and communication, such as Child and Family Teams, as appropriate and based upon local P&P.

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
HCPCFC PHN including care coordination, provided by other entities such as Managed Care Plans, CCS, etc. Program documentation and information sharing requirements remain applicable, while the HCPCFC team is providing oversight of care coordination and management provided by other entities. HCPCFC serves as a conduit to CW/P, to identify pertinent information that may not be apparent to those without access to CW/P records and procedures, and to assess that the health aspects of the preferred CW/P documentation system remain accurate and up to date, including provider contact information and associated services. » Responsibility for youth placed out of county/city remains with the county of the assigned SW or PO. » Assist staff of other jurisdictions to identify local resources. » Have P&P in place determining inter/intra-agency collaborative procedures to prevent duplication of services. » Maintenance of a regularly monitored central program inbox, which is used as the first point of contact.	» Collaborate, to obtain and maintain access to current or future electronic databases including: CWS/CMS, SafeMeasures, for HCPCFC staff, provide training in their use. Even simply sharing the name of a known clinic can assist in obtaining vital records.

Supervision & Staffing

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» HCPCFC staff consist of Registered Nurses with an active California PHN certificate, directly supporting staff (DSS), and administrative staff.[128] » DSS are essential to the day-to-day functions of this program. They support the PHN in activities that do not require a PHN, to maximize enhanced activities and the benefit of program funding. » Administrative staff are any staff who provide support to the program drawing down non-enhanced funds. » Supervision: All HCPCFC staff receive supervision from a PHN at a maximum of 15 staff persons to one Full Time Equivalent (FTE) Supervising PHN, with input from Child Welfare and Probation Administrators as applicable. » Caseload: PHNs interacting directly with children, youth and caregivers may have no more than 200 children or youth in their caseload at any given time. Close consideration should be given to acuity when determining a PHN caseload. » Program Administration: Each HCPCFC program is overseen by a PHN serving as the HCPCFC PHN Program Administrator who is responsible for all aspects of the program within the jurisdiction and compliance with local, state, and federal requirements for the program. » Program Administrators and Supervising PHNs are responsible for: managing staff, maintaining up-to-date and readily	» Provide input to the HCPCFC PHN Program Administrator, as appropriate. » Cooperate to maintain up-to-date P&P regarding team collaboration with HCPCFC.

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
accessible local P&Ps, providing assistance and direction to HCPCFC staff upon request, being the primary point of contact for CW/P staff at the level of their classification or above, and for discussions regarding collaboration procedures with non-HCPCFC entities, providing adequate supervision to program staff ensuring adherence to program requirements and goals, obtaining and providing training to program staff, providing and maintaining program staff access to systems and resources, appropriate record keeping including PHI and information required in the case of an audit by any applicable entity, maintaining adequate staffing to meet program caseload and staffing requirements, monitor staff documentation and procedures in order to identify and correct errors. In some counties, the Program Administrator and the Supervising PHN will be the same person. » Local HCPCFC records that would be utilized in audit should be retained in keeping with the procedures found in 42 CFR § 433.32 – Fiscal Policies and Accountability, and local county/city policy, whichever is longer.[129] This would include time studies, financial documentation, etc. Retention schedules for patient and medical records are determined by the Medical Board of California. Requirements vary by the type of record and ultimately should be finalized by local county policy.[130] Additional information on recordkeeping requirements can be found in 42 CFR 438.3(u) and in WIC 14124.1.[131,132]	

Probation

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» HCPCFC scope of work remains the same when serving probation youth. P&P/MOU/Contract(s) must be in place addressing all program requirements, privacy and information sharing practices, and collaboration procedures.	» Collaborate with HCPCFC to establish necessary P&P to address HCPCFC program requirements, privacy and information sharing practices, and cooperation procedures.

Non-Minor Dependents

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» Provide program services to NMDs upon request. » Confirm the consent of the NMD prior to coordinating or consulting with entities other than the assigned SW or PO and the NMD themselves. Consent/Release of Information must be in writing, with the original copy maintained and readily accessible to all HCPCFC staff. When written consent is obtained, it must be documented in a communication note in CWS/CMS, and should be communicated to the assigned SW or PO via the method determined by local P&P. » NMDs must consent to receiving HCPCFC services prior to the program conducting any work other than outreach and the provision of education and resources directly to the NMD themselves. NMD consent must be in writing, utilizing a locally approved form. Acceptance of consent via electronic signature is determined at the local level.	» Provide NMDs with their Health and Education Passport. » Educate NMDs as to the availability of HCPCFC services, including local HCPCFC contact information. » Notify HCPCFC when a NMD expresses interest in receiving HCPCFC services and/or learning more about assistance available. » Refer NMDs to HCPCFC for outreach. » Collaborate with HCPCFC, as needed.

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
Local P&P regarding approved process, procedure, and applicable forms must be in place and readily available to HCPCFC staff members. HCPCFC programs may utilize HIPAA forms used by DHCS as a resource, if approved by local county/city authority.[133] All questions regarding NMD consent should be directed to local county/city authority, as consent procedures are a county/city determination to make. » Further detail regarding CDSS NMD policy may be found in CDSS ACL and ACINs. Links can be found in the Resources section of this manual and via the HCPCFC Letters page.	

Consultation

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» Provide consultation to the CW/P team upon request, based on the information available at that time. If certain information would be prudent, but is not available, this should be communicated to the requestor and good faith efforts should be made by both parties to obtain the necessary information. » If the request does not fall within HCPCFC scope, as defined by WIC 16501.3, HCPCFC will provide information regarding where the sought after assistance/information may be obtained if this information is known.[134]	» May confer with the assigned HCPCFC when seeking assistance interpreting medical, dental, or developmental information. » Provide requested detail and/or information necessary when requesting HCPCFC consultation, if requested to do so. » Collaborate with HCPCFC to address identified concerns and to complete necessary objectives resulting from consultation, if applicable.

Health Management & Oversight

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» Take steps to identify, document, and coordinate completion of preventative care and identify unmet or unrecognized care needs. Children and youth in out-of-home placement must have a medical and dental exam within 30 days of initial placement, OR when a new placement and/or custody change happens and in accordance with periodicity requirements by age thereafter (Division 31.206.36).[135] If providers are unavailable, please make note of this in your records management system and try to secure an appointment	» Collaborate with HCPCFC to address identified concerns and to complete necessary objectives resulting from PHN review of information available when necessary. » Share all medical, dental developmental, and psychotropic medication information and records available. Behavioral health records may be

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
as soon as possible. Preventative care periodicity schedules include the American Association of Pediatrics and the American Academy of Pediatric Dentistry (AAPD).[136, 137] » A dental preventative health assessment is required within 30 days of the initial out-of-home placement if the last examination is not in accordance with the AAPD Recommendations for Preventative Pediatric Oral Health Care. » Children and youth in foster care are not required to receive a preventive health assessment with every subsequent change of placement. » However, if at the time of a subsequent placement the child or youth has not been examined in accordance with the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule or the AAPD Recommendations for Preventative Pediatric Oral Health Care and is due for an exam, the preventive health assessment, including medical and dental exam, must be performed within 30 days of subsequent placement. » With each subsequent placement, a written copy of the preventive health assessment history in the past year is to be obtained within 30 days of placement. If it is determined that the child or youth has not had an exam according to the AAP Well Child Visit schedule, or information about the child or youth's last exam cannot be obtained within a reasonable period, then a new preventive	shared based upon state and federal law, and local P&P. » Share JV-225 received and updated.[145] » Share available JV forms pertaining to a request and/or approval for prescription of psychotropic medication, as defined by WIC 5328.04.[146] » Communicate with HCPCFC regarding areas of concern identified in record review. » Collaborate with HCPCFC, as necessary, all children and youth in foster care are referred for health services appropriate to age and health status on a timely basis. » Assemble and provide health care documentation to the court, or facilitate this process, when necessary to support the request for health care services. » Provide a copy of the HEP to the RF upon new placement, and when updates occur, as defined by local P&P.

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
health assessment, including a medical and dental exam, must be performed within 30 days of the placement. This requirement is intended to ensure that children or youth in foster care receive necessary preventive health assessments in accordance with the AAP Bright Futures and State dental periodicity schedule. ○ If a child or youth was previously examined in accordance with the AAP Bright Futures periodicity schedule at the time of the subsequent placement but would benefit from an additional health assessment (e.g., caregiver concern that a child or youth has a new medical problem since the time of their last exam), a Medically Necessary Inter-periodic Health Assessment may be performed (the Medi-Cal claiming system retains this functionality). » If a child or youth was previously examined in accordance with the AAPD Recommendations for Preventative Pediatric Oral Health Care at the time of the subsequent placement but has developed a new dental problem within the six-month window, a new dental assessment may be performed. » HCPCFC PHNs review available medical records, and information regarding services provided by other providers/entities, in order to identify and address gaps in care. The following program activities may be conducted by a PHN, or by Support Staff under the oversight and direction of a PHN, as defined by WIC 16501.3, this manual, time	» Collaborate with the HCPCFC and RF to develop a system of tracking and follow-up on changes in the health care status of the child or youth, service needs, effectiveness of services provided, etc.

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
study coding requirements, and local P&P[138]: ○ Communicate information that cannot be found or identified with the assigned CW/P entity to identify information that may be helpful, and/or cooperate to obtain the necessary information utilizing the method (electronic/fax/efax/etc.) required by the entity from whom records are being requested. ○ Provide education and resource materials, and information regarding the activities of the HCPCFC program. ○ Provide CW/P with requested information that is shareable per the California Board of Registered Nursing scope of registered nursing practice, and not prohibited by Federal or State regulation regarding confidentiality. All staff must adhere to confidentiality and PHI requirements as defined by state and federal law. Detail and resources may be found in the Confidentiality & Consent section of this manual.[139, 140, 141, 142] ○ Receive, obtain, and share information for the child or youth's HEP and care team is up to date, including vaccine registries, such as CAIR2. ○ Enter and/or confirm accurate up-to-date information into the HEP within 30 days of receipt. Support Staff may be instructed to update or confirm information, as defined in your local P&P, but a PHN must review this	

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
activity to confirm accuracy and adherence to HCPCFC documentation requirements. Support staff may not enter medication information but may include a note stating that it is available and is pending entry by a PHN. Detailed instruction regarding documentation can be found in the Documentation section of this Scope of Work. ○ Take steps to maintain continuity of care, including medication, upon placement changes and/or changes in circumstance, when this information is available, through the utilization of resources such as Managed Care Plan liaisons, Medi-Cal Rx, MEDS, CAIR2 and others. More information regarding resources such as these can be found in the Resources section of this manual. » PHN review of available records upon a change in condition, upon request, and/or at a minimum once every 6 months to: ○ Identify the need for additional steps, such as follow up, referrals, education, need for resources, assessment, etc., regarding health, dental, developmental, and behavioral matters, based upon the information available at the time. ○ Communicate identified concerns with the assigned SW or PO, based upon the information available at the time.	

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
○ Update health information, and other pertinent records. ○ Create and revise the PHN Health Care Management Plan. ○ Collaborate with the assigned SW or PO, when possible, this allows the necessary health information to be available to those persons responsible for providing care for the youth, including the youth themselves as determined by age, circumstance, confidentiality requirements and any other state or federal law applicable to the subject matter and the individual. ○ Monitor changes in the health status of the child or youth, service needs, and effectiveness of services provided, etc. ○ Assist, as needed, with court approval of medical procedures. » See the Care Management section of this manual for further guidance that pertains to all HCPCFC activities. » Services provided by HCPCFC are limited to those for which reimbursement may be claimed under Title XIX of the federal Social Security Act at an enhanced rate for services delivered by skilled professional medical personnel. [143, 144]	

Psychotropic Medication Monitoring & Oversight

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
» HCPCFC PHN reviews JV-220(A/B) within four court days after receipt of notice or as determined by local county practice and local rules of court. The review must include, at a minimum: name of the PHN reviewer, date and time of review, health history/information (or lack thereof) available to HCPCFC at the time of review, all identified instances where the information provided in the JV-220(A/B) does not align with the California Guidelines for the Use of Psychotropic Medication with Children in Foster Care, and the plan to address identified discrepancies inclusive of who will carry out each component. This review and any additional concerns must be documented and communicated to the assigned SW or PO. Procedures, roles, and responsibilities must be detailed in local P&P. » HCPCFC PHN provides monitoring and oversight of children and youth actively taking psychotropic medications at a minimum, every six months, and when new information becomes available. Please see the Documentation section of this Scope of Work for information regarding PMM&O documentation requirements. » Conduct additional review, follow up, reporting and consultation activities as defined in local P&P. » When access to the documentation system used by the SW or PO is	» Share all JV-225 received and updated. [147] » Share all JV forms pertaining to a request and/or approval for prescription of psychotropic medication, as defined by WIC 369.5. [148]

HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
available, documentation must be entered into that system, unless the local CW/P indicates a preferred alternative. » All guidance applicable to general program activities applies to PMM&O specific activities. » Additional information regarding PMM&O requirements can be found in the PMM&O section of this manual and the Documentation section of this Scope of Work.	

TOOLS & DATABASES

If you are seeking additional information regarding an item within this section, please see the Navigating Health Care Services and the Resources sections of this manual. All HCPCFC programs are required to have policy and procedure in place detailing the procedure for staff access to the tools and databases listed in this section.

Periodicity Guidelines

- Recommendations for Preventive Pediatric Health Care (American Association of Pediatrics/Bright Futures)[149]
- Dental Screening & Examination (American Association of Pediatric Dentistry)[150]
- Child and Adolescent Immunization Schedule by Age (American Association of Pediatrics)[151]

Oral Health

- Medi-Cal Dental Provider Directory[152]
- California Dental Case Management Referral[153]
- Smile California[154]
- Accessing Benefits[155]
- Educational Materials[156]
- Educational Videos[157]
- Child Friendly Materials[158]
- Oral Health & School Readiness[159]

Medi-Cal for Kids & Teens[160]

- Educational Materials[161]
- Provider Information[162]
- Provider Training[163]
- EPSDT Manual[164]
- Preventative Services Manual[165]

Immunization

- Parents or individuals can visit the Digital Vaccine Record portal to download a copy of their immunization record from CAIR[166]
- Vaccines For Children (VFC) Provider Locations[167]
- Educational Materials[168]
- Shots for School[169]
- California Vaccines for Children Program[170]
- Centers for Disease Control (CDC) Child and Adolescent Schedule[171]
- Statewide Immunization Databases
- CAIR2- Providers in most of California use the CAIR2 system. CAIR is a tool for medical offices, schools, and agencies to review or look-up immunization records.[172] HCPCFC staff are eligible to access CAIR2 as a part of a Foster Care agency. Enrollment information may be found on the CAIR2 webpage. Procedures for adding HCPCFC staff as CAIR2 users must be defined by local policy and procedure.[173]
- RIDE – The greater San Joaquin Valley utilizes different software (RIDE) to access patient immunization records. View the CAIR Regions map to see which system is used in your county.[174]

Medi-Cal Coverage

- Medi-Cal Eligibility Data System (MEDS)

  MEDS is a statewide data hub serving a variety of eligibility, enrollment and reporting functions for Medi-Cal and other state and federal benefits. HCPCFC staff are eligible to obtain access via a ServiceNow request. Users can contact cmshelp@dhcs.ca.gov to get a ServiceNow account. Please note that the DHCS HCPCFC program contact list is utilized to verify current HCPCFC staff. All staff may update their contact information by utilizing the HCPCFC Contact List Update Survey at any time.[175]

  Tip: MEDS has one main screen and three special screens. Providers use the MEDS online Provider Inquiry (MOPI) screen to determine eligibility; sometimes they are unable to see the special screens that show active Medi-Cal for foster youth. If the foster youth has full scope Medi-Cal, the HCPCFC PHN may need to contact Medi-Cal directly to find out if current coverage exists and then, if it does,

notify the provider/pharmacy that Medi-Cal is active. It is the recipient's responsibility to reinstate their Medi-Cal coverage if it has lapsed. The PHN should follow up with the recipient to ensure steps have been taken to reinstate Medi-Cal. This will assure the foster youth has access to health care services and medications.

Pharmacy

- Medi-Cal Rx[176]

  All administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing Medi-Cal FFS or MCP intermediaries have transitioned to Medi-Cal Rx. Medi-Cal Rx includes all pharmacy services billed as a pharmacy claim, including but not limited to:

  - Outpatient drugs (prescription and over the counter), including Physician-Administered Drugs (PADs)
  - Enteral nutrition products
  - Medical supplies

Databases

- SafeMeasures[177]

  SafeMeasures is a web-based application that generates reports based upon data extracted from CWS/CMS.

- California Child Welfare Indicators Project (CCWIP)[178]

  The CCWIP provides agency staff, policymakers, researchers, and the public with access to critical outcome information on California's child welfare system. Here you will find reports regarding information such as: performance measures, use of psychotropic medication, caseload and more. CCWIP is publicly available information and does not require a log in to access reports.

Child Welfare Digital Services

Child Welfare Digital Services (CWDS) is a collaboration of California State and local government agencies responsible for the operation and maintenance of the present CWS/CMS and creation of the CWS-CARES.[179, 180, 181]

CWS/CMS is a statewide computer system to automate the case management, services planning, and information gathering functions of child welfare services. CWS/CMS is

California's version of the federal Statewide Automated Child Welfare Information System (SACWIS).

CWS-CARES will eventually replace CWS/CMS. More information regarding the scope and progress of this project can be found on the CWDS webpage.[182] The CWS-CARES Project Roadmap details the schedule of integration. Updates may be accessed on the CWDS Bulletins webpage.[183, 184]

Educational Resources

Educational tools and resources detailing the navigation and use of CWS/CMS can be accessed via the CWS/CMS Training Portal. Guidance regarding documentation can be found in the Scope of Work section of this manual. Local variation that adds to these requirements must be clearly outlined in local HCPCFC P&P, developed in collaboration with the local CW/P agencies, and adhere to all program, local, state, and federal requirements.

- CWS/CMS Training Portal Landing Page[185]
- Statewide Training Application Resource (STAR) training tool.[186] A self-paced training tool for the CWS/CMS application. There are two types of lessons in STAR, interactive lessons, where it requires a user to interact; and demo lessons, where a user can watch a lesson.
- New User Curriculum[187]
- Probation specific resources[188]
- Scenario Manager[189]
- Mapped Documents[190]
- Process Maps[191]
- Quick Guides[192]
- Frequently Asked Questions[193]
- This section will be revised with CWS-CARES information as it becomes available.

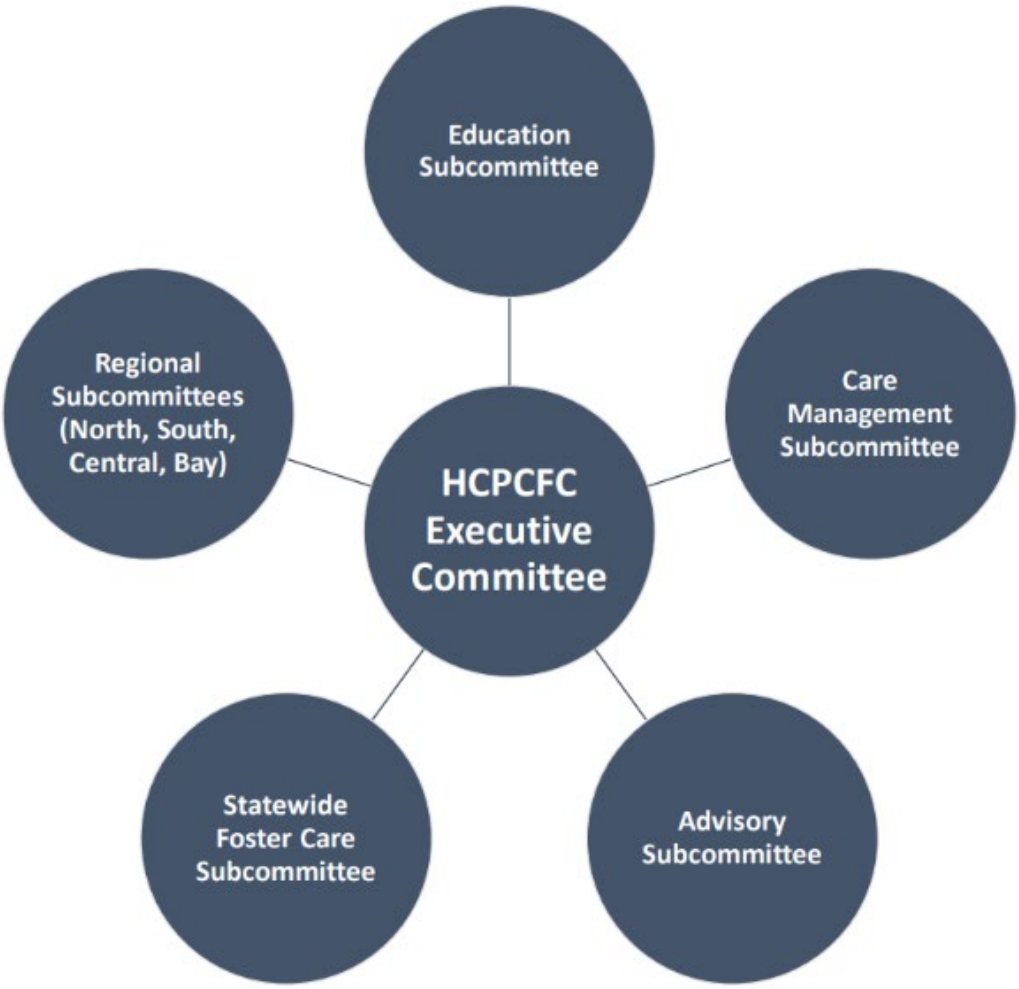
RESOURCES

Identifying sources of information within and out of the county and the links for coordinating services for children and youth in foster care are necessary foundations for the HCPCFC PHN to function effectively. The resources provided here are intended as a starting point and are not all inclusive. Additional subject specific resources can be found in the applicable sections of this manual.

Mentorship

HCPCFC PHNs in other counties are excellent resources regarding health care services. Many also make themselves available to consult with and mentor nurses who are new to HCPCFC. A current list of volunteer mentors may be obtained by contacting the HCPCFC Education Subcommittee Chair. Contact information may be obtained by contacting HCPCFC@dhcs.ca.gov.

Committees



HCPCFC committees consist of program staff and serve to advance the local and statewide practices and standards of the program. Committees are a venue to participate in affecting change and improvement to local and statewide policy and provide an environment to learn and discuss various areas of focus applicable to the HCPCFC program. HCPCFC staff are encouraged and supported to participate in available local, regional, or state level quality improvement work, as part of the HCPCFC PHN's scope of work. Regional committees are open to all staff of the jurisdiction within the specified region. Subject based committees may be joined by contacting the Chair and Co-Chair and membership policy can vary based upon the given committee bylaws. All committee Chair and Co-Chairs meet quarterly to collaborate and unify statewide committee activities. DHCS and CDSS staff attends the HCPCFC Statewide Committee meetings. Contact information may be obtained by request to HCPCFC@dhcs.ca.gov.

Manual Update Procedure

Changes to this document may be proposed or requested utilizing the following procedure:

- Request a Microsoft Word version of the Program Manual from the HCPCFC Central Inbox: HCPCFC@dhcs.ca.gov.
- All proposed edits, comments, questions, and suggestions must be submitted within a Microsoft Word version of this document utilizing track changes. No other formats will be accepted.
- HCPCFC community members may submit requested changes to their regional or subject based committee Chair.
- Committee Chairs submit any updates proposed by their committee, in one consolidated document, to the HCPCFC Executive Committee by June 1 of each year (if applicable).
- The HCPCFC Executive Committee consolidates timely submissions received into one proposal which is submitted to DHCS and CDSS by October 1 of each year.
- The HCPCFC Executive Committee consolidates submissions received as of June 1 in to one Microsoft Word document that is submitted to DHCS and CDSS by October 1 of each year starting in 2025.

Frequently Used Contacts

- DHCS HCPCFC Central Inbox: HCPCFC@dhcs.ca.gov
- HCPCFC Website[194]
- Local HCPCFC Program Contact Information Updates: Please submit all DHCS Contact List Updates using the HCPCFC Contact Information Update Survey.[195] Copies of the current statewide HCPCFC contact list, including committee chairs, may be requested by contacting the program inbox at: HCPCFC@dhcs.ca.gov.
- DHCS Invoice Processing & Budget Portal Access: dhcsscdadmin@dhcs.ca.gov
- CCS Program Central Inbox: ccsprogram@dhcs.ca.gov
- Enhanced Care Management Central Inbox: CalAIMECMILOS@dhcs.ca.gov
- California Ombudsperson for Foster Care[196]
- Medi-Cal Managed Care and Mental Health Office of the Ombudsman[197]

- Short-Term Residential Therapeutic Program (STRTP) General Information, telephone number, contact information.[198] To submit a complaint/report/concern pertaining to STRTPs contact: letusno@dss.ca.gov.
- DHCS Mental Health Licensing Mental Health Rehabilitation Centers and Psychiatric Health Facility information, questions, reports/complaints.[199]

Educational Resources

All program staff must complete mandatory training and onboarding requirements prior to participating in program activities. Detailed requirements can be found in the HCPCFC Financial Policy & Procedure, Program Administration section. Additional resource may also be accessed on the HCPCFC webpage.

- Abuse Reporting Requirements for Registered Nurses from the California Board of Registered Nursing[200]
- Ensuring Foster Youth Are Only Prescribed Psychotropic Medication When in Their Best Interest from the Patient-Centered Outcomes Research Institute[201]
- Code Blue: Health Services for Children in Foster Care[202]
- California Statewide Guidelines for Public Health Nursing in Child Welfare Services[203]
- Understanding the Child Welfare System in California: A Primer for Service Providers and Policymakers[204]
- Foster Care in California: Achievements and Challenges (Public Policy Institute of California)[205]
- Foster Care (American Association of Pediatrics)[206]
- Now in Our Hands: Caring For California's Abused and Neglected Children (Little Hoover Commission. August 1999)[207]
- Still in Our Hands: A Review of Efforts to Reform Foster Care in California (Little Hoover Commission. February 2003)[208]
- National Center for Youth Law[209]
- Teen Law Information of California providers of adolescent-health services[210]
- California Department of Social Services mission "is to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence."[211] Program-specific websites which may be of use to health care providers serving

children in foster care include: Children and Family Services Division, Community Care Licensing Division, Foster Care Ombudsman Program, and Research and Development Division.[212, 213, 214, 215]

- Judicial Council of California, Center for Families, Children, and the Courts (CFCC) is dedicated to improving the quality of justice and services to meet the diverse needs of children, youth, families, and self-represented litigants in the California courts.[216] CFCC resources include case law, rules and forms, publications, self-help, grants, and calendar.
- California Department of Developmental Services (DDS) provides services and supports to children and adults with developmental disabilities.[217] These disabilities include developmental delays, cerebral palsy, epilepsy, autism, and related conditions.
- University of California Berkeley, Center for Social Science Research, conducts research, policy analysis and program planning, and evaluation directed toward improving the public social services.[218] The Center conducts research and develops reports on foster care for CDSS.
- Child Welfare League of America (CWLA) is a national, nonprofit organization committed to developing and promoting policies and programs to protect America's children and strengthen America's families.[219] Programs, publications, conferences, training sessions and legislative reports are available.
- The American Academy of Pediatrics (AAP) is dedicated to the health of all children from infancy to young adulthood.[220] Policy statements, publications, clinical practice guidelines, clinical and technical reports regarding pediatrics are available on this website. Specific policy statements on Foster Care include Health Care of Young Children in Foster Care and Health Care for Children and Adolescents in the Juvenile Correctional Care System.[221, 222]
- All County Welfare Directors Letters (ACWDLs) and Medi-Cal Eligibility Branch Information Letters (MEBILs) are available on the website for the DHCS Medi-Cal Eligibility Branch.[223]
- The California Department of Mental Health has oversight responsibility for public mental health budgets, staff positions and services.[224] It provides a system of leadership for state and local county mental health departments, system oversight, evaluation and monitoring and administration of federal funds. Community MHSs, laws and regulations, publications, county administrators and provider information are available on this website.

- The California Mental Health Directors Association (CMHDA) has partnered with Value Options to provide specialty mental health services to children (ages 0-18) placed in out-of-county group, foster home, or kinship placements, and adoption assistance programs.[225] The intent is to better meet the specialty mental health needs for these children, including linguistic and cultural needs, while simplifying the process for practitioners.
- Centers for Disease Control and Prevention (CDC) is recognized as the lead federal agency for protecting the health and safety of people at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships.[226] CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
- Foster Care Model of Care Workgroup: Assessing Different Managed Care Options for Foster Youth in California (National Health Law Group Program)[227]
- California's Medicaid State Plan (Title XIX) The Medicaid State Plan is based on the requirements set forth in Title XIX of the Social Security Act and is a comprehensive written document created by the State of California that describes the nature and scope of its Medicaid (Medi-Cal) program. It serves as a contractual agreement between the State of California and the federal government and must be administered in conformity with specific requirements of Title XIX of the Social Security Act and regulations outlined in Chapter IV of the CFR. The State Plan contains all information necessary for the Centers for Medicare and Medicaid Services (CMS) to determine if the State can receive Federal Financial Participation (FFP).
- California State Plan[228]
- Pending State Plan Amendments[229]
- Office of Administrative Law (OAL)[230]

CONFIDENTIALITY & CONSENT

Welfare and Institution Codes (WIC) 16001.9(a)(26) upholds the right to confidentiality of medical and mental health records for minors in care. Additionally, WIC 827 outlines who may inspect a child or youth's casefile. Confidential and sensitive information should be treated with particular care and awareness when working with minors and NMDs in out-of-home placement. While protected health information (PHI) is to be used or disclosed in accordance with the Health Insurance Portability and Accountability Act (HIPAA), HCPCFC staff must take additional steps to consider safety concerns and the appropriateness of certain disclosures and/or documentation based upon each individual and situation.

Additionally, research indicates that youth list concerns about confidentiality as the number one reason they might forgo medical care. A young person is more likely to disclose sensitive information if he or she is provided with confidential services and has time alone with the provider.

Sharing Health Information for Children in Foster Care, Judicial Council Briefing on Information Sharing (December 2019) is a valuable resource, providing detailed information regarding the topics discussed in this chapter.[231]

Additionally, HCPCFC staff should read references in their entirety, in order to understand the background and context of relevant policies related to confidentiality and consent within HCPCFC. It is especially important for HCPCFC staff to understand the roles of others in the care team, due to the dynamic and uniquely collaborative nature of program activities. HCPCFC staff, in particular the PHN, must integrate and shape their work around that of others on a daily basis, especially the child or youth's assigned SW or PO, who are the primary case managers for the children and youth served.

Information specific to psychotropic medication may be found in the Psychotropic Medication Monitoring & Oversight section of this manual.

Staff members who feel unsure or uncomfortable with any topic should report and discuss concerns with their HCPCFC supervisor. Policy & procedure should be in place or developed to alleviate the topic from arising in the future.

Documentation of Sensitive & Confidential Information

Confidentiality is a critical aspect of working with foster children and youth. Certain documentation, particularly the HEP, can be accessed by a variety of individuals and

shared with others for various applications. The HEP is shared with a wide range of individuals, for a wide variety of purposes, and HCPCFC staff should consider the inherent risk of certain individuals learning certain sensitive information, and how this risk might be mitigated by approaching every documentation and every interaction from this perspective. Training regarding confidentiality, as it pertains to foster children and youth specifically, is a requirement for all HCPCFC staff.

Information contained in the HEP is considered PHI and is to be used and/or disclosed in accordance with HIPAA. HIPAA does not restrict the receipt of medical information by a social worker or juvenile probation officer who has care and custody of a foster child and does not restrict the entry of the child's medical information into the CWS/CMS system.[232]

Understanding confidentiality and HIPAA requirements is imperative for all HCPCFC staff, not just the SW and PO. HCPCFC staff must understand the actions of other team members to avoid causing errors and the loss of vital information entered by others, as well as to make necessary edits when reviewing the HEP for completeness and accuracy, in order to protect confidentiality while preserving essential information. Please note that HCPCFC staff are only to review the HEP for completeness and accuracy and should not edit other areas of CWS/CMS, aside from the instructions found in the Scope of Work section of this manual and variation found in local P&P.

The California Health and Human Services Agency's Center for Data Insights and Innovation has produced informational documents with examples and scenarios, called "State Health Information Guidance (SHIG)" documents. There are several SHIG documents, including one for data sharing related to foster youth and minors in California. These may serve as useful resources to understand data sharing privacy laws applicable to California minors.[233]

Reproductive & Sexual Health

- **ACIN I-06-20** (January 27, 2020)[234]
    - This ACIN provides updated guidance and introduces new resources providing best practices to assist case management workers and PHNs with documenting, protecting, and sharing reproductive and sexual health information of youth and NMDs in foster care. This ACIN builds upon ACL 16-88 Plan for the Prevention of Unintended Pregnancy for Youth and NMDs in Foster Care in 2016.
- **ACL 18-61** (June 20, 2018)[235]

- New Mandates Regarding Case Plan Documentation and Training Related to Reproductive and Sexual Healthcare in Foster Care.

» **ACL 18-44** (May 1, 2018)[236]

- New and Revised Resource Materials Regarding Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care.

» **ACL 16-82** (September 30, 2016)[237]

- Reproductive and Sexual Health Care and Related Rights for Youth and NMD in Foster Care.

Pregnancy

» **ACIN I-45-22** (May 16, 2022)[238]

- Supplemental Guidance and Tools to Support Expectant Parents in Foster Care

» **ACL 21-123** (October 8, 2021)[239]

- New Expectant Parent Payment

» **ACL 16-88** (October 12, 2016)[240]

- California's Plan for the Prevention of Unintended Pregnancy

» **ACL 16-32** (April 28, 2016)[241]

- Documentation of pregnancy and parenting in CWS/CMS for minor and NMDs

Parenting

» **ACIN I-73-16** (October 19, 2016)[242]

- The purpose of this ACIN is to provide updated information and guidance regarding how to document minor and NMD parents CWS/CMS. This ACIN build updates the guidance regarding documentation of parenting data provided in ACL 16-32.[243]

» Parents Helping Parents[244]

Sexual Orientation and Gender Identity

» **ACL 21-149** (January 6, 2022)[245]

- The purpose of this ACL is to provide guidance and instruction regarding the documentation of SOGIE information into CWS/CMS. This ACL builds upon the guidance provided in ACL 19-20.[246]

Obtaining Non-Minor Dependent Consent

NMDs must consent to receiving HCPCFC services prior to the program conducting any work other than outreach and the provision of education and resources directly to the NMD themselves. NMD consent must be in writing, utilizing a locally approved form. The acceptance of electronic signature is a decision that must be made at the local level. Local P&P regarding approved process, procedure, and applicable forms must be in place and readily available to HCPCFC staff members. HCPCFC programs may utilize the HIPAA forms used by DHCS as a resource, if approved by local county/city authority.[247] All questions regarding NMD consent should be directed to local county/city authority, as consent procedures are a county/city determination tof make.

HCPCFC Access to PHI

HCPCFC is statutorily authorized to access and receive health information as defined by California WIC Section 5328.04(a)-(h) and California Code, Civil Code Section 56.103.[248, 249] Program staff should notify their Supervising PHN if they experience refusal to provide information, despite attempts to make the refuser aware of program statutory authority to do so.

Personal Rights of Youth in Foster Care

- Foster Youth Bill of Rights[250]
- **ACIN I-05-14** (January 15, 2014) Sharing Information with Caregivers[251]
- **ACIN I-40-16** (June 14, 2016) Updated Documents Regarding Personal Rights of Youth in Foster Care[252]
- **ACL 21-69** (June 21, 2021) New and Updated Foster Youth Personal Rights and Office of the Foster Care Ombudsperson Responsibilities[253]

PSYCHOTROPIC MEDICATION MONITORING & OVERSIGHT

This section provides an overview of HCPCFC responsibilities associated with psychotropic medication monitoring and oversight, which are required of PHNs by WIC 16501.3(c)(3), as well as providing additional resources with which to learn more. As with other aspects of the HCPCFC program, active collaboration, and open communication with the assigned SW or PO is essential and required. HCPCFC PHNs are secondary case managers and must share information and provide support within the HCPCFC scope of work to the primary case manager, the assigned SW or PO.

All questions regarding the PHN role, including difficulty obtaining or sharing information, should be documented, reported to the direct supervising HCPCFC PHN, and addressed immediately. Beyond the guidelines provided in this document, local P&P must be in place to provide detailed guidance regarding local information sharing and collaboration procedures.

This section will build upon the instruction provided to clearly outline the HCPCFC role. As such, the information found in this section may not be taken as stand-alone instruction but as additional information following comprehensive understanding of the information found in the Required Training subsection below, at a minimum.

Required Training & Primary References

All HCPCFC staff are required to complete a review of all components of the following Psychotropic Medication Monitoring & Oversight resources, regardless of their role, prior to participating in program activities:

1. Psychotropic Medication in Foster Care training module[254]
2. California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care[255]
3. California Courts: Guide to Psychotropic Medication Forms (JV-217-Info & All Associated Forms Listed)[256]

The above trainings may be accessed via the California Child Welfare Training statewide learning management system (CACWT), or by direct link, which does not require a log in. Training records must be kept on file for each HCPCFC staff member.

Policy & Procedure

HCPCFC programs statewide vary when it comes to the extent and timing of PHN involvement when foster children and youth are prescribed psychotropic medication. For this reason, local programs must have a clear P&P in place which clearly defines the role and procedures of the PHN as follows:

1. How and when HCPCFC receives documents relating to the prescription of psychotropic medication to foster children and youth, including all forms, health records, and information received or ascertained by the assigned SW or PO.
2. Specifically, as compared to the role of the assigned SW or PO, HCPCFC support staff, HCPCFC management and supervising staff, the court, other CW/P staff, and other applicable members of the care team.
3. Addressing discrepancies identified with a prescription and required health indicators (lab results, inadequate assessment, etc.).
4. Addressing issues obtaining or accessing medication, on an as-needed basis.
5. Educating and obtaining information/follow up from the foster children and youth and/or their caregiver.
6. Educating, answering questions, and providing feedback to providers.
7. Requesting/facilitating requests for health information/records.
8. Interfacing with health providers, including medical, developmental, behavioral, and psychotropic focused care.
9. Information sharing procedures and privacy.
10. Procedures HCPCFC staff follow from the initiation of program involvement to the resolution of the HCPCFC PMM&O involvement, including documentation and internal procedures for documentation of PHN assessment and identified concerns.

The above required local P&P must always be readily available to HCPCFC staff.

PMM&O Documentation & Standard Procedure

Please refer to the Scope of Work, Psychotropic Medication Monitoring & Oversight and Documentation sections for further guidance regarding documentation and standard procedure.

PMM&O Resources

- How Can a Public Health Nurse Help Me? from the Psychotropic Quality Improvement Collaborative[257]
- CHILDREN AND YOUTH IN OUT-OF-HOME CARE: What do Caregivers Need to Know about Psychotropic Medications? [258]
- A 6-step process to Understanding Psychotropic Medications Before You Agree to Take Them[259]
- California Rules of Court Rule 5.640. Psychotropic medications[260]
- Quality Improvement Project: Improving the Use of Psychotropic Medication among Children and Youth in Foster Care[261]
- Ensuring Foster Youth Are Only Prescribed Psychotropic Medication When in Their Best Interest[262]

In addition to resources provided in this and the Scope of Work section, please reference the Tools & Databases section of this manual for detailed information regarding the use and access to the following systems that are helpful in conducting HCPCFC PMM&O activities. Additional educational resources can be found on the HCPCFC webpage and the Educational Resources subsection of the Resources section of this manual. All program staff must complete mandatory training and onboarding requirements prior to participating in program activities. Detailed requirements can be found in the HCPCFC Financial Policy & Procedure, Program Administration section. Additional educational resources can be found on the HCPCFC webpage.

NAVIGATING HEALTH CARE SERVICES

This section introduces helpful topics, useful tools, and provides resources with which to learn more. It is important to keep in mind that policy can change at a rapid pace; for this reason, this section consists primarily of links to each topic of interest in order to support access to the most up-to-date information at the time of reading. These links may also be utilized as a springboard to other topics of interest and use. It is recommended that the Resources and Tools & Databases sections be referenced for additional information regarding items within this section and how they can be accessed.

We encourage all HCPCFC programs to have an agreement in place with Medi-Cal Managed Care Plan(s) serving their jurisdiction, which outlines information sharing, role and responsibilities, and procedures to avoid duplication of services.[263] This agreement must be easily accessible to HCPCFC program staff at all times.

All children in foster care are entitled to Medi-Cal and Medi-Cal Dental with no share of cost and no income or resource limits. This includes children who are under a legal guardianship from dependency court or children who have been adopted through the foster care system, and non-minor dependents in Extended Foster Care .[264]

Extended Foster Care allows eligible youth in the child welfare and probation systems to remain in foster care until age 21.[265]

Former foster youth (FFY) under 26 who were in foster care on their 18th birthday or later (in any state or tribe) may be eligible.[266, 267]

Medi-Cal

Medi-Cal is jointly funded by the state and federal government, and it is administered by various agencies throughout the state.[268, 269]

Every child or youth in out-of-home care should have a medical home.[270] When a child or youth enters the dependency system, Medi-Cal processing is expedited (DHCS Letter 01-41) so the child of youth can access services immediately.[271] If there are delays in Medi-Cal processing, the Eligibility Worker (EW) and SW or PO assigned to the child or youth's case should be informed in order to address the delays. Health and behavioral health services are generally the responsibility of the county where the foster child or youth resides. The nurse's knowledge of the health care system and resources is intended to assist those involved in accessing health care services for the child or youth.

When initially enrolled in Medi-Cal most individuals, including foster youth, are covered under Medi-Cal FFS, and are then enrolled in a Managed Care Plan within 30-60 days. In some cases, individuals will remain in Medi-Cal FFS based upon a number of factors that help to support care coordination and case management of this vulnerable population. If a child or youth needs an exemption to remain in FFS, Medical Exemption Request documents may be submitted.[272]

Medi-Cal Managed Care

Medi-Cal managed care provides for the delivery and coordination of health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations plans that accept a set per member per month (capitation) payment for these services.[273]

- Medi-Cal Managed Care[274]
- Medi-Cal Managed Care Health Plan Directory[275]
- Local Medi-Cal Resources – Here you can find information including but not limited to the following: Targeted Case Management, county-based Medi-Cal resources, and administrative activities[276]
- Managed Care Model Fact Sheet[277]
- Medi-Cal Managed Care Benefits: Enhanced Care Management and Community Supports[278]

If a child or youth's placement changes to a different county, then the Medi-Cal Managed Care Plan responsible for providing the Medi-Cal services will change as well. The resident county is generally responsible for health and behavioral health services for foster children and youth. The Partnership Health Plan of CA (PHP) which is a County Organized Health System (COHS) plan in multiple counties covers Medi-Cal covered benefits for children and youth in foster care giving them a "Direct Member" status. This status allows foster youth to access health care at any provider who meets the requirements for Continuity of Care (CoC) protections and is willing to bill Partnership.[279] Please see the "County Organized Health Systems (COHS)" section below for more information.

The "Direct Member" status is based on the child or youth having a foster care aid code. Aid codes are used to identify the type of government aid or assistance (financial/Medi-Cal) a person is receiving. There are several aid codes common to foster care, including but not limited to 40, 42, 45, 4F, 4H, 4L, and 4M.[280] When a foster child or youth is placed

in a Partnership or other COHS county, it is extremely important to have the county foster care eligibility unit quickly update the address to allow emergency enrollment into the COHS plan. When the address has been updated, the Managed Care Ombudsman can be contacted to request an emergency enrollment. The emergency enrollment takes 24-48 hours. If the foster youth is currently in a plan in the dependent county, a request for an emergency disenrollment can be made at the same time the request for enrollment occurs. The disenrollment can occur before the address is updated.

If directed to do so by their local eligibility team, and as described in local P&P, the EW or HCPCFC PHN can contact the Managed Care Ombudsman (MCO) at 1-888-452-8609 or send an email to mmcdombudsmanoffice@dhcs.ca.gov. The child or youth's full name, date of birth, Medi-Cal identification number or social security number, date of disenrollment, health plan name and the EW's or PHN's name must be provided. To retroactively enroll to the beginning of the month, there should be no outstanding medical bills for the month. If the EW or PHN decides to call, they should let MCO know the child or youth has recently been detained.

Enhanced Care Management (ECM)

Those enrolled in Medi-Cal managed care can receive Enhanced Care Management (ECM), a Medi-Cal benefit that provides comprehensive care planning and management across the various health care and social service delivery systems.[281] Children and youth involved in Child Welfare are eligible for ECM, including those who meet one or more of the following:

(1) Are under age 21 and are currently receiving foster care in California;

(2) Are under age 21 and previously received foster care in California or another state within the last 12 months;

(3) Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state;

(4) Are under age 18 and are eligible for and/or in California's Adoption Assistance Program;

(5) Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months.

Refer to the ECM Policy Guide for further information. The ECM Policy Guide can be found on the ECM and Community Supports Resources page.[282]

ECM provides services above and beyond the care coordination available in many preexisting programs. Among other services, the ECM provider can help the child or youth find providers, schedule appointments, arrange free transportation to appointments, and connect them with community supports. Each MCP must also have a Foster Care Liaison, who will ensure that its ECM providers have expertise in child welfare and will closely coordinate the child or youth's health care and child welfare services.

For children enrolled in the HCPCFC, the ECM Provider is expected to leverage the comprehensive assessments conducted and the care plans developed by the HCPCFC to document medical and education information. ECM can be provided in addition to services provided by the HCPCFC. MCPs are expected to work with local HCPCFC management to ensure that services received are not duplicative.[283]

Additionally, MCPs may offer Community Support Services . While different in each plan, these benefits can help youth find and maintain housing, transition from a facility to their home or community, assist with personal care, and provide meals to youth with complex health needs, among other services.

County Organized Health System (COHS)

Current policy states all foster care members who reside in a COHS county must enroll in a MCP.[284] All members required to transition to MCPs on January 1, 2024, are eligible for CoC) protections using the following policy levers:

- CoC for Providers – The member can keep their provider even if the provider is out of network for the Receiving MCP.
- CoC for Covered Services – The member can continue an active course of treatment and the Receiving MCP must honor prior authorizations from the member's Previous MCP.
- CoC Coordination/Care Management Information – Previous MCP and Receiving MCP work together to transfer additional supportive information (e.g., care plans).
- Additional Continuity of Care Protections for All Transitioning Members- All transitioning members are eligible for additional protections related to Durable Medical Equipment (DME) rentals and medical supplies, non-emergency medical transportation (NEMT) and non-medical transportation (NMT), and scheduled specialist appointments.

The offering of Continuity of Care is contingent on the following:

- The MCP is able to determine that the Member has a pre-existing relationship with the Provider.[285]
- The Provider is willing to accept the MCP's contract rates or Medi-Cal FFS rates.
- The Provider meets the MCP's applicable professional standards and has no disqualifying quality of care issues; and
- The Provider is a California State Plan approved Provider.

Special Populations, including children and youth receiving foster care and former foster youth through age 25, will have enhanced protections to minimize the risk of harm.

Questions may be directed to MMCDPMB@dhcs.ca.gov.

Single Plan Counties

Current policy states foster care members who reside in Single Plan counties are voluntary members and have a choice to enroll in FFS or managed care. Effective January 1, 2025, all foster care members will be required to enroll in a MCP.[286] Questions may be directed to MMCDPMB@dhcs.ca.gov.

Other Health Coverage

In some cases, foster children and youth have commercial insurance, Other Health Coverage (OHC). This may have been court ordered or in place before the child or youth was detained. State Third Party Liability blocks OHC for all foster aid codes, some providers and pharmacies will notice the OHC and will decline to treat the child or youth or dispense medications.

The HCPCFC PHN or the EW can request OHC removal by providing the following foster youth/beneficiary information:

- Client Index Number (CIN) or Medi-Cal identification number located on the Beneficiary Identification Card (BIC)
- First and last name
- Date of Birth
- Reason for termination (select the "Foster youth" box)
- Insurance Carrier name and if available, carrier code
- Insurance policy stop date

Tip: To request OHC removal, please visit the Other Health Coverage page on the DHCS website and click on *OHC Removal(s) Form link* to open the removals request form in another window.[287] Complete all required fields before submitting the form. You can also call 1-800-541-5555 and select option 2 on the voice menu. A Medi-Cal call center representative can help assist in completing the *OHC Removals Request* form. Once the request has been processed, you will receive a confirmation e-mail from WATS@dhcs.ca.gov to the e-mail address you provided. If you have NOT received a confirmation email within two business days, you can contact 800-541-5555. Please be prepared to provide the submission request date.

Oral Health

The Medi-Cal Dental Program covers a variety of dental services for Medi-Cal beneficiaries, such as diagnostic and preventive dental hygiene (e.g. examinations, x-rays, and teeth cleaning); emergency services for pain control; tooth extractions; fillings; root canal treatments (anterior/posterior); crowns (prefabricated/laboratory); scaling and root planning; periodontal maintenance; complete and partial dentures; and orthodontics for children who quality. Members can access dental services through Medi-Cal Dental enrolled providers, who will advise members on the best course of treatment, and under the specific conditions for which some of these services are allowable.

- Medi-Cal Dental[288]
- Medi-Cal Benefits: Dental[289]
    - Smile California[290]
    - Find-A-Dentist[291]
    - Assistance Finding a Provider/Services[292]
- Dental Case Management Program[293]
- Dental Managed Care[294]
- Dental Coverage for Former Foster Youth[295]
- Orthodontia Resources:
    - Court Appointed Special Advocates (CASA)
    - Children's Miracle Network (search for local hospital in the youth's county of residence that partners with them)

- Smiles for a Lifetime
- Smiles Change Lives
- Local dental or orthodontia society
- Local Foster Care Association
- Local resource, "youth resource bank"
- Local religious organizations
- Local charities as available

Behavioral Health

The DHCS administers Specialty Mental Health Services (SMHS) for children and youth in out-of-home placement across the state through County Mental Health Plans (MHPs).[296] The placing county provides a presumptive transfer to County Behavioral Health Access to Community Care & Effectiveness Services & Support (ACCESS) in the resident county. If the SW decides to continue mental health services with the current provider, a waiver is sent to the resident county. Presumptive county contacts are available online. Legislation has been expanded for easy access to appropriate Specialty Mental Health Services for children and youth in Child Welfare. All foster children and youth categorically meet access criteria for SMHS due to the CalAIM changes in SMHS access criteria.

- For questions regarding Medi-Cal Managed Care and Mental Health Office of the Ombudsman, please call 1-888-452-8609 and select option 8, "Mental Health."[297] Further information, including ombudsman information, can be found in the Psychotropic Medication Monitoring & Oversight section of this manual.
- Medi-Cal Behavioral Health Division (MCBHD) - administers, oversees, and monitors the Medi-Cal SMHS and Drug Medi-Cal (DMC) program which provides medically necessary substance use disorder (SUD) treatment services to Medi-Cal beneficiaries.[298]
- Adverse Childhood Experience (ACE) Questionnaire – HCPCFC PHNs should determine if this screening was performed as part of routine evaluation.[299]

Pharmacy Benefits & Vision Care

Medi-Cal Rx is the program that provides prescription drug coverage and related services to individuals enrolled in Medi-Cal. Vision care is one of the health benefits that are covered for most beneficiaries eligible under the Medi-Cal program.

- DHCS Pharmacy Benefits Division and Vision Care Program[300]
- Pharmacy
  - Medi-Cal Rx is responsible for Medi-Cal pharmacy services billed as a pharmacy claim, including but not limited to:[301]
    - Outpatient drugs
    - Enteral nutrition products
    - Medical supplies

    Information regarding HCPCFC access and use of Medi-Cal Rx can be found in the Tools & Databases section of this manual.
- Vision
  - Vision benefits are covered for those with full-scope Medi-Cal benefits[302]
  - Medi-Cal Benefits: Vision[303]
  - Medi-Cal FFS Vision Services - The Vision Services Branch (VSB) administers the Medi-Cal FFS vision care program, serving beneficiaries in the State of California.[304] The program offers covered optometric services benefits including comprehensive eye examinations, low vision evaluations, and artificial eye services to eligible beneficiaries of all ages. In addition, VSB oversees the optical laboratories that furnish and fabricate over prescription lenses at no cost to Medi-Cal beneficiaries who qualify. For more information, please contact the VSB inbox at vision@dhcs.ca.gov.

Presumptive Eligibility

- Children's Presumptive Eligibility (CPE), formerly CHDP Gateway, Full Scope Medi-Cal Eligibility can be accessed through any provider that participates in CPE.
- Other Presumptive Eligibility (PE) Programs are also available.[305]

Additional Resources

- BenefitsCal - Central resource from which health insurance, food, cash, and other assistance may be accessed.[306]
- County Offices to Apply for Health Coverage, Medi-Cal, and Other Benefits[307]
- Former Foster Care Youth (FFY) Health Coverage - Individuals who were in foster care at age 18 are eligible for Medi-Cal until age 26.[308] Children now have updated County Contacts in eligibility on their web page for FFY to contact when they change counties and must complete form MC 250A.[309]
- Family PACT - Covers the family planning needs of California residents who are low income and who have no other source of coverage.[310] Beneficiaries can use this coverage if they prefer not to receive family planning services from their primary care provider.
- Kin-GAP and Adoption Assistance Program Benefits (ACL11-86) - The expansion of the federal definition of a relative established by AB 1712 (ACL 14-28).[311, 312] Kin Gap and Adoptive youth who are placed out of their county of jurisdiction need a Service Authorization Request (SAR) to access mental health services to be sent to the resident County Mental Health Plan.
- Foster Care Aid Codes - Used to identify the type of government aid or assistance (financial/Medi-Cal) a person is receiving.[313]
- Parents Helping Parents[314]
- Family Urgent Response System[315]

Health Coverage Educational Resources

- Health-Care Coverage for Children and Youth in Foster Care—and After (Children's Bureau/ACYF/ACF/HHS, January 2022)[316]
- Managed Care Answer Guide (Patient Advocate Foundation)[317]
- Center for Health Care Strategies Inc. – Introduction to Medicaid Managed Care for Child Welfare[318]
- Foster Care Model of Care Workgroup: Assessing Different Managed Care Options for Foster Youth in California (National Health Law Group)[319]
- Foster Care Children and the Affordable Care Act – New Report from CCF and Community Catalyst (Georgetown University, July 24, 2012)[320]

UNDERSTANDING CHILD WELFARE & PROBATION

HCPCFC is an integrated partner within local CWS and Probation statewide. At the local level, HCPCFC programs conduct program activities in close partnership with their CWS and Probation counterparts and are expected to strive to coordinate and integrate activities to the fullest extent possible. The assigned SW or PO is the primary case manager, with HCPCFC providing secondary management functions for matters relating to medical, dental, behavioral, and developmental health. All HCPCFC staff must understand the organizations with which they work, in order to align program functions to best support the population served, and the members of their care team.

In this section, you will find resources to learn more about Child Welfare and Probation. The items listed here are not all inclusive, but instead provide a starting point from which additional information may be found. The resources here are neither a replacement for the required local P&P dictating interaction between HCPCFC and other applicable entities, nor are the items here considered the only topics of importance. Local programs are expected to provide their staff with resources and tools to understand the environment within which each local program finds itself. HCPCFC staff should understand the entities with which they interact, which can vary from jurisdiction to jurisdiction.

- Child Welfare Information Gateway: How the Child Welfare System Works[321]
- California Courts: Juvenile Justice Court Process[322]
- CDSS: Child Welfare Services Manual - contains the CDSS Manual of Policies and Procedures, presented in the context of applicable regulation.[323]
- CDSS: Information Resource Guide - provides a central point from which policies and procedures governing programs that are under the purview of the CDSS can be found.[324]
- Child Welfare Information Gateway- a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.[325] This resource offers an avenue to access both printed and electronic publications, websites, databases, and online learning materials designed to enhance child welfare practice.
- CDSS: About Child and Family Teams (CFTs) - designed to provide effective care through the unification of those participating in a youth's care into a single

integrated team consisting of the child or youth, his or her family, natural and community supports, and professionals.[326]

- CDSS: Foster Youth Education Resource Hub - The California Foster Youth Education Resource Hub provides information and resources pertaining to foster youth.[327]
- CDSS: Extended Foster Care - California's Extended Foster Care (EFC) Program allows eligible youth in the child welfare and probation systems to remain in foster care beyond age 18.[328]
- CDSS: Independent Living Program (ILP) - The ILP provides training, services, and benefits to assist current and former foster youth in achieving self-sufficiency prior to, and after leaving, the foster care system.[329]
- CDSS: Continuum of Care Reform (CCR) & Probation Youth - CCR promotes awareness of the unique placement needs of probation foster youth and the promotion placement in family settings that facilitate ordinary childhood experiences, whenever feasible.[330]
- CDSS: Office of Tribal Affairs (OTA) - The CDSS OTA strives to establish improved government-to-government connections between the CDSS, California Indian Tribes (Tribes), counties and tribal governments, and collaborate with Native American stakeholders.[331]
- California Tribal Families Coalition Educational Resources - The California Tribal Families Coalition's mission is to safeguard and enhance the well-being, security, and prosperity of tribal children and families.[332]
- Adoption Assistance Program - Financial and medical coverage to facilitate the adoption of children who otherwise would remain in long-term foster care.[333]
- Regional Centers- Regional centers provide assessments, determine eligibility for services, and offer case management services.[334]
- Juvenile Justice and CalAIM - Allows eligible Californians who are incarcerated to enroll in Medi-Cal and receive a targeted set of services in the 90 days before their release.[335]
- Interstate Compact on the Placement of Children.[336]

ABBREVIATIONS & ACRONYMS

The following abbreviations and acronyms are commonly used throughout the state within each county and not all are included in this document.

.21e	Six (6) month court review for reunification cases
.21f	Twelve (12) month court review for reunification cases
504 Plans	Plan for Students with Disabilities, described in Section 504 of the Rehabilitation Act of 1973
AAP	Adoption Assistance Program
AAP	American Academy of Pediatrics
AB	Assembly Bill
ACIN	All County Information Notice
ACL	All County Letter
ACWDL	All County Welfare Directors Letter
ADHD	Attention Deficit Hyperactivity Disorder
ADHD-PI	Attention Deficit Hyperactivity Disorder of the Predominantly Inattentive type
ADS	Alcohol and Drug System
AER	Annual Eligibility Review
AFDC	Aid to Families with Dependent Children
AFDC-FC	Aid to Families with Dependent Children – Foster Care
AFDC-FG	Aid to Families with Dependent Children – Family Group
AFLP	Adolescent Family Life Program
AIDS	Acquired Immunodeficiency Syndrome
ARD	Administrative Resource Department
ASD	Administrative Support Division
AST	Automated System Technician

Bates Bill Child	Child with Specialized Medical Needs
BCIS	Bureau of Citizenship and Immigration Services
BIA	Bureau of Indian Affairs
BIC	Benefits Identification Card
BY	Budget Year
CACI	Child Abuse Central Index
CAD IQ	Child Abuse Database Interactive Queries
CAF	Case Assessment Forum
CAHL	Child Abuse Hot Line
CAL CAP	California Confidential Address Program
CalWIN	CalWORKS Information Network
CalWORKS	California Work Opportunity and Responsibility to Kids
CAPIT	Child Abuse Prevention, Intervention and Treatment
CARES	See CWS - CARES
CAS	County Adoption Service
CASA	Court Appointed Special Advocates
CATS	Child and Adolescent Treatment Services
CC	County Counsel
CC-1	Correction Counselor One
CCR	California Code of Regulations
CCS	California Children's Services
CCWIP	California Child Welfare Indicators Project
CDC	Centers for Disease Control and Prevention
CDC	California Department of Corrections
CDC	Child Day Care
CDHS	California Department of Health Services
CDRT	Child Death Review Team

CDS	Child Development Services
CDSS	California Department of Social Services
CFR	Code of Federal Regulations
CHEAC	County Health Executives Association of California
CII	Criminal Identification and Information
CIN	Client Index Number
CLETS	California Law Enforcement Telecommunications System
CLPPP	Childhood Lead Poisoning Prevention Program
CMS	Children's Medical Services; Centers for Medicare and Medicaid Services
CMS Net	Children's Medical Services Network
CMSP	County Medical Services Program
COHS	County Organized Health Systems
COLA	Cost of Living Adjustment
CORI	Criminal Offender Record Information
CP	Case Plan
CPA	Child Protective Agency
CPR	Concurrent Planning Review
CPS	Child Protective Services
CSEC	Commercial Sexual Exploitation of Children
CSHCN	Children with Special Health Care Needs
CSWEC	Council on Social Work Education
CTO	Compensatory/Certified Time Off
CW/P	Child Welfare and Probation Department
CWDA	County Welfare Director's Association
CWEA	Child Welfare Improvement Activities
CWLA	Child Welfare League of America

CWS	Child Welfare Services
CWS-CARES	Child Welfare Services – California Automated Response and Engagement System
CWS/CMS	Child Welfare System/Case Management System
CWW	Child Welfare Case Worker
CY	Calendar Year
DA	District Attorney
DAAS	Department of Aging and Adult Services
DAP	Description, Assessment Plan
DARE	Daily Assessment Review Evaluation
DBH	Department of Behavioral Health
DD	Deputy Director
DD	Development Disability
DEC	Drug Endangered Child
Deprivation	Determination of Deprivation Worksheet DPSS/FC 2.5
DOB	Date of Birth
DOC	Date of Conception
DOC	Date of Confinement
DOJ	Department of Justice
DPH	Department of Public Health
DPSS	Department of Public Social Services
DSS	Department of Social Services
DSS	Direct Support Staff
DSM-IV-R	Diagnostic and Statistical Manual of Mental Disorders
DV	Domestic Violence
E 47	Enhancement 47
EA	Emergency Assistance

EA-CRS	Emergency Assistance Crisis Resolution Services
EDC	Expected Date of Confinement
EDS	Electronic Data Systems (CDHS's Fiscal Intermediary)
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EPSDT-SS	Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services
ER	Emergency Response
EVO	Evaluated Out
EW	Eligibility Worker
EWCA	Eligibility Worker Case Aide
EYH	Enriched Youth Home
F&O	Findings and Orders
F2F	Family to Family
FBG	Federal Block Grant
FC	Foster Care
FCEW	Foster Care Eligibility Worker
FFA	Foster Family Agency
FFACH	Foster Family Agency Certified Home
FFH	Foster Family Home
FFP	Federal Financial Participation
FGDM	Family Group Decision Making
FH	Foster Home
FIG	Federal Income Guidelines
FIO	For Information Only
FPC	Family Preservation Council
FR	Family Reunification

FTE	Full Time Equivalent
FTT	Failure to Thrive
FY	Fiscal Year
FYI	For Your Information
FYS	Foster Youth Services
GAL	Guardian Ad Litem
GH	Group Home
GHPP	Genetically Handicapped Persons Program
GMC	Geographic Managed Care
HCC	Hearing Coordination Center
HCFA	Health Care Financing Administration (now known as CMS)
HCPCFC	Health Care Program for Children in Foster Care
HEP	Health and Education Passport
HF	Healthy Families
HFP	Healthy Families Program
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HOPE	Helping Others Parent Effectively
HRIF	High Risk Infant Follow-up Program
HRS	Human Resource Services
HRSA	Health Resources and Services Administration
HSS	Human Services System
HV	Home Visit
IA	Interagency Agreement
IAA	Intra-Agency Agreement
ICD 10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision

ICD 9	International Classification of Diseases, Ninth Revision
ICP	Inter-County Placement
ICPC	Interstate Compact on the Placement of Children
ICT	Inter-County Transfer
ICWA	Indian Child Welfare Act
IEP	Individualized Educational Plan
IFSP	Individualized Family Services Plan
IHO	In-Home Operations
IIN	Interim Instruction Notice
ILP	Independent Living Program
ILSP	Independent Living Skills Program
IM	Income Maintenance
IN	Information Notice
INS	Immigration and Naturalization Service
IPC	Interagency Placement Committee
IQSAB	Improving Quality Systemwide Advisory Board
IR	Immediate Response
ISP	Infant Supplemental Payment
ITSD	Information Technology Services Department
IZ	Immunization
J/D	Jurisdiction/Disposition Hearing
JNET	Juvenile Network (Juvenile Dependency Court Information)
JV	Judicial Council Forms used by Juvenile Court
JV-217-INFO	Juvenile Court form "Guide to Psychotropic Medication Forms"
JV-218	Juvenile Court form "Child's Opinion About the Medicine"
JV-219	Juvenile Court form "Statement About Medicine Prescribed"

JV-220	Juvenile Court form “Application for Psychotropic Medication”
JV-220(A)	Juvenile Court form “Physician’s Statement Attachment”
JV-220(B)	Juvenile Court form “Physician’s Request to Continue Medication”
JV-222	Juvenile Court form “Input on Application for Psychotropic Medication”
JV-223	Juvenile Court form “Order on Application for Psychotropic Medication”
JV-225	Juvenile Court form “Your Child’s Health & Education”
JV-226	Juvenile Court form “Authorization to Release Health and Mental Health Information”
JWIS	Juvenile Warehouse of Integrated Systems
KG	KinGap
KIN-GAP	Kinship Guardian Assistance Program
LE	Law Enforcement
LEA	Local Education Agency
LTFC	Long Term Foster Care
M & T	Maintenance and Transportation
M/C	Medi-Cal
MC 13	Statement of Citizenship, Alienage, and Immigration Status
MC 210	Statement of Facts (Medi-Cal Only Mail in Application)
MC 219	Important Information for Persons Requesting Medi-Cal
MC 321 HFP	Medi-Cal/Healthy Families Mail-In Application
MCAH	Maternal, Child, and Adolescent Health
MCMC	Medi-Cal Managed Care
MDT(s)	Multidisciplinary Team(s)

MEBIL	Medi-Cal Eligibility Branch Information Letter
Medi-Cal	California's State Medicaid Program
MEDS	Medi-Cal Eligibility Data System
MEPA	Multi-ethnic Placement Act
MGM	Maternal Grandmother
MMCD	Medi-Cal Managed Care Division
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
MPP	Manual of Policies and Procedures
MRMIB	Managed Risk Medical Insurance Board
MTC	Medical Therapy Conference
MTP	Medical Therapy Program
MTU	Medical Therapy Unit
N/S	No Show
NCIC	National Crime Information Center
NHSP	Newborn Hearing Screening Program
NICU	Neonatal Intensive Care Unit
NL	CCS Numbered Letter
NOA	Notice of Action
Non SPMP	Non-Skilled Professional Medical Personnel
NPP	Notice of Privacy Practices
NREFM	Non-Related Extended Family Member
O&I	Orientation and Induction
OA	Office Assistant
OES	Office of Emergency Services Medical report of Suspected Child Physical Abuse and Neglect Examination
OHC	Out of Home Care

OOHA	Out of Home Abuse
OOHI	Out of Home Abuse Investigation
OPRC	Outpatient Rehabilitation Centers
PC	Penal Code or Protective Custody as in "Protective Custody Hold"
PCFH	Primary Care and Family Health Division
PCMS	Program Case Management Section
PCWTA	Public Child Welfare Training Academy
PD	Police Department
PD	Probation Department
PDD	Program Development Division
PERC	Performance, Education and Resource Center
PET	Parent Effectiveness Training
PFG	Plan and Fiscal Guidelines
PGM	Paternal Grandmother
PHD	Public Health Department
PHN	Public Health Nurse
PICU	Pediatric Intensive Care Unit
PID	Program Integrity Division
PMCD	Psychotropic Medication Court Desk
PMM&O	Psychotropic Medication Monitoring & Oversight
PO	Probation Officer
POB	Place of Birth
POS	Point of Service Device
PP	Permanency Planning
PPH	Permanency Planning Hearing
PPLA	Planned Permanent Living Arrangement

PPR	Permanency Planning Review
PRC	Placement Review Committee
PRIDE	Parent Resources for Information and Education
PRUCOL	Permanent Residence Under the Cover of the Law
PSA	Program Service Agreement
PSC	Pretrial Settlement Conference
PSD	Payment Systems Division
PSQA	Program Standards and Quality Assurance
PSS	Program Support Section
PSSF	Promoting Safe and Stable Families
PSU	Provider Services Unit
PTSD	Post Traumatic Stress Disorder
RAJ	Run Away Juvenile
RAU	Relative Approval Unit
RC	Regional Center
RF	Resource Family
RFPC	Regional Family Preservation Council
ROS	Regional Operations Section
SANS	Subsequent Arrest Notification Service
SAR	Semi-Annual Review (6-month hearing for children placed in their own home)
SARB	School Attendance Review Board
SART	School Attendance Review Team
SAWS	Statewide Automated Welfare System
SAWS 1	Application for case aid, food stamps and/or medical assistance

SAWS 2	Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State Run
SB	Senate Bill
SC	Shelter Care
SCC	Special Care Center
SCHIP	State Child Health Insurance Program
SCP	Substitute Care Provider
SCRO	CCS Southern California Regional Office
SED	Seriously Emotional Disturbed
SELPA	Special Education Local Planning Area
SHCN	Special Health Care Needs
SIDS	Sudden Infant Death Syndrome
SIJS	Special Immigrant Juvenile Status
SIS	Special Immigrant Status
SO	Sheriff's Office
SOG	Services Only Guardianship
SOGIE	Sexual Orientation Gender Identity and Expression
SOW	Scope of Work
SPHN	Supervising Public Health Nurse
SPMP	Skilled Professional Medical Personnel
SRO	CCS Sacramento Regional Office
SS	Social Services
SS	Support Staff
SSA	Social Service Aide
SSI	Social Security Income
SSP	State Supplemental Payment

STRTP	Short Term Residential Therapeutic Program
SW	Social Worker
SY	School Year
TANF	Temporary Aid to Needy Families
TC	Telephone Call
TCM	Targeted Case Management
TDM	Team Decision Making
TEMP 602B	Medical and Dental Exams for Children and Youth and Family Planning Services, Annual Mail-In Redetermination Referral
TEMP CA600	Annual Review for Cash Aid and Food Stamps
Ten Day	Report of abuse assessed to require investigation within ten (10) days
THP	Transitional Housing Program
THPP	Transitional Housing Placement Program
TILP	Transitional Independent Living Plan
TPR	Termination of Parental Rights
TRO	Temporary Restraining Order
TT	Reports of abuse determined to require a prioritized investigation sooner than ten (10) days or within three (3) days
U/S	Undersigned
USC	United States Code
USIS	United States Immigration Service
VFM	Voluntary Family Maintenance
VFR	Voluntary Family Reunification
VW	Victim Witness
W&I	Welfare and Institutions Code

WIC	Women, Infants, and Children Supplemental Nutrition Program
WNL	Within Normal Limits
WPE	Work Performance Evaluation
WSIS	Whiplash Shaken Infant Syndrome
YJC	Youth Justice Center

[1] https://www.cdss.ca.gov/cfsweb/res/pdf/StandardsOfPracticeManual.pdf
[2] https://www.cdss.ca.gov/Portals/9/PHNS%20Addendum%20October%202015-July%202016.pdf?ver=2017-12-01-122200-063
[3] https://ccwip.berkeley.edu/childwelfare/reports/PlacementStability/MTMG/r/fcp/s
[4] https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx
[5] https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx
[6] https://www.dds.ca.gov/rc/
[7] https://www.dhcs.ca.gov/services/MH/Pages/Specialty-Mental-Health-Services-for-Children-and-Youth.aspx
[8] https://www.cdss.ca.gov/inforesources/cdss-programs/foster-care/wraparound
[9] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3.
[10] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11400.&lawCode=WIC
[11] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=450.&lawCode=WIC
[12] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=309.
[13] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=300.&lawCode=WIC
[14] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=602.&lawCode=WIC
[15] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=300.&lawCode=WIC
[16] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=602.&lawCode=WIC
[17] https://www.cdss.ca.gov/inforesources/2017-all-county-letters
[18] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3.

[19] https://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/CodeBlue.pdf
[20] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC
[21] http://www.gpo.gov/fdsys/pkg/PLAW-110publ351/html/PLAW-110publ351.htm
[22] https://www.dhcs.ca.gov/services/medi-cal/Pages/default.aspx
[23] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16010.
[24] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=369.5.
[25] https://www.auditor.ca.gov/reports/2015-131/summary.html
[26] https://www.auditor.ca.gov/reports/2015-131/responses.html
[27] https://www.dhcs.ca.gov/services/HCPCFC/Pages/ProgramLetters.aspx
[28] https://www.dhcs.ca.gov/services/hcpcfc
[29] https://www.cdss.ca.gov/inforesources/letters-and-notices
[30] http://www.cdss.ca.gov/getinfo/acin99/I-55_99.pdf
[31] https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/1999/99-108.pdf?ver=2023-12-14-171607-173
[32] https://www.cdss.ca.gov/Portals/9/ACL/2017/17-22.pdf?ver=2017-03-03-163554-947
[33] https://www.cdss.ca.gov/Portals/9/ACL/2017/17-22E.pdf?ver=2019-06-25-135132-493
[34] https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin08/I-20_08.pdf
[35] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2015/I-36_15.pdf
[36] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2015/I-36_15E.pdf
[37] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-96.pdf
[38] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-82.pdf
[39] https://www.cdss.ca.gov/Portals/9/ACL/2018/18-44.pdf?ver=2018-05-04-110653-507
[40] https://www.cdss.ca.gov/Portals/9/ACL/2018/18-61.pdf?ver=2018-06-29-104513-387
[41] https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-06_20.pdf
[42] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-88.pdf
[43] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-88.pdf
[44] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-32.pdf
[45] https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-123.pdf
[46] https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2022/I-45_22.pdf?ver=2022-05-24-145122-430
[47] https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2016/i-73_16.pdf
[48] https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-32.pdf

[49] https://www.cdss.ca.gov/Portals/9/ACL/2019/19-20.pdf?ver=2019-04-03-081756-557
[50] https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2021/21-149.pdf?ver=2022-01-19-121943-140
[51] https://www.cdss.ca.gov/Portals/9/ACL/2019/19-20.pdf?ver=2019-04-03-081756-557
[52] https://cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/CFLs/2024/23-24_09.pdf?ver=2023-08-28-091448-143
[53] https://cdss.ca.gov/inforesources/complex-care/resource-materials
[54] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.3.
[55] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5328.04.
[56] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=CIV&sectionNum=56.103.
[57] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=369.&lawCode=WIC
[58] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&lawCode=WIC
[59] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&lawCode=WIC
[60] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501&lawCode=WIC
[61] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=358.1&lawCode=WIC
[62] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=361.5.&lawCode=WIC
[63] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=366.1.&lawCode=WIC
[64] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=366.22

[65] https://www.cdss.ca.gov/ord/entres/getinfo/pdf/cws2.pdf

[66] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16001.9.

[67] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.1.

[68] https://www.cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/child-welfare-services-regulations

[69] https://www.cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/child-welfare-services-regulations

[70] https://www.cdss.ca.gov/inforesources/caregiver-advocacy-network/health-passport

[71] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16010.

[72] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=369.5.

[73] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=300.&lawCode=WIC

[74] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=361.&lawCode=WIC

[75] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&lawCode=WIC

[76] https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-739/

[77] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=17710.

[78] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=17720.&lawCode=WIC

[79] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=17738.&lawCode=WIC

[80] https://www.dhcs.ca.gov/services/adp/Pages/CA_Code_Regulations.shtml.aspx

[81] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=100925.&lawCode=HSC

[82] https://www.cdph.ca.gov/Programs/CCLHO/Pages/CCLHOLandingPage.aspx

[83] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=100950.&lawCode=HSC

[84] https://www.govinfo.gov/content/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5.pdf

[85] https://www.govinfo.gov/app/details/CFR-2010-title42-vol4/CFR-2010-title42-vol4-sec440-40

[86] https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441

[87] https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B

[88] https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal-Foster-Care-Strategies-11-22-2022.pdf

[89] https://www.ssa.gov/OP_Home/ssact/title04/0473.htm#:~:text=%28B%29Parents%20or%20relative%20guardians%20who%20have%20been%20receiving,of%20circumstances%20which%20would%2C%20pursuant%20to%20this%20subsection%2C

[90] https://www.ssa.gov/OP_Home/ssact/title04/0475.htm

[91] http://uscode.house.gov/view.xhtml?req=(title:42%20section:1396d%20edition:prelim

[92] https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

[93] https://www.ssa.gov/OP_Home/ssact/title19/1905.htm

[94] https://www.ssa.gov/OP_Home/ssact/title19/1905.htm

[95] https://www.thefreelibrary.com/Omnibus+Budget+Reconciliation+Act+of+1989%2c+Public+Law+101-239.-a010502305#:~:text=Treatment%20Services%20Defined%20%28Section%206403%29%20Current%20law%3A%20States,States%20must%20screen%20participating%20childen%20for%20health%20problems.

[96] https://www.dhcs.ca.gov/formsandpubs/MHArchiveLtrs/MH-Ltr01-04.pdf

[97] https://ccwip.berkeley.edu/

[98] Foster Youth as defined by WIC 11400(f) , Non-Minor Dependents as defined by WIC 11400 (v)(1-3), and Wards of the Juvenile Court as defined by WIC 450 who have been removed from their home pursuant to WIC 309 (temporary custody), are the subject of a petition filed under WIC 300 (dependent-victim of abuse or neglect) or WIC 602 (juvenile who has violated the law), or have been removed from their home and are the subject of a petition under WIC 300 or 602 . NMD receive program services upon their request, and under their direction, in accordance with ACL No. 17-22E and WIC 16501.3.

[99] Please email HCPCFC@dhcs.ca.gov to request a copy of this template.

[100] Medication listed in the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care, Appendix B: Parameters for Use of Psychotropic Medication for Children and Adolescents.

[101] https://www.courts.ca.gov/cms/rules/index.cfm?title=five&linkid=rule5_640
[102] Please email HCPCFC@dhcs.ca.gov to request a copy of this template.
[103] https://ccwip.berkeley.edu/childwelfare/index/r
[104] https://www.cdss.ca.gov/inforesources/child-welfare-program-improvement/child-and-family-services-review
[105] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC
[106] https://www.govinfo.gov/content/pkg/USCODE-2010-title42/html/USCODE-2010-title42-chap7-subchapXIX.htm
[107] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2725.&lawCode=BPC
[108] https://www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf
[109] https://www.rn.ca.gov/pdfs/applicants/phn-instruct.pdf
[110] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2817.&nodeTreePath=4.16.10&lawCode=BPC
[111] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC
[112] https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx
[113] PHN Health Care Management Plan: A health management plan completed by a PHN which adheres to requirements found in the HCPCFC Program Manual, Scope of Work, Documentation section. The health management plan must be written in a manner that meets the necessary confidentiality requirements for a document that is shared with the youth's caregivers, the court, and various individuals or entities participating in the care of the youth.
[114] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16010.
[115] https://www.cdss.ca.gov/cfsweb/res/pdf/StandardsOfPracticeManual.pdf
[116] https://www.courts.ca.gov/documents/jv217info.pdf
[117] https://www.courts.ca.gov/documents/jv220a.pdf
[118] https://www.courts.ca.gov/documents/jv220b.pdf
[119] https://www.courts.ca.gov/cms/rules/index.cfm?title=five&linkid=rule5_640
[120] Please email HCPCFC@dhcs.ca.gov to request a copy of this template.
[121] https://www.courts.ca.gov/documents/BTB24-1G-12.pdf
[122] Please email HCPCFC@dhcs.ca.gov to request a copy of this template.
[123] https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Children-And-Youth-POFs-Spotlight.pdf

[124] https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf
[125] https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-5328-04.html
[126] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=CIV&sectionNum=56.103.
[127] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5328.04.
[128] https://www.rn.ca.gov/applicants/ad-pract.shtml#phn
[129] https://www.law.cornell.edu/cfr/text/42/433.32
[130] https://www.mbc.ca.gov/FAQs/?cat=Consumer&topic=Complaint:%20Medical%20Records
[131] https://www.law.cornell.edu/cfr/text/42/438.3
[132] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14124.1.&lawCode=WIC
[133] https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/PrivacyForms.aspx
[134] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC
[135] https://www.cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/child-welfare-services-regulations
[136] https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/
[137] https://www.aapd.org/research/oral-health-policies--recommendations/periodicity-of-examination-preventive-dental-services-anticipatory-guidance-counseling-and-oral-treatment-for-infants-children-and-adolescents/periodicity-chart/
[138] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.3.&lawCode=WIC
[139] https://www.rn.ca.gov/pdfs/regulations/npr-b-19.pdf
[140] https://www.courts.ca.gov/documents/CFCC_Brief_HealthCare.pdf
[141] https://www.rn.ca.gov/pdfs/regulations/npr-b-67.pdf
[142] http://www.leginfo.ca.gov/pub/07-08/bill/asm/ab_0201-0250/ab_211_bill_20080930_chaptered.html
[143] https://www.ssa.gov/OP_Home/ssact/title19/1900.htm
[144] https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/index.html
[145] https://www.courts.ca.gov/documents/jv225.pdf

[146] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5328.04.
[147] https://www.courts.ca.gov/documents/jv225.pdf
[148] https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=369.5.
[149] https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.204033872.1125968794.1680887170-1493091922.1680887170
[150] https://www.aapd.org/research/oral-health-policies--recommendations/periodicity-of-examination-preventive-dental-services-anticipatory-guidance-counseling-and-oral-treatment-for-infants-children-and-adolescents/periodicity-chart/
[151] https://publications.aap.org/redbook/pages/Immunization-Schedules?_ga=2.174263266.1125968794.1680887170-1493091922.1680887170?autologincheck=redirected
[152] https://dental.dhcs.ca.gov/find-a-dentist/home
[153] https://dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Dental_Case_Management_Program/Dental_Case_Management_Referral/
[154] https://smilecalifornia.org/
[155] https://smilecalifornia.org/about/
[156] https://smilecalifornia.org/members/
[157] https://smilecalifornia.org/members/smile-california-videos/
[158] https://smilecalifornia.org/members/kid-friendly-material/
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[160] https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/home.aspx
[161] https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Resources.aspx
[162] https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Provider-Information.aspx#Resources
[163] https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training.pdf
[164] https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/epsdt.pdf
[165] https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/prev.pdf
[166] https://myvaccinerecord.cdph.ca.gov/
[167] https://eziz.org/vfc/provider-locations/
[168] https://eziz.org/resources/immunization-promo-materials/
[169] https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/shotsforschool.aspx
[170] https://eziz.org/vfc/overview/
[171] https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

[172] https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-Join-Enroll.aspx
[173] http://accountupdate.cairweb.org/
[174] https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/CDPH%20Document%20Library/CAIRmap_8_22.pdf
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[178] https://ccwip.berkeley.edu/
[179] https://cwds.ca.gov/
[180] https://cwds.ca.gov/CWSCMS_User_Resources
[181] https://cwds.ca.gov/cws_cares_users
[182] https://cwds.ca.gov/cws_cares_service_areas#:~:text=CWS%2DCARES%20will%20maintain%20provider,foster%20care%2Fadoptive%20home%20applications.
[183] https://cwds.ca.gov/project_roadmap
[184] https://cwds.ca.gov/posts
[185] https://cwds.ca.gov/training_portal
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[187] https://cwds.ca.gov/training_portal_new_user_curriculum?folder=New%20User%20Curriculum
[188] https://cwds.ca.gov/Probation_FAQ_Training
[189] https://cwds.ca.gov/training_portal
[190] https://cwds.ca.gov/training_portal_mapped_documents?folder=Mapped%20Documents
[191] https://cwds.ca.gov/training_portal_process_maps?folder=Process%20Maps
[192] https://cwds.ca.gov/training_portal_guides?folder=Guides
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[207] https://lhc.ca.gov/sites/lhc.ca.gov/files/Reports/152/Report152.PDF
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[209] http://www.youthlaw.org/
[210] http://www.teenhealthlaw.org/
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[213] http://www.ccld.ca.gov/
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[221] https://publications.aap.org/pediatrics/article-abstract/109/3/536/79809/Health-Care-of-Young-Children-in-Foster-Care?redirectedFrom=fulltext
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[225] https://namica.org/resources/california-mental-health-directors-association/
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[263] https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx
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[265] https://www.cdss.ca.gov/inforesources/foster-care/extended-foster-care-ab-12
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[282] https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx
[283] https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf
[284] https://www.dhcs.ca.gov/MCP-Transition/Pages/Member-FAQs.aspx#foster
[285] Individual MCPs may not require a pre-existing relationship for an individual to go to any provider meeting the other provisions of Continuity of Care.
[286] https://www.dhcs.ca.gov/MCP-Transition/Pages/Contact.aspx
[287] http://dhcs.ca.gov/OHC
[288] https://dental.dhcs.ca.gov/
[289] https://www.coveredca.com/support/using-my-plan/medi-cal-dental/
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