

Health Care Program for Children in Foster Care (HCPCFC) Program Activities: Scope of Work

HCPCFC Training Modules

» Program Activities

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Scope of Work

- » Welfare and Institution Code [\(WIC\) 16501.3](#) provides the framework for the operation of HCPCFC.
- » 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.

Confidentiality

- » Information regarding confidentiality can be found in the Confidentiality & Consent training module.
- » 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 policy and procedure (P&P) define how the HCPCFC program in the given jurisdiction will meet all federal, state, local, and Department of Health Care Services (DHCS)/California Department of Social Services (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 the HCPCFC Program manual, and by consulting with their state program liaison.

Home Visiting

- » Local programs may conduct home visits for administrative care coordination activities.
- » Acceptable administrative activities would be limited to what the HCPCFC public health nurse (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.

Home Visiting (continued)

- » 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 nonenhanced 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.

Home Visiting (continued)

- » 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 may contact the county placement to request assistance.

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, include 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, but not limited to CDSS and DHCS issued guidelines and guidance in the HCPCFC Program Manual.

Documentation (continued)

- » 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 Child Welfare Services/Case Management System (CWS/CMS) or Child Welfare Services- California Automated Response and Engagement System (CWS – CARES). The local CW/P department allocates access to these systems for the staff within their county.

Documentation (continued)

- » 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 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 social worker (SW) or probation officer (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.

Documentation (continued)

- » 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, California Children's Service (CCS) program, County Behavioral Health, Enhanced Care Management (ECM), 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.

Documentation (continued)

- Priority must be given to documenting, to the extent possible, within the same system used by the local CW/P documentation system, to the extent possible.
- 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.

Documentation (continued)

» When Access to CWS/CMS is Available:

- Revision of health information within CWS/CMS or CWS-CARES at a minimum every six 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 training, HCPCFC staff would enter information in keeping with program scope defined in this training 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 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.

Documentation (continued)

- » 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.

Documentation (continued)

- 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 Health and Education Passport (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.

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 the attachments JV-220(A) or JV-220(B) are required.

Psychotropic Medication Monitoring & Oversight (PMM&O)(continued)

» HCPCFC PHN JV-220(A/B) Review:

- Must be completed within 4 court days after receipt of notice or as determined by local county practice and local ruled of court for a youth assigned to the PHN. 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,
 - Health information includes but is not limited to: behavioral health history and diagnose, medication history pharmacological and non-pharmacological treatment history, and other pertinent history as outlined in 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
 - The plan to address identified discrepancies inclusive of who will carry out each component.

Psychotropic Medication Monitoring & Oversight (PMM&O) (continued)

- 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.

Psychotropic Medication Monitoring & Oversight (PMM&O) (continued)

- » 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.
- » 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](#). 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.

Co-Enrollment (continued)

- » 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.

Inter/Intra-Agency Collaboration

HCPCFC 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.

Child Welfare/Probation Responsibilities

- » 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.
- » 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.
- » Include HCPCFC PHNs in locally applicable team meetings and communication, such as Child and Family Teams, as appropriate and based upon local P&P.

Inter/Intra-Agency Collaboration (continued)

HCPCFC Responsibilities

- » Provide monitoring and oversight of health-related services provided to children and youth assigned to a HCPCFC PHN including care coordination, provided by other entities such as MCPs, CCS, etc.
- » Responsible 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.

Child Welfare/Probation Responsibilities

- » 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

- » HCPCFC staff consist of Registered Nurses with an active California PHN certificate, directly supporting staff (DSS), and administrative staff.
- » DSS are essential to the day-to-day functions on 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.

Child Welfare/Probation Responsibilities

- » Provide input to the HCPCFC PHN Program Administrator, as appropriate.
- » Cooperate to maintain up-to-date P&P regarding team collaboration with HCPCFC.

Supervision & Staffing (continued)

HCPCFC Responsibilities

- » 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.
- » Local HCPCFC records that would be utilized in audit should be retained in keeping with the procedure found in 42 CFR § 433.32 – Fiscal Policies and Accountability, and local county/city policy, whichever is longer. 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.

Child Welfare/Probation Responsibilities

Supervision & Staffing (continued)

HCPCFC Responsibilities

- » Program Administrators and Supervising PHNs are responsible for: managing staff, maintaining up-to-date and readily 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.

Child Welfare/Probation Responsibilities

Probation

HCPCFC Responsibilities

- » HCPCFC scope of work remains the same when serving probation youth. P&P/Memorandum of Understanding (MOU)/Contract(s) must be in place addressing all program requirements, privacy and information sharing practices, and collaboration procedures.

Child Welfare/Probation Responsibilities

- » Collaborate with HCPCFC to establish necessary P&P to address HCPCFC program requirements, privacy and information sharing practices, and cooperation procedures.

Non-Minor Dependents (NMDs)

HCPCFC 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.

Child Welfare/Probation Responsibilities

- » 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.

Non-Minor Dependents (NMDs) (continued)

HCPCFC Responsibilities

- » 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. 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 Health Insurance Portability and Accountability Act (HIPAA) forms used by DHCS as a resource, if approved by local county/city authority. 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 All County Letters (ACL) and All County Information Notices (ACINs).

Child Welfare/Probation Responsibilities

Consultation

HCPCFC Responsibilities

- » Provide consultation to 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.

Child Welfare/Probation Responsibilities

- » 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

- » 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 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.
- » 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 American Academy of Pediatric Dentistry (AAPD) Recommendations for Preventative Pediatric Oral Health Care.

Child Welfare/Probation Responsibilities

- » 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 shared based upon state and federal law, and local P&P.
- » Share JV225 received and updated.
- » Share available JV forms pertaining to a request and/or approval for prescription of psychotropic medication, as defined by WIC 5328.04.
- » 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.

Health Management & Oversight (continued)

HPCFC Responsibilities

- » 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.

Child Welfare/Probation Responsibilities

- » 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 Resource Family upon new placement, and when updates occur, as defined by local P&P.
- » Collaborate with the HPCFC and Resource Family 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.

Health Management & Oversight (continued)

HPCFC Responsibilities

- » 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 health assessment, including a medical and dental exam, must be performed within 30 days of the placement. If a child/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 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).

Child Welfare/Probation Responsibilities

Health Management & Oversight (continued)

HCPCFC Responsibilities

- » If a child/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, the HCPCFC Program manual, time study coding requirements, and local P&P:
 - 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.

Child Welfare/Probation Responsibilities

Health Management & Oversight (continued)

HPCFC Responsibilities

- Provide CW/P with requested information that is sharable 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 the HPCFC Program manual.
- Receive, obtain, and share information for the child's HEP and care team is up to date, including vaccine registries, such as CAIR2.

Child Welfare/Probation Responsibilities

Health Management & Oversight (continued)

HCPCFC Responsibilities

- 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 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 of the HCPCFC Program manual.
- 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 MCP liaisons, Medi-Cal Rx, MEDS, CAIR2 and others. More information regarding resources such as these can be found in the Resources section of the HCPCFC Program manual.

Child Welfare/Probation Responsibilities

Health Management & Oversight (continued)

HCPCFC Responsibilities

- 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 MCP-liaisons, Medi-Cal Rx, MEDS, CAIR2 and others. More information regarding resources such as these can be found in the Resources section of the HCPCFC Program 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.
 - Update health information, and other pertinent records.
 - Create and revise the PHN Nursing Care Management Plan.

Child Welfare/Probation Responsibilities

Health Management & Oversight (continued)

HCPCFC Responsibilities

- » PHN review of available records upon a change in condition, upon request, and/or at a minimum once every 6 months to:
 - 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.

Child Welfare/Probation Responsibilities

Health Management & Oversight (continued)

HCPCFC Responsibilities

- » See the Care Management section of the HCPCFC Program 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.

Child Welfare/Probation Responsibilities

Psychotropic Medication Monitoring & Oversight (PMM&O)

HCPCFC Responsibilities

- » HCPCFC PHN reviews JV220(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 JV220(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/PO. Procedure, roles, and responsibilities must be detailed in local P&P.

Child Welfare/Probation Responsibilities

- » Share all JV-225 received and updated.
- » Share all JV forms pertaining to a request and/or approval for prescription of psychotropic medication, as defined by WIC 369.5.

Psychotropic Medication Monitoring & Oversight (PMM&O) (continued)

HCPCFC Responsibilities

- » 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.
- » Conduct additional review, follow up, reporting and consultation activities as defined in local P&P.
- » When access to the documentation system used by SW or PO is 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.

Child Welfare/Probation Responsibilities

Contact Information

Questions may be directed to:
HCPCFC@dhcs.ca.gov

