PLACEMENT GUIDELINES FOR CHILDREN | THIRD CHILD EXCEPTION | PLACEMENT EXCEPTIONS FOR FOSTER | PLACEMENT EXCEPTIONS FOR RELATIVE/NREFM | SPECIAL HEALTH CARE NEEDS | TERMINATION OF WAIVER | INDIVIDUALIZED HEALTH CARE PLAN | TRAINING | FIRE CLEARANCES | IHCP REASSESSMENT | CHILD'S CASE RECORD—DOCUMENTATION | ATTACHMENTS AND DATA ENTRY | HYPERLINKS | OTHER SOURCES | ONLINE FORMS | HARD COPY FORMS | CWS/CMS FORMS | BROCHURES | REQUIRED ACTIONS—CHILD ABUSE REGISTRY | REQUIRED ACTIONS—ER REFERRALS | REQUIRED ACTIONS—PROTECTIVE CUSTODY | REQUIRED ACTIONS—VOLUNTARY FAMILY SERVICES | REQUIRED ACTIONS—CONTINUING REFERRALS

ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL

Effective Date: February 1, 1989 **Number: K-0801**
Revised: December 15, 2006
Revised: June 3, 2011

Special Medical Placements
(Medical Levels III and IV; A and B Rates)

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Purpose

To provide guidelines when considering placement of children with prescribed medical equipment or specialized health care needs into foster homes, relative and Non-Relative Extended Family Member (NREFM) homes, and medical care facilities.

Approved

This policy was approved by Gary Taylor, Director of CFS, on June 3, 2011. *Signature on file*.

Background

In 1989, the passage of Assembly Bill (AB) 2268, known as the Bates Bill, allowed dependent children who had special health care needs to be placed in licensed foster homes under specific conditions. AB 2268 also mandated that an individualized health care planning team consisting of specified individuals must develop an individualized health care plan (IHCP) outlining a child's medical needs and the caregiver's responsibilities to meet those needs. In 1993, AB 636 modified the definition of "children with special health care needs," to include medically fragile children. This legislation sought to ensure that children with special health care needs would benefit from the least restrictive, most family-like setting consistent with their best interests and special needs.

Legal Mandates

Welfare and Institutions Code Section 17700 outlines the Legislature's intent to place children with special health care needs in special foster care homes or relative homes where caregivers are trained by health care professionals.

Welfare and Institutions Code Section 17710 provides definitions for terms used in this Policy and Procedure (P&P).

Welfare and Institutions Code Section 17730 emphasizes the need to establish specialized foster care homes for children with special health care needs and limit the use of group homes for these children.

Welfare and Institutions Code Section 17731 states that prior to placement of a child with special health care needs, an individualized health care plan will be prepared for the child and will be reassessed at least every six months while the child is in placement. This Code also outlines training requirements for caregivers of children with special health care needs.

Welfare and Institutions Code Section 17732 states that no more than two foster care children will reside in a specialized foster care home and outlines exceptions to this guideline.

Welfare and Institutions Code Section 17732.1 outlines the conditions under which a child residing in a specialized foster care home can remain in that home through age 22 in order to ensure continuity of care during completion of their education.

Welfare and Institutions Code Section 17733 dictates that all documentation concerning a dependent child with special health care needs will be a part of the child's case record.

Welfare and Institutions Code Section 16002 states that siblings will be placed in foster care together unless it is determined that placement together is not in the best interest of one of more siblings.

Health and Safety Code Sections 1500–1502 identifies the California Community Care Facilities Act and outlines considerations made when placing a child in out-of-home care to meet the varied needs of the child.

Health and Safety Code Section 1505 (L) (1), (2), (3), and (4) identifies placements that are not subject to the guidelines set forth in the California Community Care Facilities Act and includes relatives, NREFMs, and on or after January 1, 2012, any supervised independent living setting or THP-Plus Foster Care setting for nonminor dependents.

California Code of Regulations Title 22, Division 6, Chapter 9.5, Article 4, 89420 designates fire clearance requirements of licensed foster homes.

California Code of Regulations Title 22, Division 6, Chapter 9.5, Article 5, Section 89510.1 outlines limitations on capacity for specialized foster care homes.

California Code of Regulations Title 22, Division 6, Chapter 9.5, Article 5, Section 89565.1 describes caregiver requirements for specialized foster care homes.

California Department of Social Services Manual of Policies and Procedures, Division 31-445 outlines the requirements for approval of relative and nonrelative extended family member foster family homes.

Definitions

Per Welfare and Institutions Code (WIC) section 17710, the following definitions apply:

Child with special health care needs: Child who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care.

Individualized health care planning team: Participants who develop a health care plan for a child with special health care needs, which may include but is not limited to, the child's primary care physician, the child's parents, a Senior Social Worker (SSW), a Public Health Nurse (PHN), the child's current caregiver(s), and prospective foster parents.

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Specialized foster care home: A licensed foster family home or a certified family home where the foster parents reside in the home and have been trained to provide specialized in-home health care to foster children.

Specialized in-home health care: This includes, but is not limited to, those services identified by the child's primary physician as appropriately administered by someone trained by licensed or certified health care professionals pursuant to the discharge plan of the facility releasing the child.

Level of care: A description of the specialized in-home health care to be provided to a child with special health care needs.

Medical conditions requiring specialized in-home health care: Per WIC section 17710 or Children and Family Services (CFS) policy, medical conditions requiring specialized in-home health care may involve, but are not limited to, dependency on one or more of the following:

- Enteral feeding tube
- Total parenteral feeding
- A cardiorespiratory monitor
- Intravenous therapy
- A ventilator
- Oxygen support
- Urinary catheterization
- Renal dialysis
- Tracheostomy, including suctioning machines
- Colostomy
- Ileostomy
- Apnea monitor
- Chronic Immunodeficiency
- Other medical or surgical procedures or special medication regimes including injection, intravenous medication, and pump delivery systems

For additional guidelines for transferring cases to the Specialized Family Services (SFS) program, refer to Attachment 1—Guidelines for Case Transfer to SFS.

Medical levels III and IV; A and B rates: For discussion of special health care rate criteria, refer to CFS Policy and Procedure (P&P) Foster Care Rates (H-0112).

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Placement Guidelines for Children with Special Health Care Needs

Individualized attention will be given to the special health care needs of the child, the ability of the out-of-home caregiver(s) to meet those needs, and the needs of any other children in the home.

Per WIC Section 17732, no more than two foster care children will reside in a specialized foster care home without a third child exception.

Note: The statutory guidelines for placement of children with special health care needs do not apply to relative or NREFM approved homes. However, when placing more than two children in a relative/NREFM home that has a child with special health care needs, the Special Medical (SM) Placement Coordinator will consider the medical or special needs of the child, the caregiver's willingness and ability to meet those needs, and any other factors unique to the case (i.e., siblings, alternative placement resources, etc.).

Third Child Exception

A specialized foster care home may have a third child with or without special health care needs provided that all of the following are met:

- Licensed capacity is not exceeded
- It is documented that no other placement is available
- It is documented that the psychological and social needs of all the children in placement will be met by the placement
- The individualized health care planning team currently responsible for the ongoing care of each medical child involved has determined the two child limit may be exceeded without jeopardizing the children's health and safety

Prior to placement, concurrence for exceptions will be documented by a special health care needs placement waiver that must be approved in writing by the CFS Director and Continuing Family Services Deputy Director (DD). (For additional information on waivers, refer to "Special Health Care Needs Placement Waivers" Policy section below.)

New determinations will be made and documented each time there is an increase or change in foster care children and the two-child limit is exceeded.

Placement Exceptions for Foster Homes

When an exception to the placement guidelines outlined above is indicated and a third child will be placed in a foster home, the placing SSW will complete the following activities:

A. Contact the Foster Care Licensing worker to verify that the Licensing program will support placement of a third child.

B. Contact the SM Intake/Placement Coordinator to assess that placement of a third child will not compromise the care for any child with specialized health care needs already in the home.

C. Contact the SSWs supervising the current children placed in the foster home to verify that placement of a third child will not compromise care for the children currently placed in the home.

Note: Concurrence to place must be reached between all programs involved before a waiver is requested.

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D. Obtain documentation regarding the diagnoses, health status, equipment, rate levels, diet, medication, medical appointments, and therapy of the children currently placed.

E. Gather information regarding additional characteristics of the home including, but not limited to, extra help, health status and number of biological/adoptive children in the home, and any other pertinent factors that may be considered prior to placing a third child.

Placement Exceptions for Relative/NREFM Homes

When one or more children are being considered for placement into a relative or NREFM home, and at least one of the children is a child with special health care needs, or a child with special health care needs already resides in the home, the placing SSW will complete the following activities:

A. Evaluate the home.

B. Contact the SM Intake/Placement Coordinator after the evaluation has been approved to assess the home for any barriers to placement based on the medical child's individualized health care needs.

C. Contact the SSWs supervising the current children placed in the home to verify that placement of additional children will not compromise care for the children currently placed in the home.

D. Obtain documentation regarding the diagnoses, health status, equipment, rate levels, diet, medication, medical appointments, and therapy of the children currently placed.

E. Gather information regarding additional characteristics of the home including, but not limited to, extra help, health status and number of biological/adoptive children in the home, and any other pertinent factors that may be considered prior to placing a third child.

F. Notify the Placement Coordination Services (PCS) Program Manager (PM) and SFS PM of the proposed placement.

Special health care needs placement waivers are not required for relative/NREFM approved homes. However, the PCS and SFS PMs shall consult to review the case and determine whether the placement will meet all of the children's individual needs.

Note: If the PCS and SFS PMs are unable to come to consensus regarding capacity determinations for a special health care needs child in a relative/NREFM home, a placement staffing will be held and led by the Team Decision Making PM. If, as a result of the staffing, parties are unable to reach an agreement, the issue will be elevated to both the Family Assessment and Shelter Services and Continuing Family Services DDs for further discussion and decision.

Special Health Care Needs Placement Waivers

The *Special Health Care Needs Placement Waiver (F063-25-659)* requires signatures from the SM Intake or SM Placement Coordinator, the requesting SSW's Senior Social Services Supervisor (SSSS), the SFS PM, the Continuing Family Services DD, and the CFS Director. The signed waiver will be forwarded to the Licensing program.

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Termination of Waiver

Waivers are approved for the specific third child in question only and will terminate upon replacement/removal of any of the children indicated in the waiver.

Individualized Health Care Plan (IHCP)

Prior to placement of a child with special health care needs into a foster, relative, or NREFM home, an *Individual Health Care Plan (F063-28-384),* which may include the hospital discharge plan, will be prepared for the child and, if necessary, in-home health support services will be identified. The health care planning team will be convened by the SM Intake or SM Placement Coordinator to discuss the specific responsibilities of the person(s) providing in-home health care.

The IHCP will delineate identified health and related services for the child.

Training

In order to meet the specialized health care needs of the child, training by licensed or certified health care professionals will be provided to:

A. Any foster parent, relative, NREFM, or other adult caregiver who will be supervising the child, prior to placement, and pursuant to the discharge plan of the facility releasing the child.

B. Caregiver(s) during the placement of the child, when necessary.

C. The child's parent(s) when the child is being reunified, prior to commencement of unmonitored visitation or release.

D. Assistant caregivers, on-call assistants, respite care providers and other personnel caring for the child with special health care needs, prior to commencement of caregiving activities.

Additional training may be required by CFS depending on the level of complexity of the child's medical needs.

Exception: No training is required for a foster parent or staff member who is a licensed health care professional and whose current level of professional practice or expertise has been determined by the individualized health care planning team to meet the current standard of care for the child's health care needs.

Fire Clearances

Pursuant to Title 22, Division 6, Chapter 9.5, Article 4, 89420 (a), licensed foster homes accepting placement of a non-ambulatory child (aged two years or over), or continuing to provide care for a child (aged two years or over) determined after placement to be non-ambulatory, require a fire clearance approved by the local fire authority.

The placing SSW will advise foster parents of the fire inspection process, the need for a completed state form *Fire Safety Inspection Request (STD 850),* and coordinate, as needed, with the local fire authority.

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The fire clearance regulation is not required for approved relative/NREFM homes. However, when considering the placement of a non-ambulatory child (aged two years or over) into an approved relative/NREFM home, the placing SSW (or assigned SSW for discoveries of non-ambulatory status post placement) will contact the SM Placement Coordinator to assess the home for any barriers to placement based on the medical child's individualized health care needs, which may include a determination that an appropriate emergency plan is identified by the relative/NREFM caregiver.

Note: If the placing or assigned SSW and SM Placement Coordinator are unable to come to consensus regarding placement needs for a special health care needs or non-ambulatory child in a relative/NREFM home, a placement staffing will be held and led by the Team Decision Making PM. If, as a result of the staffing, parties are unable to reach an agreement, the issue will be elevated to both the Family Assessment and Shelter Services and Continuing Family Services DDs for further discussion and decision.

IHCP Reassessment

The child's IHCP will be reassessed no less than every 6 months while the child is in out-of-home care, via an interdisciplinary case review. (Refer to CFS P&P Foster Care Rates [H-0112] for further discussion on this process.)

Child's Case Record—Documentation

Per WIC section 17733, all documentation prepared by CFS staff concerning the identification of a child with special health care needs and all related activities will be retained in the child's case file and in Child Welfare Services/Case Management System (CWS/CMS), when applicable. This includes, but is not limited to:

A. Identification of dependent child as having specialized health care needs.

B. Placement paperwork.

C. Assessments and reassessments of the level of care designation via completion of *Specialized Foster Care Request (F063-28-164)* and *Medical Rate Review Worksheet (F063-25-385).*

D. Decision to place more than two children with special health care needs in a home via completion of *Special Health Care Needs Placement Waiver (F063-25-659).*

E. Contact between health care team plan participants monitoring the child's individualized health care plan.

F. *Specialized Medical Training Documentation (F063-25-455).*

G. Reports of medical status and, if applicable, disability, or Regional Center services, to include Regional Center identification number. Refer to CWS/CMS Data Entry Standards—Clinically Diagnosed as Having a Disability AFCARS Field and CWS/CMS Data Entry Standards—ID Numbers (Client Notebook).

H. Health and Education Passport. Refer to CWS/CMS Data Entry Standards—Health and Education Passport.

REFERENCES

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Attachments and Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- Attachment 1—Guidelines for Case Transfer to Specialized Family Services
- CWS/CMS Data Entry Standards—Clinically Diagnosed as Having a Disability AFCARS Field
- CWS/CMS Data Entry Standards—ID Numbers (Client Notebook)
- CWS/CMS Data Entry Standards—Health and Education Passport

Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them.

- CFS P&P Foster Care Rates (H-0112)
- CFS P&P Placement Change Notification (K-0209)
- CFS P&P Abuse Investigations—Practice Guidelines (A-0412)
- CFS P&P Medical Assessment and Consultation (MAC) (A-0418)

Other Sources

Other printed references include the following:

None.

REQUIRED FORMS

Online Forms

Required forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

Form Name	Form Number
Special Health Care Needs Placement Waiver	F063-25-659
Individual Health Care Plan	F063-28-384
Specialized Medical Training Documentation	F063-25-455
Specialized Foster Care Request	F063-28-164
Medical Rate Review Worksheet	F063-25-385

Hard Copy Forms

Forms listed below must be completed in hard copy (including multi-copy NCR forms). ***For reference purposes only,*** links are provided to view these hard copy forms, where available.

Form Name	Form Number
None.	

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CWS/CMS Forms The following required forms may **only** be obtained in CWS/CMS. ***For reference purposes only,*** links are provided to view these CWS/CMS forms, where available.

Form Name	Form Number
Health and Education Passport	CWS/CMS
Foster Care Application Information	F063-28-307
Placement Information Change (PIC)	F063-28-301

Brochures Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
None.	

PROCEDURE

Required Actions—Child Abuse Registry (CAR) Referrals	The following actions will be completed when CAR receives a report involving a child with special health care needs.	
Staff Responsible	**Step**	**Required Action**
CAR SSSS	**1.**	Identify referral involves SM/special health care needs issue.
	2.	Review per standard CAR protocol and attach SM/Drug Baby Memo half sheet.
	3.	Place referral in CAST/SM basket for further processing by Control Desk.
Control Desk	**4.**	Make copies of referral facesheet and screener narrative; attach to SM/Drug Baby Memo half sheet and place in SM/Intake basket.
SM Intake Coordinator	**5.**	Pick up SM referrals daily from SM/Intake basket.
	6.	Evaluate CAR report for medical or special health care needs issues.
		a. Consult with assigned ER SSW, when special health care needs are identified.
		b. Consult with Emergency Response/Child Abuse Services Team (ER/CAST) PHN, when appropriate.

Required Actions—ER Referrals	The following actions will be completed when investigating a referral involving a SM/special health care needs child.	
Staff Responsible	**Step**	**Required Action**

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ER SSW or SSSS	**1.**	Contact ER/CAST PHN to assist in assessment of special health care needs. (Refer to CFS P&P Abuse Investigations—Practice Guidelines [A-0412], Medical Consultations section for additional information on conducting ER investigations with a PHN.) **Note:** Refer to CFS P&P Medical Assessment and Consultation (MAC) (A-0418) for investigations involving allegations of physical abuse and severe neglect for children ages three and younger.
	2.	Contact SM Intake Coordinator immediately when SM/special health care needs are identified.
	3.	Investigate referral and notify SM Intake Coordinator regarding outcome (e.g., child taken into protective custody, VFS, left with parent/caregiver with no further services provided, etc.).
	4.	Identify prospective placement resources and initiate Immediate Placement Assessment (IPA), when applicable.
SM Intake Coordinator	**5.**	Evaluate medical/special health care issues of ER investigation. a. Consult with assigned ER SSW. b. Consult with assigned ER/CAST PHN. c. Contact hospital or medical professionals. d. Request medical records, when available. e. When necessary, conduct face-to-face visit with child who has medical/special health care issues.

Required Actions—Protective Custody	The following actions will be completed if a child is taken into protective custody and a SM/special health care placement is necessary.	
Staff Responsible	**Step**	**Required Action**
SM Intake Coordinator	**1.**	Open a SM/special health care case.
	2.	Initiate pre-assignment of case to SM SSW.
	3.	Determine level of care necessary, based on review of medical records and consultations with medical professionals.
	4.	Consult with SM Placement Coordinator regarding placement availability.

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SM Placement Coordinator	**5.**	Evaluate information available on prospective placement resources.
	6.	Locate appropriate placement.
	7.	Assess caregiver's ability to meet child's needs.
	8.	Notify SM Intake Coordinator of placement resource.
SM Intake Coordinator	**9.**	Coordinate SM/special health care training for caregiver for child's individualized health care needs.
	10.	If child is hospitalized, schedule discharge conference with caregiver and medical professionals.
	11.	Notify assigned SSW(s) and SM PHN of discharge conference.
	12.	Attend discharge conference and obtain discharge summary and training verification information. Ensure all required medical equipment and supplies have been provided.
	13.	Complete placement. a. Complete *Foster Care Application (FCAPP) (F063-28-307)* and forward to unit clerk. b. Review placement packet with caregivers. c. Complete IHCP. d. Complete *OC SSA Specialized Foster Care Request (F063-28-164).*

Required Actions—Voluntary Family Services (VFS)	The following actions will be completed if a child is referred for SM-VFS and no SM placement is necessary.	
Staff Responsible	**Step**	**Required Action**
ER SSW	**1.**	Contact SM Intake Coordinator to consult when risk factors indicate possible SM VFS referral.
SM Intake Coordinator	**2.**	Open a SM/special health care case.
	3.	Initiate pre-assignment of case to SM SSW.
	4.	Notify ER SSW of pre-assigned SM VFS SSW.
	5.	Obtain medical records.

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	6.	Forward copy of medical records to assigned SM VFS SSW and SM PHN.
ER SSW	**7.**	Coordinate home visit and/or case plan signing with pre-assigned SM VFS SSW, when possible.

Required Actions—Continuing Referrals	The following actions will be completed when a SM placement is indicated on an open case.	
Staff Responsible	**Step**	**Required Action**
Assigned SSW	**1.**	Contact SM Intake Coordinator when there is a significant change in a child's health care status and/or needs or when the assigned SSW becomes aware of a child's SM/special health care needs. **Note:** Consult with SM Intake Coordinator by phone to determine whether a medical assessment is required.
	2.	Provide medical records, supporting documentation and/or attend SM intake meeting to discuss case status and recommendation for SM involvement.
SM Intake Coordinator	**3.**	Determine SM eligibility and coordinate case transfer to SM, when appropriate.
	4.	Initiate pre-assignment of case to SM SSW and notify SM Placement Coordinator of need for placement.
	5.	Notify continuing SSW of pre-assignment.
	6.	Schedule visit to see child, when appropriate. Obtain medical records and history and consult with medical professionals treating child.
	7.	Forward copy of medical records to continuing and/or pre-assigned SM SSW and SM PHN.
SM Placement Coordinator	**8.**	Evaluate current level of care and whether caregiver's ability and training to meet child's medical/special health care needs is sufficient. a. If so: • Coordinate meeting to develop IHCP for child • Locate appropriate placement • Complete *Placement Information Change (PIC) (F063-28-301)* and forward to unit clerk. (For information on how to complete a PIC, refer to CFS P&P Placement Change Notification [K-0209]) • Complete placement

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- Review placement packet with caregivers
- Complete IHCP
- Complete *Specialized Foster Care Request (F063-28-164)*

b. If not, refer case back to continuing SSW and SSSS to address safety issues.

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