
**ORANGE COUNTY SOCIAL SERVICES AGENCY
CFS OPERATIONS MANUAL**

Effective Date: February 1, 1985
Revised: June 3, 2010

Number: I-0203

Child Health and Disability Prevention Program

Purpose	To provide guidelines for referral of children placed in out-of-home care for preventative health services under the provisions of the Child Health and Disability Prevention (CHDP) Program.
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Approved	This policy was approved by Mike Ryan, Director of CFS, on June 3, 2010. <i>Signature on file.</i>
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Background	CHDP is a health promotion and disease prevention program aimed at providing services to low income infants, children, and youth (under 21 years of age). CHDP is responsible for completing periodic preventative health assessments and, when necessary, referrals for diagnosis and treatment services pursuant to the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. CHDP also assists with obtaining diagnostic and treatment services for medical, dental, and mental health problems identified during the health assessment. This may include assistance with scheduling appointments with CHDP providers and providing information on transportation services.
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Components of the CHDP health assessment include:

- Health and developmental history
- Complete physical examination
- Oral health assessment
- Nutritional assessment
- Immunizations
- Vision screening
- Hearing screening
- Screening tests for anemia, lead, urine abnormalities,

- tuberculosis, and other problems, as needed
 - Health education and guidance
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Legal Mandates

[California Department of Social Services \(CDSS\) Manual of Policies and Procedures, Division 31 Section 31-075](#) outlines requirements for case documentation for the provision of informational materials regarding the CHDP Program.

[CDSS Manual of Policies and Procedures, Division 31 Section 31-206](#) outlines requirements for inclusion of CHDP or equivalent preventative health services in each child's Case Plan.

[CDSS Manual of Policies and Procedures, Division 31 Section 31-405](#) outlines requirements for providing CHDP information to the out-of-home caregiver, and provides the time frame in which initial medical and dental examinations must be completed.

[California Code of Regulations, Title 17, Sections 6800–6850](#), Articles 1–4 provides definitions of CHDP and health assessments, details eligibility for services and reimbursement, and outlines required CHDP services.

[California Code of Regulations, Title 22, Section 51184](#) provides definitions relating to the EPSDT Program.

[All County Information Notice 1-82-05](#) and [CHDP Program Letter 04-13](#) provide guidelines for utilization of periodic preventative health and dental services for foster children in out-of-home care.

[All County Information Notice 1-82-08](#) provides guidelines for data entry procedures of CHDP health assessments (or CHDP equivalent) and dental assessments into CWS/CMS.

[All County Letter 79-69](#) provides guidelines from federal regulations (Code of Federal Regulations, Part 441) for EPSDT/CHDP services to foster children in out-of-home care.

[Health and Safety Code Sections 124025-124110](#) address standards for CHDP programs at the state level and for operation at the local level.

Definitions

CHDP Equivalent Medical and Dental Examinations:

Preventative health services that include the requirements specified on the CHDP Periodicity Schedule provided by a non-CHDP medical professional.

CHDP Periodicity Schedule: A schedule of the minimum frequency at which health assessments will be provided, according to age group.

POLICY

General Guideline

CFS staff will ensure all children in out-of-home care receive regular CHDP or CHDP equivalent medical examinations, and any necessary follow-up treatment.

Eligibility

All children in out-of-home care are eligible for Medi-Cal health care and Denti-Cal dental coverage, including regular CHDP physical examinations. CHDP health and dental assessments will be conducted in accordance with CHDP Periodicity Schedules ([health](#) and [dental](#)).

Referral Process

All children in out-of-home care will be referred for CHDP services utilizing *CHDP Referral (PM 357)*.

A *CHDP Referral (PM 357)* will be completed for every child upon:

- Initial placement
- All subsequent placements
- Annually for continuing placements

A. **Initial and Subsequent Placements:**

Within 30 days of the date of a child's initial placement with an out-of-home caregiver, and for all subsequent placements, the placing Senior Social Worker (SSW) will:

1. Inform the caregiver about the CHDP program and provide a copy of *CHDP Brochure (PUB 183)*.
2. Advise the caregiver that the County Health Care Agency (HCA) can assist with: Locating a CHDP provider, scheduling an appointment with the CHDP provider, and providing information on transportation services.

3. Advise the caregiver that if CHDP services are requested, a County HCA/CHDP Public Health Nurse (PHN) will contact the caregiver to coordinate services.
4. Complete *CHDP Referral (PM 357)* including documenting the acceptance or decline of a referral to a CHDP medical provider, scheduling, and transportation assistance.
5. Submit the completed *CHDP Referral (PM 357)* to the Placement Unit Information Processing Technician (IPT), regardless of whether the caregiver declined a referral to a CHDP medical provider, scheduling, or transportation assistance.

Exception: For Diversion, Special Medical Placement, and Adoptions/Concurrent Planning programs, the completed *CHDP Referral (PM 357)* will be submitted to the assigned Unit Clerk.

The Placement IPT or Unit Clerk will:

- a. Enter the date *CHDP Referral (PM 357)* was signed by the caregiver into the child's Placement Notebook on the ID page in Child Welfare Services/Case Management System (CWS/CMS).
- b. If CHDP services are requested by the caregiver, check the appropriate box in "CHDP Program" in the child's Placement Notebook on the ID page in CWS/CMS.
- c. Forward the completed *CHDP Referral (PM 357)* in a **sealed** envelope placed within a pony envelope to the County HCA/CHDP program office.

B. Continuing Placements:

When a child remains in the same out-of-home care placement for a year or more, the assigned SSW will be responsible for completing the same requirements as outlined in the "Initial and Subsequent Placements" section above. On an annual basis:

1. Submit the updated and completed *CHDP Referral (PM 357)* to the assigned Unit Clerk for processing.

2. *CHDP Referral (PM 357)* information will be entered by the assigned Unit Clerk into the child's Placement Notebook on the ID page in CWS/CMS once every 12 months from the start of the placement.
3. All ongoing or updated medical and dental information will be entered by the assigned HCA/CHDP Foster Care PHN in CWS/CMS every six months to coincide with the child's Status Review hearing.

For further information on the collection, documentation, and data entry of health information for children in out-of-home care, refer to CFS P&P [Health and Education Passport \(I-0403\)](#), and [CWS/CMS Data Entry Standards—Health and Education Passport](#).

Dental Referral All children placed in out-of-home care, age three years or older, will be required to have a dental examination within 30 days of initial placement, and annually thereafter. The dental screening component of the CHDP health assessment is not a substitute for an examination by a dentist.

Follow Up Requirements The assigned SSW will:

- A. Follow up with the caregiver to verify that CHDP or CHDP equivalent medical and dental examinations have been completed no later than 30 calendar days after the date of initial placement.
- B. Coordinate with the HCA/CHDP Foster Care PHN to ensure that any necessary treatment services are initiated within 120 days of the initial request for CHDP services, or within 120 days of the date of a child's annual examination.

Placement Out-of-County CHDP services are available to Orange County dependents placed in out-of-home care in other California counties. Every local health department in California has a CHDP program.

For children placed with relatives, Non-Relative Extended Family Members (NREFMs), or in Foster Family Agency (FFA) homes, the placing SSW will:

- A. Provide information on the CHDP Program to the out-of-home caregiver and complete *CHDP Referral (PM 357)*, as previously outlined in "Referral Process" policy section above.

- B. Complete CalOptima *Notice of Out-of-County Placement (F063-28-265)*.
- C. Submit the completed *CHDP Referral (PM 357)* and CalOptima *Notice of Out-of-County Placement (F063-28-265)* to the assigned IPT or Unit Clerk for processing.

For more detailed information on out-of-county placements, refer to the “Other Placement Circumstances” Policy section in CFS P&P [Out-of-Home Placement \(K-0208\)](#).

Placement Out-of-State (ICPC)

The federal EPSDT program provides preventative health services for Orange County dependent children in placement outside of California. Every state has an EPSDT program; however, the name of the program varies from state to state.

Pursuant to CFS P&P [Interstate Compact on the Placement of Children \(ICPC\) \(K-0502\)](#), prior to a child’s placement out-of-state, the assigned SSW will:

- A. Forward the *Federal Medicaid (Title IV-E) Eligibility/Ineligibility and Medical/Financial Plan (F063-25-246)*, to the AFDC Foster Care Eligibility Technician (ET) for determination of federal (Title IV-E) eligibility for Medicaid in the state where the child will reside.

If eligible, the ICPC Coordinator in the receiving state will instruct the out-of-home caregiver on obtaining Medicaid coverage for the child to be placed.

If not eligible, the child will retain California Medi-Cal coverage for medical, dental, and vision services obtained in the receiving state.

- B. Obtain from the social worker in the receiving state who is providing supervision, on a monthly or quarterly basis, written reports documenting the child’s ongoing medical and dental care. File the reports on the *ICPC/Out-of-State Acco (F063-25-1113)* in the child’s service folder, document in CWS/CMS as appropriate, and include the information in court reports.

Family Maintenance (FM) Court

CHDP services are available for families who qualify for Medi-Cal or the Healthy Families program, and for families with incomes at or below 200% of the Federal Income Guidelines, as outlined in *A Preventative Health Program for Infants, Children & Teens (PUB 141)*.

For children returned to their parent/guardian under FM Court supervision, the assigned SSW will:

- A. Schedule a Permanency Planning Team Decision Making (TDM) meeting prior to the start of the Trial Visit. For more information regarding Permanency Planning TDMs, refer to CFS P&P [Team Decision Making \(D-0308\)](#).
- B. At the TDM, advise the parent/guardian of their responsibility to ensure the child has medical coverage within 30 days of return home.
- C. Follow up with the parent/guardian after 30 days to verify the child's health coverage.

Voluntary Placements

For direction on medical care for children in Voluntary Placements, refer to the "Medical Information" policy section of CFS P&P [Voluntary Placements \(K-0901\)](#).

Filing

Pursuant to CFS P&P [Case Filing \(E-0102\)](#), completed forms will be filed as follows:

- *CHDP Referral (PM 357) on the Medical Acco (F063-25-1115)*
- *CalOptima Notice of Out-of-County Placement (F063-28-265) on the Placement Acco (F063-25-106)*
- *Federal Medicaid (Title IV-E) Eligibility/Ineligibility and Medical/Financial Plan (F063-25-246) on the ICPC/Out-of-State Acco (F063-25-1113)*

REFERENCES

Attachments and CWS/CMS Data Entry Standards

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

- [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 [Case Filing \(E-0102\)](#)
- CFS P&P [Health and Education Passport \(I-0403\)](#)
- CFS P&P [Interstate Compact on the Placement of Children](#)

[\(ICPC\) \(K-0502\)](#)

- CFS P&P [Out-of-Home Placement \(K-0208\)](#)
- CFS P&P [Team Decision Making \(D-0308\)](#)
- CFS P&P [Voluntary Placements \(K-0901\)](#)
- [Periodicity Schedule For Dental Referral By Age](#)
- [Periodicity Schedule For Health Assessment Requirements By Age Group](#)

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
None.	

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
CHDP Referral	PM 357
CalOptima Notice of Out-Of-County Placement	F063-28-265
Federal Medicaid (Title IV-E)	F063-25-246
Eligibility/Ineligibility and Medical/Financial Plan	

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	OHCHEP REV

Brochures Brochures to distribute in conjunction with this procedure include:

Brochure Name	Brochure Number
CHDP Brochure: Medical & Dental Health Check-Ups (English) (also available in other languages)	PUB 183

CHDP Brochure: Medical & Dental Health Check-Ups (Spanish)	PUB 184
A Preventative Health Program for Infants, Children & Teens	PUB 141

PROCEDURE

Required Actions— Initial/Subsequent Placements	The following actions will be completed when initially placing a child in out-of-home care and for all subsequent placements.	
Staff Responsible	Step	Required Action
Placing SSW	1.	<p>At the time of placement, provide <i>CHDP Referral (PM 357)</i> to the caregiver:</p> <ol style="list-style-type: none"> Review form with caregiver in its entirety. Complete form based on the caregiver’s responses. Sign the form. In number 38 (“Date of Eligibility Determined”), write the date of the child’s placement. <p>NOTE: “Date of Eligibility Determined” will remain the date of the child’s initial placement for all subsequent placements.</p>
Placing SSW’s IPT/Unit Clerk	4.	<p>In CWS/CMS, Placement Notebook, on the ID page:</p> <ol style="list-style-type: none"> Enter the date that <i>CHDP Referral (PM 357)</i> was signed by the caregiver (“Date Substitute Care Provider Informed of CHDP Program and Brochure Given”).

- b. If CHDP services were requested, check the box, “Substitute Care Provider Requested CHDP Services.”
5. File the pink copy of *CHDP Referral (PM 357)* on the *Medical Acco (F063-25-1115)* in the child’s service folder.
 6. Forward the completed *CHDP Referral (PM 357)* in a **sealed** envelope placed within a pony envelope to the Orange County HCA/CHDP program office, Bldg. 50.

Required Actions— Continuing Placements	The following actions will be completed when a child has remained in the same out-of-home care placement for a year or more.	
Staff Responsible	Step	Required Action
Assigned SSW	1.	<p>Every 12 months from the date of the child’s current placement (i.e., date placed) provide <i>CHDP Referral (PM 357)</i> to the caregiver:</p> <ul style="list-style-type: none"> a. Review form with caregiver in its entirety. b. Complete form based on the caregiver’s responses. c. Sign the form. d. In number 38 (“Date of Eligibility Determined”), write the date of the child’s initial placement (i.e., date child was initially placed in out-of-home care if current placement is not child’s initial placement).
	2.	Request that the caregiver sign <i>CHDP Referral (PM 357)</i> , and provide the caregiver with a copy of <i>CHDP Brochure (PUB 183)</i> .
	3.	Submit the completed <i>CHDP Referral (PM 357)</i> to the assigned Unit Clerk.
Assigned SSW’s IPT/Unit Clerk	4.	In CWS/CMS, Placement Notebook, on the ID page:

- a. Enter the date that *CHDP Referral (PM 357)* was signed by the caregiver (“Date Substitute Care Provider Informed of CHDP Program and Brochure Given”).
 - b. If CHDP services were requested, check the box, “Substitute Care Provider Requested CHDP Services.”
5. File the pink copy of *CHDP Referral (PM 357)* on the Medical Acco (*F063-25-1115*) in the child’s service folder.
6. Forward the completed *CHDP Referral (PM 357)* in a **sealed** envelope placed within a pony envelope to the Orange County HCA/CHDP program office, Bldg. 50.