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

Effective Date: February 1, 1989
Current Revision Date: April 24, 2019

Number: K-0801

Special Medical Placements

Purpose To provide guidelines for case management and placement of children and non-minor dependents (NMDs) with prescribed medical equipment or specialized health care needs.

Approved This policy was approved by Anne Bloxom, Director of CFS.
Signature on file.

Most Recent Revision This revision of the Policy and Procedure (P&P) includes:

- Updates to reflect Resource Family Approval (RFA) terminology and requirements
- Revision of [Attachment 1—Guidelines for Case Transfer to Special Medical](#)
- New [Attachment 2—CFS Program Roles for Identifying Special Medical](#), which provides guidance for CFS programs regarding identifying special medical cases
- New [Attachment 3—Medical Placement Facility Types](#), which describes placement options beyond home-based foster care
- New [Attachment 4—Requirements for Specialized Resource Families](#)
- Guidelines concerning hospitals and hospital discharges
- Preferential placement consideration to relatives and nursing providers (per ACL 16-117)
- Deletion of Fire Clearance requirement for non-ambulatory children and updated guidance to reflect current CFS practice.
- Caregiver support options for special medical
- Additional notification requirements for placement / out-of-county placement
- NMD placement considerations

Background In 1989, the passage of Assembly Bill (AB) 2268, known as “the Bates Bill”, changed the Welfare and Institutions Code (WIC) to allow dependent children who had special health care needs to be placed in home-based foster care under specific conditions. “The Bates Bill” (WIC § 17700-17739) seeks to ensure children/NMDs with special health care needs benefit from the least restrictive, most family-like placement setting, while imposing specific requirements for the management of these cases to ensure the heightened needs and best interests of the child/NMD are met.

“The Bates Bill” consists of WIC § 17700-17739. Since 1989, legislation has continued to refine “the Bates Bill”, including: AB 760 (1991); AB 636 (1993); AB 2322 (1996); AB 1928 (2012); AB 1133 (2013); Senate Bill (SB) 1460 (2014); and AB 404 (2017).

Servicing the Special Medical population necessitates Children and Family Services (CFS) identify medical cases and, as necessary, involve designated CFS staff in coordinating appropriate placement, services, and case management.

Definitions **Child with special health care needs:** Commonly referred to as a “Special Medical” (SM) or “Bates Bill” child/NMD, a child or person 22 years of age or younger who is completing a publicly funded education program, and who meets both of the following requirements:

- Has a condition that can rapidly deteriorate resulting in permanent injury or death or a medical condition that requires specialized in-home health care
- Has been adjudged a dependent of the Court pursuant to WIC § 300, or is in the custody of a county welfare department, or has a developmental disability and is receiving services and case management from a regional center

[RFA Written Directives (WDs) § 3-01; WIC § 17710]

Note: For the purpose of this policy and related attachments, “child with special health care needs” also includes non-minor dependents, unless explicitly stated otherwise.

Health care practitioner: Any of the following persons who are licensed or certified pursuant to Division 2 of the Business and Professions Code and who provide specialized in-home health care prescribed by a physician for a child with special health care needs: Physician, Physician Assistant, Nurse Practitioner, Public Health Nurse, Registered Nurse, Licensed Vocational Nurse, Psychiatric

Technician, Physical Therapist, Occupational Therapist, and Respiratory Therapist. [RFA WDs § 3-01]

Individualized health care plan: A written plan developed by an individualized health care planning team and approved by the team physician, or other health care practitioner (e.g., Public Health Nurse), for the provision of specialized in-home health care to a child with special health care needs as specified in WIC § 17731. [RFA WDs § 3-01]

Individualized health care planning team: Those persons who develop an individualized health care plan for a child with special health care needs, including the primary care physician for a child or other health care practitioner (e.g., Public Health Nurse), the county social worker or regional center caseworker for the child, and any health care practitioner chosen to monitor the specialized in-home health care provided to a child pursuant to the individualized health care plan. [WIC § 17710; RFA WDs § 3-01]

Medically fragile: Having an acute or chronic health problem that requires therapeutic intervention and skilled nursing care during all or part of the day. Medically fragile problems include, but are not limited to: HIV disease, severe lung disease requiring oxygen, severe lung disease requiring ventilator or tracheostomy, malignancy, asthmatic exacerbations, cystic fibrosis exacerbations, neuromuscular disease, encephalopathies, and seizure disorders. [Health and Safety Code (HSC) § 1760.2]

Special Medical Unit (SMU): A designated unit within the Special Medical Program of CFS, consisting of a Special Medical Intake Coordinator and Special Medical Placement Coordinator. These positions support referrals/cases involving a child with special health care needs and assist in maintaining compliance with Special Medical regulations.

Special Medical (SM) Intake Coordinator: A specialized position within the SMU, which screens and follows referrals/cases for Special Medical designation. The SM Intake Coordinator also serves as the point-of-contact between CFS and hospital/medical facilities for Special Medical cases, identifies and facilitates initial placement of a child discharged from the hospital with special health care needs, arranges for medical training of the caregiver, etc.

Special Medical (SM) Placement Coordinator: A specialized position within the SMU, which identifies and facilitates subsequent placements for a child with special health care needs. The SM Placement Coordinator also evaluates a Resource Family's ability to meet the additional Home and Grounds Requirements for Specialized Resource Families [RFA WDs v5 § 11.1-07], arranges for medical

training of the caregiver, coordinates medical respite, assists in recruitment and support of Specialized Resource Families, assists with Regional Center dual agency rates, etc.

Specialized in-home health care: Services which include, but are not limited to, those services identified by a child's primary physician as appropriately administered by any of the following:

- Trained foster parent/resource family
- Trained group home staff
- A health care professional in a group home or Short-Term Residential Therapeutic Program (STRTP)

[WIC § 17710; RFA WDs § 3-01]

Specialized foster care home: Any of the following foster homes where the foster parents reside in the home and have been trained to provide specialized in-home health care to foster children:

- Foster Family Homes/Resource Family Homes
- Small Family Homes
- Foster Family Agency (FFA) Resource Family Homes meeting the standards required to facilitate special medical placement

[WIC § 17710]

Specialized Resource Family: A Resource Family (RF) who has been trained by a health care practitioner to provide specialized in-home health care to children with special health care needs. [RFA WDs § 3-01]

Specialized Resource Parent: An individual approved as a Specialized Resource Family. [RFA WDs § 3-01]

POLICY

Special Medical Program and the SMU

Within CFS, the Special Medical Program has been designated for assignment of cases with special health care needs.

The Special Medical Program includes the following specialized units:

- Special Medical Intake/Investigations
- Special Medical Continuing Court Services
- Special Medical Voluntary Family Services (VFS)
- The "Special Medical Unit" (SMU)

- Within the SMU, there are two specialized positions, which are summarized in the “Definitions” section above:
 - Special Medical Intake Coordinator
 - Special Medical Placement Coordinator

Identifying Special Medical Referrals/ Cases

Special health care needs may be known at the beginning of a referral/case or subsequently identified at any time, as:

- Medical information may initially be limited with a new referral/case
- Conditions may have gone undiagnosed due to limited health care access
- Conditions may emerge after CFS involvement (e.g., cancer diagnosis, acute injury, etc.)

Identifying a child with special health care needs enables:

- Assignment within the designated CFS Special Medical Program, if appropriate
- Increased medical case management and supervision
- Enhanced support (e.g., Public Health Nurse involvement, referrals, additional services, etc.)
- Out-of-home placement consistent with the child’s needs
- Adherence to the applicable regulations for Special Medical cases

[Attachment 1—Guidelines for Case Transfer to Special Medical](#)

provides examples of medical equipment, diagnoses, diseases, syndromes, and other considerations which suggest a referral/case may be designated as Special Medical. However, the guidelines in [Attachment 1](#) do not provide a complete list and assessment will be done on a case-by-case basis. Indications that assessment may be needed include, but are not limited to:

- Any medical equipment
- Any significant medical condition, diagnosis, disease, syndrome
- Serious injury or physical impairment
- Extended hospitalization
- Medical procedure beyond simple, routine surgery
- Medical care that is complicated or critical to maintain health

A child placed with a Resource Family (RF) receiving a Specialized Care Increment (SCI) of Medical Level 3 or 4 is likely to be designated as Special Medical, though exceptions may apply. See CFS P&P [Foster Care Rates \(H-0112\)](#) for guidance regarding SCIs.

Developmental, cognitive, educational, or behavioral issues must also be accompanied by a qualified medical condition for the child to be considered Special Medical.

Example: The following criteria do *not* designate a case as Special Medical (unless a qualified *medical* condition is also present):

- Regional Center eligibility
- Individual Education Plan (IEP)
- Developmental Disorders (e.g., autism)

Special health care needs may be known at the beginning of a referral/case or subsequently identified at any time.

- Medical information may initially be limited with a new referral/case.
- Conditions may have gone undiagnosed due to limited health care access

Conditions may emerge after CFS involvement (e.g., cancer diagnosis, acute injury, etc.).

Refer to [Attachment 2—CFS Program Roles for Identifying Special Medical](#), for steps CFS program staff complete to identify Special Medical referrals/cases, engage designated CFS staff, and relay pertinent information.

Special Medical Placement Options

When a child with special health care needs requires out-of-home placement, the SM Intake Coordinator and/or SM Placement Coordinator (SMU) will explore the least-restrictive placement option available to safely meet the specific needs of the child/NMD.

“The Bates Bill” encourages placement with Resource Families (RFs), including relatives, non-related extended family members, and community RF homes. When home-based care is not possible, more restrictive Special Medical placement facility types include:

- Hospital/Medical Center
- Subacute Care Facility
- Skilled Nursing Facility (SNF)
- Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N); Intermediate Care Facility/Developmentally Disabled-Habilitative (ICF/DD-H)
- Medical Group Home/Short-Term Residential Therapeutic Program (STRTP)

- Orangewood Children and Family Center (OCFC)
- Small Family Home

[Attachment 3—Medical Placement Facility Types](#) provides additional information regarding these medical placement options, including description, funding source, placement steps, and other information.

Hospital Guidelines

CFS has developed procedures and best practice guidelines for a child who is hospitalized.

A. **SMU as Point of Contact:**

The SMU serves as the point of contact between the hospital and CFS social workers for positive toxicology newborns and children with special health care needs.

When possible, best practice is to obtain information/updates from the SM Intake Coordinator.

B. **Communicate and leave a business card:**

When a CFS social worker visits a child, best practice supports engaging with hospital staff and leaving a business card.

C. **Hospital Extensions:**

When a child is “cleared” as no longer meeting the medical criteria to justify ongoing admission, Medi-Cal (or other medical insurance) will not pay for the child to remain in the hospital. If an appropriate placement is not available and the child does not leave the hospital when ready for discharge (also referred to as a “social admit”), a Hospital Extension will be required to authorize the use of County Funds for the duration of the social admit.

The SMU or other Placing Social Worker will complete the *Hospital Extension Request (F063-28-238)* form and secure supervisor and Program Manager signatures.

D. **OCFC Medical Review Form:**

Per CFS practice, the *Orangewood Children & Family Medical Review Form* is requested from the hospital by the placing social worker and provided to the OCFC Medical Unit prior to a child being discharged to confirm the child’s medical status is compatible with the identified placement in OCFC, the First Step Assessment Center, or other out-of-home placement.

E. **The “5-pound” Release Guideline:**

A hospital may “clear” a premature or underweight newborn for discharge prior to weighing five pounds when determined to no longer meet the medical criteria to justify ongoing admission.

No CFS rule *requires* an infant to reach five pounds prior to hospital discharge. However, because infants under five pounds are often more delicate and vulnerable, their health and wellbeing may be better safeguarded by remaining in the hospital until reaching five pounds.

Per CFS practice, the *OCFC Medical Review Form* may be used to help determine whether to move forward with placement out of the hospital or complete a *Hospital Extension Request* [see section “C” above] to keep the infant in the hospital for additional weight gain. Determinations will be made on a case-by-case basis with consideration to factors including the placement environment the infant will be released to, knowledge and skill of the identified caregiver, medical history and status of the infant, etc.

Example: OCFC may be deemed inappropriate because of rotating staff, exposure to other children, etc. while a veteran foster parent with medical experience and no other children in the home may be appropriate for the same infant.

F. **Substance-Exposed Infant Considerations:**

1. **Methadone:** Per CFS practice, substance-exposed infants weaning from methadone may be considered for placement outside of a hospital setting on a case-by-case basis, as determined by the specific needs of the child, the ability and experience of the caregiver, the placement environment, and the level of support available from the child’s supervising physician.

Per CFS practice, substance exposed infants weaning from morphine or tincture of opiates are generally not considered appropriate for hospital discharge until fully weaned.

2. **Withdrawal Symptoms:** Per CFS practice, substance-exposed infants exhibiting withdrawal symptoms are not considered adequately stable for hospital discharge until the Finnegan Scores have been 5 or under for 48 to 72 hours.

Resource Family Home-Based Settings

When possible, a child with special health care needs will be placed in a home-based setting, including:

- Emergency Placement
 - With a relative or non-related extended family member (NREFM)
 - Due to Compelling Reason (see CFS [RFA Emergency Placements Protocol](#))
- Foster Family Agency (FFA) Specialized Resource Family Home
- County Resource Family Home
 - Relative/NREFM Resource Family Home
 - Community Specialized Resource Family Home (i.e., County Foster Home)

Preferential Placement

WIC § 361.3 provides preferential placement consideration to relatives within the 5th degree of kinship. In determining if a relative is appropriate for placement, consideration is given to many factors, including the best interests of the child’s special physical and medical needs and the relative’s ability to provide proper and effective care.

Per WIC § 17739, when relative placement is not appropriate or possible for a child with special health care needs, efforts to identify a Resource Family Home will give priority consideration to a Resource Parent who is an individual nurse provider who provides health services under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program.

Foster Family Agencies (FFAs)

Foster Family Agency (FFA) Resource Family Homes may receive placement of children with special health care needs if the FFA has established one of the following specialized programs:

- A. **Specialized FFA Resource Family Homes** which:
 - Meet the “Requirements for Specialized Resource Families” detailed in the California Department of Social Services (CDSS) FFA Licensing Standards

–And–

 - The FFA has a current contract and program statement with the County of Orange to provide placement of children with special health care needs
- B. An **Intensive Services Foster Care (ISFC)** program equipped to service children with special health care needs pursuant to WIC § 18360, including an approved program statement.

RFA Home Approval

Resource Family Approval (RFA) is the unified approval process used for relatives, NREFMs, legal guardians, and adoptive homes (see CFS [Resource Family Approval Protocol](#)). Relatives, NREFMs, and Community Resource Family Homes (i.e., county foster homes) must all meet the same RFA requirements.

Specialized Resource Families (RFs) are subject to additional requirements, detailed in the RFA Written Directives (WDs). [Attachment 4—Requirements for Specialized Resource Families](#) includes the RFA WDs sections specific to Specialized RF Homes.

Home and Grounds

Prior to approval as a Specialized RF home, additional Home and Grounds requirements must be met, as detailed in the WDs v5.0 § 11.1-07 (see [Attachment 4—Requirements for Specialized Resource Families](#)).

Non-Ambulatory

Previously, a Specialized RF caring for a non-ambulatory child (two years of age and older) needed a fire clearance from the local fire authority. The RFA WDs (v.4.1) eliminated this requirement.

While a fire clearance is no longer required, CFS practice includes evaluating the home’s accessibility and safety for the specific child. Prior to placement, the Placing Social Worker (PSW) will confirm the home is compatible with the child’s mobility needs. A safety plan for exiting the home in an emergency will be discussed with the caregiver.

Capacity

Regardless of the capacity (i.e., number of “beds”) a RF home is approved for, a Specialized RF home is limited by the following capacity regulations:

- A. The capacity of a Specialized RF home is limited to two dependent children/NMDs when one or both have special health care needs.

Exception: A third child with or without special health care needs may be placed if specific criteria are met. See “3rd Child Waiver” Policy section. [RFA WDs v5 § 11.1-01; WIC § 17732]

- B. No more than six children total may reside in the home. This includes all dependent children placed in the home and all adoptive, biological, and guardianship children as well as any children of a dependent or NMD. [RFA WDs v5 § 11.1-01; WIC 17732.2]

- C. The Specialized Resource Parent must possess the ability to meet the special health care needs of the child and the needs of any other children in the home. [RFA WDs v5 § 10-04]
- D. A bedroom occupied by a child with special health care needs may not be shared with another child/NMD if the child's need for medical services or medical condition would be incompatible with another child's/NMD's use and enjoyment of the bedroom. [RFA WDs v5 § 11.1-07]

Third Child Waiver

A Specialized RF may accept a third child with or without special health care needs if all of the following requirements are met:

- A. The overall capacity (i.e., number of "beds") a RF home is approved for is not exceeded.
- B. No other placement is available to care for the child.
- C. The Specialized RF can meet the psychological and social needs of the child.
- D. The individualized health care plan team for each child with special health care needs has considered the total number of children in the home and determined that placement of a third child will not jeopardize their health and safety. [RFA WDs § 11.1-01; WIC § 17732]

Placement of a third child in a Specialized RF requires the *Special Health Care Needs Placement Waiver (F063-25-659)* be completed by the Placing Social Worker with Deputy Director and Director signature.

Note: A new *Specialized Health Care Needs Placement Waiver (F063-25-659)* is required each time a new third child is placed in the Specialized RF home.

Individual Health Care Plan

Prior to placement, an individualized health care plan (IHCP), which may be the hospital discharge plan, will be prepared in collaboration with the child's IHCP Team. Pursuant to WIC § 17731 and RFA WDs v5 § 11.1, the IHCP will identify health and related services for the child and clarify the specific responsibilities of the caregiver and other providers. The *Individual Health Care Plan (F063-28-384)* form may be use to record the IHCP.

Caregiver Training

Per WIC § 17731 and RFA WDs v5 § 11.1-03, training on the specific medical care for a child with special health care needs will be completed by a health care practitioner (see "Definitions" section) and is required as follows:

- A. Any Resource Parent who will be supervising the child completes training prior to placement and anytime there is a significant change to the child's medical status or specialized care needs.

Exception: Medical training is not required if the individual is a health care practitioner and it is determined the training is unnecessary based on their medical qualifications and expertise.

- B. The child's parents complete training when the child is being reunified. Adequate training is provided prior to unmonitored visitation, trial visits, or release.
- C. Assistant caregivers and respite providers are trained prior to independently supervising the child.

Pursuant to RFA WDs v5 § 6-06 and WIC § 16519.5(i), additional training may be required by CFS, as deemed appropriate.

The *Specialized Medical Training Documentation (F063-25-455)* form may be used to record training completion.

Caregiver Support

Prior to placement, formal and informal supports will be identified and arranged to assist in the care of the child and placement stability. These supports may be documented in the individualized health care plan and may include, but not be limited to:

- A. **EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) Nursing:**
EPSDT is a Medi-Cal benefit for individuals under 21 years of age. A child may receive EPSDT Private Duty Nursing services, if the child's condition justifies these services as medically necessary. If eligible, an EPSDT nursing vendor assigns an in-home nurse for attending to the medical needs of the child for a prescribed number of hours per week.
- B. **IHSS (In-Home Support Services):**
The IHSS Program provides supportive services to persons who are disabled or limited in their ability to care for themselves. An IHSS Needs Assessment determines eligibility and the number of hours per week a provider, who is identified by the Resource Parent, may receive funding to assist in caring for the child in the home.

All County Information Notice (ACIN) I-40-17 confirmed children placed with RFs may receive IHSS if they are otherwise eligible (i.e., receiving foster care funding does *not* exclude a child from receiving IHSS in a RF).

C. **Medical Respite:**

Medical Respite provides funding for an identified respite provider to supervise a child with special health care needs. The medical respite provider must receive:

- Approval as a medical respite provider

–And–

- Child-specific medical training prior to providing respite

See CFS P&P [Respite Care \(K-0212\)](#) for additional information.

**Placement
Notification**

Timely notification of the placement can minimize disruption of payment, benefits, and services.

A. **Out-of-County Notice (if applicable):**

Prior to placement, if the child's identified placement is out-of-county, out-of-county placement notification as described in CFS P&P [Out-of-Home Placement \(K-0208\)](#) and presumptive transfer notice requirements will be completed.

B. **PIC/FCAPP:**

The Placing Social Worker (PSW) submits a *Placement Information Change (PIC) Notification (F063-28-301)* or a *Foster Care Application (F063-28-307)*. See CFS P&P [Placement Change Notification \(K-0209\)](#).

C. **CalOptima/Medi-Cal Insurance:**

CalOptima is a managed medical health plan unique to Orange County. For out-of-county placements, or when a child returns to Orange County from an out-of-county placement, the *CalOptima Notice of Out-of-County Placements (F063-28-265)* may alert CalOptima to transition the case between CalOptima and "straight" Medi-Cal.

D. **Notification of School Transfer:**

The *Notification of Transfer of Foster Youth (F063-25-286)* will be used to inform the Orange County Department of Education's Foster Youth Services of the change of placement. See CFS P&P [School Placement and Transfer \(I-0102\)](#).

- E. **Regional Center Notification:**
 If the child is a Regional Center consumer and is moving to an area serviced by a different Regional Center office (i.e., out-of-county or returning to Orange County), AB 1089 (2014) requires a county social worker to immediately send written notice to the Regional Center that has been providing services in order to initiate transition of services between Regional Center offices.

Rate Determination

When placement occurs, a child will be evaluated for Level of Care (LOC), a Specialized Care Increment (SCI), and/or Dual Agency Rate (for Regional Center consumers), per CFS P&P [Foster Care Rates \(H-0112\)](#).

Per CFS policy, the SCI will be reassessed no less than every six months or when there is a significant change to the child's medical status or specialized care needs.

Note: If the SCI level changes, this may suggest a reassessment of the LOC is also necessary.

Ongoing Requirements

After placement occurs, efforts will be made to keep the RF equipped to care for the child and in compliance with RFA and WIC requirements.

- A. **IHCP Updates:**
 Per WIC § 17731, the child's Individualized Health Care Plan (IHCP) will be reassessed:

- No less than every six months while in placement

-Or-

- When there is a significant change to the child's medical status or specialized care needs

When conducting a six-month review of the IHCP, the *Interdisciplinary Care Review (F063-25-471)* form may be used.

- B. **Training Updates:**
 Per WIC § 17731 and the RFA WDs, when the specialized care needs of the child change (e.g., new equipment, treatment, etc.), the Resource Parent will receive additional training by a licensed or certified health care professional in order to meet the specialized health care needs of the child. Further, a County may require training in excess of the minimum RFA requirements. [RFA WDs v5 §§ 8-01, 11-19; WIC § 16519.5(h)]. The *Specialized Medical Training*

Documentation (F063-25-455) form may be used to record training updates.

NMD Medical Placement

In accordance with WIC § 16501.1, placement decisions will be based on the safest, least restrictive living environment best suited to the NMD's developmental needs. CFS P&P [NMD Placements \(J-0102\)](#) identifies placement options available to NMDs.

The following factors will be considered when assessing NMD-specific placement options for a NMD with special health care needs

- A. **Transitional Housing Placement Program (THP+FC):**
A THP+FC program is unable to take placement of a NMD with an unstable or poorly-controlled health condition or if the NMD has not demonstrated sufficient independence in managing their medical condition.
- B. **Supervised Independent Living Placement (SILP):**
A SILP requires a NMD to have demonstrated sufficient independence in managing their medical condition. In addition to the areas specifically addressed in the *SILP Readiness Assessment (F063-25-704)*, a NMD's special health care needs should be thoroughly considered prior to SILP approval.

A NMD will be encouraged to identify Transitional Independent Living Plan (TILP) goals related to positive health practices and increased self-care to prepare the NMD for adulthood. When appropriate, a caregiver can be enlisted to support these goals.

A NMD has a right to privacy regarding medical conditions and information, however per WIC § 16010 and All County Letter (ACL) 11-77, a copy of the NMD's Health and Education Passport (HEP) may be provided to the NMD's caregiver.

CFS Documentation

Per WIC § 17733, documentation prepared by CFS staff concerning the identification of a child with special health care needs and related activities will be retained in the child's Permanent Record, when applicable. This documentation may include:

- A. Identification of dependent child as having special health care needs.
- B. Placement paperwork.
- C. *Special Medical Training Documentation (F063-25-455)*.

- D. The *Individual Health Care Plan (F063-28-384)* and *Interdisciplinary Case Review (F063-25-471)* form.
- E. Level of Care (LOC) and Specialized Care Increment (SCI) assessments and reassessments.
- F. *Special Health Care Needs Placement Waiver (F063-25-385)* when a third child is placed in the Specialized RF home.
- G. Child and Family Team (CFT) meeting notes pertaining to the child's special health care needs and/or placement.
- H. Reports of medical status, Regional Center services (e.g., Individual Family Service Plan), special education (e.g., Individual Education Plan, 504 Plan), therapy records, etc.
- I. Refer to [CWS/CMS Data Entry Standards—Clinically Diagnosed Disabled](#).
- J. Health and Education Passport. Refer to [CWS/CMS Data Entry Standards—Health and Education Passport](#).

Refer to CFS P&P [Referral and Case Filing \(E-0102\)](#), for guidelines regarding maintenance of the Permanent Record.

REFERENCES

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 Special Medical](#)
- [Attachment 2—CFS Program Roles for Identifying Special Medical](#)
- [Attachment 3—Medical Placement Facility Types](#)
- [Attachment 4—Requirements for Specialized Resource Families](#)
- [CWS/CMS Data Entry Standards—Clinically Diagnosed Disabled](#)
- [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 the links provided.

- [CDSS RFA Written Directives \(WDs\) V5.0](#)
- CFS P&P [Foster Care Rates \(H-0112\)](#)
- CFS P&P [Out-of-Home Placement \(K-0208\)](#)
- CFS Desk Guide: [Resource Family Approval Protocol](#)
- CFS Desk Guide: [Emergency Placements Protocol](#)
- CFS P&P [Placement Change Notification \(K-0209\)](#)
- CFS P&P [Abuse Investigations—Practice Guidelines \(A-0412\)](#)
- CFS P&P [Non-Minor Dependent \(NMD\) Placements \(J-0102\)](#)
- CFS P&P [Referral and Case Filing \(E-0102\)](#)
- CFS P&P [School Placement and Transfer \(I-0102\)](#)
- CFS P&P [Voluntary Family Services \(VFS\) and Informal Supervision \(M-0106\)](#)

Other Sources Other printed references include the following:

None.

FORMS

Online Forms 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
Hospital Extension Request	F063-28-238
Special Health Care Needs Placement Waiver	F063-25-659
Individual Health Care Plan	F063-28-384
Specialized Medical Training Documentation	F063-25-455
Interdisciplinary Case Review	F063-25-471
Specialized Foster Care Request	F063-28-164
Medical Rate Review Worksheet	F063-25-385
Notification of Transfer of Foster Youth	F063-25-286

Hard Copy Forms

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

Form Name	Form Number
Notice of CalOptima Out-of-County Placement	F063-28-265
Orangewood Children and Family Center Medical Review Form	OCFC Program form
SM/Drug Baby Memo Routing Form	CAR Program form
Medical Acco	F063-25-1115
Placement Acco	F063-25-106

CWS/CMS Forms

Forms that may **only** be obtained in CWS/CMS are listed below. ***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 (FCAPP) Information	F063-28-307
Placement Information Change (PIC) Notice	F063-28-301

Brochures

Brochures to distribute in conjunction with this policy may include the following.

Brochure Name	Brochure Number
None.	

LEGAL MANDATES

[Welfare and Institutions Code Section \(WIC\) § 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.

[WIC § 17710](#) provides definitions for terms used in this Policy and Procedure (P&P) and identifies examples of medical conditions requiring specialized in-home health care.

[WIC § 17730](#) emphasizes the need to establish specialized foster care homes for children with special health care needs and limit the use of group homes/short-term residential treatment programs for these children.

[WIC § 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.

[WIC § 17732](#) states no more than two foster care children will reside in a specialized foster care home and outlines exceptions to this guideline. It further requires a determination be made prior to placement that a group home/short-term residential treatment program meets the specific needs of the child being placed and there is a commonality of needs with the other children in the placement.

[WIC § 17732\(c-d\)](#) limits placement of a child with special health care needs in a group home or short-term residential therapeutic program (STRTP) to an emergency placement while arranging for a less-restrictive setting, not to exceed 120 days unless extended by the county director or designee. The placement worker must document there is a commonality of needs with other children in the group home/STRTP.

[WIC § 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.

[WIC § 17732.2](#) instructs that total capacity of a specialized foster care home shall consider all adoptive, biological, guardianship, and foster children residing in the home.

[WIC § 17733](#) dictates that all documentation concerning a dependent child with special health care needs will be a part of the child's case record.

[WIC § 17739](#) directs priority consideration for placement of medically-fragile children with individual nurse providers who provide health services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

[WIC § 4643.5](#) requires a county social worker to inform the Regional Center if a child receiving services relocates to a different service area.

[WIC § 11400](#) defines a short-term residential therapeutic program (STRTP).

[WIC § 14132.25](#) describes pediatric subacute services and facilities.

[WIC 11462.022](#) describes temporary shelter care facilities (e.g., Orangewood Children and Family Center), including the requirement to make reasonable efforts to first place in home-based care.

[WIC § 16501.1\(d\)](#) instructs placements decisions be based on the selection of a safe setting, least restrictive environment, etc.

[WIC § 16519.5](#) details the Resource Family Approval process.

[WIC § 18360](#) explains Intensive Services Foster Care, including definitions and requirements.

[Health and Safety Code \(HSC\) § 1250\(a\)](#) defines general acute care hospitals.

[HSC 1250\(c\)](#) defines skilled nursing facilities (SNFs).

[HSC 1250\(d\), \(e\), \(h\)](#) defines ICF/DD-N and ICF/DD-H facilities.

[HSC § 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.

[HSC § 1502](#) categorizes and describes various facility types and placement types, including community care facility, residential facility, foster family agency, foster family home, and small family home.

[HSC § 1505\(l\)](#) identifies placements that are not subject to the guidelines set forth in the California Community Care Facilities Act and includes Emergency Placements with relatives and NREFMs, and any supervised independent living setting or THP-Plus (THPP) setting for *former* foster youth.

[HSC § 1530.8](#) defines temporary shelter care facilities (e.g., Orangewood Children and Family Center).

[HSC § 1760.2\(b\)](#) describes the characteristics of a child who is medically fragile.

[California Department of Social Services \(CDSS\) Manual of Policies and Procedures Division 31-405](#) reviews social worker responsibilities for placement.

[CDSS Resource Family Approval \(RFA\) Written Directives \(v5\)](#) define RFA-related terms and provide RFA guidelines for relatives, NREFMs, and foster parents, including specialized resource families.

[CDSS All County Letter \(ACL\) 16-117](#) explains preferential consideration for placement of medically fragile children will be given to a specialized resource parent who is an individual nurse provider (secondary to relative placement) and encourages counties to recruit specialized resource families who are individual nurse providers.

[CDSS ACL 17-122](#) provides guidance regarding criteria for group home/short-term residential therapeutic program placement and the Interagency Placement Committee (IPC) process.

[CDSS ACL 18-25](#) explains the Intensive Services Foster Care (ISFC) program, which includes provisions for placement of a child with specialized health care needs.

[CDSS All County Information Notice \(ACIN\) I-40-17](#) clarifies a child in a home-based foster care setting such as a resource family, relative, NREFM, or emergency

placement is *not* excluded from potential eligibility for In-Home Supportive Services (IHSS).

REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

December 15, 2006
June 3, 2011