

## Health Care Program for Children in Foster Care (HCPCFC)

### Memorandum of Understanding

In providing these services, the Public Health Nurse (PHN) administratively coordinates the health care needs of children in foster care, including their developmental, dental and mental health needs. The PHN supports adherence to the health assessment periodicity schedule specified in the American Academy of Pediatrics (AAP) Bright Futures Health Assessment Guidelines, ensures that identified health needs are monitored, and supports continuity of health care services. The PHN/Social Worker updates the Child Welfare Services/Case Management System (CWS/CMS) Health and Education Passport, including prescribed medications, and shares medical information where appropriate. The PHN consults with physicians and other medical and non-medical professionals regarding the health and wellbeing of children in foster care and in coordinating appropriate medical treatment.

Areas of Responsibility for Health Care Program for Children in Foster Care (HCPCFC) Public Health Nurses (PHNs)/Registered Nurses (RN) and Child Welfare Service (CWS) Agency Social Workers (SW) and Probation Officers (PO) is subject to each agency's existing legal authority and all applicable laws, including confidentiality laws, include the following:

County/City: **Tehama County**

Effective Dates: **07/01/2024– 06/30/2027**

General	
HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
<ul style="list-style-type: none"> <li>• Will be located in the CWS Agency office and work collaboratively as a member of the Child Welfare/Probation (CW/P) team.</li> <li>• Share available information with the appropriate CW/P team member(s) via CWS/CMS, upon request, and routinely as defined by local Policy and Procedure (P&amp;P).</li> <li>• Participate in locally applicable multi-disciplinary team meetings, such as Child and Family Teams, as appropriate.</li> <li>• Collaborate, as appropriate per program, local, state, and federal requirements, with other entities providing services to the program</li> </ul>	<ul style="list-style-type: none"> <li>• Provide location for PHN/RN in the CWS Agency office. 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.</li> <li>• 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.</li> <li>• Include HCPCFC PHNs in locally applicable team meetings and communication, such as Child and</li> </ul>

<p>assigned child or youth, enable complementing coordination of services provided and prevent duplication of services.</p> <ul style="list-style-type: none"> <li>• 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 Managed Care Plans, CCS, etc. Program documentation and information sharing requirements remain applicable, while the HCPCFC team is providing oversight of care coordination and management provided by other entities. HCPCFC serves as a conduit to CW/P, to identify pertinent information that may not be apparent to those without access to CW/P records and procedures, and to assess that the health aspects of the preferred CW/P documentation system remain accurate and up to date, including provider contact information and associated services.</li> <li>• Responsibility for youth placed out of county/city remains with the county of the assigned SW or PO.</li> <li>• Assist staff of other jurisdictions to identify local resources.</li> <li>• Have P&amp;P in place determining inter/intra-agency collaborative procedures to prevent duplication of services.</li> <li>• Maintenance of a regularly monitored central program inbox, which is used as the first point of contact.</li> </ul>	<p>Family Teams, as appropriate and based upon local P&amp;P.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
Supervision and Staffing	
HCPCFC Responsibilities	Child Welfare/Probation Responsibilities

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• HCPCFC staff consist of Registered Nurses with an active California PHN certificate, directly supporting staff, and administrative staff.</li> <li>• Support staff are essential to the day-to-day functions of this program. They support the PHN in activities that do not require a PHN, to maximize enhanced activities and the benefit of program funding.</li> <li>• Administrative staff are any staff who provide support to the program drawing down non- enhanced funds.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Program Administrators and Supervising PHNs are responsible for: managing staff, maintaining up-to-date and readily accessible local P&amp;Ps, providing assistance and direction to HCPCFC staff upon request, being the primary point of contact for CW/P staff</li> </ul> | <ul style="list-style-type: none"> <li>• Provide input to the HCPCFC PHN Program Administrator, as appropriate.</li> <li>• Cooperate to maintain up-to-date P&amp;P regarding team collaboration with HCPCFC.</li> </ul> |
|--|--|

at the level of their classification or above, and for discussions regarding collaboration procedures with non-HCPCFC entities, providing adequate supervision to program staff ensuring adherence to program requirements and goals, obtaining and providing training to program staff, providing and maintaining program staff access to systems and resources, appropriate record keeping including PHI and information required in the case of an audit by any applicable entity, maintaining adequate staffing to meet program caseload and staffing requirements, monitor staff documentation and procedures in order to identify and correct errors. In some counties, the Program Administrator and the Supervising PHN will be the same person.

- Local HCPCFC records that would be utilized in audit should be retained in keeping with the procedures found in 42 CFR § 433.32 – Fiscal Policies and Accountability, and local county/city policy, whichever is longer. 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. Additional information on recordkeeping requirements can be found in 42 CFR 438.3(u) and in WIC 14124.1.

#### **Probation**

<b>HPCFC Responsibilities</b>	<b>Child Welfare/Probation Responsibilities</b>
<ul style="list-style-type: none"> <li>• HPCFC scope of work remains the same when serving probation youth. P&amp;P/MOU/Contract(s) must be in place addressing all program requirements, privacy and information sharing practices, and collaboration procedures.</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with HPCFC to establish necessary P&amp;P to address HPCFC program requirements, privacy and information sharing practices, and cooperation procedures.</li> </ul>
<b>Non-Minor Dependents (NMD)</b>	
<b>HPCFC Responsibilities</b>	<b>Child Welfare/Probation Responsibilities</b>
<ul style="list-style-type: none"> <li>• Provide program services to NMDs upon request.</li> <li>• 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 HPCFC 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&amp;P.</li> <li>• NMDs must consent to receiving HPCFC 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&amp;P regarding approved process, procedure, and applicable forms must be in place and readily available to HPCFC staff</li> </ul>	<ul style="list-style-type: none"> <li>• Provide NMDs with their Health and Education Passport.</li> <li>• Educate NMDs as to the availability of HPCFC services, including local HPCFC contact information.</li> <li>• Notify HPCFC when a NMD expresses interest in receiving HPCFC services and/or learning more about assistance available.</li> <li>• Refer NMDs to HPCFC for outreach.</li> <li>• Collaborate with HPCFC, as needed.</li> </ul>

<p>members. HCPCFC programs may utilize 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.</p> <ul style="list-style-type: none"> <li>• Further detail regarding CDSS NMD policy may be found in CDSS ACL and ACINs. Links can be found in the Resources section of this manual and via the HCPCFC Letters page.</li> </ul>	
Consultation	
HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
<ul style="list-style-type: none"> <li>• Provide consultation to the CW/P team upon request, based on the information available at that time. If certain information would be prudent, but is not available, this should be communicated to the requestor and good faith efforts should be made by both parties to obtain the necessary information.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• May confer with the assigned HCPCFC when seeking assistance interpreting medical, dental, or developmental information.</li> <li>• Provide requested detail and/or information necessary when requesting HCPCFC consultation, if requested to do so.</li> <li>• Collaborate with HCPCFC to address identified concerns and to complete necessary objectives resulting from consultation, if applicable.</li> </ul>
Health Management and Oversight	
HCPCFC Responsibilities	Child Welfare/Probation Responsibilities
<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with HCPCFC to address identified concerns and to complete necessary objectives resulting from PHN review of information available when</li> </ul>

<p>have a medical and dental exam within 30 days of initial placement, OR when a new placement and/or custody change happens and in accordance with periodicity requirements by age thereafter (Division 31.206.36). If providers are unavailable, please make note of this in your records management system and try to secure an appointment as soon as possible. Preventative care periodicity schedules include the American Association of Pediatrics and the American Academy of Pediatric Dentistry (AAPD).</p> <ul style="list-style-type: none"> <li>• A dental preventative health assessment is required within 30 days of the initial out- of-home placement if the last examination is not in accordance with the AAPD Recommendations for Preventative Pediatric Oral Health Care.</li> <li>• Children and youth in foster care are not required to receive a preventive health assessment with every subsequent change of placement.</li> <li>• 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.</li> <li>• With each subsequent placement, a written copy of the preventive health</li> </ul>	<p>necessary.</p> <ul style="list-style-type: none"> <li>• 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&amp;P.</li> <li>• Share JV-225 received and updated.</li> <li>• Share available JV forms pertaining to a request and/or approval for prescription of psychotropic medication, as defined by WIC 5328.04.</li> <li>• Communicate with HCPCFC regarding areas of concern identified in record review.</li> <li>• 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.</li> <li>• Assemble and provide health care documentation to the court, or facilitate this process, when necessary to support the request for health care services.</li> <li>• Provide a copy of the HEP to the RF upon new placement, and when updates occur, as defined by local P&amp;P.</li> <li>• Collaborate with the HCPCFC and RF to develop a system of tracking and follow-up on changes in the health care status of the child or youth, service needs, effectiveness of services provided, etc.</li> </ul>
--	--

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. This requirement is intended to ensure that children or youth in foster care receive necessary preventive health assessments in accordance with the AAP Bright Futures and State dental periodicity schedule

- If a child or youth was previously examined in accordance with the AAP Bright Futures periodicity schedule at the time of the subsequent placement but would benefit from an additional health assessment (e.g., caregiver concern that a child or youth has a new medical problem since the time of their last exam), a Medically Necessary Inter-periodic Health Assessment may be performed (the Medi-Cal claiming system retains this functionality).
- If a child or youth was previously examined in accordance with the AAPD Recommendations for Preventative Pediatric Oral Health Care at the time of the subsequent placement but has developed a new dental problem within the six-month window, a new dental assessment

may be performed.

- HCPCFC PHNs review available medical records, and information regarding services provided by other providers/entities, to identify and address gaps in care. The following program activities may be conducted by a PHN, or by Support Staff under the oversight and direction of a PHN, as defined by WIC 16501.3, this manual, time 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.
  - Provide CW/P with requested information that is shareable per the California Board of Registered Nursing scope of registered nursing practice and not prohibited by Federal or State regulation regarding confidentiality. All staff must adhere to confidentiality and PHI requirements as defined by state and federal law. Detail and resources may be found in the Confidentiality & Consent section of this manual.

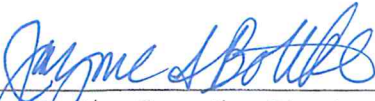
- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>○ Receive, obtain, and share information for the child or youth's HEP and care team is up to date, including vaccine registries, such as CAIR2.</li> <li>○ Enter and/or confirm accurate up-to-date information into the HEP within 30 days of receipt. Support Staff may be instructed to update or confirm information, as defined in your local P&amp;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.</li> <li>○ Take steps to maintain continuity of care, including medication, upon placement changes and/or changes in circumstance, when this information is available, through the utilization of resources such as Managed Care Plan liaisons, Medi-Cal Rx, MEDS, CAIR2 and others. More information regarding resources such as these can be found in the Resources section of this manual.</li> <li>● PHN review of available records upon a change in condition, upon request, and/or at a minimum once every 6 months to: <ul style="list-style-type: none"> <li>○ Identify the need for additional</li> </ul> </li> </ul> |  |
|--|--|

<p>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.</p> <ul style="list-style-type: none"> <li>○ Communicate identified concerns with the assigned SW or PO, based upon the information available at the time.</li> <li>○ Update health information, and other pertinent records.</li> <li>○ Create and revise the PHN Health Care Management Plan.</li> <li>○ 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.</li> <li>○ Monitor changes in the health status of the child or youth, service needs, and effectiveness of services provided, etc.</li> <li>○ Assist, as needed, with court approval of medical procedures.</li> <li>● Services provided by HPCFC 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.</li> </ul>	
---	--

<b>Psychotropic Medication Monitoring and Oversight (PMM&amp;O)</b>	
<b>HCPCFC Responsibilities</b>	<b>Child Welfare/Probation Responsibilities</b>
<ul style="list-style-type: none"> <li>• HCPCFC PHN reviews JV-220(A/B) within four court days after receipt of notice or as determined by local county practice and local rules of court. The review must include, at a minimum: name of the PHN reviewer, date and time of review, health history/information (or lack thereof) available to HCPCFC at the time of review, all identified instances where the information provided in the JV-220(A/B) does not align with the California Guidelines for the Use of Psychotropic Medication with Children in Foster Care, and the plan to address identified discrepancies inclusive of who will carry out each component. This review and any additional concerns must be documented and communicated to the assigned SW or PO. Procedures, roles, and responsibilities must be detailed in local P&amp;P.</li> <li>• 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.</li> <li>• Please see the Documentation section of this Scope of Work for information regarding PMM&amp;O documentation requirements.</li> <li>• Conduct additional review, follow up, reporting and consultation activities as defined in local P&amp;P.</li> <li>• When access to the documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Share all JV-225 received and updated.</li> <li>• Share all JV forms pertaining to a request and/or approval for prescription of psychotropic medication, as defined by WIC 369.5.</li> </ul>

<p>system used by the SW or PO is available, documentation must be entered into that system, unless the local CW/P indicates a preferred alternative.</p> <ul style="list-style-type: none"> <li>• All guidance applicable to general program activities applies to PMM&amp;O specific activities.</li> <li>• Additional information regarding PMM&amp;O requirements can be found in the PMM&amp;O section of this manual and the Documentation section of this Scope of Work.</li> </ul>	
<b>Training and Orientation</b>	
<b>HPCFC Responsibilities</b>	<b>Child Welfare/Probation Responsibilities</b>
<ul style="list-style-type: none"> <li>• PHN/RN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</li> <li>• PHN/RN will educate social workers, juvenile court staff, resource family s, school nurses and others about the health care needs of children in foster care.</li> </ul>	<ul style="list-style-type: none"> <li>• CWS agency staff/Probation Officers will provide input to PHN/RN in developing curriculum for training others about health care needs of children in foster care.</li> <li>• CWS agency staff/Probation Officers will collaborate with PHN/RNs in educating juvenile court staff, resource family, and others about the health care needs of children in foster care.</li> <li>• CWS agency personnel will arrange for PHN/RN access to the CWS /CMS system and provide training in its use.</li> </ul>

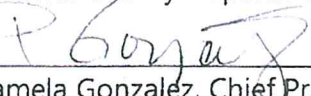
This Memorandum of Understanding in effect from July 1, 2024, through June 30, 2027 unless revised by mutual agreement. If changes in Federal or State requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

  
\_\_\_\_\_  
Jayme Bottke, Executive Director  
Tehama County Health Services Agency

6-9-25  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Bekkie Emery, Director  
Tehama County Department of Social Services

6/4/2025  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Pamela Gonzalez, Chief Probation Officer  
Tehama County Probation Department

6/3/25  
\_\_\_\_\_  
Date