

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Business Process: Initial Evaluation of Children's Health

I. POLICY

It is the policy of CFSA to ensure timely health care screenings and assessments for children when they enter or reenter foster care. The assessments address the child's physical, dental, mental, behavioral, and developmental health. This policy pertains to the initial pre-placement screening and the comprehensive medical evaluation. Children's screening and evaluation requirements are aligned with the [District of Columbia Health Check Program](#) guidance.

II. PROCEDURES

A. Pre-Placement Screening

1. Each child shall receive an initial medical screening prior to an initial entry, re-entry or change in placement under most circumstances (as defined in the *Placement and Matching policy*.)
2. Pre-placement and replacement screenings shall take place at the Healthy Horizons Assessment Center (HHAC) within the Health Services Administration (HSA) at CFSA. During the screening, a HHAC medical practitioner shall consult with the social worker and/or family support worker (FSW), and child, as appropriate regarding the child's medical history, and perform the screening.
3. Pre-placement screenings need not occur if the placement change involves the child's admittance to or discharge from a hospital.
 - For children placed in foster care directly following a hospital discharge, the social worker (or FSW) shall obtain and provide any hospital documents to the HHAC to receive the *Cleared for Placement Authorization* form.
4. Pre-placement screenings must occur for any child discharged from a psychiatric residential treatment facility (PRTF) and going to a foster care placement.
 - If a child receives an examination specific to physical or sexual abuse (medico-legal examination), the social worker or FSW shall provide the medico-legal discharge documents to the HHAC to receive the *Cleared for Placement Authorization* form.
5. The HHAC medical assistant shall make the appointment for the child's 30 day comprehensive medical evaluation and document it in the electronic case management system within 24 hours of scheduling it.
 - The date of the comprehensive medical evaluation and other important information shall also be documented on the Resource Parent Checklist form and included in the Placement Passport Packet.
6. The social worker shall obtain two copies of the *Cleared for Placement Authorization* form: one for the Placement Passport Packet and one for the child's case file.
7. The Health Services Administration (HSA) shall be responsible for entering all placement medical screening information in the electronic case management system.

8. At the time of placement, the social worker shall consult with the resource parent for ongoing health care planning and shall provide the resource parent with a completed copy of the *Cleared for Placement Authorization* form signed by the HHAC medical practitioner. The Cleared for Placement Authorization form will be left with the resource parent in the Placement Passport Packet.
 - The form provides information about diagnoses, medications, prescriptions, medical equipment for the child or youth, and future appointment dates.
 - The social worker shall provide to the resource parent any educational and/or instructional materials related to any diagnosis.
9. The social worker shall provide the resource parent with the child's Medicaid number within 5 days of placement.
 - The social worker shall contact the HSA immediately if a child needs emergency medical care prior to enrollment in Medicaid.
10. If the child or youth is connected to the Health Services for Children with Special Needs (HSCSN) program, they may be assigned a Nurse Care Manager (NCM) based on the complexity of care coordination or if the child/youth is unstable. The NCM shall contact the child or youth's HSCSN case manager at the time of entry into foster care to coordinate services. **Note:** *Medically stable youth may have continued support through HSCSN case management program after discharge from the NCM program.*

B. Information Gathering Prior to Comprehensive Medical Evaluation

1. The social worker shall ensure that the child is brought to the HHAC for the comprehensive medical, dental evaluations and mental health assessments within in 30 days of the placement.
2. The social worker, medical practitioner (including NCM, if assigned) and medical assistant shall make efforts to obtain the following information prior to the appointment for the comprehensive medical evaluation:
 - a. Past history and/or current illnesses or health concerns
 - b. Immunization history
 - c. Contact information for the child's health care practitioner
 - d. Additional health insurance
 - e. Dental provider
 - f. Medications (prescription and over-the-counter)
 - g. Allergies (food, medication, and environmental)
 - h. Results of diagnostic tests and assessments
 - i. Results of laboratory tests
 - j. Hereditary conditions or diseases
 - k. Details of the mother's pregnancy, labor, and delivery (if the child is under age 6, and as available for those older than age 6)
 - l. Details of illnesses, accidents and previous hospitalizations, including psychiatric hospitalizations
 - m. Durable medical equipment and adaptive devices currently used or required by the child (e.g., a wheelchair or feeding pump)
 - n. Any necessary follow up or ongoing treatment for medical problems or concerns
 - o. Information from the child's screening for risk factors (e.g., pregnancy, communicable diseases, HIV/AIDS)

3. Information should be obtained from the following:
 - a. Child (if old enough to convey the information)
 - b. Birth parents or legal guardians
 - c. Primary health care provider
 - d. Other health care practitioners (physical, mental and behavioral)
 - e. Other service providers (e.g., school nurse or day care provider)
 - f. Medical records

Note: A parental consent for the release of medical information and records, while desirable, is not required by the social worker or HSA at the time of removal. (See policy on [Medical Consents.](#))

4. Information shall be communicated to (and reviewed by) the HHAC medical practitioner before the comprehensive medical evaluation appointment.
5. Social workers shall file the results of the initial medical screening, and a copy of the child's insurance card in the child's case record.

C. Comprehensive Medical Evaluation

1. The HHAC medical assistant shall contact the resource parent and the social worker 48 hours prior to the scheduled comprehensive medical evaluation to remind the resource parent and assigned social worker of the appointment.
 - The medical assistant shall document in the electronic case management system that the comprehensive medical evaluation occurred.
2. The components of a comprehensive medical evaluation shall be consistent with the DC HealthCheck Program (see [Initial Evaluation of Children's Health policy](#)). The comprehensive medical evaluation shall include the following items:
 - a. A medical history (building on the information from the initial screening)
 - b. A developmental history
 - c. Physical examination by a qualified healthcare practitioner, including a complete unclothed physical examination
 - The examination shall take into account the age, environmental background, and development of the child.
 - d. Screening tests appropriate for the child's age based on identified risks and conditions.
 - i. Laboratory and sensory screening appropriate for age per the *American Academy of Pediatrics* including vision, hearing and oral health screening
 - ii. Screening for lead poisoning, anemia, tuberculosis and exposure due to higher risk status of children in out of home care
 - iii. Special screening tests for children with specific medical indicators such as diabetes
 - e. Preventative services such as immunizations, health education, and reproductive education as appropriate for the child's age (see [the administrative issuance on Immunizations at the Healthy Horizons Assessment Center for Children in Foster Care](#))
 - f. Development of a problem list which includes current and previous diagnoses
 - g. Development of a treatment plan consisting of treatment goals, interventions and desired outcomes

3. The social worker, with the support of the HSA, has primary responsibility for ensuring that the child receives appropriate health care during placement, and for providing the resource provider with the medical, dental, and mental health care practitioners information and instructions for the health care of the child.
 - a. The assigned social worker or FSW shall accompany the child to the comprehensive evaluation at the HHAC, and shall be responsible for completing the required intake procedures for the appointment.
 - The social worker shall notify the resource provider and birth parents of the comprehensive evaluation appointment and encourage them to attend.
 - b. The resource parent or social worker shall escort the child throughout the appointment, except during physical exams for older youth (or during discussions regarding reproductive health matters with youth of any age) which may occur in private.
 - c. The social worker shall consult jointly with the HSA, the birth parent(s), and resource parent for case plan development for children with special needs to occur within the timelines for case plan development.
 - d. The resource parent and/or social worker shall make the appointment and accompany the child to follow-up appointments.
 - e. Results of all visits shall be documented in the electronic case management system by the social worker and/or HSA. The social worker shall place copies of related documents into the child's case record. The social worker shall consult with HSA regarding any concerns.
 - f. Follow-up appointments or referrals must be made with providers who accept DC Medicaid.

D. Initial Dental Examination

1. The social worker shall schedule a dental examination to be completed within 60 days of the child's entry into foster care. Following the dental examination, the social worker shall provide the HHAC with the dental provider treatment plan.
 - a. If the child has had a dental examination within the prior 6 months to entry, the social worker shall provide the HHAC with a copy of the dental provider treatment plan in lieu of another exam.
 - b. For children from birth to 12 months of age, the medical practitioner shall conduct the oral health examination at the HHAC.
 - c. The social worker shall ensure that children older than 12 months are taken directly to a dental provider for their dental evaluation and cleaning (if they haven't had one in the past 6 months).
2. The HHAC medical assistant shall document in the electronic case management system that the examination occurred.

E. Initial Mental Health/Behavioral Health Evaluation

1. All children, entering or re-entering foster care, shall receive a mental health screening administered by the HHAC medical practitioner at CFSA at the time of separation and prior to placement.
 - a. The HHAC medical practitioner shall make a recommendation of stability for initial placement.
 - b. If the child is assessed to be unstable, the HHAC medical practitioner shall make the appropriate recommendation for mental health treatment.

2. Following the mental health screening, the child shall receive a standardized mental health evaluation administered by the Office of Well-Being (OWB) Mental Health Team within 30 days, unless the child is already connected to a Department of Behavioral Health (DBH) Core Service Agency. The mental health evaluation typically takes place during the comprehensive medical evaluation.
3. Depending on the age of the child, birth parent (or legal guardian) participation is recommended, and the social worker shall encourage their participation.
 - If the parent or guardian refuses or is unable to participate, then the mental health evaluation shall be completed with the resource provider with whom the child is placed.
4. If a specialty service not provided by the OWB Mental Health Team is needed, the OWB Mental Health Team shall make a referral to DBH.
5. For children who are newly entering foster care and their initial placement is in a residential facility, a preliminary mental health screen by a qualified mental health practitioner will be conducted at the residential facility.

F. Initial Developmental Screening

1. Children from one month to 5 years of age shall receive an initial developmental screening at the HHAC during the 30-day comprehensive medical evaluation.
2. The screening addresses the following developmental areas:
 - a. Communication
 - b. Gross motor skills
 - c. Fine motor skills
 - d. Problem solving
 - e. Personal-social functioning
3. The screen is administered upon entering or re-entering care and as clinically indicated during foster care.
4. If the HHAC determines that the child appears to have developmental or learning delays, further screening and assessment is to be arranged.
 - a. Children from one month to 2 years 10 months of age shall be referred to the District of Columbia Office of the State Superintendent of Education Strong Start program.
 - b. Children from 2 years 11 months to 5 years 5 months of age shall be referred to the District of Columbia Public School Early Stages program.
5. Upon receipt of a feedback report from Strong Start or Early Stages, the HHAC shall forward a copy of the report to the assigned social worker (or case practice specialist for private agencies), enter information into the electronic case management system, and file a copy in the child's record.
6. The social worker and NCM shall ensure follow-up and monitoring of services for the child. *See the administrative issuance on [Early Intervention Child Development Screening Process](#).*

G. Sexually Transmitted Infections (STI) Screening

1. Upon initial entry or re-entry into foster care, the HHAC shall screen all youth age 11 years and older who consent for the following sexually-transmitted infections (STI): chlamydia, gonorrhea and trichomoniasis.
 - Screening for any other STI must be conducted by the child's primary care physician or other medical provider.
 2. Written consent for STI screening is required prior to the screening (see the *Consent for STI Testing and Release of Information* attached). HHAC staff shall review the form with the youth and answer any questions he or she may have prior to the screening.
 3. When the youth signs the consent form, the nurse practitioner shall collect urine for screening. *Note: HHAC typically receives results from the lab within 1-2 days.*
 4. When the HHAC receives test results indicting a positive diagnosis for one or more of the STIs, a nurse practitioner shall notify the youth that they need to return to the HHAC. If needed, the nurse practitioner shall also notify the social worker and/or resource parent that the youth needs to return to the HHAC, but the diagnosis shall not be revealed to the social worker and resource parent. When the youth returns to the HHAC:
 - a. The nurse practitioner shall inform the youth of the test results and the treatment plan.
 - b. Verbal consent from the youth is required for the HHAC to provide treatment.
 - i. For youth who consent to the treatment, the HHAC shall provide counseling and treatment consistent with the guidelines issued by the Center for Disease Control
 - ii. For youth who refuse treatment, the youth shall be referred to their primary care provider or a provider through the Department of Health.
 - Such information should not be further disclosed to third parties, such as resource parents, biological parents, the Family Court, etc. without first considering privacy laws and requirements.
- Note:** Anytime the HHAC learns that a youth is sexually active (regardless of the results of an STI screening), the HHAC shall inform the social worker that the youth should receive sexual education and counseling.*
5. The HHAC shall report all cases with a positive STI result to the Department of Health, consistent with the Department's reporting requirements.
6. If the youth refuses to consent or is unable to consent to the screening:
 - a. The nurse practitioner shall document this in the medical record.
 - b. If there is a clinical indication of an STI, the youth shall **not** be cleared for placement and the nurse practitioner shall complete the *Emergency Department Referral Form* for the youth to receive a medical screening at Children's Health Systems (formerly the Children's National Medical Center).
7. A child under 11 years old who clinically presents with an STI shall not be cleared for placement.
 - a. The nurse practitioner shall complete the *Emergency Department Referral Form* for the child to receive a medico-legal evaluation at Children's Health Systems.

- b. Anytime the HHAC staff suspects that a youth has been abused, the staff must contact the Hotline. Suspected abuse may include disclosures that a parent, resource provider or other caregiver engaged in sexual activity with the youth or forced the youth to engage in sexual activity. In addition, a report to the Hotline shall be made depending on the age and capacity of a sexually active youth.

H. Substance Use Screening

1. HHAC shall conduct voluntary substance use screens for all youth ages 11 and older at the initial pre-placement and replacement screenings. HHAC shall administer urine screening kits that screen for marijuana, cocaine, opiates, amphetamine, barbiturates ecstasy, morphine, oxazepam, methadone and PCP.
2. Youth must consent to the screening.
 - The HHAC shall document any refusal to provide consent. The HHAC may nonetheless refer the child to OWB substance abuse coordinator for assessment or follow-up when needed.
3. For all youth who screen positive, HHAC shall submit a referral to OWB's substance abuse coordinator for further assessment.

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Consent for STI Testing and Release of Information

Si usted no entiende el idioma Inglés, favor de pedir este formulario en Español

As a part of the standard medical intake process, the Child and Family Services Agency (CFSA) screens youth in foster care for sexually transmitted infections (STI's) prior to placement and re-placement in foster care.

Information to foster youth/client

Your consent is required for CFSA to administer this screening. The District of Columbia Municipal Regulations, Title 22, Chapter 6, Section 600.7, allows youth of any age to consent to health services regarding the prevention, diagnosis, or treatment of reproductive health matters (including, but not limited to, sexually transmitted diseases). This means that you are able to consent to STI testing without seeking your parent's permission.

CFSA wants to ensure that you understand the process for screening for STIs, the purpose of the screening, and to answer any questions. Please review this form carefully and ask any questions to the nurse. The nurse is here to assist you and shall review the form and the testing with you if you have questions.

Process for testing:

The STI screening conducted by CFSA is for chlamydia, gonorrhea, and trichomoniasis only. In order to test for these STIs, CFSA needs to obtain a urine sample. The results of the screen shall be available in 1-2 days.

Sharing results:

If the STI screening shows that you have one or more STIs, a nurse shall contact you and set up a time for treatment. The treatment plan shall be discussed with you at that time and you shall be asked to consent to the treatment.

The results shall not be shared with your resource parent unless you want to share the information. There are limited instances where the HHAC shall be required to share results with your social worker. Those instances include if the HHAC needs your social worker's assistance in contacting you and/or ensuring that you receive treatment. In addition, the HHAC is required to share positive results with the Department of Health.

Section A: Client Information		
Last Name:	First Name:	Middle Initial:
Date of Birth: <i>(Month/Day/Year)</i>		
Address: <i>(Street Address/City/ State/Zip)</i>		
Telephone:		

Section B: Terms of Agreement

I have read the above information, or it has been read to me. I have had the opportunity to ask questions and any questions that I have asked have been answered to my satisfaction.

- I consent voluntarily to be tested for the following STIs: chlamydia, gonorrhea, and trichomoniasis.
- I understand that I have the right to withdraw my consent at any time. I understand that withdrawing my consent shall *not* affect any action CFSA took in reliance of this consent before it was withdrawn.
- I understand that the results of the screening may be shared with the Department of Health and, if needed for medical purposes, with my social worker.
- I understand that I am entitled to receive a copy of this consent upon request.
- I understand that this consent is voluntary.

Section C: Signature - Client

Signature:

Date:

Print Name:

Section D: Signature – HHAC staff

I have accurately read or witnessed the reading of the consent form by the client, and the client has had the opportunity to ask questions. I confirm that the client has given consent freely.

Signature:

Date:

Print Name and Title: