

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Business Process: Preventative and Ongoing Health Care**

**I. POLICY**

Child and Family Services Agency (CFSA) ensures that children in foster care receive preventative and ongoing health care to evaluate physical, psychological, and emotional development regularly. CFSA shall coordinate appropriate treatment and support as needed and gather information that can assist in ensuring the most appropriate placement setting.

**II. PROCEDURES**

**A. Routine Preventative Health Care**

1. The resource provider shall notify the social worker of the decision to select a private pediatrician (or health care practitioner qualified to provide HealthCheck services) or utilize a provider through the District of Columbia Medicaid provider network.
  - a. The pediatrician or health care practitioner must accept DC Medicaid as a form of reimbursement.
  - b. The social worker shall inform the pediatrician or health care practitioner that all documentation related to the child's health care must be forwarded to CFSA's Health Services Administration (HSA).
  - c. The social worker, nurse care manager (NCM) if assigned, and resource provider shall work with the pediatrician or health care practitioner to ensure compliance with CFSA policy on health care.
2. If the resource provider cannot accompany the child to an appointment, and it cannot be rescheduled, the resource provider shall notify the social worker timely to ensure that the social worker or FSW can accompany the child to the visit.
  - a. It is expected that the resource provider, social worker or FSW accompanies the child to all well-visit appointments.
  - b. If the resource provider cannot be present at the appointment, the social worker or FSW shall provide the resource provider with all information regarding the outcome of the visit and any necessary follow-up activities.
3. The social worker shall enter any medical information gathered during visits with the resource provider or health care providers into the Contact screen in FACES.NET.
  - The social worker shall place related documents into the child's official case record and provides a copy to HSA either in person or via email at [cfsa.healthservices@dc.gov](mailto:cfsa.healthservices@dc.gov).

## **B. Well-Child Visits**

1. Initial well-child visits shall occur within the first two weeks of birth, every two months for the first six months, and then every three months thereafter up to two years of age.
2. Semiannual well-child visits shall occur for ages two to three, and then annually through adolescence.
3. Additional visits shall occur as consistent with current standards for primary care of specific conditions that may be present (e.g., HIV infection, conditions resulting from premature birth, or cystic fibrosis).
4. Well-child visits shall include the following components:
  - a. Clinical examinations by a pediatrician, pediatric nurse practitioner, or other health care practitioner qualified to provide HealthCheck services
  - b. Immunizations consistent with current [American Academy of Pediatrics \(AAP\) recommendations](#) for age, with special immunization recommendations for specific conditions that may be present such as HIV infection, sickle cell, asthma or diabetes
  - c. Periodic screening tests consistent with the current AAP well-child visit schedule and the District of Columbia Department of Health regulations for age and current professional standards for specific conditions, e.g., blood tests for lead poisoning
  - d. Health education and anticipatory guidance (long term guidance for chronic health care issues) consistent with current AAP recommendations for age
  - e. Review and update the medical problem list and treatment plan at each well-child visit
5. After each well-child visit, a NCM (if assigned), social worker, or resource provider shall team to complete the following tasks:
  - a. Review the child's medical examination report to determine whether further treatment is recommended, including referrals and medications.
  - b. Contact the health care practitioner, if necessary, to obtain information on follow-up care and treatment.
6. The social worker or NCM shall offer assistance to the resource provider with follow-up care.
7. The social worker or NCM shall document all communication with the resource provider regarding the care and treatment of the child in the Contact screen in FACES.NET.

## **C. Dental Care Services**

1. Dental care shall include the following services:
  - a. Initial examination for any child as early as 6 months of age performed by the Healthy Horizons Assessment Center (HHAC) medical practitioner or DC Medicaid dental provider.
    - Referrals to a dentist should occur as early as 6 months of age, after the first tooth erupts, or at 12 months of age (whichever comes first).
  - b. Ongoing routine dental care for children
    - i. Preventative care every six months
    - ii. Examination by a hygienist and dentist at each six-month visit

- c. If deemed necessary by the dentist, preventative services should include fluoride treatments and sealants on permanent molar teeth at the time of entry into foster care, and fluoride treatments and sealants on newly erupted molars at preventative visits.
  - d. Restorative care to promptly address every problem identified, including, but not limited to the following services:
    - i. Timely access to restorative care
    - ii. Fillings
    - iii. Root canals
    - iv. Replacement of missing and damaged teeth
    - v. Periodontal care for gum disease
  - e. Immediate access to dentist or oral surgeon for acute dental pain or trauma
  - f. Immediate access to medication to relieve dental pain
  - g. Orthodontia based on medical necessity as deemed by DC Medicaid for severe handicapping dental conditions
2. The social worker shall enter any dental information gathered during visits with the resource provider or dentists into the Contact screen in FACES.NET.

#### **D. Mental/Behavioral Health Services**

1. The OWB Mental Health Team shall complete mental health evaluations for all children entering, re-entering, or currently in foster care, unless the child is already linked to a DBH core service agency provider.
2. Based on the clinical evaluation, the OWB Mental Health Team shall determine an appropriate treatment recommendation.
3. An OWB Mental Health Team member shall notify the social worker and supervisory social worker, via email, of the treatment recommendation and therapy case assignment.
4. The social worker shall also ensure that the following activities occur:
  - a. Scheduling the first appointment with the therapist in consultation with the resource parent.
  - b. Attending the appointment with the child and the resource parent
    - When clinically appropriate, the birth parent should be encouraged to attend the appointment and participate in treatment planning and services.
  - c. Ensuring that the therapist receives necessary background information for the mental/behavioral health appointment.
  - d. Ensuring that each child receiving mental health services has a treatment plan that includes treatment objectives, interventions and services, and participates in the development of the plan.
  - e. Ensuring that the resource provider schedules all on-going appointments.
  - f. Coordinates the transportation of the child to the scheduled appointments with the resource provider.
  - g. Incorporating the mental/behavioral health services treatment plan in the child's case plan.

- h. Documenting all appointments, findings, treatment plans, and follow-up information in the Contact screen in FACES.NET and placing all relevant documents in the child's case record.
  - i. Monitoring the child's mental health treatment through regular contact with the therapist and regular written reports from the therapist.
5. When there is a mental health emergency involving a child, the Children and Adolescent Mobile Psychiatric Service (ChAMPS) shall be contacted immediately by the resource provider, the school personnel, the social worker, or other CFSA or private agency staff.
- a. ChAMPS is dispatched to the child's location to de-escalate the situation and determine the most appropriate course of action.
    - If not making the initial call to ChAMPS, the resource parent shall notify the social worker at the first available opportunity.
  - b. Upon notification of a ChAMPS visit, the social worker shall notify their supervisor, the birth parent or legal guardian, the HSA administrator, and the assigned assistant attorney general (AAG).
  - c. The social worker shall make reasonable attempts to consult with the birth parent or legal guardian should ongoing treatment be required.

#### **E. Developmental Services**

1. Developmental services for children and youth in foster care include timely access to services identified in the initial medical or subsequent developmental assessments. The assigned social worker, in consultation with the caregiver and birth parent (where appropriate) and HSA shall facilitate the process for referrals and access to appropriate developmental services. *(For further information, see [Initial Evaluation of Children's Health Policy](#) and [Early Intervention Child Development Screening Process](#).)*
  - For all children, the social worker and the NCM (if assigned) shall ensure that children are assessed as prescribed by the [HealthCheck Periodicity schedule](#).
2. The Office of the State Superintendent of Education (OSSE) Strong Start program is the lead agency for the statewide system of early intervention services for families with children who are under the age of 36 months and have developmental delays.
  - Strong Start is designed to identify and provide assessments and referral services for children in this age category with special needs.
3. The District of Columbia Public Schools Early Stages program is the lead agency for children between the ages of 36 months to 5 years old.
  - Early Stages is designed to identify and provide assessments and referral services for children in this age category with special needs.

#### **F. Management of Medical Conditions**

1. In the event of life-threatening circumstances, the following procedures are prescribed for accessing emergency care:
  - a. When in a resource provider's judgment there is a potentially life-threatening circumstance, the resource provider shall immediately call 911, and follow instructions.
    - After contacting 911, the resource provider shall notify the CFSA Hotline at the first opportunity (no later than 30 minutes).

- b. After the resource provider has given the information to the Hotline on the life-threatening incident, the resource provider shall contact the social worker.
- c. The Hotline worker shall follow the notification procedures outlined in the [Critical Events policy](#), including notification to the deputy director, administrator, and HSA on-call manager.
- d. The social worker shall meet the resource provider and child at the emergency room.
- e. CFSA may consent to the following services without first obtaining the consent of the parent or guardian:
  - i. Emergency medical, surgical or dental treatment
  - ii. Emergency outpatient psychiatric treatment in consultation with the resource provider
  - iii. Scheduling the first appointment with the mental health care practitioner

**Note:** *Consent of a parent or legal guardian, or authorization by the Superior Court of the District of Columbia, is required to administer psychotropic medications for a minor. See the [Medical Consents](#) and [Medication Administration and Management](#) policies for more information.*

## **G. Communicable Disease Containment and Prevention Protocols**

1. If a child or adult presents with symptoms of a communicable disease during a visit or any time other than a placement screening, the social worker shall immediately notify HSA and obtains guidance as to universal/isolation precautions and the appropriate course of action for securing immediate health care for the infected child or adult.
  - a. Chickenpox, impetigo and scabies are examples of communicable diseases.
  - b. Guidance includes directions for physical contact, isolation requirements, jointly identified with the Administrative Services Administration (ASA), and transport to a medical facility, as necessary.
2. If a social worker observes symptoms believed to be caused by a communicable disease, either in a child or in others in frequent contact with the child (e.g., resource provider or other children) during a visit to an in-home family or the home of a resource parent or to a residential facility, the social worker shall advise the resource provider to contact their primary care health practitioner immediately for an urgent office appointment or take the child to an emergency room.
  - a. Upon completion of that visit, the social worker shall confirm medical treatment and diagnosis and document the visit in FACES.NET.
  - b. The social worker, in consultation with the HSA, shall follow up with the resource provider to ensure that appropriate medical attention is provided.
  - c. The social worker shall also inform and engage the child's birth parents/legal guardians, as appropriate.
3. If the social worker must transport the potentially infected child for medical attention, they are strongly advised to utilize the safety kits placed in each government vehicle by ASA to reduce the risk of transmission. The universal precaution kits or safety kits shall include the following items:
  - a. Non-sterile gloves
  - b. Hand sanitizer
  - c. Covering for the seats of the car

- d. Surgical masks
  - e. Plastic caps (to be used in the event that the child has head lice and/or ringworm)
  - f. Disinfectant wipes
  - g. Tissues
  - h. Disposable gowns
4. When a child exhibits symptoms of a potential communicable disease, the social worker shall use the following precautions to minimize transmission:
    - a. When a child exhibits coughing, the social worker shall use a surgical mask on the child to contain transmission of the disease.
    - b. If the child exhibits dermatological symptoms suggestive of scabies or ringworm, the social worker shall cover the child's affected areas (the head with a plastic cap, arms with long sleeve clothing, if available, etc.) to prevent transmission.
    - c. If the child is to be transported, the social worker shall use a seat covering in the car.
  5. When transporting a potentially infected child, the social worker shall inform ASA so the vehicle can be immediately detailed and restocked with a safety kit.
  6. In collaboration with the HSA administrator or designee, the social worker shall obtain the following information on any child diagnosed with an infectious disease which HSA shall report to the District of Columbia Department of Health for epidemiological and tracking purposes:
    - a. Child's name
    - b. Address
    - c. Date of birth
    - d. Age
    - e. Gender
    - f. Ethnicity
    - g. Country of birth
    - h. Pre-existing medical condition(s)
    - i. Vaccination history
    - j. Past medical history (to include information on previous communicable diseases)
  7. In the event of exposure to a communicable disease, and if the social worker cannot complete an Unusual Incident Report, the social work supervisor shall complete the Employee Unusual Incident Report and submit it to the CFSA Office of Risk Management within 24 hours.

## **H. Family Planning, Sexuality Education, Reproductive Health Services**

1. As part of the family planning discussion, the social worker in consultation with the NCM should provide age-appropriate instruction regarding abstinence, safe sex, prevention of STIs, and treatment and the risk of repeat infections. See *business process for [Initial Evaluation of Children's Health](#)*.
2. The social worker shall ensure that youth who have reached the age of puberty (typically, age 11) and younger children who are known to be sexually active, receive age-appropriate education and counseling on sexuality, pregnancy prevention, family planning, and sexually transmitted infections (STIs).

3. The social worker shall use their clinical judgment regarding an appropriate age for these discussions based on the individual child. Services must be provided by professionals trained and experienced in family planning education, gynecological care and contraception for adolescents. The social worker shall obtain information and resources from HSA. *See Do's and Don'ts When Talking to Youth about Sexual Health Tip Sheet.*
4. As part of routine health care, female adolescents age 12 and older, or at the onset of puberty, shall be referred for a gynecological examination, as appropriate. The social worker shall consult with the HSA to plan an approach that best meets the adolescent's needs.
5. For pregnant youth, the social worker shall objectively review and discuss the options and their implications; however, the social worker shall not encourage, promote or advocate one option over another.
  - If requested by the youth, the social worker shall accompany the youth to any appointments related to the pregnancy including termination or pre-natal appointments.
6. Within 5 business days of learning that a youth is pregnant, the social worker shall refer the pregnant youth to the HSA to ensure provider linkage and follow-up to prenatal care occurs. If the youth is already assigned an NCM, the social worker shall contact the nurse and provide the information.
7. The social worker shall discuss with the pregnant adolescent:
  - a. The involvement of her birth parents and/or the baby's father, his parents, and other supports, as identified by the youth, in planning as appropriate
  - b. The possibility of remaining in her current foster care placement
  - c. Updating case plans to reflect decision making and planning about the pregnancy, living arrangements, and school attendance.
8. Pregnant adolescents may be able to continue attending school and participating in activities as recommended by their doctor. The social worker, in consultation with the NCM, shall ensure that the pregnant adolescent receives appropriate prenatal care, monitor the ongoing medical care during and following pregnancy. Monitoring includes confirmation of completed appointments and ensuring that the providers are informed and involved. *For further information on pregnant or parenting youth, see the [Older Youth Service Policy](#).*