



<b>POLICY TITLE:</b>		<b>Preventative and Ongoing Health Care</b>	
 		<b>CHILD AND FAMILY SERVICES AGENCY</b>	
<b>Approved By:</b>	<b>Date Approved:</b>	<b>Original Effective Date:</b>	<b>Last Revision:</b>
Robert L. Matthews - Director	January 13, 2023	December 5, 2012	December 9, 2022

<b>I. AUTHORITY</b>	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency’s mission and applicable federal and District of Columbia laws and regulations, including 45 CFR § 1340.14; provisions of Title 4, Title 7 and Title 16 of the DC Code; 22 DCMR Chapters B2 and B6; and 29 DCMR Chapters 60, 62 and 63.
<b>II. APPLICABILITY</b>	All Agency employees, contracted personnel, contracted agency personnel and resource providers.
<b>III. RATIONALE</b>	According to the American Academy of Pediatrics (AAP), children entering foster care are at higher risk than their peers of poor health, emotional and behavioral problems, chronic physical disabilities, congenital disabilities, developmental delays, and poor school achievement. Some barriers may hinder the delivery of quality health care. Barriers can include difficulty obtaining information about children’s health care services and their health status before placement. These factors underscore the need for children in foster care to receive quality and periodic assessments of their health, development, and emotional status. Such assessments greatly inform decisions for a child’s ongoing primary medical, dental, and mental/behavioral health care and the need for additional services and interventions.
<b>IV. POLICY</b>	<p>The term “child” refers to anyone under 21 years old. The term “social worker” refers to the social worker from any administration who is formally assigned to the child at the time of the activity. The term “resource provider” refers the child’s resource parent or representative from the congregate care facility where the child is placed.</p> <p>CFSA ensures that children in foster care receive preventative and ongoing health care to evaluate physical, psychological, and emotional development regularly. CFSA shall gather the information that can facilitate the appropriate supports and placement setting. CFSA shall ensure that appropriate treatment and support are provided. For the child and who remain at home with their families and receive services through CFSA, the assigned social worker shall consult with CFSA’s Health Services Administration (HSA) for assistance and guidance in ensuring that families receive necessary preventative and ongoing health care services and supports. Detailed procedures associated with the policy guidelines are outlined in the <a href="#">Preventative and Ongoing Health Care business process</a>.</p>

<b>V. CONTENTS</b>	<p><b>A.</b> Routine Preventative Health Care  <b>B.</b> Well-Child Visits  <b>C.</b> Dental Care Services  <b>D.</b> Mental/Behavioral Health Services  <b>E.</b> Developmental Services  <b>F.</b> Management of Medical Conditions  <b>G.</b> Communicable Disease Containment and Prevention Protocols  <b>H.</b> Family Planning, Sexuality Education, Reproductive Health Services</p>
<b>VII. SECTIONS</b>	<p><b>Section A: Routine Preventative Health Care</b></p> <ol style="list-style-type: none"> <li>1. CFSA shall work collaboratively with families so that medical and mental health decisions and services promote permanency and stability for children. Confidential medical information will only be shared with case management team members (including resource providers) who are directly involved in the treatment or care of a child and when necessary to identify service needs or resources.</li> <li>2. Every child must have periodic and ongoing comprehensive medical assessments, also known as well-child visits, according to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. Ongoing care is coordinated by the social worker and resource parent and provided by the child’s primary care physician.</li> <li>3. Routine preventative health care shall begin at the time of separation when the social worker and the HSA obtain the child’s medical and mental/behavioral history, and any medication information obtained during the pre-placement process.</li> </ol>
	<p><b>Section B: Well-Child Visits</b></p> <ol style="list-style-type: none"> <li>1. Following the comprehensive medical evaluation, periodic well-child visits shall occur according to the <a href="#">guidelines of the American Academy of Pediatrics (AAP)</a> and be monitored by CFSA.</li> <li>2. CFSA shall contact the health care practitioner regarding follow-up, referrals, missed appointments, or other important information and providing all updates to the resource provider.</li> </ol>
	<p><b>Section C: Dental Care Services</b></p> <ol style="list-style-type: none"> <li>1. CFSA shall ensure comprehensive dental care for children in foster care including ongoing dental examinations, restorative care, preventative services and treatment as recommended by the dentist.</li> <li>2. Follow-up care for all conditions identified in the initial dental assessment is required, and appointments should occur at least semi-annually.</li> <li>3. Dental appointments must be made with dental providers who accept DC Medicaid.</li> </ol>

	<p><b>Section D: Mental/Behavioral Health Services</b></p> <ol style="list-style-type: none"> <li>1. CFSA shall provide stabilization mental health services to children (ages 5 and older) newly entering, re-entering, or currently in foster care. <ul style="list-style-type: none"> <li>• Mental health services shall be provided using short-term, brief intervention models, for up to 12 months.</li> </ul> </li> <li>2. Mental and behavioral health services for children and families served through CFSA shall be coordinated by the assigned social worker, Office of Well-Being (OWB) staff and the District’s Department of Behavioral Health (DBH).</li> <li>3. Consent of a parent or legal guardian is required for any minor to be admitted for inpatient mental health services. Further, consent of a parent or guardian, or authorization of the Superior Court of the District of Columbia, is required before a psychotropic drug may be administered to a child. (See policy on <a href="#">Medical Consents</a>.)</li> </ol>
	<p><b>Section E: Developmental Services</b></p> <ol style="list-style-type: none"> <li>1. CFSA shall ensure that all children birth to 5 years old who are involved in a substantiated case of child abuse or neglect be screened for developmental delays. (For further information, see <a href="#">Early Intervention Child Development Screening Process</a>.)</li> <li>2. Developmental services for children in foster care shall include timely access to services identified in the initial medical or subsequent developmental assessments.</li> </ol>
	<p><b>Section F: Management of Medical Conditions and Mental/Behavioral Health Diagnoses</b></p> <ol style="list-style-type: none"> <li>1. CFSA defines “special needs” as “special health care needs that have a chronic physical, developmental, behavioral, or emotional condition that requires health and related services of a type or amount beyond that required by children generally.”</li> <li>2. For children diagnosed as having special needs, the social worker shall consult with HSA and/or OWB staff members to identify resources needed to manage child’s health care needs while in foster care.</li> <li>3. For children diagnosed as having special needs, the resource provider shall be significantly involved in the implementation of the treatment plan. The social worker shall notify HSA of a child in foster care who is diagnosed as having “special needs.”</li> <li>4. The final decisions for care shall be the responsibility of the birth parents, primary health care practitioner, and CFSA.</li> </ol>

	<p><b>Section G: Communicable Disease Containment and Prevention Protocols</b></p> <ol style="list-style-type: none"> <li>1. By definition, communicable diseases are acute or chronic infectious conditions capable of being transmitted from one person to another. CFSA shall ensure that all children in foster care diagnosed with potentially communicable diseases receive immediate medical attention.</li> <li>2. No child presenting with a communicable disease shall be placed in a resource home without full disclosure to the resource provider of the disease and what it entails in terms of treatment and transmission.</li> <li>3. CFSA requires Agency staff, contracted agency staff, interns, resource providers, and residential facilities engaged in providing direct services to children and families to be trained in and use universal infection control precautions daily.</li> <li>4. Official notifications regarding possible exposure of staff to a communicable disease shall be made <u>only</u> by the OWB deputy director or HSA administrator, and in consultation with Human Resources and the Office of Risk Management.</li> </ol>
	<p><b>Section H: Family Planning, Sexuality Education, Reproductive Health Services</b></p> <ol style="list-style-type: none"> <li>1. CFSA shall ensure that youth in foster care who 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, sexual orientation, gender identity and expression, pregnancy prevention, family planning, and sexually transmitted infections (STIs).</li> <li>2. Minors can consent to their treatment regarding STI testing and counseling, contraceptive services, and pregnancy, including adoption, living arrangements for the baby when born, and abortion.</li> <li>3. Services shall be provided by professionals trained and experienced in family planning education, gynecological care, and contraception for adolescents.</li> </ol>