

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 05: Placement

Item 037: Placement of Children with Specialized Health Care Needs

Suggested changes send to: [DSS PSOA Mailbox](#)

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References: [Resource Family Approval Written Directives Version 6.1](#); [All County Letter \(ACL\) 21-17](#)

New

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Preamble

Child Welfare Policy and Procedure Guides are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Department of Social Services (DSS) has children/youth in their care and custody that have Specialized Health Care Needs (SHCN), and require placement in out-of-home care. These children/youth are entitled to placement in the least restrictive placement consistent with the best interests and special needs of the child/youth. State regulations require that specific procedures are followed when placement children with SHCN in to out-of-home care with the exception of skilled nursing facilities.

Purpose

To establish a procedure for the placement of a SHCN child/youth with qualified resource parents and the documentation required for continued placement.

Definitions

“A child/youth with SHCN” means the following, as defined in Welfare and Institutions Code (W&IC) Section 17710(a):

- A child, or a person who is 22 years of age or younger who is completing a publicly funded education program, 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 required specialized in-home health care.
 - Has been adjudged a dependent of the court pursuant to W&IC section 300, is in the custody of a county welfare department, or had a developmental disability and is receiving services and case management from a regional center.

“Health care practitioner” means 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 (PHN), Registered Nurse, Licensed Vocational Nurse, Psychiatric Technician, Physical Therapist, Occupational Therapist, and Respiratory Therapist.

“Health professional” means any of the following persons who are licensed or certified pursuant to Division 2 of the Business and Professions Code: Physician, Physician Assistant, Nurse Practitioner, or PHN.

“Individualized health care plan” means a written plan developed by an individualized health care plan team and approved by the team physician, or other health care practitioner designated by the physician to serve on the team, for the provision of specialized in-home health care to a child with special health care needs as specified in W&IC section 17731.

"Individualized health care plan team" means 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 chosen by the physician to serve on the team, 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, as defined in W&IC section 17710.

“Specialized Resource Family” means a Resource Family who has been trained by a health care practitioner to provide specialized in-home health care to children with special health care needs.

“Specialized Resource Parent” means an individual who is approved as a Specialized Resource Family.

A technology-dependent child/youth or one who needs both medical devices to compensate for the loss of a vital body functions and is in need of substantial ongoing nursing care to avert death or further disability. A nurse or appropriately trained substitute care provider may provide daily care.

The following are types of equipment and/or procedures, which may identify a child/youth as technology dependent:

- Enteral feeding tube (e.g. g-tube, nasal gastric tube)
- Total parenteral feeding (e.g. IV administration of nutrients)
- Cardiorespiratory monitor (e.g. apnea monitor)
- Intravenous therapy
- Ventilator
- Oxygen support
- Urinary catheterization
- Renal dialysis
- Ministrations imposed by tracheostomy, colostomy, ileostomy
- Other medical or surgical procedures or special medication regimens, including injection and intravenous medication

At risk medical conditions include, but are not limited to:

- Infant with chronic lung disease or bronchopulmonary dysplasia
- Pre-term infant less than 30 weeks gestation
- Children with shunts
- Children with seizure disorders
- Spina Bifida
- Shaken Baby Syndrome
- Diabetes Type I and II
- Failure to Thrive
- Infants experiencing severe drug withdrawal (e.g. methadone, heroin, discharged on paregoric)
- Any diagnosed medical syndrome
- Human Immunodeficiency Virus (HIV) positive/Acquired Immune Deficiency Syndrome (AIDS)
- Asthma in a child who is under the age of two or medical fragile

Procedure

Emergency Response

When a responding Social Worker (SW) receives information that either states or indicates that a child/youth may be a SHCN child/youth, or upon contact the SW determines that there may be SCHN child/youth involved, the following procedures are to be implemented:

- Consult with the PHN assigned to the task area.
- Assess the parent's ability, willingness, and appropriateness for caring for and meeting the special needs of the child/youth.
- Obtain the name(s) and directions of all medications and/or equipment the child/youth uses.
- Gather information regarding all doctors that child/youth sees.
- Identify other support persons or agencies involved, such as the Central Valley Regional Center (CVRC).

If placement is needed, the SW will have the child/youth transported via ambulance to Valley Children's Hospital (VCH) for medical clearance. If placement is not located, the SW shall consult with their Social Work Supervisor (SWS) and Program Manager (PM) who may request the child/youth be admitted to the hospital on a "social admit" until an appropriate placement is located. The placement division PM will be notified of such placement to manage the fiscal responsibility.

If the child/youth cannot be placed with a family member/mentor, the assigned SW will contact Resource Family Support (RFS) with a completed Placement Request Form 6252 (located in CWS/CMS) and include the following information:

- Diagnosis
- Name and contact information of physician(s)
- Mechanical support needs

- Medication and/or medical treatment needs
- Information obtained from the PHN
- All available medical records
- If in the hospital, the possible discharge date.

Note: DSS staff are NOT to transport SHCN children/youth from the hospital. If the hospital does not believe the child/youth needs to be transported via ambulance, the resource parent(s) are to provide all transportation for the child/youth.

The SW will enter any needed Case Alerts and the PHN will enter all medication information into the Health and Education Passport (HEP) in CWS/CMS.

Upon placement of the child/youth, the assigned SW shall provide the resource parent with the following:

- Medi-Cal or private insurance card, if available
- Placement agreement
- Authorization for General Medical Care (6323)
- Completed HEP
- Emergency contact telephone numbers including the DSS Hotline (559) 600-8320 or (559) 255-8320
- Signed release of information forms, if applicable
- Copy of the child's birth certificate, if available
- Copy of the child's social security card, if available
- Application for Psychotropic Medication (JV-220), if applicable

RFS Responsibilities

- Consult with the RFS SWS.
- Consult with the DSS PHN if clarification from the information provided in the Placement Request Form (6252) is needed.
- Attend the individualized health care plan/Child and Family Team (CFT) meeting.
- Assess potential SHCN resource parent(s) for placement, including, but not limited to, available capacity, ability and willingness to provide proper care for the child.
- Arrange specialized training for prospective resource parent(s), as needed.

DSS PHN Responsibilities

- Consult with medical professionals regarding the child/youth's medical diagnosis and any specialized care that is required.
- Update the HEP, as appropriate, with the child/youth's medical history.

Individualized Health Care Plan Team

The Individualized Health Care Plan (IHCP) Team/CFT develops an IHCP for a child/youth with special health care needs placed in a specialized resource family home. The team is convened by the child/youth's SW, to discuss the specific responsibilities of the person(s) providing in-home health care, based on the IHCP.

The IHCP team shall include the following persons:

- The assigned SW and SWS
- An RFS SW or SWS
- DSS PHN
- The parents, if appropriate
- The child/youth's primary care physician or other health care professional designated by the physician, if available
- Any involved medical team
- CVRC worker, if applicable
- Any health care professional designated to monitor the child's individualized health care plan
- The prospective resource parent(s), if identified
- Any other support person/agency identified by the family or DSS

An IHCP shall include the following information:

- The name, address, and telephone number of the health care practitioner responsible for monitoring ongoing health care for a child with special health care needs.
- The appropriate number of hours of on-site and off-site supervision and monitoring that needs to be provided by the health care practitioner responsible for monitoring ongoing health care for a child with special health care needs.
- Documentation by the individualized health care plan team for a child with special health care needs that identifies the specialized in-home health care to be administered by a health care practitioner or responsible adult trained by a health care practitioner.
- Arrangements for in-home health support services if required.
- Specific responsibilities of a Specialized Resource Family for providing specialized in-home health care, including any required training or additional training.
- Identification of any available and funded medical services that are to be provided to a child with special health care needs in the home of a Specialized Resource Family which may include, but is not limited to, assistance from health care practitioners.
- Identification of any psychological, emotional, behavioral, or medical problems that are identified in the Case Plan of the child with special health care needs or the medical assessment specified in [Resource Family Approval Written Directives Version 6.1](#) Section 11.1-03(c).

The individualized health care plan for a child with special health care needs may be combined with the case plan of the child or the individual program plan (IPP) from the regional center for a child provided that all of the information required by each plan is included.

Levels of Care (LOC) Rate Protocol

The LOC rate protocol is designed to identify the individual care and supervision needs of a child/youth, which translates into an appropriate rate to support the placement, refer to the LOC PPG 03-05-036. The LOC rate protocol utilizes the (SOC 501) that assesses a child/youth's functioning in five core domains including: Physical, Behavioral/Emotional, Education, Health and Permanency/Family Services. The SW would complete the [LOC Rate Determination Matrix](#) (SOC 501):

- Upon initial foster care placement into a home-based setting;
- Upon a change of placements;
- When a resource parent or other individuals indicate a child's needs have changes;
- When a child is received Intensive Services Foster Care (ISFC) or Therapeutic Foster Care (TFC) and is ending those services.

The SHCN population has been added to the Static Criteria list as a health indicator. Children/youth eligible under SHCN must meet certain conditions to sustain Static Rate beyond 120 days from the time of placement. When the child/NMDs health conditions are severe or unlikely to change, the Static Rate may become a permanent ISFC Rate. Documentation must be provided by a health care professional that the medical condition is not likely to change is considered/deemed to be permanent or requires specialized in-home health care pursuant to W&IC section 17710. Additionally, there must be an IHCP, and an IHCP Team in place. This option has been added to the updated [LOC Digital Scoring Form](#) (SOC 500) and the documentation should be attached to the scoring sheet and maintained in both the eligibility and child welfare case files.

Resource Family Approval (RFA)

Specific considerations regarding SHCN children/youth can be found in the [Resource Family Approval Written Directives Version 6.1](#)

Resource Family Homes

- The capacity of a specialized resource family home may not exceed six children as specifics in RFA Written Directives 6.1, Section 10-04(a)(1).
- A specialized resource family may not care for more than two children or non-minor dependents with or without special health care needs except in the following circumstances:
 - A specialized resource family may accept a third child or non-minor dependent with or without special health care needs provided that the capacity is not exceeded and all of the following conditions are met:
 1. The placement agency determines the following:
 - a) The county or regional center services area in which the Specialized Resource Family's home is located has no other specialized foster care home as defined in Welfare and Institutions Code Section 17710, foster family home, resource family, small family home, or

certified family home available to care for the child or non-minor dependent.

- b) The Specialized Resource Family can meet the psychological and social needs of the child or non-minor dependent.
2. The IHCP team for each child with special health care needs placed with the Specialized Resource Family has considered the number of adoptive, biological, foster, and guardianship children in the home and determines that placement of a third child or non-minor dependent will not jeopardize their health and safety.