



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
☐ Federal Law or Regulation Change
☐ Court Order
☐ Clarification Requested by One or More Counties
☒ Initiated by CDSS

March 1, 2017

ALL COUNTY LETTER NO. 17-22

TO: ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
 ALL COUNTY CHILD WELFARE DIRECTORS
 ALL CHIEF PROBATION OFFICERS
 ALL TITLE IV-E AGREEMENT TRIBES
 ALL JUDICIAL COUNCIL STAFF
 ALL ADOPTION REGIONAL AND FIELD OFFICES
 ALL COUNTY BEHAVIORAL HEALTH DIRECTORS
 ALL FOSTER FAMILY AGENCY DIRECTORS
 ALL GROUP HOME DIRECTORS

SUBJECT: UPDATED HEALTH ASSESSMENT AND DENTAL REFERRAL PERIODICITY SCHEDULES FOR CHILDREN, YOUTH AND NON-MINOR DEPENDENTS (NMDS) IN FOSTER CARE

REFERENCE: TITLE 17 OF THE CALIFORNIA CODE OF REGULATIONS
[SECTION 6847](#); MANUAL OF POLICIES AND PROCEDURES
[SECTION 31-405.24](#)

The purpose of this All County Letter is to inform county child welfare agencies and probation departments of the [Child Health and Disability Prevention \(CHDP\) Bright Futures Schedule for Health Assessments](#) and the [CHDP/Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) Periodicity Schedule for Dental Referrals](#), which went into effect on July 1, 2016 and applies to all children, youth and NMDS in foster care up to the age of 21. The Bright Futures schedule for health assessments and the periodicity schedule for dental referrals supersede the previous periodicity schedules utilized by the CHDP program.

BACKGROUND

The CHDP program oversees the screening and follow-up components of the federally mandated EPSDT program for Medi-Cal eligible children, youth, and NMDs. The CHDP program provides complete health assessments for the early detection and prevention of disease and disability for low-income children, as well as children, youth, and NMDs in the foster care system. These health assessments consist of a health history, physical examination, developmental assessment, psychosocial evaluation, nutritional assessment, dental assessment, vision and hearing test, tuberculosis test, laboratory tests, immunizations, health education, and referral for any needed diagnosis. Children, youth and NMDs in the California foster care system up to the age of 21 must receive timely health and dental exams, based on periodicity schedules adopted by the CHDP program as the California EPSDT periodicity schedule.

Periodicity schedules for health assessments and dental referrals standardize the assessment intervals and promote continuity of care. In addition to health assessments required by the periodicity schedule, health assessments for preventive care may be reimbursed if there is a reason for performing a Medically Necessary Interperiodic Health Assessment (MNIHA). As a result of the complex health care needs of many foster children, a MNIHA can be sufficiently justified when an additional health assessment is in the best interest of a child, youth, or NMD and needs to be performed before the next exam is due.

THE CHDP BRIGHT FUTURES SCHEDULE FOR HEALTH ASSESSMENTS AND THE CHDP/EPSDT PERIODICITY SCHEDULE FOR DENTAL REFERRALS

Under the Bright Futures schedule for health assessments adopted by the CHDP program, 14 new health assessments have been added to the 15 assessments previously required for children, youth and NMDs in foster care. Additionally, the CHDP/EPSDT periodicity schedule for dental referrals requires referrals for dental exams to occur every six-months rather than every year. The Manual of Policies and Procedures [section 31-405.24](#) states, the social worker or probation officer shall ensure that children, youth and NMDs in foster care “receive medical and dental care which places attention on preventive health services through the CHDP program, or equivalent preventive health services in accordance with the CHDP program's schedule for periodic health assessment.” Additionally, for foster youth residing in out-of-home placements, a medical and dental exam must be completed within 30-days of initial placement.

According to Title 17 of the California Code of Regulations [section 6847\(c\)](#), “Persons eligible for periodic health assessments shall receive one assessment during each age period [...and...] will be considered overdue for an assessment on the first day he or

she enters a new age period without assessment being performed in the previous age period.” Thus, children, youth and NMDs in foster care up to age 21 must receive at least one health assessment (or equivalent) within the age periods listed in the CHDP Bright Futures Schedule for Health Assessments outlined in [Table 21.3](#). Children, youth and NMDs in foster care up to age 21 must also receive one dental referral every six-months as outlined in the CHDP/EPSTD Periodicity Schedule for Dental Referrals [Table 21.4](#). These tables (included in Attachment A) provide guidance regarding the minimum frequency at which health assessments and referrals for dental exams shall be provided to children, youth and NMDs in the foster care system. For components of each periodic health assessment, see the American Academy of Pediatrics Bright Futures Recommendations for Preventive Health Care at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

For information regarding entering health and dental assessments into the Child Welfare Services/Case Management System (CWS/CMS), please see Attachment B, which is an excerpt from the Health and Education Student Guide for CWS/CMS. Please note that CWS/CMS continues to follow the previous periodicity schedule that was in use prior to July 1, 2016. No changes to CWS/CMS will be made at this time due to the prioritization of system updates related to the requirements of federal and state legislation. However, counties that utilize SafeMeasures can view their cases in relation to the updated periodicity schedules using the [California Child Welfare SafeMeasures](#) website.

If you have any questions regarding this letter, please contact the Placement Services and Support Unit at (916) 657-1858.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

Table 21.3 CHDP BRIGHT FUTURES SCHEDULE FOR HEALTH ASSESSMENTS BY AGE GROUP**Child Health and Disability Prevention (CHDP) Program**


Screening Requirement	INFANCY						EARLY CHILDHOOD						
Periodic Well Child Health Assessment (History and Physical)	3-5 day	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3yr	4yr
Interval to Next Health Assessment	<1 mo	1 mo	2 mo	2 mo	3 mo	3 mo	3 mo	3 mo	6 mo	6 mo	6 mo	12 mo	12 mo

Screening Requirement	MIDDLE CHILDHOOD						ADOLESCENCE									
Periodic Well Child Health Assessment (History and Physical)	5yr	6yr	7yr	8yr	9yr	10yr	11yr	12yr	13yr	14yr	15yr	16yr	17yr	18yr	19yr	20yr
Interval to Next Health Assessment	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	

Notes:

- 1) For components of each periodic health assessment, see the American Academy of Pediatrics (AAP) Bright Futures Recommendations for Preventive Health Care at https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.
- 2) The prenatal, newborn and age 21 periodicity health assessments in the AAP Bright Futures Recommendations are not CHDP periodic health assessments.
- 3) Several new separately billable texts provided for in the AAP Bright Futures recommendations are being established for CHDP and will be announced separately in the near future.

Table 21.4 CHDP/EPSTD PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE

Age (years)	Routine Dental Referral	Suspected Dental Problem
1* - 20	 Refer every 6 months** (Children with special needs may need more frequent referrals)	Refer at any age if a problem is suspected or detected

- A dental screening/oral assessment is required at every CHDP/EPSTD*** health assessment regardless of age.
- Refer children directly to a dentist:
 - **Beginning at age one** as required by California Health and Safety Code section 124040 (6)(D)_ http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=124040.
 - **At any age** if a problem is suspected or detected – See CHDP Dental Referral Classifications <http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pm160dentalguide.pdf>
 - **Every six (6) months for maintenance of oral health** See pp.13-15_ https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf
 - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected; and for other children at high risk for dental caries.
- To help find a dentist:
 - For a child with Medi-Cal, contact Denti-Cal at 1-800-322-6384 or <http://www.denti-cal.ca.gov/WS/Bene.jsp?fname=ProvReferral>
 - For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist. <http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx>

* The American Academy of Pediatrics (AAP) policy is to establish a dental home by age one: <http://pediatrics.aappublications.org/content/134/6/1224.full.pdf+html>

** See Medicaid Clinical Guidelines, P.5, <https://www.medicaid.gov/medicaid/benefits/downloads/keep-kids-smiling.pdf> For Medi-Cal eligible children, Denti-Cal will cover preventive services (exam, topical fluoride application, and prophylaxis) once in a six month period and more frequently if there is a documented necessity. Denti-Cal has adopted the American Academy of Pediatric Dentistry's (AAPD) "Recommendations for Preventive Pediatric Oral Health Care" which indicates frequencies for diagnostic and preventive procedures: http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_26_Number_7.pdf. The AAPD emphasizes the importance of very early professional intervention and continuity of care beginning with the eruption of the first tooth and no later than 12 months of age: http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

*** Child Health and Disability Prevention (CHDP) Program/Early Periodic Screening Diagnosis and Treatment (EPSTD)

Department of Health Care Services, Systems of Care Division, Children's Medical Services Branch

Client Services - [Case [B, Bobby]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

A
B

ID Svc Comp Assignm ns Req ICPC-100A ICPC-100B Doc Tracking Spec Proj Closure Summary

Identification

Case Info

Case Name
B, Bobby

Case Number
1242-6018-0592-8000018

Start Date End Date Projected End Date
06/19/2004

County State
Sacramento California

Country
United States

Intervention

	Reason
1	Physical Abuse

Primary Agency Responsible
County Welfare Department

Case Status

	Status	Effective Date	End Date
1	Court Involvement	06/19/2004	

Status

☒ Court Involvement ☐ Voluntary

Effective Date
06/19/2004

End Date

Case Alerts

Fig r_____ 5

Select On Behalf Of Child

On Behalf Of Child

C
D

B, Bobby - 1242-6018-0592-8000018 - B, Bobby

B, Marcia - 0834-0430-4189-6000018 - B, Marcia

OK

Cancel

Help

Fig r_____ 5

"+"

, B

Client Services - Case [B, Bobby] - [Contact [07/03/2004]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Contact Associated Services Associated Visits

Contact Information

Staff Person: W, Chris Start Date: 07/03/2004 Start Time: 10:30am End Date: 07/03/2004 End Time: 11:30am

Contact Purpose: Consult with Sub Care Provider Method: Telephone Location: CWS Office Status: Completed

Participants

Participants	On Behalf of Child	Contact Party Type
1 A, Joy	1 B, Bobby	1 Staff Person/Sub Care Provider

Case Management Services/Referrals

Case Management Services/Referrals	Wraparound

Narrative

Mrs. Joy A stated Bobby had a CHOP exam today, and Dr. P will send results.

Ready Case [B, Bobby] -> Contact [07/03/2004]

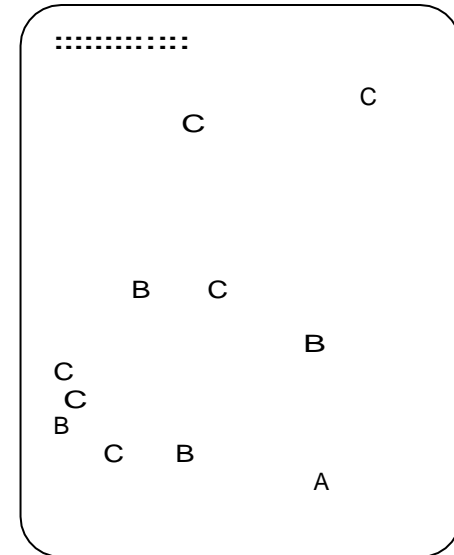
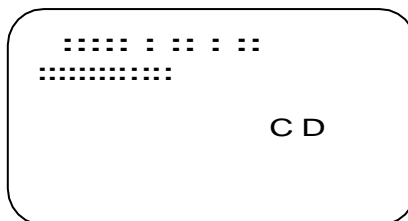


Fig r _____ 55



Select Participants

Participant Type: Substitute Care Providers

A, Joy

OK Cancel Help

Fig r _____ 5

, B

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Client Services - Case [B, Bobby] - [Contact [07/03/2004]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Contact Associated Services Associated Visits

Associated Services

	Start Date	End Date	Service Category	Service Type	Wraparound
1	07/03/2004	07/03/2004	Health/CHDP Services	HEP - CHDP Physical Exam	

Service

☐ Offered but not delivered ☐ Hard Copy On File

Start Date: 07/03/2004 Start Time: : am Service Category: Health/CHDP Services

End Date: 07/03/2004 End Time: : am Service Type: HEP - CHDP Physical Exam

☐ Wraparound

Provider

☒ Staff Person ☐ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name: []

Select On Behalf Of Child /Service Recipient

Please select one person to populate the On Behalf Of and Service Recipient grids for this specific Associated Service. All other On Behalf Of's and Service Recipients, if they exist, will be removed

OK Cancel Help

On Behalf Of Child: 1 B, Bobby

Service Recipient: []

Narrative: []

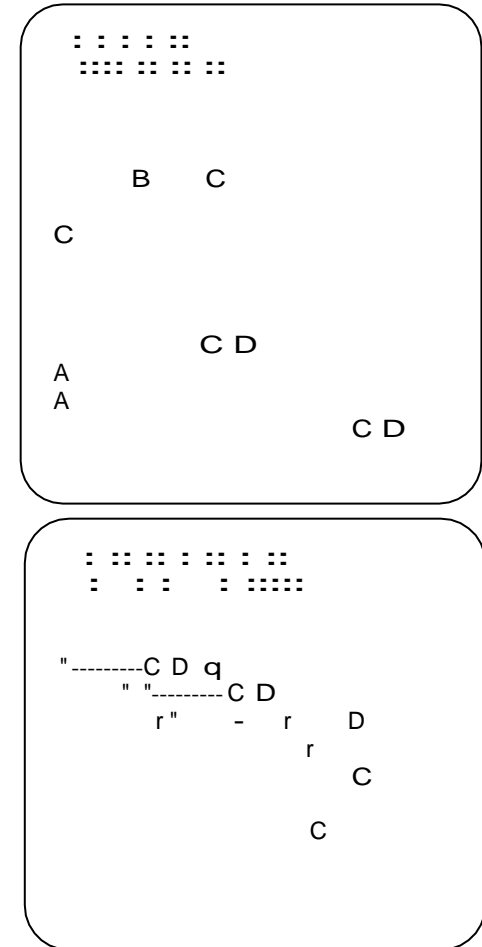


Fig r_____57

