

ADDENDUM OCTOBER 2015 – JULY 2016

This document contains an addendum that shall become part of the HCPCFC PHN Standards of Care Manual located at:

<http://www.childsworld.ca.gov/res/pdf/StandardsOfPracticeManual.pdf>

January 19, 2016 minutes

This statement is not an addendum. The scope of work will incorporate this activity.

The Foster Care Subcommittee approved the following process: Updates to policies and/or interpretations made during the FC state quarterly meetings shall be collected periodically, at a minimum annually. These will be aggregated and posted as addendums to the HCPCFC PHN's Standards of Practice Manual and will be incorporated when the Manual is updated in the future.

ADDENDUM BEGINS HERE

Add to “Examples of HCPCFC PHN duties” under “Role of the PHN in the HCPCFC” on pg. 20 and “Policy Letters” on pg. 141:

CDSS ACL 16-96

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-96.pdf>

Summarizes the PHN's role in providing monitoring and oversight activities to children/youth on psychotropic medications. (FC Subcommittee, January 18, 2016)

Add to “Psychotropic Medication Guidelines” under a new section “Access to Psychotropic Medication Data” on pg. 85 and “Policy Letters” on pg. 141:

CDSS All County Information Notice (ACIN) I-36-15 and ACIN I-36-15E

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2015/I-36_15.pdf

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2015/I-36_15E.pdf

CDSS All County Information Notice (ACIN) I-36-15 and ACIN I-36-15E informs counties that individual, child level (confidential) information can be available to counties if they entered into the global data sharing agreement that exists between CDSS and DHCS. The agreement allows matching of CWS/CMS confidential and non-confidential client data to DHCS data (i.e. Treatment Authorization Request (TAR)). This specific client level data once aggregated will inform data measures developed by the Psychotropic Medication Quality Improvement Project. In order for PHNs to obtain the TAR data list of foster care children/youth on psychotropic medications, the county must sign-up for global sharing access. TAR access will assist each county to better monitor FC children/youth prescribed psychotropic medications. (FC Subcommittee, October 20, 2015 & January 19, 2016)

Add to Section 4 “Health Related Performance Measures” under “Timely Medical and Dental Exams”, “Oral Health” under “Periodicity” on pg. 94 and “Policy Letters” on pg. 141:

CDSS ACL 17-22 (March 1, 2017)

<http://www.cdss.ca.gov/Portals/9/ACL/2017/17-22.pdf?ver=2017-03-03-163554-947>

Updated Health Assessment and Dental Periodicity Schedules (FC Subcommittee, January 19, 2016)

Add to Section 4 “Health Related Performance Measures” under “Timely Medical and Dental Exams” State Measure – 5B(1) and 5B(2) on pg. 38 and Section 7 under “Oral Health” “Periodicity”

Interpretation of the statement “within 30 days of placement” (Division 31.206.36), Lori Fuller from CDSS explained that the **30 days** window period begins at detention and removal of FC children/youth from home into out-of-home placement. (FC Subcommittee, July 19, 2016)

Amend Section 7 under “Oral Health” “Periodicity” on pg. 94

Refer to **All County letter No. 17-22**, Updated Health Assessment and Dental Referral Periodicity Schedules for Children, Youth and Non-Minor Dependents in Foster Care (<http://www.cdss.ca.gov/Portals/9/ACL/2017/17-22.pdf?ver=2017-03-03-163554-947>) (FC Subcommittee, January 19, 2016)

Replace under “Policy Letters” on pg. 141

All County letter No. 17-22, Updated Health Assessment and Dental Referral Periodicity Schedules for Children, Youth and Non-Minor Dependents in Foster Care (<http://www.cdss.ca.gov/Portals/9/ACL/2017/17-22.pdf?ver=2017-03-03-163554-947>) **supersedes** CHDP Provider Information Notice 11-10, Table 21.2 CHDP Periodicity Schedule for Dental Referral by Age, <http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin1110.pdf> (FC Subcommittee, January 19, 2016)

Add under “Administrative Resources” on pg. 135

HCPFC Roster, Statewide HCCPFC County Contacts

<http://www.dhcs.ca.gov/services/hcpcf/Pages/default.aspx>

HCPFC Roster provides HCPFC contact information for each county (FC Subcommittee, January 19, 2016)

Add under “Administrative Resources,” “State Laws/Regulations” on pg. 138

SB 319 (10/06/16) amends Civil Code Section 56.103 and Welfare and Institutions Code Sections 5328.04 and 16501.3. The bill authorizes the FC PHN, as a participant in medical care planning and coordinating, to monitor and oversee the child’s use of psychotropic medications; require the FC PHN to assist a nonminor dependent to make informed decisions about his or her health care; and, authorizes the disclosure of medical and mental health to the FC PHN. (Note: the use of the term, “may” provided the county’s FC PHN to opt out; however, the PHN remained responsible to support the SW/PO with coordinating medical treatment and health care, mental health, and developmental disability services for the minor). (FC Subcommittee, April 19, 2016)

SB 238 (10/06/15) – amends Health and Safety Code Sections 1522.41 and 1529.2; Welfare and Institutions Code Sections 304.7, 317, 369.5, 739.5, 16003, 16206, and 16501.3 and adds to Section 16501.4. The bill required the Judicial Council to amend and adopt rules of court and develop appropriate forms for the administration of psychotropic medications for a dependent child or a ward of the court. It required the CDSS to (1) develop a monthly report (children on one or more psychotropic medications) for local counties who have signed a data sharing agreement; and. (2) develop training for individuals involved in the care and oversight of children in foster care, including group home administrators, foster parents, relative caregivers, nonrelative extended family member caregivers, social workers, judges, and attorneys, requires FC PHN to receive training on the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments for those children. (FC Subcommittee, April 19, 2016)

All County Letter No. 16-96 and CHDP Program Letter No. 01-0217

informed counties of the \$1.65 million in State General Fund appropriation for employing FC PHNs to provide oversight and monitoring of children/youth on psychotropic medications. For these funds workload standard remains at 200 cases per Full-Time Equivalent (FTE) PHN. (FC Subcommittee, January 17, 2017) **[Also, add to “Policy Letters on pg. 141]**

SB 1174 (09/29/16) – amends Business and Professions Code Section 2220.05 and adds and repeals Section 2245 and adds and repeals Welfare and Institutions Code Section 14028. The bill required the CDSS and DHCS, pursuant to a data-sharing agreement, to provide the Medical Board of California with information regarding Medi-Cal physicians and their prescribing patterns of psychotropic medications. Requires the board to review the data in order to determine if any potential violations of law or excessive prescribing of psychotropic medications inconsistent with the standard of care exist and conduct an investigation, if warranted, and would require the board to take

disciplinary action, as specified and will oversee prescriber of psychotropic medications. (FC Subcommittee, April 19, 2016)

SB 1291 (09/29/16) – adds Welfare and Institutions Code Section 14717.5.

This bill requires annual mental health plan reviews be conducted by an external quality review organization (EQRO) and, commencing July 1, 2018, requires those reviews to include specific data for Medi-Cal eligible minor and nonminor dependents in foster care. The bill requires the DHCS to share data with county boards of supervisors, including data that will assist in the development of mental health service plans and performance outcome data and metrics and to post any corrective action plan prepared by the mental health plan to address deficiencies identified by the EQRO. (FC Subcommittee, April 19, 2016)

Add to Section 6, “Behavioral and Mental Health,” under “Documentation of PMA in the Health and Education Passport,” on pg. 90

Start Date for Psych Meds Administration (PMA) Per Lori Fuller – the start date for PMA for FC Youths should be the date the youth actually starts taking the medication. PHNs report the difficulty in obtaining the date the child actually starts the medication.