

February 19, 2021

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 21-20**

This All County Letter provides county child welfare social workers, juvenile county probation officers, resource families, and tribally approved homes with updated guidance and instructions on how to meet the medical and dental needs of children and youth in foster care during the COVID-19 outbreak.



**KIM JOHNSON**  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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**GAVIN NEWSOM**  
GOVERNOR

February 19, 2021

ALL COUNTY LETTER (ACL) NO. 21-20

TO: ALL FOSTER CARE MANAGERS  
ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS  
ALL INDEPENDENT LIVING PROGRAM MANAGERS  
ALL INDEPENDENT LIVING PROGRAM COORDINATORS  
ALL TRANSITIONAL HOUSING COORDINATORS  
ALL COUNTY RFA AND ADOPTION PROGRAM MANAGERS  
ALL CDSS ADOPTION REGIONAL OFFICES  
ALL LICENSED ADOPTION AGENCIES  
ALL LICENSED FOSTER FAMILY AGENCIES  
ALL HOMES CERTIFIED OR APPROVED BY A LICENSED FOSTER  
FAMILY AGENCY  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: UPDATED GUIDANCE ON THE PROVISION OF MEDICAL AND  
DENTAL SERVICES FOR CHILDREN AND YOUTH IN FOSTER CARE  
DUE TO THE COVID-19 OUTBREAK

REFERENCE: [GOVERNOR'S PROCLAMATION OF A STATE OF EMERGENCY, MARCH 4, 2020](#); All COUNTY LETTER (ACL) [17-22](#); [20-25](#); [20-28](#); [20-31](#); and [20-33](#); TITLE 17 OF THE CALIFORNIA CODE OF REGULATIONS SECTION [6847](#); [MANUAL OF POLICIES AND PROCEDURES SECTION 31-405.24](#); [BRIGHT FUTURES AMERICAN ACADEMY OF PEDIATRICS CHILD AND ADOLESCENT PERIODOCITY SCHEDULE](#)

The purpose of this letter is to provide county child welfare social workers, juvenile probation officers, resource families, and tribally approved homes (TAH) with updated guidance and instructions regarding routine medical and dental care and required initial 30-day medical exam requirements. This ACL will address specific guidance related to a foster child's receipt of medical and dental services during the COVID-19 pandemic.

## BACKGROUND

On April 3, 2020, Governor Gavin Newsom signed an [executive order](#) to expand protections to medical providers, without the risk of being penalized regarding their use of telehealth services via video chats and similar electronic communication services to provide routine and non-emergency medical appointments to their patients to minimize risk of exposure to COVID-19. This action is similar to the federal U. S. Department of Health and Human Services (HHS) Office for Civil Rights [waiver](#), issued on March 17, 2020, regarding federal privacy and security laws. The Governor makes clear that flexibility and safety continues to be of upmost importance for healthcare providers to deliver continuity of healthcare services to people across the state, while limiting the risk of exposure and infection of patients, medical staff and other persons from in-person medical visits.

### Routine Medical Exams/Wellness Visits and Dental Care & Authorized Flexibilities

According to the Manual of Policies and Procedures (MPP), Section [31-405.24](#) Social Worker Responsibilities for Placement, county social workers and probation officers (i.e. caseworkers) must ensure that each child placed in out-of-home care receive medical and dental care through the Child Health and Disability Prevention (CHDP) program, or equivalent preventive healthcare service in accordance with the CHDP's periodicity of health assessments.<sup>1</sup> Pursuant to MPP Section [31-405.241](#), caseworkers must ensure that each child placed in foster care receives a medical and dental examination, preferably prior to, but not later than, 30 calendar days after their initial placement.

On April 7, 2020, the California Department of Public Health (CDPH) issued [COVID-19 Guidance for Dentistry](#) to all California dental health care personnel regarding the treatment of patients with routine procedures and dental emergencies. The guidance issued by the CDPH is in alignment with the recommendations by the Centers for Disease Control and Prevention (CDC), the American Dental Association (ADA), and the American Dental Hygienists (ADH). Dental healthcare facilities have begun to restart elective procedures in accordance with guidance from local and state officials, balancing the need to provide necessary services while minimizing risk to patients and dental healthcare professionals. Accordingly, the urgency of a dental procedure is a decision based on clinical judgement and should be made by a licensed dentist on a case-by-case basis.

Pursuant to Executive Order [N-75-20](#), **on a case-by-case basis**, caseworkers may extend the timeframe for the medical and dental examinations described above beyond 30 days, but in no case more than 90 days, of placement if:

- A member of the Resource Family or TAH household is diagnosed with COVID-19, has symptoms of COVID-19, or has been exposed to COVID-19 within the past two weeks.

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<sup>1</sup> Bright Futures American Academy of Pediatrics (AAP) Child and Adolescent Periodicity Schedule

- The licensed dentist or medical health professional recommends or requires a delay due to COVID-19 impacts on their practice.

This guidance will remain in effect until Executive Order N-75-20 is modified or rescinded, for the duration of the COVID-19 State of Emergency declared by Governor Newsom on March 4, 2020, or until further guidance is issued which supersedes the guidance contained in this ACL, whichever occurs sooner.

Resource parents and TAHs should document their attempts to obtain dental and medical care for the child (i.e. date of contact with the health care professional, name of person contacted, and whether a future date was rescheduled). Further, resource parents and TAHs should notify the child's caseworker about their efforts to obtain dental or medical care that may be delayed due to COVID-19 related issues.

At the same time, health care is a basic necessity, and children and youth who enter foster care often have significant health care needs due to abuse or neglect. Therefore, it is important that each child in placement receive timely medical and dental examinations within 30 calendar days after placement in accordance with the MPP [31-405.241](#) whenever safe and possible to do so. **Lastly, the authorized case-specific extension of the timeframe in which these examinations may occur does not apply to any emergency or otherwise necessary, non-preventive medical care.**

## **HEALTH CARE OVERSIGHT OF CHILDREN AND YOUTH IN FOSTER CARE**

### The Role of the Foster Care Public Health Nurse

As part of the healthcare oversight of children and youth in foster care, public health nurses (PHNs) work with the child's caseworker as a team member to ensure that children in out-of-home care receive all needed healthcare services. PHNs are responsible for evaluating and updating health records, facilitating linkages and referrals for services, and ensuring youth in foster care receive initial and follow-up health screenings that meet reasonable standards of medical practice as outlined in the health and dental periodicity schedules. In partnership with the PHN, caseworkers, resource families, and TAHs share responsibilities for ensuring that children and youth in their care receive these required healthcare services in accordance with the timelines specified in the regulation.

### COVID-19 Implications

As precautions remain in place as part of the ongoing response to COVID-19, in-person wellness visits and necessary immunizations, as well as screenings including dental visits should be balanced in a manner that is safe for children, families, pediatricians,

and office staff. The AAP<sup>2</sup> strongly supports the uninterrupted health care of children and adolescents during the COVID-19 outbreak, whether it be in-person or via telehealth. As such, well-child visits should be provided consistent with the Bright Futures Periodicity Schedule. The AAP reports, however, that children and youth with special health care needs (CYSHCN)<sup>3</sup> are more likely to have some disruption to health care as a result of COVID-19. The AAP recommends that families and respective parties should ensure timely referrals are made to pediatric medical subspecialists and pediatric surgical specialists as needed.

#### Upholding the Periodicity Schedule During COVID-19

As the COVID-19 outbreak has impacted all health-related operations, care by pediatricians, pediatric medical specialists, and dentists should not be unnecessarily delayed beyond what is recommended by the Periodicity Schedule as stated in the MPP Section [31-405.241](#). Accordingly, CDSS recommends that caseworkers encourage and assist their resource families and TAHs to contact the child's medical provider or PHN to determine the appropriate healthcare services available in their area. If a child is unable to obtain a wellness check, 30-day medical exam, or any other routine healthcare in accordance with the CHDP's periodicity of health assessments due to COVID-related circumstances, the caseworker, resource parent, or TAH should document their attempts to obtain such care for the child (i.e. date of contact with the health care professional, name of person contacted, and whether a future date was rescheduled). Resource parents and TAHs should notify the child's caseworker about their efforts to obtain any such health-related care that may be delayed due to COVID-19 related issues.

#### General Provider Telehealth Services

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health while providing the patient with access to the care they need. Medicaid has provided guidance that affords states the flexibility to cover telehealth through methods of communication such as telephonic and video technology (i.e. telehealth visits, virtual check-ins, and e-visits) when possible. Telehealth is important not just for people who are unable to go to the doctor, but also for when it is not advisable to go in person. Medicaid's telehealth policy gives providers broad flexibility to determine if a particular Medi-Cal covered service or benefit is clinically appropriate on a case-by-case basis pursuant to evidence-based medicine and/or best practices.

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<sup>2</sup> Reference: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/guidance-on-providing-pediatric-well-care-during-covid-19/>

<sup>3</sup> The AAP defines CYSHCN as those children who have, or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions, and who also require health and related services of a type or amount beyond that required by children generally.

In accordance with the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act and the Omnibus Final Rule of 2013, virtual meeting platforms such as Cisco Webex, GoTo Meeting, and Zoom Pro comply *with the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security and Breach Notification Rules*. The HHS Office for Civil Rights will exercise enforcement discretion and may waive penalties for HIPAA violations against health care providers that are serving patients in good faith via FaceTime or Skype.

### Immunizations for Children and Youth in Foster Care

Shelter-in-place orders resulted in a decline in outpatient pediatric visits and fewer vaccine doses were administered during the early response to the COVID-19 pandemic, which resulted in more children being left at risk for vaccine-preventable diseases. The CDC has updated their immunization guidance encouraging **healthcare providers to work with families to keep children up to date with all recommended vaccinations.**

If immunizations are not available or postponed, resource families and TAHs are advised to document this information and notify the child/youth's caseworker. Caseworkers should collaborate with the foster care PHNs who can assist with coordinating appropriate healthcare services and serve as a liaison with health-related services.

### External COVID-19 Resources and Information

- American Academy of Pediatrics [COVID-19 Clinical Guidance Q& A](#)
- Centers for Disease Control and Prevention [COVID-19 Guidance](#)
- Administration for Children and Families [COVID-19 Response and Resources](#)
- Centers for Disease Control and Prevention [COVID-19 Frequently Asked Questions](#)

Questions or requests for clarification regarding the information in this letter should be directed to the Placement Services Support Unit at (916) 657-1858 or [CFSD@dss.ca.gov](mailto:CFSD@dss.ca.gov).

Sincerely,

### ***Original Document Signed By***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services