

AMENDED IN ASSEMBLY JUNE 1, 2007

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 273**

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**Introduced by Assembly Member Jones**  
**(Coauthors: Assembly Members Bass, ~~Berg~~, and ~~Evans~~ *Beall, Berg,***  
***Evans, Huffman, Krekorian, Maze, Mullin, and Salas*)**

February 9, 2007

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An act to amend Sections 391, 14005.28, and 16010 of, and to add Sections 369.1 and 739.1 to, the Welfare and Institutions Code, relating to child health.

LEGISLATIVE COUNSEL'S DIGEST

AB 273, as amended, Jones. Public health: foster children.

Existing law provides for the Child Health and Disability Prevention (CHDP) program under the supervision of the State Department of Health Care Services, pursuant to which certain health and disability prevention treatment services are provided to eligible children. Existing law authorizes certain providers, including physicians licensed to practice medicine in California, to participate in the program if approved by the community child health and disability program director in accordance with program standards and if certified by the department.

Under existing law, when a child who is taken into temporary custody as a dependent child of the court is in need of medical, surgical, dental, or other remedial care, the assigned social worker or the juvenile court may authorize that care, under specified circumstances.

This bill would require prescribed health and dental assessments to be provided to children under the jurisdiction of the juvenile court.

Existing law requires the case plan for a child placed in foster care to include a summary of the child's health and education records.

Existing law prescribes the contents of the summary, including, among others, the names and addresses of the child's health, dental, and education providers.

This bill would require that the child's most recent health and dental assessments, as required under the bill, be included in the summary of the child's health and education records, and that an appropriate referral be made for a child whose assessment identifies the child as having suspected chronic and acute health care needs.

Existing law requires the county welfare department, at any hearing to terminate jurisdiction over a dependent child who has reached the age of majority, to prepare a report that, among other things, documents that the county has assisted the child in completing applications for Medi-Cal or other health insurance providers.

This bill would also require the report to document that the county has assisted the child in understanding his or her health care needs and in locating health care providers that will be able to meet those needs.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. Existing law requires the department, if, and to the extent that, all necessary federal approvals are obtained for federal financial participation, to implement a federal option to extend Medi-Cal benefits to independent foster care adolescents, as defined in federal law.

This bill would revise the definition of an independent foster care adolescent for these purposes, and would require the department to extend Medi-Cal benefits to these children until 21 years of age. The bill would require the department to seek all necessary federal approvals and waivers to implement these provisions ~~and to provide state funds for implementation pending federal approval, as specified.~~

Because each county is responsible for making eligibility determinations under the Medi-Cal program and because this bill would change eligibility requirements, the bill would constitute a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) The State of California assumes the responsibility for caring  
4 for over 85,000 children in the foster care system. Meeting the  
5 health needs of youth in the state's care is a critical component for  
6 ensuring the well-being of these children.

7 (b) Youth in foster care, some of whom enter the state's care  
8 due to abuse and neglect, have a higher prevalence of physical,  
9 developmental, dental, and behavioral health conditions than other  
10 children.

11 (c) The American Academy of Pediatrics makes  
12 recommendations regarding appropriate preventive care for foster  
13 children. These recommendations should be the basis for care  
14 provided to foster children.

15 (d) Youth who were removed from their homes and placed in  
16 an out-of-home placement until 18 years of age continue to have  
17 multiple health concerns. California has recognized the health  
18 needs of some foster youth by extending Medi-Cal eligibility until  
19 21 years of age. Despite similar circumstances, other youth in  
20 out-of-home placements remain ineligible for this extended  
21 coverage.

22 (e) Emancipated foster youth face significant barriers to  
23 successfully transitioning between care and self-sufficiency.  
24 Extending eligibility to health programs will only be successful if  
25 barriers to maintain eligibility are removed.

26 (f) Therefore, all youth removed from their homes and who turn  
27 18 years of age while out of their home should be treated equally  
28 with respect to Medi-Cal eligibility.

29 SEC. 2. Section 369.1 is added to the Welfare and Institutions  
30 Code, to read:

31 369.1. (a) In addition to the requirements of Section 369, a  
32 child removed from his or her home who is the subject of a petition  
33 filed under Section 300 shall receive both of the following:

34 (1) A preventive health assessment from a provider approved  
35 for participation in the Child Health and Disability Prevention

1 (CHDP) program pursuant to Article 6 (commencing with Section  
2 124025) of Chapter 3 of Part 2 of Division 106 of the Health and  
3 Safety Code, and Sections 6800 to 6874, inclusive, of Title 17 of  
4 the California Code of Regulations, or an equivalent provider who  
5 has been approved by the appropriate county department. A child  
6 under three years of age shall receive a CHDP preventive health  
7 assessment, or its equivalent, on a periodicity schedule for that  
8 age group as recommended in the State Department of Health Care  
9 Services' CHDP Provider Manual. A child three years of age or  
10 older shall receive a CHDP preventive health assessment, or its  
11 equivalent, annually. Each child, regardless of age, shall also  
12 receive immunizations on a schedule recommended by the United  
13 States Centers for Disease Control and Prevention Advisory  
14 Committee on Immunization Practices, the American Academy  
15 of Pediatrics, and the American Academy of Family Physicians.

16 (2) A semiannual dental assessment, including preventive and  
17 restorative oral health care, for a child one year of age or older. A  
18 child under one year of age shall be referred to a dentist if, during  
19 a preventive health assessment, a problem is detected, suspected,  
20 or found. Assessments shall be done by a dentist licensed to  
21 practice dentistry in California, or in the state where the child is  
22 placed.

23 (b) A child to whom subdivision (a) applies and who is  
24 identified as having suspected chronic or acute health care needs  
25 shall be referred to appropriate health care providers for further  
26 diagnosis and treatment.

27 (c) Prior to the termination of jurisdiction, a child to whom  
28 subdivision (a) applies may receive a final preventive health and  
29 dental assessment if one has not been performed within six months  
30 of the expected date of termination.

31 (d) Nothing in this section shall be construed as prohibiting the  
32 receipt of additional health or dental assessments if medically  
33 necessary or otherwise warranted by the needs of the child.

34 (e) Health care providers conducting health or dental  
35 assessments pursuant to this section shall be provided, if available,  
36 with a copy of the child's health and education summary, as  
37 described in Section 16010.

38 (f) The Child Welfare Services Case Management System shall  
39 be programmed for reminders according to the schedules described  
40 in this section.

1 (g) *The requirements in this section for health assessments and*  
2 *dental assessments shall not be construed as expansions in*  
3 *Medi-Cal program benefits.*

4 SEC. 3. Section 391 of the Welfare and Institutions Code is  
5 amended to read:

6 391. At any hearing to terminate jurisdiction over a dependent  
7 child who has reached the age of majority the county welfare  
8 department shall do both of the following:

9 (a) Ensure that the child is present in court, unless the child does  
10 not wish to appear in court, or document efforts by the county  
11 welfare department to locate the child when the child is not  
12 available.

13 (b) Submit a report verifying that the following information,  
14 documents, and services have been provided to the child:

15 (1) Written information concerning the child's dependency case,  
16 including his or her family history and placement history, the  
17 whereabouts of any siblings under the jurisdiction of the juvenile  
18 court, unless the court determines that sibling contact would  
19 jeopardize the safety or welfare of the sibling, directions on how  
20 to access the documents the child is entitled to inspect under  
21 Section 827, and the date on which the jurisdiction of the juvenile  
22 court would be terminated.

23 (2) The following documents, where applicable: social security  
24 card, certified birth certificate, health and education summary as  
25 described in subdivision (a) of Section 16010, identification card,  
26 as described in Section 13000 of the Vehicle Code, death certificate  
27 of parent or parents, and proof of citizenship or residence.

28 (3) Assistance in understanding his or her health care needs,  
29 locating health care providers that will be able to meet those needs,  
30 and in completing an application for Medi-Cal or assistance in  
31 obtaining other health insurance; referral to transitional housing,  
32 if available, or assistance in securing other housing; and assistance  
33 in obtaining employment or other financial support.

34 (4) Assistance in applying for admission to college or to a  
35 vocational training program or other educational institution and  
36 in obtaining financial aid, where appropriate.

37 (5) Assistance in maintaining relationships with individuals  
38 who are important to a child who has been in out-of-home  
39 placement in a group home for six months or longer from the date  
40 the child entered foster care, based on the child's best interests.

1 (c) The court may continue jurisdiction if it finds that the county  
2 welfare department has not met the requirements of subdivision  
3 (b) and that termination of jurisdiction would be harmful to the  
4 best interests of the child. If the court determines that continued  
5 jurisdiction is warranted pursuant to this section, the continuation  
6 shall only be ordered for that period of time necessary for the  
7 county welfare department to meet the requirements of subdivision  
8 (b). This section shall not be construed to limit the discretion of  
9 the juvenile court to continue jurisdiction for other reasons. The  
10 court may terminate jurisdiction if the county welfare department  
11 has offered the required services, and the child either has refused  
12 the services or, after reasonable efforts by the county welfare  
13 department, cannot be located.

14 (d) The Judicial Council shall develop and implement standards,  
15 and develop and adopt appropriate forms, necessary to implement  
16 this section.

17 SEC. 4. Section 739.1 is added to the Welfare and Institutions  
18 Code, to read:

19 739.1. In addition to the requirements set forth in Section 739,  
20 a child removed from his or her home who is the subject of a  
21 petition filed under Section 602 shall receive all of the following:

22 (a) (1) An annual preventive health assessment from a provider  
23 approved for participation in the Child Health and Disability  
24 Prevention (CHDP) program, pursuant to Article 6 (commencing  
25 with Section 124025) of Chapter 3 of Part 2 of Division 106 of  
26 the Health and Safety Code, and Sections 6800 to 6874, inclusive,  
27 of Title 17 of the California Code of Regulations, or an equivalent  
28 provider who has been approved by the appropriate county  
29 department.

30 (2) Semiannual dental assessments from a dentist licensed to  
31 practice dentistry in California.

32 (b) A child identified as having suspected health care needs  
33 after a health and dental assessment shall be referred to appropriate  
34 health care providers for further diagnosis and treatment.

35 (c) Prior to the termination of jurisdiction, the child may receive  
36 a final preventive health and dental assessment if one has not been  
37 performed within six months of the expected date of termination.

38 (d) *The requirements in this section for health assessments and*  
39 *dental assessments shall not be construed as expansions in*  
40 *Medi-Cal program benefits.*

1 SEC. 5. Section 14005.28 of the Welfare and Institutions Code  
2 is amended to read:

3 14005.28. (a) (1) To the extent federal financial participation  
4 is available pursuant to an approved state plan amendment, the  
5 department shall exercise its option under Section  
6 1902(a)(10)(A)(ii)(XVII) of the federal Social Security Act (42  
7 U.S.C. Sec. 1396a(a)(10)(A)(ii)(XVII)) to extend Medi-Cal benefits  
8 to independent foster care adolescents, as defined in Section  
9 ~~1905(w)(1)~~ 1905(w)(1) of the federal Social Security Act (42 U.S.C.  
10 Sec. 1396d(w)(1)), or who are within any reasonable categories  
11 of these adolescents specified by the state, including those defined  
12 in paragraph (2). The benefits shall apply to these children until  
13 they reach 21 years of age. To the extent allowable under federal  
14 law, no paperwork shall be required from the youth in order for  
15 the youth to obtain coverage or maintain continuous eligibility  
16 until 21 years of age.

17 (2) “Independent foster care adolescent” shall include all of the  
18 following:

19 (A) Any youth who at 18 years of age was a ward or dependent  
20 child of the juvenile court and in receipt of AFDC-FC funding  
21 pursuant to Section 11401, or in receipt of CalWORKs based on  
22 court ordered placement with a relative pursuant to Section 11202.

23 (B) A youth who at 18 years of age was a ward of a nonrelated  
24 legal guardian in receipt of AFDC-FC funding and case  
25 management services pursuant to Section 11405.

26 (C) A youth who at 18 years of age was a ward of a related  
27 guardian in receipt of Kin-GAP benefits pursuant to Section 11363.

28 (D) A youth whose parent’s parental rights were terminated  
29 under Section 366.26 and who is in receipt of Adoption Assistance  
30 Program benefits pursuant to Section 16120.

31 (E) Any ward or dependent child of the juvenile court who was  
32 emancipated pursuant to Part 6 (commencing with Section 7000)  
33 of Division 11 of the Family Code.

34 (F) Any ward or dependent child of the juvenile court who at  
35 16 years of age or after was returned to the home of his or her  
36 parent and in receipt of family maintenance services under Section  
37 16506.

38 (b) Notwithstanding Chapter 3.5 (commencing with Section  
39 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
40 and if the state plan amendment described in subdivision (a) is

1 approved by the federal Health Care Financing Administration,  
2 the department may implement subdivision (a) without taking any  
3 regulatory action and by means of all-county letters or similar  
4 instructions. Thereafter, the department shall adopt regulations in  
5 accordance with the requirements of Chapter 3.5 (commencing  
6 with Section 11340) of Part 1 of Division 3 of Title 2 of the  
7 Government Code.

8 (c) The department shall apply for all necessary federal  
9 approvals and waivers to implement subdivision (a), in order to  
10 qualify for federal Medicaid funding. ~~Pending federal approval,  
11 and to the extent that federal approval is not granted, coverage  
12 shall be provided from state funds.~~

13 SEC. 6. Section 16010 of the Welfare and Institutions Code is  
14 amended to read:

15 16010. (a) When a child is placed in foster care, the case plan  
16 for each child recommended pursuant to Section 358.1 shall include  
17 a summary of the health and education information or records,  
18 including mental health information or records, of the child. The  
19 summary may be maintained in the form of a health and education  
20 passport, or a comparable format designed by the child protective  
21 agency. The health and education summary shall include, but not  
22 be limited to, the names and addresses of the child's health, dental,  
23 and education providers, the results of the child's most recent  
24 health and dental assessments required by Section 369.1, the child's  
25 grade level performance, the child's school record, assurances that  
26 the child's placement in foster care takes into account proximity  
27 to the school in which the child is enrolled at the time of placement,  
28 a record of the child's immunizations and allergies, the child's  
29 known medical problems, the child's current medications, past  
30 health problems and hospitalizations, a record of the child's  
31 relevant mental health history, the child's known mental health  
32 condition and medications, and any other relevant mental health,  
33 dental, health, and education information concerning the child  
34 determined to be appropriate by the Director of Social Services.  
35 If any other provision of law imposes more stringent information  
36 requirements, then that section shall prevail. Pursuant to Section  
37 123115 of the Health and Safety Code, nothing in this section shall  
38 be construed to interfere with existing law relating to the  
39 confidentiality of a minor's patient records.

1 (b) Additionally, any court report or assessment required  
2 pursuant to subdivision (g) of Section 361.5, Section 366.1,  
3 subdivision (d) of Section 366.21, or subdivision (b) of Section  
4 366.22 shall include a copy of the current health and education  
5 summary described in subdivision (a).

6 (c) As soon as possible, but not later than 30 days after initial  
7 placement of a child into foster care, the child protective agency  
8 shall provide the caretaker with the child's current health and  
9 education summary as described in subdivision (a). For each  
10 subsequent placement, the child protective agency shall provide  
11 the caretaker with a current summary as described in subdivision  
12 (a) within 48 hours of the placement.

13 (d) (1) Notwithstanding Section 827 or any other provision of  
14 law, the child protective agency may disclose any information  
15 described in this section to a prospective caretaker or caretakers  
16 prior to placement of a child if all of the following requirements  
17 are met:

18 (A) The child protective agency intends to place the child with  
19 the prospective caretaker or caretakers.

20 (B) The prospective caretaker or caretakers are willing to  
21 become the adoptive parent or parents of the child.

22 (C) The prospective caretaker or caretakers have an approved  
23 adoption assessment or home study, a foster family home license,  
24 certification by a licensed foster family agency, or approval  
25 pursuant to the requirements in Sections 361.3 and 361.4.

26 (2) In addition to the information required to be provided under  
27 this section, the child protective agency may disclose to the  
28 prospective caretaker specified in paragraph (1), placement history  
29 or underlying source documents that are provided to adoptive  
30 parents pursuant to subdivisions (a) and (b) of Section 8706 of the  
31 Family Code.

32 (e) The child's caretaker shall be responsible for obtaining and  
33 maintaining accurate and thorough information from physicians  
34 and educators for the child's summary as described in subdivision  
35 (a) during the time that the child is in the care of the caretaker. On  
36 each required visit, the child protective agency or its designee  
37 family foster agency shall inquire of the caretaker whether there  
38 is any new information that should be added to the child's summary  
39 as described in subdivision (a). The child protective agency shall  
40 update the summary with such information as appropriate, but not

1 later than the next court date or within 48 hours of a change in  
2 placement. The child protective agency or its designee family  
3 foster agency shall take all necessary steps to assist the caretaker  
4 in obtaining relevant health and education information for the  
5 child's health and education summary as described in subdivision  
6 (a).

7 (f) At the initial hearing, the court shall direct each parent to  
8 provide to the child protective agency complete medical, dental,  
9 mental health, and educational information, and medical  
10 background, of the child and of the child's mother and the child's  
11 biological father if known. The Judicial Council shall create a form  
12 for the purpose of obtaining health and education information from  
13 the child's parents or guardians at the initial hearing. The court  
14 shall determine at the hearing held pursuant to Section 358 whether  
15 the medical, dental, mental health, and educational information  
16 has been provided to the child protective agency.

17 SEC. 7. If the Commission on State Mandates determines that  
18 this act contains costs mandated by the state, reimbursement to  
19 local agencies and school districts for those costs shall be made  
20 pursuant to Part 7 (commencing with Section 17500) of Division  
21 4 of Title 2 of the Government Code.