

Assembly Bill No. 1133

CHAPTER 490

An act to add Section 17739 to the Welfare and Institutions Code, relating to foster children.

[Approved by Governor October 2, 2013. Filed with
Secretary of State October 2, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1133, Mitchell. Foster children: special health care needs.

Under existing law, the State Department of Social Services licenses foster families, and the department and each county provide assistance to foster parents of low-income children under the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program. Existing law requires the department to develop a program, to be administered by the department and county social services departments, for the establishment of foster care homes for children with special health care needs with foster parents trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Existing law requires each county department of social services to develop a specified plan for foster care placement of children with special health care needs.

This bill would clarify that a medically fragile child, as defined, meets the definition of a child with special health care needs for the purposes of these provisions. The bill would require that, when determining the placement of a foster child who is medically fragile, priority consideration be given to placement with a foster parent who is an individual nurse provider, as defined, who provides health services under the federal Early and Periodic Screening, Diagnosis and Treatment program, but that this priority consideration be subordinate to the preference granted to a relative of the child, in accordance with federal law.

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

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

(a) There are growing numbers of medically fragile infants entering the foster care system.

(b) Local resources have been, and continue to be, strained to the limit in providing services to the expanding number of these and other medically fragile foster children.

(c) These children are harder to place with the typical foster parent because of their special needs, and they become forgotten members of our society.

(d) Encouraging trained nurses to be foster parents for medically fragile infants and children results in more positive outcomes for these placements. The children placed with trained nurses receive consistent medical care, and benefit from the home environment and the relationship with the foster family.

SEC. 2. Section 17739 is added to the Welfare and Institutions Code, to read:

17739. (a) When determining the placement of a foster child who is medically fragile, as defined in subdivision (b) of Section 1760.2 of the Health and Safety Code, priority consideration shall be given to placement with a foster parent who is an individual nurse provider, as defined in subdivision (m) of Section 14043.26 of the Welfare and Institutions Code, who provides health services under the federal Early and Periodic Screening, Diagnosis and Treatment program (Section 1396d(a)(4)(B) of Title 42 of the United States Code).

(b) The priority consideration described in subdivision (a) shall be subordinate to the preference granted to a relative of the child under Section 361.3, in accordance with Section 671(a)(19) of Title 42 of the United States Code.

(c) This section does not prohibit a child welfare agency or the juvenile court from placing a medically fragile foster child in a specialized foster care home with appropriate support services or another appropriate placement if it is deemed to be in the best interest of the child.

(d) For purposes of placements made pursuant to this section, a medically fragile child shall be deemed to meet the definition of a “child with special health care needs,” as defined by Section 17710, and shall be subject to this chapter and any other applicable regulations adopted pursuant to this chapter.