



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

January 4, 2017

ALL COUNTY LETTER NO. 16-117

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY WELFARE DIRECTORS ASSOCIATION CALIFORNIA
ALL TITLE IV-E TRIBES

SUBJECT: DETERMINING PLACEMENT FOR MEDICALLY FRAGILE CHILDREN

REFERENCE: [42 UNITED STATES CODE \(USC\) SECTIONS 1396d\(a\)\(4\)\(B\) AND 671\(a\)\(19\); ASSEMBLY BILL 1133](#) (CHAPTER 490, STATUTES OF 2013); [WELFARE AND INSTITUTIONS CODE \(W&IC\) SECTIONS 361.3, 17739 AND 14043.26\(m\); HEALTH AND SAFETY CODE \(HSC\) SECTION 1760.2\(b\)](#)

The purpose of this letter is to provide counties, tribes and other interested stakeholders with information about a statutory requirement when determining the placement of medically fragile foster children. When placing medically fragile children, priority consideration should be given to placement options with a foster parent who is an individual nurse provider. This consideration is still secondary to priority placement with a child's relative. The child placing agency is not prohibited from placing a medically fragile foster child in a specialized foster care home with appropriate support services or with another appropriate placement, if it is deemed to be in the best interest of the child.

Counties are also encouraged to recruit foster parents who are individual nurse providers to meet the needs of these medically fragile children.

Background/Overview

On October 2, 2013, Assembly Bill 1133 was chaptered, adding W&IC section 17739, effective January 1, 2014. This law requires child placing agencies to give priority consideration to foster placements with individual nurse providers, to best meet the special health care needs of the medically fragile child. An individual nurse provider is

someone who provides health services under the federal Early and Periodic Screening, Diagnosis and Treatment program (W&IC section 14043.26, subdivision (m)).

Medically fragile children have special health care needs that make them harder to place with the typical foster parent. According to HSC section 1760.2, subdivision (b), a child is “medically fragile” when the child has:

an acute or chronic health problem that requires therapeutic intervention and skilled nursing care during all or part of the day. Medically fragile problems include, but are not limited to, HIV disease, severe lung disease requiring oxygen, severe lung disease requiring ventilator or tracheostomy care, complicated spina bifida, heart disease, malignancy, asthmatic exacerbations, cystic fibrosis exacerbations, neuromuscular disease, encephalopathies, and seizure disorders.

By placing medically fragile children in foster placements with individual nurse providers, these children can receive consistent medical care and benefit from the home environment and the relationship with the foster family. This priority consideration is secondary to the preference granted to a relative of the child, in accordance with existing federal and state law (42 USC section 671(a)(19) and W&IC section 361.3).

Additionally, the child welfare agency or the juvenile court are not prohibited 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.

If you have any questions about this All County Letter, please contact Sarah Davis at the Permanency Policy Bureau, (916) 657-1858.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division