**REQUIRED HEALTH CARE SCREENING; MEDICAL AND DENTAL EXAMS**

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| **Service** | **Who** | **Purpose** | **Responsibility** | **When** | | **Contacts** |
| **Initial Health Care Screening** | **All children** who enter the care/ custody of DCS | To determine if there is an acute health care problem; to look for signs of physical abuse; and to ensure the child has access to medical treatment for any pre-existing chronic medical condition. | The **foster parent** is responsible for making the appointment with the primary care physician.  When possible, this screening should be provided by the foster child’s own PCP. | Within **7** **calendar days** of placement. | | **For assistance in locating a primary care physician (PCP) or primary dental provider (PDP):**   * Access the CMPD website:   <http://dcs.az.gov/cmdp>; or   * Contact **Member Services** at:   **602-351-2245**, press option 1, then option 3  **For scheduling problems:**   * Contact **Member Services** at:   **602-351-2245**, option 3, then option 1; or   * CMDPMemberServices@ azdes.gov |
| **Well-Child Check-Up** | **All children** in care **ages 2 through 20** | To assure that children receive regular preventative healthcare such as routine medical exams. | The **foster parent** is responsible for making the appointment with the primary care physician (PCP). | Within **30** **calendar days** of placement and every **year** thereafter. | |
| **All children** in care ages **newborn to 2 years old** | To assure that children receive a total of 11 well-child check-ups and 25 shots by the age of 2 years. | The **foster parent** is responsible for making the appointment with the primary care physician (PCP). | A child should be seen by a PCP at these ages: | |
| * Newborn * 3-5 days of birth * 1 month * 2 months * 4 months | * 6 months * 9 months * 12 months * 15 months * 18 months * 24 months |
| **Dental Examination** | **All children** in care age 1 year and older | To assure that children receive regular preventative dental care such as routine dental exams. | The **foster parent** is responsible for making the appointment with the primary dental provider (PDP). | Within **30** **calendar days** of placement and every **6 months** thereafter. | |

**NOTE**: The Comprehensive Medical and Dental Program (CMDP) is the Arizona Health Care Cost Containment System (AHCCCS) health plan for children in foster care who are Medicaid eligible. Under CMDP, you can select any AHCCCS registered healthcare provider for medical or dental services.

**COMPLEX HEALTH CARE NEEDS**

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| **Service** | **Who** | **Description** | **Contacts** |
| **Children’s Rehabilitative Services (CRS)** | **Children** who enter the care/ custody of DCS who **require specialized medical services**.  Children must be enrolled in AHCCCS and diagnosed with a CRS covered condition that includes, but is not limited to the following:   * Cerebral palsy * Scoliosis * Spina bifida * Cystic fibrosis * Hear conditions due to congenital deformities * Muscle and nerve disorders * Sickle cell anemia | CRS provides medical treatment to AHCCCS children with complex health care needs who require specialized services.  Foster children enrolled with CRS will receive their **behavioral health** coverage with CRS. | **United HealthCare Community Plan CRS**  Statewide for children with qualifying CRS medical condition  **Member Services**: 1-800-348-4058  **Foster Care Hotline**: 1-800-582-8220  **Children’s Liaison**: 602-255-1692 or CRS\_specialneeds@uhc.com |