



Fostering Well-Being Care Coordination and Medical Consultation Referral

DATE OF REFERRAL
PERSON MAKING REFERRAL
UNIT

Information about making a referral:

Fostering Well-Being Care Coordination Unit (FWB CCU) is a team of health program specialists, nurses, pediatricians (called Regional Medical Consultants or RMC) and staff trained in accessing and coordinating medical care. Our services are intended to provide social workers, caregivers, and others with the information they need to manage the health care needs of children in State or Tribal placement and care authority.

Children and youth are eligible for services if they meet the following criteria:

- In WA State or Tribal placement and care authority
- Under age 18 (or under age 21 and participating in the Extended Foster Care Program)

Referrals to either the FWB CCU or the RMC can be made using this form. Referrals are received by FWB CCU and will be routed to the RMC as needed or requested. The RMC continues to be available to assist via phone, e-mail, or in person. RMC's can be consulted for CPS cases, in relation to the medical factors that impact the case.

- Children and youth who have been adopted or are in a guardianship placement are not eligible for FWB services.

CHILD'S NAME	DATE OF BIRTH	FAMLINK PERSON ID
PRIMARY SOCIAL WORKER'S NAME	SOCIAL WORKER'S PHONE NUMBER	OFFICE
CAREGIVER'S NAME	CAREGIVER'S PHONE NUMBER (WITH AREA CODE)	
CAREGIVER'S EMAIL	<input type="checkbox"/> NO E-MAIL	
NAME OF CHILD'S PRIMARY CARE CLINIC	CLINIC PHONE NUMBER (WITH AREA CODE)	
CHILD'S PRIMARY HEALTH PROVIDER'S NAME	CLINIC ADDRESS	
COURTESY SOCIAL WORKER'S NAME	OFFICE	
<input type="checkbox"/> Tribe has custody.	NAME OF TRIBE	TRIBAL WORKER'S NAME
		PHONE NUMBER

REASON FOR REFERRAL REQUEST (CHECK AS MANY AS APPLY)

- Problem filling prescription medication, obtaining medical equipment, arranging transportation for medical appointments, or accessing health care services.
- Need assistance finding a primary care doctor or other specialist.
- Explanation of medical diagnosis / treatment needed.
- Need assistance identifying and addressing any gaps in the child's medical, dental, mental health, and/or chemical dependency services.
- Social worker and/or caregiver may need assistance managing the child's complex health needs.
- Requesting medical consultation from Regional Medical Consultant, including possible post-adoption medical concerns, CPS intake consultation, communication problem with a health care provider, etc. **Note:** The RMCs are always a resource for FWB CCU and CA to consult with, so this does not need to be specifically requested.
- Medicaid eligibility problems (e.g. Need ProviderOne card, child currently ineligible for Medicaid, etc.). This concern will be referred to the FWB Foster Care Medical Team (FCMT) for assistance: 1-800-562-3022, ext. 15480.
- Child may meet CA's medically fragile policy criteria. **A referral is required when a child is considered medically fragile per [Children's Administration Policy #45171](#)** (must meet all three criteria): "1. Child has medical conditions that require the availability of 24-hour skilled care from a health care professional or specially trained family or foster family member. 2. These conditions may be present all the time or frequently occurring. 3. If the technology, support, and services provided to a medically fragile child are interrupted or denied, the child may, without immediate health care intervention, experience death."

DESCRIBE THE DETAILS OF THIS REQUEST

- Confirm any CHET Screening Report completed within the last year has been uploaded into FamLink.
- Ensure most recent ISSP is available in CA ISSP Shared Drive, or mark if N/A.
- Upload any available medical records into FamLink.
- Explain to youth 13 years of age and older that a signed consent form is necessary in order for FWB to release any information related to potential HIV/STD or reproductive health information. If the youth opts to sign this consent form, they can select who they feel comfortable in having this information, including the social worker, the doctor, the caregiver, or others. Contact FWB staff to assist you in obtaining the appropriate consent form.

Send referral to the Fostering Well-Being Care Coordination Unit at:

Email: fwbccu@dshs.wa.gov (include child's name in e-mail subject line) or

Fax: (360) 725-2284

Questions? (360) 725-2626 or 1-800-422-3263, ext. 5-2626

Please take care not to include any identifying information about a child unless sent through an encrypted / secure e-mail account.