

DCF Policy #85-003
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HEALTH CARE SERVICES TO CHILDREN IN PLACEMENT

It is the goal of the Department to ensure that comprehensive, quality health care services are provided to all children, particularly children in placement in accordance with EEC Regulations. These regulations reflect the principles and standards of Project Good Health. Project Good Health (PGH) is a federally funded, Medicaid reimbursable program aimed at ensuring that children receive quality, comprehensive health services on a periodic and continual basis. The Department is committed to preventive health care and to the early diagnosis and treatment of children's illnesses. The Department is committed to the goal that all children in placement receive Project Good Health or equivalent comprehensive and periodic health care. PGH equivalent services are those which conform to PGH protocol for periodicity and care. In order to promote good health maintenance and to minimize the incidence of chronic and disabling diseases among the high risk population it serves, the Department has established the following policies and procedures.

POLICY

It is the policy of the Department that PGH health care services or the equivalent will be provided to a child(ren) at the time of placement and throughout the child(ren)'s length of stay in placement. For the purpose of this policy, child(ren) refers to all individuals in "placement" up to age 22.

Health care services include routine medical, dental and mental health services as well as emergency services. Routine medical and dental care will be provided according to the age specific visitation schedule indicated in the Project Good Health Periodicity Schedule. Mental health services, including a psychological evaluation and/or psychiatric services, will be provided according to need, and acceptance of services by the child(ren) and her/his family.

All children in placement will have a medical passport containing pertinent and available medical, dental, mental health and developmental information prior to or at the time of placement. In the case of an emergency placement, if the passport cannot be provided at the time of placement, it will be provided as soon as possible and no later than 30 working days after initial placement. This information contained in the medical passport will be reviewed in conjunction with the Service Plan every 6 months at Foster Care Review and will be updated when warranted. The first review will occur 30 working days (6 weeks) after placement in conjunction with the 6 week Service Plan review.

The medical passport will be held by the substitute care provider and shall remain with the child(ren) in the child(ren)'s location.

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Parents should be encouraged to assume as much responsibility in the provision of health care as possible, especially if the goal in the Service Plan is reunification.

PROCEDURES PRIOR TO OR AT THE TIME OF PLACEMENT

1. **Medical History.** Prior to placement the Social Worker obtains information on the child(ren)'s current health status for the medical passport. The Social Worker reviews the Assessment (see *Policy #85-011, Assessment Policy*) which contains a full family medical history including names of health care providers and dates of last check-ups. The Social Worker contacts the parents and/or current medical providers (to discuss the most recent medical visit, the child's health history and any ongoing issue which requires follow-up treatment) and completes the passport.
2. **Sharing Information with Substitute Care Provider.** Prior to or at the time of placement, the Social Worker provides the child(ren)'s substitute care provider with the medical passport, including the medical authorization card. The Social Worker reviews the medical information contained in the passport and reviews the use of the passport and the encounter form with the substitute care provider as it pertains to the child(ren). The Social Worker places a copy of the medical passport in the medical/dental section of the case record.
3. **Emergency Placement.** In the case of an emergency placement, if the passport cannot be completed, the placing Social Worker provides the substitute care provider with as much of the following minimal information, as known:
 - the child(ren)'s physician's name(s) and address
 - the child(ren)'s dentist's name(s) and address
 - the child(ren)'s mental health provider's name(s) and address
 - a list of medical problems, including allergies
 - a list of child(ren)'s medications and instructions
 - any information pertaining to recent exposure to communicable disease
 - any condition needing emergency attention
 - the date of the next routine (comprehensive) exam and/or follow-up (problem specific) appointments.

During an emergency placement when the medical passport cannot be completed at the time of placement it should be completed as soon as possible or no later than 30 working days (6 weeks) after placement.

4. **Health Insurance.** For those child(ren) who do not have Medicaid the Social Worker authorizes Medicaid in accordance with Department Policy. (See *Policy #89-004, Obtaining Medicaid*).
5. **Last Medical Exam.** If the child(ren)'s most recent routine medical and dental examinations have occurred within the PGH periodicity schedule and were PGH or equivalent exams it is not necessary to schedule a routine examination at the time of placement. The Social Worker documents the visits by sending an encounter form to the doctor requesting that the doctor complete the form and return it to the Social Worker.

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If the doctor does not comply, the Social Worker requests that a copy of the record of the medical visit be sent to her/him and asks whether the doctor is a PGH provider. If attempts to receive written documentation of the medical appointment from the physician fail after reasonable efforts the Social Worker may fill out the encounter form from verbal information obtained from the physician. The Social Worker may consult with the Department nurse assigned to her/his office for assistance in completing the encounter form. The Social Worker then updates FamilyNet with this medical information.

If a non-PGH provider performed the exam she/he is asked to indicate "exceptions" to the PGH protocol and recommendations for future tests. Such follow-up is to be initiated by the nurses who in conjunction with the Social Worker and her/his Supervisor determine if another medical visit is necessary.

If the child(ren) did not have her/his last routine medical exam within the PGH periodicity schedule or the Social Worker is unable to determine the date of the child(ren)'s last exam, the Social Worker ensures that the health care provider is contacted within 10 working days of the child(ren)'s placement to schedule an appointment and that the appointment occurs as soon as possible.

6. **Continuity of Care.** If the child(ren) is receiving health care from an ongoing provider the Social Worker tries to ensure continuity of care which conforms to PGH standards. The child's cultural background and primary language should be considered when choosing medical providers. PGH standards include children from birth to age 21. For the purpose of this policy, all children in "placement" including those over 18, are included using the protocol for age 20.

PROCEDURES SUBSEQUENT TO PLACEMENT

1. **Planning Delivery of Health Care.** The Social Worker is responsible for developing a plan for the provision of ongoing health care services for each child(ren) in placement. In delegating responsibility for health care the Social Worker will encourage parents to assume as much responsibility as possible, especially if the goal is reunification of the family. If it is not appropriate or possible for the parents to assume all of the responsibilities the social worker should delegate health care responsibilities to the substitute care provider. Specific decisions as to who will assume responsibility for certain activities should be documented in the Service Plan.
2. **Health Care Activities.** Activities include:
 - authorizing medical treatment (see Medical Authorization, *Regulations 110 CMR 11.00*);
 - providing emergency treatment;
 - scheduling routine and follow-up appointments as needed;
 - transporting child(ren) to appointments;
 - communication of health care activities (via the encounter form and data entry into FamilyNet) and health care status (via the passport) between physicians, substitute care provider and Social Worker;
 - identifying and accessing appropriate health care providers;

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- identifying and accessing available nutrition programs;
- arranging psychological evaluation or treatment if indicated;
- applying for SSI benefits if indicated by the child(ren)'s diagnosis (see *Policy # 84-007 - SSI/Title II Benefits*).

3. **Encounter Form.** The Social Worker ensures that the medical and dental appointments are documented by use of the encounter form. (In the case of daily or weekly follow-up appointments the Social Worker, in consultation with the Supervisor and nurse, can waive follow-up encounter forms, if the exception and the problem are clearly stated in the medical passport.) Upon receipt of the second page of the encounter form, from either the physician or substitute care provider, the Social Worker completes the form and submits it for data entry or directly enters information into FamilyNet. If the encounter form is not returned, the Social Worker will attempt to obtain written documentation from the physician and documents those attempts in the ongoing dictation. If attempts fail after reasonable efforts, the Social Worker may fill out the encounter form from verbal information obtained from the physician. After data entry into FamilyNet, the encounter form should be placed in the special document section envelope with the copy of the passport.

If the parents are not involved in the delivery of health care services, the Social Worker informs the parents of health care issues and treatment prior to the receipt of treatment or as soon as possible thereafter.

4. **Confidential Health Care Information.** If the child(ren) requests to keep specific health care information confidential from her/his parents or substitute care provider, the Social Worker consults with her/his Supervisor to determine if this is in the best interest of the child. If the information is determined confidential, the Social Worker does not include it in the medical passport, but documents the information in the case record and assures the information is communicated to the medical providers.

5. **Refusal to See Doctor.** If the child refuses to attend a health care appointment, the Social Worker and substitute care provider make all reasonable efforts to persuade the child to accept health care services and document those efforts in the case record.

If the child continues to refuse health care services, the Social Worker consults with her/his Supervisor. If the Social Worker and Supervisor determine that the child's refusal of health care services may put the child at risk, a Department attorney should be consulted regarding an appropriate course of intervention. The result of this meeting is documented in dictation.

6. **Case Review.** In preparing for a case review the Social Worker reviews the child(ren)'s current health care status by identifying any recent medical/dental problems and whether the child(ren) has received any necessary routine care and follow-up treatment. The Social Worker ensures that current medical information is available in the case record. This includes:

- an up-to-date copy of the medical passport in the case record by either copying the substitute care providers medical passport or adding to the case record medical passport;

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- current encounter forms in the case record and up to date information in FamilyNet;
 - current evaluation, test, and treatment results in the case record.
7. **Service Plan.** In reviewing the Service Plan, the Social Worker determines if the child(ren)'s health care needs are sufficiently addressed in the Service Plan.
 8. **Change in Placement.** If a child changes placement or returns home, the Social Worker ensures that the medical passport travels with the child and attempts to ensure continuity of care. Prior to returning the child home the passport copy should be updated in the case record.
 9. **Lost Passport.** If the passport is lost, the Social Worker completes a new passport from the copy of the passport in the case record and updates the information, if necessary.