


DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
	Policy Name: Medical Examinations for Children Entering DCF Placement or Custody	
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MEDICAL EXAMINATIONS FOR CHILDREN ENTERING DCF PLACEMENT OR CUSTODY

INTRODUCTION

The Department of Children and Families (DCF) is responsible for ensuring that children receive Medical Screening Examinations and Comprehensive Examinations as recommended by the American Academy of Pediatrics and initially implemented at DCF by Commissioner's directive in October 1998. This policy formalizes and clarifies the requirements for medical examinations when a child:

- initially enters a DCF out of home placement under a Voluntary Placement Agreement, CHINS or other court-determined custody, and
- initially enters DCF custody and remains at home.

NOTE: While the policy does not pertain to children who enter CHINS custody and remain at home, the health needs of such children should be considered and appropriate medical examinations arranged when indicated.

The Medical Screening examination is required within 7 calendar days after the child enters DCF out of home placement or custody and the Comprehensive Medical Examination is required within 30 calendar days after the child enters DCF out of home placement or custody.

A **medical screening** is a brief medical examination to check for life threatening conditions, communicable diseases, serious injuries or indications of physical or sexual abuse, and to provide appropriate treatment. It is not intended to be a complete examination. A **comprehensive medical examination** is a visit which includes the components required by current Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medical Protocol and Periodicity Schedule, appropriate to the child's age, and focuses on the presence of any acute or chronic medical or behavioral health issues that may require treatment, additional evaluation or referral to other medical practitioners.

Every child must have a primary care provider. Whenever possible, both medical examinations should be completed by the child's current primary care provider or another medical practitioner at the same practice. In some cases, the circumstances warranting the transfer of the child's custody to DCF may indicate the need for additional consultation with medical specialists such as child protection teams. Emergency rooms should not be routinely used for the medical screening examinations and should never be used for the comprehensive examinations.

NOTE: In order to obtain exams within the required timeframes, it is important to contact the health care provider as soon as possible after a child enters the Department's out of home placement or custody to maximize the probability that an appointment will be available within the required timeframes.

I. Medical Screenings

The purpose of the medical screening is to check for life threatening conditions, communicable diseases, serious injuries or indications of physical or sexual abuse, and to provide appropriate treatment. The Department should make all past medical and pertinent social information available to assist the medical practitioner performing the examination. The Social Worker, in consultation with the Supervisor, informs the parents that they may be present at the medical screening examination unless they determine that the parents' participation would pose a danger to the child or individual who is accompanying the child or

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would delay the examination. A child who is age 13 years or older may request that the parents not be present for the examination.

The medical screening is not required when:

- the child is being discharged from an inpatient hospitalization directly to the Department's out of home placement or custody, and it is confirmed that while hospitalized the child received a physical examination that meets the requirements of a medical screening listed in 1 through 8 below; or
- the comprehensive medical examination visit is scheduled to be completed within 7 calendar days after the child enters DCF out of home placement or custody.

NOTE: When it is possible that a child who is changing placement has a life-threatening condition, communicable disease or serious injury, or has suffered physical or sexual abuse, the Social Worker, in consultation with the Supervisor, should determine whether the child needs a medical screening.

When a child in DCF out of home placement or custody has been missing for any reason, and the Social Worker, in consultation with the Supervisor, suspects that a medical or behavioral health condition or injury could have occurred while the child was missing, a medical screening examination must be completed as soon as possible or in any event within 24 hours.

Because many children have been victims of physical or sexual abuse, all body surfaces should be unclothed at some point during the medical screening, and any signs of recent or old trauma, bruises, scars, deformities, or limitations in the function of body parts or organ systems should be noted and documented by the medical care provider. Arrangements must be made to provide appropriate medications and treatments as ordered by a medical practitioner. At a minimum, the medical screening examination includes:

1. Assessment for signs of recent or past physical trauma;
2. Screening for a serious emotional disturbance;
3. Screening for the potential for the child to harm self or others and for violent behavior;
4. Laboratory tests for HIV and other sexually transmitted diseases when indicated medically or by history; (For specific risk factors to determine the need for HIV testing, see *Policy #89-003*, Decision-Making for Children in DCF Care or Custody who have AIDS, are HIV+ or are at Risk of HIV Infection)
5. Assessment for indications of infections and communicable diseases;
6. Screening for any known chronic illnesses and allergies;
7. Review and clarification of current prescribed medications and prescription renewal if necessary; and
8. Explanation of any specific care instructions by the medical practitioner directly to the foster/pre-adoptive parents or other substitute care provider and the Social Worker.

The Social Worker, in consultation with the Supervisor, should arrange for the information from the medical screening examination to be shared with the child's parents, when appropriate. Efforts should be made to communicate the information from the medical screening examination with the child's primary care provider (PCP) if she/he did not complete the examination.

NOTE: If a medical practitioner identifies serious signs of abuse, neglect, illness or injury during the medical screening examination, the child must have a comprehensive medical examination as soon as possible.

II. Comprehensive Medical Examinations

The Comprehensive Medical Examination must be completed within 30 calendar days after the child initially enters DCF out of home placement or custody and includes all components required for the child's age according to the EPSDT Medical Protocol and Periodicity Schedule. MassHealth primary care providers have been informed of the EPSDT requirements. The Department should make all past medical and pertinent social information available to assist the medical practitioner performing the examination. The foster/pre-adoptive parents or other substitute care provider should be present during the examination as appropriate to the child's age and developmental level. The Social Worker, in consultation with the Supervisor, informs the parents that they may be present at the comprehensive medical examination unless they determine that the parents' participation would pose a danger to the child or

individual who is accompanying the child or would delay the examination. A child who is age 13 years or older may request that the parents not be present for the examination.

The historical information that is given to the medical practitioner includes, at a minimum, the child's development and/or school progress and the plan for permanency.

Additional information provided when the child is in out of home placement includes, at a minimum:

- the circumstances that led to placement;
- the child's adjustment to separation from her/his family; and
- the child's adaptation to the foster/pre-adoptive home or other placement.

Children may be incompletely immunized, and determining the types and number of immunizations that a particular child has received may be difficult. Efforts should be made to collect previous immunization information to decrease the likelihood of re-immunizations. By communicating directly with previous medical practitioners, obtaining previous health records and/or contacting the nurse at the child's school or day care provider, it should be possible to reconstruct the child's immunization history. For some children, despite every effort, little or no immunization information will be available. These children should be considered susceptible and DCF should request that the health care provider immunize according to the current immunization guidelines

III. Roles of Foster/Pre-Adoptive Parents or Other Substitute Care Providers and Social Workers

1. As required by Department policy and specified in her/his general and child-specific agreements with the Department, the foster/pre-adoptive parent (or other substitute care provider):
 - schedules, arranges and provides transportation and may accompany the child to the medical screening and comprehensive examinations, in coordination with the Social Worker;
 - arranges for encounter forms to be completed by the medical practitioners at each visit and provides the forms to the Social Worker for updating of the child's medical passport and Foster Care Reviews;
 - informs the Social Worker of any scheduled medical, behavioral health or oral health visits and diagnosed or suspected medical, behavioral health or oral health conditions, illnesses or injuries;
 - arranges for the child to receive medical, behavioral health and oral health care that is recommended by the medical practitioner and consented to by the Department; and
 - informs the Social Worker of any medical care that has been provided to the child.
2. The Social Worker:
 - requests the child's health records and gathers the child's medical history from health care providers who have evaluated or treated the child and from the family, previous caretakers and school nurses. **[NOTE: The Department's Health and Medical Services Team can assist the Social Worker if there are difficulties accessing healthcare information.];**
 - prior to the medical examinations, provides the information regarding the child's medical and social history to the medical practitioner who will complete the examination;
 - provides necessary assistance, information and resources, including findings from medical examinations, to:
 - the foster/pre-adoptive parent (or other substitute care provider), and
 - the primary medical practitioner.
3. The Regional Nurses can serve as resources to Social Workers and foster, adoptive and other substitute caregiver in obtaining the medical examinations and follow up, especially for children with complex medical needs.

IV. Follow Up on Recommendations from Medical Examinations

All services and treatments recommended by a medical practitioner, including those outlined in hospital discharge instructions, and consented to by the Department, should be scheduled as soon as possible. Such services include but are not limited to diagnostic tests, laboratory tests, oral health services, developmental evaluations, behavioral health care and consultations with specialty providers.

V. Documentation

1. **Entered in FamilyNet:** The information that the Social Worker documents in the medical sections of FamilyNet includes, but is not limited to:
 - name, address and telephone number of the primary medical practitioner;
 - names and dates of medical or oral health examinations or tests, the practitioner who completed the examinations or tests and any recommendations, findings or treatments;
 - medical, oral health and behavioral health conditions that have been observed or diagnosed;
 - medications that are prescribed;
 - known allergies;
 - immunizations that have been given; and
 - health-related equipment that is being used.
2. **Filed in the Case Record:** All written health care documentation must be filed in the child's physical case record.

ENCOUNTER FORM

Name of Child:		DOB:	Date:	
Medical	Dental	Behavioral Health	Vision	Hearing
<input type="checkbox"/> 7 day Medical Screening	<input type="checkbox"/> Oral Exam/Cleaning	<input type="checkbox"/> Psych Evaluation	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Evaluation
<input type="checkbox"/> 30 day Comprehensive Exam	<input type="checkbox"/> Follow-Up (Describe below.)	<input type="checkbox"/> Follow-Up (Describe below.)	<input type="checkbox"/> Follow-Up (Describe below.)	<input type="checkbox"/> Follow-Up (Describe below.)
<input type="checkbox"/> Emergency Room Visit	<input type="checkbox"/> Orthodontia (Braces)	<input type="checkbox"/> Medication		
<input type="checkbox"/> Sick Visit	<input type="checkbox"/> Surgery	<input type="checkbox"/> Crisis Evaluation		
<input type="checkbox"/> Well Child Visit				
<input type="checkbox"/> Immunization				
<input type="checkbox"/> Follow-up (Describe below)				
<input type="checkbox"/> Surgery				

Diagnoses/Conditions (medical, mental health, developmental, learning and substance use):		

Procedures done and results, if available:		

Immunizations given:		

Allergies:		

Prescription(s) given:		

Is follow-up or referral to another provider needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe below.)		

Other important medical and social information (if applicable):		

Provider Signature:	Provider Name (Print.):
Facility:	Telephone Number:

AGENCY USE ONLY: Date entered in FamilyNet (File copy of Encounter Form in Medical section of paper case record.)