

SPECIALIZED CHILD WELFARE SUBJECT MATTER

Health and Wellness

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Policy

The Department of Children and Families shall ensure the health and well-being of all children in its care and custody.

NOTE: See: "Health Care Standards and Practice for Children and Youth in Care Practice Guide" for additional information on each of the following sections.

Legal reference: Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351).

Definition

Health care provider means primary care provider or medical home.

Social Worker Responsibilities

At the time of the child's placement, the Social Worker shall:

- provide the Passport to the caretaker at the time of placement or as soon after placement as possible;
- inform the foster parents or appropriate institutional staff member that:
 - it is their responsibility, unless there is need for other arrangements, to take the child to the doctor, dentist, or other provider of medical care,
 - doctors, dentists, hospitals, pharmacists and other providers have the standards, fee schedules, instructions and billing forms issued by the Department of Social Services for medical services,
 - the foster parent or institution may use its own physician or dentist provided the doctor conforms to the fee schedules established by the Department of Social Services (This change in medical provider is only after an assessment with DCF of the impact of the change in the continuity of care for the child.),
 - it is the responsibility of the foster parents or the institutional staff to inform the provider of service that the child is covered by Title XIX, present the child's medical card (which contains the child's medical eligibility number), and to sign the bill for services rendered,
 - the foster parent or institutional staff are not to pay for or accept any bill for the child's medical services as they will not be reimbursed,
 - it is the responsibility of the foster parent or institutional staff to inform the worker of any concerns about the child's health or medical problems and the results of the medical services provided;
- give foster parents or appropriate institutional staff member, the date and findings of the child's last physical, dental or other examinations and plan with them for required follow-up on recommendations, shots, subsequent examinations, etc.; and
- discuss with the caretaker the medical passport policy

After placement, the Social Worker shall:

- assist the caretaker in arranging and following through to assure that the child receives necessary medical care and treatment, and
- at the time of the treatment plan review, summarize the findings of the assessment of the child's health and medical needs and care in the treatment plan, identify problems, and the action plan to resolve those problems.

The foster parents or institutional staff member will take an active role in planning for and assuring that the child's medical needs are met in accordance with these policies.

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Initial Medical Evaluation Each child placed in out-of-home placement shall, within 3 business days of removal, receive an initial medical screening evaluation if he or she has an acute health need or has a chronic health condition that requires medication to be administered within that time frame.

Multi-Disciplinary Evaluation Each child in out-of-home placement shall have a Multidisciplinary Evaluation (MDE).

Health Supervision and Well Child Care Children in out-of-home care shall receive health supervision and well-child care including prevention services consistent with Early Periodic Screening, Diagnosis and Treatment (EPSDT).
Immunizations shall be provided consistent with the guidelines and schedules of the Advisory Committee on Immunization Practices (ACIP).

Health Plan The case plan shall include the healthcare elements of medical, dental, behavioral and emotional health.
The health plan shall be developed based on the Multidisciplinary Evaluation recommendations.
The plan shall be reviewed at the Administrative Case Review meeting every six months.

Monitoring and Tracking Ongoing monitoring of health care, including health supervision and completion of recommendations, shall occur for all children. This shall be achieved through periodic assessment of the:

- Medical Alert in the computer system;
- Report of Health Visits (DCF-742); and
- review of the electronic record and the health plan in the case plan.

The frequency of review, including visits, supervision and follow-up with the health care provider, shall be determined at the initial medical screening and after each ACR. The schedule shall be based on the child's health needs.

Discharge from Care Prior to discharge from DCF's care, a child and his or her parents or legal guardian shall be provided with the:

- DCF Medical Alert (DCF-741);
 - Medical Alert in the computer system (DCF 741);
 - recommendations for ongoing medical care; and
 - contact information for the health care provider and any specialty providers who will be providing ongoing care to the child after discharge.
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Hospital Support and Visitation Plan

When a child is hospitalized, he or she shall receive support from individuals with whom the child has a relationship.

DCF shall be responsible for partnering with foster families, biological families and other resources to develop an ongoing plan for visitation and support that is responsive to a child's individual needs.

Medical Review Board

A Medical Review Board (MRB) shall be established by the Commissioner.

The MRB shall make recommendations to the Commissioner or designee in matters concerning the medical care and treatment of children in the care and custody of DCF when their health situations are exceptionally complex or present ethical or legal issues.

Life Plan

Life Plans shall be developed for children in DCF's care when appropriate and shall be consistent with DCF MRB guidelines.

Health Standards and Practice Committee

The Health Standards and Practice Committee shall advise and assist in the development of the statewide plan for the oversight and coordination of health care services for foster care children and youth.

Children with Complex Medical Needs

Children with complex medical needs are particularly vulnerable and therefore require medical oversight and monitoring consistent with their level of complexity and risk.

Pregnant Girls in Care

The decision to carry a fetus to term or to terminate a pregnancy shall be the sole decision of the pregnant girl in consultation with her doctor.

Note: If the girl is under 16 years of age, she will receive specific pregnancy information and counseling from her doctor prior to terminating a pregnancy.

Temporary caregivers, statutory, natural, foster and adoptive parents or guardians have no legal role in the decision and should not be consulted with or notified of the situation or the decision without the girl's permission.

The Social Worker shall assist pregnant girls in care by providing access to appropriate medical and counseling services.

Legal reference: Conn. Gen. Stat. §19a-600, §19a-601 and §19a-602.

Medical Alert

Each child in an out-of-home placement, regardless of the child's legal status or Medicaid eligibility, shall have an up-to-date Medical Alert (DCF-741) in the computer system that has information necessary for the care of the child, including the child's health history, current health status, and a medical summary

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Health Passport

Each child in an out-of-home placement, regardless of the child's legal status or Medicaid eligibility, shall have a Health Passport that has information necessary for the care of the child, including the child's health history, current health status, and a medical summary.

Permission to Treat

It is the responsibility of DCF to ensure that appropriate consents, including informed consent when necessary, is obtained before permitting health care treatment for a child in its custody.

For those children in DCF's care, consent shall be obtained on DCF approved consent forms. Authorization for treatment shall be provided based on a child's legal status in accordance with the standards and procedures as described in the Health Care Standards and Practice for Children and Youth in Care.

Psychotropic Medication

DCF shall ensure medical oversight of consent for and monitoring of psychotropic medications. Procedures for obtaining consent for psychotropic medication are described in the Health Care Standards and Practice for Children and Youth in Care.

Legal Reference: P.L. 112-34, Child and Family Services Improvement and Innovation Act (2011); Conn. Gen. Stat. §17a-21a.

Involuntary Psychotropic Medication

The decision to administer involuntary psychotropic medication to a child in non-emergency situations requires weighing the child's right to refuse psychiatric medications against the need to provide necessary treatment to a child with a serious mental disorder. DCF has defined a process that utilizes professional clinical judgment and practice standards to make decisions regarding involuntary psychotropic medications that are then presented to the Superior Court for an independent judicial determination of the necessity for the medication.

Legal reference: Conn. Gen. Stat. §17a-543; Conn. Gen. Stat. §17a-540(8); Conn. Gen. Stat. §17a-81.

Payment for Health and Medical Services

Payment for medical care of children placed by the Department is made through the Title XIX medical program administered by the Department of Social Services.

It is the responsibility of Department staff, foster parents and institutional staff need to work together to assure that each child's health and medical needs are determined and that professional services are provided as necessary to promote and maintain good health and proper physical and mental development to the child.

Nursing Guidelines for Licensed Residential Child Care Facilities

DCF shall establish and monitor nursing/medical care guidelines for youth in residential placement.
