

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2008
	Section 25: Health Care Services (Overview)	Version: 1

POLICY	OLD POLICY: 104.32
---------------	---------------------------

The Indiana Department of Child Services (DCS) will work with the resource family and the Child and Family Team (CFT) to ensure that every child in out-of-home care is provided with health care services necessary to meet the child's needs (e.g., physical, mental, dental, visual, auditory, and developmental). See separate policy, [5.7 Family Team Meetings](#).

DCS will ensure that every child in out-of-home care receives ongoing assessments and follow-up care when:

1. Recommended by the child's current physician, a Qualified Mental Health Provider (QMHP), health care worker, or social worker; and/or
2. The resource family indicates there are noticeable changes or the child is exhibiting symptoms that indicate a need for follow-up care or assessment outside of normally scheduled or recommended follow-up medical or mental health appointments.

Code Reference

[IC 31-28-1: Child Services: Foster Care and Placement of Children](#)

PROCEDURE

The Family Case Manager (FCM) will ensure that:

1. The parent, guardian, or custodian is included in the planning and decision making process for the child's ongoing medical care and treatment;
2. The CFT is included in the planning and decision making process for the child's ongoing medical care and treatment. See separate policy, [5.7 Family Team Meetings](#);
3. The child's physical, mental health (including substance abuse, if applicable), dental, visual, and developmental history is documented and shared with the CFT and resource family. See separate policies, [8.27 Maintaining Health Care Records – Medical Passport](#) and [5.7 Family Team Meetings](#);
4. The resource family is informed of the responsibility to:
 - a. Schedule and provide transportation to the child's health care appointments,
 - b. Document all care and treatment received in the child's [Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#). See separate policy, [8.27 Maintaining Health Records - Medical Passport](#),
 - c. Immediately inform the FCM of any serious injuries or illnesses experienced by the child,
 - d. Obtain treatment authorization from DCS prior to any non-routine, non emergency care and mental health treatment. See separate policy, [8.26 Authorization for Health Care Services](#),

- e. Obtain payment authorization prior to any treatments that are not covered by the child's Medicaid or private health insurance. See separate policy, [8.28 Payment for Health Care Services](#), and
- f. Seek emergency care for the child for the following:
- 1) Serious injury or illness,
 - 2) Serious dental issues (e.g., broken teeth, bleeding gums, etc.),
 - 3) Mental health issues that place the child at risk for harming himself, herself, or others, and
 - 4) Serious vision issues (i.e., the child's glasses/contacts are broken or lost).
5. The child receives the following initial screens/exams:
- a. A general health exam within 10 days of placement unless exceptions apply as outlined in separate policy, [8.29 Routine Health Care](#);
- Note:** This exam should also include screens for dental, visual, auditory, and developmental health.
- b. A mental health screening within five (5) days of removal or opening a case, whichever comes first and if the screen indicates an assessment is warranted, a referral will be made for a comprehensive mental health assessment by a QMHP within 10 business days; and
 - c. An initial dental examination and cleaning within 90 days of placement unless exceptions apply as outlined in a separate policy, [8.29 Routine Health Care](#).
6. The child receives ongoing routine health care and treatment as outlined in separate policy, [8.29 Routine Health Care](#);
7. Depending on the child's individual assessed needs, the child is provided/offered the following specialized care and treatment:
- a. Therapy/counseling services and medication as outlined in separate policy, [8.30 Psychotropic Medication](#),
 - b. Drug and/or alcohol testing and substance abuse treatment as outlined in separate policy, [8.32 Substance Abuse Assessments and Testing for Children in Out-of-Home Care](#),
 - c. Testing and any necessary treatment for HIV, sexually transmitted diseases (STDs), and other communicable diseases as outlined in separate policies, [8.31 HIV/AIDS](#) and [8.23 STDs and Other Communicable Diseases](#),
 - d. Developmental screenings and services if warning signs exist or if known/suspected drug use during pregnancy. Screenings are done through First Steps if child is less than three (3) years of age and through the school corporation if over three years of age. See separate policy, [8.21 Special Education Services](#),
 - e. Pregnancy options counseling and prenatal care as outlined in separate policy, [8.35 Sex Education and Family Planning Services](#),
 - f. Education and information about hygiene, sexual development, birth control, and sexually transmitted diseases as outlined in separate policy, [8.34 Sex Education and Family Planning](#), and
 - g. The CFT is convened if at any point during the child's out-of-home placement it appears that residential treatment may be necessary. See separate policies, [8.4 Residential Care Review and Approval](#) and [5.7 Family Team Meetings](#).
8. Obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical, mental health, and addiction history of the parent, guardian, or

custodian. See separate policy, [4.17 Assessing Child's Medical, Psychological, and Substance Abuse Records](#).

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

[Medical Passport \(DCS Pamphlet 036 \(R2/3-06\)\)](#) -Available only in hard copy

RELATED INFORMATION

Disclosure of Physical, Mental Health, and Addiction History of the Parent, Guardian, or Custodian

The FCM must obtain consent from the parent, guardian, or custodian prior to disclosure of information regarding the physical, mental health, and addiction history of the parent, guardian, or custodian. This is distinguished from self-disclosures, (i.e. during a CFT Meeting in which the parent, guardian, or custodian volunteers personal information in the presence of the resource parent). See separate policy, [5.7 Family Team Meetings](#).

Developmental Delays

For more information on developmental delays, including signs to look for, contact the First Steps program at Indiana's Family and Social Services Administration by visiting <https://www.infirststeps.com> or by calling (317) 232-1144.

Additional resources on the web to assist in identifying warning signs that a developmental delay might be present and an evaluation is needed, such as:

<http://www.cdc.gov/ncbddd/autism/actearly/screening.html>

<http://www.firstsigns.org/concerns/flags.htm>