



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services	
Section 26: Authorization of Health Care Services	
Effective Date: December 1, 2022	Version: 5

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POLICY OVERVIEW

It is important 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). Therefore, every effort should be made to provide authorization for Health Care Services in a timely manner to ensure continuity of care.

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PROCEDURE

The Indiana Department of Child Services (DCS) will work with the resource parent(s) and the Child and Family Team (CFT) to ensure 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). DCS will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing non-routine health care treatment for the child.

Exception: DCS will allow the resource parent(s) to seek the following health care services for a child without prior consent:

1. Routine health care treatment (see policy 8.29 Routine Health Care); and
2. Emergency health care treatment, including mental health, when there is not sufficient time to contact DCS and obtain consent in advance.

Note: For emergency treatment, the resource parent(s) must contact DCS as soon as possible to update the agency on the child’s condition, and to provide the treating facility with consent for the child’s medical treatment.

Youth, 18 years of age or older, may consent to their own health care. Therefore, parental consent is not required.

Exception: For youth 18 years of age or older deemed incompetent or unable to consent, DCS will obtain a court order prior to authorizing non-routine health care treatment.

Unless it is an emergency, DCS will seek court approval, prior to any treatments (e.g., surgery) that require anesthesia.

The Family Case Manager (FCM) will complete the following steps any time a child is placed in out-of-home care:

1. Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the child's potential medical needs while in out-of-home care by engaging the family to actively discuss the child's medical history and preferences for medical services (see policy 5.03 Engaging the Family);
2. Document all medical history in the case management system;
3. Complete and sign the Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care Form;
4. Provide the resource parent(s) with a copy of the signed Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care Form and retain one (1) copy in the child's case file;
5. Ensure that the resource parent(s) receives and signs a copy of this entire policy. Place the signed original in the child's file and provide the resource parent(s) with a signed copy;
6. Explain to the resource parent(s) that the Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care Form is a "blanket" written authorization form that enables the resource parent(s) to authorize:
 - a. Routine or basic health care services, including, but not limited to medical, dental, and vision examinations, and
 - b. Emergency health care, when the following two conditions exist:
 - i. The care is ordered by a health care professional, and
 - ii. There is not enough time prior to the treatment to contact the FCM or the designated DCS local office staff person for advance permission.
7. Explain to the resource parent(s) that they must obtain authorization from DCS prior to seeking non-routine, non-emergency care, or mental health care that was not identified as part of the treatment plan in the Case Plan for the child whenever a health care provider requests it; and
8. Explain that all Medicaid and/or private insurance procedures (e.g., preauthorization before certain treatments and procedures) must be followed.

Non-Routine, Non-Emergency Health Care

The resource parent(s) will provide the health care provider with the phone number of the child's FCM and/or the DCS local office.

The FCM will:

1. Obtain written documentation from the health care provider detailing the proposed treatment;
2. Inform the parent, guardian, or custodian of the proposed treatment and seek consent if parental rights have not been terminated;
3. Consult with the DCS Staff Attorney regarding pursuit of court order if parental rights have been terminated or the parent, guardian, or custodian refuses to consent;
4. Ensure the health care provider receives a copy of the signed Statement of Care and Supervision/Authorization for Health Care Card and/or the Authorization for Health Care Form either directly or via the resource parent(s), if treatment is approved by the parent, guardian, or custodian or the court. Place the original copy in the child's case file;
5. Ensure the denial and the reasons for the denial are conveyed to the resource parent(s) and health care provider, if not approved; and

6. Document all steps taken in the case management system, including uploading all health records in the case management system noting the "Subject Matter" as "Health Info" and the "Content Type" specific to the type of document such as "Authorization for Psychotropic Medication, Health record, Immunization record, Medication, etc." and provide descriptive information about the document in the description box.

Emergency Health Care

The FCM will ensure the resource parent(s) is advised to:

1. Attempt to make contact with the child's FCM or other on-call worker at the DCS local office to relay the details of the needed emergency treatment and get verbal authorization if time permits or if directed to do so by the health care provider; or
2. Contact the child's FCM or on call worker immediately after the treatment to relay the details if time does not permit obtaining consent prior to the emergency treatment. If an emergency occurs after hours, contact the DCS hotline.

When notified in advance of emergency treatment the FCM or on call worker will:

1. Attempt to contact the child's parent, guardian, or custodian, if parental rights have not been terminated and time permits, to:
 - a. Relay the details of the needed emergency treatment and obtain verbal authorization; and
 - b. Provide the parent, guardian, or custodian with the location of the medical facility so that he or she may be present for the treatment, unless not appropriate (e.g., a no contact order exists, or parental rights have been terminated).
2. Immediately relay any verbal authorization to the resource parent(s); and
3. Document the verbal authorization in the case management system.

When notified after emergency treatment has been given to the child, the FCM will:

1. Contact the parent, guardian, or custodian immediately after learning of the treatment to relay the details of the treatment and the condition of the child's health; and
2. Document in the case management system the reason why the parent, guardian, or custodian advance authorization was not sought.

The DCS Staff Attorney will provide consultation to the FCM regarding pursuit of court order if parental rights have been terminated or the parent, guardian, or custodian refuses to consent.

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RELEVANT INFORMATION

Definitions

Non-Routine, Non-Emergency Care (also known as Extraordinary Health Care or Major Treatments)

Any major treatment or procedure that is non-emergency in nature but may be beneficial or necessary or cosmetic in nature. May include but not be limited to surgeries that require general anesthesia and/or blood transfusions, procedures that might be dangerous given the child's medical history, etc.

Examples include, but are not limited to:

1. Medical: tonsillectomies (in certain circumstances, this could be a life-threatening emergency, but in most cases, this is a planned surgery), etc;
2. Dental: braces and other corrective orthodontic treatments;

3. Vision: LASIK surgery to reduce nearsightedness, farsightedness, or astigmatism; and
4. Cosmetic: tattoo removal.

Routine Health Care (see policy 8.29 Routine Health Care)

Examples of routine health care include, but are not limited to:

1. Medical: physical examinations, well-child care, immunizations, and visits to the doctor for cold or flu;
2. Dental: cleanings, examinations, cavity fillings, and x-rays;
3. Mental health services prescribed in the child's Case Plan/Prevention Plan;
4. Vision: visual exams, glasses, and/or contact lens fittings; and
5. Auditory screenings.

Forms and Tools

- [Statement of Care and Supervision/Authorization for Health Care \(SF45093\) Card](#)
- [Authorization for Health Care \(SF54247\)](#)
- Case Plan/Prevention Plan (SF 2956)- Available in the case management system

Related Policies

- [5.03 Engaging the Family](#)
- [8.29 Routine Health Care](#)

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LEGAL REFERENCES

- [IC 16-36: Medical Consent](#)

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PRACTICE GUIDANCE – DCS POLICY 8.26

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

N/A

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